

CSH Surrey – Quality Account

2022-2023

## About our Quality Account

Each year, providers of National Health Service (NHS) healthcare are required to produce a Quality Account to inform the public about the quality of the services they provide.



Quality Accounts follow a standard format to allow direct comparison with other organisations.

This allows CSH to share with the public and other stakeholders:

- How well we have done in the past year at achieving our goals
- Where we can make improvements in the quality of the services we provide
- How we have involved our service users and other stakeholders in evaluation of the quality of our services
- What our priorities for quality improvements will be in the coming months and how we expect to achieve and monitor them

## **What is included in our Quality Account?**

### **1. Chief Executive Officer Statement**

A statement from our Chief Executive about the quality of CSH's services.

### **2. About us**

Information about CSH Surrey including its values.

### **3. Quality Priorities**

A review of the quality improvement priorities for 2022/23 and future plans for 2023/24.

### **4. Celebrating quality work at CSH Surrey**

A series of case studies from CSH Surrey's services to showcase work carried out in 2022/23 that contributed to the quality of care in the organisation.

### **5. Statutory Statements of Assurance and other statements**

This section also includes the statutory statements of assurance that relate to the quality of the services provided during the period 1 April 2022 to 31 March 2023. This content is common to all providers to allow comparison across organisations and is accessible to the public. It also includes other statements which are not statutory but are relevant to the quality accounts.

### **6. Stakeholder Feedback**

CSH's Quality Account concludes with feedback received from our key stakeholders and a statement of CSH Board of Directors' responsibilities

Efforts have been made to ensure this Quality Account has been written using terminology that can be understood by all who read it.

## 1. Introduction from our Chief Executive Officer

It gives me great pride to present this year's CSH Surrey quality account, which sets out our performance against our priorities of 2022/23 and our objectives for 2023/24.

COVID-19 continued to influence our work throughout 2022/23. We have maintained our efforts to protect our community through the ongoing mass vaccination programme. We have also supported our partner organisations in the ongoing national effort to reduce the backlog of waiting lists that have accrued during the pandemic.

You will read many examples of how our services have shown great innovation and collaboration, to transform community healthcare and help people live the healthiest lives they can in their communities.

Our key role within the North West Surrey Alliance, Children and Family Health Surrey as well as wider Surrey Heartlands Health and Care Partnership (Integrated Care System) allows us to break down organisational boundaries to deliver the best and most sustainable outcomes for the local community.

Sustainability is something that will have an increasing focus for us as we have launched our Green Plan, and I am proud to be the sponsor of this exciting initiative.

Within year we have continued to follow our embedded CARE values of compassion, accountability, respect, and excellence. Expanding on these we launched our behaviours framework, which describes the actions that everyone at CSH should be demonstrating whilst at work. It helps us all to understand how our behaviours impact the culture of our teams and the organisation, so we can deliver outstanding patient care and experience.

The Care Quality Commission (CQC), the independent regulator of health and social care in England, undertook a thorough inspection of all our services. They visited our sites and accompanied clinical colleagues on visits to patients' homes. They interviewed colleagues, our clients, and their families, and they examined our processes and systems. This was the first time CSH in its current form had been inspected, with the previous inspection in 2017 carried out of a very different organisation. In their subsequent report the CQC rated our services 'good' overall and 'good' in all the Key Lines Of Enquiry (KLOEs). We also received 'outstanding' for caring in community health services for children and young people.

I would like to thank all my colleagues in CSH for their unstinting professionalism and commitment to helping improve the health and wellbeing of the people we care for, in collaboration with our partner organisations.

Best wishes



Steve Flanagan  
Chief Executive Officer

## Year at a Glance:



**291,459**

patients seen across our services



**1,288**

members of staff



**90.96%**

of patients rated their experience as good or very good



**105,695**

referrals



**348,591**

appointments completed



**317,000**

Covid-19 vaccines delivered in 26 months (Mass vaccination team)



**143,994**

Children's vaccines (Imms Team)



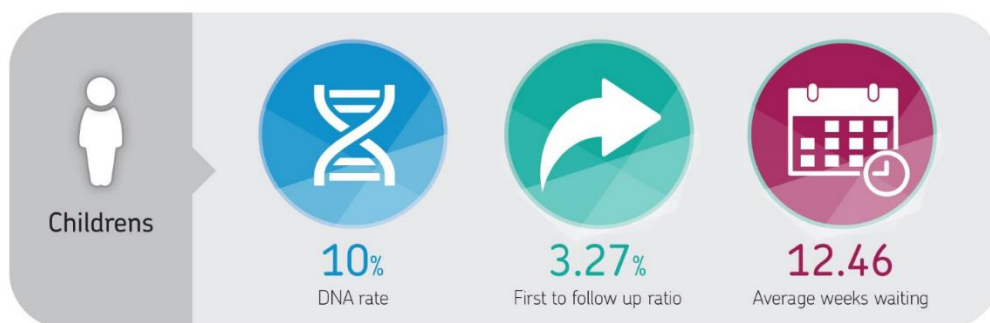
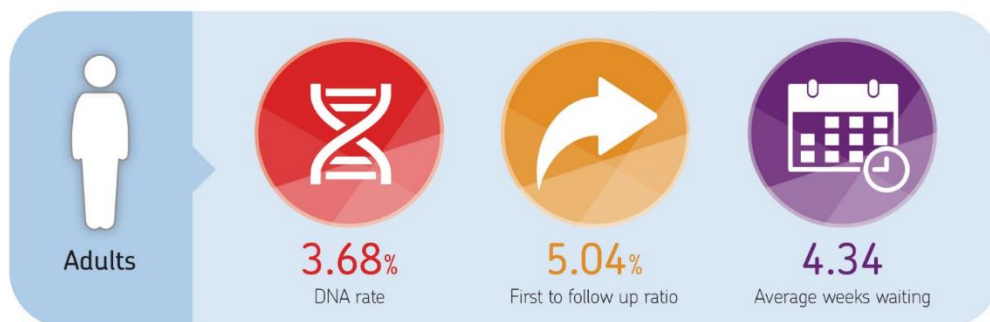
**9427**

New Birth Visits attended



**106,274**

Community nursing visits attended



## About Us

CSH Surrey (CSH) is an employee-owned, not-for-profit organisation with a passion for helping people live the healthiest lives they can in their communities. We focus every day on making a difference for the people we care for – adults, children, and their families.

Since 2006, we have worked in partnership with the NHS and social care and other providers in homes, clinics, hospitals, and schools to transform local community health services. We have designed these services that provide flexible, responsive care, with an emphasis on integrating and coordinating clinical services for the benefit of those we care for. We ensure our colleagues have all the skills needed to care for people in community settings and, wherever possible, in their own homes.

Our organisation belongs to our people: employees have a voice. They can, and do, influence the decisions we make, the services we provide and the outcomes we deliver.

## Vision and Values

CSH exists to help people live the healthiest lives they can in their communities.

Our vision is to transform community healthcare in the United Kingdom (UK) and to be the organisation every partner aspires to work with.

Everything we do, we do with our core value of CARE – because we care about our patients and clients, our colleagues and our partners.

## Our Values

### CARE

Because we care about our patients and clients, our colleagues and our partners



<b>C</b> ompassion	We look after each other, speak kindly and work collaboratively
<b>A</b> ccountability	We take responsibility, act with integrity and speak with honesty
<b>R</b> espect	We listen, value, trust and empower people and treat them with dignity
<b>E</b> xcellence	We are professional, aim high, value challenge and never stop learning or innovating

## Our Clinical Services

Children Services	Adults Services
<p>Health Visiting</p> <p>Family Nurse Partnership</p> <p>Tongue Tie service</p> <p>School Nursing</p> <p>Specialist School Nursing</p> <p>Immunisations and Child Health</p> <p>Continuing Health Care</p> <p>Children's Community Nursing</p> <p>Physiotherapy</p> <p>Occupational Therapy</p> <p>Speech and Language Therapy</p> <p>Dietetics</p> <p>Looked After Children</p> <p>Safeguarding Children and Adults</p> <p>Community Health Early Support</p>	<p>Rapid Response/Urgent Community Response</p> <p>Radiology</p> <p>Speech and Language Therapy Team</p> <p>Dietetics</p> <p>Podiatry</p> <p>Community Rehabilitation Team</p> <p>Frailty Hubs and Community Matron Service</p> <p>Community Hospitals</p> <p>Community Nursing</p> <p>Outpatient Nursing service</p> <p>Diabetes Specialist Nursing Team</p> <p>Medicines Management</p> <p>Out of Hours Nursing Team</p> <p>Single Point of Access</p> <p>Walk-in Centres</p> <p>Hospital @ Home (virtual wards)</p> <p><b>Specialist nursing services including:</b></p> <p>Infection Prevention and Control Nurse</p> <p>Tissue Viability Nurse</p> <p>Heart Failure service</p> <p>Continence service</p> <p>Respiratory service</p> <p>Phlebotomy</p> <p>Insulin Team</p>

## 2. Quality Priorities

### Quality Improvements 2021/22 – Status – Outcomes

Priority Three	Early Detection of Clinical Deterioration – Extended services across CSH
What	To roll over the Quality Improvement target to embed implementation of NEWS2 (National Early Warning Score), in addition to a stretch target to extend the scope of CSH deteriorating patient policy to implement NEWS2 observations to other community adult services and refresh training. Improved timely recognition, escalation and management of sepsis. Pilot the implementation of aspects of RESTORE2 in-patient wards (soft signs of sepsis).
Why	To improve compliance and confidence of clinical colleagues on the in-patient wards with NEWS2 escalation, which has been identified following the ongoing learning and monitoring from audit, incidents, investigation, and a Coroner's inquest in 2021/22.
Measures	Audit of all NEWS2 charts for Datix (our risk register) incidents submitted for deteriorated patients in the in-patient wards. Sample 20 records per month on in-patient wards of all NEWS2 observations. Monthly audit of spot checks completed by the Ward and Senior Matrons. Monthly review at Community Hospitals Operational Group to agree actions until fully compliant. Quarterly report to the Morbidity and Mortality Group for assurance and test of effectiveness from actions implemented and reported to Quality & Safety Committee as necessary. Focus Groups with all ward staff to understand any barriers to compliance. Completion of competency assessments of all ward staff.
Target	100% of the substantive clinical workforce on the in-patient ward have completed training and competency assessments for managing deteriorating patients. 100% of NEWS2 observations are compliant with the national NEWS2 protocol (National Institute for Clinical Excellence) guideline [NG51] Published: 13 July 2016. Last updated: 13 September 2017) and Royal College of Physicians National Early Warning Scores NEWS 2 guidance (Last updated December 2017).
Outcome	<b>Partially achieved</b>
Explanation	<p>Instead of focus groups the managers had individual conversations with team members, flagged any incomplete/incorrect NEWS2 charts and worked with the team on improving compliance. Training sessions have also been held for team members.</p> <p>For substantive staff training, the three-monthly averages are:  Registered Nurses (RNs) 97.4%  Healthcare Assistants 82.4%  Please note this does not include bank and agency staff. This is still below the target, but training levels are high, especially for the RNs.</p> <p>The overall compliance figures for compliance with the policy are:  December 2021- 41.17%  January 2022- 77.27%  February 2022- 76.4%</p>



	<p>This does show increasing compliance but still is not at target level. This process is now part of business as usual, and compliance will be continuously monitored.</p> <p>Soft signs of patient deterioration based on RESTORE2 and UK sepsis.org have been implemented into inpatients, Urgent Community Response, the Frailty Hubs and Community Nursing.</p> <p>During 2023/24 we are going to focus on a quality improvement approach after a rigorous analysis of key patient safety themes.</p>
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Priority Three	Patient Reported Outcome Measures																																			
What	To be able to evidence service effectiveness with patient reported outcome measures (PROMs).																																			
Why	To be able to demonstrate that our clinical services are effective for our patients (as a key line of enquiry), by being able to record on our electronic systems PROMs and then by producing service reports of effectiveness.																																			
Measures	Regular reports on the Business Intelligence (BI) portal for all adult services.																																			
Target	>80% of adult therapy services to be completing electronic PROMs system for their new patients on EMIS (Electronic Management Information System), with regular reporting on the BI portal.																																			
Outcome	<b>Not Achieved</b>																																			
Explanation	<p>Therapies include Speech and Language Therapy, Community Rehabilitation Team (Physiotherapy and Occupational Therapy), and Rapid Response therapists.</p> <p>A technical issue within the clinical system contributed to this target not being met, due to the clinicians not being able to input a final score. There was a larger number of patients with an initial score than had both an initial and final score. Therefore, those patients did not have a reportable PROM.</p> <p>The EQ5D or EuroQol are measures used for evaluating patients' quality of life, and these are done on admission and discharge. Community Rehabilitation Team (CRT) has inputted the majority of the scores. Of the CRT scores, 67 patients both have initial and final scores. This is out of a total of 1589. Therefore, a total of 4.2% of patients seen have had an initial and final score.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Question</th> <th style="text-align: right;">Ave Initial Score</th> <th style="text-align: right;">Ave Interim Score</th> <th style="text-align: right;">Ave Final Score</th> <th style="text-align: right;">Difference</th> </tr> </thead> <tbody> <tr> <td>EuroQol five dimension five level anxiety depression score</td> <td style="text-align: right;">1.89</td> <td></td> <td style="text-align: right;">1.82</td> <td style="text-align: right;">-0.06</td> </tr> <tr> <td>EuroQol five dimension five level mobility score</td> <td style="text-align: right;">2.81</td> <td></td> <td style="text-align: right;">2.34</td> <td style="text-align: right;">-0.46</td> </tr> <tr> <td>EuroQol five dimension five level pain discomfort score</td> <td style="text-align: right;">2.41</td> <td></td> <td style="text-align: right;">2.16</td> <td style="text-align: right;">-0.24</td> </tr> <tr> <td>EuroQol five dimension five level self-care score</td> <td style="text-align: right;">2.24</td> <td></td> <td style="text-align: right;">1.99</td> <td style="text-align: right;">-0.24</td> </tr> <tr> <td>EuroQol five dimension five level usual activities score</td> <td style="text-align: right;">3.09</td> <td></td> <td style="text-align: right;">2.65</td> <td style="text-align: right;">-0.44</td> </tr> <tr> <td>EuroQol visual analogue score</td> <td style="text-align: right;">157.04</td> <td></td> <td style="text-align: right;">132.08</td> <td style="text-align: right;">-24.96</td> </tr> </tbody> </table> <p>Scale  1 - I have no problems....  2 - I have slight problems....  3 - I have moderate problems....  4 - I have severe problems....  5 - I am unable to....</p> <p>The largest difference is in usual activities and mobility due to the nature of the services (positive change).</p>	Question	Ave Initial Score	Ave Interim Score	Ave Final Score	Difference	EuroQol five dimension five level anxiety depression score	1.89		1.82	-0.06	EuroQol five dimension five level mobility score	2.81		2.34	-0.46	EuroQol five dimension five level pain discomfort score	2.41		2.16	-0.24	EuroQol five dimension five level self-care score	2.24		1.99	-0.24	EuroQol five dimension five level usual activities score	3.09		2.65	-0.44	EuroQol visual analogue score	157.04		132.08	-24.96
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Dysphagia Risk Outcome Measure (DROM) is regularly used by the Speech and Language Therapy Team. 122 patients have a pre- and post-intervention score out of a total of 410. Therefore approximately 30% of patients have had a pre- and post-intervention score. The table below shows scores decreasing after the initial appointment and the end of the care episode (positive change).

Observation	Average of Pre Int Summ	Average of After Ini Int Summ	Average of End of Eps Summ
Total Clinical Risk Score	3.91	2.06	1.56
Total Management Risk Score	4.62	2.40	1.52
Total Risk Score	8.39	4.37	3.03

DROMs scoring is based on low numbers being good and high numbers being bad, therefore we expect to see the difference between the Pre Intervention score, the After Initial Intervention score and the End of Episode score as a minus (-) figure to show an improvement.

Therapy Outcome Measures (TOMs) are on the BI portal but no details regarding which services are using it at present. 11 patients have an initial and final score with an average increase of 0.67 (positive change). This is a very small proportion, and there is not enough data to provide a percentage of patients who have a score.

TOMs scoring in this is based on low numbers being bad and high numbers being good, therefore we expect to see the difference between the pre-intervention score and the end of episode score as a plus figure to show an improvement.

Functional Oral Intake Score (FOIS) is on the BI portal, but no details regarding which services are using it at present and not enough usage to report on.

Goal Attainment Scaling (GAS) is used in Children's Services. This development is the shift towards the Occupational Therapy service and in future other therapy teams being able to demonstrate the impact of provision, moving toward qualitative over quantitative data reporting.

Going forward, there is a target in the organisation's strategic delivery plan regarding PROMS.

Priority Three	Children's Continuing Health Care (CHC) Review
What	Undertake independent review of Children's CHC.
Why	CHC is nationally difficult to deliver. Care plans often delivered by agency staff, due to current commissioning gaps and Children's Health Services (CHS) not managed to achieve full recruitment.
Measures	Clear understanding of 'What' and 'How' we are delivering. Benchmark against best practice making improvements where identified.
Target	Informative report to enable delivery of improved services.
Outcome	<b>Achieved</b>
Explanation	The Integrated Care Board (ICB) commissioned an independent review with three recommendations. <ul style="list-style-type: none"> <li>1. Surrey ICB to invest in resource (time, expertise and capacity) to improve personal health budget (PHB)</li> </ul>

	<p>management information to support decision-making and ensure effective management oversight.</p> <p>2. As part of future contracting arrangement, clarify roles and responsibilities of PHB set up and management, including assurance of packages to support accountability and ensure consistency for families.</p> <p>3. Ensure ICB training and awareness of directory of services available in 'Surrey Local Offer'.</p>
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Priority Three	'Bump and Beyond' initiative
What	Roll out delivery of 'Bump and Beyond' and maternity circle (see below for further description of the service).
Why	Improve seamless journey from pregnancy through delivery to health visiting.
Measures	How many women report at new birth review that they are aware of the programme and received antenatal support.
Target	30% of mothers at new birth review are aware of and have received antenatal support from health visiting service.
Outcome	Achieved
Explanation	<p>All pregnant women that have been notified as pregnant to Children's Family Health Surrey (CFHS) and receive a letter introducing health visiting including details of 'Bump and Beyond'. Unless following triage, it is deemed inappropriate, a personalised offer will be discussed with the parent.</p> <p>Uptake for the service is difficult to measure due to issues such as attendances out of county or multiple women attending via one Zoom account.</p> <p>However, there is an average of 25 women attending the sessions and the service is providing 3 sessions per month. 4.61 out of 5, which equates to 92.2%, would recommend (as of 17<sup>th</sup> March 2023).</p> <p>Woman's comment: "very comprehensive and allowed lots of opportunities to ask additional questions. I feel a lot more confident now."</p>

## New Quality Improvements 2023/24

We have set ourselves the following four Quality Improvement priorities for 2023/24:

Priority One	Design an organisation wide patient safety plan
What	To design an organisation-wide patient safety plan which includes key areas to focus quality improvement work.
Why	Currently there is not a systematic process to identify key patient safety priorities. CSH should have a patient safety plan which details key areas of work with timeframes.
Measures	<ul style="list-style-type: none"> <li>• Data and trend analysis methodology aligned to national standards and guidance whilst engaging with operational teams</li> <li>• Deep dives which are triangulated to the number of incidents and common themes</li> <li>• Identification of key areas of work</li> <li>• Timeline for delivery of the identified areas in a quality improvement methodology</li> </ul>
Target	Patient safety plan including identification of key areas of work in place by 31 <sup>st</sup> December 2023.
Senior Lead	Head of Quality Governance and Patient Safety Specialist
Assurance Route	Quality and Safety Committee

Priority Two	Colleague Wellbeing - NHS People Promise (we are safe and healthy)
What	All our workforce to have access to, and awareness of, the mental well-being support available to them as part of their one-to-ones and individual development plans.  All employees with a sickness reason of anxiety, stress, depression, or other mental health reason to be provided with information on relevant support available to them.
Why	<ul style="list-style-type: none"> <li>• Staff survey outcomes</li> <li>• Staff burnout and fatigue</li> <li>• Sickness absence reports</li> <li>• Employee Assistance Programme (EAP) and Occupational Health reports</li> </ul>
Measures	<p>Questions 11c and 12b of the NHS Staff Survey 2023:</p> <p>11c. During the last 12 months have you felt unwell as a result of work-related stress?</p> <p>12b. How often, if at all, do you feel burnt out because of your work?</p> <p><b>How will we achieve this?</b></p> <p>We have started working on the objectives already by sharing information about our health and wellbeing offer on Blink (our internal social network) at regular intervals.</p> <p>We will also be looking to discuss this at the Health and Wellbeing Forum to gather feedback in terms of how best to achieve the overall reduction. And</p>

	finally, the people partners will be reinforcing the support mechanism at sickness meetings and suggest referrals where appropriate.
Target	At least a 10% reduction in the percentage of employees feeling unwell as a result of work-related stress (2022 organisational baseline of 35%).  At least a 10% reduction in the percentage of employees feeling burnt out because of their work (2022 organisational baseline of 27%).
Senior Lead	Deputy Director of People Services
Assurance Route	Putting People First Committee

Priority Three	Timeliness of EHCP assessments
What	To improve timeliness of Education Health and Care Plans (EHCP) assessment.  An EHCP is a legally binding document outlining a child or teenager's special educational, health, and social care needs. The document has to list all of the child's special educational needs, provision to meet each of the needs and that provision has to be specific, detailed, and quantified.  EHCPs are for those children (0-16) or young people (16-19) or adults (19-25) with special educational needs who require support beyond that which an educational setting can provide.
Why	The statutory timeframe is 6 weeks. There is a systems approach to achieving 60% by May 2023 and 80% by October 2023.
Measures	Compliance percentage report. Reported at the Performance Oversight Group and the Additional Needs Board.
Target	60% compliance by 31 <sup>st</sup> May 2023 80% compliance by 31 <sup>st</sup> October 2023
Senior Lead	Director of Children's Services
Assurance Route	Performance Committee/Quality and Safety Committee Partnership Performance Oversight Group Additional Needs Board.

Priority Four	PSIRF
What	CSH Surrey will implement the Patient Safety Incident Response Framework (PSIRF) as outlined in the National Patient Safety Strategy (2019) by embedding the safety systems and processes to be compliant with the framework.
Why	The PSIRF supports the development and maintenance of an effective patient safety incident response system and brings about improvement in patient safety culture. It is a contractual requirement under the NHS Standard Contract and is mandatory for the provision of services under this contract.

Measures	<p>We will produce a PSIRF compliance plan signed off by our Board and the ICB and use the system to respond to patient safety incidents.</p> <p>Staff and senior management will assess the necessary training to understand and support the implementation of PSIRF.</p>
Target	<ul style="list-style-type: none"> <li>• At least 50% of our staff will undertake the level one (Essentials of Patient Safety or Essentials of Patient Safety for Boards and Senior Leadership Teams) eLearning training by March 2024 and incremental quarterly increases to include all staff by the end of Quarter 3 of 2024/25 financial year.</li> <li>• All managers (Bands 7 and above) will undertake the training for supporting teams</li> <li>• All Divisional directors to undertake the oversight of learning from patient safety incident training (2x3.5 hours) by March 2024.</li> <li>• Train two patient safety partners by March 2024 either independently or in collaboration with local partners and with the support of the ICB.</li> </ul>
Senior Lead	Head of Quality Governance and Patient Safety Specialist
Assurance Route	Quality and Safety Committee

### 3. Case studies from our services

#### Creating a Community Phlebotomy Service

By working collaboratively, we recruited and trained a team of phlebotomists and created a standalone Community Phlebotomy Service in July 2021.

Contract: NWS Adult services  
Service: Community Phlebotomy Service

It was important that any proposal did not compete with the urgent demands of the Community Nursing Team and so it was decided to create a standalone Community Phlebotomy Service. The new service would have its own caseload and would work closely with the nurses and be co-located within the three community nursing hubs.

Community phlebotomy was previously delivered as an integrated service with community nursing. Competing pressures of other, more urgent, work often meant that there was low compliance with getting bloods taken within the required time frames. These delays meant that General Practices (GPs) did not have the information they needed for clinical decision making.

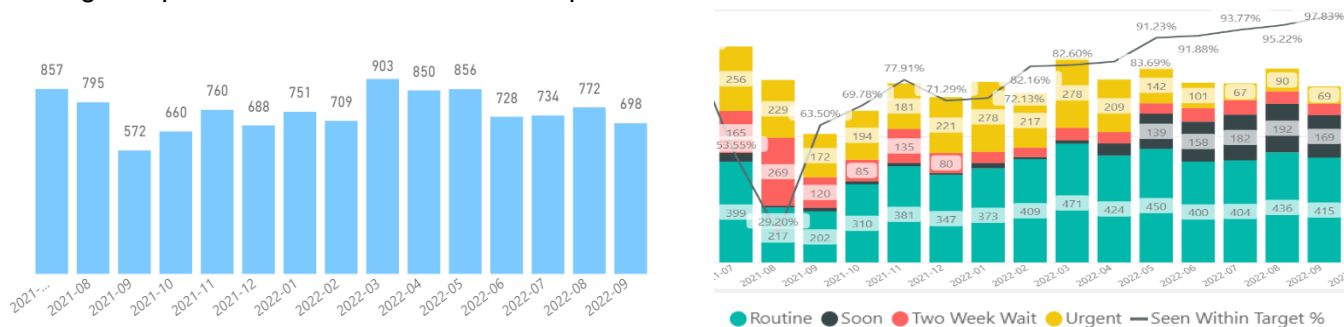
Following the creation of the team it was clear that they needed a team leader to plan their work and manage their day-to-day needs. A new leadership post was created and was successfully recruited to. The new Community Phlebotomy Lead started in post on 1<sup>st</sup> November 2021.



#### Key highlights

- Service set up and delivered within budget
- 700 referrals per month
- 99.32% compliant with targets

To ensure they were supported, each phlebotomist was assigned a named mentor during their initial training period. The Berkshire and Surrey pathology service was also commissioned to provide training to these mentors in both mentoring and best practice phlebotomy. This ensured the team received adequate training and patients received the best care possible.



The chart above shows the number of referrals received by the Community Phlebotomy Service between July 2021 and September 2022.

One year on since it was created, the team is fully staffed, well-trained and supported. The service receives an average of 800 referrals each month and has a very high compliance rate. These referrals would previously have been directed to community nurses and by re-directing these referrals to a standalone team allows the community nurses to concentrate on other tasks. The Community Phlebotomy Team is a great example of innovation and collaborative working.





## Community Health Early Support (CHES)

CHES are experienced Early Years Health Practitioners who have multi-professional training and knowledge across health visiting, speech and language therapy and occupational therapy.

Contract: CFHS

Service Name: Community Health Early Support

### Increased engagement from families

Between 45-55% of families do not complete the 10-month Ages and Stages Questionnaire in Surrey. In Surrey Heath and Spelthorne, 10% of these families when contacted expressed concerns about their child's development and were keen for a face-to-face visit.

**Partnership working** – The CHES Practitioners and a Senior Playworker set up an early communication group for children and their parents in a Family Centre. Learning also shared with Portage teams. Joint planning with therapy and 0-19 teams. Shared learning of processes/templates with Health Inclusion teams.



After a package of active support consisting of between three and eight sessions from the Early Years Health Practitioner:

- 80% of parents felt more confident in understanding their child's needs
- 83% of parents were more confident in accessing local support
- 72% felt less concerned about their child's development.
- 85% of children improved in their language skills
- 90% of children improved in their behaviour

### Reducing the gap for children identified with needs.

20% of children born in 2019 in Spelthorne and Surrey Heath were identified as having delayed areas of development at their 10-month Ages and Stages Questionnaire. This is based on parents' perceptions of their child's development. Typically, these children receive advice and signposting from the 0-19 team.



### More effective support can be offered by specialist services

95 children under 2.5 years who had been referred to Speech and Language Therapy were contacted by CHES. 27 of these children were used as a sample to review the impact of CHES for children waiting for speech and language therapy.

**This reduced the time needed by the Speech and Language Therapy teams to introduce early communication strategies, as well as discuss and make onward referrals, thus maximising the effectiveness of their time and support offered.**

**CHES** have followed a 'learning by doing' style using 'Plan Do Study Act' (PDSA) cycles to evaluate with the team, families and other professionals. These impacts will contribute towards decisions made about the future of CHES and whether it should be delivered to families across the whole of Surrey.

## End of Life Care (EOLC)

May 2022 saw the introduction of a new post in CSH. Our Lead Practitioner for Palliative and End of Life care saw a renewed focus not just in community nursing but across the whole of adult services. Please also see the related [video](#).

- Contract: NWS Adult Services
- Service: Cross service

CSH have this year focused on four of the six national ambitions as below:

### Each person is seen as an individual

Promoting Palliative and EOLC as Everybody's Business an aspiration across community services, supported by developing palliative care foundations and knowledge in all community services Including embedding palliative care champions of which 18 are in place, unifying 'Palliative Approach'. Staff engagement is also encouraged by lead practitioner with visible presence across teams in addition to palliative champions disseminating resources and information to their own teams.

### Maximising comfort and wellbeing

Care is reviewed regularly through the introduction of regular meetings between palliative lead and Community Nursing Teams, for patient review. Partnership working has been established within CSH services and community providers being strengthened and collaborative opportunities are being prioritised.

### Care coordination

Weekly deteriorating patient meetings have been established at Woking and Sam Beare Hospices (WSBH), attended to by Community Nursing teams, from October 2022 the attendance invite was extended to Princess Alice Hospice (PAH). Workstreams have been established with CSH clinical systems team to create Palliative Service on EMIS: Care Plans; referrals; assessment tools, thus creating a more robust system approach for teams.

### All staff are prepared to care

Areas of development were identified in staff communication skills and recommendations were made that all Band 7 staff to undertake advanced communication training in an attempt to improve patient and family experience, support recruitment and retention. The premise is to develop staff who are competent, confident, and compassionate in caring for the dying patient.



### Patient Feedback

“The district nurses have been like a family to me whilst caring for my mother in her last years of life especially in end-of-life requirements. Nothing is ever a problem. You could supply everyone involved with my mum's care and comfort with angel wings, as they have all been angels.”

### Staff Feedback to the Lead Practitioner

“Over the past few months we have spoken with you about a number for complex patients nearing end of life. I wanted to let you know we have massively appreciated your responsiveness, expertise, and support. We are so pleased this role has been created, and really value the specialist knowledge you have brought to it”.



To the left is a mural on the wall in the Woking Community Nurses' office whereby a butterfly is added with the patient's initials on who has died under the team's care as a remembrance to them. Each year the mural is reset, and the photo shows this year (2023) and was taken at the end of March.

## Insulin

In March 2022, we started the process of setting up an insulin team to address the current capacity issues in community nursing, whilst improving patient experience and outcomes.

- Contract: NWS Adult Services
- Service name: Insulin Team

### **Background**

The project required implementation of a dedicated service to support these insulin administrations in the community as soon as possible.

### **Methodology**

- Involves the efforts of approximately 16 Band 3 Healthcare Assistants (HCAs) and three Band 6 Service Leads (Registered Nurses).
- All HCAs will undergo a week and a half worth of role-specific, as well as statutory and mandatory training, both face to face and online.
- For example, this includes the Safe Use of Insulin e-learning module and assessment, basic observations competency assessments and the deteriorating patient, blood glucose monitoring with safe use of insulin, EMIS training and record keeping.
- Continuous monitoring of competencies undertaken by the service leads.
- Weekly team support meetings and a mentoring structure in each locality.
- Support for patients newly referred to the service made up of Band 6 Service Leads, who will assess if new referred patients can self-administer their insulin through an enhanced training and support package across a seven-day period.



### **Update**

- There has been high interest in sessional work for the HCA role with approximately eight in post or undergoing recruitment checks.
- The benefits' realisation has only been partially realised due to recruitment issues for the lead nurse roles.



### **Benefits realisation**

- Percent of insulins carried out by the insulin team (aim 80%).
  - January 2023 - 17%
  - February 2023 - 23%
  - March 2023 - 23%
- A reduction of insulin incidents (aim 50%)
  - Incidents have reduced by 11% from a baseline of 4.5 to 4 (January 2023 to March 2023).
  - Only one reported incident by the insulin team since the team went live.

## Connecting with families to improve children's health outcomes in their early years

Answering the hypothesis: If community children's health services better understand the needs of families with children aged between 1-2 years, living in Woking, then children's outcomes in terms of developmental achievement and school readiness will improve and reliance on specialist EHCP will reduce.

- Contract: Children and Family Health Surrey
- Service Name: Cross service

The Surrey Health and Well Being Strategy (Healthy Surrey, 2020) ambition is to support children to develop skills for life and to improve health outcomes for those children living in areas where there is inequitable access to services.

The number of children in Surrey requiring an Education Health Care Plan (EHCP) has seen year on year increases (39% 2018-2021). The development of an EHCP can be costly and complex involving a variety of specialist assessments.

Only 67% of children in some areas in Woking achieve a Good Level of Development (as defined in Early Years Foundation Stage) as an indicator of school readiness compared with a county average of 78%.

**This raises an important question - what support did these children and their families receive in their pre-school years, and could earlier identification and intervention prevent this need for specialist EHCPs?**

### Co-initiating and co-sensing

- The project engaged with mothers of children under two years of age living in Woking.
- Engaged through one-to-one conversations in home environments and group conversations.
- Worked alongside the local Asian Support Worker and engaged with Asian wellbeing groups.
- *Key question: 'If I could change anything in the next few months what would create most benefits for you?'*
- Alongside this basic metrics on children's level of achievement and engagement with community services were captured.

I'd like to be shown how to help my child

HEALTH VISITING MANDATED DEVELOPMENT REVIEWS

39% uptake of 12-month review

I'd like to meet other Mums, so we can learn together

### Outcomes

#### Improved understanding of community need

- ✓ *Mothers prefer to be supported in person, by showing and doing together.*
- ✓ *Local relationships are important and need time to develop.*
- ✓ *Web based interventions are not useful, peer support is.*

#### Testing assumptions

Rather than being integrated within their community; many mothers are isolated with no support.

Local Support is the priority rather than type of venue.

### Results

#### Views and co-creating of ideas

Local playgroup to host and support a weekly session with mothers and their children with a range of community health professionals.


Creates a regular opportunity for parents and professionals to discuss children's development and any concerns.

The group is planned to commence in June 2023 with an evaluation in August 2023.

## A Patient's Rehab Journey in Pictures

Contract: NWS Adult Services


Service: Community Rehabilitation



**Pre-stroke**  
78-year-old retired engineer

- Independent
- Driving
- Enjoyed holidays abroad
- Golf
- Lives with wife

**Admitted to St. Peter's Hospital Cedar Ward**  
December 2019  
Stroke team – following a stroke




**Challenges for patient**  
Eating  
Covid pandemic  
No formal care support

**CSH Community Rehab Team**

- Physiotherapist
- Occupational Therapist
- Rehabilitation Assistants

**Home February 2020**  
Tilt in space chair, hospital bed, full mobile hoist  
Four times daily package of care and overnight nurse to manage feeding tube  
Patient's wife anxious about being able to cope with husband's level of disability, however family wanted the patient to remain at home



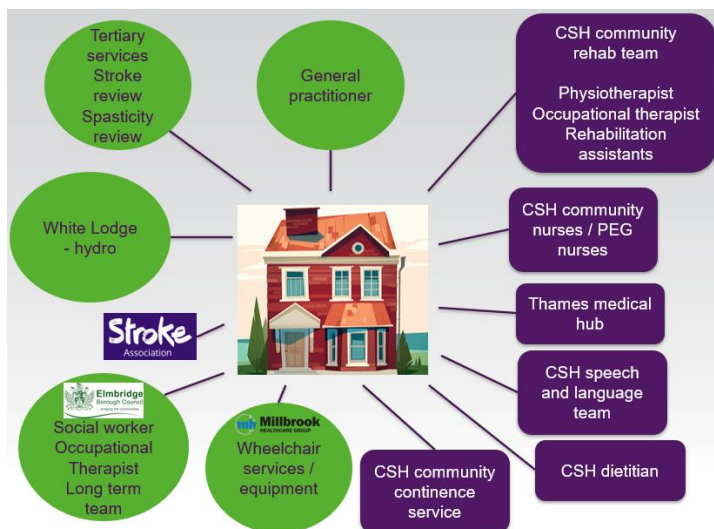
**Diagnosis**  
CT: R. Basal Ganglia Haemorrhage  
-> Dense L. sided weakness and sensory loss  
Unable to eat and reliant on tube feed due to risk of aspiration and no protective cough reflex on Videofluoroscopy


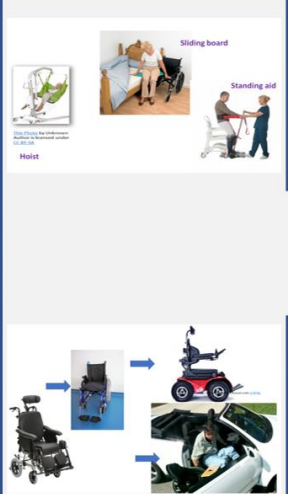
**Multi disciplinary case conference actions required**

- Social worker
- Occupational therapist
- Long term team

**CSH Dietitian – PEG feed management**  
**CSH Speech and language therapy**  
- FEES

**Wheelchair services / equipment**

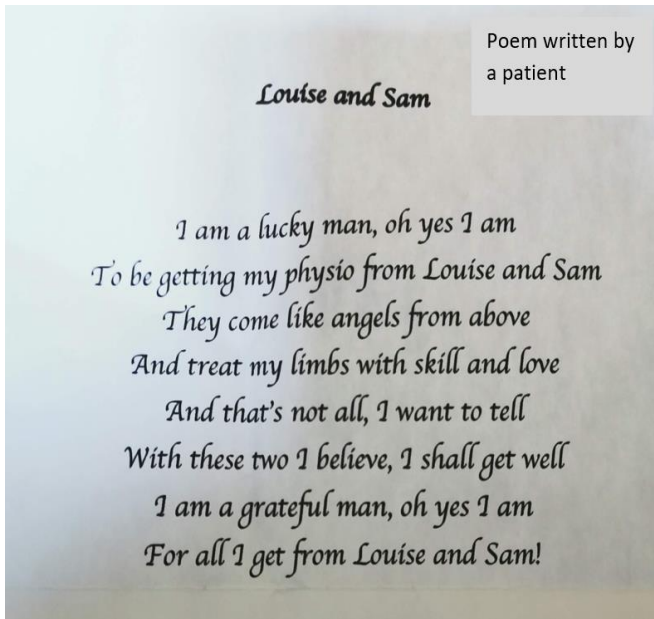


**Long term goals:**

1. To be able to come off the PEG and eat and drink normally.
2. To be able to sit in a standard wheelchair
3. To be able to get out of the house
4. To be able to walk again.
5. To be able to use left arm

## Safeguarding New Process



Implementation of new Adult Social Care Online Safeguarding referral portal resulting in weekly meetings with the Multi-Agency Safeguarding Hub (MASH) manager.

Contract: NWS

Service name: Adult Safeguarding (SG) Team

How this improvement affected patients

- Face to face discussion allows both agencies to explore certain cases in more depth resulting in reduction of need to progress to a full enquiry if information can be discussed and shared during these meetings and therefore closed in a more timely way.
- The outcome of the enquiry can be expedited and the wishes of the patient and or patient's family are considered in a timelier way from beginning of the safeguarding process.

### Process Change

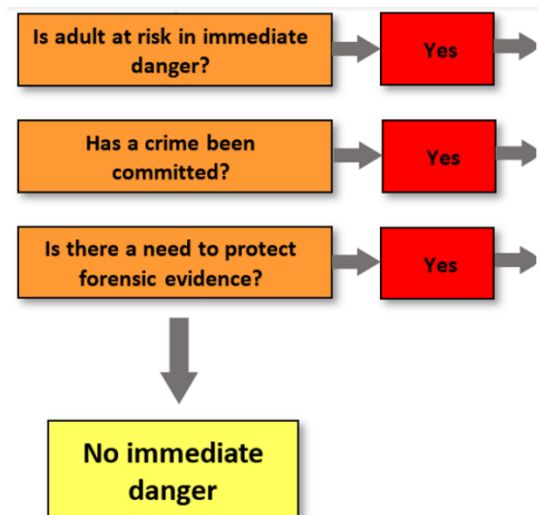
New Adult Social Care Online safeguarding referral portal went live on Surrey County Council website in November 2022. CSH Surrey Adult Safeguarding Team introduced this new process through level 3 training, intranet, meetings, site visits and Blink (CSH Staff app) immediately as well as developing flowcharts to assist the change.

The process has been adopted appropriately by all adult services and good feedback has been given on the ease of use.

The Adult SG Team pre-empted implementation issues with the portal and immediately started discussions with the MASH manager to ensure these risks were reduced as much as possible. Weekly meetings with the MASH were arranged where both parties were made aware of all referrals that had been made that week on the portal to ensure none were missed. This has also enabled seamless working to form with the MASH which allows other discussions outside of the weekly meetings to occur as and when needed.

It has also enabled a forum of sharing of further information resulting in several referrals being closed as concerns only.

This has resulted in a reduction of full investigations required by both CSH Surrey and Adult Social Care Locality Teams and quicker outcome for the patients and their families.



Snapshot of a safeguarding process

## Antenatal Offer – Bump and Beyond

Contract: Children and Family Health Surrey

Aim:

- 1-hour virtual group from 28 weeks of pregnancy  
Average 25 attendees including some fathers. Three sessions per month across Surrey.
- Delivered by Health Visitors and Community Nursery Nurses twice a month.
- Topics covered in the session:
  - Health visitor role / expectation of service
  - Becoming a family / life with a new baby
  - Infant feeding / safer sleep
  - Emotional health



Parental Feedback:

- "QR code at the end of each session"
- 4.61 out of 5 rating 100% (March 18<sup>th</sup>, 2023) "Would recommend, very comprehensive and allowed lots of opportunities to ask additional questions. There are definitely advantages being virtual (it made it a lot easier for me to fit in around work)".
- "Very comprehensive and allowed lots of opportunities to ask additional questions. I feel a lot more confident now."





## Delivering a tiered model through School Based Occupational Therapy

- Contract: Children's Family Health Surrey
- Service: Occupational Therapies (OT)

### What makes it different?

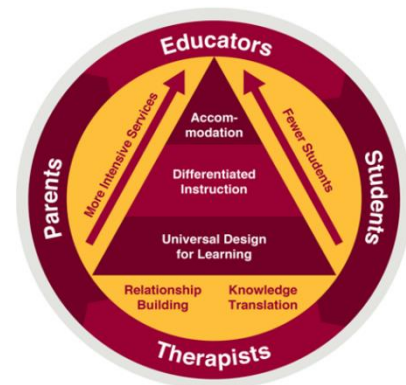
- Minimising dependency on school access to OT via Educational, Health Care Plan (EHCP) and referral system.
- Reduction of bureaucratic processes for schools to follow when requesting support.
- The service can reach a greater number of children via the reduction of boundaries.
- Whole school approaches are shifted, longer term this allows for the greater incorporation of OT theory into teaching practice.

Partnering for Change: An innovative school-based occupational therapy service delivery model for children with Developmental Coordination Disorder.

**PARTNERING FOR CHANGE: P4C**  
Building Capacity through Coaching and Collaboration in Context

### Evidence and Trends

- June 2020: End of summer term prior to the implementation of a strategic balanced model. 73 children were awaiting a first appointment based on school referral
- December 2022: End of Autumn term following 2 academic years of strategic balanced model. 16 children were awaiting a first appointment based on a school referral.



© Missiuna, Pollock, Campbell, Levac and Whalen, *CanChild*, McMaster University, 2015

## New feeding pathway

To equip families with the tools to manage feeding from the earliest opportunity through a tiered (universal, targeted and specialist) multidisciplinary feeding pathway for children

Contract: Children's Family Health Surrey  
Service: Dietetics and Speech and Language

### Project aims

- Delivery capacity shared across the multi-disciplinary team
- To equip families with the tools to manage feeding from the earliest opportunity
- Reduction / appropriate management of dietitian, and speech and language therapy dysphagia service, referrals
- To identify capacity saving opportunities and benefits through having a structured pathway
- Identification of timely referral to acute feeding clinics, occupational therapy, dietician and paediatrician



### North East and South East Pilot pathway

- Development started in 2020 and is ongoing
- Live on EMIS (our clinical records system) with process map
- Capacity demand: three days per locality, which is divided into a quadrant per term, three practitioners required (across 0-19, therapies and CHES)
- Capacity impact: data required, 31 families received feeding support
- Content: Fussy feeder universal professional training
- Fun with food virtual parent workshop
- Two face to family community centre based sessions

### Family outcomes

- Between November 2022 and January 2023, 90 requests received for feeding support
- 42 parents attended the virtual parent workshop
- 31 parents went on to attend the face-to-face sessions across NE and SE venues

### Service Outcomes

- Between November 2022 and January 2023, 90 requests received for feeding support
- 42 parents attended the virtual parent workshop
- 31 parents went on to attend the face-to-face sessions across NE and SE venues

1) How confident do you feel in understanding and supporting your child :

**Before -**

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**After -**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Outreach Immunisation

Outreach immunisation for families who do not often engage in health services and find it challenging to attend appointments

- Contract: Children's Family Health Surrey
- Service name: School Aged Immunisations

### How this improvement has helped families

- Covers a hard-to-reach population/demographic in the Sandy Hill area of Farnham.
- Families often do not engage in health services and find it challenging to attend appointments.
- Families in this area struggle to engage and keep appointments and we felt the centre would be a softer approach



The team was approached by Magdalena Szklarek, Health and a Wellbeing coach for Farnham Centre for Health, regarding starting a community vaccination clinic at the Hale Community Centre.



The Hale Community Centre is a community resource that provides a range of services, activities and meeting spaces for people of all ages. The aim of the centre is to provide recreational, learning, business and social activities, which are accessible and affordable.

Hale road covers a hard-to-reach population/demographic in the Sandy Hill area of Farnham. Families often do not engage in health services and find it challenging to attend appointments. The centre is encouraging health professionals to be more visible in the community to support these families in accessing services.

It was agreed that the 0-19 Immunisation team would support with a vaccination clinic offering school aged vaccines initially to the local community. The clinic would be drop in as families in this area struggle to engage and keep appointments and centre felt this would be the softer approach.

Target Audience: School-aged children who had missed vaccinations that had been offered at school. Aiming to capture low uptake vaccines in the community

Vaccines included:

- Influenza - Reception to Year 6 and clinically vulnerable intramuscular injection (IM) or nasal
- Human papillomavirus infection (HPV) - Year 8 and above who have missed vaccination at school
- Diphtheria, tetanus polio (DTP) and Meningitis vaccine for disease caused by serogroup A,C,W,Y for Year 9 and above.
- Measles, mumps and rubella (MMR) - Any aged who had not been vaccinated.

## Trial without catheter clinics

### Introduction of Trial Without Catheter (TWOC) Clinics within the Continence Team

- Contract: NWS Adults
- Service name: Continence Team

#### Aims

- Reduce the number of patients with indwelling catheters
- Reduce the risk of catheter-acquired urinary tract infections
- Improved quality of life for patients

#### Description

- Increasing number of referrals from acute hospital to the community for routine catheter changes.
- Some referrals can be vague and lack reason for catheterisation and what the future plan is.
- Blocked catheters and catheter-acquired urinary tract infections require urgent intervention and prescription of antibiotics. Important to reduce the number of indwelling catheters where possible.
- Patients attend in the morning, have catheter removed, advised to remain on site (waiting room or café), toilets are available, reviewed by continence nurse to assess if able to pass urine naturally.
- If successful patients are discharged with advice, if unsuccessful re-catheterised. Can be reconsidered for TWOC in future.



#### Results

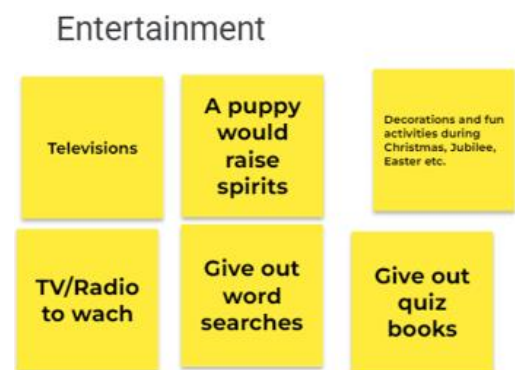
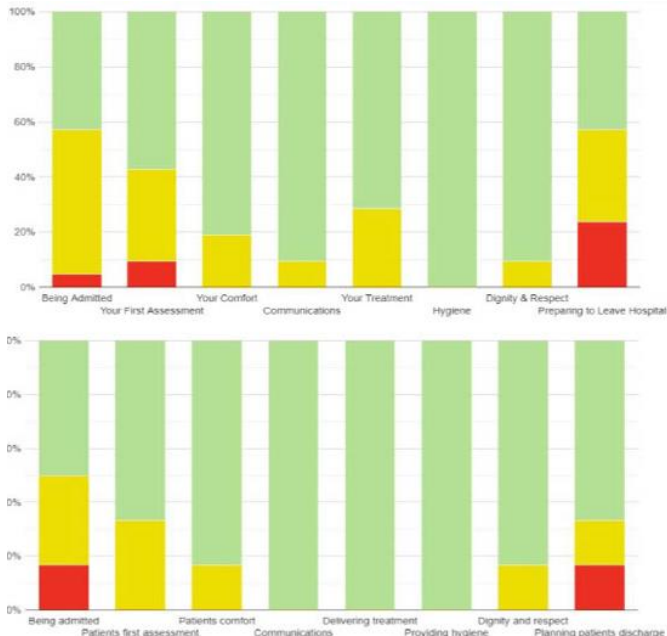
- Although only a small number of patients have attended so far. Results have been positive as of the patients who tried the TWOC, 67% were successful. Of those who were not successful, this was due to low output and lower abdomen pain.

## Experience-Based Design Project

As part of the Acute Frailty Network, CSH has undertaken an Experience-Based Design project at Woking Community Hospital in Alexandra Ward.

- Contract: NWS Adults
- Service: Community Hospitals

Patient experience data gathered included 22 patient and six colleague surveys collected in early 2022, and a focus group that took place with four inpatients in May 2022.



### Positive feedback

- “Really good stay, nurses respond to buzzer straight away, they clean 2 to 3 times a day.”
- “Very nice doesn’t feel like hospital, feels like home. “

As comfortable as a hospital  
can make me

They’ve been great friends

### Improvement themes

- Entertainment offer – televisions not always working, lack of activities due to work pressure
- Patients’ expectation regarding therapies – they may not always need regular therapy whilst being an inpatient
- Admission can be overwhelming, especially at night, as the admission pack has a lot of questions
- Discharge can be delayed due to many reasons which can be frustrating for patients

### Project achievements to date

- Music hub referral offered to patients upon discharge, implemented 2022
- Televisions fixed on Hersham Ward (Walton-on-Thames), 2022
- New televisions and radios ordered for Alexandra Ward (Woking), January 2023
- Patient and colleague group set up in January 2023 to support change ideas coming to fruition
- Leaflet about community hospitals introduced to Ashford and St. Peters Hospitals NHS FT discharge pack, March 2023
- Recruitment of ward volunteers with 17 applications and four candidates offered roles, March 2023

## International Recruitment

The aim of the project was to recruit six internationally educated nurses (IENs) to decrease the vacancy levels at Walton and Woking community hospitals.

- Contract: Clinical Support Services
- Service: People Services

CSH was successful in bidding for funding to support this recruitment as part of a pilot project run by NHS England/Improvement for social enterprises and community interest companies to recruit internationally. This funding comprised of an initial £50,000 to support the infrastructure required to recruit these nurses and their pastoral support. An additional £3,000 per nurse was then provided once they joined CSH. It costs approximately £12,000 to hire a nurse internationally.

The project did meet all outcomes (listed below), however there were many challenges with this project; some that were expected and others that were not. These included that 'selling' working in a community setting is a challenge abroad as well as at home, the struggle of finding accommodation for the new recruits and mixed support from the system.



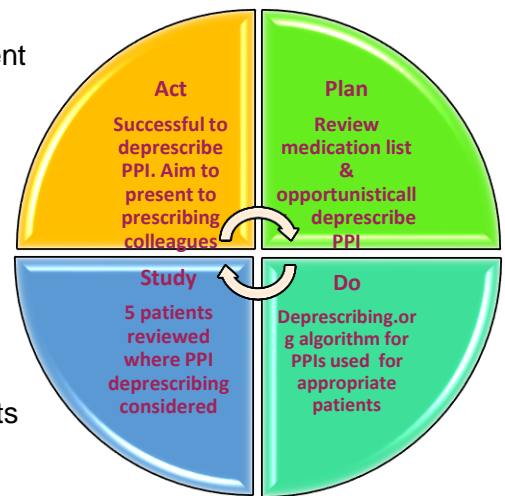
#	Deliverables	Completion Date
	NB: Link back to Business Case	
1.	6 WTE registered nurses deployed within CSH by 30 June 2022. Should the number significantly fall the infrastructure investment required is unlikely to be viable as a minimum of 6 nurses is required to secure the £50,000.	20 January 2023
2.	Reduction of CSH vacancy rate in community hospital settings by 6 FTE by 1st July 2022	20 January 2023
3.	Utilise national funding awarded to CSH as a social enterprise within the prescribed timescales, all IENs would start by 30 June 2022.	20 January 2023
4.	Create a CSH level infrastructure to support international recruitment utilising using our partners experience at recruiting IENs.	20 January 2023
5.	Contribute towards a system wide international nursing recruitment approach for community providers at ICS level providing recognition at system level	20 January 2023

## When Less is More: Deprescribing Proton Pump Inhibitors (PPI)

Contract: NWS Adults  
Service: Frailty Hubs

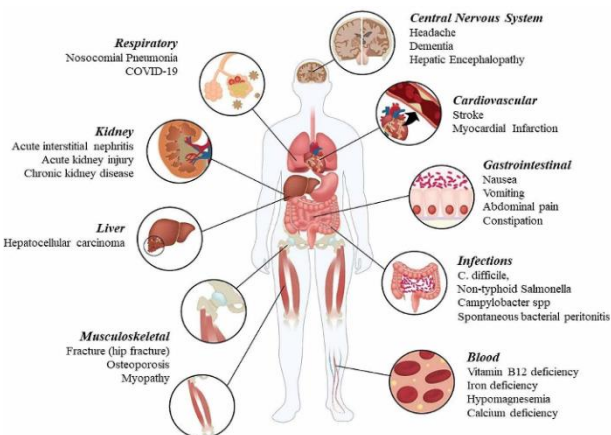
PPIs are one of the most commonly prescribed medications:

- Effective and generally safe for the symptomatic management of acid-mediated gastrointestinal disorders.
- But increasingly being used for long periods, often without a proper indication for their use.
- Use linked to increased risk of fractures, pneumonia, enteric infections, vitamin and mineral deficiencies, and acute interstitial nephritis, particularly among older people who make up the largest proportion of PPI users, amongst other possible side effects.
- When an ongoing indication is unclear, the risk of side effects could outweigh benefit
- Several algorithms exist to aid deprescribing



### Conclusion:

- Action learning sets aid awareness and the use of multiple medications by a patient to treat one or more conditions (polypharmacy) and deprescribing
- Increased awareness in the importance of deprescribing PPI medications
- Many possible side effects of PPI, particularly in long term use & in older adults



- Resources available to support deprescribing
- Focused medication reviews are possible within current consultation times.
- This process has changed practice which has improved patient care.
- Most patients were keen to reduce their medication burden and active shared decision making occurred.

### Outcomes:

**Case 1:** CB 85yr Gastro Oesophageal Reflux Disease (GORD) 5years on PPI, stopped 1 PPI stayed on the other.

**Case 2:** AS 96yr on PPI since 2019, no ulcer, (contributing to falls / confusion) trial off PPI commenced.

**Case 3:** JC 84 admitted asymptomatic renal failure – stopped PPI – renal function normal.

**Case 4:** MK 94 on PPI since 2003 for GORD. Recent hyponatraemia – switched PPI to famotidine – improved sodium levels.

**Case 5:** EF 85 on PPI for 20yrs +, GORD, stopped PPI.

## Supporting a child with toileting

Contract: Children's Family Health Surrey  
Service: Children's Continence Service

L came into the Children's Continence Service in June 2021 when he was four years old via School where a continence assessment was completed by Mum. Mum reported that she had tried toileting before, but this led to 'meltdowns'. Mum reported she was taking L to the toilet every 20 minutes, and he was losing interest and was becoming anxious.

As well as discussion and signposting Mum to the GP regarding fluids and constipation, we discussed how L would communicate, as he was nonverbal, using picture cards of a toilet, the environment of the toilet/bathroom making sure he felt relaxed, so that the bathroom became a good place to be in. Advised Mum to use incentives to be in the bathroom i.e., box of toys, bubbles to relax pelvic floor. Discussing how L was managing with sensory issues in the bathroom – smells (air fresheners, mirrors, noise) to make it a calm environment.

Due to L's sensory processing, we looked at ways of how we could support him with the correct containment pad. L liked the feel of the current pad, but different options were given.

Mum contacted the service delighted that she had continued the routine advised and said L had been out of containment pads for a week. Mum was worried about L returning to school, so we adapted the toileting plan by putting cotton pants inside the pull up whilst going to school and requested the school take the containment pad off. Mum reported she had bought a urinal bottle to support L when in the car – he hardly uses it now.



Due to a bespoke toileting plan and giving Mum the techniques and reassurance, we have achieved L now becoming dry during the day and will be referring him on to Nocturnal Enuresis. We have worked closely with mum and school giving toileting strategies and reassurance. If techniques have not always worked, we have adapted them to L's needs.

This has been a fantastic result giving L a lifetime skill, both L and Mum more independence when taking him out and reduced costs (as now not supplying containment pads).



## CCNs support of an oncology child for the past six years

Contract: Children's Family Health Surrey

Service: Community Childrens Nursing (CCN) Team, West Surrey

E is a 6-year-old girl, with an astrocytoma diagnosed at six months old. She has been on chemotherapy continuously since diagnosis with frequent relapses / progression, and requires at least weekly blood tests.

She is registered blind (following surgery to remove part of tumour), and is fully gastrostomy fed, due to oral aversion, following severe sickness pre- and post-diagnosis, and mobility issues due to diagnosis.



The CCN have visited E since she was six months old. E requires a weekly visit to take blood samples prior to her chemotherapy. She has regularly needed blood and platelet transfusions throughout her treatment, therefore the CCNs visit as frequently as needed when her blood counts are dropping.

### Home Visits:

Visiting at home prevents unnecessary hospital trips for E and her family.



The CCN service has also been able to facilitate early discharge from hospital by administering her Intravenous (IV) antibiotics at home as required.

### Building Trust:

We have known E's family for six years and have therefore built up a trusting relationship with them. This is particularly important as E is blind and can only recognise the visiting nurse by voice alone. To make E feel as safe as possible the same regular CCNs visit E at home. With a 'double visit' to introduce a new member of staff alongside somebody that E already knows and trusts.

This allowed for E to be willing for nurses to take her blood.

### Supporting with school:

- Training was provided by her CCN and meetings were set up prior to starting.
- The school is now fully competent in caring for E's visual impairment, mobility issues, gastrostomy care, feeding via gastrostomy.
- School is aware of how and when to administer her emergency hydrocortisone injection and what to look out for if she becomes unwell in relation to her oncology diagnosis.
- Without the training provided by the CCNs and the flexibility we try to provide around school times it would be difficult for E to access mainstream education which was very important to her family. Over the past six years training has also been provided by the CCNs to E's mother and family in order for them to be able to fully care for her at home. This has included nasogastric (NG) training, gastrostomy training, and support around her oncology diagnosis.
- Her weekly visits are booked after school where possible, so this does not affect her attendance.
- The CCNs continue to offer support to the school as needed in order for E to access mainstream education which she thoroughly enjoys and now attends full time.

**Little Stars Developmental Delay Group block for one year old child with Trisomy 21, born prematurely, twin, Atrioventricular Septal Defect (AVSD - a common family of congenital heart defects) repair at 7 months, poor growth and reflux**

Contract: Children's Family Health Surrey

Service name: Children's Physiotherapy

On starting the intervention this one-year-old child was able to roll from side lying to her tummy but not the reverse. She was not able to get in the crawling position but was able to sit momentarily.

Positioning and handling techniques were taught with specific facilitation skills for her. The group consisted of four parents and their children and action songs and bubbles were integrated to make the sessions fun.

At the end of the six-week intervention, the child was rolling in both directions, able to get themselves into a crawling position independently and sit for longer periods with better balance. Mum went from being quite anxious, where she would hold onto her child, to feeling more confident with assisting her child to develop and allowing her to explore. Mum started to interact and socialise with the other parents and there was lots of mutual encouragement. Mum also shared and learnt about external groups and activities she could take her child to.



Having the group intervention with songs and bubbles and lots of toys meant this child was able to have physiotherapy in a less clinical environment and enjoy her sessions. The most valuable part was empowering the parent to continue the activities confidently knowing that they would make a difference with their child.

There was positive feedback with a 5/5 rating from all the families attending the Little Stars intervention.

Feedback form: Parent reported they 'Strongly Agreed' that they had good advice, it was a quality intervention and they felt confident in helping their child progress in their development.

Feedback from parent: 'Excellent group. We would love to do another. She's progressed in strength, co-ordination and confidence so much. My confidence in helping her move positively has increased too.'

## Wound Care Project

Contract: NWS Adults

Service: Tissue Viability Nursing/Community Nursing

Aim to evidence continued improvement of wound care in CSH (demonstrated through patient and referrer experience and clinical outcomes)

Phase 1:

- To deliver and achieve the Lower Limb CQUIN (Commissioning for Quality and Innovation) and PROM (Patient Reported Outcome Measures) in 2022/23
- Infrastructure in place to undertake vascular assessments for all wounds by September 2022
- Review of the current pathways and funding streams for accessing same day wound care and understand the patient journey and where it could be improved.
- Feedback to NWS Alliance and discuss options for new pathways and funding streams.
- Delivery of Quality Improvement (QI) projects for promoting gold standard practice
- Scoping of digital booking system



Phase 2:

- Set up of Same Day Bookable Wound Care clinics accessible by primary care

### Project outcomes

- 80% of wound care patients to have a documented Doppler assessment and appropriate care plan.
  - Outcome: Currently (17/02/23) 72% of patients have a documented Doppler assessment and 95% of patients have an appropriate care plan. In February 2021, 54% of patients had a documented Doppler assessment and 42% had an appropriate care plan
- 80% of patients with wounds have an up-to-date care plan.
  - Currently 87% of patients have an up-to-date care plan
- Primary Care able to book patients in same day wound care clinic
  - This will become business as usual; the team will continue working on this. The new primary care project scoping has been done.

## Walk in Centre

Contract: NWS Adults

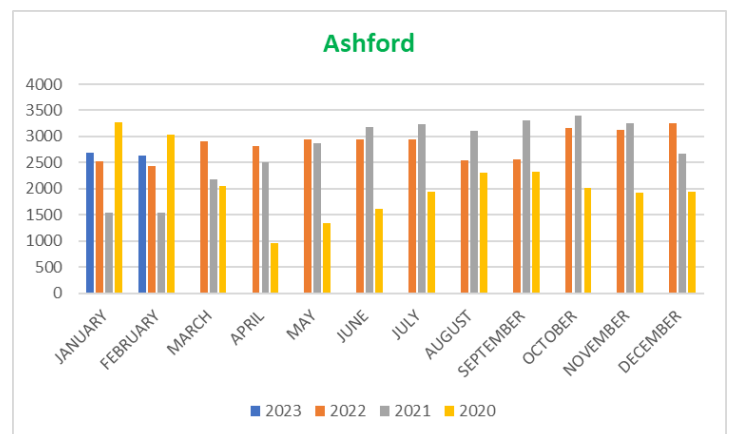
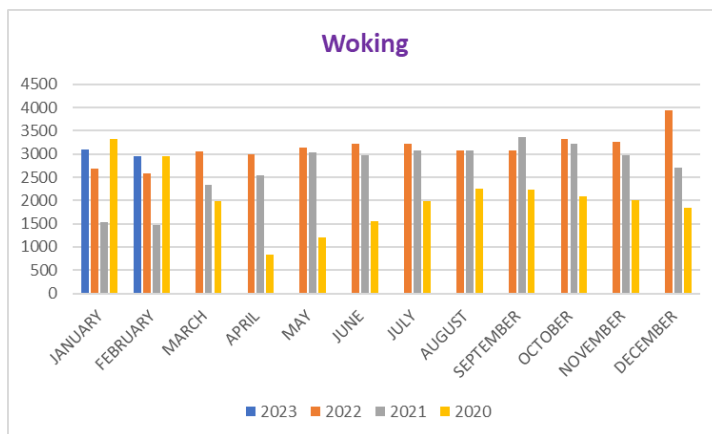
Service: Walk in Centres (WICs) at Woking and Ashford

The WIC team demonstrated excellent internal collaboration and system collaboration during December 2022. This was in response to the Strep A (common type of bacteria, with most infections being mild and easily treated, but some are more serious) outbreak in December 2022.

The WICs saw an increase in attendance in the month of December 2022, that was a 22% increase at Ashford WIC from the same time period of 2021 and a 45% increase for Woking WIC.

- The WICs increased their resource hours to 60 daily (where possible) in response to this to support the patients, staff and the system 6<sup>th</sup>-18<sup>th</sup> December 2022.
- To meet the initial surge in demand at Ashford WIC, CSH children's services supported with two days of School Nursing Clinical support for advice and support with initial triage of patients presenting with Strep A symptoms.
- Ashford WIC supported a local school, in collaboration with Children's services, with prophylactic antibiotic administration for an outbreak.

The WICs continue to support a high level of activity as below:



### Other success areas:

- We have been growing our own team, having recruited three Band 6 Nurses who are completing minor illness and minor injury courses to progress into Band 7 Emergency Practitioner on completion.
- We have implemented Triage/Streaming in the WICs and developed guidance and competencies that are being finalised.
- New triage room being created at Ashford WIC to improve patient experience.
- New TV for Ashford WIC to improve patient and staff experience, kindly bought using money from CSH charitable funds.

## Equality, Diversity and Inclusion (EDI)

CSH is committed to embedding an inclusive culture in which all colleagues, patients (including relatives and carers), visitors and contractors feel that they belong, are valued, and are treated with dignity and respect. The Equality Impact Group (EIG), which includes executive leads and EDI allies from across the organisation, reports into the Putting People First Committee and holds CSH accountable to this vision.

The annual Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), Gender Pay Gap, and NHS staff survey results assist in highlighting barriers to inclusion, along with informal feedback from colleagues and The Voice (CSH employee council). All these channels play a role in the formulation of CSH's equality, diversity, and inclusion (EDI) action plan, which ensures both compliance with statutory duties as well as promoting best practice.

CSH Surrey has been awarded Disability Confident Employer status by the Department for Work and Pensions.

This award recognises our ongoing work to enhance the support provided to all our colleagues who are living with a disability, health condition, or have caring responsibilities. This includes:

- Our Disability, Carer, and Allies staff network
- Our CSH Health Passport
- Growing a partnership with Surrey Choices
- Bespoke one-to-one and team workshops run by the staff wellbeing and inclusion team
- Promotion of recording working carer and inclusion data on ESR



As we continue our journey to becoming a Disability Confident Leader, we recognise there is still much work to be done, but that together, each and every one of us can help ensure that CSH is fully inclusive.

### Become a CSH Health & Wellbeing Champion

CSH Health & Wellbeing Champions create a positive culture of wellbeing by:

- Attending the CSH Wellbeing Forum
- Signposting colleagues to support
- Promoting and co-ordinating events
- Supporting colleagues to look after themselves
- Inputting into wellbeing strategies and actions

Champions can access personal and professional development including:

- Optional webinars and events on a range of health and wellbeing topics
- Access to FutureNHS Collaboration Platform, with best practice resources and guidance
- National wellbeing champion e-Learning
- Access to previous webinars, videos, recordings and events on a range of wellbeing topics

Support includes:

- Wellbeing & Inclusion Team
- CSH Wellbeing Guardian
- Peer-to-peer support
- National support



Health and Wellbeing Champions have been introduced in CSH and the role information is pictured on the left.

### Join our CSH Staff Networks



<b>Cultural and Ethnic Minorities &amp; Allies</b>	<p><b>Who can join?</b></p> <p>All of our staff networks are open to all colleagues and colleagues can join as many staff networks as they would like</p>
<b>LGBTQ+ &amp; Allies</b>	<p><b>What are staff networks?</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p> Confidential safe spaces</p> <p> A place to share ideas, feedback, experiences and concerns</p> </div> <div style="width: 45%;"> <p> A chance to help shape CSH to become the most inclusive place to work</p> </div> </div>
<b>Disability, Carers &amp; Allies</b>	

How? Please email [csH.myCSHequality@nhs.net](mailto:csH.myCSHequality@nhs.net) to be added to any of the email distribution lists

CSH has three staff networks, and they meet regularly to share ideas, feedback, experiences and concerns. The staff networks are:

- Cultural and Ethnic Minorities & Allies
- LGBTQ+ & Allies
- Disability, Carers & Allies

## Mass vaccinations - 26 months, 317,000 vaccines

- Contract: Direct Commission from NHS England
- Service name: Mass Vaccination

### Key highlights:

- Over 317,587 vaccines given – with 1,858 given in one day on 13<sup>th</sup> March 2021
- Reasonable adjustment to enable those with needle phobia, disabilities and anxieties around vaccine/needles to be vaccinated e.g. in car, at school, adapted space within the centre
- Accessible vaccines through vaccination including over 30 pop-ups for children over 12 years old



Mass vaccination opened its doors on 11<sup>th</sup> January 2021, welcoming 624 patients with smiles, momentum and a little bit of apprehension. Little did we know this was the start of our two-year journey. What we thought would be six-months, turned into a year, which turned into two. We started with the most vulnerable: 100-year-olds and saw right through to the five-year-olds. Throughout this period, we delivered at five different sites – Epsom, Sandown Park, Sandown Portacabin, Artington and our final home, Jarvis Centre (Guildford). We saw staff, volunteers, patients from all walks of life, St John Ambulance volunteers, military personnel, cabin crew, we even had a ‘rapper’. Everyone did their bit to ‘vaccinate the nation’.

We had huge triumphs; giving just over 317,000 vaccines in total, providing over 4,000 autumn outreach vaccines to care home and housebound residents in Guildford and Waverley, the make every contact count (MECC) offer, maintaining staff, morale, energy, success through five sites.

And we had our small triumphs, individual successes; vaccinating the most vulnerable in a ‘drive thru’ set up ultimately reducing patient anxieties, always putting the patients’ needs and wishes at the heart of our work, even holding a ‘tea and chat’ in aftercare for loneliness week.

From our time on the mass vaccination programme and following its closure, and the messages we have received, it is clear that the patients and staff’s needs were a key focus throughout all of this and that really came from the top, the senior leadership team. Staff fed back the friendships they made, the support they felt, the achievement they hold, their sadness it has ended.

What we will always remember is that everyone involved in whatever capacity whether on the ‘shop floor’, enabling services or residents providing us with goodies to get us through the day “helped vaccinate the nation”.



## 4. Statutory Statements of Assurance

### Patient and Stakeholder Involvement

Stakeholders involved:

- Quality and Clinical Governance Senior Leadership Team
- Adult Services Senior Leadership Team
- Children Services Senior Leadership Team
- Patient Safety Managers

Methodology

- Review of risk register
- Review of incidents from Datix
- Review of patient experience feedback data

### Review of Services

During the period 1 April 2022 to 31 March 2023, CSH provided NHS services. CSH has reviewed all the data available to it on the quality of care in all of these NHS services.

The income generated by the relevant health services reviewed in the reporting period (1 April 2022 to 31 March 2023) represents 99.9% of the total income generated from the provision of relevant health services by CSH for the reporting period.

### CSH Surrey Clinical Audits Plan

The CSH clinical audit plan is dynamic and responsive to learning, organisational change and clinical priorities. CSH also reviews updated national guidance and provides audit plan/strategy for any updates by the relevant institutes as required, throughout the year. CSH supports its clinical audit plan by utilising the Datix risk management database to assist monitoring the audit outcomes, completion, and compliance. The clinical audit plan is approved and reported through the Audit and Risk Committee and the Quality and Safety Committee.

#### **Participation in Clinical Audits**

CSH undertakes a range of clinical audits which are reported to the Board through the Audit and Risk Committee (ARC). As a business, we believe that a good audit schedule supports clinical staff, managers, service users, carers, the wider community, and commissioners in understanding the current state and position of the business in relation to the recommended quality standards. Locally, audits also provide useful intelligence to support continuous quality improvement and facilitate the closure of any identified gaps in practice. Our audit schedule for 2022/23 included:

1. National audits
2. CSH corporate audits
3. Local clinical audits

## National Audits

Throughout 2022/23, CSH was eligible for and participated in three national clinical audits. A list of these audits is provided below, along with the organisation which relevant data was submitted to.

Description of National Audit/Inquiry	Submitted to
National Asthma and COPD Audit Programme (NACAP)	Royal College of Physicians
National Diabetes in Footcare Audit (NDFA)	CSH Surrey participated under the umbrella of Ashford and St Peter's Hospitals NHS Foundation Trust. The data is collected by NHS Digital.
Sentinel Stroke National Audit Programme (SSNAP)	King's College

All three audits will have their reports published later in 2023.

## CSH Corporate and Local Clinical Audit Activity

Throughout 2022/23 the Quality Directorate has continued to facilitate a business-wide CSH Audit Schedule. The clinical audit schedule consists of a mixture of pharmacy-related audits, infection control audits and directorate-specific audits. In the last year CSH conducted eight corporate and seven local clinical audits. All the audits are listed below, along with a breakdown of where they are reported to and which directorates they apply to.

CSH is improving its processes to support learning and improvement from clinical audit. All audit results are communicated to clinical leads and discussed at different governance forums. Local audit leads disseminate audit results after each audit cycle and once teams have discussed their audit results, the expectation is that they agree priorities for improvement and associated actions.

Agreed priorities and associated actions are expected to be logged on an audit action tracker. Each action has an allocated owner who is responsible for completing the action and updating the tracker accordingly.

## Research

During the period from 1<sup>st</sup> April 2022 to 31<sup>st</sup> March, 2023, no patients, receiving NHS services provided or sub-contracted by CSH Surrey, were recruited to participate in any research that had been approved by a research ethics committee within the National Research Ethics Service.

## Review of our Quality CQUINS in 2022/2223

Following the suspension of Community for Quality and Innovation (CQUINs) during the pandemic, they were resumed in 2022/23. During the last commissioning cycle, CSH, as a provider, was expected to deliver against four domains. The target areas were flu vaccination for all frontline staff, inpatient malnutrition assessments, pressure ulcer assessments, and lower leg wound assessments. As a business, our performance against these domains has been above the recommended threshold in three key areas. We have had a challenge in meeting the flu CQUIN for the past few years and therefore are reviewing our engagement methodology for 2023/24. A task and finish group has been setup with the purpose of improving flu vaccination uptake for 2023/24. The table below presents CSH's position against 2022/23 CQUIN targets and the prescribed thresholds.



Measures		Q1	Q2	Q3	Q4
Flu vaccination	Threshold	70-90%	70-90%	70-90%	70-90%
		N/A	N/A	50%	53%
Inpatient malnutrition	Threshold	50-70%	50-70%	50-70%	50-70%
		95.9%	87.2%	90.3%	62.9%
Pressure Ulcers	Threshold	40-60%	40-60%	40-60%	40-60%
		90.6%	97.0%	95.7%	87.5%
Lower Leg wounds	Threshold	25-50%	25-50%	25-50%	25-50%
		97.7%	84.5%	99.1%	100%

## Care Quality Commission (CQC)

In accordance with requirements, CSH is registered with the CQC as an independent healthcare provider. During 2022/23, the CQC has not taken any enforcement action against CSH nor imposed any registration or special reviews. CSH has not been required to participate in any investigations. CSH continues to use the Key Lines of Enquiry (KLoEs) that CQC use in inspections of healthcare providers in planning, reviewing and evaluating services.

Independent providers (registered) are required to submit notifications to the CQC about certain changes, events and incidents. During 2022/23, we submitted 25 notifications meeting CQC criteria: 19 relating to safeguarding, three relating to (one unexpected, two expected) death of a service user, one relating to service safety and two serious injuries.

The CQC carried out a planned inspection of our core services during summer 2022 under the well led framework, where we were rated as 'good' overall and 'good' in all the Key Lines of Enquiry (KLoEs).

CSH also received 'outstanding' for caring in community health services for children and young people.



### Community health services for adults

9 November 2022 Good ●

### Community health services for children, young people and families






9 November 2022 Good ●

### Community health inpatient services

9 November 2022 Good ●

### Community urgent care services

9 November 2022 Good ●

Safe	Good 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

## Clinical Coding

CSH (adult services) submitted records during 2022/23 to the secondary uses service for inclusion in the hospital episodes statistics, which are included in the latest published data.

Data validity was as follows:

- Patients with valid NHS numbers: (a) inpatient 100% (b) outpatients 100%.
- Total patients on system for 2022/23 were 1,007,687, with 1,196 who did not have a valid NHS number.
- Patients with valid general medical practice code (have appointments not individual records) 341,490 - without a medical practice code 488 (a) inpatient 100% (b) outpatients 100%.

CSH was not subject to the payment and tariff assurance framework clinical coding audit (formerly payment by results) during the reporting period.

## Data Security and Protection Toolkit

During 2022/23 CSH Surrey met all mandated requirements for the Data Security and Protection Toolkit (DSPT). The DSPT sets the standards that organisations must meet where there is access to NHS systems and where they process NHS data.

The 2023 DSPT submission deadline is June 2023, and we are on track towards meeting all mandatory requirements and are seeking to also meet all optional requirements. This is being monitored through the Information Governance Steering Group (IGSG), which is chaired by the Senior Information Risk Owner (SIRO), who is also the Director of Digital Services.

Currently, there are no identified risks to meeting the DSPT requirements and another pass will ensure that CSH is meeting all its statutory and mandatory requirements for managing NHS systems and data.

CSH Surrey has Information Governance (IG) as part of its induction for all new starters to the organisation. We also monitor compliance against the statutory annual IG training. As of March 2023, the rate of compliance for IG training is 97.07% for all staff (including bank staff) and at 98.03% for substantive staff.

During the past year, CSH have received no complaints from the Information Commissioners Office (ICO) related to any failure by us to meet our statutory obligations. CSH continues to comply with all requirements relating to Subject Access Requests (SARS).

## Mortality Review

### Learning from Deaths

CSH's Morbidity and Mortality Review Group meets quarterly and is chaired by CSH's Medical Director, and reports through to the Quality & Safety Committee. This multi-disciplinary group has representation from all services across the organisation and is responsible for overseeing the review of all patient deaths that occur in our services. The Terms of Reference of this Group were revised and extended in July 2021 to include receiving assurance on the delivery of the End-of-Life Forum workplan.

Part of our Learning from Deaths policy is to record all deaths on Datix for our community hospitals and all unexpected deaths that involve our teams in the community outside of the community hospitals, so that learning and any actions can be captured.

All adult in-patient deaths are reviewed by the ward consultant, who carries out an initial screening of avoidability (Mortality Review): any deaths where avoidability is identified will undergo either a structured judgement review by the Medical Examiner (ASPH), or a serious incident investigation dependent on the scoring criteria.

The death rates within our adult services remains low. Following the high numbers during the peak Covid period of 2020/21, over 2021/22 and this 2022/23 period the number of deaths has returned to pre-Covid levels.

#### **There were five adult deaths recorded on Datix over 2022/23:**

**Q1** – one death of a patient in their own home. No specific learning from this found.

**Q2** – one death at our community hospital as an in-patient. This was unexpected and is still under investigation by the Coroner at the time of finalising this report. However, there does not seem to be any concern around the care received at the community hospital.

**Q3** – no adult deaths reported

**Q4** – Three adult deaths reported. All were expected deaths and patients were on end-of-life pathways. Two were in-patients and one was in their own home but died while being visited for wound dressing.

Learning from mortality reviews is presented and discussed at the monthly Community Hospitals Multi-Disciplinary Operational Group meeting, and a summary of the themes and learning is presented to the Morbidity and Mortality Group quarterly.

During 2022/23, we built on the improvements to the Mortality Review process developed during the previous year. Excellent relationships with the Medical Examiner at ASPH continue, and all deaths will now need to be discussed and certified through the Medical Examiner's office.

All in-patient deaths reported on Datix will have a Part 1 Mortality Review Form (MRF) completed within 48 hours by the consultant geriatricians. Part 2 of the MRF is completed by the Patient Safety team or independently by the Medical Examiner at ASPH. Statutory reporting of all in-patient deaths to CQC is reported within 24 hours of death.

No particular themes were identified during this reporting period. However, identification and management of deteriorating patients remains a focus area for surveillance and improvement. There are still some issues with completed recommended summary plan for emergency care and treatment (ReSPECT) forms not being transferred with the patient from ASPH to the community wards. Advanced care planning and documentation of our patients' wishes remains a high priority for our medical teams.

We are developing a more robust policy for deaths that occur out of hours. This is because if the death is unexpected then the on-call GP service will not verify the patient as having passed away. This has led to the Police being called, which is usually unnecessary and not a good use of their time. We are seeking agreement with our out of hours GP service around this issue with clarity around the definition of "unexpected" death. This will be completed by the Mortality and Morbidity review group.

## Children's Deaths

All child deaths in Surrey are reviewed by the Surrey Child Death Overview Panel (CDOP), which has responsibility for the process of reviewing child deaths. Working Together to Safeguard Children (2018) sets a clear remit for the work of the panel and incorporates requirements from the Health and Social Care Act 2012. Learning and information from CDOP is shared via the Local Safeguarding Children's Partnership to inform Partnership members in respect of preventable child deaths and risk factors that impact on safeguarding children and young people to ensure organisations take appropriate and timely action. The CDOP also produce newsletters, which are disseminated widely within Surrey.

Children's deaths reported on Datix:

Q1: 5 deaths

Q2: 12 deaths

Q3: 8 deaths

Q4: 7 deaths

These deaths were of children who were involved in our services, but for whom CSH was not principally responsible.

## Other statements

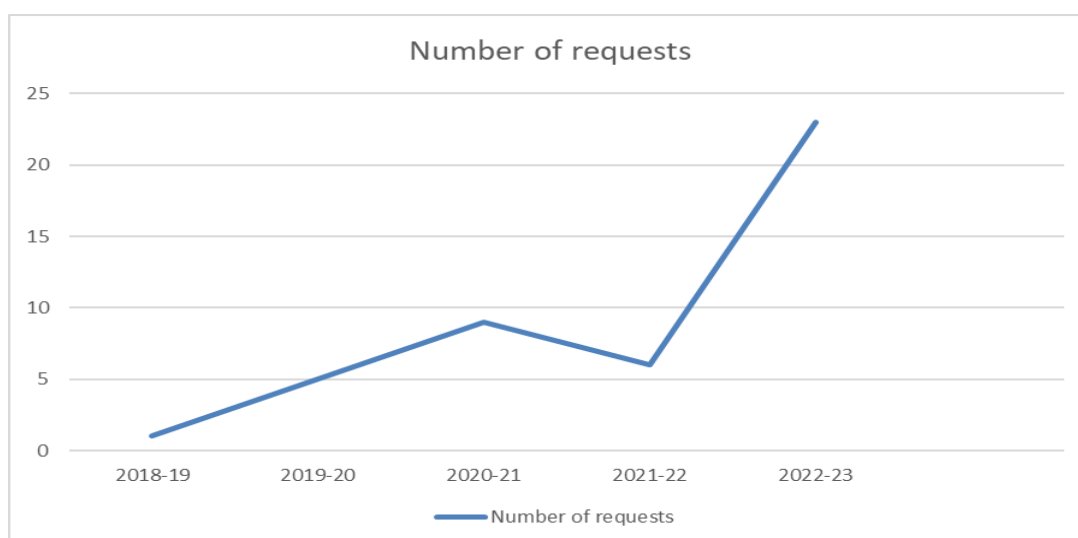
### Central Alerting System (CAS)

The CAS is a cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to the NHS and independent providers of health and social care.

In the financial year 2022/23, CSH received 80 safety alerts via the CAS and two Field Safety Notices directly from manufacturers. Three of the 82 alerts were applicable for action for CSH, 26 were cascaded for information only and 53 were not applicable. Alerts for information only relate to issues not directly affecting CSH's services, but useful for information and general awareness, and advice to patients or other care providers (e.g. nursing homes). All three alerts applicable for action had their actions completed on time.

### Coroner Requests

Surrey Coroner's office has made 24 requests for information to CSH during 2022/23. This has been a sharp increase compared to previous years.



CSH attended five inquest hearings into the death of a deteriorated patient and the learning from one inquest was embedded into our quality improvement workplans for 2022/23 and 2023/24.

Learning is stated below:

- That all patients on anticoagulant therapy, including Thrombo-Embolus Deterrent (TED) stockings, are reviewed and documented on admission.
- When reviewing a patient's complaint of pain, that this is documented in their notes with a clinical impression of the cause of the pain.
- That full set of notes are available to witnesses prior to any hearing
- The wards review if there is any merit in giving, post-surgery and discharge instructions to patients on discharge from CSH inpatient care

## Infection Prevention & Control and Healthcare Associated Infections (HCAIs)

The infection prevention and control (IPC) service within CSH provides specialist advice and support throughout the organisation across both the Adult and Children's service contracts. The governance of the IPC service is underpinned by compliance with Regulation 12 of the Health and Social Care Act 2008 and provides assurance with the 10 compliance criteria of the Code of Practice.

The CSH Surrey IPC Group (SIPCG) is comprised of key stakeholders and chaired by the CSH Director of Infection Prevention and Control (DIPC). The group meets quarterly to review assurance against the 10 compliance criteria which is agreed within a quarterly report by the DIPC and provides the evidence for the DIPC Annual IPC Report. The CSH DIPC reports directly to the CSH Board and is a member of the Executive Committee.

The CSH IPC service ensure that staff are compliant with national and local IPC policy through a structured programme of surveillance, audit and training. Key and topical aspects of IPC advice are circulated to colleagues across the organisation through an established and engaged IPC Link Practitioner network, as well as through attendance at corporate, operational, service and team meetings. The notes for these meetings are on file. Additionally, a centralised IPC information and guidance offering has been strengthened for communicating with colleagues on our internal Blink Hub (staff app) site, alongside a regular IPC Bulletin providing topical IPC advice for all colleagues and which is circulated via the CSH SIPCG and IPC Links networks.

### Key achievements 2022/23:

Moving the CSH IPC service into the North West Surrey Alliance, a PLACE-based, integrated approach to service provision for the whole population of NW Surrey. From Quarter 2 onwards, our team of five IPC specialists were jointly supporting both the community adults and children's services within CSH, as well as 130+ care homes and places of supported living accommodation across NW Surrey.

We delivered a special Infection Control Study Day 'IPC - It's not just Covid' at the Dianthus Centre in Woking on Tuesday, 8<sup>th</sup> November 2022. We had 40+ attendees from across CSH adults and children's services and NWS care homes, with a host of both internal and external guest speakers.

To date we have supported those in the care home setting with 84 outbreaks, including Covid, Flu and Norovirus. The team have provided 29 training sessions for care homes totalling 233 care home attendees, in addition to monthly informal drop-in sessions with the care homes.

Three of our new specialist IPC practitioners are on the University of West London IPC MSc pathway, further developing their IPC skills and knowledge, and thereby building the future sustainability of the local IPC workforce in NW Surrey.

The new CSH IPC Community team are integrating with our IPC colleagues at ASPH to create a consistent and aligned approach across the system with access to different skills and knowledge, and further building the local IPC workforce resilience and support offering.

Development and implementation of a revised IPC environmental audit tool aimed at gaining site-wide assurance of good practice in infection control. This is based upon the former IPS Quality Improvement Tool (QIT) tool. Results of this audit provide a local level of compliance with infection control within the health-built environments for all CSH clinical services.

The successful management of 12 outbreaks including: Covid, Flu and Norovirus within our CSH inpatient wards. This has included timely communication with key stakeholders, IPC staff support, training and site visits, daily surveillance, and regular outbreak meetings, with actions and findings documented, and learnings shared across teams and service, via appropriate internal forums and meetings.

There was a total of one *C. difficile* (CDI) but no MRSA bacteraemia infections throughout 2022/23. Root cause analysis (RCA) was completed for the CDI case but there was no directly contributory IPC learning which is documented in the RCA on file.

### **Incident Reporting/Serious Incidents 2022/23**

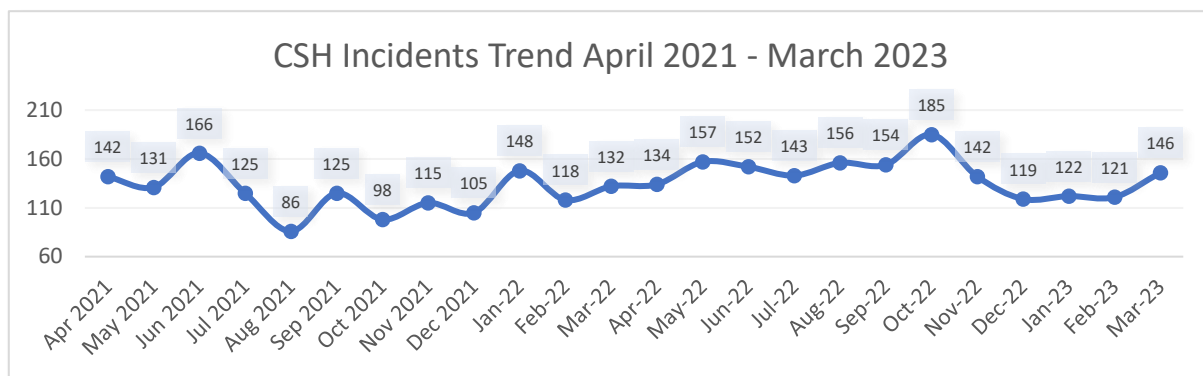
A patient safety incident refers to any event that could have led to harm, or actually did result in unexpected or unavoidable harm, to one or more patients under our care. We take pride in our staff's culture of openness, and their willingness to be transparent about incidents and near misses. We report all incidents, including patient safety incidents, through a web-based risk management system, Datix. Our aim is to investigate these incidents in order to learn from them when things go wrong and identify areas for improvement.

As part of our quality assurance process, trend analysis and monitoring of incidents are discussed at the Quality and Clinical Governance Group (QCGG). Any escalation or feedback on these issues is then provided to the Quality and Safety Committee (QSC).

We are in the process of implementing the new Patient Safety Incident Response Framework (PSIRF) in 2023/24, which is a shift from the Serious Incident Framework (SIF). The PSIRF has four key aims for incident investigation:

- compassionate engagement with those affected,
- taking a system-based approach to learning from incidents,
- delivering an appropriate response to patient safety incidents, and
- providing supportive oversight aimed at strengthening response systems and improvement.

In 2022/23, a total of 3,288 incidents were reported through our risk management system. Compared to the previous financial year (2021/22), this represented an increase in incidents. Out of the 3,288, 1,733 were incidents in our care and 1,555 outside our care (external). The chart below compares the number of incidents in our care reported each month between the two financial years.



Included in the 1,733 incidents in our care reported in 2022/23, two were serious incidents. One of the serious incidents was related to information technology (Digital), while the other was related to a treatment performed without a chaperone. The type and number of serious incidents that were reported to the Integrated Care Board (ICB) in 2022/23 through the national Strategy Executive Information System (STEIS) are listed in the table below.

Incident Category	21/22	22/23
IT or Telephone Disruptions	0	1
Violence / Abuse of Patient	0	1
Information Governance	1	0
Inoculation injuries / Sharps	3	0
Untoward Clinical Event	3	0
<b>Total</b>	<b>7</b>	<b>2</b>

All serious incidents are reviewed and discussed at the Serious Incident Review Group (SIRG). Action plans are created for each of the incidents, and these are monitored to ensure that improvements have been made. We take our duty to investigate and learn from serious incidents very seriously, and we work hard to create a just culture and provide support to staff involved in these incidents.

### Duty of Candour

We strive to cultivate an environment and culture that prioritises the safety of our patients and also our staff and visitors. We achieve this by promoting open and honest communication with patients, their families and/or carers, and all other individuals that use our services.

We always apply the statutory Duty of Candour (DoC) for incidents that could potentially result in moderate harm, severe harm, death, or prolonged psychological harm due to our care provision or omission of care. This is communicated within ten days of the incident or as soon as reasonably possible and appropriate to the needs of those affected. During 2021/22 and 2022/23, DoC was applied in two circumstances respectively.

### Learning from Safety themes identified – Examples

Although patient safety incidents may result in harm to patients, as a business we are keen to learn from incidents as a way of service improvement, targeted at better patient and staff outcomes. The following examples set out how we learn from incidents at CSH.

Learning from the delayed DoC, the Quality and Clinical Governance directorate, as a learning organisation, commissioned a deep dive into incidents reported between 2020 and 2022 that required a DoC. The findings from the deep dive indicate that our organisation had not been consistently applying the DoC policy. We have accepted this as a learning opportunity and are currently implementing remedial actions.

Between April and December 2022, the Quality and Clinical Governance directorate identified a consistent theme of incidents related to the transfer of care between external stakeholders and CSH inpatient units. As a result, a deep dive was commissioned to investigate the root cause. A total of 88 incidents relating to the transfer of care were identified, ranging from two to 16 incidents per month. This deep dive has led to the adoption of system-wide approaches and recommendations with stakeholders to address this issue, which has far-reaching implications beyond CSH. Some of the actions from this interrogation have been recommended to be addressed as quality improvement projects, taking an approach of deep dive, design, deliver and evolve.

As an organisation safety and accountability are not limited to the Quality and Clinical Governance directorate, and extends beyond our patients to our staff. For instance, The Voice, co-owner representatives, reported numerous cases of violence and aggression towards staff. The Quality and Clinical Governance directorate escalated the issue and commissioned a detailed investigation of reported incidents to identify trends, specific teams, patient groups, and geographical areas. The interrogation uncovered a total of 107 incidents related to violence and aggression, linked to different themes. Consequently, the Quality and Clinical Governance directorate is collaborating with the Health and Safety and People teams to provide safety recommendations for specific areas or themes.

## Safeguarding

The recognition of safeguarding, which includes safeguarding supervision, is firmly embedded across the Children and Families division. Safeguarding supervisors training updates and training for new safeguarding supervisors has been undertaken in 2022. Newly trained supervisors work closely with the Named Nurses and Specialist Safeguarding Advisors in order to be signed off as competent with the role.

Supervision within adult services is offered on an *ad hoc* basis. The advisors visit teams and have case discussions for safeguarding concerns as well as supporting with teams as concerns arise.

In November 2022 the process of sending a Multi-Agency Referral to the Multi Agency Safeguarding Hub (MASH) changed from paper based to an online system via the Surrey County Council's online portal. The CSH Surrey Adult Safeguarding team were no longer receiving copies of referrals as the portal was not set up to allow this. In order to mitigate any risk with this, and to keep oversight of any referrals made, the Adult Safeguarding team meet weekly with senior managers of the MASH to discuss cases that have been referred from CSH to social care. The meetings have resulted in sharing information regarding concerns and being able to work together to close cases as a concern only. This has reduced the need for written reports and requests for further information. All self-neglect cases can be referred and managed by adult social care locality teams rather than being triaged by the MASH which has expedited the process.

The Safeguarding Adults team have continued to have regular meetings with external partners in the localities and also have regular visits to the Community hospitals and nursing teams. These meetings have now been expanded to include regular attendance at the Walk in Centres' safeguarding meetings, previously only attended by the Children's safeguarding team.

During 2022/23 the Safeguarding Adults team rolled out face-to-face, in-house Level 3 training, this incorporates a core Level 3 session and harmful practices session, as required by the intercollegiate document. Compliance is currently at approximately 65%. All other safeguarding adults training is delivered through e-learning. Feedback has been extremely constructive and positive and has helped to shape the delivery of the course.

The Safeguarding Children's team facilitated a Level 3 safeguarding conference during 2022/23. During 2022/23 the Safeguarding Children's team continued to deliver a high-quality service putting safeguarding and child protection at the forefront of everyday practice, ensuring that the voice of the child and their lived experience was at the centre of all that we do. We have had significant successes in making a difference for children and families.



Despite the safeguarding children team experiencing a number of challenges due to reduced capacity, increased volume of work and supporting practitioners working with increasingly complex families' the achievements and progress made by the team have been discussed and highlighted. Safeguarding work is iterative and develops at different paces depending on how priorities evolve with practice developments being interlinked with national legislative or statutory guidance requirements.

## Liberty Protection Safeguards (LPS)

On 17 March 2022, the Government launched a public consultation on proposed changes to the Mental Capacity Act (MCA) Code of Practice for England and Wales, which included guidance on the new LPS system. The consultation ran for 17 weeks from 17 March until 14 July 2022 and CSH Surrey submitted an organisational response. Themes of CSH comments included role of social enterprises within the proposed model, concerns regarding availability of resources, required skill sets and challenge to the criteria for the current list of professional roles able to be best interest advisors.

In preparation of LPS roll out:

- LPS slides have been incorporated into the Adults Level 3 Safeguarding Training
- Information has been added on the CSH Safeguarding intranet pages.
- LPS implementation is an agenda item within the Safeguarding Working Group meeting with the Children's teams so LPS can be discussed, and planning started for its implementation as an organisation.

The date for national implementation is still unknown, as it depends on the actions needed following the consultation which we are still awaiting, but potentially it will be in 2024.

CSH remains on the membership of the Surrey LPS provider network meeting. The network involves working collaboratively with the provider safeguarding leads and Surrey ICB safeguarding team to support and progress the implementation of the new Liberty Protection Safeguards framework, and to continue to focus on raising awareness and embed training on the MCA, to prevent abuse and safeguard adults at risk.

Despite the implementation of the LPS being delayed, the meetings have continued to provide a forum of discussion for the network to discuss how they will implement LPS when the time comes.

## Looked After Children

Promoting the Health and Wellbeing of Looked After Children (2015) updated (2022), states that named health professionals for Looked After Children should ensure health assessments are of high quality. Audits of Review Health Assessments for Looked After Children completed by CSH are undertaken between January and March each year to ensure high quality is maintained. These audits are taken from health assessments undertaken by Practitioners from 0-19 teams, Health Visitors, School Nurses and Specialist Nurses for Looked After Children. Practitioners also quality assure each completed review health assessment to maintain high quality standards.

Our Looked After Children Team have successfully developed new Review Health Assessment (RHA) forms that are designed to communicate directly with the child, these have received very good feedback from both practitioners and young people. The forms have age-appropriate health promotion links embedded for carers and young people to access. The team designed the RHA form in accordance with the recommendations from Promoting the Health of Looked After Children (2022): three forms, for different ages, 0-5 years, 5 to 10 years and 11 to 18 years. Quarterly audits have evidenced completed RHAs are of high quality. Our Looked After Children team provide quarterly Level 3 Training available for staff to book onto in advance to support with maintaining quality and ensuring staff have up to date evidence-based information when supporting Looked After Children.

## Patient Experience

CSH uses a variety of methods to gather feedback used to help inform ongoing service improvements.

Examples of this include:

- Complaints, concerns, and Patient Advice and Liaison Service (PALS) communications
- Compliments
- CSH Surrey website
- Informal conversations with service users and their carers
- Online reviews (NHS Choices, Care Opinion, Google reviews)
- NHS Friends and Family Test (FFT) and Patient Reported Experience Measures (PREMs)
- Patient Led Assessments of the Care Environment
- Patient stories – including those shared at Board of Directors' meetings in public
- Patient surveys
- Patient and public engagement events

### Complaints and concerns

There were 201 complaints received in 2022/23. Of these, 41 complaints were managed through the formal complaints process. This means the complaint was investigated by a senior manager and a formal written response was provided. In addition, in some cases a meeting was held with the person raising the complaint depending on their preference. There was a reduction in the number of formal complaints compared with 70 received in 2021/22. 160 complaints were managed through early resolution with the service. This is a small reduction compared with 164 informal complaints received in 2021/22.

Of the formal complaints that were closed during the reporting period, 76% were assessed as well-founded. That means our investigation found that some, or all, aspects of the service received did not meet the expected standard.

45% of formal complaints were about access to, or discharge from, services including waiting times. 22% of complaints were about standards of clinical care, including unmet expectations. The third and fourth highest proportion of complaints were about attitude and behaviour of staff (17%) and communication and consent (12%). This trend generally reflects previous years although there has been a slight increase in the proportion of complaints about attitude and behaviour. We have introduced a behaviours framework which was designed by our staff through extensive engagement and is in the embedding stages now.

### Some of the changes made in response to complaints are:

- Additional customer service training for reception and administrative staff.
- We have improved triage at walk-in centres including use of a triage nurse during patient check-in.
- We have improved communication and partnership between providers of palliative and end of life care (including acute hospitals, hospices, care homes and primary care) to support patients and families (see section on palliative care lead nurse).
- Increased training for clinical staff including immediate life support, patient observations.
- Improved communication to patients about frequency of community nursing visits, especially if any change to their schedule, and how to escalate any concerns about changes in the patient's clinical presentation.


### Compliments


Compliments are positive feedback given by the people we care for to a staff member who logs it on our system called Datix. Details of how many compliments received are below:

- 2020/21: 210 compliments
- 2021/22: 501 compliments
- 2022/23: 297 compliments

### Compliment examples - March 2023

 *Children's Speech and Language Therapy - My son T. is completely deaf in one ear since birth. We have had many appointments all over. With speech and language therapy we saw H. She was the best with him out of everywhere we have been. T. was comfortable there. She was amazing, T. can get very upset and angry he didn't with H. She gave me fantastic help and advice for everything with regards to speech communication and even his behaviour and we really enjoyed seeing her. Great staff and great interaction with my child and myself.*

 *Mass vaccination - following arranging appointments for 2 young boys with Autism spectrum disorder and learning difficulties - "The vaccinations were amazing, they were expecting us and were ready for us, we were basically in and out within 5 mins which was really good. Both boys did amazing and didn't have any side effects."*

 *Adults Heart Failure - "we just wanted to provide some feedback on the time we have been looked after by the Heart Failure Team and in particular C. From the initial contact made over the phone to make the first appointment to our last session we have been supported every step of the way. Finding out the initial diagnosis was quite frightening and C took her time explaining everything.*

*We never felt rushed and she answered all our questions along the way. She explained all the medications and communicated well with our GP so we didn't have to wait for new tablets any longer than needed. If we were told that we would receive a phone call, we did and we really felt we had an individual personalised service. All the follow up appointments were communicated well. Everyone in the office were so friendly and helpful. C was very professional and we feel so thankful we were referred to her and the whole team. We would like to extend our thanks to you all."*

### Patient and staff stories

The Board always have a patient or staff story at the start of their meetings in public. Please see example below:

- Mar 2023 – Benefits of the North West Surrey Alliance for patients with Barbara and George sharing their story

### iWantGreatCare

Question	Score - overall	National average - community
Friends and Family Test – Good Experience	91.92%	94%
Proportion of patients who were treated with kindness and compassion by the staff looking after them	97.22%	
Proportion of patients who were treated with dignity and respect	95.14%	
Proportion of patients who were involved as much as they wanted to be in their care and treatment	92.36%	

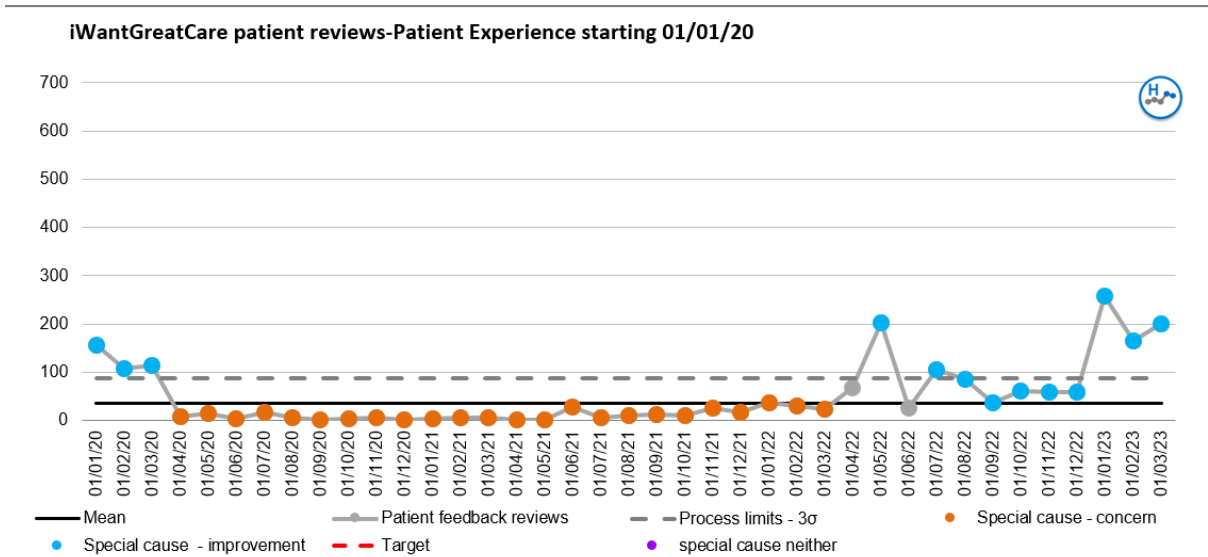
Proportion of patients who received timely information about their care and treatment	89.97%
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We have not broken-down Children's and Adults scores because as our response rate is 0.3% (recently increased to 1%) we feel it would not be representative data to base decisions on.

**Statistical Process Control (SPC) chart on review count**

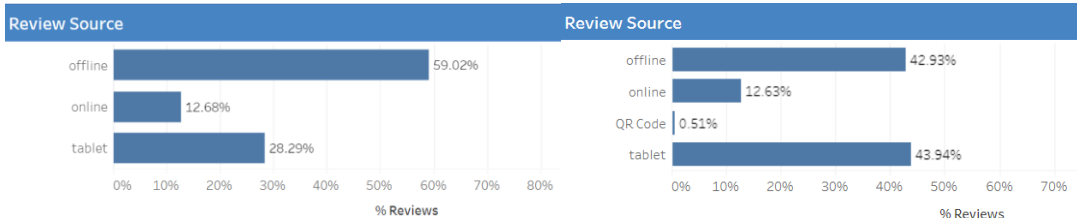
Following Covid-19 collecting feedback was suspended to focus on delivering core services. As can be seen, since December 2022, we have been doing some targeted quality improvement work which has involved:

1. Staff engagement sessions
2. Focused quality improvement project with an Adults Service
3. Face to face meeting with 80% by March 2023 (35% in February) of the 72 iWantGreatCare services which has included 1:1s with Service Managers or attending the Children's Services West and East Quality meeting to identify barriers and education on feedback methods. We hope to reach 90% by June 2023.
4. Sharing positive feedback and "you said, we did" posters in our internal communications channels
5. Creating concise content on the intranet on how to collect feedback



**Review source 2022-2023**

**Review source 2021-2022**



As demonstrated above, use of the tablet (app) is gaining in popularity and use of offline (paper forms) is decreasing. However, it is important to note that patients have the option of using paper if that is more suitable for them.

## Positive feedback examples iWantGreatCare – February 2023

*Walk in Centres - medal for all the staff who have to tolerate insult, frustrations from the patients waiting who forget how \*\*\*\*\* marvellous and fortunate we are to have the NHS.*

*Inpatient Wards Adults - all the staff at Walton community hospital are wonderful, so very caring, they are always kept very busy but always find time for your needs. I spent 4 weeks at this hospital and found it to be a most pleasant environment, thanks to all the people working there.*

*Adults Community Rehabilitation - L was very kind and considerate at all times and knowledgeable and totally supportive as regards my motor neurone condition. The treatment was well tailored to my particular needs and I am very grateful for the treatment given and all of the helpful guidance that I was given. Thank you L.*

*Children's Health Visitor Woking - I went for feeding support at Eastwood leisure centre Sheerwater where I received the help and reassurance I needed to breastfeed as I was feeling anxious and worried my baby was not feeding correctly. Thank you for making me feel I am a great mum.*

*Adults Speech and Language Therapy - N was very welcoming on her arrival and made us feel we could ask questions and we felt N done her best to answer all of our questions as best as she could. Our assessment went very well with N and she was very pleasant and respectful with our resident and gave some helpful advice that has made us feel more at ease.*

### Main feedback themes:

- Long waiting times (mentioned many times)
- Parking at Woking Hospital (mentioned 32 times)
- Unmet expectations in the Walk in Centres
- Signage at Woking Hospital
- Communication around waiting lists

### Actions taken

- Waiting lists: some additional recruitment for teams with high waiting lists, measures such as opt out letters, ringing patients, signposting referrals to more appropriate services, sending exercise programs, working closely with care homes.
- Parking: adding parking guidance to appointment letters, NHS Property Services due to do a walk round to assess the situation.
- Local quality improvements in the Walk in Centres have taken place, including a video posted on social media regarding what the Walk in Centres do.

## Acting on feedback example – February 2023

These will be posted every month to two months on the internal communications. The team are also exploring ways to share this with patients.



## Reviews from other sources

CSH has had six Care Opinion reviews in the past year regarding Leatherhead Hospital and Cobham Clinic which do not relate to CSH Services.

Healthwatch – one escalation regarding parking difficulties at Woking Hospital.

CSH has had NHS reviews in the past but have received zero reviews in the current year.

CSH has had received zero Google reviews. However, the Woking and Ashford Walk in Centres regularly receive reviews.

3.5 ★★★★★ 103 reviews Woking Walk in Centre

3.0 ★★★★★ 99 reviews Ashford Walk in Centre – all time reviews

Themes:

- Kindness and compassion from staff, being updated about waiting times, smooth process with X-ray, friendly receptionists, the team helped with patients' issues.
- Frustrations around redirection, long waits, people going in front of them in the queue, not being able to be treated in the WIC and being signposted to an acute site, and signage at Woking.

## PLACE based partnerships

### North West Surrey Alliance

A co-designed, whole-system approach to timely, patient-centred, co-ordinated care, which maximises independence for people living with frailty.

These are just some examples of services that CSH has been involved with or run:

- Multi-disciplinary teams in Frailty Hubs
- Hospital at Home – hospital level care with remote monitoring
- Urgent Community Response Team – supporting people at risk of admission within 2 hours of the event

### Ambition

North West Surrey (NWS) Health and Care Alliance is one of the most mature PLACE-based partnerships in the country. Our 11 health, care and local government partners facilitate our innovative, evidence-based approach, with the goal of helping people living with frailty through:

- Early identification and intervention at multiple touchpoints
- Avoiding admissions and reducing length of stay
- Rapid response to frailty crisis through comprehensive geriatric assessments done by community multidisciplinary teams (MDT) and Emergency Department (ED) front door teams
- Reducing duplication and simplifying processes to improve staff and patient/carer experience
- Supporting wellbeing and independence of patients and empowering them and their loved ones/carers
- Delivering integrated care closer to home through our specialist frailty MDTs

In NWS, there are currently circa 40,000 people estimated to be living with frailty and this is increasing. To support the complex healthcare needs of this population effectively we had to avoid the silo working that can often be a consequence of changing services to operate at scale.

By introducing the wide range of measurable initiatives, we could track our impact, adapt our approach where necessary, capture, and build on our successes. We standardised personal care plans and templates, supported digital integration and co-created leaflets and videos for patients with information.

### Outcome

Despite an average increase in emergency department (ED) attendances for those aged 65 years, since December 2020, NWS is seeing reduced harm through reduced length of stay and:

- 12% reduction in admissions for dementia, Urinary Tract Infections (UTIs), falls and catheter related issues

- Between November 2021 to February 2023 - a 46% decrease in ambulance activity for people with falls but no injury (65+ years)
- The Frailty Hub has doubled referrals for comprehensive geriatric assessment post discharge
- Following intervention from Urgent Community Response intervention, 30% of patients returned to independence and only 10% were admitted to hospital
- Referrals to Urgent Community Response directly have increased by 150% since December 2020

### **Guildford and Waverley Alliance**

CSH children's service were involved in a system's planning and delivery event on 22<sup>nd</sup> February 2023, bringing together local partners from across health, care, and the voluntary sector, to consider how best to work together to best meet the health and care needs of the local population. Good discussion related to the key role children's services have in early identification and early intervention for families.

### **Surrey Downs Alliance**

A children's steering group has been set up to consider and agree Surrey Downs PLACE-Based children and families' population physical and mental health needs to ensure that there is a collaborative PLACE-based approach promoting positive well-being and to identifying and meeting needs early. The steering group meets six weekly to progress strategic priorities and understand and escalate barriers to implementing innovations. Priority areas include:

- Support for health promotion and emerging needs in pregnancy and early years
- Support for children and young people with neurodevelopmental needs

### **East Surrey PLACE**

There are already many examples across East Surrey of teams working together brilliantly across organisations and in partnership with the communities they serve to deliver existing services, design new ones and continuously improve our offer to local people. Developing East Surrey as a PLACE will help to build on these successes and help us to tackle current challenges.

Closer working together at PLACE will enable us to provide joined up services that meet and respond to residents' needs; enable and empower our residents to create and live healthy lifestyles; and support them to take responsibility for their health and wellbeing.

### **Freedom to Speak Up**

CSH is committed to promoting an open and transparent culture across the organisation, so that all employees feel safe and confident to speak up about any concerns that they may have about patient care and organisational culture.

This commitment is supported by modelling the behaviours to promote a positive culture in the organisation: providing the resources required to deliver an effective Freedom to Speak Up function and having oversight to ensure the policy and procedures are being effectively implemented, such as a pre-recorded talk about Freedom to Speak Up providing awareness training for all new employees.



The Freedom to Speak Up Guardian reports key themes and findings to the CSH Board via bi-annual board reports to the Putting People First Committee. They also communicate any relevant findings to the service leads, as well as those who can directly influence the situation as appropriate. CSH has participated in the NHS Staff Survey, so that the issues that colleagues are dealing with can be assessed, understood and addressed where possible.

The table below provides a summary of Freedom to Speak Up issues raised through 2022/23.

Year	Number of Staff
2020/21	18
2021/22	30
2022/23	84

## Staff Survey

CSH runs an employee survey on a yearly basis that mirrors the NHS staff survey. The survey allows staff to comment on a number of areas such as their job; their team; their managers and other areas such as their health, wellbeing and safety at work. In 2022 our response rate was 54%.

A total of 117 questions were asked in 2022 and out of those 97 have been positively scored.

- 57% would recommend the organisation as a place to work
- 71% would be happy with the standard of care provided by the organisation if a friend or relative needed treatment
- 82% have care of patients/service users as their top priority

We are currently working on our local action plans, as well as a wider CSH Surrey plan of action, in response to the survey and will be running some 'we said, we did' campaigns over Summer 2023, so that colleagues across CSH are aware of the action that is being undertaken in response to our results ready for the next annual staff survey.

## The Voice – Employee Ownership

The Voice has continued to build on the successes achieved in 2021/22 and remains fully recruited to, with 15 representatives. 2022 saw a first in Voice history, when the first ballot was held to appoint a representative for the vacant position representing enabling services.

2023 will see the Voice's current chair stepping down, after six years successfully building and raising the profile of the employee council. In the absence of a single representative volunteering to take on the Chair role in its entirety, two representatives agreed to stand as deputy chair and will co-chair the Voice from July 2023 following a successful amendment to the Voice Constitution.

The Voice continue to hold monthly meetings, followed by a separate meeting where the representatives are joined by the CEO and an Executive, who rotate; additionally, every other month the CSH Chair is in attendance, with other non-executive directors.

In addition to the change in the Voice Chair, 2023 brought a change to the nominated CSH non-executive director (NED) who acts as a valuable link between the Voice and the CSH Board, as the current NED stood down from the CSH Board after completing his six years with their successor taking up their role on 1 March 2023.

The Voice representatives have attended a training half day in January 2023 with a further full day planned later in the year, with the aim of developing and expanding skills to enhance their role.

The focus of 2022/23 will be to continue to embed “our business, our voice” across the business, but also to engage with our co-owners and raise their awareness of being part of an employee-owned organisation.

## Digital

Digital Services provides, maintains, and delivers the systems and services that CSH Surrey and the wider health and social care sector need to deliver better care.

Examples of activity and projects developed during 2022/23 include:

### **Enhanced Health Informatics (HI)**

The continued development of the Business Intelligence (BI) Portal (Illuminate) to support decision making at key meetings has been an essential element of the Digital delivery from the Health Informatics team. The team worked hard to finalise and put into circulation the Performance Dashboard and various underlying dashboards, which is being used regularly from the Executive team down to monitor performance and compliance. The team support the Performance Committee every month in going through the dashboards to answer questions being asked by the Executive team to the operational teams, including the enabling functions. This information is used in reports submitted to the CSH Board and its committees.

### **Data Warehouse Project**

A project to design, build and operationalise a new data warehouse to remove the highest risk the Digital Services had on their risk register. This project was finalised and went operational in 2022/23 financial year and has been used to support both the Illuminate BI Portal, ad hoc report / data requests, and business as usual reporting since its go-live.

### **Woking Community & Sam Beare Hospices**

A business case was approved at the Strategic Delivery Group (SDG) to enable the paper-based hospices to have a fully functioning clinical systems for data capture, with on-going systems support from the CSH Surrey Systems Team. The project is on track to meet the deadline and be within budget.

### **Digital Roadmap**

A new full roadmap is being developed by Digital Services for delivery over the next three years. This roadmap underpins our ‘Any time, Any place, Anywhere’ strategy, enabling CSH staff to work fully from any location. This will align with new work for the 2023/24 year onwards and show our completed projects from the last two years.

### **Data Quality (DQ)**

NHS number completeness remains high, and the unoutcome appointment (appointments reported on systems as occurred) numbers remain low – these are continually monitored by the data quality team. They

have worked with services on a project over the last year to ensure we are collecting all mandated information about our citizens such as ethnicity and gender.

### **Surrey Safe Care Record**

The Surrey Safe Care Record is a local, digital shared care record for health and care professionals across Surrey Heartlands. It allows the secure sharing of patient's health and care data between authorised health and care professionals for the purposes of delivering safer, quicker, more personalised, and more coordinated local health and care services. CSH continues to work with the project to ensure the data quality is of the highest standard and where new requirements are requested, we are working with the Surrey Safe Care Record team on how best to deliver these.

### **Walk-in-Centres**

The Digital Team has worked on a project to replace the current AdAstra system with an EMIS system, as the AdAstra system was at the end of the contract. This is due to go-live in April 2023 and is currently on track to meet this deadline.

### **Service Catalogue**

The Service Catalogue provides a view of all the systems which CSH Surrey hold and manage. This enables the organisation to see who owns these systems and what the support arrangements are that have been agreed through the contracts with the various suppliers. This is managed and monitored by the Digital Systems Team.

### **Digital Risks**

The Digital Services Team has reviewed, mitigated and brought the number of risks on our risk register. We also continually review through Digital Leadership Team (DLT) meetings and add where new risks are identified.

## 6. Stakeholder Feedback



### CSH Surrey Quality Account 2022/23

#### Commissioner Statement from NHS Surrey Heartlands Clinical Commissioning Group (CCG)

“Surrey Heartlands ICS welcomes the opportunity to comment on the CSH Surrey Quality Account for 2022/23. The ICS is satisfied that the Quality Account has been developed in line with national guidance and gives an overall accurate account and analysis of the quality of services provided.

2022/23 has remained a challenging year across the system, with the residual effects of the Covid-19 pandemic. Throughout this period CSH are acknowledged for their efforts to support the system with the continuation of the mass vaccination programme. It is positive to see, that during these challenging times, CSH have continued to push forward with embedding their care values and ‘behaviour framework’ across the organisation’s workforce, to enhance the patient experience for our Surrey Heartlands community.

Surrey Heartlands ICS would like to congratulate CSH on achieving an overall rating of ‘Good’ which included an ‘Outstanding’ for caring in community health services for children and young people in their CQC inspection that took place in August 2022.

It is reassuring to see that CSH are firmly committed to working with a quality improvement focus to their care planning and delivery. Surrey Heartlands ICS would like to acknowledge CSH for becoming a joint system partner with Ashford and St Peter’s Hospitals NHS Foundation Trust, in obtaining funding for a quality improvement pilot through the Stroke Quality Improvement for Rehabilitation (SQuiRE) Catalyst project, ISDN Frimley and Surrey Heartlands late 2022, which aims to support and promote neuropsychology screening and support in the community.

CSH have received many compliments regarding the care patients have received, it is positive that CSH remains committed to engaging with the community to enhance and improve services.

Reflecting over the 2022/23 CSH priorities, Surrey Heartlands ICS would like to commend CSH for achieving their goals for the following two priorities:

- In participation with the ICS completing a review of Children’s Continuing Healthcare (CHC), whilst the care delivered to these children is commendable there are clearly challenges in meeting their needs for 2023/24.
- The successful roll out and delivery of the ‘Bump and Beyond’ and maternity circle service.

Surrey Heartlands ICS welcomes CSH’s stated priorities for 2023/24 as well as their participation in the enhanced oversight of children’s community services particularly improve timeliness of Education Health and Care Plans (ECHP) assessment and the quality of plans.

The additional priorities being:

- Designing an organisation-wide patient safety plan.
- Colleague Wellbeing - NHS People Promise (we are safe and healthy).

- Implementing the Patient Safety Incident Response Framework (PSIRF) as outlined in the National Patient Safety Strategy (2019) by embedding the safety systems and processes to be compliant with the framework.

Surrey Heartlands ICS would like to thank CSH for sharing their 2022/23 Quality Account with us and would like to commend you for your achievements and successes over the previous financial year, whilst acknowledging the challenges faced.

We look forward to working with you as a system partner in the coming year on your continued quality improvement journey and progress with your 2023/24 quality priorities.”

**Clare Stone**

**ICS Director of Multi-Professional Leadership and Chief Nursing Officer**

**NHS Surrey Heartlands Integrated Care System**



### Statement from Healthwatch Surrey

“Unfortunately, we don’t have capacity to comment on the individual report in detail currently.

We are working more collaboratively with CSH and are pleased that we have good routes to share patient experience.”

## Statement of Director's Responsibility

In preparing our quality account, our Board has taken steps to assure themselves that:

- The quality account presents a balanced picture of CSH Surrey's performance over the reporting period.
- The performance information reported in the quality account is reliable and accurate.
- There are proper internal controls over the collection and reporting of the measures of performance included in the quality account, and these controls are subject to review to confirm the work effectively in practice.
- The data underpinning the measure of performance reported in the quality account is robust and reliable, conforms to the specified data quality standards and prescribed definitions, and this subject to appropriate scrutiny and review.
- The quality account has been prepared in accordance with Department of Health and Social Care guidance.
- The Directors confirm to the best of their knowledge and belief that they have complied with the above requirements in preparing the quality account.

By order of the Board

A handwritten signature in black ink, appearing to read 'Steve Flanagan', with a stylized flourish at the end.

**Steve Flanagan**

Chief Executive Officer

30 June 2023