

CSH Surrey – Quality Account

2021 – 2022

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Part One: Introduction



About the CSH Quality Account

Each year, providers of 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 the CSH Quality Account?

The Quality Account is divided into three parts:

Part 1: A statement from the Chief Executive about the quality of CSH's services and an introduction to CSH Surrey and details of the services provided.

Part 2: A review of the quality improvement priorities for 2021/22 and future plans for 2022/23.

This section also includes the statutory statements of assurance that relate to the quality of the services provided during the period 1 April 2021 to 31 March 2022. This content is common to all providers to allow comparison across organisations.

Part 3: An evaluation of the quality and delivery of the services provided over the past year.

CSH's Quality Account concludes with feedback received from our key stakeholders and the statement of the CSH Board directors' responsibilities.

We have aimed to ensure this Quality Account has been written using terminology that can be understood by all who read it. To further support this understanding, a glossary of terms used within this account can be found at the end of the report.

Chief Executive Officer Statement

A message from our Chief Executive Officer

I am pleased to introduce our quality report, covering the period 1 April 2021 to 31 March 2022, and share some of the highlights from our quality journey during this year.

Throughout what has been another incredibly challenging year, which has been heavily impacted by the COVID-19 pandemic, we have continued to experience high demand for our services.

I have been immensely proud to see our colleagues demonstrate their outstanding commitment to our patients and clients, and how they have embodied our CARE (Compassion, Accountability, Respect & Excellence) values.

We have continued to work ever more closely with our partners in Surrey Heartlands and the place-based services of Surrey Downs, North West Surrey and Children and Family Health Surrey. This has enabled us to work collaboratively in responding to the pandemic challenges and developing new systems across our communities to help improve the health and well-being of the community we serve.

It has been through our great ability to work with agility and innovation that we have been able to respond to the developing needs of the local population and to support our partner organisations.

During this year, we have been involved with redesigning patient pathways and made use of the latest technology to help improve access to our services, such as with our virtual clinics and monitoring patients at home; all of this while prioritising patient safety, particularly in keeping patients and our colleagues safe from COVID-19.

We have also had a key part in the roll out of the COVID-19 vaccine, through the mass vaccination programme delivered at Epsom Downs and Sandown Park. To know that CSH has helped protect our community from the coronavirus (COVID-19) gives me great pride and it is something that we can all be proud to have been involved with.

It was with regret that during this period we had to transfer those colleagues seconded to Surrey Downs Health and Care. However, given the VAT costs and future risks, it was a decision that supported the wider system and ensured monies were directed into patient care.

On the basis of the governance processes we have followed to develop this account, I can confirm that, to the best of my knowledge, the information contained within this document is accurate. I hope you find the content of this account of interest and feel it demonstrates our pledge to the provision of high-quality care.

Steve Flanagan

Chief Executive Officer

[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 to 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: each and every employee has 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 UK and to be the organisation every partner aspires to work with, and people want to work for.

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



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

Our Clinical Services

Children Services	Adults Services continued...
Health Visiting	Rapid Response/Urgent Community Response
Family Nurse Partnership	Community Rehabilitation Team
Tongue Tie service	Podiatry
School Nursing	Dietetics
Specialist School Nursing	Speech and Language Therapy Team
Immunisations and Child Health	Radiology
Continuing Health Care	
Children's Community Nursing	Specialist nursing services including:
Physiotherapy	Respiratory service
Occupational Therapy	Continence service
Speech and Language Therapy	Heart Failure service
Dietetics	Tissue Viability Nurse
Looked After Children	Infection Prevention and Control Nurse
Medicines Management	Lymphoedema Specialist Nurses
Adults Services	Walk-in Centres
Community Nursing	Single Point of Access
Community Hospitals	Out of Hours Nursing Team
Frailty Hubs and Community Matron Service	Safeguarding Children and Adults
Outpatient Nursing service	COVID-19
Diabetes Specialist Nursing Team	Mass vaccinations

Patient and Stakeholder Involvement

At CSH, we welcome the views of our patients and stakeholders, which include encouraging their ongoing involvement in quality improvement initiatives.

Owing to the impacts of the COVID-19 pandemic and associated lockdowns, formal consultation and stakeholder engagement events on development of our quality account this year have not been possible. However, this year’s account does reflect workforce and patient views collated over the past year through our patient experience, stakeholder and workforce communications systems.

Part Two A: Quality Improvements Priorities and Future Plans

Quality Improvements 2021/22 – Status – Outcomes

At CSH, we recognise there are always things we can do to improve the quality of the services we provide to patients. This section of our account details our progress against the quality improvement priorities we set ourselves for 2021/22. These related to quality improvement areas driven by:

- a) Best practice standards, including national guidance and audit outcomes.
- b) Lessons identified through learning from incidents and complaints, as well as performance data analysis and patient experience themes.
- c) Stakeholder feedback including patients, carers, commissioners, and our colleagues.
- d) Recognition of the impacts that the COVID-19 pandemic has placed upon our workforce and our commitment to our colleagues’ well-being and support.

Priority One	Clinical Deterioration – consolidation
What	Embed implementation of NEWS2 (National Early Warning Signs), CSH deteriorating patient policy and associated training.
Why	To continue improvement in recognition and treatment of early signs of clinical deterioration (adult bedded services) in response to learning from incidents, and safeguarding section 42 investigation outcomes.
Target	80% of the substantive clinical workforce on the in-patient ward to have completed training for managing deteriorating patients. 90% of NEWS2 observations compliant with the national NEWS2 protocol (NICE guideline [NG51] Published: 13 July 2016. Last updated: 13 September 2017) and Royal College of Physicians National Early Warning Scores NEWS2 guidance (Last updated December 2017).
Measures	80% of health care professionals who are permanent members of staff and work on in-patient wards to have completed training on the management of patients that deteriorate. Audit of NEWS2 documentation for patients that have Datix incidents for deterioration in the in-patient wards.

	An audit of 30 in-patients NEWS2 observation charts.
Outcome	<p>Audit of NEWS2 Compliance - Partially Achieved (66% of NEWS2 observations are compliant with the national NEWS2 protocol) standard to be rolled over for 2022/23.</p> <p>Training – 159 staff members have been trained during the reporting period. However, we are unable to confirm the absolute denominator owing to turnover of staff and the use of bank and agency staff throughout the period.</p>
<p>This priority was driven by both national objectives, alongside learning from investigations and incidents. During 2021/22, work focused on the management of deteriorating in-patients, with the patient safety team reviewing and following up the outcome of all Datix incidents for patients who deteriorated on the in-patient wards. Quarterly reports are produced that examine the wider issues around deterioration, including patient outcomes, and any actions are monitored for assurance by the Mortality and Morbidity Group and reported where necessary to the Quality & Safety Committee.</p> <p>The standard was partially achieved. All NEWS2 charts are reviewed in real time and submitted with the Datix incidents for patients who deteriorate. Monthly sample audits of NEWS2 observations are completed on both of our in-patient wards to monitor compliance against national protocols. In addition, spot checks are completed by the ward matrons and senior matrons to pick up any NEWS2 scores that require escalation in real time.</p> <p>Deteriorating patient training is being reviewed and refreshed with more targeted training for in-patient wards. A focused and regular assessment programme of NEWS2 competency is being implemented during 2022.</p>	

Priority Two	People matter – Workforce well-being throughout post-pandemic and restoration of services
What	All our workforce to have regular structured opportunity to discuss their well-being as part of their individual development plans.
Why	<ul style="list-style-type: none"> • Post-pandemic restoration pressures • Staff fatigue • Staff survey outcomes
Measures	Number of CSH staff participation in well-being workforce review.
Target	≥ 90% of substantive staff personal records to show participation in workforce well-being reviews.
Outcome	Partially achieved
<p><u>Health & Well-being Targets May '22</u></p> <p>Health & Well-being (H&WB) was not benchmarked nationally, but it was advised by Government that organisations should ensure that all colleagues, (especially during the early days of the COVID-19 pandemic), had the opportunity to have a H&WB conversation in the workplace.</p>	

Some guidance was given on the type of topics that CSH felt could best be supported through Personal Development Review (PDR) conversations. When invited to a PDR, the list of H&WB related topics were shared with colleagues to read prior to their PDR. However, it was for individuals to choose their next steps if they wished to take this offer further. Therefore, PDR compliance are the only compliance figures to draw on in support of recording numbers of H&WB conversations. CSH are expecting some external funding in the future to help support and enhance the H&WB agenda within our organisation. One of the areas of focus could include the agreement of both target setting and reporting mechanism against H&WB activity.

Priority Three	Wound Care Assessment Standards
What	All substantive community nurses to be trained, competent and feel confident in the assessment and management of lower limb wounds.
Why	<ul style="list-style-type: none"> • COVID-19 impacts include increased skin manifestations • Workforce challenges with Community Nursing • Revised Community Nursing structure provides opportunity to reassess and ensure appropriate spread of skills across all areas
Measures	Trained and competent in Doppler assessment.
Target	≥ 90% of substantive adult community nurses Band 6 and above trained and competent in wound care management including Doppler skills.
Outcome	Partially achieved
<p>The complex wound clinics are using the existing Doppler Assessment equipment. Within community nursing, 75% of Band 6 and above nurses have been trained in assessment and use of the specialist equipment and in line with NICE guidance. However, there are now available, newer Doppler models that use the toe and ankle for measurement making it easier and more efficient to use. CSH is investing £25,000 in this new improved equipment. The training on these machines and the role out of the use of them will then enable the community nurses to undertake assessments in a more efficient way, improving effectiveness.</p> <p>This quality improvement priority is rolled over to 2022/23.</p>	

Priority Four	Children and Families
What	To improve multi-disciplinary working across clinical pathways to meet needs for children, young people, and their families.
Why	To enhance provision of co-ordinated child-centred care to support families as they navigate through their child's journey.
Measures	The number and percentage of families, in receipt of two or more services, receiving a multi-disciplinary approach and a reported percentage increase in parental satisfaction with co-ordination of services.
Target	<p>≥ 60% of families receiving Multidisciplinary Team (MDT) approach</p> <p>≥ 90% positive feedback</p>
Outcome	Achieved
	<p>Community Health Early Support Service (CHES)</p> <p>Community Health Early Support Service (CHES) info rates – the early support service has offered a multi-disciplinary approach to over 500 families. This is a significant increase during 2021/22. Satisfaction rates are extremely high, and families have not only reported both significant improvement with their children, but also with their sense of feeling supported and connected. As a result of this increase, the early support service has now been extended to two further areas in Surrey and any future development will be included in the Surrey-wide CFHS transformation.</p>

New Quality Improvements 2022/23

We have set ourselves the following four Quality Improvement priorities for 2022/23:

Priority One	Early Detection of Clinical Deterioration – Extended services across CSH
What	<p>To roll over the Quality Improvement target to embed implementation of NEWS2, 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.</p> <p>Improved timely recognition, escalation and management of sepsis.</p> <p>Pilot the implementation of aspects of RESTORE2 on in-patient wards (soft signs of sepsis).</p>
Why	<p>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.</p>
Measures	<p>Audit of all NEWS2 charts for Datix incidents submitted for deteriorated patients in the in-patient wards.</p> <p>Sample of 20 records per month on in-patient wards of all NEWS2 observations.</p> <p>Monthly audit of spot checks completed by the Ward and Senior Matrons.</p> <p>Monthly review at Community Hospitals Operational Group to agree actions until fully compliant.</p> <p>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.</p> <p>Focus Groups with all ward staff to understand any barriers to compliance.</p> <p>Completion of competency assessments of all ward staff.</p>
Target	<p>100% of the substantive clinical workforce on the in-patient ward have completed training and competency assessments for managing deteriorating patients.</p> <p>100% of NEWS2 observations are compliant with the national NEWS2 protocol (NICE 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).</p>

Priority Two	Patient Reported Outcome Measures
What	To be able to evidence service effectiveness with patient related 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 patient reported outcome measures 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, with regular reporting on the BI portal.

Priority Three	Children's Continuing Health Care (CHC) Review
What	Undertake independent review of Children's CHC.
Why	CHC nationally difficult to deliver. Care plans often delivered by agency staff, current commissioning gaps and CHS not managed to achieve full recruitment.
Measures	Clear understanding of 'What' & 'How' we are delivering. Benchmark against best practice making improvements where identified.
Target	Informative report to enable use to delivery improved services.

Priority Four	'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.

Part 2B: Statutory Statements of Assurance

CSH 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 the further development of infrastructure within Datix, to assist monitoring the audit outcomes, completion, and compliance for all audits relevant to CSH. The clinical audit plan is approved and reported through the Audit and Risk Committee and the Quality and Safety Committee

In 2021/22, the Quality & Governance Team (Q&G) enabled linking of audits with other Datix assurance records (e.g. NICE guidance and procedural documents), which will provide clarity on any gaps in the audit plan and other assurances.

Looking forward to 2022/23, further integration will be developed with other modules on Datix to link the learning from incidents, investigations, complaints, concerns, and safeguarding enquires in order to provide continuous quality monitoring and assurance to test effectiveness from action plans, where audit has been specified.

National Audits Participation in 2021/22

The National Clinical Audit and Patient Outcomes Programme (NCAPOP) is commissioned and managed on behalf of NHS England by the Healthcare Quality Improvement Partnership (HQIP). The programme for 2021/22 comprised 49 national audits relating to commonly occurring conditions and public health priorities, which inform the delivery of standards of care at both national and local levels.

Six national audit topics were pertinent to the services provided by CSH. After review of the admission criteria, the three national audits that CSH submitted data for were the National Adult Diabetes and Footcare Audit, National Pulmonary Rehabilitation Audit, and the Sentinel Stroke National Audit Programme.

CSH reviews all publications releases from HQIP via their newsletter. Any national audit programmes or relevant reports are cascaded to the appropriated CSH services to confirm if any of the recommendations or actions need to be considered or implemented in CSH. This information is monitored for assurance through the clinical audit module on Datix and reports presented to the Quality and Clinical Governance Group for assurance.

National Adult Diabetes and Footcare Audits

CSH Podiatry participates in the National Diabetes Foot Care Audit in partnership with the Lead Consultant for Endocrinology & Diabetes at Ashford and St Peter's Hospital NHS Trust (ASPH). Data was collected in CSH Foot Care Clinics and sent to ASPH for analysis and reporting to the national information portal. The outcomes of the audit report are due to be published in early summer.

Sentinel Stroke National Audit Programme 1

The objective of the national Sentinel Stroke Audit Programme (SSNAP) was to obtain further information about the structure and provision of care available to stroke patients once they are discharged from the acute care setting. CSH contributed information from the Community Rehabilitation Team and Adult Community Speech and Language Therapy team.

The outcome of the national report identified positive change since the 2015 audit, with 99% of service users having access to an occupational therapist, physiotherapist, and rehab assistant (95% in 2015).

Other key findings included:

- 100% compliance with at least one team carrying out six-month patient reviews.
- More than 80% of services with the exception of Community Rehabilitation teams accept re-referrals.
- 71% of in-patient services meet the recommended safe staffing levels.
- *High proportions of Early Supported Discharge (ESD), Community Rehabilitation Team (CRT) and combined ESD/CRT teams provide rehabilitation for patients in care homes.*

National Audit of Care at the End-of-Life (NACEL)

CSH did not meet the criteria for the registration due to the low number of patient deaths within our community hospitals (minimum required 40). The project report publication date is 14/07/2022 and will be reviewed by the End-of-Life Forum and any actions added to the End-of-Life Workplan to be implemented.

Falls and Fragility Fracture Audit Programme (b) National Audit of Inpatient Falls

The National audit of in-patients falls aims to improve falls risk reduction. CSH did not have any hip/femur fractures in 2021/22.

When published, the national report will be reviewed by the Falls Prevention Group for learning purposes.

Learning Disabilities Mortality Review Programme (LeDeR)

CSH is eligible to participate in the LeDeR programme relating to the deaths of patients with a diagnosis of learning disability or autism. CSH reported one death during the reporting period. The annual report will be reviewed by the CSH Morbidity and Mortality Group (MMG) and learning from this incorporated into our local action plan.

A presentation from Surrey Heartlands Lead for LeDeR was given at the MMG in February 2022. It was agreed going forward in 2022/23 that themes and learning from the Surrey Heartlands Programme would be presented six-monthly to CSH MMG.

NACAP for Pulmonary Rehabilitation (PR)

The audit was commissioned through the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP), which includes health services in England and Wales.

The programme is led by the Royal College of Physicians (RCP) and works closely with a broad range of organisations including Asthma UK-British Lung Foundation, the British Thoracic Society, Primary Care Respiratory Society UK, Royal College of General Practitioners and the Royal College of Paediatrics and Child Health.

NACAP's pulmonary rehabilitation workstream includes a continuous clinical audit of people living with COPD who are referred for Pulmonary Rehabilitation in England and Wales.

Being part of NACAP for Pulmonary Rehabilitation (PR) is a prerequisite of the PR accreditation process.

North West Surrey Respiratory Care Team (NWS RCT) upload data for two audits including:

Continuous clinical audit

- The PR continuous clinical audit collects information on people living with Chronic Obstructive Pulmonary Disease (COPD) who are referred to a PR programme. This includes patient anonymised demographics, outcome measures, completion rates and discharge exercise plans.
- Patients are also asked to consent to the audit during the assessment sessions and information is uploaded only if consent is gained.
- Data is then exported from the NACAP site to be used to benchmark NWS RCT outcomes in comparison to the rest of England and Wales.
- The most recent CSH audit took place from 1 November – 3 December 2021 and the National report findings will be released on the NACAP website. CSH will respond accordingly to any identified learning.

Local Audit Participation 2021/22

CSH registered 29 local audits for 2021/22. Implementation of the CSH audit schedule was overseen by the Audit and Risk Committee and Quality and Safety Committee. Returning to BAU (business as usual), whilst adjusting to the continuous impact of the COVID-19 pandemic, provided additional challenges with the local audit participation. Following the national directive of “releasing the burden”, frontline clinical service provision was prioritised, and the schedule regularly reviewed throughout the year in response to this and learning from incidents, clinical priorities, and when relevant, organisational change.

Examples of completed local clinical audits outcomes include:

Title	Description	Outcomes
Medicine Administration Record (MAR) Chart Audit - Children Services	Audit of the accuracy of MAR chart completion.	The audit of MAR charts for Specialist Children’s Services showed 100% of staff had read and signed the Standard Operating Procedure (SOP) for completion of a MAR chart. 110 charts were audited across the services with 80% of the charts completed correctly. An action was taken for all professionals to review their records and for the audit to be repeated.
Systems of Supporting Timely Patient Assistance (Call Bell) Audit - Bedded Units	Audit to measure in-patient awareness of the call bell system and the response times to patient’s needs, in line with the NICE guidelines “Falls in older people: assessing risk and prevention (CG161)” and “Slips Trips and Falls Policy (HS 02)”.	The audit showed positive results in all aspects. All patients, when asked about their understanding of the use of call bells, provided positive informed responses. Results also showed staff responding to bells in a timely manner.
Deep Dive - Insulin Related Medicines Management Incidents	A deep dive review of the Community Nursing diabetes caseload and analysis of the insulin incidents reported via the Datix system, in order to identify	The common learning themes related to: <ul style="list-style-type: none"> • Poor communication • No referrals / inappropriate referrals • No equipment • Insufficient access to equipment

Title	Description	Outcomes
	<p>themes, learning and areas of improvement.</p>	<ul style="list-style-type: none"> • Medicines' management • Digital communication system error • Allocation delays/errors • Record-keeping standards. <p>The actions arising from this deep dive are:</p> <ul style="list-style-type: none"> • A standard operating process is to be developed, thus allowing a standardised approach to be followed by staff. • To establish an internal task and finish group to develop a plan to address the elements identified above. • To work across the system to establish if consideration of diabetes passport has been considered.
<p>Recognition and management of hypoglycaemic/hyperglycaemic incidents against JBDS standards for Inpatient Care.</p>	<p>The Community Hospitals Inpatient Wards conducted a retrospective audit in July-September 2021</p>	<p>Outcome demonstrated an improvement in care; for example, 100% of patients now receive CBG checks within the guidelines, an improvement from 92% in the previous audit.</p> <p>As part of the recommendations, a new diabetic management chart to aid recognition of abnormal Capillary Blood Glucose (CBG) readings was implemented, which included an aide memoire for treatment and additional space to record CBGs following a hypo-/hyper-glycaemic episode. A re-audit was conducted in December 2021.</p>
<p>Deprivation of Liberty Standards (DoLS) Audit – Community Hospitals</p>	<p>An audit of standards to correctly identify patients whose liberty is being deprived and assurance that staff are following the correct</p>	<p>This audit has demonstrated that the Community Hospital ward staff were able to accurately identify and complete both mental capacity</p>

Title	Description	Outcomes
	processes to lawfully deprive them, if appropriate.	assessments and Deprivation of Liberty Safeguard Applications.
Quality of the Looked After Children Review Health Assessments (RHA) Audit	Audit of the Review Health Assessments with the aim to provide assurance of quality, evidence the best practice and identify findings and themes for learning and training.	The audit evidenced good quality review of health assessments completed by CSH practitioners. Organisational training is being updated to reflect learning and to ensure that the knowledge and skills identified in the intercollegiate framework are part of the safeguarding education and training programme for Level 3.
Healthcare Record-Keeping Audit	Annual audit of compliance with healthcare record-keeping standards.	Standards remained consistent with previous years, including the recording of patient personal data, clinical assessment, and care planning. For example, Children Services' records showed 91% care delivered in accordance with plan. 97% of Adults Services' records audited showed clinical assessment, and 91% showed alignment to care planning. Areas that require improvement include recording patient preferences. Language and ethnicity recur as problematic questions from previous audits conducted in 2019/20. Further education on recording communication methods and interactions with staff and patients is required. Newly developed questions show insufficient results and should remain in the audit tool for future audits.

National Institute for Health and Care Excellence (NICE)

CSH recognises the importance to review and assess changes to practice in National guidance to practice, in order to provide staff with the latest recommendations to ensure that service users

receive optimal care. The National Institute for Health and Care and Excellence (NICE) issues regular guidance for health care providers based on the latest research and technologies. CSH understands that relevant guidance changes should be reflected within associated practices. This includes reviewing policies and developing/updating competency assessment tools and creating an audit strategy when required.

In 2021/22, CSH proactively supports the NICE strategy plan through the following activities and projects:

- Review of all existing NICE guidance for relevance to CSH services.
- Expanding Datix infrastructure to include recording of CSH applicable NICE guidance.
- Introducing real-time monitoring of new and updated guidance relevant to CSH services. The guidance is sent to relevant specialists and reviewed monthly via the Skilled Workforce Group.
- Implementation of an innovative system to link relevant procedural documents, audits, and competencies to NICE guidance within Datix.
- Initiating a model to ensure all relevant NICE guidance is referenced within CSH procedural documents, in co-operation with service leads and authors.

Care Quality Commission (CQC)

In accordance with requirements, CSH is registered with the Care Quality Commission (CQC) as an independent healthcare provider. During 2021/22, 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 was last inspected by the CQC in January 2017 and was awarded the overall rating of good. We have continued to seek assurance that the services we provide are safe, effective, caring, responsive and well-led.

CSH has meet regularly with our CQC relationship managers; this has included two focused showcase events where both our adults and children's services shared details of achievements, assurance, and quality improvements, as well as transparent discussions of risk challenges. Positive feedback from the CQC was received.

Independent providers (registered) are required to submit notifications to the CQC about certain changes, events and incidents. During 2021/22, we submitted 53 notifications meeting CQC criteria: 47 relating to safeguarding, four relating to expected deaths of a service user, one serious injury and one Police involvement.

Ongoing assurance that the system is working effectively is monitored via review of our monthly quality dashboard.

During 2021/22, the quality division has refreshed the CSH Quality Strategy, which is structured around the CQC domains. The delivery of the strategy is supported by a quality improvement workplan, delivery of which will be overseen by the Quality & Safety Committee and affiliated sub-groups.

Data Security and Protection

During 2021/22, CSH met 100% of the mandatory annual NHS Data Security and Protection Toolkit (DSPT), which sets standards for all organisations that have access to NHS systems and process NHS patient data.

The deadline for the 2022 submission of the DSPT is 30 June 2022. CSH is on track to meet the mandatory standards in line with the organisation's DSPT improvement plan, which is currently being implemented and is monitored by the CSH Information Governance Steering Group (IGSG). The Steering Group is chaired by the CSH Senior Information Risk Owner (SIRO).

There are currently no identified risks that may affect CSH's compliance with the DSPT. Attaining DSPT standards will continue to provide assurance that CSH is meeting its contractual data security and protection requirements for managing NHS services.

CSH continues to uphold data protection and security standards through the implementation of effective policies and procedures and monitoring compliance through the IGSG and ensuring that all staff continue to receive appropriate information governance training at induction and through the mandatory NHS information governance training.

During the past financial year, CSH received no complaints from the Information Commissioners Office (ICO) related to any failure by CSH to meet its statutory data protection and security obligations. The organisation continues to comply with statutory requirements for data subject access requests.

Research

CSH is a member of the Kent, Surrey & Sussex Clinical Research Network, which increases the opportunities available to participate in research.

There were no patients receiving NHS services, either provided or sub-contracted by CSH, that participated in research requiring approval by a research ethics committee. Three research programmes commenced during 2021/22. These programmes relate to learning environments, early years' speech and language intervention and pregnancy circles. The CSH skilled workforce group will continue to look to participate in projects that focus on community care during 2022-23.

Review of our Quality CQUINs in 2021/22

The aim of the Commissioning for Quality and Innovation (CQUIN) framework is to support improvements in the quality of services. The CQUIN payment framework enables commissioners to reward excellence. CQUINs consist of nationally set indicators and locally developed indicators, which are agreed with local commissioners at the start of the financial year.

Owing to the pandemic, the CQUIN programme was suspended during 2021/22.

NHS England released the national CQUIN programme for 2022/23 in December 2021. There will be four CQUINs applicable to Community Services:

- Flu vaccinations for frontline healthcare workers
- Malnutrition screening in the community
- Assessment, diagnosis and treatment of lower leg wounds
- Assessment and documentation of pressure ulcer risk

CSH has established systems to support delivery of these targets.

Clinical Coding

NHS Number and General Medical Practice Code Validity

CSH (adult services) submitted records during 2021/22 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 2021/22 were 1,495,544 with 698 did/do not have a valid NHS number.
- Patients with valid general medical practice code (have appointments not individual records) 425,674 – without a medical practice code 658 (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.

Review of Services

During 2021/22, CSH has provided and/or subcontracted 58 NHS services.

CSH has reviewed all the data available to them on the quality of care in all of these services.

The income generated by NHS commissions in 2021/22 represents 99.5% of the total income generated from the provision of clinical services by CSH for 2021/22.

Infection Prevention & Control and Healthcare Associated Infections (HCAIs)

Infection Prevention and Control, CSH 2021/22

The infection prevention and control (IPC) service within CSH provides specialist advice and support throughout the organisation across both the adult and children and family services 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 IPC Group (IPCG) 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 are agreed within a quarterly report by the DIPC and provide 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 ensures 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 CSH's internal intranet site, alongside a regular IPC Bulletin providing topical IPC advice for all colleagues and which is circulated via the CSH IPCG and IPC Links networks.

Key achievements 2021/22:

- Moving the IPC service to a more system-based and integrated approach. During 2021/22, the CSH IPC service has undergone significant evolution and includes the successful recruitment of three new Band 6 IPC Practitioners/Nurses to grow the service and provide a long-term integrated system approach to supporting our 90+ NW Surrey care homes with specialist IPC support. Each of these three new specialist practitioners has gained a place on the University of West London (UWL) IPC MSc pathway, to further support the development of their IPC skills and knowledge, building the future sustainability of the local IPC workforce.
- The new CSH IPC Community team is integrating with our IPC colleagues at Ashford and St Peters Hospitals NHS Foundation Trust (ASPHFT) 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.
- Review of the existing audit schedule, with development and implementation of a revised hand hygiene audit tool aimed at gaining assurance of good practice in hand hygiene at the point of care in clinical practice.

- The successful management of three COVID-19 outbreaks 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.
- No *C. difficile* and no *MRSA bacteraemia* infections throughout 2021/22.

Collaboration with the UKHSA Consultant for Communicable Diseases (CCDC), UKHSA Surrey team and partners in the local authority and commissioning body to investigate a cluster of four invasive Group A *Streptococcus* (iGAS) cases involving one of our community nursing teams. Learnings were shared both internally as well as externally with IPC colleagues at the December 2021 meeting of the Surrey-wide IPC Group.

Incidents Reporting

It is crucial that CSH learns from every patient safety incident and, to that end, CSH encourages colleagues to report all incidents so that they can be used as an opportunity to identify any patterns or processes that might need more attention to improve patient and staff safety. A focus on themes and trends supports quality improvement as part of the learning. The 2021 staff survey results showed CSH colleagues reported a positive safety culture.

Between April 2021 and March 2022, CSH reported a total of 2,893 incidents: 1,492 of these occurred inside CSH care, and of these, 1,080 related to patient safety incidents.

Of the 1,080 patient safety incidents reported, 0% had an impact of severe or catastrophic harm. The top five themes reported across adult services include pressure and non-pressure related wounds, untoward clinical incidents including deteriorating patients, and falls. The top reporting themes in Children and Family services included information governance, communication, and untoward clinical events.

Serious Incidents (SIs)

CSH reports all serious incidents (SIs) to our clinical commissioning groups (CCGs) in line with the NHS England 'Serious Incident Framework'. In 2021/22 during the pandemic, a revised approach was agreed with commissioners and providers under releasing the burden. Four SIs were declared between 1 April 2021 and 31 March 2022. This compares to the four SIs with markedly different categories declared in 2020/21.

Category of SI	2019/20	2020/21	2021/22
Untoward clinical event	3	0	1
Inoculation injuries / Sharps	0	0	2

Information Governance	0	0	1
Falls – patient	6	2	0
Medicines	0	2	0
Pressure Ulcers	1	0	0

CSH investigates all SIs to establish their root cause and contributory factors, and to identify actions and learning to reduce, where possible, the likelihood of a reoccurrence. Incident investigations are reviewed by our serious incident review group (SIRG), which provides organisational oversight to SI processes. This includes ensuring a consistent standard of investigations and that learning is embedded across CSH.

CSH remains committed to developing a culture of openness and candour, learning and improvement, and is constantly striving to reduce avoidable harm. Open and effective communication with patients begins at the start of their care and continues throughout their time within the healthcare system. This includes communications with patients and/or family members/carers, if a patient has been involved in an incident, complaint or claim, ensuring that patients (and their carers or family) receive an appropriate apology, are kept informed of the investigation, given the opportunity to participate, ask questions and are advised of the investigation outcomes and findings.

Lessons learned from all incidents are communicated across the organisation in a number of different ways, in order to maximise the opportunity for all relevant co-owners to benefit, including:

- Immediate changes to practice implemented in the relevant service.
- Learning from incidents is discussed at our organisation-wide quality and clinical governance group for managers to cascade to their teams at local governance meetings.
- We share 'lessons identified' through CSH committee structures and corporate communication systems e.g., the Buzz and Blink.
- A central system for recording assurance of serious incident action plan completion has been established on our Datix system.

Examples of actions taken in response to learning from serious investigations include the plans for development in our care environment to better manage outbreaks of infectious disease; this forms part of our ongoing reflection and learning from investigation into COVID-19 outbreaks.

The information governance investigation stressed the requirement for more regular audit checks of staff inappropriate system access and focused communication with staff to highlight the importance of meeting information governance standards.

Our needlestick injuries incidents were found to have been managed in line with policy and no harm came to colleagues or patients and related to the implementation of the mass vaccination programme during 2020/21.

Themes and Learning from Investigations

- Care co-ordination and communication
- Holistic assessment of care
- End of Life medicines' stock ordering and syringe driver management
- Timeliness of advance care planning and communication
- Standard of professional documentation not reflecting the depth and breadth of care planned and delivered
- Confidence with early escalation out of hours deteriorating patients
- Safe transfer and communication of patients from the acute trust into the community
- Timely monitoring of observations for diabetic patients in line with national and local protocols in the community hospitals
- Insulin administration errors for community patients
- A program of learning from COVID-19 hospital-acquired infections and any resulting deaths.

All themes and actions are added to the workplans of the appropriate governance groups to take forward the implementation and delivery of improvement to ensure that the learning is embedded into practice. The annual audit programme and spot check visits to clinical services also provides secondary assurance of the test of effectiveness to ensure ongoing monitoring.

Mortality Review

Learning from Deaths

CSH's Morbidity and Mortality Review Group meets quarterly and is chaired by CSH's Medical Director. The 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 reported Deaths	Total 20/21	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4	Total
Expected death (end of life care/terminal illness etc.)	11	1	0	0	3	4
Unexpected death	5		2	2		4
Total CSH Surrey - Internal	16	1	2	2	3	8
Expected death (end of life care/terminal illness etc.)	2	1	0	1	1	3
Unexpected death	5	3	6	10	1	20
Total External	7	4	6	11	2	23
Totals:	23	5	8	13	5	31

All adult in-patient deaths are reviewed by the ward consultant, who carries out an initial screening of avoidability: 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. During 2021/22, the time period for in-patient mortality reviews was extended to look at deaths within 30 days of discharge from CSH community in-patient wards.

Comparison to 2020/21 data shows:

- Seven fewer expected deaths.
- Fifteen more unexpected deaths – which reflects greater awareness by community staff in reporting.

CSH by service: 2021/22

Deaths in our care	Total 20/21	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4	Total
Expected death (end of life care/terminal illness etc.)	9	1	0	0	1	2
Unexpected death	2		1	1		2
Community Hospitals	11	1	1	1	1	4
Expected death (end of life care/terminal illness etc.)	1	0	0	0	0	0
Unexpected death	1	0	1	1	0	2
Rapid Response – ICS	2	0	1	1	0	2
Expected death (end of life care/terminal illness etc.)	1	0	0	0	1	1

Deaths in our care	Total 20/21	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4	Total
Unexpected death	2	0	0	0	0	0
Community / District Nursing	3	0	0	0	1	1
Expected death (end of life care/terminal illness etc.) – Not part of the reporting criteria	1	0	0	0	1	1
Unexpected death	2	0	0	0	0	0
Speech and Language Therapy - ILT	0	0	0	0	1	1
Totals:	16	1	2	2	3	8

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 2021/22, we made a number of improvements to the Mortality Review process. This involved developing excellent relationships with the Medical Examiner at ASPH; developing efficient processes and communication to ensure rapid exchange of information to support families whose loved one's had died unexpectedly, with timely death certificates where cases do not need referral to the Coroner for inquest.

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.

Themes and Learning from Mortality Review

The themes identified were:

- Bleeding complications following oral anti-coagulant medication.
- Delays with the timeliness of advanced care planning and communication following transfer between the acute and community hospitals.
- Difficulty with ward-based celling of care specified in ReSPECT advanced care planning documents.
- Several patients were identified that may have benefitted from having advanced care planning discussion and documentation to capture their wishes. Ideally, these conversations should occur before transfer from the acute trust to the community hospital ward.

Coroner Requests

Surrey Coroner’s office has made a number of requests for information to CSH during 2021/22. CSH has also strengthened the processes and relationship with the Coroner to support the timely exchange of information.

CSH attended one inquest hearing into the death of a deteriorated patient and the learning has been embedded into the quality improvement workplans for 2021/22 and 2022/23.

The death of one End of Life Community patient is currently being investigated following concerns raised by the Parliamentary and Health Service Ombudsman.

Children’s Deaths

All child deaths 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.

Both the “learning from deaths” and the Coroner’s referral policies have been reviewed and undergone significant updates to reflect changes to the CSH process during 2021/22. During 2022/23, work will continue to strengthen the process and shared learning with the Medical Examiner at ASPH.

Medicines Management

All medicine related incidents and near miss events are reported on Datix. The CSH medicines’ management group oversees assurance that all medicine-related incidents and risks are appropriately mitigated.

A total of 265 medication-related incidents were reported across the North West Surrey Adults and Children’s and Family Health contracts during the reporting period 1 April 2021 to 31 March 2022. This compares to 242 incidents reported in 2020/21.

	CSH	EXTERNAL	Total
2021/22	131	134	265
CFHS	46	6	52
Mass Vaccination	8	0	8
NW Surrey Adults	77	128	205

2020/21	104	138	242
CFHS	32	10	42
NW Surrey Adults	69	127	196

A quarterly report on the analysis of medicines incidents to identify themes is presented to the medicines management group and monitored throughout the year. An annual medicines management report is presented to the Quality & Safety Committee for any associated improvement. The learning from incidents in 2021/22 highlighted some external contributory factors and these were shared and discussed with primary care and Surrey Heartlands Medicines Optimisation Group.

A review of all the Walk in Centre (WIC) antibiotic Patient Group Directions (PGDs) expiring during the year was undertaken. These have been reauthorised by Surrey Heartlands CCG and implemented.

Central Alerting System (CAS)

The Central Alerting System (CAS) is a web-based 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 2021/22, CSH received 104 safety alerts via the CAS and six Field Safety Notices directly from the manufacturers. Eight of the 110 alerts were applicable for action for CSH, 50 were cascaded for information only and 52 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).

Safeguarding

The recognition of safeguarding, which includes safeguarding supervision, is firmly embedded across the Children and Families division.

During the year, CSH commissioned safeguarding supervisors training for existing supervisors and a three-day supervisors' training course for new supervisors (both adult and children's). The feedback from the course was very positive. The course helped to keep those already experienced up-to-date. The newly-trained supervisors will be managed by the Safeguarding team until they are assessed and signed off as competent.

Promoting Health (2015)¹ states that the role of the named health professionals for looked after children should ensure the quality of health assessments for looked after children. An audit of looked after children's health assessments undertaken between January and March 2022 evidenced good quality assessments completed by the CSH practitioners. The assessments had been completed by a mixture of CSH practitioners to cover the whole 0-19 cohort; two Health Visitors, two School Nurses and a Senior Nurse for Looked After Children.

The CSH Safeguarding Adults team have continued to hold regular meetings with CSH Community Nursing Service Managers, CSH Community Hospital staff, adult social care locality teams and ASPH Safeguarding Teams to discuss current caseloads and organisational processes. The aim of these meetings is to streamline the patient pathways, care plans and reduce the number of Multi-Agency Referral Forms (MARFs) sent to the Multi-Agency Safeguarding Hub (MASH) with proactive effective information sharing across organisations.

Risks and issues impacting safeguarding adults over the past year include adapting to the 'new norm' post pandemic. Examples of the impacts include increased evidence of depression, physical deterioration and self-neglect especially linked to long periods of self-isolation and reduced socialisation. In addition there have been considerable numbers of people going through/adjusting to bereavement alongside an increased numbers of people affected by waiting lists. Demand and capacity remains a significant challenge, which at times has resulted in missed or delayed visits. CSH continues to work with partners and commissioners to consider mitigations and transform the approach to care.

During 2021/22, the Safeguarding Adults team has developed a face-to-face in-house Level 3 safeguarding training package incorporating a core Level 3 session and harmful practices

¹ Promoting Health (2015) – *Promoting the health and well-being of looked-after children. Statutory guidance for local authorities, clinical commissioning groups and NHS England.*
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.pdf

session. Increasing the level of compliance with Level 3 safeguarding adults training will be a priority area for 2022/23.

Part 3: Clinical Effectiveness

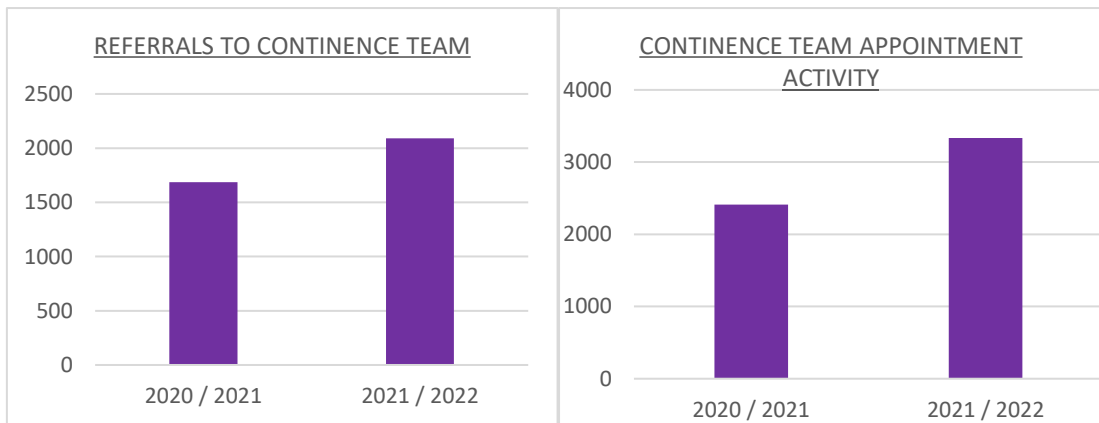
The following sections shares examples of quality initiatives introduced across our clinical services over the year.

Effective Care Delivery – Adults

Continence Service

The Adults team has:

- Continued with the telephone consultations model introduced during the pandemic. This was necessary to help manage the increase in referrals and activity:



- Appointed a new Band 6 continence / catheter nurse, started February 2022.
- Extended the role of the assistant to support the team and have their own caseload of patients.

Community Diabetes Specialist Nurses

The team has:

- Been involved in the planning for the new Diabetes Model across NWS, which is anticipated to be introduced in 2022/23.
- Introduced a new departmental structure in February 2022 with new Lead Diabetes Nurse (from April 2022).
- Senior Diabetes Specialist Nurse is an expert and resource for whole of Surrey and supported Senior Leadership Team in rebase work.
- Extended the hours of Band 6 Diabetes Specialist Nurse keeping the workforce fully established.

Community Rehabilitation Team (CRT)

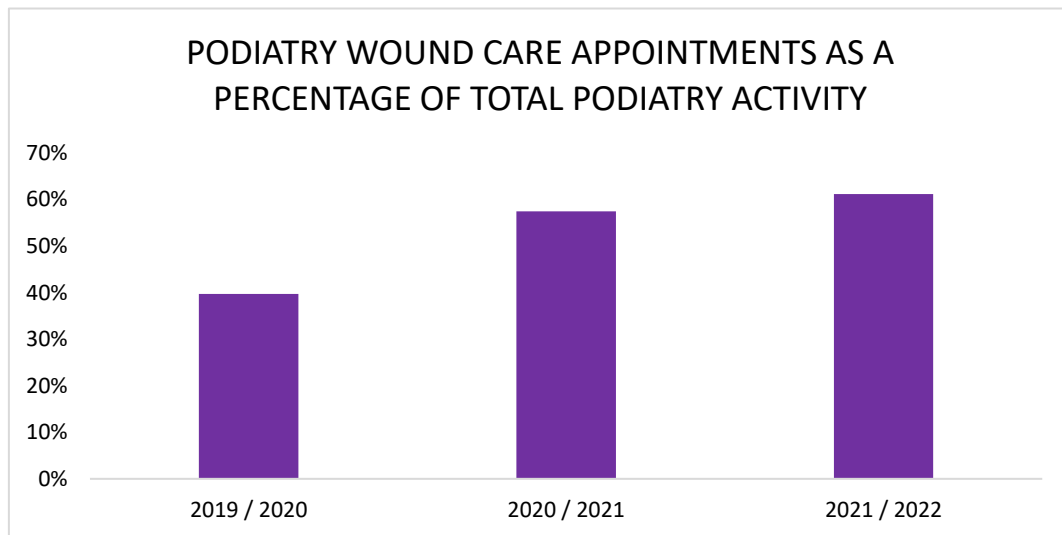
The introduction of a neuro-physiotherapy rotational role with the acute team at ASPH in 2020 has resulted in several positive outcomes i.e. improved collaborative working, improved patient outcomes (reduced waiting times, better expectation management, improved quality of life and functional outcomes) and improved staff engagement (skill and knowledge development opportunities).

Waiting list and backlog strategies are ongoing and are being reviewed and added to regularly. Some of these include:

- A virtual exercise group for a specific neurological cohort of patients.
- Increase in the number of neurological outpatient appointments offered on different days and different locations.
- Prioritisation of needs at triage with active discussion with referrers around reason for referrals, tightening of criteria and sign posting to appropriate services. All priority patients are being seen at 2-4 weeks.
- Initial information gathering e.g., subjective, team explanation, goal setting etc. completed by Band 3 then passed to physiotherapist.
- Band 4 assistant completing end-to-end care for less complex patients and for patients coming directly from the local rehab wards.
- A combination of remote and face to face appointments are being used.
- Otago training for Band 3 and 4 colleagues planned.
- Weekly patient and referral discussion meetings.
- Set targets for activity included into individual Personal Development Plans alongside other objectives.

Podiatry

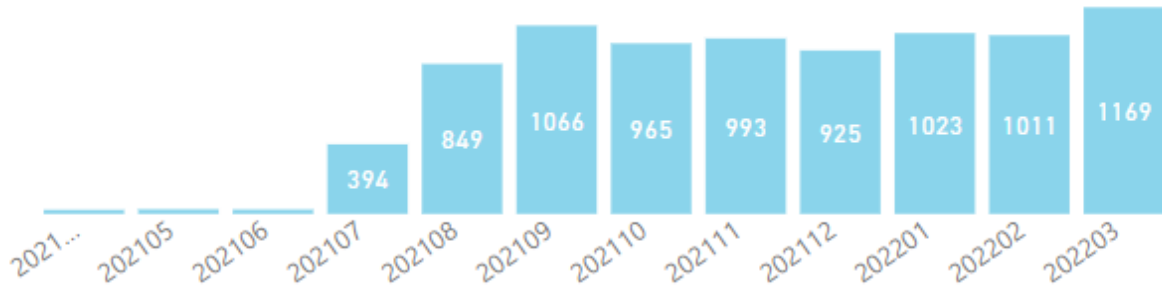
- CSH Podiatry team provide the staff for the Hot Foot Clinic at ASPH, which commenced 6 April 2021. There are three sessions per week, led by a CSH podiatrist and supported by an ASPH diabetes specialist nurse. These sessions provide rapid access to assessment and treatment for diabetic patients with urgent foot problems.
- During the pandemic, non-urgent podiatry services were suspended, and the podiatrist's transferrable wound care skills were utilised to support the Community Nursing Team run their Complex Wound Clinics at Chertsey Health Centre.
- Wound care (ASPH/Community/Wound domiciliary) activity continues to increase and dominates the Podiatry Service caseload meaning resources are diverted from non-urgent podiatric care to meet this demand.



Phlebotomy Services

- CSH recruited eight new members to join the new Community Phlebotomy Service in June 2021. Those team members that were new to phlebotomy were trained by colleagues from ASPH and BSPS. Existing phlebotomists also had their competencies assessed. A Band 5 leadership post was created to support the new team.
- The phlebotomy caseload was unpicked from the Community Nursing caseload, allowing them to focus on other activities, and the referrals were triaged and allocated centrally.
- Venepuncture standard operating procedure and competency has been developed and introduced.
- The Community Phlebotomy Team now see an average of over 1,000 appointments each month.

NUMBER OF PHLEBOTOMY APPOINTMENTS SEEN EACH MONTH 2021/22

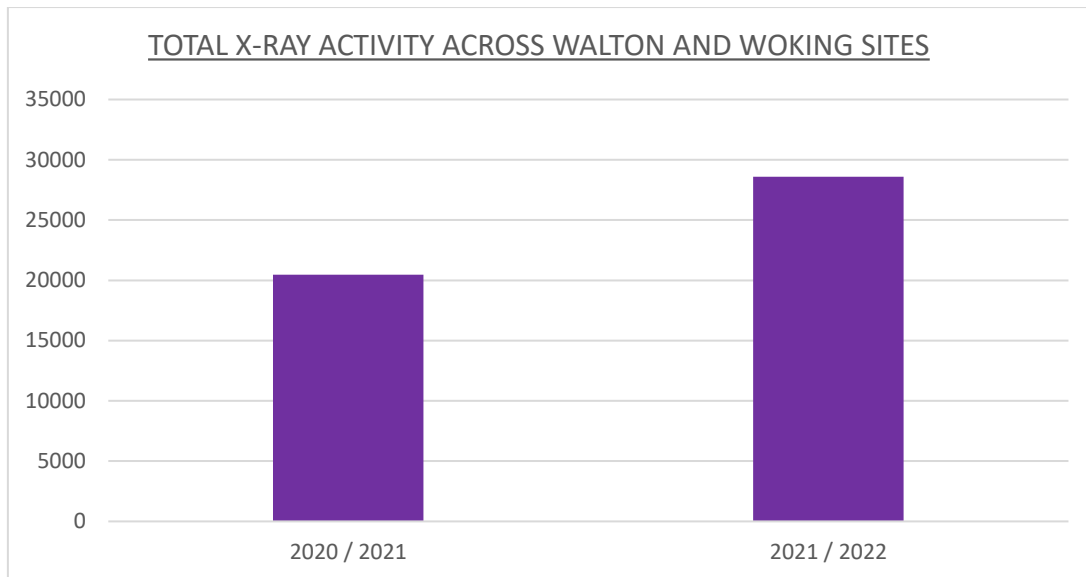


Radiology

- Despite COVID-19 restrictions, the radiology services have continued to operate in a COVID-19 secure way and continues to operate extended opening hours at Woking (08.00 – 20.00, Monday to Sunday).
- A key service development in 2021 was the installation and upgrade of a new Siemens X-ray machine in Walton Community Hospital. This was officially opened on 11 May 2021.



- A new radiographer was appointed in September 2021, reducing the reliance on agency staff.
- The total activity across the two X-ray sites increased by 39% in 2021-2022 for the same comparable period in 2020/21.



Speech and Language Therapy (SLT)

- The CSH Fibreoptic Endoscopic Evaluation of Swallowing (FEES) service continues to develop, offering high-quality instrumental swallow assessment within the community hospital. This remains the first service of its kind (that CSH knows of) within the UK, with the entire service managed by the community SLT team.
- Following a significant investment, which recognises the vital role SLT play in patient safety and quality of life, CSH has successfully recruited to six additional substantive posts. All new team members are now in post and working hard on reducing waiting times and on service improvement projects.
- CSH has delivered training packages to community hospital ward staff covering dysphagia awareness, provided community hub training covering eating and drinking with acknowledged risk, and have carried out virtual care home training sessions, which will be repeated throughout the year.

Heart Failure Team

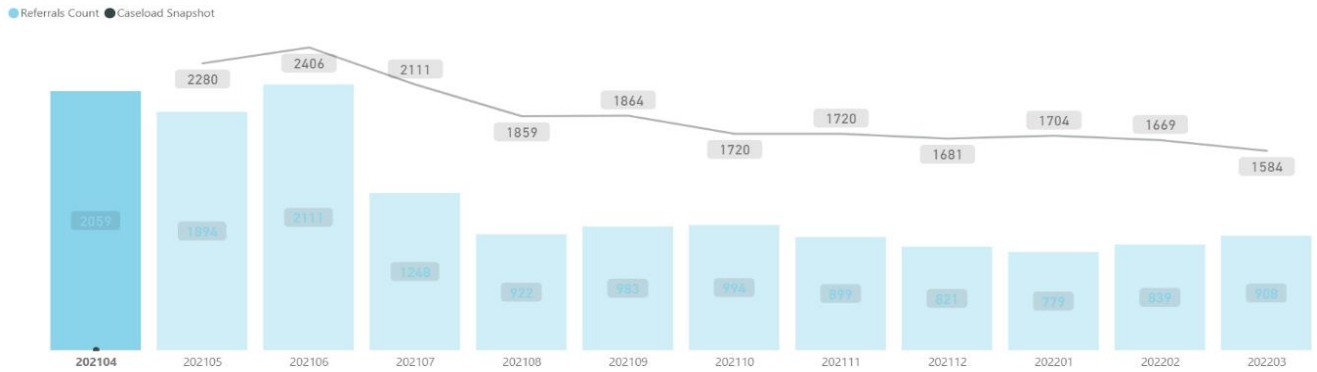
- The heart failure team have continued to provide a good level of service despite challenges of the pandemic. They are working closely with the locality hubs to improve the patient experience. Additional clinic appointments have been made available.
- Recruitment to the team has included a training post for a Band 6 Registered Nurse (RN).
- Innovative ways of managing palliative patients in the community to avoid hospital admission including pathways for continuous sub-cutaneous infusions are currently being developed as QI and close links with the Palliative Consultant at ASPH are being made.

Palliative End of Life Care (PEoLC)

- CSH continue to work closely with the Alliance to support PEoLC in the wider community. The volume of palliative care delivery increased in both the Community Hospitals and the Community Nursing Teams throughout the past year.
- The restart of the EoLC forum has provided the organisation with the strategic steer and a platform for supervision across all Adult Community Services. The focus on staff well-being has supported the commencement of debrief sessions and listen and learn events in community nursing.
- Re-engagement with the local hospices has been a priority area, allowing shared learning from experiences and offering new opportunities for the next 12 months.

Community Nursing (CN)

- Staff well-being has been a big focus during the pandemic, with compassion fatigue, exhaustion and re-evaluation of individual work-life balance having impacted on recruitment and retention.
- Community nursing continues to support career progression with opportunities for training and education from Band 3 through to Band 6, with three RNs completing the District Nursing Specialist Practitioner Qualification (DNSPQ) and supporting four nursing apprenticeships and four Health Care Associates HCAs undertaking nursing associate programme
- The creation of a 'preceptor pack' to support new staff following induction has worked well within community nursing and is now available for use across the organisation.
- The Locality Leads successfully completed the Professional Nurse Advocate training and are focused on rolling out the function of restorative clinical supervision organisationally.
- The community nursing teams have continued to deliver care to patients in their homes and supported 14,457 referrals during 2021/22.



- Transformation of service delivery, including developing a bespoke phlebotomy service and complex wound clinic, changed the perspective of CN allowing greater focus on complex care needs. This in turn has raised the profile across the NWS Alliance and helped create opportunities for further development of the service.
- The introduction of a community nursing operational group (CNOpG) has supported a quality driven approach and encouraged the teams to focus on improvement initiatives including daily service calls specific to CN, the creation of a practice development role to support competency and skill mix, and a platform to learn from each, which includes incidents and trends.

Care Homes Support Team (CHST)

- In 2021/22, despite the challenges of COVID-19, the BeNCH Project Training on Malnutrition and Food First was delivered to a number of Care Homes in NW Surrey.
- Nine Care Homes were provided face-to-face training and a total of 163 staff from 26 Care Homes attended virtual training which was offered quarterly. In addition to training, an audit was completed on the use of MUST within 10 Care Homes across NW Surrey. When the Care Home Dietician met the lead nurse or manager in nine care homes to provide bespoke advice on how to improve nutritional care within their care home.
- The CHST have worked closely with the IPC team to support care homes and this relationship will become sustainable with continued input.

Tissue Viability

CSH strategic objectives for 2021/22 included the development of a wound care strategy and detailed transformation workplan to capture the learning and themes from incidents and best practice. The delivery of tissue viability improvement is being overseen by the Quality and Clinical Governance Group.

CSH continue to work closely with the NWS Alliance to support wound care improvement in the wider community and this is a key work stream in the transformation plan. The initiation of a

wound care forum in 2022/23 will provide the organisation with the strategic steer and a platform for operational development of wound care services across all Adult Community Services working in close collaboration with other health and care providers across the NWS Alliance.

During 2021/22, all reported wound-related incidents were reviewed by the Head of Tissue Viability and measured against NICE CG29 compliance providing continuous internal monitoring. Any gaps in practice are addressed through the tissue viability improvement plan. In response to internal incidents reported during 2020/21 regarding lower limb wounds, diagnosis and treatment, CSH has invested in a new post for a Vascular Nurse Specialist who will specifically work across and support the Community Nursing Teams.

In terms of 2022/23, CSH will be participating in two CQUINS related to Tissue Viability, CCG14 (assessment, diagnosis, and treatment of lower leg wounds with a goal of achieving a 25% target increasing to 50% compliance) and CCG15 (assessment and documentation of pressure ulcer risk, with a goal of achieving 40% increasing to 60% compliance).

In terms of pressure ulcer risk, CSH separates the reporting of pressures ulcers under two categories: incidents where a pressure ulcer is identified on the point of admission to care by CSH services (External); and then those incidents where a pressure ulcer is identified when a patient is already under CSH services (Internal).

A total of 850 pressure ulcer incidents were reported during 2021/22, 667 external to CSH and 183 internal to CSH, an overall decrease of 9.09% from 2020/21 (85n).

Table: Percentage increase/decrease* in pressure ulcer incidents (source Datix)

Year	External	Internal	Total	% Increase/decrease
2020/21	687	248	935	↑ 26.18%
2021/22	667	183	850	↓ 9.09%

The incidence of pressure damage in CSH Community Hospitals has increased by 42.85% (the previous year saw a 30% decrease), although Alexander Ward successfully achieved 307 days without a patient developing a hospital acquired pressure ulcer. The number of pressure ulcers reported via Datix acquired in CSH Adult services care during 2021/22, in comparison to the previous four years, highlights the specific demands on the NHS resulting from the pandemic. The Community Nursing Teams have reported a decrease of 30.35% in internal pressure ulcer incidents during 2021/22, despite increasing demand and capacity in the service.

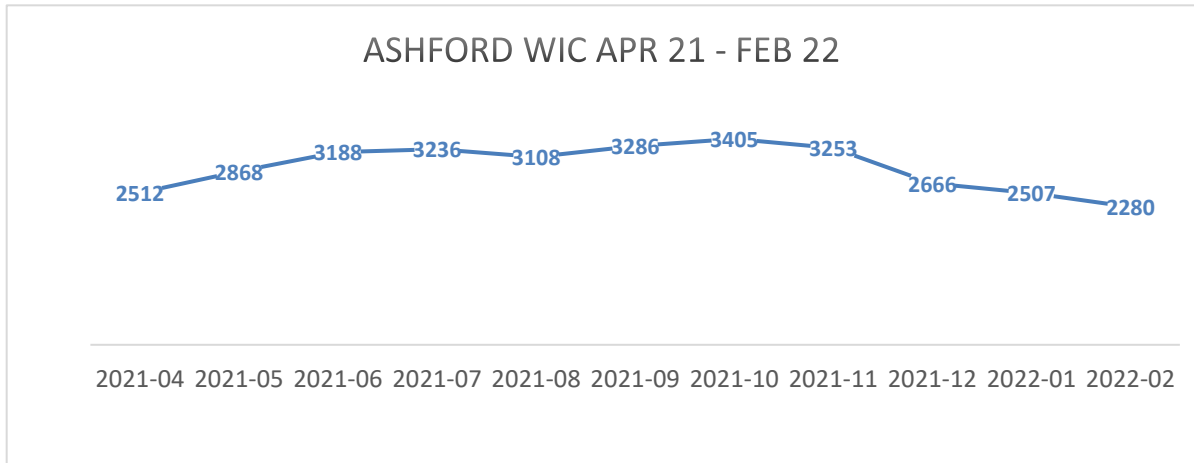
North West Surrey (NWS) Walk-in Centres

Ashford and Woking Walk-in Centres (WICs) provide nurse-led care for minor injuries and minor illnesses, but not for emergency conditions. They are located in dedicated areas at Ashford Hospital and Woking Hospital. The service operates an 08.00 – 20.00 hrs service, seven days a week and sees approximately 87,000 patients per year.

For the period of April 2021 through to February 2022, attendances have fluctuated due to the impact of restrictions caused by COVID-19.

The daily average attendance for Ashford WIC was 87 patients being seen, treated, and discharged. The weekend average was 91, as demand is generally higher over weekends and bank holidays.

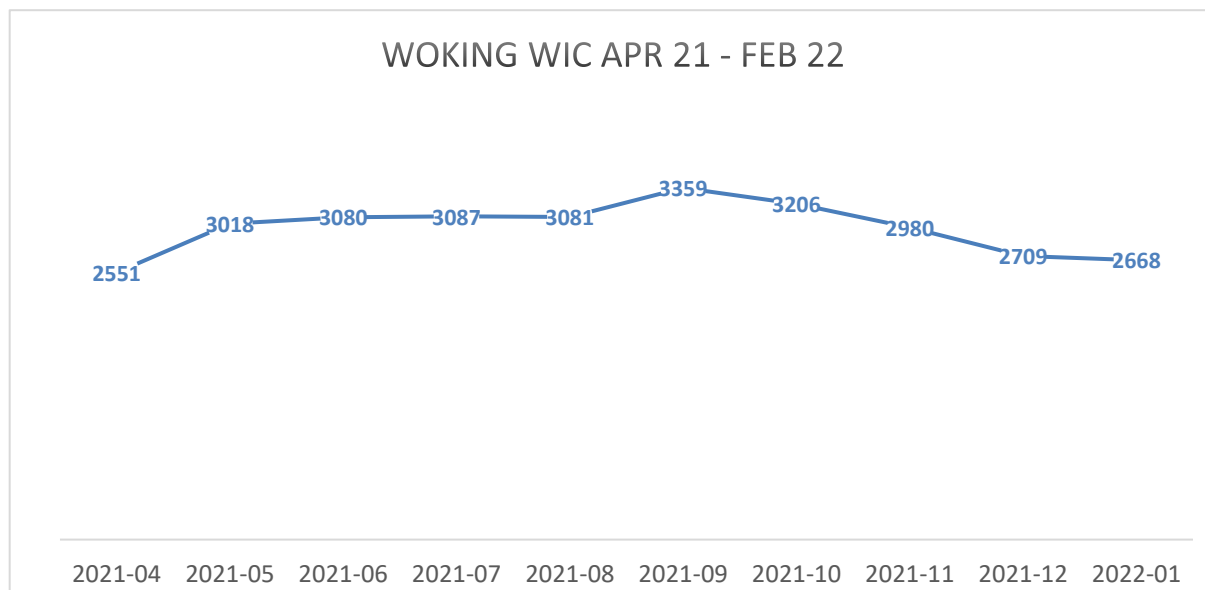
In comparison to the year before 2020/21, the daily average was 59 and the weekend average was also 59. To note – this was at the height of further COVID-19 restrictions.



For the period of April 2021 through to February 2022, attendances have fluctuated owing to the impact of restrictions caused by COVID-19.

During this period, the average daily attendance for Woking WIC was 91 patients being seen, treated, and discharged. The weekend average was 100, as demand is generally higher over weekends and bank holidays.

In comparison to the year before 2020/21, the daily average attendance was 58 and the weekend average was 64. To note – this was at the height of further COVID-19



The WICs have adapted to a changing environment, with the introduction of Assistant Practitioners working alongside the Emergency Nurse Practitioners. Further plans are in place to develop nurses into Emergency Nurse Practitioners with support from the Learning & Development team.

Following the successful introduction of Assistant Practitioners, the WICs have been able to offer wound care appointments for reattending patients (in house), that will only need to visit a few times. The WICs are also liaising closely with the complex wound/ulcer teams, to help identify and improve patient pathways. This will support the system in ensuring patients are directed to the correct specialist, identifying the need earlier and reducing the healing/wound time.

The WICs hold monthly operational and governance meetings, to discuss changes, risks, challenges, and any issues relating to the WICs. This is well attended by relevant staff, including IPC, Operational Directors, and the Medical Director, along with the Quality team. Following on from this, there is a robust system in place whereby learning is shared with the teams, highlighting all issues with relevance.

The WICs have recently implemented a recruitment plan, whereby 15 new employees have successfully been through a recruitment process and are in post/coming into post. These consist of four Emergency Nurse Practitioners, one Paramedic Practitioner, four Assistant Practitioners, one Nurse (developing into an Emergency Nurse Practitioner in June 2022), four receptionists, one administration manager, plus additional administrative Bank staff.

The WICs have close relationships with NW Surrey integrated care partners and work collaboratively, using the same in-house booking system, Adastra. There are six-weekly meetings with both the WICs and the Urgent Treatment Centre (UTC) and the North West Surrey Integrated Care Services (NICs) GP Federation, and daily communication with the teams is in place, to help support and reduce Emergency Department attendances.

There are also appointment slots available for use by the WICs (both Ashford and Woking) provided for by NICs, to use for both hot and cold clinics.

There are currently system changes in place within NWS over the next few months, whereby the Aadastra system (WICs in-house booking-in system) will be upgraded to ensure it incorporates Surrey Safe Care. There are also improvements being implemented following the upgrade to Surrey Safe Care whereby radiology requests will be made electronically at both Ashford and Woking WICs. Previously, these radiology requests had just been available at Ashford.

The WICs are moving ahead with the re-introduction of their friends and family surveys, enabling patients to provide on the day feedback. Within the next few weeks, it is hoped that feedback will be available to patients in paper form, electronically via a tablet (iPad) and also by scanning a QR code.

There are also plans in place to implement electronic prescribing within the WICs, which would improve governance.

Community Hospitals

The CSH Safer Staffing Policy has been implemented; this policy provides clarity on the monitoring and management of qualified and unqualified staffing levels and ratios in the Community Hospital Inpatient Wards. As part of this policy, bi-annual safer staffing establishment reviews are completed, which comply with requirements set out by NHS England / Improvement (NHSE/I), the National Quality Board (NQB) and the Care Quality Commission (CQC).

Children and Family Services

Children and Family Health Surrey (CFHS)

Children and Family Health Surrey (CFHS) is the Surrey-wide NHS community health service for children and young people from birth up to 19 years of age, their parents and carers. Three established NHS providers (CSH, First Community Health and Care, and Surrey and Borders Partnership NHS Foundation Trust) are working together as CFHS to ensure that children and young people are at the centre of the care they receive and to improve their access to healthcare services across the county.



CFHS services include health visiting, school nursing and school-age immunisation services, as well as specialist paediatric nursing and therapy services that support children and young people who have additional needs requiring ongoing care. Our health services are closely linked to Surrey's mental health services, and wider health services and the Local Authority Children's Services. This helps improve the care and support families receive.

Responding to the pandemic



- During the ongoing pandemic, there has been a significant increase in the number of babies that are not mobile presenting with non-accidental injuries at Emergency Departments, both nationally and in Surrey. CFHS has worked very closely with partners to increase the support offered to parents and families. The National Children's Commissioner issued a report entitled 'Babies in Lockdown' and CFHS supported Surrey County Council in implementing the recommendations.
- All Children's services have fully returned to offering face-to-face appointments.
- There continues to be a range of virtual offers available as some families have enjoyed the flexibility of this approach.
- As tertiary hospitals have not been able to deliver a full range of out-patient services during the pandemic, Children's Community Nursing teams have provided additional support to some of the children with the most complex needs.
- Children were rightly discharged home expediently; some had not had the necessary inpatient dysphagia assessment and CFHS clinicians stepped up to deliver this vital service.
- Many children with complex needs were not able to attend school so the special school nursing service initiated advice lines for parents and families, and this was found to be very helpful.
- The Children's Community Nursing service delivered a PCR home COVID-19 testing service for housebound children and young people unable to attend designated testing centres.
- CFHS have provided a consistently excellent end of life service to families, irrespective of the challenges of the pandemic. This is a vital service, particularly when hospice

services and acute hospital services have been challenged. This has meant that when families have chosen for their child to die at home, CFHS has been able to provide support.

- CFHS maintained service delivery for children aged 0-19, over and above the national guidance.
- CFHS continued to embrace new technology and digital platforms and were the lead provider between 1 April 2021 and 31 March 2022.
- Throughout the pandemic, CFHS continued to visit all families requiring an enhanced service in their home.
- In response to CFHS's concerns about the impact of lockdown, social isolation and access to services such as Child Health Drop-in Services, CFHS introduced appointment-only community clinics which could be accessed via an advice line and additional telephone contacts.
- Paediatric therapies continued with their service offer using virtual technology for contacts as required.

Bump and Beyond – Antenatal Offer



In January 2022, there was a CFHS-wide introduction of “Bump and Beyond”. This is a group antenatal contact offered virtually and face-to-face in Family Places. This means CFHS can offer contacts to all families whereas previously CFHS only saw people with additional needs.

CFHS Understanding Your Child Guides

- CFHS has also introduced various guides that are free to Surrey residents, from NICE approved resources, written by NHS experts, containing advice relevant to expectant parents, partners, grandparents and carers of children of all ages including those with Special Educational Needs and Disabilities (SEND), to support emotional health and well-being in children, families, and adults
- Based on the Solihull Approach, promoting understanding of children’s behaviour: how we relate to each other, how we process our emotions and how knowing about this makes a difference
- An opportunity to learn more about sensitive and effective parenting and building a positive relationship with children. Increasing confidence and self-esteem in both the parents and the children
- Offering parents/carers a strategy for repair when things go wrong
- Includes nine guides

- Access to the guides is unlimited with no expiry date, so parents can return as and when they need and want to
- Each guide has between 9 to 11 sessions that last roughly 20 minutes each; there are also activities that can be carried out between courses
- Each guide has a series of modules containing interactive resources, quizzes and video clips
- The guides are available in English, Urdu, Chinese and Polish
- The courses can be accessed on any PC, laptop, tablet or smartphone
- Embedded evaluation, user feedback and data collation.

Total people who have registered since September 2018: 3000

Total number of people who are actively using the guides: 2020

What our services users say about the guides...

“Understanding your teenager’s brain, a good quick guide to the teenage brain that helps parents to have a better understanding of the changes their teens are going through.”

“Lots of information really useful.”

“I have a little 2.5-year-old boy who is in the terrible twos. At the beginning of the course I skipped the bit about how we feel etc as I felt it a bit irrelevant. However, it is not at all irrelevant, except that I think I knew what you were getting at...however the part of the course relating directly to how children behave does have considerable relevance to my wife and I trying to deal with my son's sometimes erratic and boundary-pushing behaviour. I have tried some of the things you say and have noticed I can cope better already, thank you. You have made me think. I was losing the will to live!”

“Loved that it was quick and easy to fit in between meetings whilst working from home! Highly beneficial and taught me what I needed to know to have more understanding and compassion.”

“Really simple and straightforward course with basic information.”

“After this course I fully understand my daughter’s behaviour.”



Percentage of respondents	Reported effect
39%	Reported a reduction in anxiety

49%	Reported an increase in closeness to their baby
12%	Reported an increase in their intention to breastfeed
91%	Found the course helpful
95%	Found the course enjoyable
89%	Would recommend the course to others
2%	Reported an increase in their intention to quit smoking before their baby is born

Surrey-wide 0-19 Advice Line

The 0-19 Advice Line continues to be provided from two sites (East and West) across Surrey. The purpose of this advice line is to ensure resilience, sustainability and additional support across the system.

In the last year, the advice line has received 43,381 calls (compared with 30,176 calls during the previous reporting period) (excluding November's data, which was not available). We have explored the reason for this increase and have acknowledged that there have not been any drop-in clinics, so the advice line became to 'front door' to the service. There was also a Surrey-wide leaflet drop. We will continue to monitor the number of calls and adjust our service accordingly.

The themes of calls were as follows:

- About 40% calls were about feeding including reflux, colic, wind
- About 20% were about sleep
- About 20% were about behaviour and development including toileting
- Other calls were about parent's low mood, colds and diarrhoea.

Infant Feeding and Relationship Building

CFHS is a fully accredited UNICEF Baby Friendly organisation and were successfully reaccredited in April 2021. This means that CFHS offers high standards of support to parents around feeding their babies: [The UNICEF UK Baby Friendly Initiative](#).

33 (out of a total 181) colleagues interviewed to assess clinical skills and knowledge:

"Staff knowledge and skills are at a very high standard."

"It is particularly notable that all staff interviewed were able to communicate the issues in a clear and sensitive way and show great enthusiasm to supporting

mothers with infant feeding and forming a close and loving relationship with their baby.”

54 mothers interviewed around the support they received:

Overall care from health visiting service	% of mothers
Very happy with care – no complaints or comments	74%
Fairly happy or neutral	23%
Unhappy with care overall	3%

“I am really happy with my health visitor, I have built up an excellent relationship with her.”

“Being able to ring the helpline was really reassuring, they were always patient and helpful.”

CFHS supports all parents to responsively feed their babies and form close and loving relationships.

CFHS are very proud to have achieved the UNICEF Breastfeeding Initiative accreditation, with some amazingly positive feedback from mothers during lockdown regarding their experience of our health visiting service. CFHS is striving to achieve the UNICEF Gold award by 2023. 65% of mothers in Surrey continue to breastfeed their babies at eight weeks.

“In COVID times she was the only person who observed a feed after we left hospital. She was so supportive and so enthusiastic in her help and in making me feel confident enough to drop the formula top ups and feed to my baby’s cues. We are still breastfeeding, alongside solids, at 8 months and don’t plan to stop any time soon.”

First 1000 Days Strategy

CFHS, in partnership with Surrey Heartlands, developed the First 1,000 days strategy: 2020-2025. The first 1,000 days of life – the time spanning roughly between a baby being conceived and a child’s second birthday – is a unique period of opportunity. The early years of a child’s life will lay the foundation for their health, their growth and brain development. The strategy aims to deliver the partnership’s commitment towards ensuring every child has the best start in life, with parents who feel empowered and families that are thriving. There are five workstreams: focusing on the needs of the child, parents, and family; families in the community; closing the outcome gap; information, communication and engagement and workforce.

Baby Buddy App

The Baby Buddy app re-launched in March 2022 after engagement with staff and families about strengths and weakness of information provision across pregnancy and the first year of life.

Chat Health

Our confidential school nurse text messaging service for young people aged 11-19 years has been widely promoted, particularly in the context of increasing emotional and well-being needs in the pandemic.

- 147 (compared with 165 during the last reporting period) engaged interactions during the reporting period
- Anxiety and low mood were the highest number of themes of the calls received
- Other themes include pregnancy, contraceptive, and sexual health advice
- The service also provides support on family issues and school issues/friends.

Surrey-Wide Inclusion Health Team

The two original projects funded by Surrey Heartlands and Surrey County Council's Public Health Department (Gypsy Roma Traveller and homeless families' Health Outreach) have continued to grow and develop, with ongoing challenges and a significant escalation of health needs, post-pandemic.

In addition to these busy workstreams, a new and emerging challenge to this provision has been the Home Office commissioning of several hotels across Surrey to house asylum-seekers and refugees. These have included asylum-seekers from all over the world. Previously, these vulnerable groups were processed and placed in other parts of the UK, so, in Surrey, there was no existing infrastructure, processes or experience across the system to manage the challenges experienced by these individuals and families. The team have sought advice from national colleagues, learnt quickly, adapted practice to triage and prioritise the different levels of need and type of provision and developed multi-agency strategies and partnerships, with each Primary Care Network and District or borough council, every time a new hotel or facility opened. It has been a system-wide response, with shared learning and a co-ordinated approach.

These cohorts also include evacuees from Afghanistan, via both the Afghan Relocations and Assistance Policy (ARAP) re-settlement scheme and other categories of asylum or refugee status, as well as new categories of Home Office-funded accommodation, such as "Overflow Dispersed Accommodation", (a direct consequence of processing backlogs because of the pandemic). Under this category, we have also taken on a Mother and Baby Unit of approximately 70 mothers and their babies, who were already in the asylum system, but relocated from London Hotels, to Surrey.

Family Nurse Partnership

Surrey's Family Nurse Partnership (FNP) service supports young women aged 19 or under who are expecting their first baby from early in pregnancy until their child is two-years-old. The service is delivered across the whole of Surrey.

The voluntary programme provides ongoing intensive, structured support from specialist nurses. They work closely with the young women to ensure they receive practical health and emotional support and advice for themselves and their babies. The future outcomes for both children and adults are strongly influenced by factors in pregnancy and first years of life, so this programme offers some of the most vulnerable babies and young parents a better chance in life.

The Family Nurse Partnership (FNP) has continued to provide a full service offer face-to-face in clients' homes throughout and following the lockdowns. Young parents have stated that the service has been their lifeline.

Asthma Friendly School Accreditation

The school nursing service has supported schools in Surrey to achieve “Asthma Friendly School Accreditation”, which will enable schools to provide targeted, evidence-based support to children with asthma.

Youth Offending Specialist Nurse

The Youth Offending Service specialist nurse is a qualified nurse who is trained in supporting the health needs of young people.

- The multiagency Youth Offending Service (YOS) was inspected during the year and the CFHS specialist nurse's work as part of the health offer was observed to be strong.
- The full report can be accessed: [An inspection of youth offending services in Surrey \(justiceinspectorates.gov.uk\)](https://www.justiceinspectorates.gov.uk/cfhs/reports/2022/2022-23-youth-offending-services-in-surrey/)



Queen's Nursing Institute Grant

The special school nursing service was successful in being awarded a grant from the Queen's Nursing Institute to design and implement a sleep programme for children with additional needs across Surrey. This programme is now attracting national interest.

Paediatric Therapies

The teams have moved back into a clinical model of mainly face-to-face, but retain the virtual platforms developed during COVID-19 to enhance service delivery to appropriate user groups.

Physiotherapy assessments have been delivered in line with key performance indicators (KPIs), and referral levels remain stable. Cerebral Palsy Integrated Pathway (CPIP) (Hip surveillance) and Lycra orthotic clinics are run regularly, accommodating those meeting referral criteria. CFHS is the best performing organisation within the south east region, delivering the CPIP for hip surveillance across all ages.

Physiotherapy delivery at a school in East Surrey has been successfully restructured to prioritise increasing treatment demand as a result of a more complex caseload and statutory SEND work. Surrey-wide collaborative work developed and delivered a training package for school staff on universal physical education and hydro activities specifically designed for children attending secondary and primary Profound and Multiple Learning Disability (PMLD) settings, maximising effectiveness of the team skill mix.

The Speech and Language Therapy (SALT) team are offering virtual appointments for families seeking fluency support and are using video messages to enhance information gathering for feeding and communication assessments. Parent workshops have moved to an online platform and are offered to all new referrals to deliver strategies and support whilst awaiting formal assessment. Quarterly PECS (picture exchange communication system) workshops are offered to families and early years providers to help them make an informed choice about the treatment options. This also supports families and nurseries to deliver the intervention and offers an opportunity for questions and answers. Staff are delivering face-to-face Makaton workshops for parents and nurseries and are also part of the universal training for nurseries within CFHS to support nurseries in developing their skills at working with children who have autism, as well as speech sound difficulties.

Occupational Therapy (OT) teams continue to be challenged by a 291% increase in statutory Education Health Care Plans (EHCP) requests. Additional funds have been provided from Surrey County Council to meet the increased demand in workload. The service is now working on recruiting additional members to the team. The wait times for health assessments have increased as a result of statutory education therapy delivery and CFHS continues to work to reduce wait times.

Staff have successfully trialled a local sensory clinic which has been adopted Surrey-wide. Children are offered three sessions: some are discharged at initial assessment; some are referred for further assessment of more complex OT needs; and some receive the three sessions followed by discharge. Colleagues are looking at best ways to deliver an early intervention OT package to facilitate improved multiagency team working. A risk evaluation of the children waiting >40 weeks for assessment is taking place.

CFHS Clinical Practice Forum – partnership working

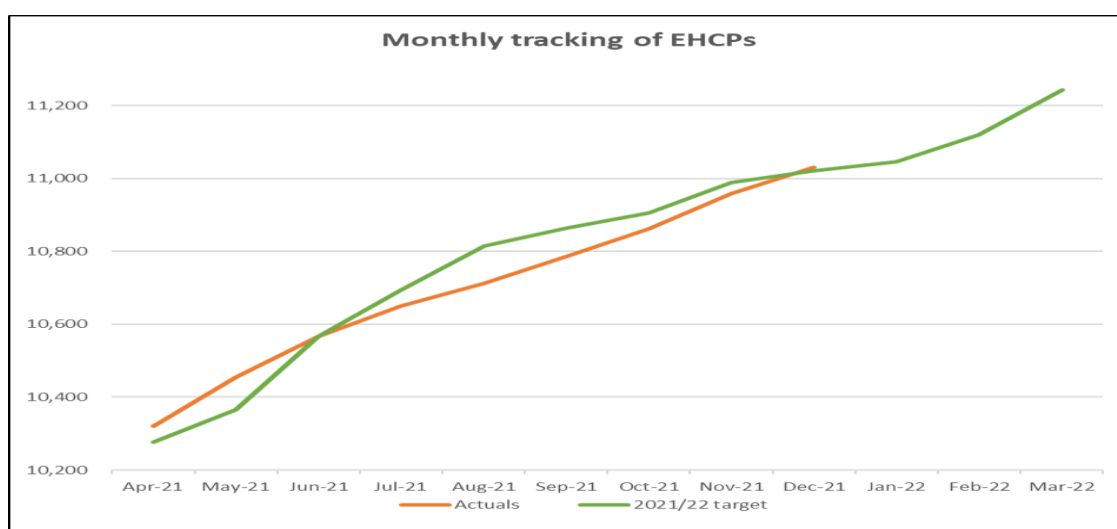
The CFHS partnership continues to support and prioritise the development of clear clinical policies and procedures to ensure high quality, best practice service provision. The partnership's clinical, procedural and policy documents form an integral part of the partnership's governance,

and risk management processes, and provide corporate identification, clarity and consistency in compliance with legislation, statutory requirements and best practice.

Community Health Early Support (CHES) Team

CFHS is working closely with the local authority additional needs' transformation programme to enable children and young people to access appropriate education closer to home, but with specialist support. There have been additional classes added to existing schools in Surrey and new schools have opened. CFHS has been part of providing additional expertise to enable the programme to be successful. There have, however, been an increasing number of EHCP referrals within Surrey, which have also required a significant increased amount of professional therapy time.

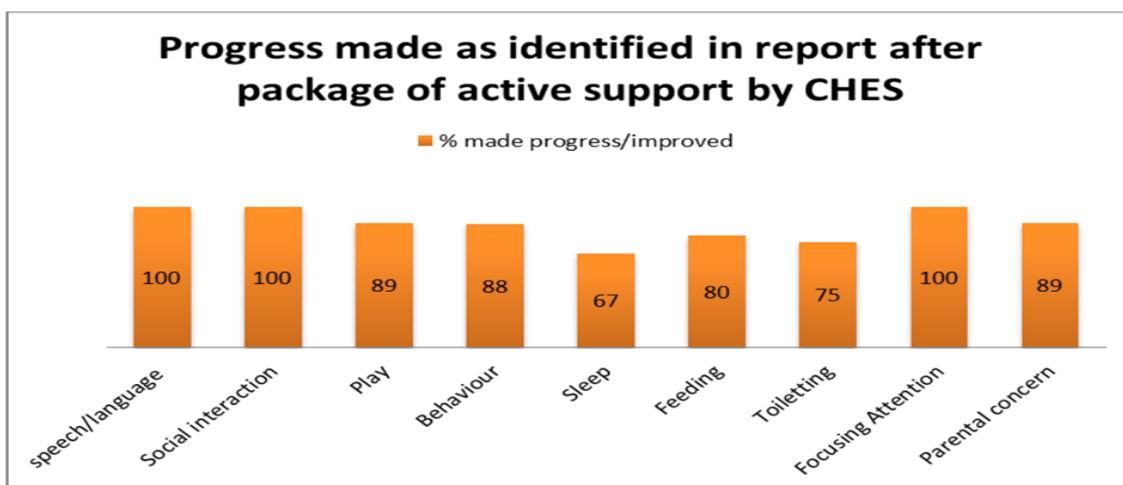
Please see graph below:



- CFHS are working in partnership with Surrey County Council to complete the local area self-evaluation framework to support and understand local need.
- Speech and language therapy delivered training to 150 early years' practitioners in Surrey nurseries to enable them to better meet the needs of young children with communication difficulties.
- The Occupational Therapy advice line has doubled in size to improve responsiveness and meet the increased need from the families and educational settings.
- The Physiotherapy service has maintained an excellent face-to-face service both during and after all periods of lockdown.
- Following the successful pilot conducted in 2020/21, Community Health Early Support (CHES) has extended to two further areas in Surrey, which has resulted in 210 further families receiving highly-valued, early support for their children with additional needs.

“The service has been absolutely incredible...When they are babies, you have people checking in it seems a lot and then it dwindles off and it can feel lonely, especially if there are concerns or you want to check something.”

The following chart demonstrates the evaluation from parents regarding the support received.



CFHS Transformation

The CFHS contract has been successfully operational for five years. During this time, there has been a significant increase in local demand, an increase in the acuity of children's needs and some major transformations within the LA and Health system. CFHS is eager to transform its service delivery model and support to families based on validated feedback from parents, children and young people and commissioners. An ambitious programme is currently being developed in a co-production model and will be acted upon throughout the next year.

CFHS have significantly increased the range of online web support and use of social media platforms. CFHS has been supported in this by social influencers; for example, Dr Emily MacDonagh made a video about the role of the health visitor and the support she received from our services. CFHS has produced a range of videos, which include the school nursing offer, the therapy offer, specialist school nursing offer, early support offer, health visiting service etc. CFHS has also had the opportunity to co-produce videos with Family Voice (a user voice for Surrey families who have children with additional needs).

Vaccination Programme

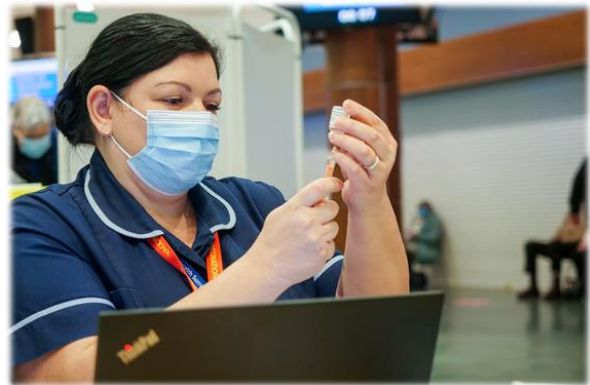
Additional immunisations have been delivered to school-aged children, including influenza and COVID-19, whilst continuing to deliver the usual national programmes such as HPV.

The immunisation service has delivered the school-aged COVID-19 vaccination programme with the support of the mass vaccination centre at Sandown Racecourse. The centre has also delivered the clinically extremely vulnerable 5 to 11-year-old outreach programme, the maternity outreach programme, the overseas validation programme, the allergy clinic and the special needs clinic.

Mass Vaccinations Centre

CSH is very proud to be a lead provider for the Mass Vaccination Centre. CSH has worked as part of the Surrey Heartlands delivery programme and provided support and advice across the system.

CSH continues to deliver a complex the mass vaccination programme at pace to the residents of Surrey.



The Epsom Mass Vaccination Centre officially opened in January 2021; the operation moved to Sandown Park in May 2021 and from April 2022 operates out of Artington, near Guildford. The team have provided timely responses to changes in Joint Committee on Vaccination and Immunisation (JCVI) recommendations and NHS England direction.

Key Achievements:

- Epsom Downs Racecourse – one of Britain's first mass vaccination centres
- Artington – Still operating
- Provided guidance and knowledge shared with the PCNs (G-Live) and other mass vaccination centres around the country
- Partnered with Surrey Local Resilience Forum, St John Ambulance, third sector and private sector organisations
- Early access to vaccination for ages 16 to 17 years
- Early access to vaccination for ages 12 to 15 years
- Early access to vaccination for ages 5 to 11 years
- Ran a number of pop-up clinics across Surrey
- Vaccinated inmates at High Down Prison
- Ramped up delivery in the past year during surges on multiple occasions
- Maternity outreach
- Reasonable adjustments in place supporting vulnerable groups

- Continues to vaccinate the over 75s second booster
- CSH started, from 3 May 2022, to deliver the COVID-19 vaccination programme to Care Homes, Nursing Homes and Housebound patients who meet the criteria for a second booster programme (fourth dose) and are registered with a Guilford and Waverley (G&W) GP.

The following number of vaccinations have been given:

Site Name	Numbers
Epsom	125,303
Sandown Park	145,683
Artington	3,862
Roving in Nursing Homes/Care Homes	691
Roving in Housebound	48
Grand Total *As at 09/05/2022	275,587

Patient Experience

CSH uses a variety of methods to gather feedback that are used to help inform ongoing service improvements. Examples of this include:

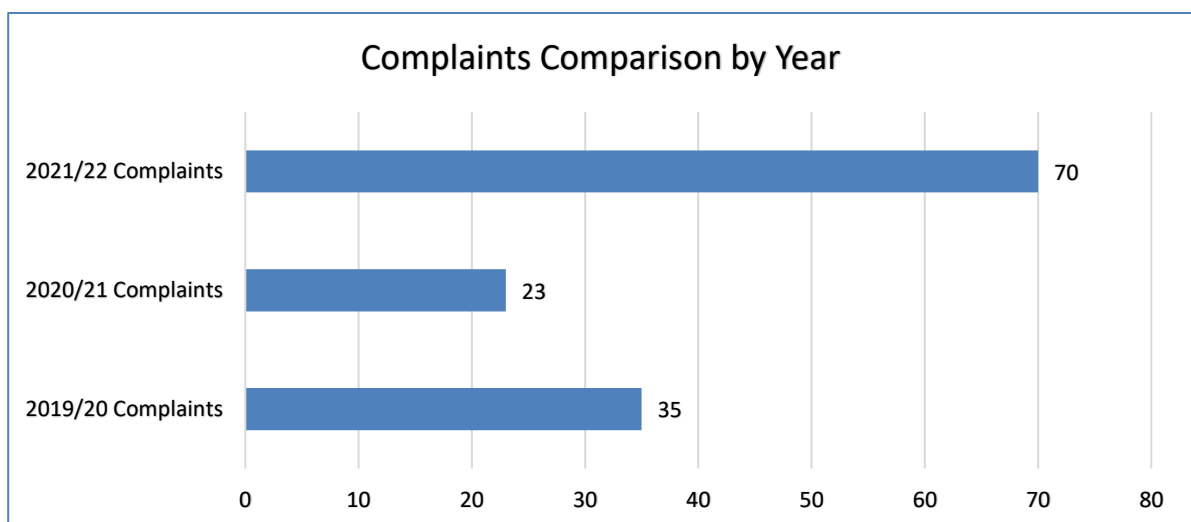
- Complaints, concerns, and PALS communications
- Compliments
- CSH Surrey website
- Informal conversations with service users and their carers
- Online reviews (NHS Choices, Care Opinion, Google reviews)
- NHS Friends and Family Test (FFT) and Patient Reported Experience Measures (PREMs)
- Patient Led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

Friends and Family Test 2021/22	Adult Services	Children Services	Total CSH
Positive Experience	93%	100%	92%

CSH maintained the 93% positive FFT result during 2021/22, from 205 reviews. CSH recognises the need to increase the volume of FFT surveys collected, which will be a focus during this year.

Patient Reported Experience Measures (PREMs) are also collected within the same patient questionnaire as the FFT. There was an improvement in the PREMS results for 2021/22 compared with the previous year, as shown in the tables below.

Patient Reported Experience Measures (PREMS)	2020/21	2021/22
Proportion of patients who were treated with kindness and compassion by the staff looking after them	95%	99%
Proportion of patients who were treated with dignity and respect	92%	99%
Proportion of patients who were involved as much as they wanted to be in their care and treatment	91%	95%
Proportion of patients who received timely information about their care and treatment	86%	94%



As the graph above demonstrates, there was a significant increase in the total number of complaints managed through our formal complaints process during 2021/22. 23 of the 70

complaints related to the Walk-in Centre Service, which transferred fully to CSH from 1 April 2021 (governance had previously been provided by our partner organisation).

The highest themes concerned access to, or discharge from services, or unmet clinical expectations (56%), communication and consent (17%) and attitude and behaviour (14%).

The NHS complaints procedure requires providers to acknowledge complaints within three working days of receiving the complaint. During this period, CSH has achieved 99% compliance in meeting this target.

In terms of response timeframes, the NHS requires a response or decision within six months of receipt, or a clear rationale for delay must be provided. CSH has set itself an internal target and aims to provide a written response to all complaints within 25 working days. If an investigation is likely to exceed this target, it will be discussed with the complainant to agree a longer timeframe. 100% of complaints closed were concluded within the 25-day timeframe or a timeframe agreed with the complainant.

The Parliamentary & Health Service Ombudsman (PHSO) provides an independent complaint handling service for complaints that have not been resolved by the NHS in England and UK Government departments. The role of the PHSO is to provide the second stage of the complaint process under the National Health Service Complaints Regulations 2009. The joint working team of the PHSO and Local Government and Social Care Ombudsman requested details of the care CSH provided to a patient at end of life as part of an investigation into a complaint concerning care provision and between providers involved, including care home, hospice, and GP. We are currently awaiting the outcome of their investigation.

Case Study – Adults Services:

A patient complained that their dignity had been compromised and they felt uncomfortable when they were having an x-ray, due to the attitude and behaviour of the radiographer.

We apologised for their experience and have asked staff when booking appointments by phone to advise people to wear suitable clothing that can be easily raised or lowered, and to inform people that they may be asked to change into a gown. This information has also been added to the appointment letter. The team has also been reminded that they do not need to ask further information when requesting the patient change into a gown.

Case Study – Children Services:

A parent was unhappy with the advice given by the Health Visitor and 0-19 Advice Line, which they felt were insensitive, and the lack of face-to-face contact during the COVID-19 pandemic, which they felt had contributed to the late diagnosis of tongue tie for their baby.

We apologised for the lack of care and compassion they had experienced and acknowledged the difficulty due to the restrictions during the COVID-19 pandemic, which had caused us to adapt our delivery of services, and that earlier face-to-face contact would have provided an opportunity for an earlier diagnosis of tongue tie.

The health visitor team has used the details of the case to help identify opportunities to improve the care and service they provide and consider how to prevent missed opportunities for early diagnosis for future cases.

Human Resources/People Management

During 2021, CSH continued to work toward the People Strategy developed in 2020:

CSH's vision is for an employee-owned workforce where people deliver their best each and every day and feel involved, inspired, appreciated, fulfilled, happy and healthy at work.

CSH wants to be recognised by the workforce as a great place to work and an employer of choice (where people to choose to work for CSH and consciously choose to stay). Culturally, employee ownership with CSH means respecting and treating colleagues as equal owners of the business, whatever their job role.

CSH does this through our CARE Values of **C**ompassion, **A**ccountability, **R**espect and **E**xcellence.

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

By realising the following five strategic priorities, CSH will ensure that CSH achieves consistently well-led, fully resourced teams with people who feel valued, appreciated and motivated to provide a first-class service delivery.

Put simply: Getting it right for our people = getting it right for our patients

- 1. Organisational Development:** implement and improve CSH's internal capacity to meet current and future requirements by horizon scanning the future of work, strengthening CSH's leadership and development offer and introducing talent management and succession planning.
- 2. Health and Well-being:** protect and promote the health and well-being of CSH's people and enable sustained organisational performance through the involvement of CSH's people by enhancing the well-being and resilience through organisation-wide initiatives and events, ensuring equality, diversity and inclusion is at the forefront of decisions, enabling a fair inclusive experience for all, enabling choices around flexible working, review CSH's employee relations model.
- 3. Maximising Workforce:** implement plans and KPIs to ensure CSH has the right people, in the right place, at the right time, to deliver high quality services, meet legal and regulatory standards and is sustainable and affordable, by enhancing CSH's workforce planning capability, embedding the redeployment model, streamlining and integrating recruitment practices that meet the needs to the business in a proactive and timely manner, developing a systematic approach to temporary staffing whilst also reducing agency, developing workforce information.
- 4. Learning and Development:** develop and implement a workforce learning and development plan to ensure the knowledge and skills of the workforce enable continuous improvement in the delivery of services by creating a learning and development plan, developing a new PDR/appraisal system, enhance colleagues' skills and qualifications through apprenticeships and other educational programmes, and review and embed clinical competencies across clinicians.

In 2021, CSH received approval for the Quality Mark until October 2022. Next year, CSH will be visited by Quality Mark, so will be able to demonstrate all the work at CSH on which Learning & Development deliver. Quality Mark's Summary of Findings states:

“Central Surrey Health have responded positively to the challenges that the organisation faced as a result of the COVID-19 pandemic. The Teaching and Learning department responded initially to the pandemic restrictions by ensuring that training was either delivered online or in a COVID-19 compliant environment, before being able to meet the demand to design and deliver training for the mass vaccination programme. It appears that learners are well informed, well supported and enjoy the courses that they attend. Employers are happy with the training that CSH provide. The Teaching and Learning department are passionate in wanting to deliver high quality training and as previously recommended, a Teaching and Learning Strategy would benefit the team in clearly identifying the quality assurance procedures required for course design, delivery, and assessment with established review practices for quality assurance purposes. The strategy would also complement and Self Evaluation Reports, Self-Improvement Plans and ultimately Action plans. I recommend that CSH undertake an onsite visit for the 2022 Annual Renewal, as it would be beneficial to see the good practice that is going on at the organisation first-hand and to ensure a robust QA process. This is in line with our updated Quality Mark protocol, where we ask that endorsed providers complete an onsite visit on the 4th year of renewals, and particularly prevalent this year since so many changes have been made to training provision in response to the COVID-19 pandemic.”

5. Communications and Engagement: ensure effectiveness employee engagement support programmes are in place, including staff surveys and reward and recognition programmes. CSH will ensure company communications share knowledge and build understanding with the workforce by ensuring the engagement of all colleagues; supporting and promoting the employee ownership model and developing the Voice (see glossary of terms) representatives and contribution; enhancing our internal communications; developing our external communications; ensuring our people are rewarded and recognised through initiatives.

During 2021, CSH's internal Putting People First Committee has driven the above agenda and:

- Developed a skilled workforce and professionals standards group focused on developing workforce plans to meet the clinical priorities of CSH's services
- Enhancing the leadership and management offer to include the opportunity for colleagues to develop as coaches in line with developing a coaching culture
- Putting health and well-being plans in place, adding bespoke resource to the people services team to support the agenda
- Continued the great work of the internal equality impact group working towards an action plan to address equality priorities
- Developed internal KPIs, reviewing the team's structure to ensure the organisation can maximise the workforce
- Improved PDR compliance to 70%, recovering from the impact of the pandemic and ensuring colleagues feel supported personally and professionally
- Implemented a staff app, Blink, to further engage with colleagues and improve internal communications
- Launched a reward and recognition project to aid the organisation's retention challenges and create an environment colleagues want to stay in.

Examples of our strategy include: a slot on the new starter induction (Microsoft Teams induction this year due to COVID-19), the implementation of the "Who can you talk to?" 'Puzzle head' guide to signpost staff to the most appropriate person with whom to raise their concerns.

Puzzle head guide



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.

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 2021/22.

Year	Number of staff
2020/21	18
2021/22	30

Following the 2021 AGM, the new Freedom to Speak Up Guardian was introduced, and awareness of the whistleblowing (raising concern) policy was re-energised which has driven an initial rise in contacts with the service that is reflected in the table above.

The Voice – Employee Ownership (EO)



This year CSH employed the services of Baxendale's, an employee-owned consultancy firm, to provide specialist support to help transform CSH's culture and increase engagement and ownership.

A series of focus groups were held along with existing information reviewed from staff surveys and exit interviews. CSH asked three questions promoted through the communication channels, Blink, and Buzz, which was open to all colleagues. The Voice representatives also provided additional feedback from groups they had visited.

One of the conclusions in the report stated that there are EO foundations in place to build on, including the legacy and desire to contribute. However, there are gaps with colleagues feeling they lack a meaningful voice, are unrecognised for the work they do, and are unclear on the tangible benefits from being employee owners emerged as common themes.

In response, The Voice, which is the employee council, has been restructured. There are now 15 members of the Voice, with all services being represented. The Voice hold a monthly meeting where the CEO and one Executive join for the last hour to give the Voice a business update and to take any questions from the representatives. Every second meeting the CSH Chair, Andy Field, joins as well. The output of every meeting is shared with all colleagues. Peter Lock, CSH non-executive director (NED), is the nominated NED for linking between The Voice and the CSH Board.

This change has had a very positive impact and has resulted in more representatives joining the Voice. At no point in the last 10 years has The Voice been fully recruited to, so this is now a very pleasing position to be in.

This change has been in place since January 2022, and we held our first Voice Away day as a new Voice team on the 17 May 2022.

Employee Engagement Survey

An annual survey is conducted among employees so key areas of concern can be addressed. In November 2021 the Employee Engagement Survey received a response rate of 64%.

- 52% would recommend our organisation as place to work (57% 2020)
- 69% indicated if friend/relative needed treatment would be happy with standard of care provided by our organisation (76% 2020)
- 76% stated that care of patients/service users is the organisation's top priority (80% 2020)
- 63% often/always look forward to going to work (67% 2020)
- 73% often/always enthusiastic about their job (77% 2020)

- 40% reported that they don't often think about leaving the organisation (47% 2020)
- Positive scores for the following key indicator questions have been identified as having the strongest correlation with a statistically modelled staff satisfaction score. CSH staff said:
 - **50%** felt the organisation acts fairly on career progression
 - **41%** satisfied with the extent the organisation values work
 - **66%** agreed they have opportunities to improve their knowledge and skills
 - **53%** satisfied with recognition for good work
 - **86%** always know what work responsibilities are

Workforce Race Equality Statement

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 People Board and 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. 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.

The EDI action plan centres around four visions: fair and equitable recruitment, inclusive culture, career development and civility, dignity, and respect. These visions ensure that all stages of the employment lifecycle are reviewed for inclusivity, from embedding recruiting for values processes and developing robust employee culture ambassador networks, to monitoring fairness in career opportunities and enhancing EDI training across the organisation.

In April 2022, CSH was awarded Disability Confident Committed status by the Department for Work and Pensions, recognising CSH's commitment to improving the inclusivity of people processes and enhancing the support and development provided to disabled colleagues and carers.

CSH recognises that there is still much work to be done in the journey to becoming a fully inclusive organisation, and with the impending expansion of the colleague well-being and inclusion team, are eager to expand and enhance the EDI projects and interventions with further engagement from colleagues across the organisation.

Digital

Digital Services provides, maintains, and delivers the systems and services that CSH and the wider health and social care sector need in order to deliver better care. This information, data, and Digital systems help health professionals, analysts, administrators, and managers give the best outcomes for patients. Examples of activity and projects developed during 2021/22 include:

Unified Tech Fund bids

CSH successfully bid for and were awarded £2.3 million in funding for the following four digital projects:

- New fit for purpose devices for community frontline workers
- Integration Engine
- Replacement of devices over five years old
- Surrey Safe Care (moving our Community wards to Cerner)

Mass Vaccination Centre – Digital support

Playing a significant role alongside our clinical colleagues in the creation, deployment and operational support for the COVID-19 Mass Vaccination Centre, the Digital team continued to support both colleagues and national patient booking solutions, by supporting the digital systems and infrastructure to capture vaccinations given; now having moved to a more business-as-usual operation.

School Age Immunisations COVID-19 vaccinations – Digital support

Again, Digital played a significant role in rolling out COVID-19 vaccinations in schools and catch-up clinics for the 12-19 age range. Supporting the use of digital systems for use in scheduling, booking, and capturing the vaccination information.

Enhanced Health Informatics (HI)

The development of the Business Intelligence (BI) Portal to support decision making at key meetings such as the Gold and Silver command meetings held during COVID-19 has been an essential element of the Digital delivery from the Health Informatics team. The health informatics team has been working further with the executive directors to produce an Executive dashboard and various underlying dashboards to provide a view of performance in all service areas, including enabling services.

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 moved the on-premises data warehouse to an Azure cloud-based server and will move the reporting from generic logins to individual logins using single sign on. It is due to go operational for reporting in 2022.

Project Cumulus

Completed a migration from current in-house data centre to the cloud and migration to N365 providing access to the full suite of Microsoft 365 digital tools, which ties together Office 365, Windows 10 and Enterprise mobility and security. The move was successfully completed in March 2022 and was completely transparent to colleagues and system users.

Woking Community Hospice

Scoping the possibility for a fully funded (by NWS Alliance PLACE) move of the current paper-based data capture into the CSH EMIS Web solution. Phase 1 Business Analysis is currently in start up to complete a full business case.

Digital Roadmap

A full roadmap has been 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.

Data Quality (DQ)

The DQ team have significantly reduced unoutcomed appointments from over 4000 to under 500. The team is well on the way to making sure that all appointments are outcomed within 48 hours from the time of appointment.

NHS number completeness remains high, and it is continually monitored by the DQ team. They have put in some significant work with the Walk-in Centres, after the move from a hosted clinical system to it being managed in-house. This work will continue to ensure CSH has all patient numbers where applicable.

SMS Text Messaging for patients

SMS messaging will provide the options to send patient appointment details as a confirmation, appointment reminders, cancellations, and a follow up to complete the 'I Want Great Care' feedback forms for tracking patient experience in a way CSH has never been able to before.

After an options appraisal, the Strategic Delivery Group (SDG) approved the project to have an in-house solution built. The project started and will be launched officially in 2022.

Telephony

The Unified Communication as a Service (UCaaS) project includes the deployment of the 8x8 VoIP (Voice over IP) telephony platform replacing multiple legacy telephone solutions. This ensures that all phone lines were reviewed for use and are constantly monitored going forward. A Quality Improvement (QI) project has been put in place to ensure the proper use of phone lines and to improve patient experience of calling in to CSH services.

Surrey Care Record

The Surrey 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 has successfully integrated CSH's EMIS data with the Surrey Care Record which means CSH is part of the wider system of data which can be accessed by health care professionals. CSH continues to work with the project to ensure the data quality is of the highest standard.

Walk-in-Centre

Digital work stream to on-board the Walk-in-Centre (WIC) to CSH (previously managed via Greenbrook). The system successfully moved across and is now managed by the Clinical Systems Team, and further improvements for the system are currently being looked at for 2022/23.

Online Consents

The National Child Measurement Programme requires parental/carer consent for the school nursing team to measure children in Reception and Year 6. The Digital team has helped support the clinical team to move from a paper-based process to a digital platform via an App that is simple and easy to use.

CSH Surrey Quality Account 2021/22

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

Surrey Heartlands CCG welcomes the opportunity to comment on the CSH Surrey Quality Account for 2021/22. The CCG 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.

2021/22 has been another challenging year, when the Covid pandemic continued to affect patients and service providers. We acknowledge and appreciate the combined effort of all CSH staff to continue to deliver safe and effective care during this period. In particular, we note the various innovative approaches to continue to provide children's services (as a partner in Children and Family Health Surrey (CFHS)) and the significant contribution to delivering the Covid vaccination programme.

The CCG commends CSH on its continued focus on learning from safety events and reducing harm, as well as fostering a culture of openness and candour with patients, their families and carers. We note the ongoing engagement with the CQC, despite not having been required to participate in any investigations recently.

The CCG acknowledges CSH's continuing participation in the three national audits relevant to the community services it provides. We note the organisation's proactive approach to monitoring the local implementation of recommendations and actions resulting from national audits and in ensuring that this actively contributes to improved clinical practice and outcomes.

Feedback from patients is positive. We commend CSH on its continuous review of numerous patient surveys and actively seeking other sources of feedback, in addition to Friends & Family (FFT). It is evident from the Quality Account, that patient experience is integral to each service and that CSH is committed to delivering improvements which reflect this feedback and meet the needs of patients.

The CCG commends CSH on its responsiveness to new and emerging needs in the community; specifically, by the Surrey-wide Inclusion Health Team to support particular groups such as refugees and asylum seekers recently relocated to Surrey.

The CCG wholeheartedly supports CSH's continued commitment to care for its workforce and initiatives to support staff well-being.

Surrey Heartlands CCG welcomes CSH's stated priorities for 2022/23, including:

- *Continuing work to deliver improvements in early signs of clinical deterioration, which will be carried forward as a priority from 2021/22*
- *Patient Reported Outcome Measures (PROMs) the results of which will positively impact the effectiveness of services for patients*
- *Children's continuing healthcare; a comprehensive independent review which will identify gaps and look to best practice to deliver improvements*
- *The 'Bump & Beyond' initiative, with its focus on the whole pathway of care*

Surrey Heartlands CCG would like to thank CSH Surrey for sharing its Quality Account and acknowledges that the report reflects the Trust's priorities of providing safe and effective care. We look forward to working together, along with other system partners, to ensure continuous improvement in the delivery of services for our local community.

Clare Stone

Director of Multi-Professional Leadership

NHS Surrey Heartlands Clinical Commissioning Group

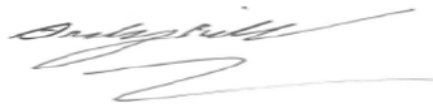
9 June 2022

Statement of Directors' Responsibilities

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 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 be 'S. J. Smith', written over a horizontal line.

Date: 28.6.2022

Glossary of Terms

0-19 Service: services for children and young people aged 0-19 years of age and their families.

BeNCH:

Care Quality Commission (CQC): the CQC regulates care provided by the NHS, local authorities, private companies and voluntary organisations. It aims to make sure better care is provided for everyone – in hospitals, care homes and people's own homes.

Clinical Commissioning Group (or CCG): CCGs commission organisations to provide NHS services.

***Clostridium difficile* or *C. difficile*:** this is an unpleasant and potentially severe or fatal infection that occurs mainly in the elderly and other vulnerable groups who have been exposed to antibiotic treatment

CQUIN: CQUIN stands for Commissioning for Quality and Innovation. It is a payment framework first used in 2009/2010 that enables NHS commissioners to reward excellence by linking a proportion of a provider's income to achievement of quality improvement targets. There are national targets and commissioners can also agree local targets.

Datix: this is integrated risk management software used at CSH Surrey for healthcare risk management, incident and adverse event reporting, and recording of complaints and concerns.

Darzi: Lord Darzi defined the three dimensions of quality in healthcare namely; Safety Effective and positive Patient Experience within the report High Quality Care for All published in 2008.

Deprivation of Liberty Safeguards (DoLS): these are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedoms.

DOAC: Direct Oral Anticoagulant Initiation: This term relates to new anticoagulant medications that either treat or prevent blood clots.

Friends and Family Test (FFT): this test provides people who use NHS services the opportunity to provide feedback on their experiences. The FFT asks people if they would recommend the services they have used and offers a range of responses. When combined with supplementary follow-up questions, the FFT provides a mechanism to highlight both good and poor patient experience. This kind of feedback is vital in transforming NHS services and supporting patient choice.

Hot and Cold Clinics: Hot clinics were set up to enable people who had symptoms of Covid 19 to access assessment and treatment safely and cold clinics for those who were virus free

KPI: Key Performance Indicator – a quantifiable measure used to evaluate the success of an organisation, employee etc. in meeting objectives for performance.

LeDeR (Learning Disabilities Mortality Review): This is the first national programme of its kind aimed at making improvements to the lives of people with learning disabilities.

Looked After Children: Children in care have become the responsibility of the local authority: this can happen voluntarily by parents struggling to cope or through an intervention by children's services because a child is at risk of significant harm.

Mental Capacity Act: The Mental Capacity Act 2005 covers people in England and Wales who cannot make some or all decisions for themselves. The ability to understand and make a decision when it needs to be made is called 'mental capacity'.

MRSA or Methicillin Resistant Staphylococcus Aureus: this is a bacterium responsible for several difficult-to-treat infections in humans.

MSSA or Methicillin Sensitive Staphylococcus Aureus: a bacterium that responds well to antibiotic treatment, but that can lead to serious infection.

MUST: 'MUST' is a **five- step nationally recognised and validated screening tool to identify ADULTS who are malnourished or at risk of malnutrition**. It is the most commonly used screening tool in the UK and is suitable for use in hospitals, community, and other care settings.

Negative Pressure Wound Therapy: Medical procedure in which a vacuum dressing is used to enhance and promote wound healing.

National Institute for Health and Care Excellence (NICE): this is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.

NEWS2: National Early Warning Signs

Pressure Ulcers: pressure ulcers are a type of injury in which the skin and underlying tissue break down. They are caused when an area of skin is placed under pressure. They are also sometimes known as 'bedsores' or 'pressure sores'. The severity of pressure ulcers is graded from 1 to 4, with 1 being the least severe.

PROMs: Patient Reported Outcome Measures (**PROMs**) Patient Reported Outcome Measures (**PROMs**) assess the quality of care delivered to **NHS** patients from the patient perspective.

Respect: ReSPECT is a national patient held document, completed following an Advance Care Planning conversation between a patient and a healthcare professional.

Restore 2: RESTORE2 TM is a physical deterioration and escalation tool for care/nursing homes. It is designed to support homes and health professionals to: Recognise when a resident may be deteriorating or at risk of physical deterioration Act appropriately according to the resident's care plan to protect and manage the resident

QIPP: This term within the NHS stands for Quality Innovation Productivity and Prevention.

Safeguarding Supervision: is a process that supports, assures and develops the knowledge, skills and values of practitioners and teams in their work with children and families. It allows for monitoring of professional and organisational standards and enables practitioners to explore strategies for dealing with complex issues.

SALT: Speech and Language Therapy

Section 42: A section of the Care Act 2014 that requires each local authority to make enquiries if it believes an adult is at risk of abuse or neglect.

Serious Case Review: a serious case review (SCR) takes place after a child dies or suffers serious harm as a result of abuse or neglect and where there are lessons that can be learned to help prevent similar incidents from happening in the future. The decision to proceed to SCR is made by Surrey Safeguarding Board panel.

Statutory and Mandatory Training: training required to meet legislation.

The Voice: this is CSH Surrey's employee council, who hold the CSH Board and Executive Directors to account on matters of strategy and performance, and who ensure co-owners' views are heard at the highest levels in the organisation.