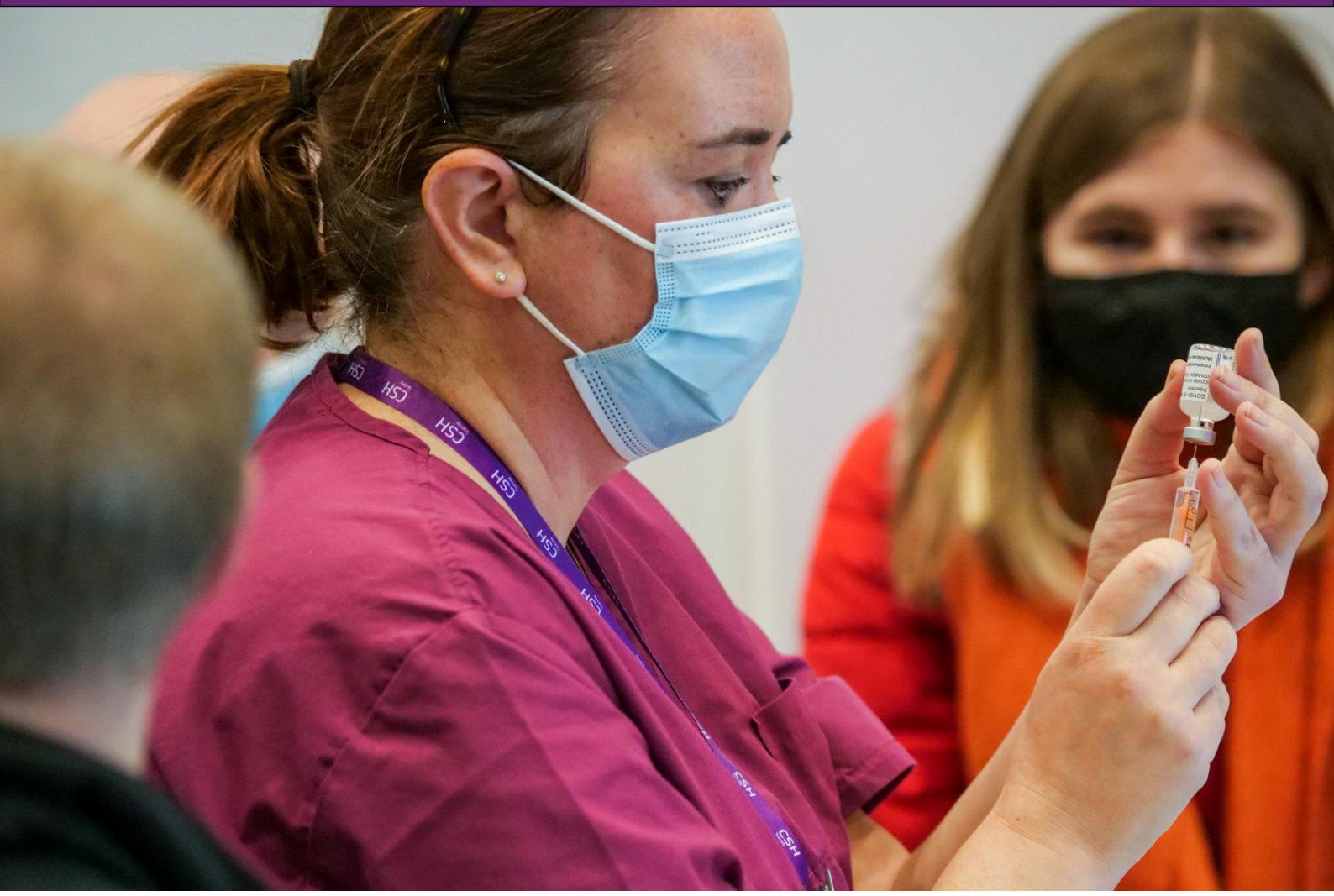
CSH Surrey – Quality Account 2020 – 2021



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Part One: Introduction

About our 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 supports us 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 services we provide;
- How we have involved our service users and other stakeholders in evaluation of the quality of our services;
- What our priorities for quality improvements will be in the coming months and how we expect to achieve and monitor them.

What is included in our Quality Account?

Our quality account is divided into three parts:

Part 1: A statement from our Chief Executive about the quality of our services, an introduction to CSH Surrey and details of the services we provide.

Part 2: A review of our quality improvement priorities for 2020/21 and our future plans for 2021/22. This section also includes the statutory statements of assurance that relate to the quality of the services we have provided during the period 1 April 2020 to 31 March 2021. This content is common to all providers to allow comparison across organisations.

Part 3: Our evaluation of the quality and delivery of the services we have provided over the past year.

Our account concludes with feedback we have received from our key stakeholders and the statement of our Board directors' responsibilities.

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

Chief Executive Officer Statement

It gives me great pleasure to introduce the Quality Account for CSH Surrey. This report, covering the period 1st April 2020 to 31st March 2021, describes the quality and safety of services we deliver within our community hospitals and other community-based services.

Despite the incredibly challenging impacts of the COVID-19 pandemic, I have continued to observe the ongoing commitment of our colleagues to deliver high quality health care services to our patients and local community. We fully recognise the current demands on our workforce, particularly during the global pandemic, and remain committed to providing our colleagues with the tools, resources and skills they need to feel supported and enabled to deliver the best patient care services. Building on this remains one of our quality improvement targets for the coming year.

We continue to work closely with our Surrey Heartland colleagues and across the place based services of, Surrey Downs, North West Surrey and Children and Family Health Surrey (CFHS), collaboratively responding to the pandemic challenges and developing new systems across our communities to help improve the health and wellbeing of our local population.

A key success came from a switch to new digital platforms during the early stages of the pandemic, enabling us to continue to offer our services in huge need. In addition, we are particularly proud of our leadership and successful mobilisation of the mass vaccination centre, with 78,911 vaccinations delivered by our CSH Mass Vaccination team to date. We look forward to our ongoing delivery in the coming months.

Further quality improvement of the past year includes the development of suite of clinical polices to underpin the management of deteriorating patients; this has been supported by a full review and implementation of associated training for our bedded unit staff. We will continue our focus on this priority in the coming year. New improvement priorities for 2021/2022 include improved multi-disciplinary working across clinical pathways to meet needs for children, young people and their families and a review of wound care assessment standards within our community nursing services.

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

CEO

About Us

CSH Surrey 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 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 employees 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.

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

We care with Compassion	We look after each other, speak kindly and work collaboratively
We take Accountability	We take responsibility, act with integrity and speak with honesty
We show Respect	We listen, value, trust and empower people and treat them with dignity
We deliver Excellence	We are professional, aim high, value challenge and never stop learning or innovating

Our Clinical Services

Children Services	**Adults Services continued…**
Health Visiting	Podiatry
Family Nurse Partnership	Physiotherapy
Tongue Tie service	Occupational Therapy
School Nursing	Dietetics
Specialist School Nursing	Speech and Language Therapy Team
Immunisations and Child Health	Musculoskeletal service/MSK CATS
Continuing Health Care	Wheelchair service
Children's Community Nursing	Radiology
Physiotherapy	Specialist nursing services including:
Occupational Therapy	➢ Respiratory service
Speech and Language Therapy	➢ Continence service
Dietetics	➢ Parkinson service
Adults Services	➢ Multiple Sclerosis service
Community Nursing	➢ Heart Failure service
Community Hospitals	➢ Stroke Nurse
Frailty Hubs and Community Matron Service	➢ Tissue Viability Nurse
Integrated Rehabilitation Service (IRS)	➢ Infection Prevention and Control Nurse
Outpatient Nursing service	➢ Lymphoedema Specialist Nurses
Diabetes Specialist Nursing Team	Referrals Management/Single Point of Access
Rapid Response	Out of Hours Nursing Team
Neuro Rehabilitation team	Safeguarding Children and Adults
Community Rehabilitation Team	Looked after Children
Walk in Centres	Medicines Management

Patient and Stakeholder Involvement

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

Due to the impacts of the Covid pandemic and associated lockdowns, formal consultation and stakeholder engagement events on development of our Quality Account this year has 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 Improvement Plans 2020/21

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 2020/2021. The first four relate to clinical 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 employees.

The fifth reflects the challenges and impacts that the COVID-19 pandemic has placed upon our workforce and our commitment to our staff well-being and support.

Priority One	Clinical Deterioration – consolidation
What	Embed implementation of NEWS2, CSH 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 National agenda including CQUIN for acute care
Measures	Number of (applicable) bedded unit staff Number of above with in date training compliance - deteriorating patients Audit of NEWS2 documentation completion (and applicable escalation) on bedded units - (as part of routine assurance plans) Number of patients on ward / number of compliant patient records Number of patients showing clinical deterioration requiring transfer to an acute hospital
Target	≥ 90% of records audited show policy compliance ≥ 80% of employees working in high risk area have completed deterioration of patient training

	Incident review/reports show timely intervention
Outcome	Partially Achieved
This priority was driven both from national objectives and learning from investigations and incidents. During 2020/21, a suite of policies underpinning the management of deteriorating patients were reviewed and updated. These included the deteriorating patients, resuscitation, enhanced care, communication template for management of the unwell patient, and a review of the Sepsis and Acute Kidney Injury Bundle was also completed. The training needs analysis and the content of training was refreshed for these policies during 2020/21. Community Hospitals exceeded the 80% target for training, achieving 100% compliance. The work of deteriorating patients task and finish group has now been incorporated into the terms of reference for the mortality and morbidity group which is chaired by the Medical Director. A draft work plan to deliver further improvements for 2021/22 has been prepared and will be signed off at the next meeting. A process to review the outcome of all patients who deteriorated and were transferred in 2020/21 commenced in early 2021; the data is currently being validated and will be presented to the Mortality and Morbidity Group in July 2021. The audit of NEWS 2 was not achieved in 2020/21; however, this is scheduled monthly from 01/06/2021 with the nursing staff from opposite community hospital wards, undertaking this audit until 100% compliance has been achieved.	

Priority Two	Early identification of health needs
What	Improved opportunity to identify health needs of 9-12 month aged children
Why	Data analysis/health promotion and support opportunities
Measures	% of families are offered information and support resources
Target	100% of families are offered information and support resources
Outcome	Achieved
This improvement priority followed on from the 2019/20 introduction of a new health needs assessment system. The new system involves sending every 9-12 month aged child registered with CFHS, previously assessed at a universal level of need, a letter about our services and detailed questionnaire. Children previously assessed as requiring additional support are offered face-to-face contact. The universal letter includes health visiting advice line contact details; website link; CFHS designed dental health and immunisation information flier and ages and stages questionnaire (ASQ) to complete with a prepaid envelope to return to CFHS. This letter and questionnaire is sent to 100% of children within the age range and universal level of need. The return rate on average in 67%.The ASQ is triaged by a member of the	

health visiting team and advice shared or booked appointment offered for further assessment of progress depending on triage outcome.

Priority Three	Voice of the Child/Carers – CFHS Partnership
What	Develop an agreed approach to capturing the voice of the child/Carers across the partnership
Why	To ensure service that improvements reflect children's perspectives
Measures	To be confirmed
Target	An agreed partnership approach to capturing Voice of Child – approved by the CFHS Board
Outcome	Achieved
In August 2020, the CFHS partnership Quality Improvement Group met to discuss their quality aims and ambitions for 2020/21. These discussions included both sovereign organisational plans and the partnership as a collective. Discussions included how the Voice of the child/carer was being used to inform service development. The partnership has been key to the development and implementation of the Surrey Heartland 1000 strategy, where the voice of parents and carers has been pivotal. CFHS participated in Surrey Youth Focus research into how young people are responding to Covid. Whilst the intention of the research was to inform strategy and services, the project also enabled some frontline workers to open up new and different conversations with young people during these strange times. The CFHS Quality Improvement Group agreed to include Voice of the Child/carer as a standing agenda item on the monthly quality dashboard.	

Priority Four	**Pressure damage**
What	Standards of assessment and documentation of pressure ulcer risk
Why	Patient safety CQUIN In response to learning from incidents and safeguarding section 42 investigation outcomes
Measures	Clinical audit outcomes Incident report reviews
Target	➢ 90% records audited (Community services & bedded units) demonstrated appropriate evidence of assessment and responding care planning
Outcome	Partially Achieved
An audit of Health care records and pressure area assessment standards was undertaken in Quarter 3. The outcomes of the audit showed this target was partially achieved. Our target of > 90% records audited showing evidence of assessment was	

exceeded (97%) the target of > 90% having responding care plans was slightly under target at 81%.

Initiatives introduced during the year include the active involvement of Tissue Viability Nurses (TVN) in incident review processes, which includes review of all pressure damage incidents reported; this is in addition to the usual clinical line manager incident review and sign-off process.

The TVNs commenced a schedule of meetings with the community nursing teams across the locality to discuss themes from wound care related incidents and to share best practice. We will continue to monitor standards of assessment and care planning as part of our routine record keeping review and audit processes.

Priority Five	**People matter – workforce well-being**
What	Workforce well-being, especially throughout pandemic and restoration
Why	Staff survey outcomes / Voice / Freedom to Speak Up feedback
Measures	Staff survey outcomes Debriefing session availability and uptake Staff Feedback
Target	Staff survey shows increase of 15% in recommendation of CSH as place to work.
Outcome	Target achieved

CSH has continues to prioritise workforce well-being. Examples of actions we have taking throughout the year includes; enhancing our employee assistance programme, promoting a Surrey wide resilience hub as well as piloting well-being debriefing sessions for staff aimed to support colleagues mid-way through the pandemic.

A homeworking survey was undertaken which aided key interventions in a variety of areas and enabled further signposting to our well-being resources. We have appointed a NED as a Well-being Guardian and have plans in place to roll out a healthy workplace champions' network which will further enhance the CSH well-being support available.

Specific review of all workforce well-being will form part of our annual PDP processes through a well-being conversation in 2021/22, and this will continue to be a QI priority during 2021/22.

Quality Improvement Plans 2021/22

The following four Quality Improvement priorities have been set for 2021/22

Priority One	**Early Detection of Clinical Deterioration – consolidation**
What	Embed implementation of NEWS2, CSH policy and associated training
Why	To continue improvement in recognition and treatment of early signs of clinical deterioration (adult services) In response to learning from incidents, and safeguarding section 42 investigation outcomes
Measures	Audit of NEWS2 documentation completion (and applicable escalation) on bedded units - (as part of routine assurance plans) Number of patients on ward / number of compliant patient records Number of patients showing clinical deterioration requiring transfer to an acute hospital
Target	≥ 90% of records audited show policy compliance ≥ 80% of employees working in high risk area have completed deterioration of patient training Incident review/reports show timely intervention

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 wellbeing as part of their individual development plans
Why	Post pandemic restoration pressures Staff fatigue Staff survey outcomes
Measures	Number of CSH staff participation in well-being workforce review
Target	≥ 90% substantive staff personal records show participation in workforce well-being reviews

Priority three	**Wound care assessment standards – Adult services**
What	All substantive community nurses to be trained, competent and feel confident in the assessment and management of lower limb wounds.
Why	Covid 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.

Priority Four	**Clinical Pathways – Children & Young People**
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	% of families, in receipt of 2 or more services, receiving a multi-disciplinary approach and an increase in parental satisfaction with co-ordination of services.
Target	≥ 60% of families receiving MDT approach ≥ 90% positive feedback

Part Two B: Statutory Statements of Assurance

Review of Services

During 2020/21, Central Surrey Health Ltd (CSH Surrey) has provided and/or subcontracted 50 NHS services.

CSH Surrey 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 2020/21 represents 99% of the total income generated from the provision of clinical services by CSH Surrey for 2020/21.

Participation in Clinical Audit

The CSH Surrey clinical audit plan is dynamic and responsive to learning, organisational change and clinical priorities. Our plan incorporates national and local audits.

National Audit participation 2020/21

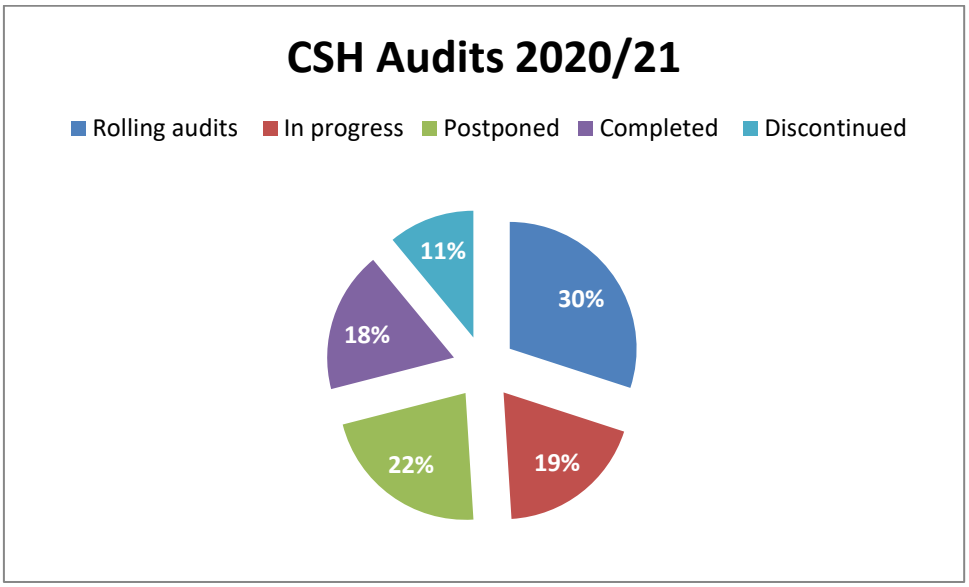
The National Clinical Audit and Patient Outcomes Programme (NCAPOP) is commissioned and managed on behalf of NHS England by the Healthcare Quality Improvement Partnership (HQIP). The programme comprises of more than 40 national audits relating to commonly occurring conditions and helps provide national and local pictures of care standards for specific conditions.

During 2020/21, the national clinical audit programme was suspended in response to the Covid pandemic. CSH did not participate in any National Enquiries during the reporting period.

Local Audit participation 2020/2021

There were 96 audits recorded on the CSH Audit schedule during 2020/21. Implementation of the schedule was overseen by the Audit and Risk Committee. Similar to the national programme the Covid pandemic did impact the implementation of the local audits listed on our schedule.

The table below shows the status of all audits the end of March 2021.



Examples of completed local audit outcomes and recommendations from some of the audits include:

Title	Description	Outcomes
Pressure damage prevention and management	An audit and deep dive review of record keeping standards against the seven NICE standards to support the prevention of pressure ulcers. The audit was undertaken across adults community Nursing Services	There were good standards of assessment. Areas for improvement included recording continence assessments, the documenting of patient choice conversations and provision of advice. Learning themes have been captured in the skin integrity work plan.
Staff awareness of Female Genital Mutilation FGM	An audit to determine staff understanding of FGM and identify any gaps, which will highlight what training is required	A PowerPoint presentation has been prepared as an introduction to FGM, which can be used as a resource for safeguarding advisors when undertaking training to staff. This will be embedded during 2021/22.
Inpatient Staff awareness Deprivation of Liberty Safeguards DoLS	An audit of Mental Capacity Assessment &s DoLS applications within the community hospitals	This audit identified a significant increase in the number of DoLS applications completed since March 2020, which has led to an increase in skills and confidence with the ward staff in appropriately completing the application process. The team undertake regular visits to continue to support staff in developing their skills in this area.

Title	Description	Outcomes
Mass Vaccination Centre - Immunisation Clinical Environment Evaluation	An audit of the Mass Vaccination clinical environment	There was 91.3% compliance. Actions taken in response to learning include review of the staff breakout area and improved access to the Cleaner records. The audit highlighted the known use of non-safe sharps, but there is a clear risk assessment in place.
Making Safeguarding Personal		This audit identified that staff consent was recorded in 75% of cases. When consent was not given, there was mostly valid and appropriate reasons e.g. mental capacity issues/patient does not want referral; concerns were raised appropriately without consent and in line with legislation. The audit highlighted that many patients involved in safeguarding concerns have a medical history of dementia/mental capacity issues and therefore we need to be extra vigilant regarding the higher risk of neglect or abuse when providing treatment to this client group. The Safeguarding Adult Team will be overseeing the action plan in response to the audit outcomes. The recording of outcomes/wishes of the individual will be incorporated within the action plan.
Non-Accidental Injury - Safeguarding Review - Significant Event Audit	A deep dive review into Non-Accidental Injury	The review demonstrated that CSH Surrey is committed to meeting its statutory requirements to deliver safe, effective, caring, responsive and well-led services for our population. There are clear processes in place to continue to safeguard and protect all those accessing and using CSH health services.
Diabetic Foot Care - Peer Review NWS Audit	Surrey review of diabetic foot care pathway	This audit identified a need for review of the diabetic foot care pathway. A CSH Task & Finish Group was established to review any immediate actions that could be taken. There is also a NWS Surrey group in place to review diabetes pathways and CSH is on the membership.

Title	Description	Outcomes
Medicines reconciliation – Care homes		The audit showed that in a three months' period there were 89 referrals, where 66 residents had a medicines reconciliation and 52 residents went on to have medication review. 12.1% provided a medicines reconciliation with MAR Charts, 21.2% told us that no formal records were made and, after having a medication review, 19.2% resulted in an incident to report, i.e. Datix. To mitigate any further risks improvement plans include developing a medicines reconciliation form/template to help care homes extract information from a discharge letter to assist care homes to document and meet their CQC obligation

Examples of postponed audits included Malnutrition screening, Clinical handover and Medical Devices. Other established systems of monitoring clinical standards continued throughout, examples of these included spot checks, routine senior clinician reviews, and clinical sub group activity.

The Quality and Clinical Governance group, with the support of its various sub groups e.g. Safeguarding, Medicine Management etc. monitor clinical standards, audit outcomes and delivery of actions in response to learning from clinical audit.

Research

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

The number of patients receiving NHS services provided or sub-contracted by CSH Surrey recruited during 1 April 2020 to 31 March 2021 to participate in research approved by a research ethics committee was zero.

CSH was approached by Northumberland University to be part of primary research in connection with Adult Community Health and Social Care services to avoid planned and unplanned hospital admissions. (NIHR).[1] We will continue to aim to participate in projects that focus on community care during 2021-22.

Review of our Quality CQUINs in 2020/2021

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 2020/2021.

Care Quality Commission (CQC)

In accordance with requirements, CSH Surrey is registered with the Care Quality Commission (CQC) as an independent healthcare provider. During 2020-21, the CQC has not taken any enforcement action against CSH Surrey or imposed any registration or special reviews. CSH has not been required to participate in any investigations.

CSH Surrey 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.

During 2020/21, the CQC adapted their approach to regulating, due to the national coronavirus pandemic, using a Transitional Monitoring Approach (TMA) that provided a risk-based approach focusing upon safety, service user access and how effectively a service is led. All Registered Providers were required to participate in the process. Usual sources of information and intelligence to gain understanding of the quality of services provided continued.

[1] https://www.nihr.ac.uk/documents/20124-hsanddr-commissioning-brief-supporting-information-adult-community-health-and-social-care-services-to-avoid-planned-and-unplanned-hospital-admissions/26197

On 22nd March 2021, the CQC invited CSH to a TMA review conversation. The meeting was centred upon updates on the seven areas of improvement identified following the last CSH inspection undertaken in 2017. We provided this assurance and supporting evidence and positive feedback from the CQC was received.

We also completed an assurance mapping exercise against CQC key lines of enquiry at the Epsom Mass Vaccination Centre which was submitted to the CQC in March 2021. We received very positive feedback from our lead inspector at the CQC.

During the reporting period we transferred the registration of our Head Office to Dukes Court Woking.

Independent providers registered are required to submit notifications to the CQC about certain changes, events and incidents. During 2020/21, we reviewed our internal notification process and added this detail to our Datix risk management system so a clear audit trail of the timely escalation and submission of notifications is maintained. Ongoing assurance the system is working effectively is monitored via review of our monthly Quality dashboard.

Data Security and Protection

In the 2019-20 year, CSH Surrey achieved an excellent result on the annual NHS mandated Data Security and Protection Toolkit (DSPT), which sets standards for all organisations that have access to NHS systems and process NHS patient data. In 2020-21, the deadline for the DSPT moved from end March to end June 2021 and CSH Surrey are again on track to not only meet the baseline mandatory standards but also to exceed them, being able to evidence many non-mandatory requirements. Achievement of the DSPT meets CSH Surrey contractual data protection requirements for managing NHS services.

Despite being an integrated part of the national response to the COVID-19 pandemic, CSH Surrey have continued to uphold data protection and security standards. In particular, we can evidence increased utilisation of Data Protection Impact Assessments to assess risks and security to the processing and sharing of personal data. CSH have maintained their Information Governance Steering Group (IGSG) throughout the pandemic and can evidence high levels of engagement with their Data Protection Officer. In particular, CSH received no complaints to the Information Commissioners Office (ICO) and achieved over 98% compliance with subject access requests, despite the challenging conditions.

Within the year, CSH Surrey met the information governance assurance standards for membership and implementation of the Surrey Heartlands CCG Surrey Care Record (SCR). This allows sharing of basic patient data across multiple health partners within the SCR and is a positive enhancement of direct care provision within the county.

Clinical Coding

NHS Number and General Medical Practice Code Validity

CSH Surrey (adult services) submitted records during 2020/21 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 2020/21 were 1,223,586 and, of those, three patients did/do not have a valid NHS number.
- Patients with valid general medical practice code: (a) inpatient 100% (b) outpatients 100%.

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

Learning from Deaths

CSH Surrey's Mortality Review Group, which is chaired by our Medical Director, meets quarterly and oversees review of all adult patient deaths that occur in our community hospitals. The process is described within our Learning from Deaths policy, which was reviewed and updated this year. The group is now the Mortality and Morbidity Review group as it incorporates the Deteriorating Patient group; it is a multi-disciplinary group involving the Adult and Children's Directorate and hosted by the Patient Safety team.

The 2020/21 period has been exceptional, owing to the Covid-19 pandemic and, of course, the number of deaths has been significantly higher than usual because of it. The group has continued to meet, but the Q1 and Q3 meetings were cancelled because of the two Covid surges, to allow for business continuity. Safety huddles were held when necessary in the absence of the quarterly meeting. These specifically addressed additional deaths due to or linked to Covid.

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. The following deaths were recorded and reviewed:

All reported Deaths	**20/21 Q1**	**20/21 Q2**	**20/21 Q3**	**20/21 Q4**	**Total**
CSH Surrey	5	2	5	4	16
Expected death (end of life care/terminal illness etc.)	5	1	2	3	11
Unexpected death	0	1	3	1	5

All reported Deaths	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4	Total
External	1	1	4	1	7
Expected death (end of life care/terminal illness etc.)	0	0	2	0	2
Unexpected death	1	1	2	1	5
Totals:	6	3	9	5	23

CSH Surrey by Service:

Deaths in our care	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4	Total
Community Hospitals	4	0	3	4	11
Expected death (end of life care/terminal illness etc.)	4	0	2	3	9
Unexpected death	0	0	1	1	2
Community / District Nursing	1	1	1	0	3
Expected death (end of life care/terminal illness etc.)	1	0	0	0	1
Unexpected death	0	1	1	0	2
Rapid Response – ICS	0	1	1	0	2
Expected death (end of life care/terminal illness etc.)	0	1	0	0	1
Unexpected death	0	0	1	0	1
Totals:	5	2	5	4	16

We have also made changes to the identification of deteriorating patients that die after transfer from the community wards to the acute Trust (ASPH). The information is gathered by the Patient Safety team that meets on a monthly basis with counterparts at ASPH. This is specifically to follow up on outcomes of deteriorating patients transferred to the acute hospital. This process identifies patients that die at the acute Trust within 30 days of transfer. We are now formally reviewing these deaths to ensure that any learning can be identified.

During 2020/21, we have made a number of improvements to the Mortality Review process during our review of the Learning from Deaths policy, which has now been updated:

- All community hospital deaths and unexpected community deaths are recorded on Datix.
- Part 1 of the Mortality Review Form (MRF) is completed within 48 hours of an inpatient death by one of the consultant geriatricians. Part 2 of the MRF is completed by the Patient Safety team or independently by the Medical Examiner at ASPH.
- A Structured Judgement Review is triggered by any concerns identified in either part 1 or part 2 of the MRF. The SJR is an in-depth review of the case using a Royal College of Physicians tool.
- All deaths within the community hospitals will be discussed at a monthly MDT meeting, which will report to the quarterly MMRG meeting.

During the review of deaths that occurred, there were no themes or repeating patterns that triggered further review.

All child deaths are reviewed by the Child Death Review Panel (CDRP), 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 CDRP 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 and ensure organisations take appropriate and timely action. The CDRP also produce newsletter which are disseminated out widely within Surrey.

Serious Incidents

By being open and reporting incidents, we are able to understand the risks we may have in the organisation. Between April 2020 and March 2021, CSH Surrey reported a total of 2,931 incidents. 1,440 of these occurred inside CSH Surrey care, and of these, 1,112 related to patient safety incidents.

Of the 1,112 patient safety incidents reported, 0% had an impact of severe or catastrophic harm.

NRLS shows the national average for community service providers of severe harm or death during 2019/20 was 0.29% (latest available report).

Part Three: Evaluation of Quality and Service Delivery

Incidents Reporting

Across CSH Surrey, we have a culture of open reporting, which is a fundamental component of patient safety and quality improvement. Through accurate incident reporting we are able to learn why things go wrong and change processes to improve safety.

CSH Surrey reports all serious incidents (SIs) to our clinical commissioning groups (CCGs) in line with the NHS England 'Serious Incident Framework'. We have remained compliant with this obligation and consistently met the timeframes for reporting and submission of serious incident reports to the CCG's serious incident scrutiny panel. During the pandemic a revised approach was agreed with commissioners and providers under releasing the burden. Four serious incidents were declared between 1 April 2020 and 31 March 2021. This compares to 10 serious incidents declared in 2019/20.

Category of SI	2019/2020	2020/2021	Total
Falls – patient	6	2	8
Medicines	0	2	2
Pressure Ulcers	1	0	1
Untoward clinical event	3	0	3
Total	**10**	**4**	**14**

We investigate all significant incidents 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, which provides organisational oversight to SI processes. This includes ensuring a consistent standard of investigations and that learning is embedded across CSH Surrey.

CSH Surrey remains committed to developing a culture of openness and candour, learning and improvement, and 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.

Examples of actions taken in response to learning from serious investigations include the need for ongoing vigilance of environmental areas and medical device management whilst mobilising a patient. The second falls investigation concluded that patients presenting with varying 'levels of confusion' and lucidity should be assumed to be demonstrating varying levels of safety risk and should only be assessed through formal assessment and associated care planning.

The learning from the two medicines-related incidents are still ongoing.

A central system for recording assurance of serious incident action plan completion has been established on our Datix system.

Never Events

Never events are serious medical errors or adverse events that should never happen to a patient. There have been no 'Never Events reported' since their establishment and there have been no 'Never Events' reported by CSH Surrey during this year.

Safeguarding

The Think Family agenda promotes the importance of a whole family approach to securing better outcomes for adults, children, young people and their families, through better co-ordinated care and delivery of services by health providers. It helps to foster working in partnership with families in terms of recognising and prompting resilience and helping them to build their capabilities. Over the year of 2020/21, CSH has developed a safeguarding work plan that reflects the 'Think Family' approach and working towards the key safeguarding priorities. These are;

- Female Genital Mutilation (FGM)
- Child Sexual Exploitation/Contextual Safeguarding
- Prevent
- Modern Slavery and Human Trafficking
- Domestic Abuse
- Mental Capacity Act (MCA) / Deprivation of Liberty Safeguards (DoLS)

- Learning Disability Mortality Review (LeDeR)
- Neglect
- Early Help

Case Study: Neglect

Family with three children aged 2-7 years with a history of chronic neglect. Family have been known to Surrey CSC with all three children, one of whom has special needs, being subject to a child protection plan under the category of neglect. Concerns included their basic needs not being met, including poor supervision; family home was dirty and children were dressed in soiled clothes.

Outcome:

Joint safeguarding supervision for the specialist school nurses and health visitors with the safeguarding children team resulted in the case being escalated and the children are now reportedly thriving in care.

Deprivation of Liberty Safeguards (DoLS) is the procedure prescribed by law when it is necessary to deprive the liberty of a patient who lacks capacity to consent to care and treatment in order to keep them safe. CSH saw an increase in the amount of DoLS applications over the year (97 Standard DoLS applications compared to 25 in 2019/20) from the Community Hospitals. This increase (nearly 300%) could be accounted to the acuity of the patients that were being admitted to the Community Hospital in order to relieve the acute hospital during COVID-19 and increased workforce awareness of application requirements.

Case Study MCA/DoLS:

The ward team at a CSH Surrey Community Hospital contacted the CSH Surrey Adult Safeguarding Team due to an inpatient desperately wanting to be discharged home. The ward team asked the Safeguarding Team support regarding assessment of the patient's mental capacity around making this decision.

The patient appeared to understand, retain and express his wishes; however, the physiotherapist was not sure the patient had the insight into his physical abilities and therefore was not able to weigh up the risks of falling.

Outcome:

The Safeguarding team spoke with the Ward and discussed the case in detail. The Safeguarding team recommended that in this case we would need to work in his best interest. The Safeguarding Team supported the team in this process. The team noted that the ward had completed the DoLS application already, which was very positive.

CSH completed an S11 audit for the organisation which was submitted to the SSCP at the end of October 2020. The feedback summary following the scrutiny process stated:

> "This is a really excellent self-assessment report full of good, appropriate evidence. Shows a good understanding of safeguarding responsibilities and some excellent practices that could be shared with others under the "Good Practice" banner."

In 2020/21, CSH Surrey contributed to a range of statutory safeguarding investigations, including: Serious Case Reviews (SCR), Learning Improvement Reviews (LR), Safeguarding Adult Reviews (SAR) and Domestic Homicide Reviews (DHR). The CSH Surrey Safeguarding team engaged in these processes, providing information scoping chronologies, analysing information, advising on practice, attending or facilitating practitioner events and agreeing recommendations/actions to improve practice.

During the year, there have been several changes in the MAP including relocation.

In addition to the comprehensive in house training programme, CSH Surrey safeguarding team also provide training support to external stakeholders, which has helped raise the profile of the organisation and foster joint working relationships. An example of this is a 3-hour training session that was delivered at Surrey University to the student health visitors, school nurses, continuing care nurses, adult nurse and looked after children nurse.

Feedback from training:
Named Nurse East & Children Safeguarding Advisor

"I just wanted to say a big thank you for delivering your sessions as part of the module. They were really interesting and useful for the students and it is so important for them to have people in practice teaching at the university. The next module starts in October so hopefully you will be able to join us again then - I will be in touch!"

CSHPN Tutor – Surrey

An increase in terms of safeguarding was seen during COVID-19 and 'Lockdown' and when services were restoring their services back to normal. The most commonly reported concern was about potential hidden harm to vulnerable children when these children were no longer hidden from professionals' attention. In particular in CSH Surrey we saw an increase in Domestic Abuse incidents, parental issues (mental health, suicides and self-harming), non-accidental injuries (NAI) in babies up to two years, self-harm in adolescents.

In 2020/21, CSH Surrey staff raised a total of 121 referrals ranging from seeking to better support children and families to prevent harm or where staff believe the threshold for statutory intervention had been met. In 2020/21, CSH Surrey staff raised 443 Datix incidents in relation to potential safeguarding concerns, with 91% of these incidents (number = **401**) requiring a safeguarding referral to the relevant local authority. Concerns regarding Neglect constitute the highest largest number of safeguarding referrals made by CSH Surrey staff to local authorities.

Since October 2020, there have been several meetings regarding the development of an ICS Safeguarding across Surrey. This work continues and the Head of Safeguarding and Professional Standards co-chairs the ICS Safeguarding meeting.

The recognition of safeguarding, which includes safeguarding supervision, is firmly embedded across the children directorate part of the organisation.

During the year, CSH Surrey commissioned safeguarding supervisors training for existing supervisors and a 3-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.

Case Study:

Concerns were raised with the safeguarding children team about a pregnant mother with learning needs who was refusing to engage with any services, including maternity and Surrey Children Social Care, due to her previous baby being removed from her care. The baby had been placed in the care of her ex –partner, who was the father, due to concerns that the mother was not able to meet the needs of the baby.

The mother was not attending any midwifery appointments, refusing social workers access to her family home and stated she was not going to call for medical assistance if she went into labour and would keep the birth hidden. There were additional concerns for the mother's health as she had a history of post- partum haemorrhage with her previous delivery. Exploitation concerns for the mother were also raised as both the father of the first and second baby were from the same area abroad and had no leave to remain in the UK.

Outcome:

The health visitor, with support from the Named Nurse for Safeguarding Children, linked with a neighbour who provided information about a male who visited regularly. HV intercepted the male, explained her role and gained entrance to the flat. The mother then agreed to engage with the health visitor and safeguarding midwife was then able to conduct basic antenatal checks in the family home on joint visits and eventually persuade the mother to agree to have a hospital delivery. The baby was delivered safely in the hospital.

Medicines Management

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

There were 242 medication related incidents reported across CSH in the reporting period 1 April 2020 to 31 March 2021. This compares to 386 incidents reported in 2019/20. A review of incident coding, to be more aligned with primary cause, is a contributory factor for the noted reduction.

	CSH	EXTERNAL	Total
2020/21	104	138	242
CFHS	32	10	42
NW Surrey Adults	69	127	196
2019/20	198	188	386
CFHS	46	16	62
NW Surrey	152	172	324

The main themes emerging regarding CSH medicine management incidents reported onto Datix related to:

- Administration
- Documentation
- Storage
- Prescribing
- Supply
- Capacity and demand – delayed/ deferred visits

The most common drug the incidents concerned was Insulin (44). A deep dive review into the causal factors is in progress and will conclude in quarter one 2021/22. The outcomes of which will be monitored by the medicines management group

All incidents were followed up through multi-professional review to ensure patient safety.

Case study:
The Care Home pharmacy team noted a trend in incidents reported relating to zoledronic acid. Working with acute partners this has led to a Quality Improvement project and a review of zoledronic acid recall procedures.

Case study:
The Pharmacy Hub noted an incident relating to medicine disposal in patient's home where the accumulated medicines were put in the patient's household bin. This included a controlled drug.

On identification of the error, the patient's carer was advised to retrieve the medicines from the bin and take them to the local pharmacy to be disposed of correctly. This action was completed.

COVID-19 Support Service

During the first wave of the COVID-19 pandemic, to improve access to palliative care medicines by community nurses caring for patients in their own homes, the medicines management team provided support to the Community COVID-19 Support Service. During the second wave, in order to support the acute hospital Ashford and St Peters with the surge and pressure on beds and the resulting pressure on community hospital ward beds, the hub pharmacists were redeployed and provided ward clinical pharmacy service to the community hospital wards.

The work included daily screening of drug charts on the wards by the clinical pharmacist, which enabled prompt clinical screening, medicines reconciliation and ordering of medicines. Receipt of medication was more timely and this was particularly beneficial when COVID-19 pressures were at their height and ward patient turnover was at its most rapid.

Hubs

The Hub Pharmacists continued to carry out structured medication reviews for patients on the hub caseloads, despite the pandemic. The team of three pharmacists dealt with 2857 clinical and non-clinical interventions made during the year 2020/21. The pharmacy team offered increased support that was required during these unprecedented times. Due to the COVID-19 pandemic, the majority of medication reviews and medicines optimisation interventions are being carried out remotely to protect our vulnerable patient population from unnecessary contact. Outreach is reserved for cases where a face-to-face appointment is deemed necessary for the patient's safety.

The team also supported in the Warfarin to DOAC switch programme aimed to reduce patient contact.

Care Homes

The care homes pharmacy team continued to receive referrals for patients requiring medicines reconciliation and identified patients that would benefit from a medication pharmacist review. Due to the lockdown restrictions at care homes, these reviews were carried out remotely.

Mass Vaccination Centre – Medicine Management

In December 2020, the lead pharmacist for children's services was identified as the named responsible pharmacist and, as such, has been involved with setting up medicines management processes for the COVID-19 Vaccination Centre (VC), providing advice and support and ensuring the correct legal direction for administration of the vaccine is used. The lead pharmacist has continued to provide oversight to the centre and management of the vaccine room including oversight of the cold chain, ensuring medicines management processes are in place and supplying the vaccine to the vaccinators.

Infection Prevention & Control and Healthcare Associated Infections (HCAIs)

Infection Prevention and Control (IPC) remains a key focus within CSH to ensure it underpins everyday practice for both our clinical and non-clinical employees. 2020-21 has been an opportunity to reinvigorate IPC principles in order to manage the COVID-19 Pandemic.

On 31 December 2019, the World Health Organization (WHO) was informed of a cluster of cases of pneumonia of unknown cause detected in Wuhan City, Hubei Province, China. The source of the outbreak has yet to be determined. A zoonotic source to the outbreak has not been identified yet, but investigations are ongoing.

In January 2020, it was announced that a novel coronavirus had been identified in samples obtained from cases and that initial analysis of virus genetic sequences suggested that this was the cause of the outbreak. This virus is referred to as SARS-CoV-2, and the associated disease as COVID-19. By February 2021, over 109 million cases have been diagnosed globally with more than 2.4 million fatalities. In the 14 days to 17 February, more than 5.7 million cases were reported. [2]

Coronaviruses are a large family of viruses with some causing less severe disease, such as the common cold, and others causing more severe disease, such as Middle East respiratory syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS) coronaviruses.

[2] European Centre for Disease Prevention and Control, situation update worldwide

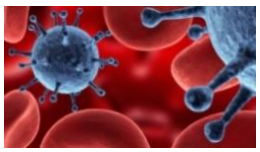
SARS-CoV-2 is primarily transmitted between people through respiratory (droplet and aerosol) and contact routes. Transmission risk is highest where people are in close proximity (within two metres). Airborne transmission can occur in health and care settings in which procedures or support treatments that generate aerosols are performed. Airborne transmission may also occur in poorly ventilated indoor spaces, particularly if individuals are in the same room together for an extended period of time.

Adherence to IPC principles has been instrumental in protecting staff and patients. It was challenging at the beginning when the public and staff were learning about the virus and new processes. However, the grounding IPC principles have not changed in managing a droplet spread organism and it has been extended to a population approach.

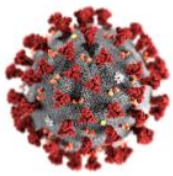
The IPC team, in conjunction with the trained fit test trainers, have fit tested staff across CSH and CFHS. The IPC team has endeavoured throughout this pandemic to provide clear guidance and support to all staff around COVID-19, particularly in requirements for PPE use and clear guidance on management of COVID-19 patients, both in the inpatient and the wider community settings. This guidance has been supported by the CSH communications team with information and updates being disseminated via the internal newsletter known as 'The Daily Buzz', which is distributed to all CSH staff.

The team completed multiple assurance documents to the Board and have worked closely with operational teams to support enquires. It has been a challenging year, but as DIPC I am very proud of the work the team have delivered under very difficult circumstances.

In addition to COVID-19 processes, the organisation has a zero tolerance approach towards infection. An annual targeted infection prevention and control programme is in place along with underpinning action plans. The key focus continues to be recognising that hand hygiene is the single most effective method of reducing HCAIs and this is emphasised at training sessions and monitored via regular audits and action plans, together with regular audits and action plans of the environment, cleanliness, sharps, waste, invasive devices, and IPC practice undertaken 3-6 monthly in liaison with all services and departments throughout CSH.



During 2020/2021, CSH Surrey recorded no cases of MRSA, MSSA or E. Coli Bacteraemia. However, it did report one case of Clostridium difficile Bacteraemia. A Post infection review was completed and whilst the patient was managed in the appropriate manner there was a declaration of a lapse in care due to delay in notification being picked up. Processes are now in place to ensure this does not happen again.



There have been no outbreaks of Norovirus during 2020/202. There were outbreaks of COVID-19 within the inpatient beds due to the need to cohort COVID-19 positive and COVID-19 negative patients on the same ward to support the acute care system during part of the pandemic. These were managed using our Outbreak policy.

During spring 2021, we worked with Ashford and St Peters Hospital and the CCG to review the provision of infection control, and we are delighted to announce that, from April 2021, we will deliver a North West Surrey Alliance IPC team that will strengthen IPC across the locality and provide additional support to care homes.

Venous Thromboembolism (VTE)

Every patient admitted to our community hospital bedded units is assessed for VTE risk an audit of our compliance to this standard showed 98% compliance.

Medical Care and Supervision

It is a requirement for organisations to provide details of any NHS doctors and dentists in training within their annual quality account. CSH does not currently employ any doctors or dentists in training.

Speciality grade doctors and GPs are employed at community hospitals and at locality hubs. Our doctors receive regular supervision provided by a consultant geriatrician at the hospitals. Out of hours medical input is provided by a contracted out of hours GP service and the addition of locum staff to support during the pandemic. The acute Trust holds the Registered Medical Officer responsibility for Appraisal and validation. Any gaps during the working week are reviewed on a daily basis, and agency staff employed if there are any concerns around patient safety.

Patient Experience

CSH Surrey uses a variety of methods to gather feedback that we can use 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
- NHS Friends and Family Test (FFT) and Patient Reported Experience Measures (PREMS)*
- Patient Led Assessments of the Care Environment*
- Patient stories*
- Patient surveys*
- Patient and public engagement events*

*These feedback methods were not actively used or promoted in 2020/21 to minimise risk to patients and staff and prioritise resources during the pandemic.

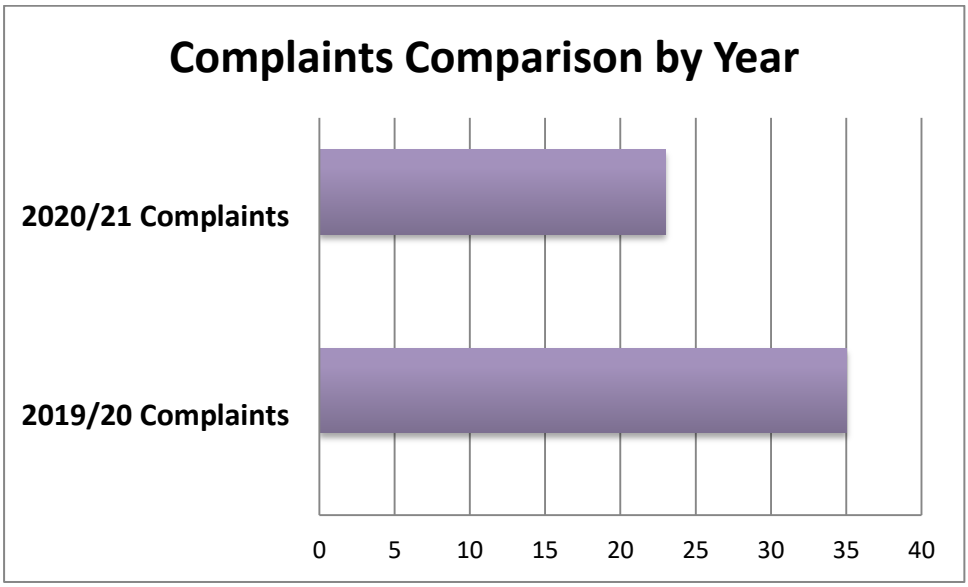
Friends and Family Test	Adult Services	Children Services	Total CSH
Positive Experience	93%	95%	94.4%

NHS England changed the FFT question from “How likely would you be to recommend our service?” to “Overall, how was your experience of our service?” with effect from 1 July 2020.

CSH received an improved overall FFT result during 2020/21 (from 92% in 2019/20) although the number of reviews we received was lower, due to both the pandemic and the introduction of the new FFT question and reporting system.

Patient Reported Experience Measures (PREMs) are also collected within the same patient questionnaire as the FFT. PREMs results were slightly lower overall than in 2019/20; this is possibly due to the impact of service changes and reduced direct patient contact owing to the COVID-19 pandemic. We aim to improve on these scores during 2021/22. There will be particular focus on systems to enhance the provision of timely information.

Patient Reported Experience Measures (PREMS)	2019/20	2020/21
Proportion of patients who were treated with kindness and compassion by the staff looking after them	98%	95%
Proportion of patients who were treated with dignity and respect	98%	92%
Proportion of patients who were involved as much as they wanted to be in their care and treatment	95%	91%
Proportion of patients who received timely information about their care and treatment	94%	86%



The highest themes concerned access to, or discharge from, services (52%) and unmet clinical expectations (26%).

Case Study:
A patient's relative raised a complaint that about catheter care received by the patient, which had become increasingly painful and difficult, leading to A&E attendance.

We found that the patient should have been referred to the urology service more quickly. A urology referral was made promptly and a management plan was agreed with the patient and relative.

The NHS complaints procedure requires providers to acknowledge complaints within three working days of receiving the complaint. During this period CSH Surrey has achieved 100% compliance in meeting this target.

Case Study:
A parent was unhappy with their new birth visit. They told us that that the health visitor did not seem aware of important background information and they were unhappy with some of the advice and information they were given.

We identified that improvements in communication and information sharing between midwifery and health visitor teams were needed in some areas. We signposted the family towards evidence based information and recommended literature. The case was reviewed with the health visitor as part of their supervision.

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 am 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, we will discuss this with the complainant and agree a longer timeframe. 91% of complaints closed were concluded within the 25 day timeframe or timeframes agreed with the complainants.

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. There were no complaints investigated by PHSO during this period or any active cases from the previous year.

Clinical Effectiveness

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

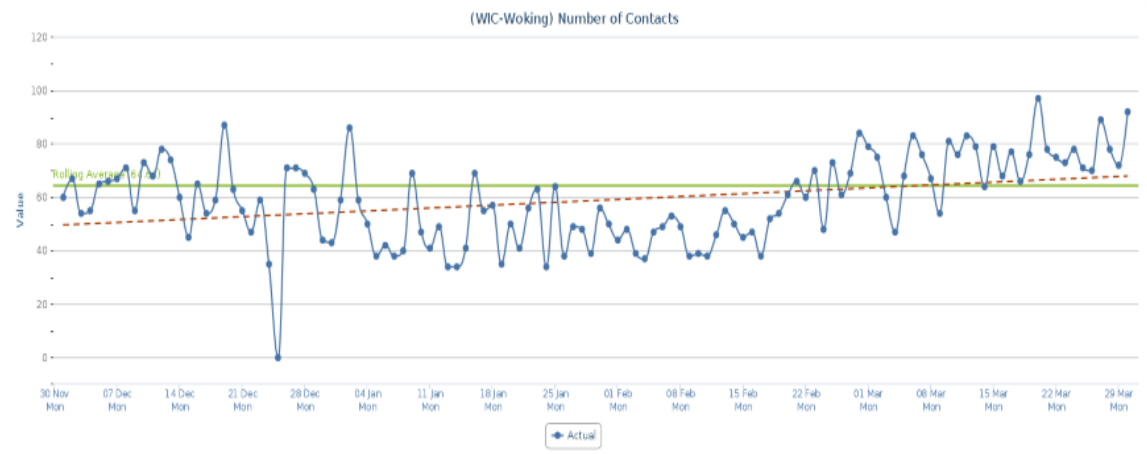
Adult Services

Walk in Centres

The Walk-in Centres provide nurse-led care for urgent but not emergency conditions and are located in a dedicated area at Ashford Hospital and Woking Hospital. The service operates 08.00 – 20.00 seven days a week and sees approximately 87,000 patients per year.

The Ashford Walk In Centre has been refurbished to provide an improved environment and increase the number of treatment rooms available.

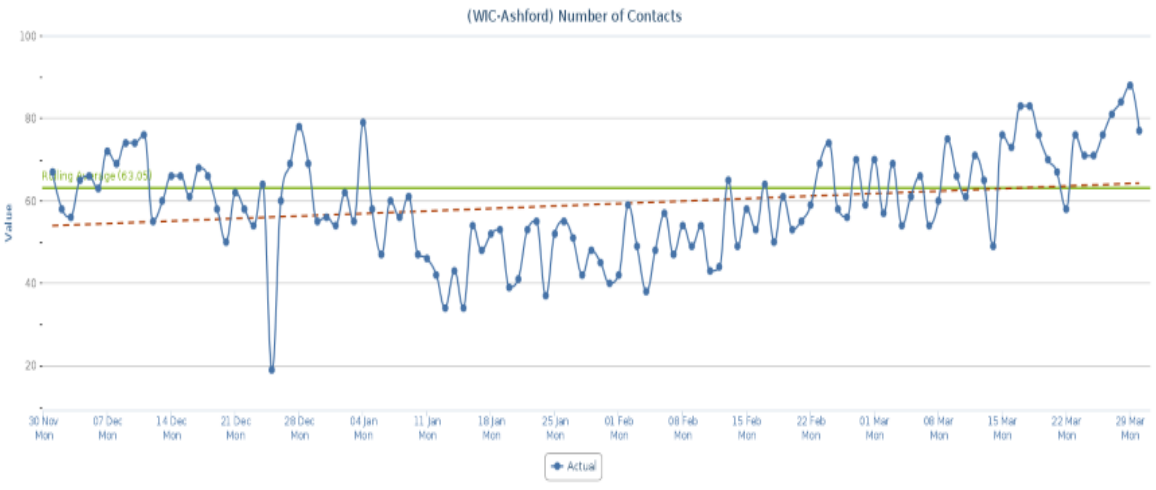
Woking Walk-in Centre Number of Attendances



From 1 December 2020 to 31 March 2021, attendances have fluctuated, but with a trend showing a slight incline towards the end of the period.

A rolling average of 64 patients per day can be seen across this period in 2020/21. This is lower than the same period in 2019/20, which saw a rolling average of 81.

Ashford Walk-in Centre Number of Attendances



From 1 December 2020 to 31 March 2021, attendances have fluctuated, but with a trend showing a slight incline towards the end of the period.

A rolling average of 63 patients per day can be seen across this period in 2020/21. This is lower than the same period in 2019/20, which saw a rolling average of 83.

Speech and language Therapy

1. Following the successful bid for Fibreoptic Endoscopic Evaluation FEES equipment and training, the service went live in November 2020. CSH was the first community provider in the UK (as far as we know) to offer FEES in the community setting. The service is currently provided form a clinic location. However, by the end of May 2021 it will also be able to be delivered in care homes.
2. The team have set up and run a successful Parkinson's communication group via MS teams to support patients through a virtual platform.
3. Delivered virtual care home training to over 100 care home staff.

Community Rehabilitation Team (CRT)

1. Implementation of a neuro physio rotational role with the acute team, which has helped to fill vacancies for both CSH and the acute, and led to closer cross-organisational working.
2. Flexible approach of team supported the increase in patient flow from the acute by working closely with the rapid response team and managing the therapy post discharge support visits.
3. Working with digital and communications team to produce patient/carer education videos.

Respiratory Team

1. Virtual pulmonary rehabilitation sessions rolled out due to not being able to run face to face group sessions due to COVID-19.
2. Supported the acute hospital REED clinic to support post COVID patients post discharge.
3. Oxygen policy review complete.
4. Co-designed new respiratory care pathway with ASPH and developing bid for CCG.

Dietetics Team

1. Flexible team approach – care home dietitian re-deployed into community team to help manage the increased demand.
2. Care home dietitian has set up and delivered the BENCH project: BeNCH Project (@BeNCHProjectNHS) / Twitter

Continence Service

The team has:

- Introduced telephone consultations during the pandemic, which had a positive effect on the waiting times for new referrals;
- Appointed a new team leader in March 2021 and planning to upskill B3 assistant to undertake Care Certificate in 2021/2022;

- Introduced new catheter clinic at Walton Hospital March 2021.

Community Diabetes Specialist Nurses

The team has:

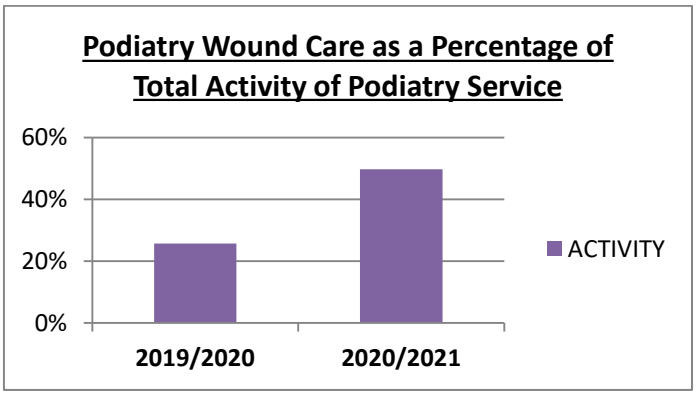
- Been involved in the planning for the new Diabetes Model across NWS;
- Senior Diabetes Specialist Nurse is undertaking MSc in Diabetes Practice and has specialist interest in monogenic diabetes and acts as resource for whole of Surrey;
- Recruited a new B6 diabetes nurse to complete the team, workforce now fully established.

Podiatry

Darzi Fellow Katie Ferguson published her recommendations in June 2020, following her diabetes foot care peer review. The outcome of this review has been extensive planning for the introduction of new community pathways and a Hot Foot Clinic at ASPH.

Pandemic restrictions led to the introduction of Attend Anywhere video consults for nail surgery assessment, which has proved successful with this cohort of patients. Wound care and high risk patients that had dropped out of care were actively traced and contacted by telephone and invited to resume their care to prevent deterioration and the risk of requiring hospital admission.

Wound care (ASPH/Community/Wound domiciliary) activity has increased dramatically from 25.7% of overall activity in 2019/2020 to 49.7% in 2020/2021 and the Podiatry Team have had to divert resources from non-urgent podiatric care to meet this demand.



A new, extra podiatry clinical room was opened at Staines in February 2021, not only providing a better environment for the patients, but podiatrists also benefit from having

more contact with their colleagues. In addition, having two rooms next to each other is better suited for mentoring junior members of staff and students. Podiatry moved to the new patient system, EMIS, in September 2020. The sharing agreement with NWS CCG GPs removes the requirement to rely on patients for details of their medication and medical history.

Skin integrity

There have been national tissue viability concerns amongst members of the TVN forum with regards to the increase in pressure damage noted during the pandemic. Acute hospitals have seen an increase, despite an overall reduction in the number of patients per 1000 bed days (Percy 2020). The main contributing factors are thought to be the physiological changes due to COVID-19, medical devices, poor nutrition, decreased mobility and workforce pressures.

A total of 935 pressure ulcer incidents were reported by CSH during 2020/21; an overall increase of 26.18% from 2019/20 (741n). There was a peak increase in pressure damage during the first wave of the pandemic, then in September as cases of COVID-19 began to increase, and again in December 2020 and March 2021.

There was general reluctance from the public to access healthcare services in a timely manner due to fear of contracting the infection, so some patients have presented to the community nursing teams with significant pre-existing pressure damage.

Other contributing factors include frailty and the impact of lockdown on the elderly and vulnerable in isolation at home. The pandemic had a huge impact both on health and social care resources, the number and frequency of care package visits, no longer being able to attend day centres and children not attending school or college.

Despite the number of patients admitted to the Community Hospitals with COVID-19 and the known associated increased risk overall, the number of pressure ulcer incidents affecting inpatients has decreased by 30%. The Community Nursing Teams have reported an increase of 39.13% in pressure ulcer incidents during 2020/21.

CSH continues to analyse all reported incident data. The TVN team are now members of the weekly tracker incident review meeting where all new incidents, safeguarding concerns and complaints are discussed.

Wound Care

In accordance with the CSH skin integrity work plan, CSH is in the process of developing a wound care strategy.

The TVN team review of all wound related incidents has highlighted a need for enhanced assurance that all community nursing teams have skills and feel confident in the overall wound assessment, classification and multi-disciplinary (MDT) care

pathways options in response, particularly in relation to lower limb wounds, vascular and diabetic foot management.

CSH has set itself a new quality improvement priority to ensure that all community nursing teams are trained, competent and confident in lower limb assessment and responding to wound care management plans. This assurance will increase the likelihood of early identification of vascular or related concerns and therefore timely referral onto other specialists to support MDT care planning.

During the reporting year, CSH sent a cohort of nurses onto an advanced wound assessment programme to enhance advanced skills and expertise in this area. This cohort of nurses, alongside our TVN service, will be able to provide support and competency assessment for wider CSH teams.

Wound Care Clinics

The clinics continued during the pandemic, although on a smaller scale, and there has been additional external training sourced as above to support patient care (Accelerate).

The clinic patient documentation has moved from a mixture of paper and electronic records to EMIS as a single service, which will benefit patient safety.

Phlebotomy Services

Planning has started for the introduction of a dedicated new service across NW Surrey. The service will be based at the three Hubs but will also visit patients in their own homes, and the structure will incorporate a leadership role. Phlebotomy training will initially be provided by partners from ASPH and will include the training of mentors to enable the service to be self-sufficient in future recruitment and training.

Community Nursing

During 2020/21, the profile of community nursing has been very high due to the pandemic. The teams have needed to be innovative in exploring new ways of working and supporting care delivery, including trialling attend anywhere video conferencing for patient assessment.

The teams were the first transition to the new electronic heath care records system (EMIS) and pivotal in demonstrating the need for safe care during the transition from Total Mobile to EMIS. The teams continued to provide daily situation reports to support timely escalation of risk.

The Spelthorne team have had extensive refurbishment of their base and complex wound clinic. The team are now aligned to a single base, improving morale and staff support.

The leadership of the community nursing teams has changed, with an introduction of Locality Clinical Leads that are supporting service transformation, PCN development and greater parity and equity across all three localities.

Heart Failure Team

A team lead role was created to ensure effective line management support along with subject matter expertise.

The team have been creative in adapting ways to support the patient cohort and after the first wave introduced additional clinic days that have increased productivity and reduced the waiting list.

The team continues to liaise closely with the Cardiology team at ASPH, receiving regular professional supervision.

End of Life Care (EOLC)

CSH continue to work closely with the Alliance to support EOLC 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

We have developed a bespoke Verification of Expected Death (VoED) training and competency sign off with the support of Learning & Development and delivered across Adult Services.

Care Home Support Team (CHST)

The profile of the CHST has increased as a result of the pandemic and, with a very strategic oversight supporting education and service delivery, the service has forged very strong links across Surrey Heartlands, including joint training and meeting teams from G&W and Mid Surrey. The team has demonstrated effective partnership working with PHE in the delivery of PPE training for care homes across NW Surrey.

Radiology

Despite COVID-19 restrictions, the radiology services have continued to operate in a COVID-19 secure way.

In 2020-21, there were 20,475 x-ray appointments.

A key service development in 2021 was the planning for the installation and upgrade of a new machine in Walton Community Hospital, which increases the efficiency of the service by reducing the downtime from the less reliable machine.

To ensure a safe and efficient service, Woking continued to provide this service during the six weeks downtime. There is an ongoing programme of audits including quality control testing of the x-ray equipment and images, infection control and quality and governance audits.

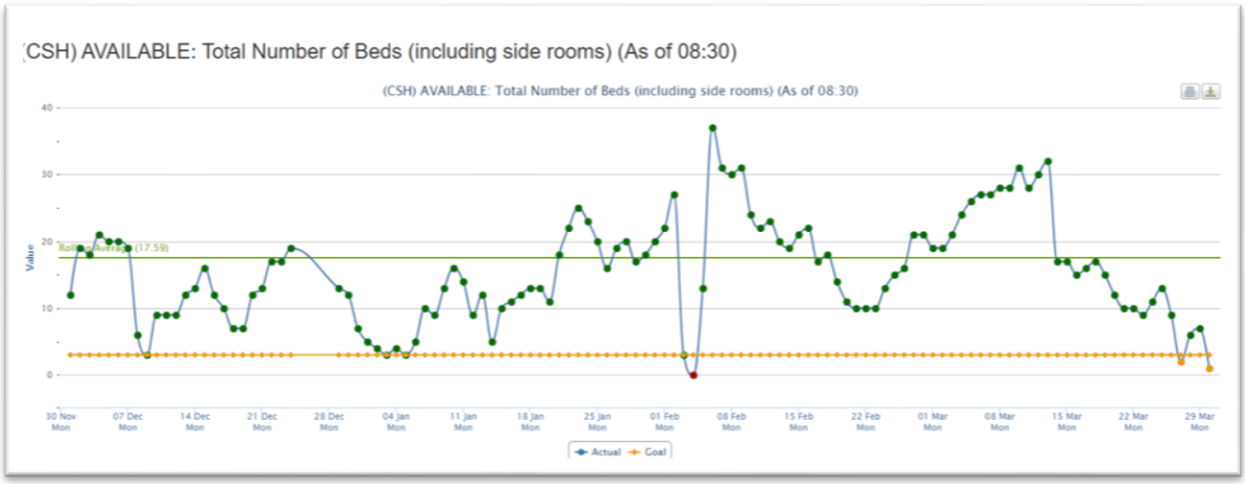
A new Radiology Lead was recruited and commenced her post in March 2021. The service continues to operate with the extended opening hours (8am – 8pm, Monday to Sunday).

Community Hospitals

The Community Hospitals have continued to work as a part of an integrated team with adult social care and acute trust colleagues, (Integrated Discharge Bureau, and Discharge to Assess partners) with strong links with the community hubs, GPs, ambulance service, district and boroughs, third sector and community nursing colleagues. The key areas of focus have been on the Right to Reside and Discharge to Assess, utilising the Integrated Discharge Bureau and collaboration with ICS partners to deliver mutual aid across the system. CSH Surrey was one of the few Community Hospitals that was able to accept COVID-19 positive patients and for the majority of the pandemic successfully managed co-location without outbreaks on the same wards and offered mutual aid across Surrey Heartlands.

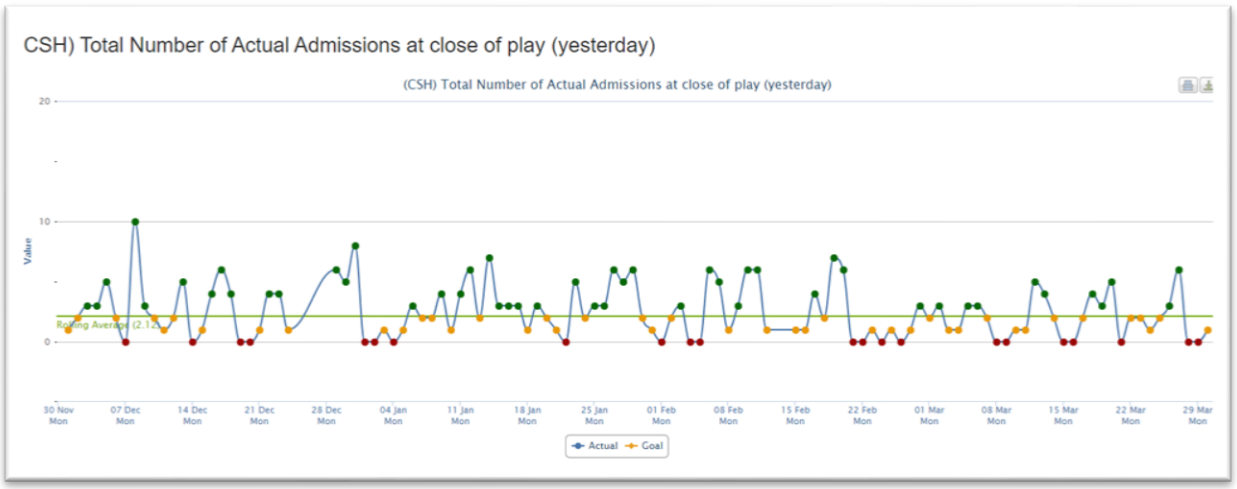
The multi-professional teams have demonstrated great resilience and adaptability throughout the year, responding to both significant changes in the cohorts of patients and variable utilisation of the beds as demonstrated below. From 1 December 2020 to 31 March 2021, the number of available beds across the two community hospitals has been a rolling average of 18 per day, as there have only been 721 admissions from April 2020 to March 2021 as compared to 843 the previous year.

When compared with the same period in 2019/20, the rolling average of number of available beds was five per day.



From 1 December 2020 to 31 March 2021, the number of daily community hospital admissions has shown a rolling average of two per day (as per below).

When comparing with the same period in 2019/20, a rolling average of two admissions per day is also shown.



NWS Alliance/Primary Care Networks

CSH Surrey has remained a key partner in the Surrey Heartlands Integrated Care System (ICS), bringing together local health and care organisations, patients and communities to improve health and care for local people. This new way of working enables those responsible for planning health and social care to work collaboratively with those providing and receiving services, maximising opportunities for innovation, improvement and integration, enabling more joined up community services, reduced the length of hospital stay and improving access for all.

In 2020, the North West Surrey Alliance was formed with the ambition to tackle some of the most significant challenges facing the local health and care system. The Alliance is working together across organisational boundaries to provide integrated, high quality, affordable and sustainable health and care services across the North West Surrey Area.

A number of significant opportunities underpin this approach:

- The ability to work more closely and more efficiently across partners
- Reducing transactional costs and effort across the partnership
- Removing duplication and activities that don't add value

Children and Family Services

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

Children and Family Health Surrey includes health visiting, school nursing and school-age immunisation services as well as specialist paediatric nursing and therapy services to support children and young people who have additional needs requiring on-going 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

CSH Surrey has demonstrated agility, consistency and adaptability in its service provision during the COVID-19 pandemic.

- We maintained service delivery for children aged 0-19, over and above national guidance.
- We embraced new technology and digital platforms. We were the lead provider in the implementation of virtual consultation via Attend Anywhere. Between March 2020 and April 2021 we have undertaken 15,064 virtual appointments. This work was nationally recognised through becoming a HSJ finalist for 'Digitalising Patient Service Initiative'.
- During the first three months, we continued to offer one-to-one contact for all new births via a range of phone calls, virtual consultations and some home visits. By June 2020, we returned to home visits for every newborn child.
- We continued to visit all families requiring an enhanced service in their home throughout the pandemic.
- In response to our concerns about the impact of lockdown, social isolation and access to services such as Child Health Drop in Services, we increased our virtual offer to families with young babies with telephone contact at four weeks to offer them the opportunity to discuss any worries or concerns that may have arisen and implement a face-to-face, 10-month review.
- We also offered a virtual contact to all antenatal mums having their first baby during lockdown to introduce the health visiting service and provide contact details for the 0-19 Advice Line.
- We worked in partnership with schools to support children in Year 6 transitioning to secondary school. We produce virtual presentations on puberty and transition with accompanying resources.
- We worked with partner agencies across Surrey to produce a resource pack on supporting children's emotional health and well-being with contact details for services that could be contacted by schools, parents and young people.
- In partnership with our Local Authority Education colleagues, we reviewed and completed risk assessment for children with Education Health Care Plans (EHCPs) to ensure support continued to be provided.
- Paediatric therapies continued with their service offer using virtual technology for contacts as required.
- The advice line hours were increased over the Christmas period during an extended bank holiday period, recognising the potential for need to access advice and support in response to a national recognition of an increase in domestic abuse and mental health issue.

Health Visiting and School Nursing services

Surrey-Wide 0-19 Advice line

From 1 April 2020, the 0-19 advice line has been provided over two sites (East and West) across Surrey. The purpose of this is to ensure resilience, sustainability, and additional support across the system.

In the last year the advice line has received 30,176 calls (excluding November's data which was not available).

Themes of calls

- About 40% calls about feeding including reflux, colic, wind
- About 20% Sleep
- About 20% Behaviour and development
    - Other calls about parent's low mood and emotional, safety during COVID-19.

Parental feedback

'I just spoke to this mum and I just wanted to let you know that she was really grateful for your support on the advice line. She was extremely complimentary about your manner and very thankful she had gotten through to you. It sounded like she was in not a very good place and you really helped her.'

'Always helpful have phoned them several times always a friendly voice who listens and is very calm and reassuring.'

'You don't know what you don't know, I have really appreciated the service and being able to phone any time during the day.'

Infant Feeding and Relationship Building

CFHS is a fully accredited UNICEF Baby Friendly organisation and the staff continue to support mothers with their feeding journey, however they feed their babies. We support all parents to responsively feed their babies and form close and loving relationships.

During the pandemic we have continued to support mothers by offering virtual breast-feeding cafes.

We refer people for specialist support where they are experiencing difficulties.

First 1000 Strategy

CSH are working as part of CFHS and in partnership with Surrey Heartlands to the First 1000 days Strategy: 2020-2025. The first 1,000 days of life – the time spanning roughly between your baby being conceived and your 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.

Projects

- Baby Buddy project – engagement with staff and families about strengths and weakness of information provision across pregnancy and first year of life. This will inform plans to improve information provision using the Baby Buddy app (e.g. new content, communication methods to target vulnerable groups, support for staff);
- Group antenatal contact for health visiting – one year project to test and embed new model of working across maternity and health visiting services;
- Peer support models – how we support local community groups and enable families to connect;
- Exploring links to social prescribing.

Family Nurse Partnership (FNP)

In the last year, FNP has seen 15 clients successfully graduate into universal and other services. The service has worked with 118 families and, despite COVID-19, delivered 1097 face-to-face visits. There remains a high degree of complexity and high levels of need and vulnerability within the client group seen within the Surrey FNP programme. There are a high number of cases on child protection plans/orders (40%) compared with the national profile and a younger age demographic in Surrey.

Outcomes for babies include 100% of babies immunised at 24 months, and developmental scores for communication and gross motor development within the normal range for babies across the two years. At 24 months, 15.4% of babies had scores outside the cut-off range for social and emotional development a decrease of 3.4% on last year. This is still higher than the national average of 4.5% and needs exploration.

Be Your Best Children's Weight Management Service

In Surrey, 16.7% children are overweight or very overweight when they start reception class; by the time they leave primary school this has risen to 26%.

Excessive weight has long term health implications; cardio vascular disease, stroke, diabetes and cancer. Excessive weight is also indicated in higher COVID-19 mortality rates.

The 'Be Your Best' weight management service is a partnership project between Active Surrey, CFHS 0-19 School Nurses and Surrey University. The project started in January 2020 and is funded for two years.

Working with our most disadvantaged communities, the project aims to offer structured 1:1 nurse appointments, group based activities, cookery sessions and access to local physical activity sessions. The overarching aim is for the family to make sustainable lifestyle changes, which stabilises or reduces children's Body Mass Index (BMI). During lockdown, nurse contacts have been undertaken virtually, Active Surrey is running fun based activity sessions for the whole family over the summer holidays.

Up to the end of March 2021, 70 families had been seen.

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.

- 165 engaged interactions
- Anxiety and low mood highest number of call
- Other themes include; pregnancy, contraceptive and sexual health advice
- The service also provides support on family issues and school issues/friends

Addressing inequalities

- Gypsy, Roma, Traveller Health (GRT)

The second year of funded project and funding has been extended for a third year, up to March 2022, to align with completion of Inclusion project.

Excellent range of community engagement with the Surrey Community Gypsy and Traveller Forum, Showmen groups, Romany Gypsy GP and Romany Gypsy young person (Surrey Youth Focus). Alongside additional GRT support partners (REMA and Chaplaincy (Irish Travellers)/Light and Light Church (Romany Gypsies) and ongoing work with Maternity Voices to capture experience of GRT women

All known GRT contacts contacted by phone or face-to-face and COVID-19 advice given regarding shared accommodation, reducing risk of contraction and spread. Team have supported the vaccine implementation with advice, support, and advocacy addressing of vaccine hesitancy which included a short film by a Gypsy filmmaker, shared nationally, on vaccine hesitancy. In addition the team have supported roving teams/GPs with vaccination delivery.

New One-stop Shop Surrey-wide GRT, multi-agency surgery set up to combine support/outreach for GRT groups and signpost/direct to support on a range of health, benefit and social issues, including Domestic Abuse and Mental Health awareness/support.

Total contacts from start of project to mid-March 2021: 3,935

- Inclusion Health Team

Team launched a few weeks before the first lockdown for the global pandemic of COVID-19.

The initial focus was the rapid identification of homeless families across Surrey and participation in the multiagency approach by linking with Surrey County Council emergency response, Housing Managers across all 11 Districts and Boroughs enabled access to lists of all families placed in emergency accommodation.

Team contacted every known family on Borough Housing lists by phone, offered COVID-19 advice and assessed practical and emotional needs, including unmet health needs, such as antenatal contacts and missed developmental reviews.

This resulted in targeted face-to-face contacts, phone support, liaison with GPs, (especially regarding mental health support and GP registration) schools (to obtain school meals and school/education supplies), liaison with maternity services for pregnant women, collection and delivery of clothes, baby formula, and other necessities, such as nappies and Food Bank deliveries, either by the team or by the Surrey Crisis Helpline, by linking with local services.

Links with refuges has been successfully established and good relationships between Health and Refuge staff replicating the model of Best Practice from one Refuge. The team have been instrumental in establishing an effective service at a new Refuge, which was opened during the pandemic and linking with the local 0-19 teams.

Vaccinations have been arranged for residents and staff at all Refuges by the Team Lead.

Total contacts since start of project (Feb 20): 1,807

School Nurse Secondary School 'Drop In' clinics

The emotional well-being and mental health of children and young people in Surrey is a concern. Increased pressure from social media, academic attainment, societal expectations, family disharmony and peer relationships are all contributing to increasing levels of stress, anxiety, panic attacks, self-harm and low mood. Nationally Young Minds (2019) would suggest that, at any one time, three children in every class room could have a mental health problem. Anecdotal information from Surrey school nurses and class teachers would support this statement. Suicide is the leading cause of death in young people in the UK. The Surrey Child Death Review Committee has just produced a thematic review following 12 Surrey teenage suicides in the last six years (03/20).

Out of the 56 secondary schools, 43 have weekly/fortnightly visits from their named school nurse. This school nurse contact provides an opportunity for ad hoc student 'Drop In' appointments or from a more structured booked appointment system. Nurse visits to individual schools may vary in length of time from a lunch hour to a whole day. This is dependent on the needs of the school and accommodation that the school can provide.

An audit of emotional/mental health themes presenting to school nurses across secondary schools at one-to-one student contacts was carried out at the end of 2019/20 and analysis of the findings undertaken beginning of 2020/21. 35 members of the school nurse team completed the audit. The data is from 43 schools and two Pupil Referral Units.

Analysis of themes: anxiety was the overwhelming issue noted by practitioners as the reason students accessed the school nurse. For some students, anxiety can be overwhelming and prevent them from coping with everyday activities and occurrences. Examples of conversations relating to anxiety included; friendship groups, fear of failure, not feeling 'good enough', financial worries and relationships at home.

Year groups 7, 8, 9 and 10 were the most frequent attendees.

Data would suggest that where school nurses are visible and accessible within individual schools the footfall to their service is high.

The school nurse 'Drop In' audit has recommended a range of proposals to increase school nurse visibility in schools. Emotional well-being of school age children requires a multi-faceted approach, delivered in partnership with parents and schools through a statutory, voluntary and charitable multi-agency team approach of which school nurses

can be a key player in early identification and intervention to support young people's emotional well-being and mental health.

School Nurse for Youth Offending Service

A new specialist health support service was launched for young people within the youth justice system aged 12-18 years.

The service meets the needs of approximately 150 children and the role is responsible for representing health services in the team, advising the team regarding access to health services, developing access pathways and protocols and ensuring that the young people have their health needs appropriately met.

A new video was launched by Children and Family Health Surrey, highlighting how a specialist nurse can support the heath of young people within the youth justice system in Surrey. This video has gained national interest.

Paediatric Therapies

All our therapy services fully embraced the use of virtual technology and an audit of effectiveness of video consultation resulted in a four out of five stars average rating.

Face-to-face visits continued where needed, included our physiotherapy teams assessing and monitoring equipment needs in gardens.

Physiotherapy continued with the Cerebral Palsy Integration Programme for Hip Surveillance (CPIPS) throughout the year. CPIPS is a follow-up programme for children with cerebral palsy or suspected cerebral palsy, allowing early detection of changes in muscles and joints with the option of earlier treatment for the child. This may help prevent problems developing in the future. CFHS were recognised by the South East Region network has being the best performing organisation in the region.

Speech and Language Therapy teams worked in partnership with the third sector delivering virtual training to 80 volunteer and faith groups on meeting children's speech, language and communication needs.

Occupational Therapy service implemented a new school-based service model, based on a population-based, health promotion, response to intervention model. Schools have an identified link therapist to discuss and plan for school needs.

Therapy waiting lists were significantly reduced during the year.

Working in partnership with the Local Authority

Teams participated in a number of webinars for parents and practitioners, giving advice and support on 'Helping Families Early'.

During the pandemic, all children with Education Health Care Plans (EHCP) were risk assessed to service provision continued to meet needs.

The project to transfer 54 children back to CFHS, who were receiving Occupational Therapy, was funded by the local authority.

CSH actively engaged in the system's response to the increase in children's emotional health and well-being needs, by participating in webinars, providing information and advice on websites and being available to meet children's needs.

CSH offered a flexible and adaptable approach to school-based provision, seeing children in school when they were open or attending but ensuring needs are continued to be met when children were out of school.

Learners Single Point of Access

The Learners-Single point of assessment (L-SPA) is a new team, which has been created to process applications for the Education, Health and Care Plans (EHCP) for children or Young people who have special educational needs over and above what schools can provide from their core offer. It aims to make experiences of CYP, families, schools and Surrey professionals better: more efficient, person-centred, have clarity and transparency around quality decision-making and action. CFHS engaged in this new process and allocated two team members to join the team as Health representatives. They participated in daily panels reviewing needs for the children and took a key role in linking other health providers to the L-SPA. The team delivered training on health services and issues to the wider multi-disciplinary team and supported with 'request to support enquiries'. This enabled the LSPA to have a holistic view of the child and a more consistent health response to EHCP requests and decisions on therapy needs. It supported the promotion of the graduated responses from health.

During April 2020 to March 2021, the LSPA received and responded to 1,812 requests for EHCP, on average 64% progressed to full assessment.

Listening to children and young people in Surrey

CFHS participated in Surrey Youth Focus research into how young people are responding to COVID-19. Whilst the intention of the research was to inform strategy and services, the project also enabled some frontline workers to open up new and different conversations with young people during these strange times.

Frontline practitioners including youth workers, school nurses and the User Voice Participation Team spoke to 199 children and young people about their experiences of life during lockdown. The research found every child and young person has had a unique experience ranging from struggling with isolation, stress and difficult family circumstances to embracing this opportunity to learn new skills, spend time with family and re-engage with hobbies. This provides a challenge to ensuring that children, young people and their families have access to the right support, information and

advice if they are feeling vulnerable, particularly during this unusual period of time. Despite this, there are themes that have emerged:

- Relationships and connections
- Finding time
- Access to learning
- Awareness of self and others
- Emotional well-being and mental health

The emerging findings and recommendations were:

- The importance of family time for children and young people, there is a strong theme that children and young people have valued this time to strengthen family relationships and spend time together.
- The importance of friends for children and young people. Whilst children and young people have kept in touch using technology, it has not replaced the need for them to see their friends. This is particularly true for younger children who do not use technology in the same way as teenagers and interact differently with their friends. Some children and young people have been lonely and felt isolated during lockdown.
- There was a consistent theme of worry, stress and anxiety caused by strained family relationships, lack of social contact, school and home learning, and concerns about the future.
- Children and young people are concerned about returning to school, falling behind, the impact of home learning on their exams and the impact on friends. Whilst some have struggled with home learning, others have embraced it and would like this way of learning to continue.

CFHS are factoring in these findings as services resume and the nation emerges slowly out of lockdown measures.

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

Feedback from parents and families indicate the need for early practical advice and support to help them support their child's development. This became a priority quality improvement within Children's Service. In response, we developed a new team of early years' health practitioners, working in partnership with the health visiting and

therapies teams in specific areas (currently Spelthorne and Surrey Heath). A parent representation was part of the recruitment process. The CHES aim is to provide early support to families needing a multidisciplinary approach to achieve good health and developmental outcomes for children of preschool age and their families. They work closely with local partners to link families to services available in the wider community.

The team contacted over 800 families, who either did not return the Ages and Stages developmental questionnaire from the HV at the 10-month old check, or who had been identified as having a need on one of the five developmental areas. They spoke to approx. 250 families to offer and support and advice and identified. 59 families were identified as needing active support via home visiting to offer practical guidance to support their child.

The team has built strong links with partners including Home Start, portage, and Early Help hubs, and are skilled to navigating families to further community resources that can be of support.

Feedback from parents…

'A service that genuinely takes the time to make contact and care.'

'A great idea for parents to have a service to contact for advice and support around development especially as a first time parent, mum was grateful for the call and advice received to put her mind at ease.'

Following this successful initial implementation, CFHS are planning on rolling out this model of working across Surrey.

Immunisation

Throughout the pandemic, it has been raised by the team that due to infection prevention and control there may be a need for a uniform. To respect the teams' views a survey monkey was sent out, asking staff to give their thoughts on having a uniform; what type and which colour. We completed the survey with 79.9% in favour and the whole team is now wearing uniform.

During lockdown, the team were continuing with business as usual, still running clinics and ensuring IPC. We are proud that the team continued to immunise in a time that was uncertain, representing the professionality of the team and ensuring that restoration and recovery of school aged immunisations continued.

Our current data shows that for those children who missed their HPV in Year 8 due to closures have now been seen and we have achieved 81% for girls and 72% for boys who are now in Year 9. We are now catching all our Year 10 pupils who missed their final school booster and Men ACWY and hope to complete our recovery and restoration by 31 August 2021.

The team increased our nasal flu uptake to 72%. Given the difficulties with school closures and pupil absence this is an excellent achievement. Staff offered flexible clinics both within the school setting and within the clinical environment, with more after school clinics and additional clinics during holiday periods and Saturday morning clinics.

During the second lockdown, when all schools closed, the immunisation team supported the beginning of the Epsom Mass vaccination programme and helped to train and mentor new staff coming on board.

Our Electronic consent system has improved: it now generates an email to all parents when the team have visited the school, and advises what was given, and after care information. For children who were absent on the day, the parents can now self-book into one of our clinics.

Mass Vaccinations

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.

The Epsom Mass Vaccination Centre officially opened on Monday 11 January 2021 and was one of the UK's first Mass Vaccination Centres and is considered a flagship vaccination centre. There was high media interest from the BBC, Sky, ITV and the Secretary of State for Health and Social Care, Matt Hancock, who attended the opening. By 31 March 2021, 78,911 vaccinations had been delivered by the CSH Mass Vaccination team.

The site operated a Hybrid Model, with both the use of the Astra Zeneca protocol and the PGD. The first cohorts to be vaccinated were the elderly and vulnerable, many of whom had not left their homes for a year. It was really heart-warming to hear their gratitude not only to the programme but also to our team members, and we felt so humbled by their response. Many people sent in thank you cards and innumerable home baked cakes. The service was delivered by a daily team of approximately 70 CSH colleagues, along with support from the military, CCG and ICS colleagues and a huge swathe of volunteers, including St Johns Ambulance. It has been an absolute privilege to be part of this highly successful vaccination programme and we are very grateful to all those involved.

This complex programme of vaccinations was delivered at pace and had a number of challenges to overcome. The team worked together seamlessly, to continuously improve the clinical processes, learn lessons and respond to challenges to ensure patient and staff safety. The teams have been agile and flexible and able to work with

the ever-changing and fundamental demands of the programme instituted by the National team, including surging of capacity at very short notice.

The site will be moving from the Epsom Racecourse site in May and commencing operations at Sandown Park, which will continue until the nation is vaccinated.

Emergency Planning

Following the departure of the Emergency Planning, Resilience & Response (EPRR) lead in 2020, and considering options for provision of this function, particularly during the COVID-19 pandemic, CSH partnered with the Public Service Mutual Applied Resilience (AR).

Applied Resilience was founded in 2014 as a staff/local authority owned Public Service Mutual, and has grown to provide emergency planning, business resilience and crisis management services to numerous local authority and NHS organisations, as well as industry, central government and higher education organisations.

AR is committed to providing the best possible EPRR functions to organisations serving the public good, assisting them in planning for and responding to major incidents and business disruptions.

Through this partnership, CSH has much wider network access in the resilience arena, helping to effectively contribute and shape EPRR planning within the Local Resilience Forum (LRF) and Local Health Resilience Partnership (LHRP). AR's close links with local authorities, the emergency services, as well as other NHS providers, helps increase the amount and quality of relevant information, as well as the speed in which this is available, than provision in house alone.

Reporting to the CSH Accountable Emergency Officer (Director of Adult Services) and Deputy AEO (Deputy Director of Adult Services) and supporting all members of CSH

leadership team and the organisation, AR has worked with CSH to deliver its critically important EPRR work programme.

Since appointed notable work areas include:

- Tactical support to CSH Gold and Silver command groups during COVID-19 and EU Exit.
- Rapid COVID-19 debrief and recommendation implementation support.
- Support with the Surrey Mass Vaccination Site – creation of the Business Continuity Plan for Epsom & Sandown Racecourse sites.
- New Duty Manager training & review of On-call guidance.
- Review and set up of Resilience Direct (Government intranet).
- Creation of an EPRR Contacts & Information Directory to support CSH emergency response teams.
- Support managing the Emergency Planning/CIC Inbox.
- Support with Fire Evacuation exercise – Woking Hospital.
- Surrey-based incident support.

The challenges from COVID-19 have meant that the EPRR focus has been on supporting the CSH response and ensuring critical EPRR activity is maintained. As the COVID-19 emergency response moves to 'Business As Usual', Applied Resilience is working closely with CSH to drive forward this important work programme.

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. Our 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 2020/21 include:

Managed Print

We implemented a single supplier solution with Office Odyssey (Social Enterprise Company). The project removed an Aging Print Fleet consisting of 250+ Devices down to a secure solution of 130 printing devices. This project has financial benefits to CSH with these operational costs coming to fruition from 1st October 2020.

Cyber Security

CSH achieved the Cyber Essentials Plus accreditation, an industry leading certification on the security of our digital infrastructure. Cyber Essentials Plus is the highest level of certification offered. This official UK-wide, government-backed certification helps CSH protect themselves against 80% of the most common cyber threats. Achieving this is a huge step in the assurance our systems meet fighting cyber-attacks.

Windows 10

The Windows 10 project has now closed after successfully upgrading in excess of 1,500 active devices.

MS Teams

COVID-19 required new ways of working to support social distancing and support the well-being of our colleagues. The deployment of MS teams in conjunction with NHS Digital was a rapid deployment and seeing over 86,000 meetings in the 20/21 period

Attend Anywhere

With MS Teams being the corporate solution for a virtual meeting space, we then deployed the clinical virtual consultation using the Attend Anywhere platform. The first nine months have seen over 14,000 virtual consultations covering over 7,200 hours of patient support. As part of the Surrey Heartlands Health and Care Partnership – CSH were part of the finalist entry for the Digitising Patient Services Initiative.

Project Fusion

In December 2020, we completed the final migration of clinical services onto EMIS Web. The move from 4 EPR Solutions, Total Mobile, 2x RiO and a single EMIS instance has taken a huge effort from the project team to undertake, with the Data migration and configuration specialists spending 1000's of hours to get the system set up right, to ensure the data is moved whilst ensuring clinical safety is maintained.

Mass Vaccination Centre – Digital support

Playing a significant role alongside out clinical colleagues within the creation, deployment and operational support of the COVID-19 Mass Vaccination Centre, the digital team deployed both staff and national patient booking solutions, supporting the digital infrastructure to capture vaccinations given, with seven days a week, 13 hours a day on site digital support model.

Lateral Flow Test Tracking

Digital Services deployed and continue to support the PathEKS solution, which tracks results from lateral flow tests done, and feeds into the Business Intelligence dashboards.

Enhanced Business Intelligence (BI)

The development of the BI Portal to support decision making at Gold and Silver command meetings during COIVID-19 has been an essential element of the Digital delivery from the Health Informatics team.

Digital Roadmap

A full roadmap has been developed by the Digital Services for delivery over the next 3 years.

Human Resources/People Management

During 2020, CSH developed a new People Strategy which shared the organisations People Vision:

Our 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.

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

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

By realising the following five strategic priorities we will ensure that we achieve 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 our 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 our people and enable sustained organisational performance through the involvement of our people by enhancing the well-being and resilience of our people through organisational wide initiatives and events, ensuring equality, diversity and inclusion is at the forefront of our decisions, enabling a fair inclusive experience for all, enable our people to have choices around flexible working, review our 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 our workforce planning capability, embedding our 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 our 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 our peoples' skills and qualifications through our apprenticeship and other educational programmes, review and embed clinical competencies across our clinicians.

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

The Voice – Employee Ownership

CSH Surrey is an employee owned organisation, where company employees have a significant and meaningful stake in the business and have regular opportunities to say how the business is run.

CSH has an active employee 'council' called The Voice, whose elected employee representatives make sure colleagues' voices are heard at Board level. Their role is to challenge and question CSH Surrey's strategy and performance on behalf of their constituents, so that CSH Surrey continues to operate in the best interests of patients, its employees and the organisation.

The Voice holds the board accountable for the performance of the organisation against the Strategic objectives and its values.

Be the conscience of CSH Surrey by listening and gathering views and ideas from co-owners and sharing those with the board.

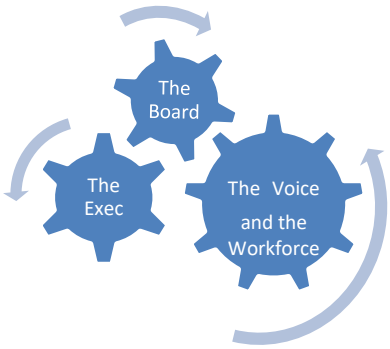
The purpose of the Voice is to be the conscience of the business.

This means to ensure the Board hear 'how it feels' to work in CSH and we do this by listening, gathering views and ideas from all employees and sharing them with the Board.

The Voice played a major role in developing the CARE values for the business. It was really evident from this review that people wanted something that was easy to remember and something that was strong and vibrant.

The Voice is in the process of changing its structure. The Voice was set up with voice representatives representing people by locations; however, with the number of locations increasing to 80+ this is no longer sustainable. Therefore the Voice is changing to represent people by services.

Within each of those services there will be voice links. This is a member of the team who will 'link' in with the Voice rep to assist with giving and receiving messages from the exec and board.



What have the Voice influenced in the past 12 months

- A new colleague Survey Action Plan – The board have signed up to ensuring that actions are taken following the survey.
- New Employee App to improve communications being developed for deployment this summer.
- New grievance tracking system in place to ensure that all cases are reviewed in a timely manner and delays are kept to a minimum.
- Clear Strategy & organisational objectives to be updated in order to form part of the PDR process for 2021/22

Employee Engagement Survey

An annual survey is conducted among our employees so key areas of concern can be addressed. In November 2020 the Employee Engagement Survey received a response rate of 49%.

During 2020, we have been focused on our organisational CARE values as evidenced in our staff survey results:

- We care with **Compassion:** we look after each other, speak kindly and work collaboratively
    - 66.5% of colleagues look forward to coming to work
    - 72.8% believe their immediate manager takes a positive interest in their health and well-being
    - 80% feel care of patients/service users is organisation's top priority

- We show **Respect**: we listen, value, trust and empower people and treat them with dignity
- 79.7% of colleagues say they receive the respect they deserve from their colleagues at work
- We take **Accountabilit**y: we take responsibility, act with integrity and speak with honesty
    - 84.3% of colleagues know what their work responsibilities are
    - 74.1% of colleagues say their immediate manager encourages them at work
- We deliver **Excellence**: we are professional, aim high, value challenge and never stop learning or innovating
    - 85% feel that their role makes a difference to patients / service users

Further, 76% reported that if a friend/relative needed treatment they would be happy with the standard of care provided by the organisation and 57.5% of colleagues would recommend the organisation as a place to work.

We have also started work on the implementation of our People Strategy. By focusing on realising our strategic priorities we will ensure that we achieve consistently well-led, fully resourced teams with people who feel valued, appreciated and motivated to provide a first class service to the people we care for.

Checks and Balances

There are three distinct groups within our Employee Owned Business:-

The Board are responsible for all the legal and compliance aspects of running the company: ensuring that decisions are made in the best interest of the company. Two new Non-Executive directors joined our Board in April 2020.

The Executive our directors are employed to run the business on behalf of The Workforce (the shareholders). During the year, the CSH Executive appointed company secretary support. The Executive also revised its Governance Framework to reflect corporate committee developments.

The Voice, who are part of the workforce and work within the business: this group has an important role in holding the Board to account on the strategy, financial position and survey results and is the employee representative at the Board.

Looking Forward 2021/22

A review of the model of employee ownership and how this is working within the business has been commissioned. This will also include the role of the Voice. This review is welcomed by the Voice and can only have a positive impact.

Freedom to Speak Up

At CSH Surrey we are committed to promoting an open and transparent culture across the organisation, so that all of our 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.

Examples of our strategy include: A slot on the new starter induction (Microsoft teams induction this year due to COVID-19), a pre-recorded talk about Freedom to Speak Up providing awareness training for all new employees; 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.

The search for Freedom to Speak Up Champions has started – though the guardian has had some interest shown, it has not resulted in any taking up the role; The guardian has been participating in the People First Forum, meeting with their colleagues in the Voice, Staff-side and HR, helping to triangulate the issues within the organisation, without breaking any confidentiality; The use of screensavers to communicate the function of the Freedom to Speak Up Guardian and how to contact them. This has been useful within NE Surrey and Children's and Families Health Surrey, however communication to staff in Surrey Downs Health and care remains a challenge; Participation with the Leading live Equality Diversity and Inclusivity Talks, which resulted in a staff member coming forward with their concerns.

The Freedom to Speak Up Guardian reports key themes and findings to the 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. For the first time, in 2020 we participated in the NHS Staff Survey, so that we can assess and understand the issues are staff our dealing with.

In terms of Freedom to Speak Up, our results in the survey in areas that make up the Freedom to Speak Up Index (question 16a, 16b, 17a, and 17b) we scored an accumulative score of 82.25%. If you look at the national picture in 2019, that score would put us at about 31st in England.

The table below provides a summary of Freedom to Speak Up issues raised through 2020/21.

Quarter	Number of staff	CSH Surrey	Children and Family Health Surrey	Surrey Downs Health and Care
Q1 - 2020/21	5	4	1	0
Q2 - 2020/21	5	1	3	1
Q3 - 2020/21	4	2	1	1
Q4 - 2020/21	4	3	0	1

Over this financial year 2020/2021, over half of the cases have involved issues of Bullying and Harassment, either in long term, previously unreported issues, or in the management of cases and the impact on teams. This issue is reflected in the staff survey results, where staff had not previously reported issues of staff behaviour that they were experiencing. This is an area that we will be working on in the coming months; the Putting People First Committee is overseeing delivery of the action plan in response to our Staff Survey.

Workforce Race Equality Statement

At CSH Surrey, we are committed to providing the highest clinical and working environment where all employees, workers, patients (including their relatives and identified carer(s), visitors and contractors are employed, cared for, welcomed, respected and treated in a consistent and non-discriminatory manner. This approach is applied to all protected characteristics.

This is underpinned by challenging current and future clinical services so they are reflective of our commitments. We also make sure that appropriate policies, procedures, recruitment and development programmes are fairly and consistently applied, assessed, monitored regularly and treated seriously.

We ensure compliance with any statutory duties that are required.

Our assurance processes include updating our self-assessment against the Equality Delivery System tool. This tool was developed to help NHS organisations improve the services they provide for local communities and is underpinned by compliance with the Equality Act.

Over 2020/21, CSH has strengthened its Equality and Inclusion governance arrangements with the introduction of an Equality Inclusion Group, which reports into the People Board. The representation on the EIG includes both Exec leads and EDI Allies from across the organisation.

To ensure EDI is embedded in the organisation a 10-year EDI action plan is being developed with stretch targets and KPI's. This is further underpinned by a Workforce Race Equality Scheme (WRES) and a Disability Workforce Equality Scheme (DWES)

action plans and the establishment of Race, Disability and LGBTQ+ (Vox Pop – the voice of the people) Networks that will own the delivery of the WRES, Disability and overall EDI action plans for the organisation with accountability to the EIG and People Board.

The (Vox Pop) networks are receiving training on raising EDI awareness and how to be good EDI Allies. The inclusive recruitment and selection training for a manager will be rolled out across the organisation from July 2021. This will include help for managers on value, behaviour-based interviews and unconscious bias. In addition, the organisation is pulling together its Disparity Ratio action plan and six national recruitment standards' action plan, which will further strengthen its equality actions across each pay band and feed into its WRES action plan. This is in addition to the Gender Pay gap action plan to ensure there is no gender bias for pay. The organisation is also relaunching its Equality Impact Assessment (EIA) process this year to ensure that all policies, change projects, etc. have no equality issues and thus demonstrate the requirements of the Equality Act.

Statutory and Mandatory Training

Despite the unprecedented impact of COVID-19 on clinical training, it is reassuring to report that there has been an improvement in statutory and mandatory training across CSH to 88.74% overall, compared to 86.37% in the previous year, as shown in the table below. This would have been higher had we not been required to pause non-essential training. We feel confident the trajectory will continue upwards.

Timeline	Mandatory	Statutory	Overall
April 2020	83.79	87.78	86.37
April 2021	82.54	92.13	88.74

Skills for Health Award

We continue to maintain our highly regarded Skills for Health Quality Mark. The National The Skills Academy (Health) award is made to organisations that are recognised to be delivering high quality learning and training within the health sector. Achievement means that CSH Surrey continues to meet high standards of training especially in four categories: Ethics and Values, Health Sector Engagement/Awareness, Learning Excellence and Effectiveness of Quality Assurance Arrangements. We are due for our annual renewal in the summer and have already begun preparing to showcase our growing portfolio of new and existing information.

CSH Surrey Quality Account 2020/21

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

Surrey Heartlands CCG, on behalf of North West Surrey Integrated Care Partnership (NWS ICP), welcomes the opportunity to comment on the CSH Surrey Quality Account for 2020/21. The CCG is satisfied that the Quality Report has been developed in line with the national requirements and gives an overall accurate account and analysis of the quality of services. Quality data is reviewed throughout the year as part of performance under the contract with the CCG.

We acknowledge the significant effort put into improving quality and safety for patients and the amount of work involved in bringing the evidence together in this quality report.

We also acknowledge and appreciate the enormous effort that the organisation leadership and staff made and contributed to local system partnership working, to care for patients, staff and visitors throughout the challenges of responding to the Covid-19 coronavirus pandemic.

The Quality Report clearly summarises achievements in relation to the 2020/21 quality priorities, and also highlights areas requiring further action to achieve ambitions.

As well as acknowledging the ongoing quality improvement work, we also note the following achievements:

- CSH Surrey was one of the few Community Hospitals that was able to accept COVID-19 positive patients, and for the majority of the pandemic successfully managed co-location without outbreaks on the same wards
- Leadership and successful mobilisation of the mass vaccination centre, with 78,911 vaccinations delivered by the CSH Mass Vaccination team to date
- A switch to new digital platforms during the early stages of the pandemic, enabling continuation of services; between March 2020 and April 2021, CSH undertook 15,064 virtual appointments via Attend Anywhere, becoming a Health Service Journal finalist for the ‘Digitalising Patient Service Initiative’, implementing new technology.

CSH Surrey has clearly outlined its quality priorities for 2021/22. It is noted some of these have been rolled forward from previous years. The CCG acknowledges the rationale for this and would support the continued focus on partnership working in the Integrated Care Partnership to drive sustainable system wide quality improvement.

Data Quality

Surrey Heartlands CCG on behalf of North West Surrey ICP notes that, due to the Covid pandemic the external audit opinion on data quality is not required for this report as would be usual. The CCG will however continue to work with the Trust to ensure that quality data is reported in a timely manner through clear information schedules.

In conclusion, Surrey Heartlands CCG on behalf of North West Surrey ICP would like to thank CSH for sharing the draft Quality Report document and is satisfied it accurately outlines the quality priority work being undertaken by the organisation. The report reflects that providing a safe and effective service whilst seeking and acting on feedback from patients and stakeholders is a high priority for CSH Surrey. As a Commissioner we look forward to building on our positive relationship and will continue to work together with CSH Surrey and other system stakeholders to ensure continuous improvement in the delivery of safe and effective services for North West Surrey residents.

Clare Stone
Director of Multi-Professional Leadership
NHS Surrey Heartlands Clinical Commissioning Group

22 June 2021

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

Date:

Chairman

Glossary of Terms

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

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.

Co-owners: CSH Surrey's employees are called co-owners, meaning they share ownership of the organisation in a model similar to the John Lewis partnership (except CSH Surrey's co-owners receive no dividends).

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 we use 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.

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 can't 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 can lead to serious infection.

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.

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.

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.

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 Executive Directors and Board to account on matters of strategy and performance, and who ensure co-owners' views are heard at the highest levels in the organisation.

Zoonotic: An infectious disease caused by a pathogen that has jumped from an animal to a human.