



**CSH**  
Surrey



Better healthcare together



# Better healthcare together

Annual Report 2014-2015

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18  
days

The average length of stay at our community hospitals (April 2015), down from 34 in March 2014

“Our community hospital services review has identified consistently high quality service provision from CSH Surrey. I look forward to working with CSH Surrey to build on this strong performance as we implement the review’s recommendations together.”

James Blythe, Director of Commissioning,  
Surrey Downs CCG



# Welcome from the Chair & Chief Executive

The last year has been one of investing, improving and planning for the future – to ensure our patients and families continue to receive the high quality and increasingly integrated pathways for which CSH Surrey is respected. Our Values – *People First. Integrity. Enterprising. Exceptional Delivery* – remain firmly at the heart of how we operate.

We have delivered many examples of excellent and innovative clinical practice this year: we have delivered an impressive reduction in average length of stay at our community hospitals; we have enabled the majority of patients who were receiving end of life care from our community nursing teams to die in their preferred place, usually at home; and we have created an award-winning public health campaign to encourage Vitamin D supplementation among mothers and young children, to name but a few.

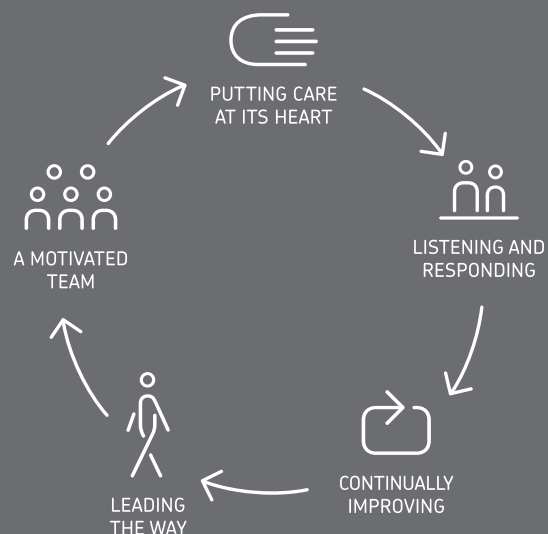
Importantly, our patients and families remain very satisfied with our services, with consistently high Friends and Family Test ratings. We also continue to listen to our co-owners and have improved how we attract and recruit staff so teams feel better resourced as a result. We have also significantly increased our Learning & Development programmes so co-owners have access to more support and training.

Winter 2014 saw a number of significant but overall positive changes within CSH Surrey. Our Board agreed the time was right to move to an executive structure with one Chief Executive, a role taken by founding Managing Director Jo Pritchard. The Board also decided to re-focus on our core healthcare business and consequently suspended CSH Homecare (our fledgling home care business).

Growth remains a strategic focus and we have secured several new contracts, including delivering the Surrey-wide Family Nurse Partnership programme, supporting delivery of a new Tier 3 Diabetes service, and being

commissioned by Surrey County Council to pilot an innovative support programme for overweight children.

During 2015 we will continue to integrate our children's and families services and work closely with Surrey Downs CCG to deliver the recommendations of its community hospital services review. We are also focused on delivering a new pathway for frail-elderly patients.



Underpinning all of our activities in the coming year will be a greater focus on business intelligence and data. This will enable us to more clearly demonstrate the added health and social value we deliver to our service users and local communities through our innovative employee-owned, social enterprise model.

**Bill Caplan**  
Chair

**Jo Pritchard**  
Chief Executive

# Putting care at our heart

Our value of putting *People First* means we design our services around the needs and experiences of our patients, children and families.

We have delivered many examples of innovative and excellent clinical practice and outcomes during 2014/15. And this is recognised by our services users.

**93%** Average Friends and Family Test (FFT) result for CSH Surrey services (March 2014-April 2015), increasing to 96% for May-August 2015

“18 months under their care. I cannot praise them highly enough. The therapists have been outstanding and have never given up on me.”  
Patient of our neuro rehabilitation service

In the last year we are particularly proud to have dramatically reduced the average length of stay in our community hospitals through a greater focus on discharge planning. This follows shared learning between our ward teams after a highly successful project in which we ran one of our inpatient wards on an Epsom General Hospital ward while the community hospital was being refurbished (July-November 2014).

**Evidence**

 In December 2014 we created a discharge coordinator role on the ward of our largest community hospital in Dorking – a pioneering and innovative decision within community services. The decision paid off, with average lengths of stay reducing significantly since we introduced the role.

By April 2015 we had achieved an average length of stay of 18, down from 34 in March 2014. Importantly, we are also maintaining safe and high quality care, and patient feedback remains extremely positive.

“Atmosphere very good, everyone seems happy and contented. Plenty of laughter, which makes one feel good. Food plentiful. If I had to come to hospital again, I’d like to come back here.”  
Inpatient, Dorking Community Hospital

CSH Surrey has had a Dementia Lead since 2013 and in 2014 formed a Dementia Steering Group that includes clinical representation from across our adults services. Their role includes delivering our dementia training programme.

**435** of our 750+ co-owners have received training on dementia to date

# Listening and responding

Our *Integrity* value means we take listening and responding to patients, families, GPs, commissioners and co-owners seriously.

During 2014/15 we have made it even easier for service users to share their experiences, improving access to our Tell your Story leaflets and introducing more online feedback mechanisms. We have also increased patient involvement through focus groups within our Podiatry Service and inviting patients and carers to share their experiences at dementia learning events.

2679

2679 pieces of feedback gathered (1st April 2014-31st March 2015)

“CSH Surrey has always had a strong focus on patient experience and on ensuring its culture supports high quality and safe patient care.”

Eileen Clark, Head of Quality, Surrey Downs CCG



A particular focus has been making better use of patient feedback to share learning and bring about service improvements. We have introduced quarterly events including ‘Learning from Compliments, Complaints and Incidents’ as well as delivered bespoke ‘valuing feedback’ workshops. During 2015 we will continue to focus on increasing patient leadership within CSH Surrey.

“Made me stop and think to see the patient journey in their eyes.”

Co-owner feedback following a patient feedback workshop



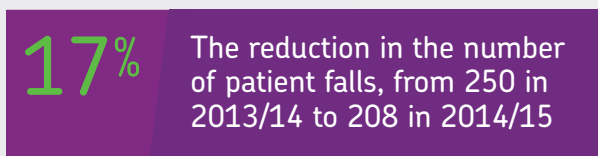
We also take listening to our co-owners very seriously. Following a creative internal communications campaign, we achieved an impressive response rate of 71% in our 2014 co-owner survey, up from 58% in 2013. While the results were still very positive overall, with many areas outperforming the NHS annual survey, it was clear we needed to respond to growing concerns, particularly around resources and workloads. We have since improved how we attract and recruit staff so teams feel better supported.

Listening to GPs means we are supporting them to develop closer relationships with named physiotherapists, district nurses and health visitors. We are also working with partners across health and social care to enable different IT systems to communicate within the new Community Hub service. This service is bringing together new community medical teams, primary care, mental and acute health and social care in a proactive, responsive and integrated pathway designed to keep frail-elderly patients safe and independent at home and reduce unnecessary acute admissions.

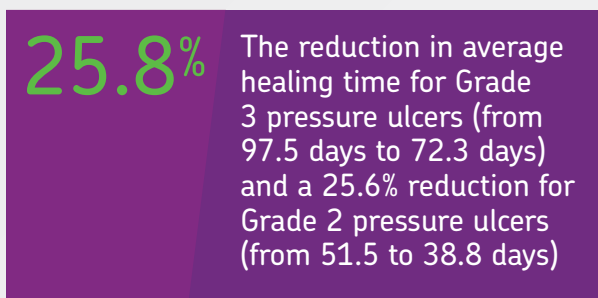
# Continually improving

Our *Exceptional Delivery* value means we are continually improving our health services, systems and processes to deliver ever better care.

An important development this year has been to expand our Quality and Governance team to provide stronger assurance and delivery of Lord Darzi's three quality principles: patient safety, clinical effectiveness and patient experience. Through the team's support, our community hospitals were able to identify a link between falls incidents and dementia then put actions in place to mitigate risks. The number of falls incidents has since reduced.



We have also improved patient safety by reducing pressure ulcer rates and improving healing rates. These improvements follow the introduction of pressure ulcer care plans and co-owner training on the early warning signs of pressure ulcers.



Children and their families are benefiting from an expanded Healthy Child Programme that now includes a 12 month development review in addition to the 27 month review introduced in 2014. Following client feedback we re-designed our child clinics to make it easier for parents and carers to access our 0-19 health professionals, and our school nurses have developed their secondary school drop-in sessions to empower young people to access healthcare independently.

In April 2015 we made a significant capital investment in new laptops and desktops for our co-owners, laying the foundations for improving efficiencies and service delivery and adopting new ways of working in the future.

**“Dramatic improvement in productivity. 500% quicker!”**  
Co-owner feedback after receiving their new laptop

Benefits are already being felt within our Wheelchair Service, where therapists are trialling writing up patient notes on their new laptops while with clients. Early observations suggest clients like to see that information is being officially recorded and are happy to consent. Clients are also now given a morning or afternoon time slot for home assessment visits, which is benefiting both patients and therapists.

## Leading the way

We have been pioneers since 2006 and our *Enterprising* value means we continue to break new ground.

Our end of life care teams continue to provide a quality of service that far exceeds national standards.

**92%** of patients who were known to our district nurses and were receiving end of life care achieved their preferred place of death (PPD) between April 2014 and March 2015. This is up from 85% in 2013/14 and 80% in 2012/2013, meaning our nursing teams are enabling more people than ever to have their desired end of life experience. The national average target for PPD is 67%.

“I can’t speak highly enough about the Community and Hospice Home Nursing Service (CHNNS) nurses. They were all brilliant and enabled dad to have the best end of life experience he could. I felt totally supported, the nurses were sensitive to Dad’s feelings and ensured he retained his dignity. I am so glad we chose this route.”

Family member, July 2014



Our IT team continues to develop pioneering solutions to improve clinical practice and service delivery. We believe CSH Surrey is the first NHS provider to be working towards receiving all three newborn screening results (physical, hearing and bloodspot screening) directly from the National Newborn Screening Service into our patient system RiO. This means our health visitors will have, for the first time, immediate and timely access to these results during their home visits. It will also remove all manual data entry, thus improving data quality and accuracy.

The launch of an eye-catching public health campaign to encourage Vitamin D supplementation among expectant and breastfeeding mothers and young children received national recognition as runner-up in the 2015 Nursing Standard Nurse Awards. Since then, health teams from around the UK have requested more information on the innovative campaign, which aims to aid healthy growth and bone development and reduce rickets.



Our enterprising approach means we were asked in 2014 to pilot a new pathway to better support carers in Surrey. Following an evaluation of the model in December 2014, which was showcased by NHS Improving Quality, NHS England and the Royal College of GPs, the pathway was made available for the whole of Surrey.

“CSH Surrey has been instrumental in the development of this new service.”

Debbie Hustings, Partnership Manager (Carers), Surrey CCGs



# A motivated team


Our annual survey continues to show that we remain uniquely placed to deliver better, higher quality care because our co-owners are more motivated and engaged than their NHS counterparts.

This greater engagement enables us to deliver higher quality care: 99% of co-owners can see how their work relates to patient care and the same high number are motivated to make a difference for patients (even if they don't have direct patient contact). Within the NHS, just 80% believe their roles make a difference to patients (2014 NHS staff survey).

**92%** of co-owners enjoy their work, 93% feel part of a team and 98% have good working relationships. Just 68% of staff in NHS Community Trusts say they enjoy their jobs and only 82% have good working relationships (2014 CSH Surrey and NHS staff surveys)

Our unique co-ownership model, in which our employees feel involved and listened to, has created a culture that supports patient safety.

**Evidence**

 Our open and supportive culture means 94% of our employees feel able to raise or escalate concerns, compared with just 72% within NHS trusts.


It is clear that our managers positively affect engagement: more than 90% of co-owners say their immediate manager is approachable, considers their ideas and suggestions, is supportive if they have a problem, and lives the values of CSH Surrey. Within the NHS, these results range from 71% to 76%.

However, there were areas we needed to address following the 2014 survey, including communication and career development. As a result, we introduced new Director Briefings, which have been well received, and in

April 2015 our Executive Team hosted strategy briefings across CSH Surrey so all co-owners were clear about our direction of travel for the year ahead. We have also significantly improved Learning & Development and now offer apprenticeships, access to Institute of Leadership and Management certificates and numerous personal development courses.

“The training will help me to support the team better. I've been positively surprised by how many courses are available – I want to do all of them.”

Co-owner following an IT skills course



In March 2015 we welcomed a new Non Executive Director, Clinton Everard, to our Board. He was appointed by our employee council, The Voice, to ensure that co-owners' voices are represented at Board level.

Recognising co-owners' excellence and contributions remains important to us. Our 2014 annual CoCo Awards (Co-owners' Co-ownership Awards) received a record-breaking 175 nominations from co-owners keen to recognise their colleagues' work. Categories included Outstanding Nurses, Therapists and Clinical Assistants of the Year, Commitment to Professional Development and Rising Star. Judges included Surrey Downs CCG's Head of Quality Eileen Clark and CSH Surrey clinical leads, and patients were also involved.



# Quality Account

Our vision of delivering exceptional care means we put quality at the heart of all we do.

During 2014/15 we reviewed and restructured our Quality and Governance Directorate to provide stronger assurance around patient safety, clinical effectiveness and patient experience. We adapted the Department of Health's 'House of Care' to reflect our approach to Quality Assurance and in October 2014 launched our own 'House of Quality' that we now use for Board assurance.

Following a review of medicines management in 2014 we now employ a full-time pharmacist and have made significant improvements to clinical practice. These include improved processes for handling medicines in the community hospitals, increased incident reporting and shared learning, and better processes to support nursing teams out of hours when accessing controlled drugs and palliative medicines to ensure our end of life patients are as comfortable as they need to be.

In October 2014 we held our inaugural Quality Week to share learning and inspire co-owners to further embed quality activities within their services.



The word cloud developed by co-owners during Quality Week 2014 that summarises what quality within CSH Surrey means to them.

Many of the initiatives launched during Quality Week, such as a monthly focus on recording the outcomes of patient care and a CSH Surrey Quality Prize, have continued as its legacy.

“The Quality Prize has supported an exciting partnership project with Surrey Young Carers and social care to raise awareness of the needs of young carers. It will have benefits for all CSH Surrey services and the communities we work within.”



A winner of one of the Quality Prizes awarded during Quality Week 2014

In 2015 we are building on last year's success to involve commissioners, health and social care partners and patients/families in an expanded programme of events and activities.

Since publication of Francis Inquiry recommendations, we have introduced and sustained many improvements, including embedding the Duty of Candour, the 6Cs and creating a culture that encourages incident reporting. We have also appointed our own Infection Control Specialist Nurse.

0

No acquired MRSA\* or *Clostridium Difficile*\* infections (March 2014 - April 2015).

In March 2015 we were delighted to welcome Professor Nora Kearney from the University of Surrey to join the Board as our clinical Non Executive Director, and in an innovative move later this year, we will be appointing three locality-based GPs to enhance medical leadership within CSH Surrey. They will be represented at our Board by our Medical Director, thus ensuring stronger partnership working between primary care and our community teams.

Our 2014/15 Quality Account is available on our website ([www.cshsurrey.co.uk](http://www.cshsurrey.co.uk)).

# Social Account

CSH Surrey is proud to be a social enterprise and contributes in many ways to improving the health and well-being of local communities.

Since launching our Community Fund in 2012, we have awarded grants worth more than £25,993 to support local charities and community organisations. We have also awarded £954 in sponsorship matching to support co-owners' charitable activities.

**£2000** awarded to SeeAbility in December 2014 to buy Assistive Technology kits, which help people with sight loss and multiple disabilities at two of its accommodation units in Leatherhead and Ashted

The Assistive Technology kits purchased by SeeAbility make it possible for people with disabilities to access wider opportunities, be more independent and achieve their personal goals. For example, one resident uses a switch with her hand to control a software programme that helps her to express her activity choices. Another resident uses a switch with his cheek to play music.

**Evidence**




In February 2015 we awarded £2,000 to Elmbridge Rentstart. They work with local landlords to help homeless people secure accommodation, which then enables them to reconnect with society and access other services, such as registering with a GP. Once housed, Rentstart supports clients with skills training to help prevent them returning to the streets.

In addition to awarding grants to local groups and organisations, our Community Fund also supports co-owners' fundraising efforts. In October 2014 one of our specialist paediatric physiotherapists participated in the London 3 Peaks challenge in aid of Stand up to Cancer. Our physio managed to raise more than £700 with support from our Community Fund.

In 2014 CSH Surrey began a collaboration with charity Heritage 2 Health and Kingston University nursing students with the aim of reducing social isolation. We invited people known to us who were housebound to attend a lunch/activity over the Christmas period so they would not be alone at Christmas. People attended events and activities including a tea party at Leith Hill Place (a National Trust property) for crafts, storytelling, carol singing and afternoon tea, and a Christmas day lunch at a local church.

**“He has never been invited to anything like this before, it’s wonderful.”**

Relative of a disabled man who attended our Christmas Day lunch, which we made possible through charitable funding and by arranging an accessible taxi



Our clinical services regularly organise public health awareness events. These include hosting an information stand on safe sleeping at a local supermarket during our 2014 Quality Week and supporting local initiatives such as Surrey County Council's annual 'Big Play Day', which was attended by health visitors and community nursery nurses from our 0-19 service.

# Financial Account

CSH Surrey has delivered a positive underlying performance against a backdrop of worsening NHS finances.

CSH Surrey reported a small surplus of approximately £67,000 for the year after excluding all adjustments relating to CSH Homecare, reflecting positive underlying performance in a challenging year. CSH Homecare reported an operating loss for the year and, following a review, the Board suspended activities in CSH Homecare from March 2015. All clients were safely transferred to other local providers. CSH Group (CSH Surrey and CSH Homecare) reported a post-tax loss of £100,000 for the year ended March 2015.

Copies of the audited accounts are available from the Company Secretary at Ewell Court Clinic, Ewell Court Avenue, Ewell KT19 6DZ.

## Income

NHS Surrey	79%
Epsom & St Helier University Hospitals Trust	9%
The Elective Orthopaedic Centre	2%
Surrey County Council	4%
Other Income	6%

## Group Expenditure

Staff costs	79%
Drugs, dressings & medical supplies	8%
Premises costs	2%
Office & other costs	11%

Group turnover for 12 months 2014/15	£31,490,000
Co-owners (Whole Time Equivalent), March '14-April '15	578

# CSH Surrey services

CSH Surrey, delivering all NHS community nursing and therapy services in the homes, schools, clinics and hospitals in the heart of Surrey since 2006.



## For adults

- **Community Dietetics**  
In clinics and homes
- **Community Hospitals**  
Dorking, Leatherhead, Molesey, New Epsom and Ewell Community Hospital (NEECH)
- **Community Integrated Teams**  
District Nursing (including Rapid Response Service), Community Matrons, End of Life Care, Domiciliary Physiotherapy, Falls Service, Integrated Rehabilitation Service and Mental Health Practitioner Service (in partnership with Surrey County Council and Surrey and Borders Partnership NHS Foundation Trust)
- **Community and Hospice Home Nursing Service**  
Home-based specialist care for patients at the end of life
- **Hand Therapy**  
On Epsom Hospital site
- **Inpatient Therapies**  
Within Epsom Hospital and within the Elective Orthopaedic Centre (EOC), Epsom Hospital
- **Musculoskeletal (MSK) Physiotherapy**  
Outpatient and home-based
- **Community Neuro Rehabilitation Service**  
At Poplars, includes Multiple Sclerosis and Parkinson's Disease nurses
- **Outpatient Appointment Services**  
Leatherhead and Molesey
- **Podiatry Service**
- **Safeguarding**
- **Specialist Nursing Services**  
Continence, Respiratory, Heart Failure and Tissue Viability
- **Wheelchair Service**



## For children and families

Within our integrated teams we offer a wide range of evidence based interventions and resources for both individuals and in groups. This includes:

- Health Visiting
- Child Health and Development Clinics
- Breastfeeding Support
- School Nursing
- Immunisation programmes
- Drop in sessions in clinics/schools and in the community
- Occupational Therapy
- Dietetics
- Physiotherapy
- Speech and Language Therapy
- Parent Infant Mental Health
- Specialist Child and Adolescent Mental Health Service School Nursing
- Safeguarding
- Family Nurse Partnership



CSH Surrey, Ewell Court Clinic, Ewell Court Avenue, Ewell, Epsom, Surrey KT19 0DZ

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[www.cshsurrey.co.uk](http://www.cshsurrey.co.uk)