

CSH  
Surrey



Better healthcare together



# Better healthcare together

Annual Report 2016-2017

# Contents

- 3 Welcome from the Chair & Chief Executive
- 4 Putting care at our heart
- 5 Listening and responding
- 6 Continually improving
- 7 Leading the way
- 8 A motivated team
- 9 Quality Account
- 10 Social Account
- 11 Financial Account
- 12 CSH Surrey services

## Evidence



In October 2016 CSH Surrey launched its new Clinical Assessment and Treatment Service (CATS) to more effectively triage, diagnose and treat people with musculoskeletal (MSK) conditions.

73%

of people referred to the CATS service were successfully treated by the specialist physiotherapists or through CSH's community therapies during 2016/17, meaning only 27% needed onward referrals to specialist consultants for further interventions (April 2016 to March 2017).

93%

of patients who completed the satisfaction questionnaire reported the service to be 'Very Good' or 'Excellent' (December 2016 to March 2017).

"Excellent and very thorough assessment."

Patient



"Thank you for your help and understanding."

Patient



# Welcome from the Chair & Chief Executive

During 2016/17 we have continued to play an instrumental role in developing and delivering innovative models of integrated care for people living within Surrey Downs. It is testament to our expertise in delivering high quality community healthcare that CSH Surrey was awarded two new contracts this year, both designed to improve care by transforming the way services are run.

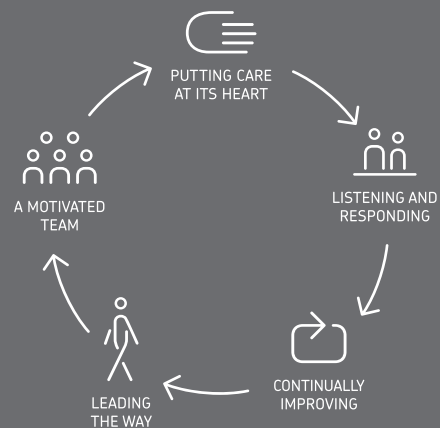
We have made significant progress during 2016/17 in developing multi-disciplinary community hubs within Surrey Downs. Each nursing team works in an integrated way with community therapies, primary care, mental health and social care so frail, elderly patients benefit from more proactive, coordinated and integrated support. This has helped to reduce A&E attendances and admissions to the acute hospitals, which is better for patients and better for the Surrey health economy.

Our extensive experience of delivering effective out of hospital care is proving valuable in our role on the Board of the new Surrey Heartlands Partnership, one of 44 partnerships across England that aim to improve care while ensuring local services are financially sustainable.

Our own Board this year has strengthened clinical oversight at CSH Surrey with two new appointments: in November 2016 we appointed Dr Caroline Shuldham to a Non Executive Role and in April 2017 Dr Mark Hamilton joined as our Medical Director.

In January 2017 we received an inspection by the Care Quality Commission (CQC) and were pleased to be awarded an overall 'Good' rating. The CQC awarded 'Outstanding' overall for how caring the inspectors believe our services and teams to be, with service users telling inspectors that privacy and dignity are seen as a priority by our co-owners.

The CQC noted that co-owners in all services demonstrated an understanding of holistic care and the need to provide emotional support. We believe this top rating for caring reflects one of the key benefits of our employee-ownership model and further supports national recognised evidence of the advantages of employee ownership – that when you own something, you care more about it.



We are particularly pleased that all three of our Surrey Downs community hospitals (Dorking, Molesey and NEECH) and our Adult's community services were awarded 'Good' in all five key inspection areas: safety, effective, caring, responsive and well-led.

In October 2016 we celebrated our 10 year anniversary as an employee-owned social enterprise. It is testament to our unique model and culture that more than one in three of the 560 nurses, therapists and support workers who left the NHS in 2006 to establish CSH are still employed by us 10 years later.

We rounded off our 2017 financial year with CSH Surrey founder Jo Pritchard preparing to hand over the reins to her successor Stephen Cass, who joined in May 2017. The Board worked hard to ensure this important transition and subsequent appointment were planned and executed successfully. We are pleased to report that under Stephen's leadership CSH Surrey continues to be guided by our Values – *People First. Integrity. Enterprising. Exceptional Delivery* – in all we do.

**Bill Caplan**  
Chair

**Stephen Cass**  
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.

CSH Surrey's services were inspected by the Care Quality Commission (CQC) in January 2017 and were awarded an overall 'Good' rating, meaning patients and families can be confident of the quality of care we provide. We are particularly pleased that the inspectors gave CSH Surrey an 'Outstanding' rating for how caring our services are.



Central Surrey Health, Head Office.

CQC Overall rating

**Good**

30 June 2017

Our patients also consider CSH Surrey to provide good services, with 97.56% saying they would be 'Likely' or 'Extremely Likely' to recommend us in the national Friends and Family Test (FFT) between April 2016 and March 2017. This is based on feedback from more than 1800 people via our Tell Your Story leaflets and surveys.

The length of stay in our three community hospitals remains significantly lower than the national average of 28 days. This is a reflection of our well-led ward teams and the strong partnerships they have built with social care colleagues, primary care and our community hub teams.

**21.4**

days average length of stay in CSH Surrey's community hospitals during 2016/17 despite increasing acuity and frailty of the patients.

Following a successful Virtual Dementia Tour in 2015, we arranged for the tour bus to return in November 2016 so more co-owners could experience what dementia may be like.

"Makes me think about how I will approach dementia patients in my future clinical practice."

Co-owner



End of life care remains important to CSH Surrey and in 2016/17 we enabled more people than ever before to achieve their wishes at the end of life.

**98.25%**

of patients known to our district nursing teams achieved their preferred place of death between April 2016 and March 2017. In nine of the 12 months, this was 100%.

# Listening and responding

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

During 2016/17 we received more than 2070 pieces of patient feedback through our Tell your Story leaflets, online feedback through our website and via compliments and complaints. Thirteen of our services also conducted more extensive patient experience surveys (12 conducted in 2015/16).

This feedback represents 1-2% of people who use our services, a proportion we wish to increase. We are therefore investing in an online solution during 2017, I Want Great Care, that is widely used within the NHS. During 2017/18 we are aiming for 3% of all service users to provide feedback, rising to 6% by 2021.

We use patient feedback to improve services.

## Evidence



Our Respiratory Service receives responses from around 30% of its caseload and achieves very positive feedback, particularly for the professionalism and positive attitudes of the staff. However, the survey highlighted that a small number of people were not aware of their written care plans, which are used to manage symptoms when someone's condition worsens. The team have worked hard to ensure patients and their families and carers are more aware of the plans, including introducing folders to keep the plans in and making reference to the plans during visits.

We have worked closely with Healthwatch Surrey during 2017 to support four patient roadshows at our community hospitals and clinics. We are pleased to report that Healthwatch received no negative feedback about CSH Surrey's services during these events.

During 2016/17 we have established a Patient Leadership working group and will continue to develop our strategy as we move into 2018.

Our school nursing team sought feedback from children using the enuresis service (night-time bedwetting) when developing a new booklet to support them to become dry at night. The team now uses two versions of the booklet, one for younger and one for older children. They also introduced a teddy bear called Inspector Ted, which is enabling the nurses to better meet the needs of those children in particular who struggle to engage with education.

## Evidence



The result of the Inspector Ted pilot is lower 'Did Not Attend' rates for appointments and positive verbal feedback during clinic appointments. Children are able to better understand the reasons why they wet the bed through a fun and engaging approach.


We also listen and respond to feedback from other health professionals. In Autumn 2016, in response to GP requests, we started a rolling programme to train District Nurses how to conduct foot screening for their diabetic patients so they could do these as part of the annual diabetes checks. Housebound patients are therefore now benefiting from receiving these fuller health checks.

# Continually improving

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


Between September and November 2016 we trialled a new patient education model within our podiatry service to reduce the waiting list and length of time people were waiting to be seen. This proved successful, with patients receiving greater choice and a more personalised approach. We now provide an average of eight education appointments a month.

**Evidence**



The 'Did Not Attend' rate at podiatry appointments fell from 15 to 3 between November 2016 and February 2017 following introduction of the new education model. The average waiting time also decreased over the same period, from 24.1 weeks to 6.8 weeks.

"The podiatrists are very professional and caring, no matter how small the problem. I appreciate having attended the education session and am more confident to attempt my own care knowing that I can call on the service when I need to as they are always kind and understanding."



Patient following an education session


In January 2016 we re-established our Falls Prevention Group, which meets monthly. They introduced a falls risk screening question into all community assessments, and have increased compliance in using the audit tool from 54% to 70%.

We continue to use the 'Red/Amber/Green' wristband system in our community hospitals and in February 2016 introduced a blue wristband for patients with Dementia, which has further decreased the number of falls.

**43%** reduction in falls during 2016/17 compared to 2015/16.

A particular focus for us this year has been on medicines management. In July 2016 we started trialling the Medication Safety Thermometer improvement tool at Dorking Community Hospital. This helped identify that medication records were not always signed so a 'missed dose' was recorded even though medicine was administered. We therefore asked nurses to check with colleagues if a medicine was administered but not signed for. This check is now included in weekly medication audits.

**Evidence**



Between August 2016 and June 2017 the proportion of admitted doses without valid exclusions and refusals dropped from 19% to 4.5%. On average the proportion was 9% compared with a national median of 12%.

During 2016/17 we also reviewed our drug administration chart with nurses, doctors and pharmacists to incorporate learning from incidents. It now includes a section for recording medicines reconciliation and a space for attaching the patient's photographic identity.

Within our Children's service we have improved the quality of the health assessments provided for Looked After Children by conducting more of them as part of joint visits with social workers and interpreters. Our nurses have also travelled out of Surrey to complete health assessments with children and young people who are not living in the county. The Lead GP for Looked After Children also reports that the assessments are reaching primary care in a more timely way.

In July 2016 we introduced text messaging into one of our musculoskeletal services to reduce non attendance at appointments.

**6.87%** average 'Did Not Attend' rate following the introduction of text message reminders (April 2016 to March 2017), down from 7.7% before the pilot started in June 2016.


# Leading the way

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

In October 2015 we launched our Clinical Assessment and Treatment Service (CATS), initially for Epsom GPs. The aim was to provide a single point of access for people needing musculoskeletal intervention for triage into specialist physiotherapy clinics, community therapies or secondary care (surgery).

Clinic patients are offered an individual assessment by an Extended Scope Physiotherapist (ESP) who gives advice and treatment, and arranges appropriate diagnostics if needed.

**Evidence**




Following a successful pilot, Surrey Downs CCG funded 1.6 additional ESPs in 2016 to support increased referrals. The referral pathway now includes access to psychological services to improve care for chronic pain patients. We have also shortened the waiting times to access MRI scans.

**123** people a month on average are being treated in the community now instead of being referred to secondary care. Of the 2029 patients discharged by CATS between April 2016 and March 2017, just 27% (or an average of 46 people a month) require specialist consultant intervention.

“First rate service. X-ray, consultation, clear diagnosis, all done within 30 minutes.”

Patient



During 2016/17 we have further developed our community hub model within mid Surrey. The integrated working between our community nursing teams, social care, GPs and our community hospitals has led to reductions in non-elective admissions to the local acute hospitals.

**6%** reduction in admissions to Kingston Hospital and a 3% reduction at East Surrey Hospital.

In the Epsom locality CSH Surrey has taken this further through a four-way formal partnership with primary care, the local acute hospital and social care. Since launching in October 2016, the service has helped reduce length of stay for the over 65s at Epsom Hospital by 0.5 days compared with 2015/16 data, and A&E attendances have decreased by 2% compared with the same period last year.

“I would like to record my sincere thanks and appreciation for the excellent care my father received from the Epsom Hub community matrons. Before their involvement it appeared that the emergency services and hospitalisation were the only options when his health deteriorated. The matrons had time to listen, to visit frequently, to look at the whole picture and make a complete assessment of both my parents’ needs. Everyone on the team worked with me and my parents – we felt we mattered. Without this service my father would not have survived his illness. He stayed at home and is now well again.”

Daughter of a patient




# A motivated team

Our annual employee survey continues to prove that our co-ownership model works for both CSH Surrey and for our patients.

We achieved a 67% response rate to our November 2016 survey, with 87% of all responses scoring positively, up from 78% in 2015. Our overall engagement rate is 92%, an increase of 6% on 2015/16. Our employees particularly value team working and relationships, the focus at CSH on patient care, and feel they have good line managers.

**91%** of those responding value working for a co-owned organisation, up from 81% the previous year, and 90% would recommend our services, up from 81% in 2015/16.

We have continued to invest in and promote our Health and Wellbeing programme, so are pleased that 83% of respondents believe CSH is concerned about their health and wellbeing. This is an increase from 61% last year, eclipsing the 5% increase in positive responses required to achieve our 2016/17 CQUIN target.

“When I started the CSH exercise class I would struggle to complete the 45 minute session. Now I am preparing to run my first official half marathon!”  
Co-owner 

“I have been attending the pilates class since it started. It definitely eases my back, stretches me out and gives me a good nights’ sleep.”  
Co-owner 


We have also achieved another workforce-related CQUIN this year, to deliver a 10% reduction in rolling sickness absence. In March 2017 our rate was 4.08%, down from 4.87% the previous year.

In 2016 we developed a Masters’ programme with the University of Surrey for newly qualified nurses wishing to progress to leadership roles within community nursing. This proved popular and in September 2016 the first of three postgraduates started the course, and two more started in February 2017. Feedback has been positive and both they and CSH Surrey are benefiting from their dual study and clinical roles.

Since 2016 CSH Surrey has hosted the Surrey Community Education Provider Network, whose aim is to develop shared good practice for training and development to support development of the local workforce. The members, who include GPs and community providers, have worked together on initiatives such as pre-registration training opportunities.

During 2016/17 we have introduced two Institute of Leadership and Management (ILM) accredited Leadership Development programmes as well as coaching and Team Development Days. Feedback has been 100% positive and has enabled co-owners and teams to increase performance and has opened up career opportunities. We have also supported our nursing workforce with the new Nursing and Midwifery Council (NMC) revalidation process through workshops and 1:1 support.

**100%** of CSH Surrey nurses have revalidated successfully during 2016/17.

“I was feeling anxious about revalidation but the training session covered all the tools we needed to complete revalidation and made it seem simple and infinitely manageable!”  
Co-owner 



# Quality Account

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


We are now in the second year of our five year Quality Strategy and have made good progress against our five quality priorities. Our 2016/17 Quality Account is available on our website ([www.cshsurrey.co.uk](http://www.cshsurrey.co.uk)).

This year we have particularly focused on introducing innovations to further reduce pressure ulcers as part of our goal to deliver 'harm free' care to at least 95% of our patients. The incidence rate at CSH Surrey continues to be below the national average and lower than other community providers.

The initiatives include a new patient information leaflet for patients, family and carers on how to prevent pressure ulcers, and introducing a shared care document for community patients at risk of developing pressure ulcers to improve communication between all those involved in their care.

Our Tissue Viability Nurse has introduced joint patient visits with the qualified nurses who provide ongoing care, which has improved skills, relationships and communication, and has been welcomed by both GPs and practice nurses.

"We value the support of seeing patients together rather than in isolation. It also acts as an adhoc teaching session for the practice nurses."



**90%** of clinical co-owners trained in pressure ulcer prevention and management, achieving our 2016/17 CQUIN target. We have also improved the Tissue Viability section on our intranet to include links to free e-learning resources that supplement our in-house training, NICE guidelines and best practice statements.

**Evidence**




100% of patients admitted to our community hospitals received a pressure ulcer risk assessment within six hours of admission this year, in line with NICE guidelines. Among those in the community who are at risk of developing pressure ulcers, over 90% received a risk assessment at their first face-to-face visit.

**46.5%** reduction in category 2 pressure ulcers acquired while under the care of CSH Surrey during 2016/17.

We have also reinvigorated the role of the Tissue Viability Champion and their bi-monthly meetings, which have been well received by co-owners.

"The meetings are so uplifting. You boost confidence for those who know what you're sharing and reassure those who are not sure. It's so good to have these sessions as it is easy to wrongly think we know something or to lose the courage to ask."



Tissue Viability Champion

We have also focused on hand hygiene, achieving improvements in training compliance among both clinical and non clinical co-owners.

**0** cases of bacteraemia MRSA, MSSA, E Coli and C Diff, which are all nationally reportable to Public Health England. While we had just one case of Norovirus in May 2016, it was contained and the ward reopened within one week.

# Social Account

CSH Surrey is proud to operate as a social enterprise and contributes in many ways to improving the health and wellbeing of local communities, over and above the services we are contracted to provide.

Our Community Fund co-owner panel has awarded grants worth more than £52,000 since launching the fund in 2012. This includes £14,000 awarded in this financial year to support health and wellbeing initiatives run by local charities and community organisations.

Projects we have supported during 2016/17 include:

- Awarding £4000 to the Beat Project to set up a basketball night in the highly deprived Court Ward in Epsom and Ewell. The money was used to fund a qualified sports coach and youth worker. More than 50 young people aged 11-17 have benefited from the sessions each week, which include discussions around being a good community member, anti-social behaviour and the possible consequences of getting into trouble with the police
- We granted £1000 to the Sunnybank Trust charity to help fund weekly music and games sessions that help to reduce social isolation for adults with learning disabilities
- The Fund supported the Refresh Church Trust to launch a walking football club in Walton on Thames for the over 50s through a £2000 grant. The project encourages physical activities and also supports people to make new friends.

## Evidence



In July 2016 the Community Fund panel awarded £1250 to Momentum, a charity that supports children with cancer and other life-limiting conditions. The funding enabled eight children living in Epsom to receive six music therapy sessions. One child, who was undergoing intensive treatment for Leukaemia, became more expressive and confident during the programme and started to communicate again, in particular about how she was feeling.

“The walking football project funded by the CSH Surrey Community Fund is going from strength to strength. Some of the feedback from players includes: ‘Life changing’; ‘Gives me something to look forward to’; ‘I’ve made new friends’ and ‘I’ve lost weight!’



New people are joining every week as they hear about sport that now has over 1200 clubs in the UK. The project at Walton Xcel Leisure complex is now the second largest in the country.”

Mark Blythe, Walking Football Project, Refresh Church

We have also awarded sponsorship matching to support the fundraising initiatives of co-owners. These included supporting a co-owner to host a fashion show and another one to complete 100 miles of running.

Our social enterprise ethos extends to supporting local public health initiatives. During 2016/17 these have included once again partnering with local children’s centres at Surrey’s summer ‘Big Play Days’.

“I wanted to say a very big thank you for attending our community day this week. It was great having you there supporting the children’s centre and working together to deliver information and support to families. Your stall was fun and full of information and I have had a lot of positive verbal feedback. We had 264 people attend, of which 162 were children aged between 2 months to 11 years. 77% were from the service area and 16% from our target groups, which is amazing.”



Tracey Robbins, Children’s Centre Manager, Riverview Children’s Centre, Epsom

# Financial Account

CSH Surrey reported a pre-tax surplus of approximately £350,000 for the year, reflecting a positive performance for the year ending March 2017.

Copies of the audited accounts are available from the Company Secretary at Ewell Court Clinic, Ewell Court Avenue, Ewell, Surrey KT19 0DZ.

Turnover for 12 months 2015/16	£32,500,000
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## Income

Surrey Downs	79%
Epsom & St Helier University Hospitals Trust	9%
The Elective Orthopaedic Centre	2%
Surrey County Council	5%
Other Income	5%

## Expenditure

Staff costs	78%
Drugs, dressings & medical supplies	8%
Premises costs	2%
Office & other costs	12%

# Better healthcare together

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 Hubs**  
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**
- **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



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