

Realising the Benefits



Quality Account
2011 – 2012

Introduction

We are proud to share with you the developments in patient services at Central Surrey Health during 2011-2012. This Quality Account details how we have performed against quality measures over the last year and sets out our quality priorities for the future. It describes the importance of quality and safety to Central Surrey Health and the improvements we are making.

Central Surrey Health is a pioneering and innovative organisation that empowers co-owners to consistently deliver exceptional care for a healthier community. We believe our co-ownership model creates more opportunities and enthusiasm for our clinicians to make our services better. Our focus on quality and efficiency has enabled us to achieve our 2010-2011 quality priorities, and provides new challenges for 2012-2013, including safer care in our hospitals and improving services for children and families.

We know it is important our services are high quality and represent good value for money. We continue to run our organisational-wide quality and efficiency programme, which has reduced wasteful activities by 7.5-10% and increased productivity by 10-45%. We're using the released time to reduce waiting lists and implement national best practice.



Patient involvement is vital and, in addition to our patient satisfaction surveys in nine of our services this year, we will be involving patients and specialist groups as we co-design our neuro rehabilitation service.

Our aim for the next four years is to consistently deliver exceptional patient care and focus on the welfare of our co-owners as we work together for a healthier community.

Tricia McGregor
Managing Director

Jo Pritchard
Managing Director

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Executive summary

We have delivered all of our 2010-2011 quality priorities:

Priority 1: To deliver our quality targets (CQUIN) set by NHS Surrey



Priority 2: To increase productivity and drive down waiting lists



Priority 3: To put personalised care plans in place for patients



Priority 4: To engage with patients and user experiences



Priority 5: To report on patient outcome measures



In addition, we continue to deliver against some of the fundamental requirements every patient wants – to be treated with dignity and respect in clean, safe environments. During 2011-2012:

- No cases of MRSA bacteraemia or Clostridium Difficile were acquired in our four community hospitals
- 91% of patients cared for or seen by nurses across our services agreed that our nurses practise the eight 'principles of nursing' (as defined by the Nursing and Midwifery Council and the Royal College of Nursing)
- There were no breaches of same sex accommodation in any of our four community hospitals
- On average we reduced waiting times across our services by more than 10%, with some services far exceeding this
- We enabled 80.4% of patients to die in their preferred place of death, far exceeding the national average of just 18% and eclipsing the 60% of people who say they would like to (Demos report, Dying for Change, November 2010)
- We achieved 88.7% immunisation uptake of pre-school children, up from 83% in 2010-2011.

Our five quality priorities for 2012-2013 are to:

Priority 1: Improve services for children and families

Priority 2: Provide safer hospital care for older people

Priority 3: Offer a single point of referral to our services

Priority 4: Involve patients in service re-design

Priority 5: Deliver our quality targets (CQUIN)

"We cannot thank you enough for the wonderful care you have given our mother. The ward seems an oasis of kindness and real nursing care. We didn't think such a place existed anymore!"



About Central Surrey Health

Central Surrey Health is a co-owned social enterprise that provides therapy and community nursing services to the 280,000 strong population of central Surrey.

Central Surrey Health was the first social enterprise organisation to come out of the NHS, and is owned and run by the 750+ nurses and therapists we employ (our 'co-owners'). Any financial surplus is re-invested to improve patient care, and our co-owner shareholders do not receive a dividend.

Our vision and values

When we set up in 2006 we wanted to combine the people-centred values of the NHS with the 'can do' approach of successful businesses. Our values are fundamental to our ethos and our co-owners are encouraged to live by them in everything they do.

Our vision

To be a pioneering and innovative organisation that empowers co-owners to consistently deliver exceptional care for a healthier community

Our values

- *People first*
- *Integrity*
- *Enterprising*
- *Exceptional delivery*

- **People first** – we are a social enterprise that focuses on first rate patient care and the welfare of co-owners working together for the greater good.
- **Integrity** – we treat people with dignity and respect, and conduct our business with openness and operational excellence.
- **Enterprising** – we are always solution-driven in looking for better ways to improve patient and co-owner experience with a 'can do' approach.
- **Exceptional delivery** – we aim to exceed expectations, going above and beyond for our patients, co-owners and the business.

Since 2006 – through having the freedom to innovate and do things differently – Central Surrey Health has improved services and is using public money more efficiently. This success is now being recognised locally and nationally.

“Thank you and your team forever for having such a big impact in my son’s life! He has accelerated in just one year. Difficulties are still there in other areas but speech is happening! ... singing and chatting every chance he gets! ... Thank you for your help towards me being able to hold a conversation with my son.....”



Our services

We provide nursing and therapy services for children and young people (0-19 years old) and their families, and adults. Most of the people we treat are referred by their GP, a hospital consultant or social care. However, people can also access some of our services directly, for example, our child health clinics. Our services are provided in people's homes, at clinics and schools, and in our four community hospitals. We also provide all of the inpatient therapies at Epsom General Hospital.

We offer a range of services from breast feeding support, physiotherapy and dietetics to community and district nursing, respiratory nursing and podiatry. We are committed to delivering exceptional care and ensuring that people – be they patients or clients – always come first.

Our clinical business units

Our services are delivered through two clinical business units:

- Adults services: including services such as district nursing, therapy and nursing care in community hospitals and rehabilitation services for people who require support for managing long term conditions. We also provides services such as physiotherapy, podiatry, inpatient therapies, and diagnostics and treatment in our Community Assessment Unit for people requiring short periods of therapy or treatment;
- Children and Families: our services support infants, children and their families and include health visiting, school and nursery nursing, and speech and language therapy for children.

Sustaining quality

In 2010 we implemented an organisation-wide efficiency programme so we could continue to provide patients with the best services despite severe funding cuts. Reduced funding means fewer co-owners and resources, so it's been critical to maximise use of both.

An important part of our efficiency programme is sustaining the improvements we make. We monitor all service changes for 12 months through our Programme Board, which means that efficiencies gained in 2010 have been maintained, with stable or decreasing waiting lists in continence, musculoskeletal physiotherapy, and speech and language therapy.

During 2011/12 we have continued to improve efficiency and productivity. We have focused on services including the 0-19 team (our health visitors and school nurses), children's therapies, adult speech and language therapy and podiatry. This year's highlights include increasing productivity by 10 – 45%, reducing waiting lists to below target and releasing time to invest in quality improvements such as in our enuresis and tongue tie services.

We have completely re-designed our podiatry service, resulting in a dramatically reduced waiting list. We introduced group education sessions for all patients on the existing caseload, with a focus on promoting self-care and discharging patients. We have successfully reduced our new patient waiting list (non-urgent) to our target of eight weeks in March 2012, from an average of 30 weeks in 2011 (longest wait 124 weeks). This has freed up capacity so our podiatrists can provide care to the people who most need us.

We were delighted when the success of our Quality, Innovation and Change programme (QIC) was recognised nationally by being shortlisted for two categories in the 2011 Health Service Journal Efficiency Awards*: Efficiency in Community Service Re-design and Efficiency in Training and Education. Local recognition came through being named as a finalist in the 2011 Toast of Surrey Business Awards in the Best Social Enterprise category.

*see Glossary

Delivering our 2011-2012 quality priorities

Priority 1: To deliver our quality targets (CQUIN) set by NHS Surrey

What have we done?

We have delivered all the quality targets set by NHS Surrey, establishing Heart Failure and Virtual Ward Plus services, and an Early Supported Discharge service for stroke patients.

We provided patients in three services the opportunity to share their experiences, and found a high level of satisfaction: 78% receiving the children's integrated assessment service, 93% under the care of our respiratory team and 97% musculoskeletal physiotherapy patients agreed/strongly agreed with the 10 satisfaction statements in each survey.

Priority 2: To increase productivity and drive down waiting lists

What have we done?

We have undertaken local continuous improvement activities in all services and seen waste reductions of 7.5-10% and increases in productivity of 10-45%. These include:

- 41% productivity gains on the Stroke Ward at Epsom General Hospital. The result is patients on the ward are now receiving 76 more treatment slots per week;
- Up to 23% productivity gains in paediatric therapies, enabling 79 extra contacts with children attending special schools per month;
- 20% productivity gains in our health visiting and school nurse services – freeing up a total of 153 hours a week. This means we've been able to introduce 639 additional appointments for new parents and their babies every month. We've also been able to implement more components of the Healthy Child Programme.

Efficiency gains means waiting times for many services are significantly lower than during 2010.

Priority 3: To ensure all patients with long term conditions have personalised care plans

What have we done?

All patients under the care of our community nursing teams now have personalised care plans. The community nurses and our patients together develop and implement plans of care focused on their needs. We ensure our care is evidenced-based to continuously improve the quality of our services.

In our newly established Virtual Wards Plus, the community matrons spend time with each patient and agree a personalised care plan. This enables the patient to recognise the symptoms associated with their condition, sets out clear steps to manage these and details the most effective treatments. For example, a patient with a respiratory disease will be able to monitor their cough and then, using their care plan, start antibiotic treatment before being seen by the nurse or doctor. These personalised care plans are shared with patients' GPs to ensure agreement.

Priority 4: To engage with patients and hear user experiences

What have we done?

During 2011-2012 we ran three patient experience surveys in musculoskeletal physiotherapy, children's complex needs and the respiratory care team with 78 – 97% of patients agreeing or strongly agreeing that they were satisfied with their care.

In October 2011 we started our neuro rehabilitation service re-design. We encouraged three patient representatives to join us in co-designing an improved service and are facilitating focus groups to hear directly from patients and their families or carers. We also developed posters, leaflets and post boxes so patients could add their views and suggestions.

Our partners' views count too, so we are consulting with GPs, social services colleagues, the voluntary sector and our own co-owners.

Patients make up an essential part of our self-assessment team in the PEAT assessments* and we will be engaging patients and carers as we start to roll out the 15 Step Challenge* (a quality of care assessment) in our community hospitals.

*see Glossary for details

Priority 5: To report on patient outcome measures

What have we done?

We challenged ourselves to develop patient outcome measures and are already ahead of the game with our pressure ulcer healing rates. If a patient is identified as at risk of developing a pressure ulcer or develops a pressure ulcer, they are entered onto our critical risk register and we implement our pressure ulcer pathway. We have already seen a reduction in the number and severity of pressure ulcers each month, which we believe is due to early detection and pro-active management.

Our pressure ulcer audit means we can understand the benefits of different treatment options and improve our practice over the coming years.

In our community hospitals we are using the Barthel index score to measure ability in everyday activities, such as getting dressed, going to the toilet and walking. A higher score indicates a better chance of the patient being able to live at home with minimal support. The tool also monitors how patients' abilities improve during rehabilitation.

When we audited patients in one of our hospitals, 15 out of 16 improved their Barthel scores during their stay, with scores on average increasing from 8.2 to 11.4. The needs of five of these patients decreased from high to moderate.



*see Glossary

Our quality priorities for 2012-2013

Priority 1: To improve services for children and families

Why have we chosen this priority?

Increasing the number of health visitors working with families is a national priority and will ensure families have a positive start. For 2012–2013 this means an additional 5.7 full time equivalent health visitors at Central Surrey Health.

How will we do this?

We will plan and implement the new service model for health visiting and further implement the Healthy Child Programme. We will recruit additional health visitors through a creative recruitment drive and by providing placements for student health visitors.

How will we monitor this?

Together with NHS Surrey we will monitor our progress towards the additional allocation of health visitors and will also develop an implementation plan and tracking measures for the new service model and Healthy Child Programme.

Priority 2: To provide safer hospital care for older people

Why have we chosen this priority?

We want to make inpatient stays in our community hospitals as safe as we can and will continue working hard to reduce the chance of a fall or a pressure ulcer forming.

How will we do this?

We will learn from incidents and seek to continuously improve the quality of our care. We will involve patients in assessing our services to ensure we meet the quality and safety standards set out for NHS providers. Using the 15 Step Challenge in our community hospital wards and the Care, Kindness and Compassion tool, we will ensure we meet the Care Quality Commission (CQC) Essential Standards.

How will we monitor this?

We monitor compliance with CQC standards at our Clinical Quality Assurance Group and in the patient safety section of our executive level balanced scorecard. We will compare ourselves to national data.

Priority 3: To establish the Referrals Management Centre as a single point of referrals to Central Surrey Health

Why have we chosen this priority?

As part of our organisational-wide quality and efficiency programme we found that 35% of referrals received were incomplete or incorrect, causing re-work and delays for patients. Contacting referrers for the missing and correct information was reducing the time our clinicians had each day to spend treating patients. With 55,000 referrals being received per year into clinical services, this offered significant potential efficiency gains.

How will we do this?

Having spent 18 months mapping our referral processes and establishing a Referrals Management Centre, we are now ready to transfer services in over the coming year. As each service moves into the centre, time will be released within the clinical service, and our referrers and patients will have a single point of contact (one email/telephone number). We will also be able to track all referrals, maximise our use of appointments and respond faster to patients.

How will we monitor this?

We are closely monitoring the project in our Programme Board and the executive team reviews a monthly dashboard of quality measures.

Priority 4: To involve patients in service re-design

Why have we chosen this priority?

We value our patients' feedback and seek to involve them as we re-design services to improve both efficiency and quality. This year we will be co-designing our neuro rehabilitation service with our patients.

How will we do this?

Patients, carers and their families will be involved in a variety of ways: as individual patient representatives on the project team, in surveys, via forums and feedback forms.

How will we monitor this?

We will be closely monitoring the re-design in our Programme Board and monthly review meeting to ensure patients' views and experiences are considered.

Priority 5: To deliver our quality targets (CQUIN) set by NHS Surrey

Why have we chosen this priority?

We have agreed quality targets with our commissioners (NHS Surrey) to deliver on a series of quality targets. National targets including venous thromboembolism (VTE) and dementia diagnosis, Enhancing Quality programme for heart failure and the NHS Safety Thermometer. Local NHS Surrey targets include early supported discharge for patients post stroke, reducing admissions to acute care and reduced length of stay.

How will we do this?

We will identify project managers to lead in each innovative area and provide coaching and support as required.

How will we monitor this?

We will monitor delivery at executive team meetings and at our Clinical Quality Assurance Group meetings.



Patient experience

Patient survey

The Principles of Nursing Practice are a set of eight key principles devised by the Royal College of Nursing and the Nursing and Midwifery Council that detail standards patients should expect in the care delivered by all nurses.

We wanted to understand if our patients experienced these eight principles, so devised a survey based on these principles. We ran the survey from December 2011 to March 2012.

291 patients responded and 91% agreed we were applying the principles of nursing practice.

Our patients said:

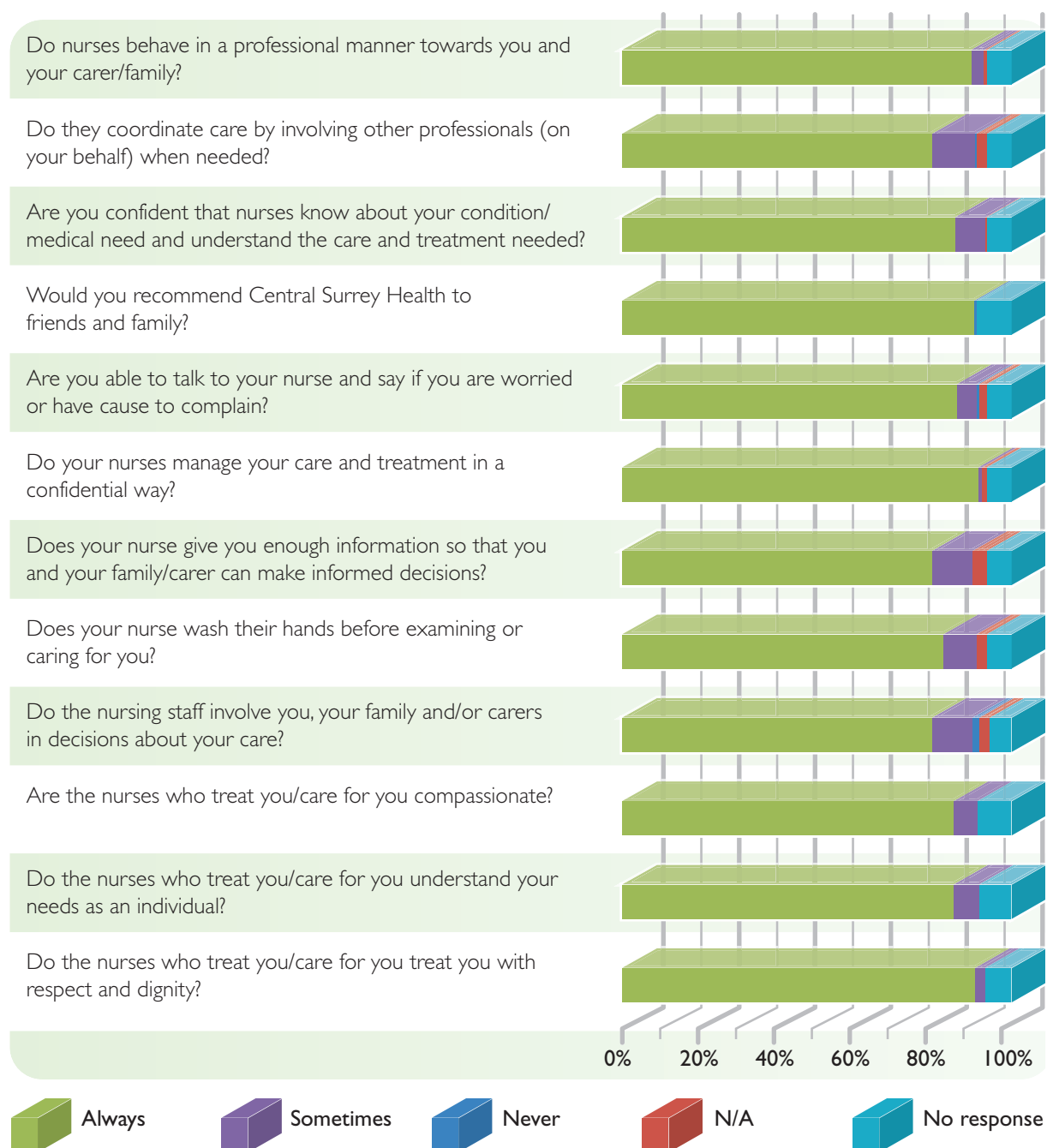
“...very professional and lots of patience...described the treatment and action plan in very understandable way.”

“I was treated like there was nobody else to worry about and had all the time in the world. Everything was explained in very good detail.”

“The confidence and respect that operates between staff and patients here undoubtedly plays an important part in the successful outcome of the treatment. Dorking is fortunate.”



Survey results



Assuring the Board of quality

Having clinical leadership at every level of Central Surrey Health is at the heart of our Board's assurance, with both Managing Directors and a non-executive Board member being clinicians.

Our Integrated Governance Committee is a subcommittee of the Board and is the main way in which we provide assurance to the Board. It is chaired by our clinical non-executive Board member. Throughout the year this committee receives reports and presentations from clinicians and chairs of specialist governance groups, such as clinical quality assurance, professional congress and health and safety.

Each specialist governance group assesses Central Surrey Health against the relevant standards and guidelines and is responsible for ensuring actions are in place where needed.

Each profession in Central Surrey Health has a professional lead and those leads together form a professional congress. The professional leads participate in local and national clinical networks and have links to professional bodies to ensure we remain up to date with current research and innovations in clinical practice. The professional leads ensure professional standards are upheld, share best practice, undertake benchmarking and develop joint initiatives. For example, developing community quality measures.

The final assurance mechanism is through a visible Board. All Board members regularly go and see for themselves on walkabouts at all of our sites.

Clinical audits

It is important to us that we check and monitor how well our services are doing. We achieve this through audits, then identify improvements and implement action plans. We have an Audit and Research group that meets regularly to ensure the co-ordination and quality of our audits. We planned more than 60 audits (clinical and non-clinical) between 1st April 2011 and 31st March 2012, some of which are outlined in previous sections.

Here are a few examples of other audits that took place and the changes for patients that resulted:

Medicines management: Our Medicines Management Group (MMG) carries out a yearly audit that looks at how we administer, store and document medicines as well as the training and supervision requirements of our staff specifically related to medications. This helps to ensure that 'the right patient gets the right medicines at the right dose at the right time'. We found we are doing well in most areas, but have identified some actions that will enable us to improve services further.

Falls prevention: Following the audits we carried out last year, our Falls Prevention Group has continued to carry out regular audits to ensure we minimise the number of falls our patients suffer. The Patient Safety First 'Reducing harm from falls' campaign encourages hospitals to carry out a 'care bundle' audit, with the aim of reducing the risk of patients suffering harm as a result of a fall. We completed this audit in each of our four community hospitals with encouraging results. The standardised audit identified that we are achieving 100% compliance in most areas. Those areas where we didn't quite achieve 100% now have actions in place to ensure we achieve 100% next time.

Continence team: The continence team conducted two audits looking at the standard of training they deliver within Central Surrey Health and also the quality of the continence assessments that are carried out for patients in the community, in residential homes and in out-patient clinics. Both audits demonstrated that the teams are achieving the high standards required, which means patients receive a high quality service that meets their continence needs.

Clinical research

We are committed to enhancing the quality of our patient care, and one of the ways we achieve this is by actively encouraging and supporting our co-owners to undertake clinical research. Several co-owners have been involved in research either through studying at Degree and Masters Level, or collaborating with universities.

Here are a few examples of research undertaken by co-owners:

Our **physiotherapy team** based at the Elective Orthopaedic Centre (EOC) continue to do research alongside the medical staff. They are involved in a study looking at the delivery of local anaesthetic around wound sites for patients who have undergone a total hip replacement. This is a form of pain relief known as a 'wound catheter'. The study is measuring the amount of drugs required and the length of stay following surgery to see if it has a beneficial effect. Many countries and hospitals are adopting this method, but this is the first research of its kind.

One of our **speech and language therapists** who specialises in working with deaf children is involved in two different research projects. Researchers at the Centre for Speech and Language Therapy at the University of Wales Institute are trialling a new test that has been devised for use with deaf/hearing impaired children to give more detailed information that is then used to help with speech training and the programming of hearing aids. Researchers at City University are looking into deaf children's reading skills to try and determine if the incidence of dyslexia is the same in deaf children as in the hearing population.

Our **neuro rehabilitation team** has been involved in various projects including a memory study in patients with multiple sclerosis and an anxiety treatment group for patients with Parkinson's Disease. The results of these interventions are being written up and the results will be shared later this year.

Care Quality Commission (CQC)

The Care Quality Commission (CQC) is registering all providers of healthcare in a phased approach. We will be eligible to be registered by April 2013. This means submitting our application after 1st October 2012 for CQC to assess the application prior to registration.

During 2011 we have undertaken detailed project work to compile evidence and increase awareness among our co-owners. We have completed self assessments in our four community hospitals and have action plans in place to further improve.

Data quality

We have data security processes to ensure patient information is available when we need it and is handled securely and confidentially. Our policies and processes have been developed in line with Data Protection Act requirements and guidance from the NHS to ensure we:

- Justify the purpose(s) for using confidential information
- Only use patient information when absolutely necessary
- Use the minimum information that is required
- Access to information is on a strict need-to-know basis
- Everyone understands his or her responsibilities
- Everyone understands and complies with the law.

We are compliant to Level 2 of the Information Governance Toolkit.

Commissioning for Quality and Innovation (CQUIN)

As part of a national programme of CQUIN targets, NHS Surrey agreed with Central Surrey Health a set of five quality improvement targets, with additional income if achieved. These targets were a mixture of nationally agreed and local targets. Central Surrey Health has delivered on all five targets set for 2011-2012.

Enhancing Quality (EQ) programme – community heart failure

The EQ programme is a South East Coast Strategic Health Authority programme. Its aim is to establish pathway working to improve quality and standardisation of care of patients with heart failure. Central Surrey Health is involved in the community heart failure work stream and has contributed to learning, collected EQ programme data and set up a heart failure service.

Our heart failure nurse has been in post since January 2012 and has established a new patient pathway and service. The specialist nurse is working closely with local GPs and hospital heart failure nurses to improve communication and patient pathways for discharge from the hospitals back into the community.

She is working to ensure that heart failure patients in the community receive evidenced-based care to support them in managing their conditions.



Patient experience

We have collected and assessed patient feedback for three services and received positive feedback in all three areas.

Musculoskeletal physiotherapy service: 96% of patients agreed or strongly agreed that their expectations of treatment were met.

Respiratory service: 93.3% patients agreed or strongly agreed they were satisfied with the care they received.

Children and Families Elmbridge integrated care service: 78% patients agreed or strongly agreed they were satisfied with the care they received.

Early Supported Discharge (ESD)

An early supported discharge pathway for people who have had a stroke was set up on 25th July 2011. To date, 100% people on this pathway have been seen within one working day. The team that manages this service has coordinated with the acute services to enable a visit on the day of discharge or within 24 hours. This enables the team to confirm the care plan is in place, check the rehabilitation goals are suitable and plan onward rehabilitation. A community stroke register has been set up and community based nurses and therapists have been trained in managing and treating stroke patients.

Virtual Ward Plus

The Virtual Ward Plus model has been established in three areas across Central Surrey Health and officially went “live” from 9th January 2012. All four GP Commissioning Groups (CCGs) agreed the service plans and are working with us to make best use of the service. The community matrons, who lead the service, are using a tool to identify patients from GP practices who will be referred to the virtual ward. Community matrons and some specialist nurses have received training in Telehealth to support patients with long term conditions in the management of their disease. The virtual wards will have access to up to 40 Telehealth units, which will enable them to remotely monitor some patients.

2012/13 CQUIN targets – NHS Surrey

CQUIN themes		Target for 2012/13
National		
1	Venous Thromboembolism (VTE) prevention	90% of patients admitted to community hospitals have a VTE risk assessment
2	Patient experience	Patient surveys demonstrate: 1) Involvement in decisions about treatment/care 2) Hospital staff being available to talk about worries/concerns 3) Privacy when discussing conditions/treatment 4) Being informed about side effects of medication 5) Being informed who to contact if worried about condition after leaving hospital.
3a	Dementia - improving awareness and diagnosis of dementia using risk assessment in hospital	Dementia screening
3b		Dementia risk assessment
3c		Dementia referral for specialist diagnosis
4a	NHS Safety Thermometer - improving collection of data about pressure ulcers, falls, urinary tract infection in those with a catheter and VTE	Completion of Safety Thermometer Tool quarterly
4b		Safer Smarter Care submission monthly
Local		
5a	EQ programme - Heart Failure	Heart failure pathway improvement
10	CSH referrals management centre	90% of referrals managed through single point of contact – one email, one telephone number
11	Early Supported Discharge	Eligible inpatients following early supported discharge pathway Seen within one day of discharge from hospital Reviewed after six months
Whole system targets - Central Surrey Health, primary care and hospital staff working together		
6	Emergency admissions	10% reduction in patients admitted to hospital for 0-1 days
7	Length of stay in hospital	10% reduction in length of stay
8	Reducing hospital deaths	10% reduction in hospital deaths and enabling patients to choose where to be at the end of their life
9	Discharges from hospital	20% increase in numbers of patients discharged from Acute Trusts on a Saturday and Sunday

External stakeholders' views

NHS Surrey

The host commissioning PCT, NHS Surrey, has reviewed Central Surrey Health's Quality Account document for 2011 – 2012 and believes that it provides a fair reflection of the work of the organisation and includes the mandatory elements required. The priorities have been discussed and will be further developed with input from commissioners including Clinical Commissioning Groups.

We have reviewed the data presented and are satisfied that this gives an overall accurate account and analysis of the quality of services. This is in line with the data supplied by Central Surrey Health during the year and reviewed as part of their performance under the contract.

We continue to work with the organisation to ensure that data accuracy at all levels remains a key priority, including the application of clinical coding.

The account identifies significant success in relation to:

- Reduced waiting times for therapy services
- Patient feedback and involvement in planning

We will continue to work with Central Surrey Health to raise the profile for quality improvement and regularly review the continuous improvement cycle. The engagement of clinicians close working with primary care will remain crucial in monitoring standards, and improving services for local people. The staff are commended for their continued good work and emphasis on quality of patient care.

LiNk (Local Involvement Network)

The LiNk Group welcomes the move towards clear quantification of measures aimed at improvements in services for children and families, safer hospital care for older people, single point of referrals to Central Surrey Health and patients involved in service re-design. This is important as an independent assurance, and we expect to be working with their senior management in looking at outcomes and progress in these quality measures during 2012/13.

The summary quality data for 2011/12 indicates that productivity has been increased by a 20% in school nurse services and has gained 153 extra hours for appointments. It is encouraging that patients with long term conditions are involved in their personalised care plans and that three patient representatives are joining your co-design to help to improve and re-design services. Measuring and reporting patient's outcomes by auditing using the Barthel Index Score has helped the public to see evidence of outcomes.

You have worked very hard to fulfil your outcomes for 2011/12 and we are pleased to see this and hope to work with you in the coming year to support the newly established Virtual Wards Plus and community matrons, and to maintain and improve quality outcomes for 2012/13, which will be a significant challenge in this time of constraints.

Our overall view from the quality data we have seen and the other evidence we have as a LiNk Group, is that Central Surrey Health is well managed and quality standards in the areas identified reflect well on the organisation and its staff.

Janet Holah

Chair, Mid-Surrey LiNk

Madeline Boissiere

Surrey LiNk Transformation Board Member for Mid-Surrey

Glossary / Further information / Feedback

PEAT Annual assessment of inpatient healthcare sites in England that have more than 10 beds. It is a benchmarking tool to ensure improvements are made in the non-clinical aspects of patient care including environment, food, privacy and dignity. The assessment results help to highlight areas for improvement and share best practice across healthcare organisations in England.

HSJ Efficiency Initiative of the Year award Annual awards run by Health Services Journal that recognise the innovation, best practice and inspiration found throughout the healthcare profession. For more information visit: www.hsjawards.co.uk

Principles of Nursing Practice (PNP) Eight principles that patients should expect from nursing care, developed by Nursing and Midwifery Council (NMC) and Royal College of Nursing (RCN).

15 Step Challenge A tool from the NHS Institute designed to self-assess quality of care on wards. Evidence shows that it's possible to tell the quality of care within the first 15 steps of walking onto a ward. The tool is designed to be used by a team of non-executive director, ward sister and patient representatives.

Workout Our Lean experts facilitate a session with the team, identifying issues and solutions to problems in the service. The team then delivers 'quick wins' and four week projects. We expect a Workout to help a team recoup at least 5% of their day that was spent on wasteful activities or rework.

Lean experts Co-owners with specific expertise in Lean efficiency methods. The core idea of Lean methodology is to maximize customer value while minimizing waste. Simply, lean means creating more value for customers with fewer resources. A lean organization understands customer value and focuses its key processes to continuously increase it.

Strategic Health Authority (SHA) Strategic Health Authorities were created by the government in 2002 to manage the local NHS on behalf of the Secretary of State.

Care Quality Commission (CQC) The CQC regulates care provided by the NHS, local authorities, private companies and voluntary organisations. They aim to make sure better care is provided for everyone - in hospitals, care homes and people's own homes. They also seek to protect the interests of people whose rights are restricted under the Mental Health Act.

NHS Surrey Surrey Primary Care Trust, known as NHS Surrey, was formed on 1st October 2006. They are commissioners, which means they plan, buy and monitor health services from hospital, community and mental health providers, ambulance services and your general practice, dental, pharmacy and optometry services. Their job is to help the residents of Surrey stay healthy and make sure they can get the healthcare they need, when they need it.

Information

If you would like to find out more about our services, visit the website at www.centralsurreyhealth.nhs.uk
For further information or to request a hard copy, please contact:

Communications manager, Central Surrey Health, Ewell Court Clinic, Ewell Court Avenue, Ewell, Epsom, Surrey, KT19 0DZ or telephone 0208 394 3860.

Your feedback

If you have any comment or suggestions on this Quality Account we would welcome your feedback. Please contact Sam Scarrott using the contact details above.

If you would like this report in large print, audio format or in another language, please contact us on 020 8394 3846/3843 or email communications@nhs.uk

Appendix I (statements of assurance from the Board)

Statements of assurance from the Central Surrey Health Board

Data

During 2011/12 Central Surrey Health was commissioned by NHS Surrey to provide 20 services. We have reviewed all the data available on the quality of care in all of these services. The income generated by the NHS services reviewed in 2011/12 represents 100% of the total income generated from the provision of NHS services by Central Surrey Health for 2011/12.

Quality

The data reported in the quality account covers the three dimensions of quality – patient safety, clinical effectiveness and patient experience.

National audit and confidential enquires

During 2011/12 there were no national clinical audits or national confidential enquires that covered NHS services provided by Central Surrey Health.

Our Audit and Research group will be managing clinical and local audits for 2012/13.

Clinical research

The number of patients receiving NHS services provided by Central Surrey Health recruited during 2011-2012 to participate in research approved by a research ethics committee was 165. This research has been carried out in collaboration with the Elective Orthopaedic Centre at Epsom General Hospital.

CQUIN framework

A proportion of Central Surrey Health income in 2011/12 was conditional upon achieving quality improvement and innovation goals agreed between Central Surrey Health and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for quality and innovation payment framework.

Information governance

Our Information Governance Assessment Report for 2011/12 identified we achieved Level 2 for the Information Governance toolkit.

Improving data quality

CSH will be taking the following actions to improve data quality:

- Ensuring all appointments have an outcome
- Ensuring all clinical teams are recording activities on Rio
- Merging duplicate records
- Making sure we record NHS number/GP data on all records and monitoring for consistent approaches.



Appendix 2 (statement of Managing Directors' responsibilities)

Statement of Managing Directors' responsibilities in respect of the Quality Account

The directors are required under the Health Act 2009 and the National Health Services (Quality Accounts) Regulations 2010 as amended to prepare Quality Accounts for each financial year.

Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that foundation trust boards should put in place in support the data quality for the preparation of the quality report. Central Surrey Health has been required to comply with this guidance by NHS Surrey.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- The content of the Quality Account meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2011-12;
- The content of the Quality Account is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2011 to June 2012
 - Papers relating to quality reported to the Board over the period of April 2011 to June 2012
 - Feedback from commissioners dated May 2012
 - Feedback from LINK dated April 2012
 - Our complaints report February 2012
 - The national patients survey dated July 2011
 - Central Surrey Health co-owner survey June-July 2011.
- The Quality account presents a balanced picture of Central Surrey Health's performance over the period covered;
- 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 that they are working effectively in practice;
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Account has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations published at www.monitor-nhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Account (available at www.monitor-nhsft.gov.uk/annualreportingmanual).

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board



Tricia McGregor
Managing Director



Jo Pritchard
Managing Director



Central Surrey Health



Central Surrey Health (CSH) is a not-for-profit organisation that provides therapy and community nursing services to the people of central Surrey.

CSH is co-owned and run by the nursing and therapy teams it employs. This means the people who are most in touch with patients' needs are in charge of providing the services.

Our goal is to revolutionise healthcare in our community and improve health standards for all.

We provide services for:

Children and their families, people with long term conditions and those who require short term interventions.

Services are provided by: • Clinical Assessment Unit • Community Hospitals • Dietetics • District Nursing • Health Visiting and School Nursing Services • Long Term Conditions Team • Neuro-Rehabilitation • Occupational Therapy • Physiotherapy • Podiatry (Chiropody) • Safeguarding Children Team (Child Protection) • Specialist Nursing (e.g. Continence, Respiratory) • Speech and Language Therapy • Wheelchair Services

Our services are provided in people's homes, at clinics, schools, in the local acute hospital and at four community hospitals.

Head Office: Ewell Court Clinic, Ewell Court Avenue, Ewell, Epsom, Surrey KT19 0DZ
www.centralsurreyhealth.nhs.uk

Company registration number: 5700920

Central Surrey Health delivering services on behalf of the NHS

