CSH
Surrey

NHS

Better healthcare together

Quality Account 2015-2016

Contents

Introduction from CSH Surrey's Chief Executive

This October CSH Surrey will be celebrating 10 years since coming out of the NHS in the belief we could deliver higher quality care independently.

CSH VALUES	PEOPLE FIRST	INTEGRITY	ENTERPRISING	EXCEPTIONAL DELIVERY
Our Commitment As a patient or a co-owner you will feel...	Respected and valued as individuals	Listened to and involved	Supported to find solutions and innovate	Safe and assured by our high quality standards

This has proved to be true, due to our fundamental Value of doing what's right for patients and families ('People First'). Our three other Values – of operating with integrity, exceptional delivery and being enterprising – also run deep and strong throughout CSH Surrey and provide a sound basis for delivering safe, high quality and compassionate care.

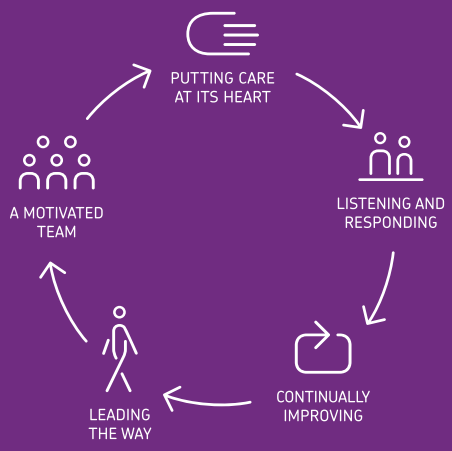
This year we are proud of our key role in helping drive system-wide integration. Within our Adults services this has been most visible in our pioneering partnership work with acute, social care and GP partners, resulting in a new consortium-led service, Epsom Health and Care. Through this we are reducing acute admissions and successfully keeping frail and elderly patients at home by providing seamless and coordinated care that meets all of their health and social care needs.

Strong partnership working is also driving innovation and improving health outcomes within our Children's and Families services: with education partners we have successfully implemented the integrated 27 month development review; with Surrey Young Carers we have raised awareness of the realities of being a young carer; and with looked after children we have co-designed a Health Review Assessment appointment card to improve engagement with health services.

We continue to be exceptionally proud of the quality of our end of life care services, which far exceed those nationally. In addition this year we have introduced successful innovations that are reducing falls, while our investment in dedicated pharmacy and infection control roles is delivering quality benefits, with more improvements planned for 2016/17.

We have enhanced medical leadership within CSH Surrey by appointing three locality GP advisors. This innovative model will benefit patients in the coming year as the GP advisors support us to develop more streamlined referral processes and smoother pathways to and from primary care.

As we prepare to mark our 10th anniversary, we remain convinced that our model of employee-ownership continues to set us apart – from our unique culture to the quality of care this enables us to provide. This is evidenced yet again in our annual survey, which outperforms the NHS staff survey in almost all areas.



CSH Surrey remains committed to working with partners and to breaking new ground as we continually seek to deliver ever safer, more effective, integrated and patient-focused care.

Jo Pritchard Chief Executive

What is a Quality Account?

The Health Act 2009 requires all providers of NHS services in England (except those with fewer than 50 full-time employees and that provide under £130,000 of NHS services) to produce a Quality Account to provide information about the quality of their services. The reports are published annually by each provider, including the independent sector, and are available to the public.

Quality Accounts are an important way for providers of NHS services to report on quality and show improvements in the services they deliver to local communities and stakeholders. The quality of the services is measured by looking at patient safety, the effectiveness of treatments that patients receive and patient feedback about the care provided. The Department of Health requires providers to publish their Quality Accounts on the NHS Choices website by 30th June.

Language and Terminology

We have provided an explanation of some of the common words or phrases used in this Quality Account to support readers who may not be familiar with or understand some of the terminology, which those working in the NHS take for granted.

These words and phrases will be marked by an asterisk (*) throughout the document.

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

6Cs: these are six core values that the Chief Nursing Officer for England introduced in 2012 as part of the Compassion in Practice national nursing strategy. They were extended to cover all healthcare staff working in England in 2014. The 6Cs are: Care, Compassion, Competence, Communication, Courage and Commitment.

#hellomynameis: a campaign for more compassionate care started by a terminally ill young doctor.

Accountable Officer: Controlled Drugs (Supervision of Management and Use) Regulations 2013 state that health organisations and independent hospitals must appoint an Accountable Officer to be responsible for the management of controlled drugs and related clinical governance issues in their organisation.

Acute trusts: NHS organisations that run the large hospitals.

AGILE: is a Professional Network of the Chartered Society of Physiotherapy and is for therapists working with older people.

ASQ3: this is a set of questionnaires about children's development that is produced by the Department of Health to make sure children are developing in important areas, such as communication, physical ability, social skills, and problem-solving skills.

Body Mass Index: this is a clinical measure used to see if children and adults are a healthy weight for their height. The calculation correlates height, weight, gender and age. If someone's BMI is too low they will be underweight for their height, if it is too high they will be overweight for their height.

Boorman Review: a review commissioned by the Department of Health and led by Dr Steve Boorman that investigated the health and wellbeing of NHS staff.

Care Act 2014: a Government act in 2014 that promotes integration of care and support services with health services.

Care Act 2014 Categories of Abuse: Physical, Psychological/Emotional, Financial, Neglect and acts of omission, Discriminatory, Institutional abuse, neglect and poor practice. Self neglect has been recognised within the Care Act 2015 as part of the safeguarding framework.

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

CAS alerts: the Central Alerting System (CAS) is a web-based system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to providers of health and social care.

Child Protection Case Conference: a multi-agency meeting with the child and family to put in place a plan of support to safeguard the child.

Child Protection Plan: a plan overseen by local authority children's services and supported by health and other partner agencies to ensure a child is safe from harm.

Child Sexual Exploitation: this is a type of sexual abuse in which children are sexually exploited for money, power or status.

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

Commissioning Support Unit: NHS commissioners buy non-clinical support services, such as procurement or communications expertise, from Commissioning Support Units.

Competency framework: a list of the competencies (skills) required by people in particular roles.

Continual Professional Development (CPD): this is the means by which people maintain their professional knowledge and skills.

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

COPD: COPD or Chronic Obstructive Pulmonary Disease is a progressive disease in which the airflow to someone's lungs becomes increasingly limited due to a chronic inflammatory response to noxious particles and gases.

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

Cross-infection: when different infections are transmitted between patients.

Datix: this is the patient safety software we use at CSH Surrey for healthcare risk management, incident and adverse event reporting.

DBS checks: a national check on somebody's criminal records that is part of our recruitment process. DBS stands for Disclosure and Barring Service.

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

Escherichia coli or E.Coli: is a type of bacteria that lives in the intestines. It can be harmless or some types can cause infection.

Employee owned: an organisation is referred to as being 'employee owned' when its employees (staff) own the business through models such as share ownership.

Family Nurse Partnership / FNP: this is an internationally recognised programme of support for young, first time mothers, from pregnancy to when the child is two years' old. It is designed to improve the life chances of both mother and child.

Francis Inquiry and Report: Robert Francis' report into the failings at the Mid Staffordshire Foundation Trust was published in February 2013. The Francis report is the result of a public inquiry into the role of commissioning, supervisory and regulatory bodies in the monitoring of Mid Staffordshire Foundation NHS Trust between January 2005 and March 2009. The report called for a "fundamental change" in culture whereby patients are put first and made 290 recommendations covering a broad range of issues relating to patient care and safety in the NHS.

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

Health and Safety at Work Act 1974: this Act of Parliament defines the general duties of employers, employees, contractors and suppliers with regard to workplace health, safety and welfare.

Health and Safety Committee: a sub-committee of CSH Surrey's Board that is responsible for ensuring CSH Surrey abides by health and safety laws and guidelines.

Health and Safety Executive (HSE): the HSE was created by the Health and Safety at Work Act 1974. It is a non-departmental public body responsible for the encouragement, regulation and enforcement of workplace health, safety and welfare.

Infection, Prevention and Control Strategic Committee: a sub-committee of CSH Surrey's Integrated Governance Committee that is responsible for ensuring CSH Surrey comply with the Health & Social Care Act 2008 (Updated 2015) and all issues related to infection prevention & control.

Integrated Governance Committee: a sub-committee of CSH Surrey's Board that is responsible for ensuring CSH Surrey is well run and governed.

Intercollegiate Document 2014: this sets out the competencies and training requirements for all health staff in order to recognise child maltreatment and to take effective action as appropriate to their role.

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

Looked after Children's Rights Apprentices: these are young people who have experienced being 'looked after' by the local authority and who award the Total Respect Quality Mark*.

Lord Darzi's three quality principles: in 2008 Lord Darzi set out three aspects of quality care that are of equal importance in his report High Quality Care for All. These are patient safety, clinical effectiveness and patient experience.

Missing and Exploited Children Conference (MAECC): a multi-agency response to reduce the risk of sexual exploitation of children and young people, involving information sharing, assessment, support and disruption.

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

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

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

MUST assessment: MUST stands for Malnutrition Universal Screening Tool. It is a five-step screening tool to identify adults who are malnourished, at risk of malnutrition (under-nutrition) or obese. It also includes management guidelines that can be used to develop a care plan.

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

National Patient Safety Agency (NPSA) and NPSA alerts: the National Patient Safety Agency leads and contributes to improved, safe patient care by informing, supporting and influencing the health sector. This can be through NPSA alerts.

National Reporting and Learning System (NRLS): NHS England has a programme of work aimed at improving handover at the time of discharge (when hospital clinicians hand over responsibility to individuals or organisations responsible for a patient's care after they leave the hospital). To inform this programme a National Reporting and Learning System (NRLS) search was performed of incidents reported between 1st October 2012 and 30th September 2013. The aim of the search was to identify the nature and scale of the problems associated with the process of handover from secondary care at the time of discharge.

National Safeguarding Adults Reviews: a Safeguarding Adults Review is held when an adult at risk of abuse dies or has experienced serious neglect or abuse, and there is concern that partner agencies could have worked more effectively to protect them.

Nursing and Midwifery Council (NMC): the Nursing and Midwifery Council is the professional regulatory body for nurses and midwives in the UK. Its role is to protect patients and the public through efficient and effective regulation.

Personal Development Reviews: an annual process between line managers and those they manage to review achievement of personal objectives and agree new objectives (role and developmental) for the coming year.

Polypharmacy: is the use of multiple medications at the same time to manage co-existing health problems.

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

Prevent (anti-terrorism): this is one part of the Government's counter-terrorism strategy and aims to stop people becoming terrorists or supporting terrorism. Professionals within health, the police, education, social care and other sectors are required to provide training and implement initiatives to support it.

Professional Congress: a group of clinicians, each of whom represents their particular clinical profession, and who advise CSH Surrey on issues related to delivery of care.

Professional Registration: clinicians (nurses and therapists) have to be registered with their professional body (Nursing and Midwifery Council or the Allied Health Professionals Council) to practice.

Protected characteristics: these are the personal characteristics that are protected by the Equality Act 2020. Everyone in Britain is protected by the Act. The "protected characteristics" under the Act are (in alphabetical order): Age; Disability; Gender reassignment; Marriage and civil partnership; Pregnancy and maternity; Race; Religion and belief; Sex; Sexual orientation.

Public Sector Equality Duty: this requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations between different people when carrying out their activities.

Quality and Governance Directorate: the team that reports to CSH Surrey's Director of Quality and is responsible for quality and governance within CSH Surrey.

Revalidation: this is the new process that all nurses and midwives in the UK now need to follow to maintain their registration with the NMC* (effective from April 2016). Revalidation helps a nurse or midwife demonstrate that they practise safely and effectively. It encourages them to reflect on the role of the NMC Code within their practice and demonstrate that they are 'living' the standards set out within it. Revalidation is required for all of CSH Surrey's Registered Nurses, including health visitors and school nurses.

Review Health Assessment: a health assessment is offered to all children who are "looked after' following an initial medical assessment when a child first comes into the care of a local authority, and in line with statutory guidance (Promoting the Health and Well Being of Looked After Children: Department of Education and Department of Health 2015).

RIDDOR: Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. These are reported to the Health and Safety Executive.

Root Cause Analysis: a process used to find out the key cause of an incident.

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

Safer Sharps EU Directive: this is a Directive to prevent and reduce injury from needles used within the healthcare sector, and to reduce the risk of exposure to and infection from blood borne viruses carried by patients.

Schedule 2 and Schedule 3 controlled drugs: the Misuse of Drugs Regulations 2001 divide Controlled Drugs into five 'schedules' corresponding to their therapeutic usefulness and misuse potential. Schedule 2 drugs includes diamorphine (heroin), morphine, remifentanil, pethidine, secobarbital, glutethimide, amfetamine, and cocaine. They are subject to safe custody requirements and so must be stored in a locked receptacle. Schedule 3 drugs include a small number of minor stimulant drugs and other drugs which are less likely to be misused than the drugs in Schedule 2. Examples are barbiturates (except secobarbital, now Schedule 2), buprenorphine, diethylpropion, mazindol, meprobamate, midazolam, pentazocine, phentermine, and temazepam.

Sepsis: this is a common and potentially life-threatening condition triggered by an infection.

Service Level Agreement (SLA): this is a contract between a service provider and the end user that defines the level of service expected from the service provider and specifically defines what the customer, in this case CSH Surrey, will receive.

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

Social enterprise: social enterprises operate to tackle social problems, improve communities, people's life chances or the environment. They reinvest profits back into the business and/or into the local community.

Statutory and Mandatory training: training required to meet legislation.

Surrey Downs Clinical Commissioning Group (or CCG): CCG's commission organisations to provide NHS services. CSH Surrey is contracted by Surrey Downs CCG to provide the community nursing and therapy services for the mid Surrey area.

Surrey Safeguarding Adult Board (SSAB): this helps and protects adults in Surrey who have care and support needs and who are experiencing, or are at risk of, abuse or neglect. Representatives from Surrey's carers groups, disability groups and older people's groups are members of the Board and ensure the voices of adults at risk, their families and carers are heard. In April 2015 the Board will become statutory under the Care Act 2014.

Surrey Safeguarding Children Board (SSCB): these Boards were established nationally by the Children's Act 2004. They have statutory responsibility to safeguard and promote the welfare of children.

Review of our Quality CQUINs* in 2015 /2016

CSH Surrey's 2014/2015 Quality Account described the five Quality CQUINs for the year 2015/16. A review of our progress against these is detailed below.

The CQUIN payment framework enables commissioners to reward excellence by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals. CQUINs consist of national set indicators and locally developed indicators, which are agreed with local commissioners at the start of the financial year.

To improve Dementia care: Achieved

Our quality targets were to:

- Assess all appropriate patients (those who are over 75, who have no formal diagnosis of Dementia and who are admitted to the Community Hospitals or under the care of the Community Matrons) to identify a potential dementia diagnosis
- Refer 100% of those assessed as having a potential dementia diagnosis to their GP for further investigation/assessment (with their consent)
- Train 80% of eligible co-owners in Dementia awareness.

202 patients were assessed and 114 referred for further investigation/assessment to their GP during 2015/16. This means all 114 patients (100%) will potentially receive an earlier diagnosis of Dementia and therefore earlier access to available support for them and their families.

Our Dementia training programme focuses on the national agenda developed by 'Skills for Health'. The training is delivered by members of our Dementia Steering Group* and includes, for example, knowing the early signs of Dementia, how to communicate sensitively and how to promote independence and encourage activity.

557 co-owners have received this training, which is 83% of those eligible.

PRIORITY 2

To help reduce acute hospital attendances and admissions: Achieved

Our quality target was to:

- See a minimum of 100 'emergency care' patients at home per month to help to reduce the number of patients attending A&E.

As can be seen below, we significantly exceeded this target.

'Rapid Response' (emergency care at home) referrals per month

Month	Total referrals
April 2015	264
May 2015	305
June 2016	253
July 2015 269	269
August 2015	259
September 2015	392
October 2015	400
November 2015	378
December 2015	345
January 2016	290
February 2016	306
March 2016	308
Total	**3769**

We conducted a quarterly audit to monitor whether the patients were subsequently admitted to hospital. We reviewed their records three days and seven days after the emergency care visit. This audit showed that very few patients were subsequently admitted to hospital, and that there was a high level of satisfaction with the response and the care provided.

"Such a relief to be able to be seen quickly for my husband's catheter. Not having to go to the hospital was superb, no waiting or parking and the nurse had exactly what she needed. Comfortable and no stress."

Patient's wife

PRIORITY 3

To improve medicines management processes and outcomes: Achieved

Our quality targets were to:

- Maintain accurate records of all the medications patients are on, using at least two sources (medicine reconciliation)
- Ensure community hospital patients receive a medicine review by a pharmacist within 72 hours of admission
- Send accurate and timely discharge information to GPs.

The CQUIN areas are based on NICE Guidance *NG5 Medicine Optimisation: the safe and effective use of medicines to enable the best possible outcomes*, which was published in March 2015. As can be seen, we exceeded all of this year's targets.

Measure	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
	Target	Achieved % (baseline)	Target %	Achieved %	Target %	Achieved %	Target %	Achieved %
Accurate listing of patient medication, using at least 2 sources	-	10.6	20	79.8	30	79.4	40	80.3
Medicine review by pharmacist within 72 hours of admission	-	53.7	60	62.6	65	65.6	70	78.0
Send accurate and timely discharge information to GP	-	41.1	50	55.6	60	65.3	70	73.1

The value of having expert pharmacy input at every stage of a patient's journey is recognised by patients and the whole team, as illustrated by feedback we receive.

"Thank you for showing me how to use my inhaler, adding the spacer device and telling me about rinsing my mouth after using the inhaler. I have suffered from thrush in the mouth for a long time which has affected my ability to taste and enjoy my food. I have lost a lot of weight as a result."

Patient

"The pharmacist is far better at medication reconciliation and optimisation than a doctor and provides invaluable holistic advice on drug interaction, side effects, contra-indications and dosing especially in frail and elderly patients that may have reduced renal function."

Doctor

PRIORITY 4 Reduce harm from pressure ulcers* and improve pathway management: Partly achieved

Our quality targets were to:

- Reduce the number of acquired Grade 2 pressure ulcers for patients admitted to CSH Surrey services (did not achieve)
- Reduce the number of acquired Grade 3 pressure ulcers for patients admitted to CSH Surrey services (did not achieve)
- Identify quarterly the number of SCALE (Skin Changes at Life's End) pressure ulcers (achieved). In Quarter 1 (Q1) we identified 3, in Q2 1, in Q3 2 and 13 in Q4
- Provide pressure ulcer training to 90% of clinical co-owners (did not achieve)
- Ensure 90% of patients admitted to our community teams and community hospitals are on the pressure ulcer pathway (did not achieve)
- Ensure 85% of patients in our community hospitals have a MUST* (Malnutrition Universal Screening Tool) assessment (achieved). We screened 100% in Quarter 1 (Q1), 95% in Q2, 100% in Q3 and 100% in Q4
- Ensure no more than 5% of acquired pressure ulcers in our community hospitals (achieved). In Quarter 1 (Q1) it was 1.5%, in Q2 0.4%, in Q3 1.2% and in Q4 0.8%.

As the year progressed, we identified a number of data collection difficulties which meant it was a challenge to evidence that we achieved some of these targets.

PRIORITY 5 Help address Sepsis* in the community: Achieved

Our quality targets were to:

- Train 90% of clinical co-owners to be able to recognise and act on the signs of sepsis.

90% 90% (489) clinical co-owners trained in sepsis awareness

We delivered the training either face-to-face or via a video that we produced in-house and made available on You Tube. The training incorporated how to recognise sepsis, what the signs of sepsis are, how to deal with a situation where sepsis is suspected and information on how sepsis is treated.

"This training has made me more aware and vigilant during my practice in identifying sepsis."

"I will be more aware of the signs of sepsis in a patient and will make sure that the patient receives treatment as soon as possible."

"I feel this was very important for early prevention to save lives."

We have made links with the UK Sepsis Trust and we are now working with them to produce guidelines and processes for recognising and acting on suspected sepsis in the community. We expect these to be available during 2016.

We record any cases of sepsis on our incident-reporting system and undertake an in-depth analysis. CSH Surrey had one case of sepsis in 2015/16 before the training was rolled out, which was reported and investigated.

CSH Surrey's approach and commitment to Quality

Embedding a culture of quality

Quality Week

In October 2015 we held CSH Surrey's second annual 'Quality Week' to share learning and to launch and celebrate quality initiatives. Co-owners were able to attend clinical training on sepsis, pressure ulcers and dementia, as well as sessions designed to further embed Quality and Governance initiatives, such as clinical audit training, reflective practice and implementation of NICE* (National Institute for Clinical Excellence) guidelines. This year we also included a focus on health & wellbeing, with co-owners able to access relaxation sessions and heart, lung and foot checks, all of which were well received.

The words co-owners use to describe what quality at CSH Surrey means to them

We awarded four Quality Prizes this year to support service-led initiatives to improve care in Lord Darzi's* three areas of Clinical Effectiveness, Patient Experience and Patient Safety. These were:

1. *To introduce a falls prevention initiative at Dorking Community Hospital*
   Over the four months this initiative has been running, we have seen a reduction in the number of falls from 24 to 16. We have introduced coloured wrist bands to identify patients at most risk of falling as well as laptops for night staff so they can work nearer to at risk patients rather than being restricted to working at desktop computers at the nurses' station. The ward team has also designed and implemented a new observation chart to identify abnormal observations, such as vital signs and low blood pressure.

2. *To produce and print a patient information booklet for people undergoing total hip replacement at the Elective Orthopaedic Centre at Epsom General Hospital, where CSH Surrey provides all therapy input.*
   We have achieved this, and the booklet will be in use from April 2016.

3. *To produce and print a 'Starter pack' for new co-owners joining the inpatient team at Dorking Community Hospital*
   This has been used by our HR team as the basis for a new staff handbook to help new co-owners settle more quickly into their roles.

4. *To improve the uptake of the Friends and Family Test within our Children's and Families services.*
   The School Nursing team designed a simple feedback form and trialled it with young people. The form was adapted following feedback and was re-issued in June 2016.

"The school nurse is a great help and, if needed, is really useful. Would recommend this service to others."

School student

In January 2016, one of last year's Quality Prize winners successfully launched their project (which was run in partnership with Surrey Young Carers) to better identify and support young carers. The campaign received useful recognition in the local media and will be built upon later this year when postcards and posters using the images created by the young carers will be produced for use in children's centres, schools and by our health visiting teams.

Vital work of young carers is highlighted in new campaign

THE crucial work that 14,000 young carers do across Surrey will be recognised as part of a new campaign which aims to show what they do.

As part of the campaign, which has been launched by CSH Surrey and Surrey Young Carers, young carers were invited to submit artwork, photography, songs or video to help explain what it feels like to be a carer at a young age.

The two winning entries were created by 8 year old Chloe and 12 year old Amber and their artwork will be used on social media and to create posters and postcards that can be used by school nurses, health visitors and other health professionals working with children and young people.

Young carers lead at CSH Surrey Sarah Tomkins said: "Chloe and Amber's pictures reflect the reality of the 700,000 young carers in the UK who work around the clock providing care and support to family and friends.

"We know there are many more

INSPIRING: Artwork created by young carers will help promote their work

young carers in our community that we know about and I feel privileged to support and champion the needs of young carers in Surrey through this campaign, which will raise awareness of the amazing group of young people."

Surrey Young Carers provides services and support to approximately 2,000 young carers in Surrey

We also used Quality Week to collect feedback from patients and clients about our services, and have used this to make service improvements. We received more than 180 pieces of patient experience feedback from 14 services.

> "I feel informed about the future plans and the choices and support available to me."
>
> Feedback from the parent of a child using CSH Surrey's Children's Therapies service

Evidence

When the Domiciliary Physiotherapy team received feedback that a patient did not know when to expect them, they set a clear goal to discuss frequency of visits at patients' assessments. This ensures patients are well informed and know what to expect. Patients are also given contact details so they can raise questions between visits if needed.

In 2016 we aim to provide co-owners with another well-planned programme of learning, allowing plenty of time for co-owners to plan attendance around their clinical commitments.

Quality Strategy

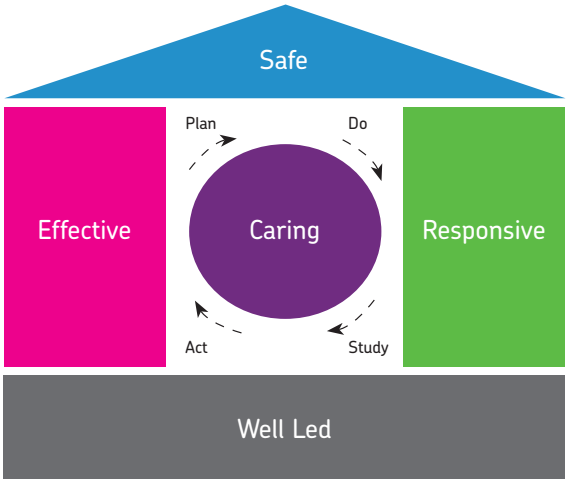
In 2015 we developed our Quality Strategy model, which was based on the three Darzi principles. Below is our progress against the priorities we set for 2015-2020.

Aim	Objective	Progress	Further action planned
Develop and implement Quality and Governance strategy	Board to agree Strategy	Strategy agreed by Board June 2015	Continue to embed the strategy
Co-owners continually improve quality of patient and client care	Create a stronger research environment to influence patient outcomes	Co-owners involved in research (see p83) and learning shared via professional leads	Closer working with other partners, including the University of Surrey Continue embedding research and learning
	Evidence-led service re-design and efficiency work leading to pathway improvement	Community Hubs developed Neuro pathway improvement work New musculoskeletal (MSK) Clinical Assessment and Treatment (CAT) clinics. They have kept patients out of secondary care when they did not require that type of care, and have delivered a financial saving to Surrey Downs CCG	Continue to develop Community Hubs The MSK CAT Service will expand to include pain and rheumatology services and osteoporosis classes
	Improved communication with patients, clients and carers	Undertaking a review of internal complaints processes (see p60 for more)	Embed new complaints processes internally
	Demonstrated improvement in cleanliness of wards and departments	Now using a new chlorine-based product for areas that require cleaning after the discharge of an infected patient or outbreak Consistently high audit scores of 97-100% Replacing fabric curtains with disposable curtains See p33 for more	Continue to work closely with G4S in participating in cleaning audits and with the Infection Control Nurse to ensure high standards continue to be met
	Executive and Non Executive Director patient safety walk rounds	A number of visits conducted over the year	These visits will continue on a regular basis
	Achieve outstanding in a CQC inspection	CQC section on our intranet Roadshows for teams on new style inspections Shared learning from CQC reports, eg with Privacy and Dignity group	Continue preparation, including conducting mock inspections

Aim	Objective	Progress	Further action planned
Develop medical leadership to strengthen clinical effectiveness	Review medical Leadership across CSH Surrey	3 Medical Advisors (local GPs) employed for 1 session a week to facilitate improved communication and development between Surrey Downs CCG and CSH Surrey Medical Leadership on our Board (a Non Executive Director is a GP)	Continue to embed these roles
NICE guidance implementation	Embed use of NICE guidance	Met target (see p50 for more)	Continue to embed
Embed the Chief Nursing Officer's 6Cs*	Co-owners aware of purpose and benefits of compassion as a therapeutic tool for the physical and mental wellbeing of co-owners and patients	6Cs is now an integral part of our new joiners' Induction, in which we explore each of the six values and behaviours (see p72)	Continue to embed We are planning a series of workshops on compassion, where we bring the 6Cs to life through practical activities and thoughtful scenarios that demonstrate the nature, function and importance of compassion
	6Cs will be embedded across CSH Surrey	At the end of Induction we ask all of the new co-owners to make a pledge so they start their working lives at CSH Surrey with the 6Cs in mind (see p73 for more)	
Focus on the role of patients/ clients as patient leaders	To develop patient leaders who can effectively influence our healthcare agenda within CSH Surrey Patient leaders to be confident to be involved in strategic leadership and to act as agents for influencing change to improve quality and the patient experience Patient leaders have Quality Improvement knowledge and skills to champion and promote quality improvement across CSH Surrey	Researched types of patient leadership in other organisations and have met with some experts interested in the possibility of developing this role	Further develop knowledge and identify potential patient leaders

Quality Assurance through the House of Quality

In October 2014 we launched our 'House of Quality' (adapted from the Department of Health's 'House of Care') that we use for Board assurance. It describes the five interdependent domains defined by the Care Quality Commission* (CQC) that, if implemented together, demonstrate a quality service.



Our Integrated Governance Committee (IGC)*, which is chaired by a clinical Non Executive Director, reviews all patient pathways using the House of Quality model to gain assurance of the quality of service being provided. The model allows for identification of areas for development against the five CQC domains.

Both our Adults and Children and Families Services have incorporated this model into all aspects of service delivery.

Reports prepared for the Integrated Governance Committee are based on this model and provide evidence of how each strand of the service meets these domains. Use of the model has encouraged reflection and improvement where appropriate.

Evidence

A review of paediatric therapy services highlighted the difficulties that parents have in accessing information, especially around special educational needs and disability, where responsibility for service commissioning and delivery rests with several organisations. We therefore established the post of Clinical Navigator to provide a responsive, effective and caring point of contact for parents. This person has been able to respond quickly, ensure that care is co-ordinated and that families are supported holistically through our 0-19 services where appropriate. Information gathered by the Clinical Navigator is used to highlight potential problems in the care pathways and enable them to be rectified quickly and effectively. The service is highly regarded by parents and professionals alike.

Care Quality Commission (CQC)

CSH Surrey was not inspected directly by the CQC during 2015-2016. However, in November 2015 Epsom and St Helier University Hospitals NHS Trust (ESHUT) was inspected by the CQC and this directly involved some of our Therapy services.

14 co-owners attended one of the focus sessions led by CQC with ESHUT staff during which they had an opportunity to feedback on the care they provided.

The results of the inspection were not available at the end of March 2016 for inclusion in this report.

At CSH Surrey we have continued our programme of presentations about CQC inspections to increase co-owner awareness of, and to support them to prepare for, any future inspections.

Diversity and inclusion

We take diversity and inclusion seriously at CSH Surrey. Not only are we required to conform to a number of duties following the introduction of the Equality Act 2010*, but we believe these to be the right things to do – for our co-owners, patients and wider communities.

In summary we:

- Ensure that we do not discriminate against our co-owners in relation to the protected characteristics* as defined in the Equality Act
- Comply with the Public Sector Equality Duty* which means we must have due regard to the need to:
    - o Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act
    - o Advance equality of opportunity between people who share a protected characteristic and those who do not. For example, remove or minimise disadvantages suffered by people due to their protected characteristics and foster good relations between people who share a protected characteristic and those who do not.
- Publish information to demonstrate compliance in a format that enables third parties to easily assess our performance.

We also conform to the NHS England Equality Delivery System, which is an assessment framework to help deliver better outcomes for patients and communities and better working environments for employees.

There are four main goals within this framework:

- Better health outcomes
- Improved patient access and experience
- A representative and supported workforce
- Inclusive leadership.

We conduct an annual analysis against the 18 outcomes that enables us to identify a dedicated action plan to improve diversity and inclusion across CSH Surrey.

Actions we are taking during 2016/17 include: capturing patient diversity and inclusion data at appointment and in survey/focus groups to enable better analysis; obtaining site audits to determine accessibility priorities; and capturing diversity and inclusion data for complaints received throughout 2016/17 to enable full analysis to be undertaken.

Patient Safety

Duty of Candour

The Health and Social Care Act 2008 Regulations 2014 places a duty on providers of NHS services not to appoint a person or allow a person to continue to be an Executive Director or equivalent or a Non Executive Director under given circumstances:

- Whether the person has been convicted in the United Kingdom of any offence or been convicted elsewhere of any offence which, if committed in any part of the United Kingdom, would constitute an offence, and,
- Whether the person has been erased, removed or struck off a register of professionals maintained by a regulator of health care or social work professionals.

The Francis Inquiry* concluded that 'candour' is an essential component in high quality healthcare, but that openness, transparency and candour are frequently not observed. Francis recommended that "healthcare providers should be under a statutory Duty of Candour to inform the patient, or other duly authorised person, as soon as practicable when they believe or suspect that treatment or care it provided has caused death or serious injury to that patient, and thereafter provide such information and explanation as the patient reasonably may request."

The Being Open (Duty of Candour) policy has applied to CSH Surrey since April 2015. We have updated this policy, which describes the process for co-owners to communicate with patients, their relatives or carers following an incident causing moderate or severe harm (or unexpected death). It draws on the National Patient Safety Agency definitions:

- Moderate harm incidents (short term harm, patient required further treatment or procedure, eg Grade 3 pressure ulcers, some patient falls and medication errors). Some currently reported as SIRIs (Serious Incident Requiring Investigation)
- Severe harm incidents (permanent or long term harm). All currently reported as SIRIs
- Death incidents (any unexpected or unintended incident which caused the death of one or more persons). All currently reported as SIRIs.

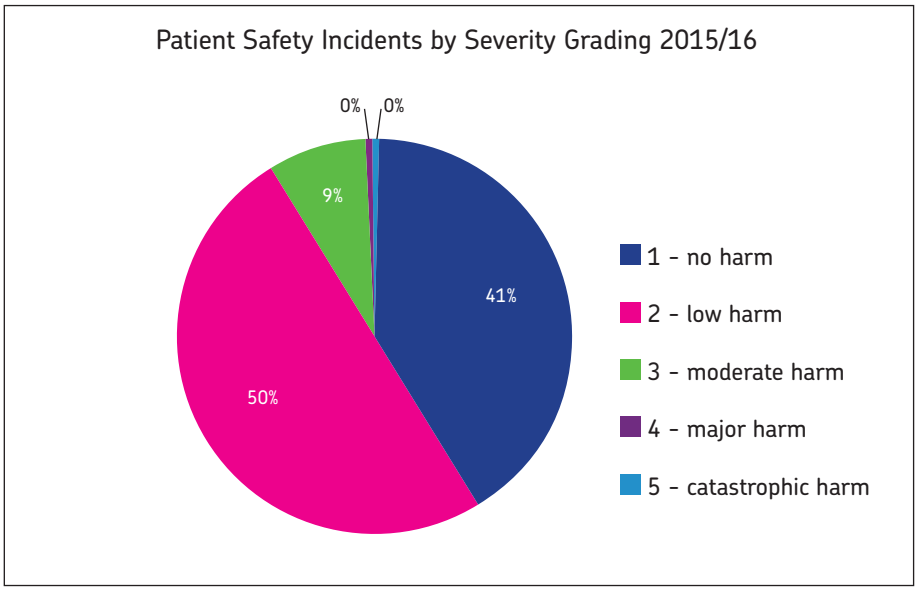
We recognise that promoting a culture of being open is a prerequisite to improving patient safety and the quality of healthcare systems. CSH Surrey has been compliant with the requirements of a Duty of Candour during 2015/16, and in line with our policy, continues to support clinicians to be open and honest with service users when things go wrong.

Patient safety incidents

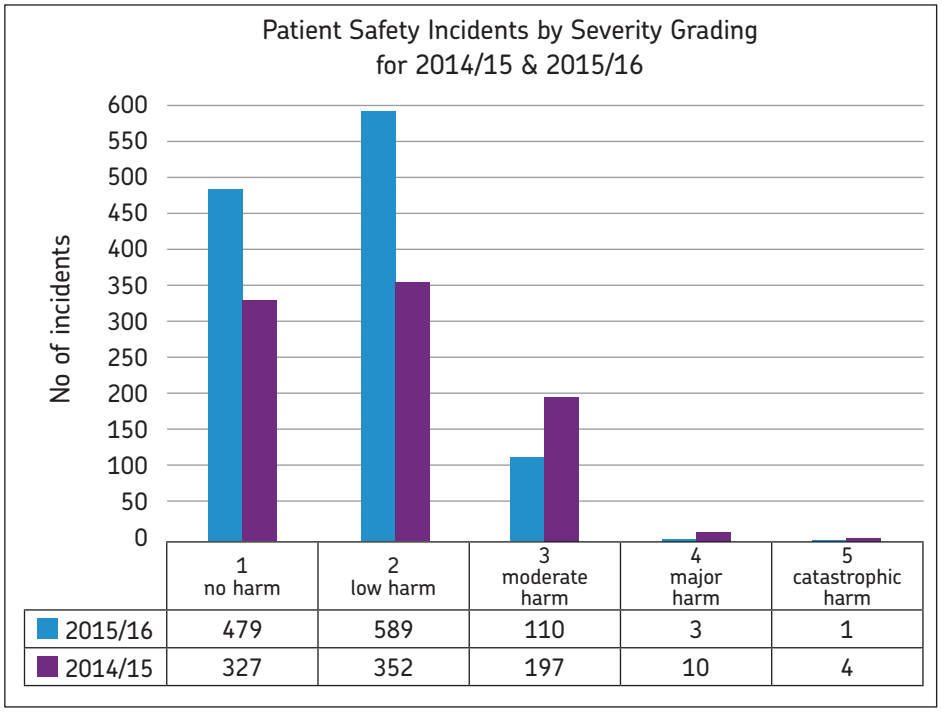
CSH Surrey has a centralised process for the collation of incidents and near misses. We report monthly on all levels of incidents, including any learning and actions taken to the Board.

Incidents are recorded on the Datix* Risk Management system and are overseen by the Quality & Governance team. Incident reporting occurs in accordance with our Incident Reporting Policy & Procedure. Trend analysis is monitored by the Patient Safety & Risk Lead.

Between April 2015 and March 2016, CSH Surrey recorded 1182 patient safety incidents, up from 890 recorded between April 2014 and March 2015. We attribute this increase in incidents to awareness raising campaigns and improved reporting rather than to 25 deterioration in our care. For example, we have run campaigns to increase reporting of incidents and some type of incidents have seen a significant increase as a result, eg medication issues. We also continue to focus on sharing learning from serious incidents at team and locality meetings.



Of the 1182 reported incidents, 16 were SIRIs (Serious Incident Requiring Investigation). This is a decrease from 24 serious incidents the previous year. This decrease can be attributed to better management of pressure ulcers in the community and an overall increase in awareness of pressure ulcer and falls prevention.



	1 no harm	2 low harm	3 moderate harm	4 major harm	5 catastrophic harm
2015/16	479	589	110	3	1
2014/15	327	352	197	10	4

The Grade 5 incident (outcome was death) was not attributable to CSH Surrey. Two of the Grade 4 incidents occurred while patients were in our care (one was a fracture resulting from a fall, the other was around lack of clinical / risk assessment).

All serious incidents are investigated using root cause analysis* methodology. We aim to submit our reports to our commissioners within their 60 day deadline, and we have achieved this during 2015/16.

While many tasks listed in the root cause analysis action plans have now been implemented, we are continuing to focus on the following to secure long term change in patient safety culture:

- Raising awareness of falls risk assessment processes
- Raising awareness of pressure prevention and pressure ulcer assessment and pathway management among nursing teams
- Raising awareness of effective communication
- Improving timely ordering of equipment
- Being proactive in patient education, enabling them to make informed appropriate choices regarding their pressure ulcer care
- Involving the patient and patient's family or carers in the investigation, in line with the 'Being Open & Duty of Candour' guidance
- Sharing investigation with other organisations where the incident relates to several parts of the patient's pathway.

Falls incidents

In September 2015, as part of a wider CSH Surrey strategy to reduce falls on our inpatient wards, we started a 2-phase project to reduce falls and near misses on our largest inpatient community hospital ward, a 28-bedded rehabilitation unit at Dorking Community Hospital (average age 85 years).

The first phase involved reviewing the ward's current 'traffic light' wristband system, where patients wear red, amber or green wristbands to identify them as being a high, medium or low falls risk. We introduced this system in March 2014 after seeing results of the practice by the physiotherapists at Livingstone Hospital in Kent.

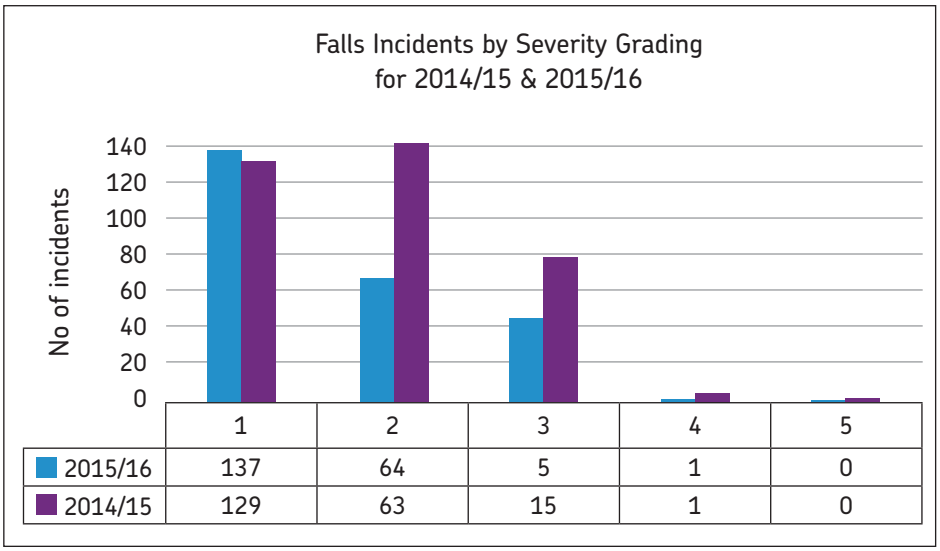
Our review confirmed the traffic light system successfully identifies patients who are at risk of falls because they require physical assistance (eg when using a standing hoist). However, the team recognised that it did not identify/differentiate another high risk group – those with cognition difficulties who may unintentionally put themselves at risk of falls because they may not remember they need to alert staff for assistance with tasks.

The ward team therefore decided to introduce a new, blue wristband from October 2015 (to be used alongside the traffic light bands) to identify and differentiate these patients. The blue band indicates a patient should always be in sight and only attempt complex tasks such as toileting with a staff member close by.

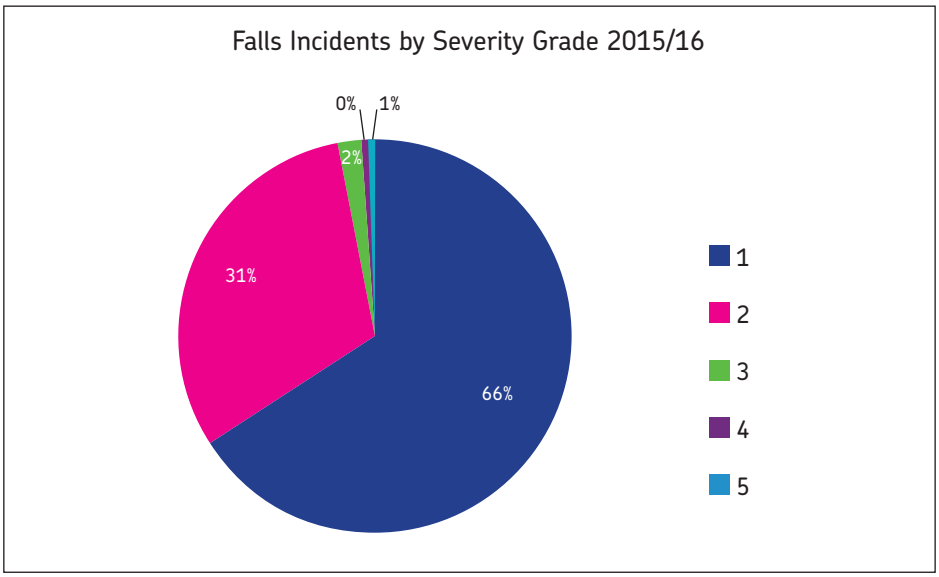
The ward manager used CSH Surrey's annual Quality Week in mid-October 2015 to introduce the second phase, in which she created a 3D miniature ward from LEGO, with miniature LEGO people to represent patients and co-owners. The model helped the team to visualise the ward layout and as a result they reported better awareness of where their cognitively impaired patients were on the ward, and better understanding of the impact of their location when carrying out tasks that took them away from these patients (eg showering) or when doing non-patient contact tasks (eg writing notes).

Prior to starting the project, the ward reported 24 falls in four months. Since introducing the blue bands and staff teaching in October 2015, the ward has reported just 16 falls. This initiative has now been introduced across our three community hospitals.

As can be seen by our data, the number of Grade 3 falls has decreased in our community hospitals, despite the higher acuity of patients being admitted.



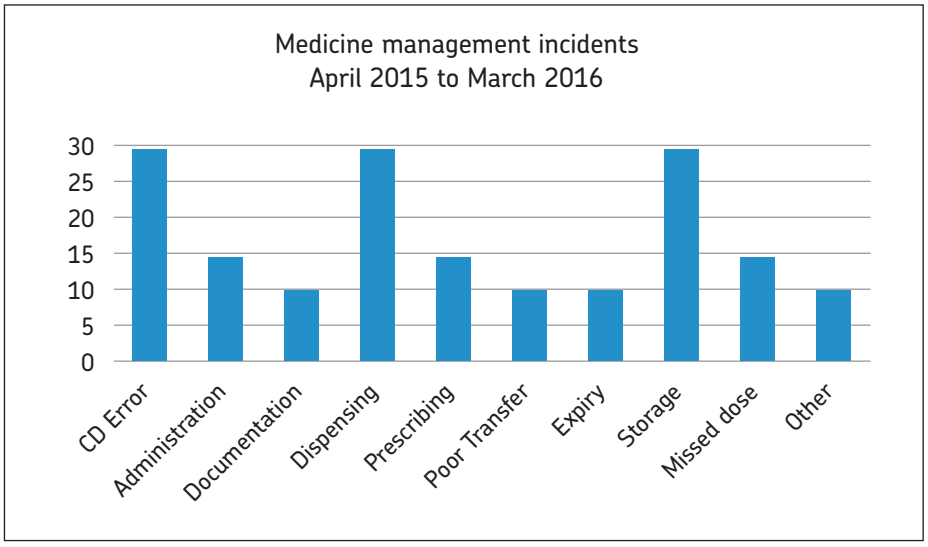
	1	2	3	4	5
2015/16	137	64	5	1	0
2014/15	129	63	15	1	0



Medicines management incidents

Since January 2015 we have employed a permanent pharmacist at CSH Surrey, which was a key recommendation of our medicines management review in December 2014. Her priorities since joining have been based on NICE* Guidance *NG5 Medicine Optimisation: the safe and effective use of medicines to enable the best possible outcomes*, which was published in March 2015. In particular, she has focused on improving medicines management processes and outcomes in our community hospitals, ensuring optimisation of medicines and sharing of accurate information about a patient's medicines with relevant parties.

There were 126 medicine management incidents reported from April 2015 to March 2016. This has nearly doubled from the 68 incidents reported in the previous year. Increasing awareness about what constitutes an incident, encouragement to report incidents and the operation of a "no blame" culture as well as support and learning from incidents has motivated co-owners to be more proactive with reporting, hence the increase.



There were 25 missed dose incidents, nine of which were for Midazolam, an injectable drug used for its sedative properties in palliative care patients. These incidents included broken ampoules due to poor packaging and spillages due to accidents and mishandling. Others were due to documentation errors where the drug was administered but the stock level was not adjusted to reflect this, therefore appeared to be missing.

Though missed doses of medication can have potentially serious implications, no harm resulted from these incidents. Procedures to ensure that appointments do not "drop off" the schedule have been put in place to prevent similar occurrences. Co-owners have also been trained on the meanings of different symbols on our patient record system.

Administration errors occurred in 23 cases. Following these incidents, more rigorous identity checking of a patient's full name and date of birth with the patient (and the carer where appropriate) has been put in place. Patient photographs are now included on the drug charts used in the community hospitals as an additional measure. "The Five Rights of Medication administration" have been emphasised to clinical co-owners involved with medicine administration and have been included in the observational competency tool for medicine administration.

There were 20 controlled drug incidents, including nine relating to the drug Midazolam. Future incidents need to be investigated more thoroughly to find the root cause of the problem. We will also ensure that manufacturers and dispensing pharmacists are notified if breakages are due to poor packaging. Outcomes of incidents where documentation has been the problem are shared with the relevant agency or Bank staff where appropriate, so that recording of Midazolam is done as per CSH Surrey Policy. Midazolam is classified as a Schedule 3* controlled drug that is exempt from safe custody and recording requirements, but we have taken the decision to store and record it as a Schedule 2* drug due to its potential for misuse and the number of reported incidents.

Eight incidents were analysed and reported to be due to "Poor transfer" from other organisations to CSH Surrey. This includes lack of discharge/medication information and patients being admitted without some or any medication. These issues have been highlighted at meetings with the acute trusts who discharge patients to CSH Surrey.

Prescribing errors accounted for 10 incidents and it is commendable that many of these errors were noticed by the nurses before any patients were harmed. To further increase awareness of drug charts, we have introduced training sessions and written guidance on "Standards for writing drug charts" for doctors and nurses. This will also help to reduce administration errors due to poorly written drug charts. We are currently in the process of improving the design of the drug chart used in the community hospitals, with the aim of reducing administration and prescribing errors and improving patient safety.

Medicines management review

Our pharmacist undertook a review of medicines management in November 2015 to assure our Integrated Governance Committee* (IGC) that medicine management at CSH Surrey is 'safe, well led, effective, caring and responsive'. This included producing an overall rating based on the new CQC ratings of Outstanding, Good, Inadequate and Requires improvement.

The review showed that CSH Surrey's medicine management service is functional and has progressed significantly since the previous report of December 2014. However, it also recognised that there are still improvements required in many areas due to the relatively low level of current medicine management and clinical pharmacy input into the services. The overall rating was given as 'Requires improvement', with the areas of Caring, Responsive and Well led receiving 'Good' ratings.

The IGC agreed that daily pharmacy input, especially at our community hospitals, is required to improve all aspects of medicine management and patient safety. Specific actions include improving discharge procedures and planning with regards to medicine and providing support with compliance after discharge, especially when confusion with medicine at discharge and medicine at home has been reported. The inclusion of a suitably qualified pharmacist within the Community multi-disciplinary teams is being considered to further this objective and address polypharmacy* problems for patients known to the Community Hubs. Increased in-house clinical pharmacist input at the community hospitals, though necessary, is dependent on the availability of funding and is under consideration.

The report also highlighted that SLAs (Service Level Agreements*) with various external organisations and their reluctance to co-operate in service improvement have thwarted attempts to implement changes in a timely fashion. As a result, our pharmacist has recommended an urgent review of the SLAs for Medicine management (supply and clinical pharmacy input). Some progress has been made with improvements in communication with the various providers, helping to improve the level of clinical service provided as well as better management of the ordering and supply of stock and discharge medication for inpatients.

Other actions include investing in IT so that discharge information and medication orders can be computer generated and electronically transmitted. The review also recommended reducing fax use so more secure electronic data transmission can be achieved, and improving information on our in-house intranet to provide easier access to forms, information and reports.

Finally, as many medicine incidents are due to missed appointments, we will be improving the system we use to schedule and record appointments for our community teams so that appointments do not "drop off" the schedule or get inadvertently missed.

Learning from incidents

We recognise that as our reporting culture matures, co-owners are more likely to report incidents. Therefore, we also recognise that an increase in incident reporting should be viewed as an indication of increasing levels of awareness of safety issues rather than as an indication of worsening patient safety.

During 2015-2016 we started a new programme of quarterly events to share learning from incidents, complaints and patient feedback. These events were designed for clinical and non-clinical co-owners. The aim of the events was to increase co-owners' knowledge and understanding of these within CSH Surrey and to ensure that we learn lessons which, in turn, should lead to service improvements.

The learning events are due to continue throughout our next financial year.

The following are comments from co-owners who attended events.

"I will consider patients' points of view and the inconvenience caused to them during incidents."

"Informative and important to publicise Friends and Family test."

"I have learnt when and how to deal with complaints and what to give to patients."

Infection control

Good infection prevention, including cleanliness and prudent antibiotic usage, are essential to ensure that the patients who use our services receive safe and effective care. As a healthcare provider, Infection Prevention and Control (IPC) is a high priority and CSH Surrey takes a zero tolerance approach to Health Care Associated Infections* (HCAI).

We appointed a part-time Specialist Infection Prevention & Control Nurse in May 2015, and a new Director of Quality was appointed in October 2015. Their role includes that of Director of Infection Prevention and Control (DIPC). The Director chairs the Strategic IPC Committee*, which drives the Infection Prevention & Control Annual Programme forward, along with an underpinning Action Plan. This is also to ensure that our patients are cared for in a clean environment and the risk of health care associated infection is kept as low as possible.

A key focus for our specialist IPC nurse has been to demonstrate that effective prevention and control of infection must be a part of everyday practice and be applied consistently by all co-owners. Recognising that hand hygiene is the single most effective method of reducing HCAIs, in September 2015 she introduced monthly hand hygiene audits on our community hospital inpatient wards and quarterly audits within other clinical specialities to demonstrate compliance. Scores range from 79% to 100%.

To help improve these, we have introduced 'Bare Below the Elbows' posters throughout CSH Surrey to demonstrate best practice. We have also introduced a new hand hygiene system of soap, hand sanitizer and moisturizer (using an improved product) to help promote and maintain compliance of hand decontamination, with all dispensers showing the correct seven step technique. Hand hygiene is also now incorporated into all IPC training. CSH Surrey's Board has demonstrated commitment to improving hand hygiene by training all Executive and Non Executive Directors in the correct hand hygiene technique.

During 2015/16 CSH Surrey recorded no cases of *MRSA*, MSSA*, or E Coli** bacteraemia (all nationally reportable to Public Health England). However, during June and July 2015 there were three cases of Clostridium difficile* on two of the community wards. A root cause analysis was undertaken for each case. These highlighted that patients transferred into CSH Surrey care from acute trusts are at a high risk of infection due to factors over which we have no control, such as antibiotic prescribing. However, one case did appear to be due to cross-infection*. An action plan and changes in practice, including antibiotic prescribing reviews, prompt isolation of patients with diarrhoea, improved environmental cleaning with the introduction of new products, improved documentation and education sessions all introduced from the 'Lessons Learnt' have seen no further cases in the last 10 months.

An outbreak of Norovirus* on one of the community hospital wards in October 2015 was identified, contained and the ward re-opened within a week, aided by learning from the *Clostridium difficile* cases. No further wards have been affected by Norovirus during the winter period.

During 2015/16 the theme for IPC training was "Back to Basics", helping to reinforce effective care and management in IPC practices. The content of the training was reviewed in line with 'Skills for Health'. All training this year has been delivered face-to-face by our specialist IPC nurse.

During 2015/16 the theme for IPC training was "Back to Basics", helping to reinforce effective care and management in IPC practices. The content of the training was reviewed in line with 'Skills for Health'. All training this year has been delivered face-to-face by our specialist IPC nurse.

Compliance rates for clinical co-owners was 66% (March 2016) and for non-clinical coowners 87%. Although these are an improvement on last year's figures, there is still work to do to raise the clinical co-owner compliance for the year ahead and this is being undertaken with the support of our Learning and Development Team.

Infection control developments

During 2014/2015 CSH Surrey has undertaken implementation of the Safer Sharps EU Directive to reduce the incidence of needle stick injuries and the risk of exposure to blood borne viruses for co-owners. Risk assessment identifies that there are a few areas that need to change to user safer sharps devices and we expect compliance to be fully achieved by July 2016.

Our specialist IPC nurse introduced an audit and surveillance programme in May 2015 to establish a benchmark to demonstrate the robustness of practices and procedures within CSH Surrey. Issues that have been addressed include purchasing new equipment, eg new commodes that are easier to clean and maintain and new patient bedside tables to improve patient experience and safety. We have introduced products to improve infection control compliance in practice, with an added benefit of cost saving through standardisation. In addition, policies have been updated in line with best practice, are evidence-based and researched.

Issues that still need to be addressed include replacing carpet in clinical areas through an on-going replacement programme. We are also ensuring that all curtains in clinical areas are disposable.

In the coming year CSH Surrey will:

- Participate in local research to improve IPC practice
- Build upon the audit and surveillance programme to continue safe and effective practice
- Continue to work towards a zero tolerance approach to HCAIs
- Ensure decontamination processes are robust.

Central Alert System

The Central Alert System* (CAS) is a national web-based system used to issue patient safety alerts and other safety critical guidance to NHS and other health and social care providers.

CSH Surrey has a robust system in place for disseminating and reporting to CAS on actions taken in relation to such alerts and guidance. Our focus for 2016 is to share learning and audit the impact of the alert system on patient safety across CSH Surrey.

During 2015 we established regular 'Lunch and Learns' for co-owners and also shared audits with clinical teams to embed the learning. However, feedback suggests further work is needed to improve understanding of CAS alerts and the important role that co-owners play in applying the alerts and guidance to their practice.

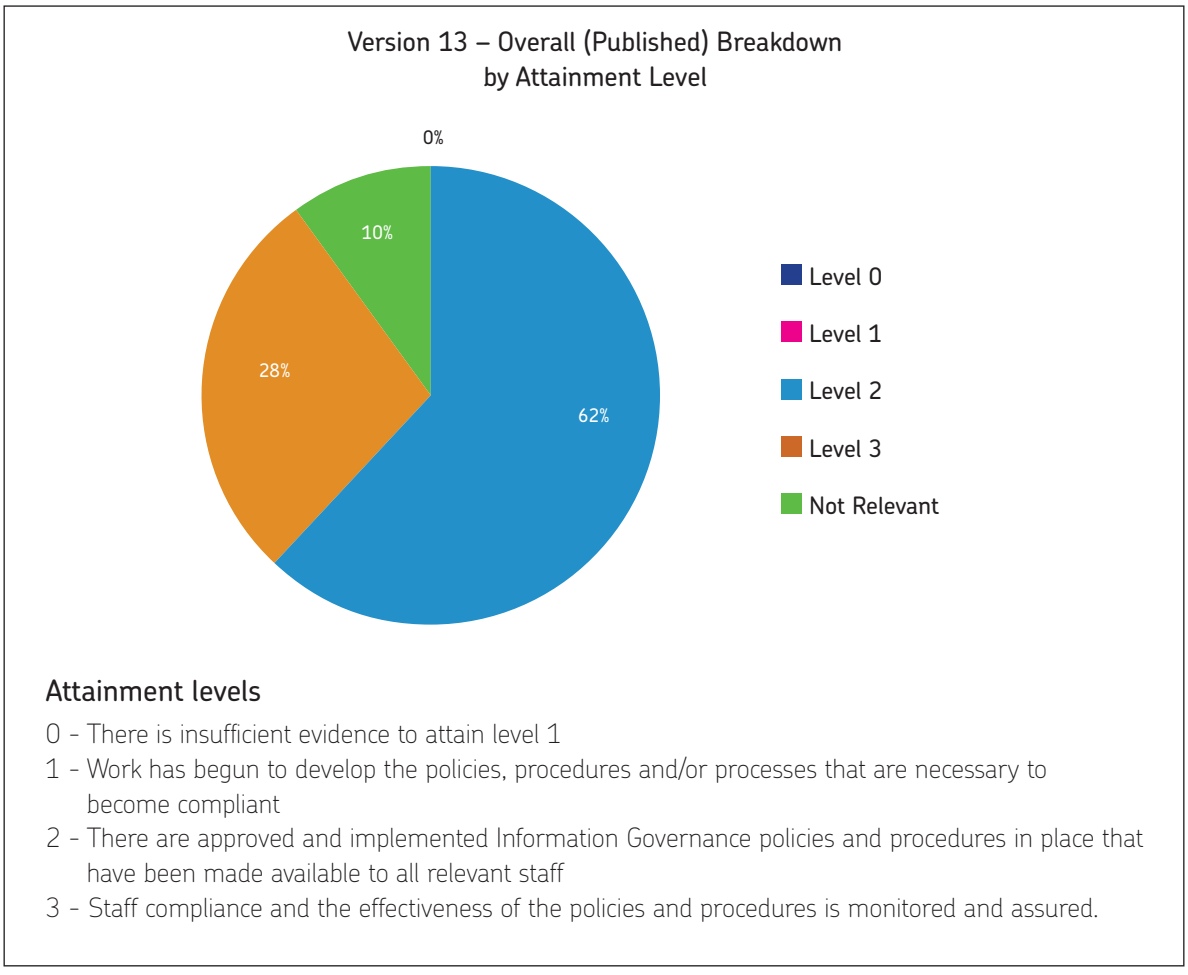
To improve knowledge and understanding the Quality and Governance team will continue to deliver learning events based on CAS alert audits.

Information governance

Information governance ensures necessary safeguards for, and appropriate use of, patient and personal information.

The Information Governance Toolkit is an online system that allows NHS organisations and partners to assess themselves against Department of Health Information Governance policies and standards. It also allows members of the public to view participating organisations' assessments.

77% score achieved in CSH Surrey's 2015/2016 Information Governance Assessment, meaning our rating is 'satisfactory'. We achieved a minimum of level 2 compliance for all 35 requirements.



Attainment levels

0 - There is insufficient evidence to attain level 1
1 - Work has begun to develop the policies, procedures and/or processes that are necessary to become compliant
2 - There are approved and implemented Information Governance policies and procedures in place that have been made available to all relevant staff
3 - Staff compliance and the effectiveness of the policies and procedures is monitored and assured.

We compare favourably with other community providers in Surrey, who scored between 70% and 79%.

CSH Surrey is committed to its statutory duty to maintain the security and confidentiality of information, whether held in hard copy or electronically, ensuring compliance with professional standards and legislation, eg Data Protection Act 1998.

Information Governance forms part of the mandatory training requirements for all CSH Surrey co-owners, with training provided at each monthly corporate induction and updates provided as required. We also provide Information Governance training through the elearning modules developed by the Information Governance team at the Department of Health.

In 2015/16 there have been no serious incidents reported at Level 2, and therefore no required for further reporting via the Information Governance Reporting Tool.

Key areas for information governance development

Much has been achieved in the last year, which is supported by the 'Satisfactory' rating in the Information Governance Toolkit assessment. However, we recognise that continuous improvement is required and this is reflected and outlined in the Information Governance Framework.

CSH Surrey has a robust process for managing Information Governance and the associated responsibilities that come with our commitment to adopt best practice processes and procedures in order to protect patient and service users' information.

We must continue to respond to the challenges faced by changing working practices to ensure that we keep pace with the ever-changing information society we work in. Going forward, this will only become even more demanding. National developments will have a bearing on the direction of the CSH Surrey Information Governance programme.

The key areas we will be focusing on improving during 2016/17 are:

- Information Security Assurance: addressing the complexity of requirements associated with contractors, data flows and asset registers. CSH Surrey has taken part in signing and developing Information Sharing agreements and practices across Surrey and Sussex, facilitating better data flow across provider organisations
- Clinical Information Assurance: ensuring the accuracy of service user information on all systems and/or records that support the provision of care. For example, ensuring progress notes are validated, removing duplicate client records and ensuring all patients have their NHS numbers recorded on their records
- Information Governance Management: ensuring that awareness and mandatory training procedures are in place and all co-owners are appropriately trained. The training programme is on-going through our Corporate Induction and e-learning sessions.

Health and safety in the workplace

CSH Surrey's commitment to providing the highest standards of quality care and patient safety extends to safety at work for those who care for patients and maintaining good quality work environments.

CSH Surrey commissioned an independent Health and Safety management review in December 2014 to identify gaps in the existing system in support of compliance with the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999. A Health and Safety action plan was developed to help manage this, which aims to improve compliance, ensure health, safety and well-being at work, for visitors to our sites or patients using our services.

The review identified opportunities for improvement and as a result a Health & Safety Advisor was employed to implement the action plan, provide advice and focus on addressing the issues raised. Their role also includes working to improve the safety of premises and processes, engaging and motivating co-owners with better safer working conditions, promoting overall safety culture with local safety initiatives, improving awareness and integrating health & safety as part of core business, thus providing a framework to help meet legal obligations on protecting co-owners and patients.

Health and safety at work is an integral part of good overall risk management. Consequently, we have placed emphasis on training key co-owners in risk assessment procedures to ensure effective and improved risk management of both the workforce and patient safety.

Historical data for risk assessment training is not available. The data for this identified gap is now being collected for 2016/2017.

There is strong evidence linking quality of care, patient safety and patient experiences with the health, safety and wellbeing of the workforce that cares for them. The Boorman review 2009* report states that organisations that prioritise the health and wellbeing of their workforce will achieve enhanced performance, improve patient care, are better at retaining staff and have lower rates of sickness absence.

Evidence

The Board and senior managers have taken greater leadership of health and safety this year by attending a briefing on roles, responsibility and liabilities within the law. We have introduced health and safety training for all co-owners, from new joiners at induction to specific training in the workplace, resulting in improved co-owner awareness of health and safety requirements.

We are also actively encouraging all co-owners to work to best practice and take ownership of health and safety in their work environment.

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Evidence

DSE and Workplace assessments are being completed to ensure co-owners are sitting and working comfortably while working with computers and that workplace hazards are identified, removed or reduced as far as is practicable.

We are pleased that co-owners retained confidence in the priority that CSH Surrey places on their health and safety.

68% of co-owners believe CSH Surrey regards their health and safety as a high priority, showing a halt in the decline from previous years (source: 2015 CSH Surrey annual coowner survey).

Our record in workplace safety, as illustrated by the number of incidents recorded, demonstrates the results of safety training and local safety initiatives.

0 There were no RIDDOR* reportable injuries in 2015/2016, compared to 2 in 2014/15.

Safeguarding

Our Director of Quality is CSH Surrey's lead for Safeguarding and has a seat on both the Surrey Safeguarding Children Board* (SSCB) and the Surrey Safeguarding Adult Board* (SSAB).

Both of our safeguarding teams (Children's and Adults') are based in the Quality and Governance Directorate* to promote assurance that our co-owners are safeguarding our vulnerable clients.

Safeguarding Children

As part of CSH Surrey's statutory obligation to comply with the Children Act (2004), a Specialist Safeguarding Children team supports the multi-agency response to safeguard children, working alongside partner agencies to promote the welfare of children and to minimise their risk of suffering significant harm.

The team offers expert advice, training and supervision to all co-owners working with children and young people under 18 (including those who are looked after*), their families and carers in order to ensure best safeguarding practice.

CSH Surrey practitioners contribute to multi-agency meetings, health assessments and reports to support on-going plans for the children and young people in need or subject to Child Protection interventions.

The number of children subject to a Child Protection Plan* within CSH Surrey has remained relatively consistent across the year, standing at 175 as of 31 March 2016.

Our intention is to attend all Initial Child Protection Case Conferences* for CSH Surrey children. Where there are on-going roles for CSH Surrey health practitioners identified through health assessments, practitioners continue to contribute to on-going Child Protection Plans, core groups and conferences to support the needs of the child. During 2016 we will be conducting an audit of Case Conference reports to evidence the quality of assessment and health input to conferences.

Evidence

During a 4 month audit to March 2016, CSH Surrey 0-19 teams attended 30 of 32 Initial Child Protection Case Conferences within Surrey. Of 71 Review Case Conferences, CSH Surrey representatives attended 53 and provided a further 7 with reports.

To support co-owners working with vulnerable children we have developed a more robust structure within Quality and Governance, and are working more closely with operational managers and leads for Children and Families.

Supervision

The Safeguarding Children Team and clinical specialists provide safeguarding supervision* to all co-owners working with children. This ensures co-owners are able to reflect on their practice, support decision making and identify areas of their practice for development.

CSH Surrey's safeguarding team has facilitated multi-disciplinary supervision at Woodlands school for children with Special Educational Needs twice a term since September 2014 to broaden understanding of safeguarding roles. Sessions are attended by the school management team, therapists, school nurses, support staff and disability social care team and have been well supported and appraised within the school and by school inspectors.

In February 2016 our safeguarding supervisors undertook an in-depth peer audit of supervision records and process. Supervisees completed an online survey reflecting on their supervision experience.

100% agreed with the statement that "Safeguarding Supervision clarifies my roles and responsibilities in Safeguarding."

100% agreed that "Safeguarding Supervision helps me to keep focussed on the needs of the child."

94% agreed that "I am confident that the support and advice I receive through safeguarding supervision is evidence and knowledge based."

Training for Safeguarding Supervisors (last offered in 2013) will be repeated in 2016. The training will support the new "Safer Surrey" model. Independent Safeguarding supervision for Safeguarding leads and supervisors has also been identified as a need to support this complex work.

Training

All new starters with Children and Families teams have a robust induction programme, which includes meeting the Safeguarding team and developing an early understanding of access to safeguarding support and reporting systems.

95% "I would know how to escalate concerns around professional practice, quality or patient safety in CSH."

Source: CSH Surrey co-owner survey 2015

CSH Surrey has developed a safeguarding competency framework based on the Intercollegiate Document 2014: Safeguarding children and young people: roles and competencies for health care staff.

A combination of multi-agency and in-house training enables practitioners to meet their individual training needs and development as well as meeting mandatory requirements. An individual Safeguarding Training record is maintained by Children and Families coowners to record their Safeguarding Children refresher training in line with Intercollegiate recommendations. Multi-agency training pathways for Child Sexual Exploitation (CSE), Female Genital Mutilation (FGM) and Domestic abuse are embedded within the training plan.

To support their work in dealing with complexity in Safeguarding, 47 co-owners from Children and Families teams attended training on "Disguised Compliance", a theme common to Serious Case Reviews. This was provided by an expert safeguarding trainer with experience of working on high profile national cases and highly valued by those who attended.

The Training Matrix across CSH Surrey now reflects Intercollegiate recommendations for Safeguarding Children Training and training updates at appropriate level of training and hours. We have amended the evaluation form we use to collect feedback following safeguarding children training so that it now includes a requirement to evidence reflection on learning outcomes and actions.

Training	Compliance March 2016	Compliance March 2015
Safeguarding Children Level 1	96%	94.8%
Safeguarding Children Level 2 "Working together"	*58%	85.9%
Safeguarding Children Level 3 Foundation (Surrey Safeguarding Children Board Training)	**80%	89.4%

*All clinical co-owners are now correctly set against Level 2 with a requirement to update every 3 years. The drop in compliance is due to us now reporting Level 2 updates in line with requirements. Additional courses have been offered and the Safeguarding team is confident of improved compliance over the next six months.

**Co-owners currently access Level 3 Foundation Training with Surrey Safeguarding Children Board as there is evidence that multi-agency training best supports understanding of safeguarding at this level. Due to insufficient numbers of places for our new starters, there has been a fall in compliance but places are now available and are booked. There is a contingency plan for CSH Surrey Safeguarding team to monitor availability and offer this training in-house if required in future. Within our Children and Families services, Safeguarding training compliance is now closely monitored within Safeguarding supervision and use of Safeguarding competency framework.

Serious Case Reviews

CSH Surrey contributes to Serious Case Reviews* where a child has suffered harm to reflect on lessons that can be learnt about how local professionals and organisations work together. Such reviews also make recommendations so the welfare of children is better protected in future.

0 There have been no Serious Case Reviews involving a CSH Surrey child since 2011.

Source: CSH Surrey co-owner survey 2015

CSH Surrey raised awareness of a case that was taken forward to a Surrey Safeguarding Children Board partnership review in 2016. Within this review, there was identified learning for the wider health economy with regard to information sharing in the antenatal period.

We disseminate learning from Surrey-wide Serious Case Reviews through internal training, team meetings and email bulletins. We encourage practitioners to attend Surrey Safeguarding Children Board learning events and contribute to audit surveys.

Bruising in non-mobile babies and children has been a significant feature of recent serious cases. The updated bruising protocol has been widely disseminated and we are planning learning events during 2016 to further embed learning from recent Serious Case Reviews.

The Safeguarding team and other co-owners who have been trained Child Sexual Exploitation* (CSE) Champions continue to provide CSE training and work with all coowners to support recognition of children at risk of CSE, to ensure that practitioners are aware of CSE indicators, the screening tool and the Surrey Safeguarding Children Board pathway for assessment and referral into the Missing and Exploited Children Conference* (MAECC) process. CSH Surrey supports information sharing to two area MAECCs to contribute towards the safeguarding of CSE victims and disruption of perpetrator behaviour.

Safeguarding children audits and inspections

CSH Surrey has supported Surrey Safeguarding Children Board (SSCB) audits, including a health sub-group 'Deep Dive' audit, which involves an in-depth review of the systems, processes and record keeping used to protect children. The 2015 Deep Dive audit into one case resulted in implementation by CSH Surrey of the SSCB escalation policy and process, meaning the child was better protected through Section 47 assessment and the Child Protection process. We are using the SSCB escalation policy and during 2016 will be further monitoring the impact of escalation on outcomes for children.

Other areas included within our 2016/17 audit plan are: Safeguarding Supervision, peer safeguarding record review, Case Conference Reports and attendance, and Child Sexual Exploitation awareness.

Looked after Children

Our Safeguarding Children Team has continued, via the Looked after Children health service, to support delivery of a high quality health service to Looked after Children*, including review health assessments undertaken on behalf of the local authority.

Two of the team have achieved the Total Respect Quality Mark following the completion of Total Respect training offered by the Surrey County Council Children's Rights Team. This Quality Mark is awarded by the local authority children's rights apprentices (care experienced young people) and confirms that the co-owner has met specific criteria to evidence a deep understanding of the specific needs of Looked after Children and care leavers. The Total Respect Quality Mark denotes that the bearer will use the voice of the child to improve practice.

In July 2015 our co-owners took a major part in the first "Skills Fest" for care leavers to support the development of independence skills.

There were 200 Looked after Children in placement within CSH Surrey over the past year 2015/16. This includes children placed by other local authorities with foster carers within CSH Surrey.

CSH Surrey remains committed to undertaking health assessments at a time to suit the children and young people, minimising disruption to their education and in a location of their choice.

Evidence

Of 75 review health assessments*, 68 were undertaken by our 0-19 team and Specialist Nurse for Looked after Children and 7 were arranged to be undertaken by medical practitioners. 65 were for children placed by Surrey County Council and 10 for those placed with us by other local authorities.

100% of review health assessments requested of CSH Surrey practitioners were completed during 2015/16. These contributed to the Ofsted requirement for completion of review health assessments for the Looked after Children and young people under the care of Surrey County Council.

CSH Surrey's Looked After Children's team spends part of their working week with the children's social care teams. They provide an advice and consultation role and undertake joint visits with social workers where this will directly benefit the child or young person.

Our Specialist Nurse directly supports the staff at two local children's residential homes in meeting the health needs of the children and young people accommodated there. Regular visits to the children's homes also offer the children and young people direct access to health information and support, establishing relationships that may encourage independent access to health services in the future.

Direct contact and support to the GP practices that serve the children's homes is being developed to support the medical practitioners in their safeguarding role and to promote a better understanding of the specific needs of the looked after children registered with their practice.

Having listened to the views of young people regarding their lack of understanding of the review health assessment and their role within the assessment, an appointment card has been developed. This has been achieved in consultation with the Looked After Children's Rights Apprentices* to inform Looked After Children about the purpose of health assessments and encourage participation.

CSH Surrey has furthered its support in meeting the health needs of our Looked After Children by hosting the nurses who support Surrey's Looked after Children who are placed out of county. Developing these new posts means there is now a clear review health assessment and referral pathway for these children, with the nurses working collaboratively with children's social care in meeting their health needs.

Safeguarding Adults

2015/16 has seen a major change for safeguarding nationally with the introduction of The Care Act 2014, which has made adult safeguarding a statutory responsibility. CSH Surrey has worked closely with the Surrey Safeguarding Adult Board (SSAB) and partner agencies to ensure that we are fully compliant following the implementation of The Care Act on 1st April 2015. There is active representation on the SSAB and its subgroups through CSH Surrey's Director of Quality and our two Safeguarding Advisors, which ensures CSH Surrey has an opportunity to influence and support changes in policy and procedures as well as remain up to date.

CSH Surrey continues to employ two Safeguarding Advisors in a job sharing role. They work cohesively to support all co-owners working with adults at risk and ensure they have the skills and knowledge to safeguard adults in a timely and effective manner. Our Adult Safeguarding Group is chaired by our Director of Quality, who is the Lead for Safeguarding within CSH Surrey. The group continues to support the Safeguarding awareness process and provides an opportunity for co-owners to bring safeguarding issues via their 'Champion' to a forum for discussion. It also continues to provide opportunities for safeguarding learning to be disseminated throughout CSH Surrey.

Training and reporting of safeguarding incidents

CSH Surrey implemented a new safeguarding training matrix in 2015/16 following its safeguarding training review 2014/15. The review was completed to ensure that a wide range of both clinical and non-clinical co-owners have the knowledge and confidence to raise safeguarding concerns as soon as they are identified.

The new matrix has seen an increase in the number of identified co-owners eligible for safeguarding training and has been a primary focus for the Adult Safeguarding Team. The training has been updated in line with The Care Act 2014 to ensure that all co-owners are compliant with new legislation.

The Adult Safeguarding Advisors currently provide four statutory and mandatory* training sessions for CSH Surrey. Compliance with training is as follows:

Training	Compliance March 2016	Compliance March 2015
Safeguarding Level 1	90.71%	96.06%
Safeguarding Level 2	61.48%	70.34%
Safeguarding Level 2 update	87.97%	N/A
Consent online	66.04%	N/A
Mental Capacity Act and Deprivation of Liberty (previously included within Consent training)	58.75%	69.46%
Workshop to Raise Awareness of Prevent* (WRAP)	59.12%	69.46%

Overall training compliance has fallen during this period due to the introduction of the new training matrix. However, this was anticipated and the Adult Safeguarding Advisors have been working closely with the Learning and Development Team to increase the number of safeguarding sessions offered in a variety of formats during this initial period. Monthly statistics have demonstrated a steady increase in compliance levels, and will ultimately result in a more widely trained workforce. The Adult Safeguarding Advisors have also taken responsibility for the previously outsourced Mental Capacity and Deprivation of Liberty Safeguards training.

Our Prevent Lead has driven the roll out of mandatory Prevent training, which requires all co-owners to complete the hour-long 'Workshop to Raise Awareness of Prevent' (WRAP). This training is also currently included in CSH Surrey Induction for new co-owners. Both Adult Safeguarding Advisors are trained WRAP facilitators and CSH Surrey has links to the Prevent lead for the South East.

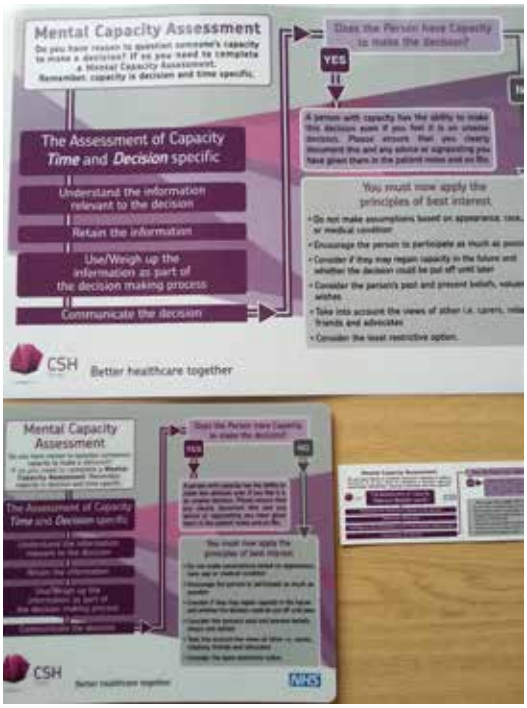
Our Adult Safeguarding Advisors are continuing to observe accurate reporting of incidents in line with the Surrey Safeguarding Multi Agency Procedures. The number of safeguarding concerns raised has continued to rise, and the Adult Safeguarding Advisors are a wellutilised resource within CSH Surrey.

185

The number of safeguarding concerns raised with the Adult Social Care Team, April 2015 – March 2016, up from 115 (April 2014 – March 2015). Of these, 3 involved care provided by CSH Surrey and the Safeguarding Advisors were fully involved in ensuring the appropriate processes were followed and that any identified actions have been implemented.

Trends emerging from our safeguarding data and governance processes indicate that:

- Safeguarding concerns raised by CSH Surrey co-owners continued to increase during the period April 2015 to March 2016. Co-owners are actively engaging in safeguarding duties and using our safeguarding advisors to support clinical reasoning and decision making
- Systems and processes for monitoring trends and concerns are now truly embedded due to the increase in safeguarding resources invested by CSH Surrey
- Knowledge and understanding of the Mental Capacity Act has improved, although this is not always reflected adequately in patient documentation. This has been identified through root cause analysis from serious incidents and is now included in Mental Capacity Statutory and Mandatory training. In addition, the Safeguarding Team has developed some Mental Capacity promotional literature including prompt cards, mouse mats and posters



- Safeguarding abuse trends remain comparable with the previous year. However, new trends around self-neglect and organisational abuse are also emerging.

Mental Capacity and Deprivation of Liberties

CSH Surrey's Adult Safeguarding Advisors have continued to focus on and collect data on the Mental Capacity Act* (MCA). The annual audit (June 2015) demonstrated a significant increase in knowledge and understanding of the Mental Capacity Act. The number of recorded mental capacity assessments completed by co-owners has also increased.

MCA and Deprivation of Liberty Safeguard (DoLS*) audit results

	2015 % agree	2014 % agree
Have you had training in MCA and DoLS?	93.3	77
Have you completed a Mental Capacity Assessment or been involved in the process?	61.9	58.1
Safeguarding Children Level 3 Foundation (Surrey Safeguarding Children Board Training)	71.4	43.6

580 The number of mental capacity assessments completed by co-owners (April 2015 – March 2016), up from 40 the previous year (May 2014 – March 2015).

Statutory and mandatory training on the Mental Capacity Act (MCA) is now facilitated by our Adult Safeguarding Advisors. In addition to the legal framework outlined in the MCA, the training session now provides a practical element that supports co-owners to feel more confident in applying their knowledge. The advisors also offer 1-1 clinical discussions on an adhoc basis, and this is well used by co-owners.

Deprivation of Liberty Safeguard (DoLS) applications have continued to be submitted by our three community hospitals and our audit demonstrates that co-owners' confidence in the DoLS process has increased. While the number of standard DoLS has increased, the number of urgent requests has fallen during 2015/16. It is unclear why there has been a drop in urgent requests, although it may be due to an increased knowledge and understanding of the process by co-owners within the community hospitals. The Surrey DoLS Team has legally authorised one standard Deprivation of Liberty application within one of our community hospitals during the last year.

Number of DoLS applications made

	2015 - 2016	2014 - 2015
Standard	26	13
Urgent	7	12

Deprivation of Liberty Safeguards audit

	2015 % answering correctly	2014 % answering correctly
How do you know if a DoLS is needed?	48.3	34.8
If you feel a DoLS is required, what should you?	77.9	48.3

The annual Mental Capacity audit has demonstrated an increased knowledge and understanding of Deprivation of Liberty Safeguards by co-owners. However, it is clear that we need to do further work surrounding the Deprivation of Liberty Safeguards process. Since the Adult Safeguarding Advisors have taken over the Mental Capacity training there are now more practical opportunities to focus on the DoLS process within the training. We will continue to use training opportunities and learning events to raise awareness, and will audit annually.

Key areas for development during 2016/2017

During June 2015 we undertook a SSAB Adult Safeguarding self-assessment and an internal Safeguarding Questionnaire. To ensure we are meeting the needs of adults at risk in our care we will be focusing on the following during 2016/17:

Areas for development	Plan
Increase compliance for all safeguarding training	Work closely with Learning and Development to ensure there are adequate training sessions available to meet co-owners' requirements. To continue to work closely with individual teams to explore other ways of delivering training for them
Ensure the changes outlined in The Care Act are truly embedded within CSH Surrey	Complete annual Safeguarding knowledge audit
To ensure that learning from CSH Surrey Serious incidents and national Safeguarding Adults Reviews* are disseminated across the organisation	Monitor CSH Surrey incidents for trends and patterns; continually update training presentations to include internal and external lessons learnt; use the Safe-guarding Champions and organisational communication lines to assist with the facilitation of information
Identify a clear audit structure with action plans and a re-audit timetable	Formulate an audit timetable to include new audits and re-audit schedule. Adopt an audit structure and format that allows information and learning to be easily disseminated and accessed throughout CSH Surrey

Strengthen our working relationships with locality Safeguarding teams within Surrey and our borders to provide a co-ordinated patient experience	Identify key safeguarding links within local social services and partner agencies; ensure attendance at the NHS Leads Safeguarding Group
Increase co-owner knowledge and understanding of the Deprivation of Liberty Safeguards process.	Continue to use in house Mental Capacity training opportunities, learning events and team meetings to increase knowledge; annual audit.

Clinical Effectiveness

Clinical effectiveness is about implementation and evaluation of clinical practice. It is "doing the right thing in the right way for the right patient at the right time".

National Institute for Health and Care Excellence

The National Institute for Health and Care Excellence* (NICE) is an independent organisation responsible for providing national guidance, standards and information on providing high quality health and social care, and preventing and treating ill health. NICE Guidance aims to ensure that the promotion of good health and patient care in local health communities is in line with the best available evidence of effectiveness and cost effectiveness (NICE 2013).

Implementation of NICE Guidance helps health, public health and social care professionals deliver the best possible care based on the best available evidence (NICE 2013).

CSH Surrey needs to be able to demonstrate how we are performing, and to be open and transparent with commissioners and service users about the clinical effectiveness, safety and cost-effectiveness of the services it provides. Use of NICE guidance and quality standards can help show where high quality care is being provided, and highlight areas for improvement.

During the last year we worked closely with the NICE Regional Director to review our policy and processes to offer a greater level of assurance. Our updated 'Implementing NICE Guidelines' policy is now in place and our work in this area is being monitored via our Professional Congress, through which professional leads from across CSH Surrey bring expert professional and clinical perspectives plus clinical leadership on the development and delivery of services. Our Professional Congress also supports CSH Surrey by promoting and monitoring high standards of professional practice.

We are up-to-date with all NICE guidance and standards from 2014/15 and during 2016 will be focusing on reviewing NICE guidance for the past five years to ensure we are working within the recommended frameworks.

Clinical supervision

Clinical supervision is a way of using reflective practice and shared experiences as a part of continuing professional development (CPD). It is a formal process of professional support and learning that enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance safety of care in complex clinical situations. All professional bodies require evidence of Continual Professional Development* (CPD) for professional registration*. Clinical supervision helps in evidencing CPD and supports clinicians to achieve revalidation.

Why is clinical supervision important?

Clinical supervision aims to motivate, while being patient centred and focussed on clinical effectiveness, patient safety and patient experience. It provides a structured approach to deeper reflection on clinical practice.

This can lead to improvements in practice, enhanced clinical effectiveness and patient care, and contribute to clinical risk management.

Using clinical supervision within CSH Surrey

While clinical supervision is part of professional practice in many of our clinical teams, we recognised in 2014/15 that it had not been delivered as effectively as we would wish within some clinical services.

Some services have therefore re-designed ways in which clinical supervision can be embedded within their teams. During 2015/16 a specialist in clinical supervision continued to deliver workshops to prepare managers and clinicians for increasing participation in clinical supervision. Two of CSH Surrey's clinicians were trained to enable them to be able to run some sessions independently from April 2016.

227 additional co-owners have been trained in clinical supervision since April 2015.

The following are comments from co-owners after attending clinical supervision training.

"I have a renewed interest in clinical supervision."

"I have gained knowledge of clinical supervision and reflective process."

"Enjoyable course with a focused group facilitator."

During 2016/17 we will be focusing on ensuring that clinical supervision is embedded in practice and will be evaluating the impact in the summer of 2016.

NMC revalidation

On 1st April 2016 the first of CSH Surrey's nurses will go through the Nursing and Midwifery Council's (NMC*) new process of revalidation*. This builds on existing renewal requirements by introducing new requirements that focus on up to date practice and professional development, reflection on the professional standards of practice and behaviour as set out in the NMC Code and engagement in professional discussions with other registered nurses. The NMC believes revalidation is a positive affirmation, not about searching for 'bad' practice, and that it will have a positive impact on public protection, with 680,000 nurses and midwives engaging with their professional standards and reflecting on their practice on an on-going basis.

We support the NMC's belief that revalidation strengthens professionalism through on-going reflection on the Code of Practice, and also encourages engagement and challenges isolation. We have hosted workshops to ensure that all of our nurses are aware of the changes and to support them to prepare for revalidation.

Dementia

CSH Surrey has had a Dementia Lead since January 2013 who chair's our Dementia Steering Group. This group meets quarterly and provides a strategic approach and overview of Dementia within CSH Surrey, including ameliorating risk; mapping and addressing training needs; and ensuring best practice is in place and shared across all co-owners. Members of the Dementia Steering Group include representatives from Occupational Therapy, Physiotherapy, Speech and Language Therapy, Podiatry, Dietetics, Mental Health and Parkinson's Disease nursing. In addition, every Community Integrated Team, Community Hub and Community Hospital is represented on the group.

During 2015/16 we continued to support the national agenda of increasing early identification of those with Dementia by helping patients and their families to access other healthcare professionals, support services and local dementia services. We did this by undertaking basic memory assessments and referring to GPs as appropriate, as well as continuing to provide dementia awareness training for all co-owners.

Our Dementia training programme focuses on the national agenda developed by 'Skills for Health'. The training is delivered by members of our Dementia Steering Group and includes, for example, knowing the early signs of dementia, how to communicate sensitively and how to promote independence and encourage activity. We see Dementia and its challenges on the population as a priority and therefore we ensure every co-owner has some basic awareness of Dementia by spending time on it at our induction programme for all new co-owners.

557 co-owners have received training on dementia awareness.

"I will take my time to listen and get to know my patients as individuals. I will smile more and be patient."

"The course was great, informative and well-paced. Nothing needs improving."

"I will challenge poor behaviour and promote dementia-friendly practice."

"I will question more about the type of dementia that patients have so as to provide appropriate care."

"I will access the carers' prescription referral service more."

During our Dignity Action week in February 2016 Tommy Whitelaw visited CSH Surrey as part of 'Tommy on Tour'. Tommy, from Scotland, was a full-time carer for five years for his Mother until she died in September 2012. His experiences led him to launch 'Tommy On Tour' and since then he has toured the UK sharing his story and collecting thousands of life story letters detailing the experiences of individuals caring for a loved one living with dementia.

Tommy visited our four hospital sites (Leatherhead Hospital, Dorking Hospital, Molesey Hospital and NEECH) to ensure as many co-owners as possible were able to listen to him talk. Below are some of the quotes from co-owners who attended the sessions.

"A hugely thought provoking talk."

"A very inspiring man who will inspire his audiences to make a difference."

"The session was emotional and inspiring, Tommy is an incredible man."

"I found it incredibly moving listening to Tommy talk about his mum. He spoke of her with such affection and it really highlighted to me the huge need to support carers of people with dementia as they have such an overwhelming job to do and can feel they have nowhere to turn."

Our co-owners also made pledges as part of Dementia Carer Voices' "You Can Make a Difference" campaign. The campaign has gathered more than 7500 personal pledges, giving a voice to carers and raising awareness about what it means to live with dementia. It encourages people to listen to the experiences of people who have cared for a loved one with dementia, thus giving health and social care professionals and students a fuller understanding of what it means to be a carer of someone with dementia and to think how they can make a positive difference in people's lives.

Below are some examples of the pledges made by our co-owners.

"To listen to what matters to people, and to advocate for those who can't advocate for themselves."

"To listen to carers and people with dementia and think what I can do to make a difference in their lives."

"To always find out about what carers need to help them to care better and to find out about the person's life and what makes them happy."

95% of patients known to our District Nurses achieved their preferred place of death between April 2015 and March 2016. This is up from 92% in 2014/15, 85% in 2013/14 and 80% in 2012/13, meaning our nursing teams are enabling more people than ever to have their desired end of life experience.

This is far higher than the national average. *Actions for End of Life Care: 2014-16, NHS England* states that the number of people dying in their 'usual place of residence' (ie at home or in care homes) has risen from under 38% in 2008 to 44.5% now. Over 60% of people (including those who were not facing life-threatening illness at the time) would prefer to die at home.

This has been achieved by strong partnership working. The Community and Hospice Home Nursing Service (CHHNS) was set up in October 2012 and is a partnership service between CSH Surrey, Princess Alice Hospice and St Catherine's Hospice which supports District Nurses to care for those who wish to die at home. The night response service and night sitter service continue to be provided by Princess Alice Hospice and enables those wishing to die at home to feel supported at night.

Below is statement of the importance of this partnership working from Lesley Spencer, Director of patient care and strategic direction at the Princess Alice Hospice.

"Princess Alice Hospice and CSH Surrey have been working strategically in partnership for over four years providing palliative and end of life care to patients within the Surrey Downs catchment area. The Community Hospice Home Nursing Service (CHHNS) is a valuable part of core business. Communication and operational working between the two organisations is excellent, with significantly more patients being cared for in their preferred place of death, together with a reduction in admissions into hospital. The quality of experience for patients and their families has also improved with the service gaining positive feedback from users and health care professionals, reaching the finals of the Nursing Times awards for the Team of the Year, the most competitive category. The partnership is always looking to improve and for this reason the Night Response Service was launched in September 2014. This again requires excellent liaison and communication between the organisations. The evaluations of both CHHNS and the Night Response Service have demonstrated significant improvements in caring and supporting end of life care patients. These improvements have been as a direct result of the commitment by both organisations to partnership and collaborative working."

CSH Surrey's Palliative Care Forum (PCF) is chaired by our End of Life Care Lead and has been operational since 2005. Attendance increases year on year and includes external agencies for multi-professional working.

"As a regular representative of The Brigitte Trust, a charity supporting people at home who have been diagnosed with a life limiting illness, many at the palliative care stage, it is significantly helpful to be part of the CSH Surrey PCF. It is a wonderfully valuable opportunity to meet with a variety of health professionals who provide different aspects of a patient's care. It has really underlined the significance of listening to others, understanding what can be provided to support a patient in the best possible way. It is an opportunity to discuss any problems and together find a way to resolve them. Working together in this way can only be for the better of the patient/client, to provide them with the best possible service and care, helping to enable someone realise the best quality of life as life draws to an end. We have been welcomed and included as a small charity. In other words, the PCF is inclusive and not exclusively for health professionals. This can only be to the benefit of patients."

Jane Bellingham, Service Development Manager, The Brigitte Trust

"I am in a privileged position to be part of the PCF, representing the South East Coast Ambulance Service, and whenever possible I attend PCF meetings, keeping in touch with local groups, swapping ideas and generally building bridges between local departments and organisations. Since I joined we have discussed many policies and answered various questions and concerns, in an attempt to do the best for our local patients, and in return I have been able to feed back to the local ambulance crews, with a goal to help reduce the number of patients being taken to hospital. Being a part of this forum is very close to my heart, and I believe that building local communications is essential, and a good working relationship between different organisations, allows us to encourage the right decisions to be made on the front line of care. I truly believe that the forum has brought us closer into the fold, and has helped to reduce hospital admissions locally."

Barry Armour, Paramedic Practitioner, South East Coast Ambulance Service

> "It is really useful to be able to keep up-to-date with what is happening with end of life care in our local community. Also, we greatly appreciate being able to meet face-to-face with professionals and people from voluntary organisations that we 'share' patients with."
>
> Sue Clelland, Clinical Nurse Specialist, Epsom General Hospital

End of life care is given high priority in CSH Surrey and has therefore been part of CSH Surrey's corporate induction programme since February 2015. This means that all co-owners are introduced to the importance of good end of life care.

CSH Surrey has had its own localised bereavement booklet for four years, which is given to all families and carers who come into contact with CHHNS as well as other nursing services, such as our community hospitals. Since April 2015 we also given families a 'stop the junk mail' leaflet, which enables people to prevent receiving unwanted mail post after a loved one's death.

Clinical audits and pilots

Clinical audit is the process that helps ensure patients and service users receive the right treatment from the right person in the right way. It does this by measuring the care and services provided against evidence-based standards and then narrowing the gap between existing practice and what is known to be best practice.

We reviewed and updated our clinical audit policy in July 2015, as a result of which we put in place new processes and structures. There is now a 'clinical audit registration form' that all co-owners conducting a clinical audit need to submit. All audit activity is held on a central database where timelines are monitored to ensure that audits and re-audits are managed in a timely fashion.

Adherence to these is monitored via our Professional Congress and externally by our commissioner, Surrey Downs CCG*.

Examples of clinical audit we have conducted this year are shared below.

Are COPD patients given an exacerbation management plan?*

In line with NICE clinical standards and guidance (2010/2011), the Community Respiratory Nursing Team have been using a simple, one page, double-sided exacerbation action plan for patients with COPD on their caseload. This audit was designed to establish if the team do in fact give housebound patients with COPD a personalised action plan to follow when their symptoms get worse (exacerbate).

Method

40 patients seen during April 2015 were randomly selected and their notes were examined to see if they had been issued with an action plan or not. For those with an action plan, the date of the most recent discussion about the plan was noted, and if no action plan was present, the reasons for this were explored. The patients selected represented 10% of the team case load.

Results and conclusion

This retrospective audit found that 100% of patients had been given an action plan and all patients had had a discussion about their plan within the previous three months. An audit three years ago established that 75% of patients use their plans when they exacerbate. One patient record noted that the nurse had discussed exacerbation management with the wife of the patient as the husband had dementia and would not be able to remember details although he was included.

Does the respiratory nursing service meet the NICE COPD Quality standards?

In July 2011 the National Institute for Health and Care Excellence (NICE) published the Chronic Obstructive Pulmonary Disease (COPD) quality standard. This describes the markers of high quality, cost effective care that should demonstrate effective care for people with COPD.

The Specialist Respiratory Nursing Team service seeks to provide specialist respiratory nurse support at home for patients with COPD and those on Long Term Oxygen Therapy who are housebound. The team manages a defined caseload of patients with highly complex needs using evidence-based principles (NICE 2010) to assess, plan, implement and evaluate interventions. The service aims to empower patients and their carers and promote independence through self-care wherever possible.

Objective (heading, purple italics, not bold)

The Specialist Respiratory Nursing Team determined to find out if the standards they were working to when caring for patients with COPD met those published by NICE 2011.

Method (heading, purple italics, not bold)

20 patients were randomly selected and their notes were examined to see if the quality standards advised by NICE 2011 have been followed. This group of patient represents 5% of the team case load.

Conclusion (heading, purple italics, not bold)

This retrospective audit demonstrated that the service has achieved the clinical standards set by NICE in 2011 that they have influence over.

Patient experience

Understanding patients' experiences of services is important in helping us to understand where there may be shortfalls in the services provided, and what patients' future expectations may be. Feedback also helps us to know what we are doing well and this is something we can use to help re-design and model services.

Complaints

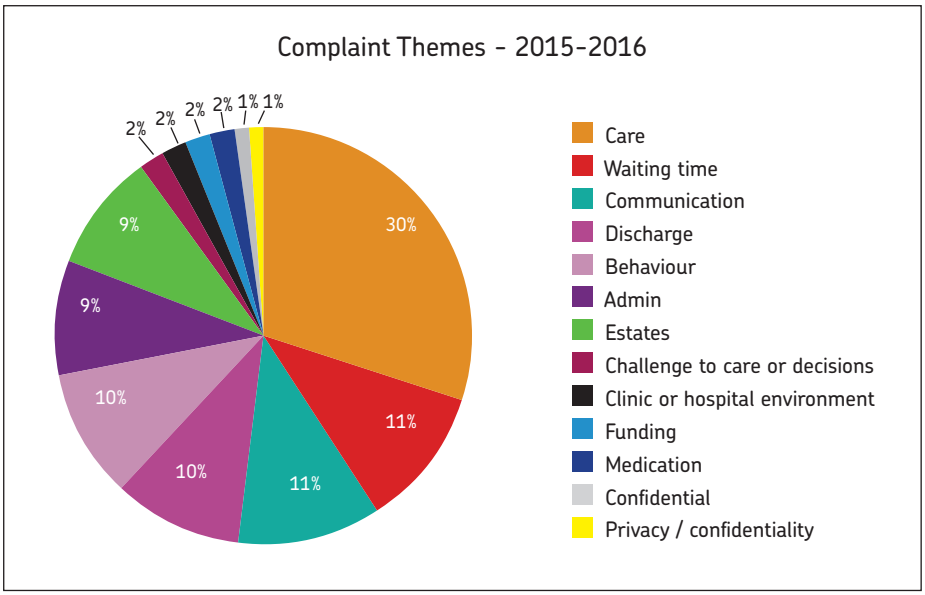
CSH Surrey has an open and approachable culture which encourages patients and their families to comment on their care or treatment. This helps us to deliver safe, effective, high quality services that continue to evolve and respond to patients' changing needs.

We continue to see an increase in our activity levels with services therefore under increasing pressure. Despite these increases, the overall number of complaints has reduced by almost 10% compared to the same period the previous year.

Period and number of complaints received

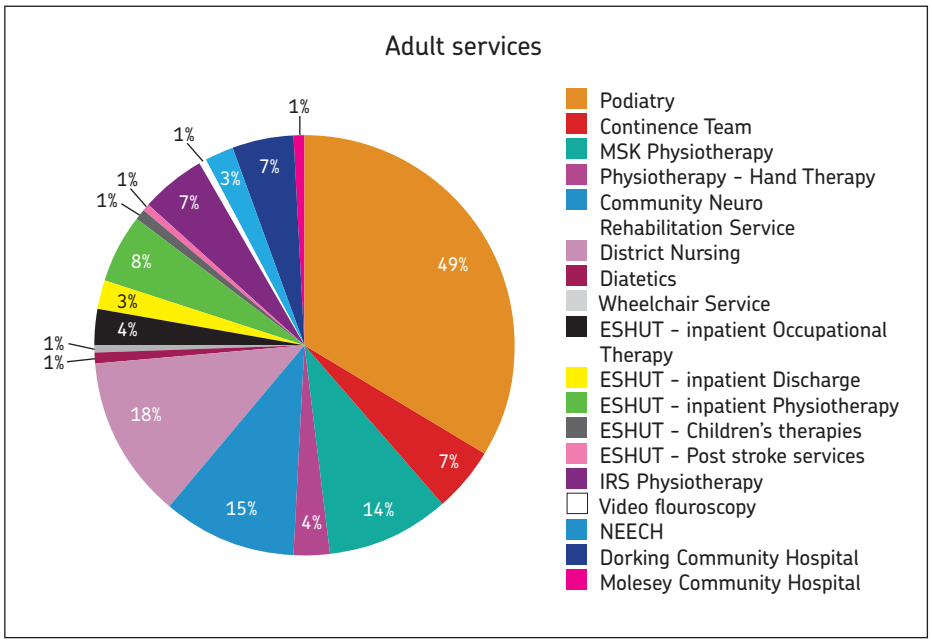
	Apr 2015 to Mar 2016	Apr 2014 to Mar 2015	Apr 2013 to Mar 2014	Apr 2012 to Mar 2013
Number of complaints	112	124	101	58

Complaint themes



Concerns about the care provided is the main reason for patients or their families raising concerns with us. The next frequently cited reasons include waiting time, lack of communication often while they are waiting for treatment, concerns around a patient's discharge home, the behaviour of co-owners towards patients or their families, and administrative issues, such as patients not appearing on clinic list.

Complaints received by Adult Services



The complaints labelled ESHUT were received by Epsom & St Helier University Hospitals' Trust, but some elements related to CSH Surrey services.

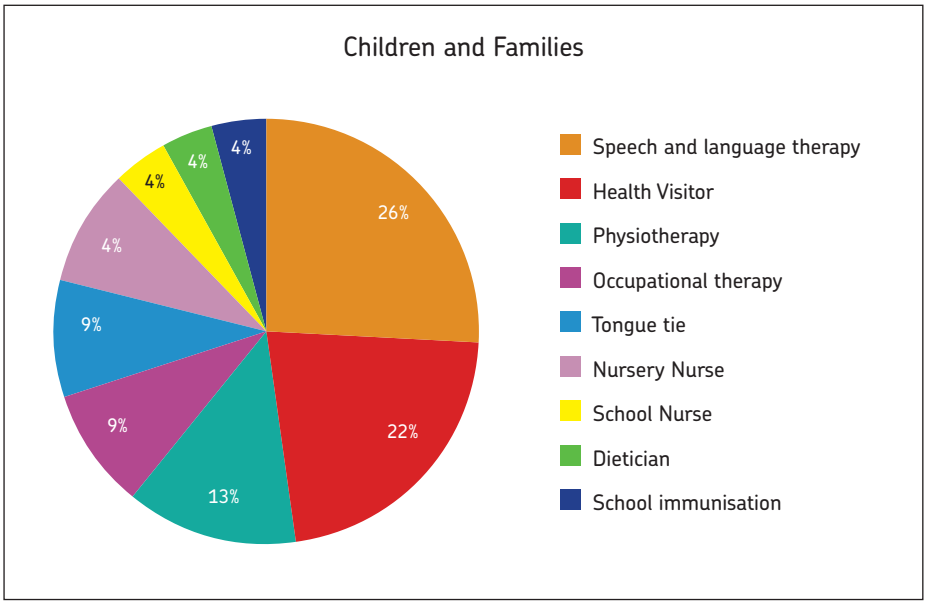
Complaints by service

The District Nursing Service and the Community Neuro Rehabilitation Service received the largest number of complaints in 2015/16.

Complaints received by the District Nursing Services remained similar to last year, although have reduced slightly from 15 to 13. For our Community Neuro Rehabilitation Service, complaints rose significantly from four last year to 11 in 2015/16. This has been due to increased waiting times as a result of the service consistently receiving more patient referrals than it can see within its target timeframes.

MSK Physiotherapy received the third highest number of complaints, although a reduction was seen from 13 last year to 10 in 2015/16. The key issues are waiting time to be seen, being discharged too soon from the service, and feeling unhappy at the physiotherapy provided. Some patients complain that they are given exercises to carry out but feel they want more 'hands-on' therapy to be provided.

There has been a significant reduction in complaints in the Podiatry Service, from 16 last year down to three in 2015/16, which has been achieved by reducing waiting times for patients, empowering more patients to self-care and by providing more clinics for those who need to be seen.



Complaints received by Children and Families' Services

Waiting time for appointments and lack of communication while waiting to be seen have been the most significant factors in complaints. Speech and Language Therapy (SLT) and Health Visiting services received the highest number of complaints, with six each. Complaints about the SLT service appear to be due to a shortage of therapists within the service, causing families to wait longer than we would have wished. Within the Health Visiting service, complaints included the behaviour of the health visitor and lack of communication with families.

Listening to learn and improve

While we have always captured and shared learning from complaints, our aim for 2016/17 is to develop ways to share the learning more widely across CSH Surrey. We will achieve this by providing managers and co-owners with more data and information relating to complaints and lessons learned.

During 2015/16 we integrated complaints handling within our Quality and Governance Directorate. We have increased the reporting of data to both CSH Surrey's Executive Team and Clinical Managers, which has provided greater assurance of the learning as a result of complaints. We will also be ensuring clinicians are more central to the investigation and analysis of complaints, and that any resulting actions are followed through by them.

Developing better communication and ensuring behaviours match CSH Surrey's values will receive a greater focus in 2016 /17. This is fundamental to the relationship between clinician and patient and a strong foundation for improving feedback and ultimately improvements to patients' services. We will incorporate complaints training as part of CSH Surrey's Conflict Resolution Training, which is statutory for all co-owners.

Our Community & Patient Involvement Coordinator, Customer Liaison Officer and Quality Improvement Lead developed and ran a series of Learning Events during 2015/16 to engage co-owners on the importance of feedback from patients, families and colleagues in helping to drive improvement in the quality of care provided to patients and these will continue each quarter.

Below are examples of changes that have been made as a result of complaints, or where a complaint has supported service improvements:

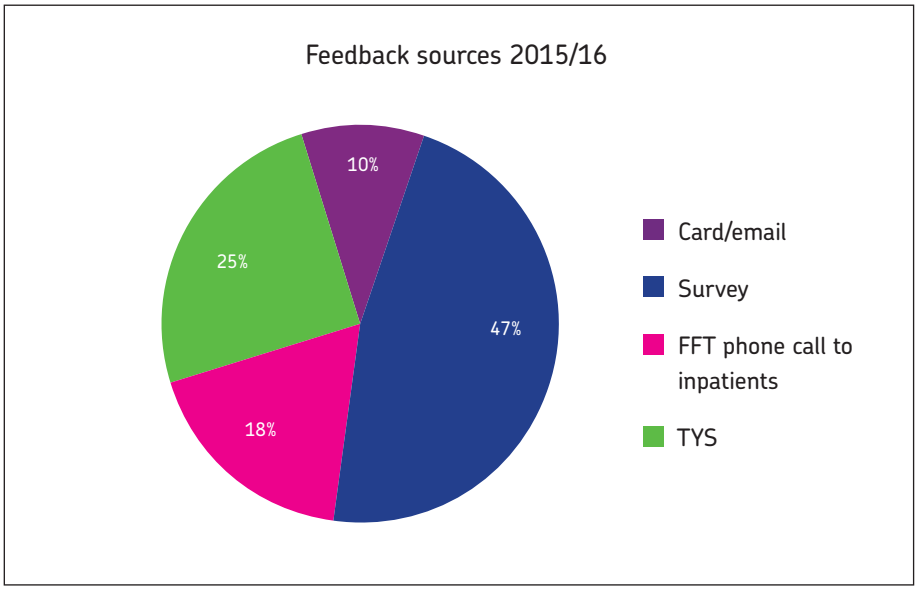
- Improvements to a community hospital environment, so patients are more comfortable on the ward during the summer when the weather is hotter
- Implementation of a process change to ensure greater equality in booking appointments
- Ensuring patients who are transferred between services retain their original referral date
- Improved process to ensure GPs are supported to correctly complete referral forms
- Review of wording on patient letters to ensure they are more personal and friendly
- Cross-area agreements for equipment funding for clients who move areas
- Improved record keeping to ensure co-owners have up-to-date information to deliver patient care
- Improved processes for ensuring patients are receiving the correct therapy input
- Improved process for patients who request for copies of personal information
- Changes made to the vaccination process for school children.

Gathering service user experiences

We recognise the importance of listening and responding to the voice of the people using our services. Capturing, measuring and acting upon patient/client experiences is central to delivering safe, effective and high quality services.

In the last year we have again expanded the ways in which we can collect feedback and experiences from service users.

1900+ pieces of feedback gathered in 2015-2016 (1st April 2015 - 31st March 2016)



The key methods for listening to the patient voice include:

NHS Friends and Family Test (FFT)

We started using the FFT* to gather patient experience feedback in April 2013, one year ahead of the national requirement for inpatient and urgent care community services. Since then we have received more than 5000 FFT responses.

96.6% Average FFT score for CSH Surrey services in 2015/2016. This is the percentage of respondents saying they would be 'Likely' or 'Extremely likely' to recommend CSH Surrey services to friends and family should they need similar care or treatment. Where service users are 'Unlikely' or 'Extremely unlikely' to recommend our services, we consider how we can act on the feedback to improve patient experiences.

We display the FFT results and comments on the community hospital wards each month, ensuring feedback is visible to patients, relatives and carers, and the ward teams. All other services receive a monthly report of their Friends and Family Test score and the comments received. This information is used by teams as a measure of patient satisfaction. Monthly reporting means they can react quickly, sharing examples of best practice and making changes if anything has been unsatisfactory. For example, all comments received from inpatients regarding food and the cleaning service are formally shared at bi-monthly meetings with the service provider, thus ensuring compliments and concerns are given directly and quality is constantly monitored.

Below are examples of changes made as a direct result of acting on FFT feedback.

Evidence

FFT feedback suggested that parents were looking for more support with sleep training. Our Children and Families' service is therefore introducing courses on sleep training for Health Visitors and Nursery Nurses in 2016.

Evidence

MSK Physiotherapists are telling patients about their expected discharge from the service earlier in their treatment plan following feedback that this helps patients to prepare questions and know what to do independently when treatment has finished.

Feedback from the FFT and CSH Surrey's Tell Your Story leaflets is shared with clinical teams each month. Teams share the feedback at monthly team meetings, offering peer support for challenges and together identifying and supporting change. Sharing feedback also provides opportunities to celebrate and share examples of best practice, which aids team morale.

"I couldn't speak more highly of the nurse who called to attend my husband. She was polite, kind and very efficient and gave him some good advice."

Community Matrons, December 2015

"I have been very impressed with the Continence Service. The nurse is supportive, incredibly knowledgeable and generous with her time."

Continence Service, January 2016

"I have been to other hospitals locally and Molesey Hospital has been a very good experience. Friendly, helpful nurses, physio, OT and all staff – all did their very best to assist in whatever I needed. Thank you for all the help and encouragement for me to learn to walk again."

Inpatient, Molesey Hospital, January 2016

FFT roll out to all services in January 2015

The Friends and Family test was opened to all services in January 2015. Our 'Tell Your Story' leaflet, which includes the FFT questions, has been made available at all clinical bases and is provided to clinical teams who visit patients and families at home. FFT posters designed by CSH Surrey are present in waiting and reception areas at all clinical sites.

Friends and Family information stand at Leatherhead Hospital

The FFT is available to all service users and is publicised through posters, the CSH Surrey website, the Tell Your Story leaflet and is asked in all surveys. Services that see patients at home (for example, district nurses and our community hub teams) give our Tell Your Story leaflets to patients. This again provides us with valuable feedback about the patient and carer experience.

The FFT is available online: it is accessible from the landing page of the CSH Surrey website (www.cshsurrey.co.uk) as well as on each service page. Easy Read, Braille and non-English language versions are provided when required.

Currently, most service users choose to complete the FFT in paper format.

In February 2016 we started a trial with the school nurses at secondary schools, using a postcard to allow young people to record their experiences of the confidential drop-in sessions anonymously. This project was one of the four Quality Prize winners from our October 2015 Quality week, receiving funding (£200) to source comments boxes for the school nurses.

Following the trial we are reviewing and developing the feedback method with input from the young people, with the aim of extending its use across our children's services to enable children and young people to give their own feedback about their experiences.

In 2016/17 CSH Surrey will look at increasing our use of digital communications, such as tablet devices and the use of text messaging, to gain feedback from service users. We expect this to increase the number of people we are able to reach and to provide a quick and simple way for people to report their experiences.

Evidence

CSH Surrey's inpatient ward teams discuss feedback at handovers and team meetings, thus increasing the opportunities to share what is working well for their patients and agree actions to make improvements when needed. Team members now feel more confident sharing verbal feedback with the team, allowing for peer support, and the whole team hearing about thank yous and compliments.

Using patient stories

We start every CSH Surrey Board meeting with a "patient story" that details the experience of a person or their carer when using our services. This ensures that Board members are focused on our priority – high quality patient care. The stories are researched and written by our Community & Patient Involvement Coordinator, and are also shared in our monthly co-owner newsletter.

Evidence

Shared at the September 2015 Board meeting: A patient of the wheelchair service told us of the dramatic change to their life from being bed bound and using a single room in their house, to using a motorised chair, taking day trips and feeling in control of their life.

Over six years the clinician worked with the patient and carer to encourage a broader view of their room, their home and eventually the outside world. The relationship between clinician and patient developed with trust and understanding, building confidence and self-esteem, changing the patient's perception of tasks from "I can't do that" to "What's stopping me from doing that and how can I overcome it?".

"They listened and allowed me to express how I felt. I was able to ask questions and given time to make decisions. I haven't looked back since my clinician revealed the opportunities available, that (at the time) I couldn't see for myself."

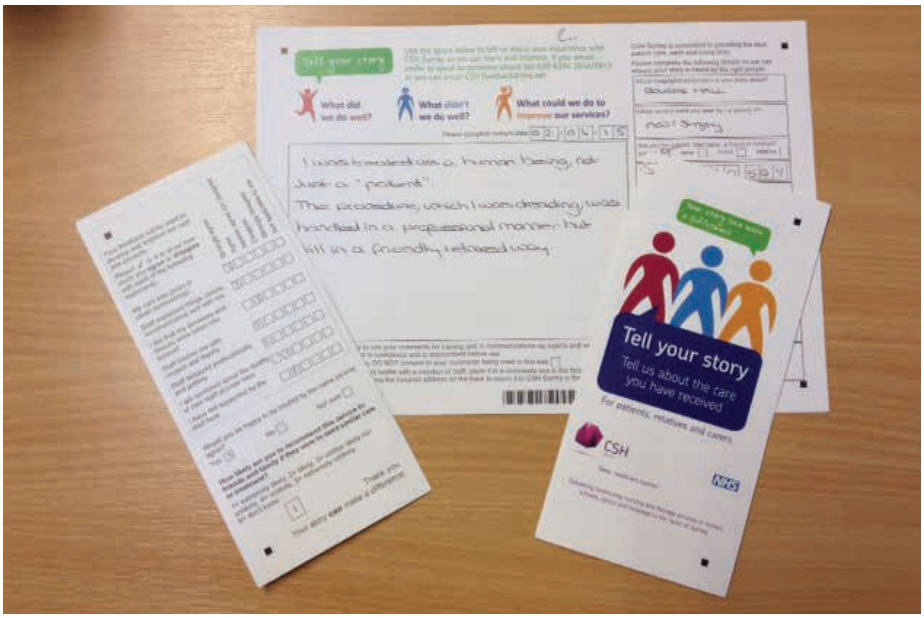
Wheelchair patient about her clinician and carer

Involving service users in service developments

We continue to seek patient involvement in developing our services.

'Tell Your Story' leaflets

Tell Your Story leaflets are available at all clinical sites, via the CSH Surrey website and are also given out in all new birth packs, in every inpatient Welcome pack, and to domiciliary patients and people seen by our Community Hub teams.



481 Tell Your Story leaflets received across all services during 2015/16, an increase of over 280% on the previous year (166 received in 2014/15).

The use of Tell Your Story leaflets has increased within services since adding a session on patient experience at Induction. We talk to new starters about the importance of listening to our service users, explain how we to capture the patient experience and share ways to listen and respond through action.

Instilling the importance of experience and how we can all affect patients' journeys has increased awareness of feedback methods and new starters' commitments to help patients record their comments.

Evidence

The Domiciliary Physiotherapy survey revealed that some patients were not aware that the team's contact details and the name of the lead therapist were included in their patient notes. Team members are now using the notes at each session to confirm how patients can get in touch if they have any questions. This has improved patients' use of their notes to work towards their exercise goals.

District Nursing: "I wish to thank all the district nurses for their professional attitude, efficiency and very kind and caring manner while visiting me. Although they were obviously very busy, they never let me feel they were in a hurry and always went the extra mile. Thank you."

Tongue Tie: "My daughter lost 8% of her birth weight, which she gained back after 3 weeks. She then failed to put on weight. Despite going to various breastfeeding drop-ins we didn't have an answer. At a child health clinic, CSH Surrey Health Visitor Liz noticed a thick posterior tongue tie, which we got snipped straight away. Thank you so much Liz for spotting something so many people had missed."

Community Dietetics: "At a time when my mother was very vulnerable, very underweight and living alone at home with dementia, it was extremely reassuring to feel there was someone who genuinely cared and who really went the extra mile from day 1 (first home visit) through to the point my mother has turned a corner. And although her dementia will continue to progress, physically she is much stronger. Thank you."

Patient focus groups

The Neuro rehabilitation team ran focus groups in March and September 2015 to ask patients and carers about their care/treatment experiences.

Evidence

Following feedback that some carers want to take a more active role in rehabilitation, our neuro rehabilitation service physiotherapists are now seeking consent from patients to include carers in physiotherapy sessions. This is helping patients to complete exercises at home, which is helping them achieve goals and get additional support from their carer.

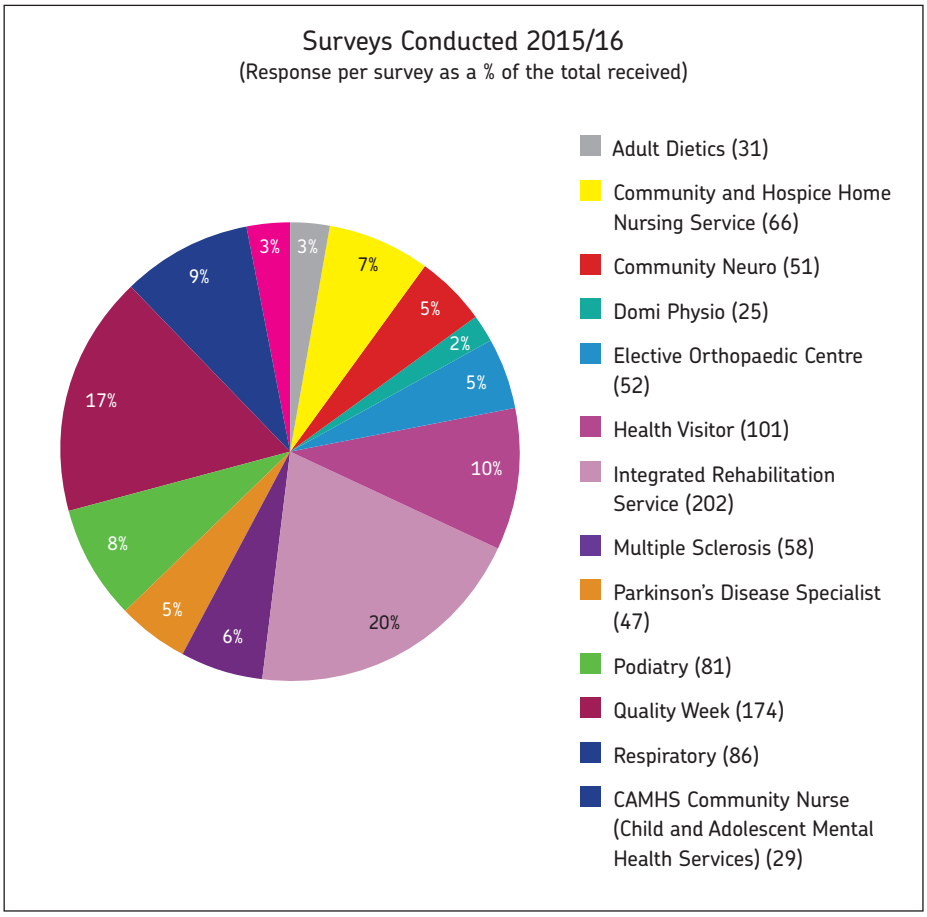
"Great opportunity to talk to other people using the service as well as the people running it. I have thoroughly enjoyed it and feel that you have really listened to us all."

"I know from online chat forums on my condition how lucky we are to have a CSH Surrey specialist Parkinson's nurse. Lots of people don't have this resource, I'd be lost without it. It's very reassuring as a carer (and spouse) to be able to email in questions and receive a timely, well-informed response, as well as being included in discussions about my husband's care."

Service user surveys

We continue to use surveys to gain a richer understanding of the patient/client experience of our services. All service surveys are now available in paper and online formats.

CSH Surrey aims to support 10 clinical teams a year to run surveys. During 2015/16 we achieved 12. We received more than 1000 responses in total to surveys conducted in 2015/16.



Historically we have surveyed our community hospital inpatients annually. In 2015/16 the surveys had to be postponed due to changes in the operational management of the services. We will be conducting them this year in April 2016.

Evidence

The Adult dietetics service survey told us that patients referred for a specific diet were not always informed they needed a follow-up appointment eight weeks after the first assessment. As a result, patients were not always available in the timeframe required. The team has addressed this by arranging the initial and follow-up appointments at the same time, making sure patients are informed of the reasons for this specific timeframe for their treatment.

Community Dietetics survey:
"For the first time I have found someone who really wants to help me, she has listened to me, which previously has never happened before and I am actually making progress under her care. I feel she is encouraging me rather than talking down to me."

Respiratory service: "Really good advice and support. Proactive in contacting local specialist services as a go-between with GP and local specialist respiratory hospital services. Proactive in supporting quality of life services such as home nebuliser and blue badge; prompt and helpful advice and response to phone calls. Wonderful that this is a local service provided at Leatherhead Hospital. A life-saver in relation to acute episodes and advice. It is wonderful that I don't have to go to A&E at Epsom and can safely continue with home care."

Improving service user experiences

During 2015-2016 we have continued several CSH Surrey-wide campaigns in support of national initiatives.

Chief Nursing Officer's 6Cs

The '6Cs' are part of the Chief Nursing Officer's 2012 vision and strategy for creating a culture of compassionate care. These six values and behaviours are: Care; Compassion; Competence; Communication; Courage; and Commitment.

Each of these values and behaviours carries equal weight, meaning not one is more important than the other five. The 6Cs naturally focus on putting the person being cared for at the heart of the care they are given.

We believe the 6Cs apply equally to all co-owners, not just nurses and therapists, and we have therefore included all of our co-owners in our 6C initiatives, including co-owners who do not work in a clinical capacity. 6Cs is now an integral part of our new joiners' Induction, in which we explore each of the six values and behaviours. At the end we ask all of the new co-owners to make a pledge so they start their working lives at CSH Surrey with the 6Cs in mind.

Evidence

Our focus for 2016 is ensuring the 6Cs remain fresh and part of co-owner practice. To support this, we are planning a series of workshops on compassion, where we bring the 6Cs to life through practical activities and thoughtful scenarios that demonstrate the nature, function and importance of compassion.

"Hello my name is..."

Dr Kate Granger, a hospital consultant, started the #Hellomynameis campaign while being treated for cancer aged 31 as she felt treated with a lack of respect and like a "patient rather than as an individual" by staff who failed to tell her their names.

This campaign is simple – reminding staff to introduce themselves to patients properly; because a confident introduction is the first step to providing compassionate care and is often all it takes to put patients at ease and make them feel relaxed whilst using our services.

We are continuing to introduce and promote this campaign as part of the 6Cs induction session, where each new co-owner receives a 'Hello my name is' lanyard.

Improving co-owner experiences to improve patient experiences

Annual co-owner survey

We conduct an annual survey among co-owners so we can address any key areas of concern. The 2015 questionnaire covered the following areas: Friends and Family Test questions; Day to day; Team working and relationships at work; Communication; Performance management and development; Patient care; My immediate manager; Leadership; Views on CSH overall. The results are analysed by these key areas and in addition, we provide 'engagement' scores for CSH Surrey overall and for the different teams/areas.

The 2015 survey was conducted between the 3rd and the 27th of November 2015.

491 **of the 693 co-owners invited to participate responded to the questionnaire, providing a response rate of 71%, the same as that achieved in 2014.**

A healthy response rate of 71% means we received a detailed view of how co-owners in CSH Surrey were feeling, and can therefore be confident that the actions we put in place will make a positive difference to the majority of our co-owners.

This year's survey results are once again, overall, very positive. Our 'engagement' score remains high and co-owners' views on some key areas have also stayed high.

- 86% overall engagement score across CSH Surrey
- 81% are happy to recommend CSH Surrey as a healthcare provider to friends and family, far higher than the 69% of staff in the wider NHS (2015 NHS staff survey)
- 94% of co-owners enjoy their work (just 74% in NHS community trusts say this, NHS staff survey 2015), perhaps linked to the fact that 94% feel part of a team (76% in NHS community Trusts) and 98% (83% in NHS community trusts) say they have good working relationships with co-owners in their team
- There is also widespread support for managers, with more than 93% saying their immediate manager is supportive if they have a problem, 94% saying their immediate manager is approachable and 95% saying that their manager lives the values of CSH Surrey. Within the NHS, 72% say their immediate manager is supportive.

- Importantly, 90% believe CSH is genuinely committed to delivering high quality services. Within the wider NHS, just 73% of staff believe 'care of patients/service users' is their organisation's top priority (NHS staff survey 2015)
- Another important factor for ensuring we deliver safe and quality care is that 95% of our co-owners feel able to raise concerns at work. Within the NHS this is just 68% (NHS staff survey 2015)
- 83% of co-owners believe they receive the training they require to do their job, far higher than the NHS rate of 25% (NHS staff survey 2015), highlighting how highly co-owners rate earning and development at CSH Surrey
- 99% of co-owners can see how their work relates to patient care and the same high numbers are motivated to make a difference for patients (even if they don't have direct patient contact). In the NHS, just 42% believe their role makes a difference to patients
- 90% of co-owners tell us that CSH Surrey acts fairly with regards to career progression and promotion regardless of age, ethnicity, religion, gender, sexual orientation or disability. In the NHS overall, this rate is at 60% (NHS survey results 2015)
- 96% of co-owners share CSH's values, 90% understand our vision and 89% know our strategy – this is important because it means we're all working towards the same aims.

There were also areas co-owners told us need improving, which our Board is committed to addressing wherever it can.

Actions to be addressed fall under four main headings:

- Workload / resource levels
- Learning and Development
- Communication
- Environment / facilities.

Children and Families Service

School nursing

During 2015/16 our funding for school nursing has been increased, which is reflective of the excellent service we deliver at a time when public health funding is being cut and a lot of areas are decommissioning school nursing. Two of our programmes are described below.

Nasal flu immunisation campaign

In September 2015 school nursing teams across England embarked on an ambitious new Department of Health led programme to immunise Year 1 and Year 2 (5, 6 and some 7 year olds) against flu.

Our school nursing team used a creative combination of a 'Flu Hero' video, t-shirts and certificate to support the campaign. They achieved a 100% offer to all eligible children, immunising 4,762 Year 1 and Year 2 children in 80 schools across the mid Surrey area in just six weeks.

65% uptake of the first national nasal flu spray immunisation (2015), far higher than the maximum 51% achieved in pilots in 2014. This compares favourably with the 62% uptake across Surrey as a whole and the 55.6% national uptake (40%-67% range).

"The scale of the teams' efforts cannot be under estimated: the school nurse teams, school immunisation nurses and our child health administrators together coordinated the delivery of parental consent packs, triaged 1000s of consent forms and followed up any parental concerns. They have worked additional hours, started work earlier; have driven miles across CSH Surrey to far flung schools while supporting each other to maintain essential school nurse work, such as safeguarding and secondary school confidential drop-ins. They came together as a cohesive, motivated and flexible workforce to achieve an uptake of the nasal flu immunisation that exceeded that anticipated by the Department of Health and Public Health England, meaning nearly two thirds of the area's 5, 6 and 7 year olds are more protected against catching and spreading flu this winter."

Chris McDermott, Specialist Practitioner/ Practice Development Lead for School Nursing, CSH Surrey

Healthy weight, healthy lifestyles

During 2015/16 our school nurses were commissioned by Surrey County Council to provide a weight management service for overweight 0-19 year olds with a Body Mass Index* (BMI) above 91st centile. Through referrals from dieticians, schools and GPs, we were able to support families who wouldn't normally have engaged in weight management programmes. In addition to achieving weight loss and stabilising BMIs, our innovative and tailored programme has brought about long-term behavioural changes that are not only improving the health of the children, but their wider families as well.

Evidence

Following the 1:1 support programme, more families are eating together, which is proven to have positive outcomes for mental health and behaviour over the longer term. Parents have changed their own lifestyles to better support their young person, with many themselves losing weight and therefore reducing their risk of co-morbidities as they age. We also have evidence that some families were better off as a result of our programme because they bought healthier foods and reduced the amount of takeaway food they were buying.

Paediatric therapies

Parents and children who access our paediatric therapies services are receiving a higher quality service in 2016 due to a number of efficiency improvement initiatives. The teams have streamlined the processes for making appointments, are triaging referrals more quickly and have been proactive in reducing the time between referral and appointment. In addition they have reviewed and cleansed service data, meaning we have greater confidence in our data.

Evidence

Current waiting times (as of March 2016) now stand at 4 weeks for dietetics, 6 weeks for occupational therapy, 2 weeks for physiotherapy and 13 weeks for speech and language therapy.

We continue to review our pathways to ensure that children and young people achieve their potential. We are currently focussing on evidencing outcomes, both in terms of therapy success and in terms of impact on public health outcomes, especially school readiness. Children's community health services in Surrey are being re-commissioned in order to provide an equitable service for all. We are working closely with commissioners across the county to develop and support a strong delivery framework that will achieve this.

0-19 service

We now offer parents of two year olds a fully integrated 27 month development review as a result of on-going partnership working with Early Years' colleagues and Children's Centres. This united approach to reviewing development now includes parental completion of the ASQ3* questionnaire and an opportunity for health visitors to review the education part of the check. Children with development concerns are referred onward to other services, so this joint early intervention is enabling us to support families to improve their children's longer term health and education outcomes.

100% of families offered the 27 month development check and uptake is improving. Uptake has increased by 26%, from 49% in April 2015 to 75% in April 2016.

To improve uptake rates we have amended our booking process to enable parents to choose the most suitable venue and time for them to attend.

Family Nurse Partnership* (FNP)

We have delivered the first year of the FNP programme across the whole of Surrey, achieving our target of supporting up to 100 families. We have supported young parents through an emotionally challenging time in their lives and enabled them to build nurturing relationships with their babies. The team has worked with the parents to understand and take part in the decisions affecting their babies, even when that has meant that, for example, the baby being placed in the care of the Local Authority. This has enabled the young person to better manage the situation, which has ensured the decision for their baby has been made more quickly, increasing the likelihood of achieving better outcomes in the longer term for the children.

Evidence

The team was notified of a young person due to deliver her first baby. When the family nurse first met her at home it was apparent she was facing numerous difficulties. After several visits, the young person revealed a chaotic, violent, abusive childhood involving substance misuse by both parents. The family nurse contacted children's social care due to the risks of an alcoholic father still present, lack of any support and lack of furnishing, heating and basic equipment. After an assessment, the unborn baby was made the subject of a child in need plan. Through the work and support of the family nurse, the family has been able to make positive changes: the young person's father has stopped using alcohol and is being supportive towards his daughter, the heating has been repaired and the house is slowly being redecorated. The family nurse also identified local charities that were able to provide furniture and cooking equipment. The changes have been positive and the unborn baby has now been discharged from children's social care.

Co-owner achievements

A number of CSH Surrey co-owners and services have been recognised in national and regional awards in the last year, as well as through our annual in-house awards.

External awards

NHS Leadership Collaborative

In October 2015, CSH Surrey Domiciliary Physiotherapist, Vicky Kershaw, was recognised as 'Patient Champion of the year' in the NHS Leadership Collaborative regional finals for Kent, Surrey and Sussex for her unique approach to working with dementia patients. Vicky champions her patients as people with rich histories and by listening and working closely with family and carers, she is able to engage her patients in therapy by connecting with their histories and past hobbies and interests.

Evidence

In one example, Vicky organised therapy overlooking the nursing home gardens for a lady who was a keen gardener. Eventually she was able to take the therapy outside and used the gardens as a motivation to regain mobility.

Evidence

After listening to a patient's husband describe how his wife was 'livelier' after a weekly visit from a care volunteer, Vicky timed her therapy with these visits. Gradually the lady could stand with help, and recently stood unaided before leaning forward to hug and kiss her husband. She can now stand with minimal support and is now focusing on being able to get into the car so the couple can go out for drives again. The husband has reported that he's 'got his wife back again!' as a result of the nominee's care.

Our Stroke Nurse Specialist, Erika Frohlick, was named Runner Up in the same 'Patient Champion of the Year' award for designing a 'Life after Stroke' workshop for patients and their families/carers who felt unsupported following discharge from hospital. Erika and our wider Neuro Rehabilitation Service team that run the workshops with Erika have supported nearly 400 stroke survivors and their family/ carers/friends since 2013 and believe the early intervention makes a big difference.

Feedback suggests the workshops are meeting their objectives of helping people feel better supported and empowered to deal with life after stroke:

- 93% of participants (Jul-Nov 2015) found the sessions 'Very useful'
- 76% better understand how to manage their condition
- 100% felt able to ask questions.

Patients, relatives and caregivers also report:

- Better understanding of behaviour changes
- Feeling better able to provide the right care while encouraging their relative or patient to achieve as much as possible
- Many participants say they'll change behaviours, eg do more exercise, eat a healthier diet, monitor blood pressure regularly.

Patient Experience Network National Awards

In March 2016, Stroke Nurse, Erika Frohlick, was also a shortlisted finalist in the 'Support for caregivers, friends and family' category in the annual Patient Experience Network awards, again for the 'Life after Stroke' workshops. Erika created the workshops as 20 minute education sessions with a Dietitian colleague in 2013 to improve the care and service received by early supported discharge stroke patients. Following patient feedback and input, the workshops now comprise two, 2 hour workshops covering a range of topics, from diet and nutrition to exercise and psychology.

Since 2014 the workshops have been a core part of CSH Surrey's stroke service, and in April 2015 they were recognised by the NHS England South East Coast Clinical Senate as an example of best practice stroke care.

Evidence

One stroke service patient recently reported, "I felt like I was lost in the ocean and you were my rock." She had been a supported discharge patient, had attended the workshops and learnt about signs and symptoms of stroke. She recently acted on her new-found knowledge and attended A&E immediately on suspecting a further stroke. She was thrombolysed successfully and was left with only minor finger tingling as evidence of a possible major stroke.

Be aware of early signs of stroke urges nurse

Workshops have helped hundreds in three years

Museum seeks care volunteer

Scouts' jumble

Second album

Royal College of Nursing Nurse Awards

In March 2016, two of our nurses were named Finalists in these highly competitive and prestigious annual awards: Chris McDermott, our Practice Development Lead for School Nursing, was shortlisted for the Child Health category for her innovative weight management programme for 5-19 year olds, while Erika Frohlick, our Stroke Nurse Specialist, was again shortlisted for her 'Life after Stroke' workshops. Chris received Highly Commended in her category at the award ceremony in May 2016.

Cavell Nurses' Trust Nurse Awards

In March 2016, Chris McDermott, Practice Development Lead for School Nursing, was shortlisted for the Innovation in School Nursing category, again for her weight management programme. The evidence-based programme (NICE guideline PH47 *Weight management: lifestyle services for overweight or obese children and young people* October 2013, and CG189 *Obesity identification, assessment and management* November 2014) is designed to support children and young people and their families to develop healthier lifestyles, which in the long term can lead to them achieving a healthier weight and hopefully, happier lives.

Participants benefit from a 7-part programme of 1:1 face-to-face and phone support with a specially trained school nurse, who covers topics such as motivation, food and diet, understanding food labels, physical activity and lifestyle tips, such as healthy snack ideas and behaviour change. Support is also offered through partnerships with local leisure centres, as well as through aids such as pedometers, Apps and information leaflets.

Chris' innovative, child-centred programme was commissioned as a six-month pilot by Surrey County Council in May 2015. Following early promising results, the commissioners extended the pilot until 31st March 2016, and asked Surrey's two other community providers to develop and pilot programmes based on CSH Surrey's approach.

Internal awards

We also recognise exceptional performance internally. Our 2015 annual CoCo Awards (Co-owners' Co-ownership awards) received a record-breaking 198 entries, up from 175 in 2014, from co-owners keen to recognise their colleagues' work.

In addition to the usual 16 categories (including Outstanding Adults'/Children's Nurse and Therapist of the Year, Unsung Hero and Line Manager of the Year), we added in a new category for 2015 in response to co-owner feedback: Team of the Year. This was won by the Woodlands School Nursing and Therapy team, while the Chair's Cup was won by the Ward Manager at the New Epsom & Ewell Community Hospital, Pippa Savage. Service users Maddy Doyle and Dot Hodgetts were invited to help present the awards.

Research

Research is an important part of understanding the experiences of patients and the developing health care. During the last year our co-owners have engaged in a variety of research projects.

In 2014 Jane Harrison, Physiotherapist and Head of Planned Care at CSH Surrey researched the clinical practice of adapting patients' furniture and teaching patients how to move to prevent dislocation after hip replacement.

This led to a practice change for all the Consultants at the South West London Orthopaedic Centre (SWLEOC). The change of practice was then re-audited and showed no detrimental impact on the dislocation rate after hip replacement and led to a 30% reduction in provision of equipment to patients.

The initial research was presented at the National Conference of Chartered Society of Physiotherapy in 2015. The subsequent re-audit of the change of practice led to a national initiative to change practice that was publicised on the Chartered Society of Physiotherapy website. In October 2015 AGILE* asked Jane Harrison to present her work at their annual conference.

CSH Surrey – a social enterprise

CSH Surrey operates as a social enterprise. We aim to work with our local communities to increase community cohesion and to improve the health and wellbeing of the local population. We have developed and delivered a number of different projects during 2015/2016 in support of these aims.

Community Fund

As a social enterprise, we support the populations we serve over and above delivering the healthcare services that we are contracted to provide. Since 2006 CSH Surrey has supported a wide range of local charities and groups. In 2012 this was formerly established as the CSH Surrey Community Fund and it has since donated more than £30,000 to local projects with a health and wellbeing focus.

£34,000 awarded in grants since 2012 to support local projects that improve the health and wellbeing of the communities in which we work.

In January 2016 our Community Fund panel, which is run by co-owners, awarded a £2,000 grant to Head2Head Theatre to support its work in the special needs sector. The community group, which was established in 2006, will be using the money to produce a family holiday drama activity for children & siblings with special needs. 72 families will benefit from six half-day sessions in small groups. If weather permits, part of the storyline will take place outdoors to allow participants to enjoy fresh air and exercise. A sensory tent, giant games and craft activities will be available at lunchtime, which will provide opportunities to make friends and/or share problems/experiences unique to the special needs' community.

Evidence

In November 2015 our Community Fund awarded £2,000 to My Time for Young Carers to help fund the annual salary of a Project Coordinator. The charity created this new role to reduce the administrative burden on volunteers. The coordinator will be organising transport for activities, keeping records up to date, processing DBS checks, references, volunteer and member applications, and also maintaining good lines of communication with volunteers, families and the local community. Our Community Fund also supported the charity in 2014 through a £1,500 grant to fund a trained youth worker for a year.

Our Community Fund also supports our co-owners in their charitable endeavours.

£1,300 awarded in sponsorship during 2015/16 to co-owners raising money for charities.

Jennifer Gibson, a staff nurse at Leatherhead Hospital, took part in the Princess Alice Hospital 8 mile Towpath Trundle this year to raise money for the Hospice. Jennifer raised £352 herself and was granted a further £100 in sponsorship from our Community Fund.

Evidence

Kirsty Rennison, a hand therapist team leader, is completing a year of challenge to raise awareness and support for Diabetes UK after her sister developed Type 1 Diabetes. Kirsty has taken part in the Brighton Marathon, The Ride London 100, a Sprint Triathlon, the Yorkshire Three Peaks and another half marathon. She has so far raised £680 towards her target of £1000, including £100 from our Community Fund.

On Sunday 20th March 2016, more than 80 co-owners took part in CSH Surrey's inaugural Community Fund 'Big Walk'. The aim was to walk 16 miles around Leatherhead and Epsom to raise as much money as possible for three local charities that were chosen by our co-owners: Epsom-based Love Me Love My Mind, the Leatherhead Youth Project and SCAMPPS. Members of the Leatherhead Youth Project also took part in the walk and the Reverend Sue Bull, who founded Love Me Love My Mind, attended the event and saw everyone off in the morning.

"The Big Walk was a fantastic event and we are really grateful to CSH Surrey for choosing to donate some of the proceeds to LYP. As a small charity, donations like this go a long way and make a real difference to the projects we run. A group of our young people managed to complete the walk along with our team of youth workers, which was a great challenge for them and is part of the fundraising they are doing for our summer charity trip to Romania."

Joe Chrome, General Manager of the Leatherhead Youth Project

£6,352 raised by co-owners who took part in our 2016 Big Walk.

Quality CQUINs* 2016 /2017

CSH Surrey is in the process of agreeing 2016/2017 CQUINs with its commissioner Surrey Downs CCG. The following themes are being discussed:

- Pressure ulcers
- Co-owner health and wellbeing
- Antimicrobial prescribing and resistance
- Integration of services.

Statements

NHS Surrey Downs Clinical Commissioning Group response to the CSH Surrey Quality Account 2015/16

NHS Surrey Downs Clinical Commissioning Group (CCG) has reviewed the CSH Surrey Quality Account for 2015/16 as lead commissioner for CSH Surrey.

During the past 12 months CSH Surrey has worked collaboratively with NHS Surrey Downs CCG to support ambitious plans to develop integrated services, specifically as part of the Epsom Health and Care Alliance, which provides a single focus for all organisations to work together to deliver care in appropriate settings. CSH Surrey is a respected partner within the local health and social care system and actively contributes to the development and delivery of plans to improve service delivery.

Through the production of the Quality Account 2015/16 we are pleased that CSH Surrey has given a balanced view on their quality performance during the last year. The review has focused on the delivery of the Commissioning for Quality and Innovation (CQUINs) targets developed jointly between NHS Surrey Downs CCG and CSH Surrey. We are pleased to see achievement in dementia care, unplanned emergency care, medicines management and sepsis in the community. We have noted the partial achievement of the pressure ulcers and pathway management target and feel this should be a continued area of focus so as to reduce the harm from pressure ulcers. NHS Surrey Downs CCG will work with CSH Surrey during 2016/17 to ensure the organisation has robust mechanisms of oversight and appropriate plans for improvement.

During 2015 CSH Surrey developed its five year Quality Strategy, which demonstrates its commitment to quality. While recognising this is a good start, we feel that the aims and objectives of the strategy could be more ambitious and have a greater focus on the quality outcomes it expects for those using its services. We are pleased to see that supporting and developing co-owners to deliver quality improvement is one of the six aims identified within the strategy. In addition we are supportive of the Quality Week approach to engaging co-owners in embedding a culture of quality. NHS Surrey Downs CCG would actively encourage CSH Surrey to consider how service users can be more involved in supporting this important initiative so as to strengthen the voice of those who use services.

In relation to the safety of services provided by CSH Surrey, NHS Surrey Downs CCG recognises the work being developed and delivered to reduce harm and learn from incidents. During 2015/16 CSH Surrey has been actively involved in implementing the requirements for the Duty of Candour and these are reviewed on a monthly basis by the Adult Clinical Quality Review Group (ACQRG) led by NHS Surrey Downs CCG. CSH Surrey has actively participated in the Serious Incident process during 2015/16; we look forward to working with CSH Surrey during the coming year to ensure internal systems for oversight and learning from serious incidents meet best practice guidelines and are positively benchmarked with comparable organisations. NHS Surrey Downs CCG recognises and is supportive of the work to reduce harm in relation to falls, pressures ulcers and infection control. We are particularly pleased by the improvements being made in relation to medicines management and would be keen for this work to be further developed during 2016/17. CSH Surrey should actively consider using the NHS Safety Thermometer for all adult inpatient areas;

this would provide an opportunity for CSH Surrey to review quality performance and improvement overtime.

NHS Surrey Downs CCG is pleased to see the continued effort to improve training and access to child and adult safeguarding training for co-owners, compliance for Mental Capacity Act and Deprivation of Liberty training is lower than 2014/15 and we would like to see further effort in improving compliance.

In relation to effectiveness we are pleased to see the year on year improvement in the number of patients being able to achieve their preferred place of death; this is no doubt testament to the hard work of individuals and organisations focused on delivering compassionate and personalised end of life care. The strategic and operational partnerships developed by CSH Surrey are helping to achieve appropriate and personalised outcomes for those at the end of life and NHS Surrey Downs CCG looks forward to seeing further improvements and collaboration over the coming year.

We have noted the research aspiration detailed within the Quality Account, although we are disappointed by the limited evidence of involvement with audit during 2015/16. We would expect to see evidence of a vibrant audit culture within CSH Surrey that is linked to the organisational Quality and Risk Management Strategies. We would welcome a greater focus on audit during 2016/17 and greater transparency in sharing audit results and improvement plans.

We are very pleased to see the results of the annual co-owner survey within the Quality Account, the high engagement score and the percentage of co-owners happy to recommend CSH Surrey as a healthcare provider to friends and family is worthy recognition of the equal commitment and importance placed to those who use services and co-owners who provide services.

Looking forward to 2016/17, NHS Surrey Downs CCG will work with CSH Surrey to develop their quality priorities for the coming year; we will ensure the priorities are aligned with the aspirations detailed within the recently published NHS Surrey Downs CCG Quality Strategy and commissioning intentions. We look forward to seeing our collective work on integration progressing during the coming year and look forward to CSH Surrey being an important partner in helping shape and deliver our commissioning intentions. During 2016/17 we would ask that CSH Surrey considers how those using its services have the opportunity to access quality-related performance information so as to better understand the quality of services provided by CSH Surrey.

NHS Surrey Downs CCG looks forward to continuing to work with CSH Surrey to meet the quality aspirations of those who use services, carers, members of the public, health and social care partners and co-owners.

Steve Hams

Director of Clinical Performance and Delivery
On behalf of NHS Surrey Downs CCG

Healthwatch Surrey statement on the CSH Surrey Quality Accounts 2015/16

As the consumer champion for health and social care in Surrey, we are pleased to have been invited to respond to CSH Surrey's draft Quality Account 2015/16. Our role is to help patients and the public get the best out of health and social care services and the Quality Account is a key tool for enabling the public to understand how their services are being improved. With this in mind, we have asked volunteers and staff to read and comment on the Quality Account. Unfortunately, due to the limited time given to Healthwatch to respond, we are unable to provide a full and formal response. Although we do not regularly receive enough feedback on CSH Surrey to reflect on whether the actions taken by the organisation this year have directly improved the patient experience, we have offered feedback where we feel is appropriate and which we hope will be constructive for the year ahead.

We found that the account was quite lengthy and would welcome a summary document that is more accessible for the public in reading it. It is helpful that the document is fronted by a fairly comprehensive explanation of the key terms.

CSH Surrey has prioritised dementia care in the delivery of their services this year, and it is encouraging that this has resulted in 83% of eligible co-owners having completed dementia training, although no time frame has been given for the remaining staff to be trained.

We note the increase in patient incidents that have been reported, and that CSH Surrey reports this is due to increased training and associated staff awareness of the importance of timely reporting to ensure patient safety, which is to be welcomed. It would be helpful to have an explanation of what action is being taken to reduce numbers.

It is encouraging that the targets for medicine management CQUIN (Priority 3) have been exceeded quite considerably – for example, in the accurate listing of all current patient medication using 2 sources, the target in Quarter 4 was 40%, and the achievement was 80%. While achieving double the target is admirable, we would like to see more challenging targets around medicine management being set this year.

In reducing pressure ulcers, the account states that many of the targets could not be evidenced due to data collection difficulties and evidencing the work undertaken for each target. A fuller explanation would be helpful in understanding this.

There is a good deal of evidence within the account that demonstrates the organisation's commitment to quality, improvement and learning from best practice elsewhere. For example as part of a strategy to reduce falls, the ward manager created a LEGO miniature of the ward to help staff visualise the layout and location of cognitively impaired patients so that they could better understand the impact of tasks that took them away from these patients.

The introduction of a new safeguarding matrix following the safeguarding training review is also to be welcomed. This has resulted in an increase in the number of co-owners trained in safeguarding and an update in the training to reflect the Care Act 2014 legislation.

In 2015/16 Healthwatch Surrey has not received feedback from the public to give reason to raise this directly with CSH Surrey, but in the contact we have had, we have found staff open and receptive to Healthwatch. We encourage CSH Surrey to continue to broaden the opportunities available to the public to give feedback on their experiences and for the organisation to ensure that this feedback is widely assimilated and improvements made as a result.

Overall the Quality Account would seem to show that CSH Surrey has demonstrated its commitment to improvement this year. We are unable to comment on the priorities for 2016/17 as they have not been provided in the draft account but we would welcome the opportunity to hear about these and to work more closely with the organisation in order to facilitate the greater involvement of patients and the public in the delivery and planning of local services.

Yours sincerely

Kate Scribbins
Chief Executive

Statement of Director's Responsibilities

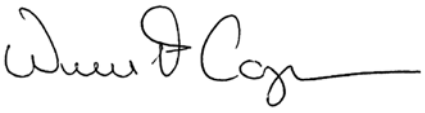
In preparing our Quality account, our Board has taken steps to assure themselves that:

- The Quality Account presents a balanced picture of CSH Surrey's performance over the reporting period
- The performance information reported in the Quality Account is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm they are working effectively in practice
- The data underpinning the measure of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review
- The Quality Account has been prepared in accordance with the Department of Health guidance
- The Directors confirm to the best of their knowledge and belief that they have complied with the above requirements in preparing the Quality Account.

By order of the Board

June 2016

Chair, Bill Caplan



Chief Executive, Jo Pritchard

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

NURSING STANDARD NURSE AWARDS –2015–

NURSING STANDARD NURSE AWARDS 2016

Cavell nurses' trust Awards 2016 FINALIST

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

www.cshsurrey.co.uk