



CSH
Surrey



Quality Account

2024-2025

① Chief Executive Officer Statement

About our Quality Account

Each year, providers of National Health Service (NHS) healthcare are required to produce a Quality Account to inform the public about the quality of the services they provide.

Quality Accounts follow a standard format to allow direct comparison with other organisations.

This allows CSH Surrey (CSH) to share with the public and other stakeholders:

- How well we have done in the past year at achieving our goals
- Where we can make improvements in the quality of the services we provide
- How we have involved our service users and other stakeholders in evaluation of the quality of our services
- What our priorities for quality improvements will be in the coming months and how we expect to achieve and monitor them.



① Chief Executive Officer Statement

What is included in our Quality Account?

1 Chief Executive Officer Statement

A statement from our Chief Executive about the quality of CSH's services.

2 About us

Information about CSH, including its values.

3 Quality Priorities

A review of the quality improvement priorities for 2024-2025 and future plans for 2025-2026.

4 Celebrating quality work at CSH

A series of case studies from CSH services to showcase work carried out in 2024/25 that contributed to the quality of care in the organisation.

5 Statutory Statements of Assurance and other statements

This section also includes the statutory statements of assurance that relate to the quality of the services provided during the period 1st April 2024 to 31st March 2025. This content is common to all providers to allow comparison across organisations and is accessible to the public. It also includes other statements which are not statutory but are relevant to the quality accounts.

6 Stakeholder Feedback

CSH's Quality Account concludes with feedback received from our key stakeholders and a statement of CSH Board of Directors' responsibilities.

Efforts have been made to ensure this Quality Account has been written using terminology that can be understood by all who read it.

① Chief Executive Officer Statement

1. Introduction from our Chief Executive Officer

I am pleased to present our Quality Account for 2024-2025. This report showcases our progress on the key priorities we set for the year to enhance the care and services we provide. It also highlights service developments, celebrates achievements, and outlines our strategies to support and improve areas facing challenges.

Effective healthcare relies on strong partnerships and collaboration. Most of the people we care for receive services from multiple organisations. We are a leading partner in several provider collaboratives and view these, along with Integrated Care Systems, as crucial for delivering sustainable health services for our community.

To adapt to the ever-changing healthcare landscape, it is essential to work in partnership with patients, their families, and carers to develop services. These services must be co-designed to meet the health and wellbeing needs of our local communities. The report details the various ways we involve service users, gather feedback, and, most importantly, how we listen, respond, learn, and grow together.

Leading CSH, alongside my executive and board colleagues, for another year has afforded me the privilege of witnessing the dedication of our colleagues, who strive to deliver outstanding care with kindness, despite increased service demands and the challenge of maintaining a skilled and stable workforce.

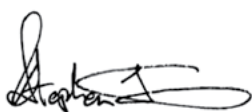
This year has been particularly challenging as the children's and families service contract, which CSH provided as part of Children's and Family Health Surrey (CFHS), came due for renewal. Despite the best efforts of the CFHS partners, this was awarded to a new provider who took over the contract from 1st April 2025. Saying farewell to colleagues was difficult, but I know they will continue to deliver amazing care to the children and their families within Surrey.

This will be my last introduction to a Quality Account for CSH, as I will be retiring in 2025. It has been an absolute honour and privilege to have led CSH for almost seven years as CEO, and before that as a non-executive director from 2013.

I would like to take this opportunity to thank my colleagues past and present, as well as our system partners, who have assisted me in my role and in our shared vision to transform community healthcare and help people live the healthiest lives they can in their communities.

I hope you enjoy reading about our progress over the past year. I am confident that CSH will continue to improve, innovate and develop services in conjunction with our health and social care partners to ensure they meet and exceed the requirements of our community and provide the very best care as close to home as possible.

Best wishes



Steve Flanagan
Chief Executive Officer

2. About Us

CSH is an employee-owned, not-for-profit organisation with a passion for helping people live the healthiest lives they can in their communities. We focus every day on making a difference for the people we care for – adults, children, and their families.

Since 2006, we have worked in partnership with the NHS and social care and other providers in homes, clinics, hospitals, and schools to transform local community health services. We have designed these services that provide flexible, responsive care, with an emphasis on integrating and coordinating clinical services for the benefit of those we care for. We ensure our colleagues have all the skills needed to care for people in community settings and, wherever possible, in their own homes.

Our organisation belongs to our people: employees have a voice. They can, and do, influence the decisions we make, the services we provide and the outcomes we deliver.

Vision and Values

CSH exists to help people live the healthiest lives they can in their communities.

Our vision is to transform community healthcare in the United Kingdom (UK) and to be the organisation every partner aspires to work with.

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



② About Us

Our Values

care

Because we care about our patients and clients, our colleagues and our partners



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



Our Clinical Services

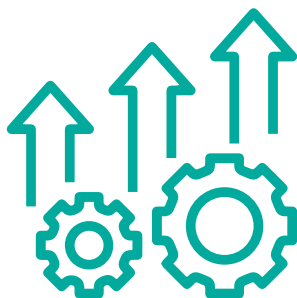
Children Services	Adults Services
Continence	Community Hospitals
Children's Community Nursing	Community Nursing
Community Health Early Support	Community Rehabilitation
Continuing Health Care	Continence Service
Dietetics	Diabetes Specialist Nursing
Family Nurse Partnership	Dietetics
Health visiting	Frailty Hubs and Community Matrons
Immunisations	Heart Failure
Looked After Children	Hospital@Home (Virtual Wards)
Occupational Therapy	Insulin Administration
Physiotherapy	Outpatient Nursing
Safeguarding Children	Phlebotomy
School Nursing	Podiatry
Special School Nursing	Radiology
Speech and Language Therapy	Respiratory
Tongue Tie Service	Safeguarding Adults
Infection Prevention and Control (Adult and Children's Services)	Single Point of Access
Medicines Management (Adult and Children's Services)	Speech and Language Therapy
	Tissue Viability/Wound Care
	Urgent Community Response
	Walk-In Centres

③ Quality Priorities

3. Quality Priorities

Quality Improvements 2024-2025 – Status – Outcomes

Priority One	Reduce timed-medication incidents
What	To reduce timed-medication incidents (insulin) within the community nursing teams.
Why	<p>As a learning organisation, this theme was identified through section 42s (a section 42 enquiry relates to the duty of the Local Authority to make enquiries, or have others do so, if an adult may be at risk of abuse or neglect) and medicine management incidents. Insulin administration presented with incidents of omitted or wrong doses administered: thus, causing patient safety concerns.</p> <p>For critical medicines (insulin) it is imperative that the correct dose is administered in a timely fashion. This will prioritise patient safety, improve patient experience and ensure continuous improvement.</p>
Measures	<p>The current service or administration process will be reviewed in line with themes identified from the reported incidents.</p> <p>Proportionality will be applied in benchmarking our insulin management processes and incidents to organisations of similar size or experiencing similar challenges.</p>
Target	To reduce insulin medication incidents.
Outcome	As an internal indicator, our incident reporting system, Datix, showed a decrease in incidents related to timed medication. When triangulated with concerns raised by Adult Social Care (section 42s), there is evidence of a reduction in patient safety incidents involving timed medicines.
Explanation	In 2024-2025, CSH appointed an external consultancy company, Enable East, to review the insulin administration service and its associated processes in response to a rise in insulin-related patient safety incidents. The review process included focus groups with colleagues, an analysis of incidents, and benchmarking service provision against other organisations. Ultimately, recommendations were made based on a comprehensive review of evidence and this work is credited with contributing to the decline in insulin-related incidents.



3 Quality Priorities

Priority Two	Develop and implement a Quality Management Framework
What	For CSH to develop and implement a Quality Management Framework (this priority will be over two years).
Why	<p>Effective implementation of a quality management framework will cultivate and promote the cultures and behaviours that are seen in other aspiring organisations.</p> <p>These are:</p> <ul style="list-style-type: none"> • Robust quality control systems that provide one version of the truth about what is and is not working and where the risks and mitigations are. • Providing effective governance and management processes so all improvement activities are aligned to CSH's vision and strategy. • Fostering a culture we all want to work in and re-empower staff. • Enhancing our effectiveness in identifying and implementing shared learning opportunities. • Encouraging us to embrace the opportunity of internal and external quality assurance processes – to learn and value the mirror held up to us. • Providing time and permission to test and learn. • Ensuring we investigate and learn – do not suppress bad news as it will not get better on its own: be honest when something goes wrong and do not ever think it cannot happen here. • Empowering ownership at every level of the organisation and encouraging bottom-up change. • Ensuring we listen and respond to colleagues/patients/families and understand what matters to whom – they are telling us the diagnosis – what the organisation is really like, and co-produce from the start.
Measures	<p>We will develop a Quality Management Framework that is agreed and signed off by the Executive and the Board.</p> <p>Colleagues and senior management will access the necessary training to understand and support the implementation of a Quality Management Framework.</p>
Target	Quality Management Framework developed by December 2024.
Outcome	This Quality Priority was postponed due to the changes within the organisation. The priority will be developed during 2025-2026.
Explanation	Due to the changes in organisational structure, it was decided that this priority would be paused until April 2025. It was a two-year implementation and will move to one year.

3 Quality Priorities

Priority Three	Improve how we communicate and manage people who are waiting to be seen
What	We will improve how we communicate and manage patients who are waiting to be seen, including identifying if they require urgent support.
Why	We have developed this priority as we have identified from colleagues and patients a theme around waiting times within key services. For various reasons related to service provision, we have a number of patients waiting to access our services.
Measures	We will conduct a baseline assessment of waiting times, use of the Standard Operating Procedure, a review of incidents, patient feedback and complaints.
Target	We will develop an improvement plan to determine how patients can wait well and identify deterioration early.
Outcome	Partially achieved
Explanation	<p>Waiting list management formed part of the adult recovery plan for 2024-2025. A waiting list pilot was undertaken in May 2024 and then enacted in January 2025 for the Speech and Language Therapy service. This has provided principles for CSH to use against other waiting lists – Podiatry, Continence etc.</p> <p>The pilot included reviewing the level of harms that patients may be experiencing whilst waiting, reviewing the information shared with patients whilst waiting and cleansing of the waiting list. The waiting list was reduced by over 200 patients and contact made with every patient waiting.</p> <p>This priority needs to continue in 2025-2026.</p>



3 Quality Priorities

Priority Four	Implement a digital wound monitoring and management system
What	We will pilot an NHS-compliant mobile digital wound management technology within the Community Nursing and Tissue Viability teams at CSH. This initiative seeks to enhance wound care management, improve patient outcomes and explore the potential long-term benefits of digitising wound management practices.
Why	<p>We have developed this priority in response to CQC and NHS England requirements that all providers must have an electronic patient record by March 2024. Clinically this deployment will enable data connectivity for research and development, prevention and elimination of unwarranted variation in clinical standards and outcomes. Some of the benefits are, but not limited to:</p> <ul style="list-style-type: none"> • Our patients will receive better, more joined-up care • The care we provide will be more consistent • We will operate more efficiently • Our staff will be empowered to make better decisions • Our clinicians will have more time for clinical tasks • Our staff will be empowered to broaden their skillsets • Our access to patient data will be safer and more secure.
Measures	<p>Wound dashboard development used within teams who are undertaking the pilot, highlighting improving and deteriorating wounds, gaining full oversight of wound management.</p> <p>All wounds within the pilot will be holistically assessed and documented.</p> <p>Time released through the pilot.</p>
Target	We will develop a monitoring process to review pilot impact against national minimum datasets provided by the National Wound Care Strategy.
Outcome	CSH successfully piloted the digital wound monitoring and management system across two community nursing teams. The Board was pleased with the pilot results, which were benchmarked against similar organisations. These results led to the approval of a business case for the rollout of the digital wound monitoring and management system across the remaining community nursing teams.
Explanation	The success of this project was attributed to the project management team, project board, and the governance provided by the tissue viability nurse specialist. Additionally, the support from community nurses facilitated a smooth and seamless adoption of the technology.



③ Quality Priorities

New Quality Improvements 2025-2026

We have set ourselves the following four Quality Improvement (QI) priorities for 2025-2026:

Priority One	Reduce timed medication incidents
What	To ensure clinical supervision is accessible to all CSH clinical staff.
Why	As a learning and responsive organisation, CSH recognises the importance of supporting its employees to ensure the delivery of safe, effective, and responsive care that meets the needs of the population it serves. Clinical supervision provides a structured environment for employees to engage in guided reflection on current practices, fostering professional growth and enhancing future practice. In accordance with the Health and Social Care Act 2008 (Regulated Activities) Regulation 23 and CQC Regulation 18, CSH is required to provide clinical supervision for all its clinical employees.
Measures	<p>All clinical employees will be allocated protected time to attend clinical supervision in the form of 90-minute sessions every three months, equating to four sessions per year.</p> <p>Clinical staff will be grouped in a minimum of six per supervisor.</p> <p>All sessions will be recorded in electronic staff record (ESR), with the aim of achieving 100% access. It is expected that this will progressively increase, reaching full compliance by the end of Quarter 4 of the 2025-2026 financial year.</p>
Target	Implementation and delivery of clinical supervision to all clinical staff.
Senior Lead	Edwin Chamanga, Deputy Director of Quality and Deputy Chief Nurse.
Assurance Route	Skilled Workforce Group; Putting People First Committee, the CSH Board.



3 Quality Priorities

Priority Two	Collect service user feedback
What	To ensure that every contact counts towards service delivery improvements, each patient and carer will be given the opportunity to provide feedback.
Why	<p>Collecting patient and carer feedback ensures that CSH, as a community service provider, delivers patient-centred holistic care that is accessible, reliable, timely, consistent, and is provided with kindness and empathy. This process aligns with the Patient Safety Incident Response Framework (PSIRF), emphasising the improvement of patient and staff experiences – particularly when challenges arise – and involving them in meaningful service enhancements.</p> <p>A person's experience of care, treatment, and support is a fundamental aspect of high-quality care, alongside clinical effectiveness and safety. This experience begins with their first interaction with the health and care system and continues throughout their journey, which may span years and include end-of-life care.</p>
Measures	<p>CSH will ensure that all services are enrolled in patient and carer feedback collection systems.</p> <p>Initially, all services are expected to receive feedback. Over time, there will be an expectation to correlate feedback with the number of monthly service contacts. For instance, each service should aim to obtain feedback from at least 10% of its monthly contacts.</p> <p>As a learning and responsive organisation, some of this feedback is expected to inform the design and implementation of quality improvement projects.</p>
Target	Every service user is given an opportunity to provide feedback.
Senior Lead	Edwin Chamanga, Deputy Director of Quality and Deputy Chief Nurse.
Assurance Route	Quality and Clinical Governance Group; Quality and Safety Committee; the CSH Board.

Priority Three	Improve how we communicate and manage people who are waiting to be seen
What	We will improve how we communicate and manage patients who are waiting to be seen, including identifying if they require urgent support.
Why	We have developed this priority as we have identified from colleagues and patients a theme around waiting times within key services. For various reasons related to service provision, we have a number of patients waiting to access our services.
Measures	We will conduct a baseline assessment of waiting times; use of the Standard Operating Procedure; a review of incidents; patient feedback and complaints.
Target	We will develop an improvement plan to determine how patients can wait well and identify deterioration early.
Senior Lead	Sarajane Poole – Director of Quality and Chief Nurse.
Assurance Route	Adult Operational meetings, Quality and Safety Committee; the CSH Board.

3 Quality Priorities

Priority Four	Develop and implement a Quality Management Framework
What	For CSH to develop and implement a Quality Management Framework. (This was a two-year project, and we are now in year 2).
Why	<p>Effective implementation of a quality management framework will cultivate and promote the cultures and behaviours that are seen in high performing organisations.</p> <p>These are:</p> <ul style="list-style-type: none"> • Robust quality control systems that provide one version of the truth about what is and is not working and where the risks and mitigations are. • Providing effective governance and management processes so all improvement activities are aligned to the organisation's vision and strategy. • Fostering a culture we all want to work in and re-empower staff. • Enhancing our effectiveness in identifying and implementing shared learning opportunities. • Encouraging us to embrace the opportunity of internal and external quality assurance processes – to learn and value the mirror held up to us. • Providing time and permission to test and learn. • Ensuring we investigate and learn – do not suppress bad news as it will not get better on its own, be honest when something goes wrong and do not ever think it cannot happen here. • Empowering ownership at every level of the organisation and encouraging bottom-up change. • Ensuring we listen and respond to colleagues/patients/families and understand what matters to whom – they are telling us the diagnosis – what the organisation is really like, and co-produce from the start.
Measures	<p>We will develop a Quality Management Framework that is agreed and signed off by the Executive and the Board.</p> <p>Staff and senior management will assess the necessary training to understand and support the implementation of a Quality Management Framework.</p>
Target	Quality Management Framework developed by March 2026.
Senior Lead	Sarajane Poole – Director of Quality and Chief nurse.
Assurance Route	Quality and Clinical Governance; Quality and Safety Committee; the CSH Board.



4 Celebrating Quality Work at CSH

4. Celebrating Quality Work at CSH



Case Study: Transforming Wound Care with Minuteful for Wounds AI



Introduction

The evolution of artificial intelligence (AI) in healthcare has opened new pathways for improving patient outcomes and optimising clinical workflows. Minuteful for Wounds, an AI-powered wound management solution, exemplifies how advanced technology can revolutionise wound care, enhance patient pathways, and support clinicians in delivering efficient, data-driven care.

Summary

Minuteful for Wounds leverages cutting-edge AI technology to assist clinicians in accurately assessing, monitoring, and managing wounds. By using a smartphone application integrated with AI algorithms the platform captures high-resolution images, analyses wound progression and generates actionable insights.

This approach significantly improves patient pathways by enabling early detection of complications and supporting remote patient management. Clinicians benefit from real-time data, standardised assessments, and improved decision-making processes leading to enhanced patient outcomes and operational efficiency.

Description of the Application

Minuteful for Wounds is a mobile-based application designed to streamline wound assessment and management. Utilising AI-powered image analysis, the app allows clinicians to capture detailed images of wounds using a smartphone. AI algorithms analyse images to evaluate wound dimensions, tissue composition, and signs of infection or deterioration. The platform automatically generates comprehensive reports, tracking wound progression over time and highlighting any changes that require clinical attention. The application integrates seamlessly with EMIS Web, enabling real-time data sharing and fostering collaborative care across multidisciplinary teams.

Improvement in Patient Pathways

Minuteful for Wounds has redefined patient pathways by improving efficiency and accuracy of wound care management. With Minuteful for Wounds, patients can have their wounds assessed remotely, reducing the need for frequent clinic visits and minimising the risk of hospital-acquired infections.

The AI-driven analysis provides early detection of wound deterioration, enabling timely interventions that prevent complications such as infections or the need for surgical procedures, improving clinical outcomes and enhancing patient experience by reducing travel, wait times and healthcare costs. Additionally, the ability to track wound progression remotely, empowers patients to engage more actively in their own care, fostering better adherence to treatment plans and improved recovery rates.

"When patients see the wounds progress, it gives them hope"

Community
Nursing Team

4 Celebrating Quality Work at CSH



Continued ...

Case Study: Transforming Wound Care with Minuteful for Wounds AI

Supporting Clinicians

Minuteful for Wounds is a powerful tool that enhances diagnostic accuracy and streamlines workflows. The AI algorithms standardise wound assessments, reducing variability between different evaluators and ensuring consistent data for clinical decision-making. Real-time analytics, automated reports and integration with EMIS Web saves valuable time, allowing clinicians to focus on patient care instead of administrative tasks. Remote monitoring enables healthcare providers to oversee patients' wound healing without frequent in-person appointments; particularly beneficial in managing chronic wounds in patients with limited mobility or those living in remote areas. Furthermore, Minuteful for Wounds facilitates multidisciplinary collaboration by providing a centralised platform where different specialists can access and contribute to patient records, enhancing coordinated care.

"Using a new dressing on a patient with pemphigoid has greatly improved their bilateral leg wounds and documenting with MfW has meant I can show team and patient improvement"

Community Nursing Team

Conclusion

Minuteful for Wounds represents a significant advancement in wound care management, combining the power of AI with user-friendly technology to improve patient pathways and support clinicians. Its ability to provide accurate, real-time assessments and facilitate remote monitoring has transformed traditional wound care practices, leading to better patient outcomes, enhanced clinical efficiency, and a more proactive approach to healthcare delivery.

"The key value of the Minuteful app lies in the intelligence it provides. Previously, I felt in the dark, lacking robust evidence about our wound care performance. Now, I have clear insights into patient caseloads, wound types, healing rates, and deteriorating or infected cases. The app's AI highlights patients with deteriorating wounds—issues that often went unnoticed before. In just one afternoon, I updated care plans for 10 patients, a task that was previously impossible. Remote access to Tissue Viability oversight has been invaluable, supporting better patient outcomes and educating the workforce."

Pauline Robinson, Head of Tissue Viability

4 Celebrating Quality Work at CSH

Spelthorne Afghan Woman's Group

Child Health Clinic within Spelthorne Afghanistan Resettlement Community Hub focussed within an established Woman's Group with young children

The Elmbridge Council Afghan refugee worker supporting settlement was started to address the need created when the local hotels closed and the Afghan women living within were displaced and their community support broken. A Children Family Health Surrey (CFHS) Clinical Team Lead working within the Inclusion team identified the opportunity for collaboration with health, fostering a relationship between the settlement and the local health visiting team of Spelthorne. The Spelthorne 0-19 Clinical Team Lead partnered with the Elmbridge Council Afghan refugee team and provided resources to establish a specialist drop-in clinic. This was led by a specialist safeguarding health visitor, in order to deliver support for women and children in an environment in which they feel safe.

We lost our community when removed from hotels. At least in hotels we were all together and could support each other.

Project Owner: Elmbridge Council

Project Aim to:

- Encourage and support Afghan women and their children to integrate into British society, as culturally women often stay at home with their children and fathers socialise within the community.
- Establish a women's group. Evidence suggests peer support and the opportunity to come together would positively impact women's health.
- Improve Afghan woman's engagement with services as they are currently not accessing drop-in clinics.
- Address challenges of the language barrier for women which makes service offers inaccessible.
- offer child drop in for babies; health reviews; parents' public health messaging including introducing family foods; healthy eating; immunisations; older children flu vaccinations; women's health and emotional wellbeing conversations, and signposting.
- Offer support for infant feeding.
- Signposting and access to entitlements information.
- Translator available offering three dialects of Afghan.

Co Production: The safeguarding health visitor visited and asked woman what health information they would like shared. Their responses included: introducing solids; children in secondary school; understanding the health visiting service offer; tooth decay; registering with a dentist; optometry; NHS 111; signposting to acute/emergency care; GP; pharmacy and how to use these services appropriately; interpreting health leaflets; understanding services on offer; how to register with a local GP, and school nursing therapies offer.

Offer: 4th Thursday of every month. Started September 2024

Location: The Job and Skills Hub at 1-2 Friends Walk, Staines-Upon-Thames, with accessible local transport links, train station and buses.

Access: Walk-in

4 Celebrating Quality Work at CSH

CFHS Teams to support: Community health assistants and health visitors. The health visitor runs the clinic independently but is supported by the Spelthorne health visitor team.

Actions Completed following women's feedback:

- Infant feeding support
- Built on **listening to parents being agile** – we adjusted the start time from 9.30 to 10.15. Parents' choice to support dropping children off first. Access group as social event with friends after school run
- How the clinic should look: first baby clinic, professional chats, public health messages, week before checking for topics, then social gathering
- Age range under fives

To be their clinic

Outcome:

- The numbers attending increased as trust developed within the community. In September 2024, five or six parents attended, but in October, twelve to fourteen parents attended per session. There were no formal communications sent out; it was promoted by word of mouth.
- Drop-in has evolved as an open, settled, safe environment with community activities occurring alongside. Women can also engage with yoga dance sessions, English language lessons, baby stay and play baby.
- Providing a child health drop-in provides health/development advice and information to support Afghan women and their children.

Parents' feedback:



Such a contrast to previous experience of no access to health care.

Wonderful, never had before.

If known before would have made a huge difference.

Feel everyone appreciating our culture and understanding of where we have come from, our traumas, life experience. Someone is hearing me.

Support is non-judgmental.

I do not feel alone.

Community coming together, women bringing in younger children, their sewing machines, community vibe developing.



4 Celebrating Quality Work at CSH

Prevention of Pelvic Floor Dysfunction Project

Children Family Health Surrey (CFHS) partnered with Surrey Heartlands to support this National Programme to reduce the increasing number of mothers with pelvic floor dysfunction following the birth of their baby. Pelvic floor dysfunction impacts woman physically (incontinence), emotionally, and within their relationship. With early intervention CFHS Team and Surrey specialist services can support these mothers.

Contract: CFHS

Service Name: Health Visiting Team

Project Aim: Raise awareness for parental education to reduce pelvic floor dysfunction which can lead to incontinence.

Focus Group: Pregnant mothers and those up to one year following the birth of their baby.

Methodology:

- Implemented a multi-disciplinary working group
- Along with a Surrey Heartlands integrated care system specialist physiotherapist, we created a training video to cascade to all CFHS health visiting teams working with pregnant and new mothers.
- Trained a group of health visitors to cascade the training
- Created CFHS website content which offers resources, signposting, specialist information and exercises for mothers to complete to support prevention and early intervention. These resources are translatable and easily accessible for all parents including those finding this a difficult conversation to share.

- Long term symptoms
- Massive impact in quality of life
- Risk factor for anxiety and depression



Outcome:

Training cascaded across CFHS.

Website content published and accessible to parents:

Feedback:

I have used the training to discuss with parents many are unaware of resources available. Having the training video available to new starters is great.

Health visitor

I felt unable to share my concerns with GP or anyone. Resources a lifeline.

Mother

...have had positive feedback from staff in that they felt it was needed and useful. Pleased to have resources to signpost families too.

4 Celebrating Quality Work at CSH

Fun with Foods Pathway

An innovative project to transform the delivery of feeding support from uni-professional specialist pathways to a multi-professional targeted pathway. This has enabled timely and efficient access for children and families.

Contract: CFHS

Service Name: Paediatric Occupational Therapy

Aims:

- To equip families with the tools to manage feeding from the earliest opportunity
- To ensure timely referral to acute feeding clinics, occupational therapy, dietician and paediatrician.
- To identify capacity-saving opportunities and benefits through having a structured pathway.

Why needed?

- Stop the referral process being a barrier to support
- Shift feeding support from specialist-level delivery to targeted
- Average 24 week wait for specialist support
- Identified duplication of uni professional support (by health visiting, school nursing and therapies)
- 1000 hours per term allocated to specialist one to one delivery.



Method and Approach to Implementation:

Streamlined access by removing barriers caused by the specialist referral process to a multi-professional targeted model.

Introduced targeted delivery model for families to access a virtual parent workshop and two face-to-face group sessions with their child. This optimises capacity and ensures access to support at the right place and time.

Multi-professional delivery – health visiting and therapies.

Results and Evaluation

- Reduction of 92.4% of staff capacity to deliver feeding support
- No specialist referral is needed as direct access to the targeted pathway
- Access to support at the right time – minimise long-term health impacts of a restricted diet such as obesity and mental health (NHS plan)

4 Celebrating Quality Work at CSH



Feedback from families:

“Helps us realise we are not the only parent having issue.”



“Trying out messy play and one-on-one mealtimes has really helped.”

“We can take him out to restaurants as a family now.”

“Family mealtimes are not as stressful. Going out to eat and involving in cooking and shopping and sharing food has really helped.”

4 Celebrating Quality Work at CSH

Partnership for the Inclusion of Neurodiversity in Schools (PINS)

Children Family Health Surrey (CFHS) Occupational Therapy Team in Partnership with Surrey County Council supported the implementation of this National Project. The project draws on specialist knowledge and skills from across local areas to deliver whole school approaches that support the needs of neurodiverse children.

Contract: CFHS

Service Name: Paediatric Occupational Therapy

Aims: To improve the school environment to address low-level needs and allow neurodiverse children to successfully engage in learning.

Funding: National

Partners: Surrey County Council Neurodiversity Advisors

Menu of support:

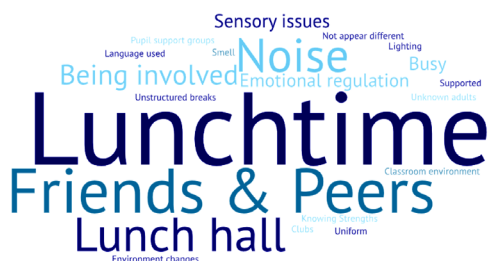
Scoping call – self assessment and plan for site visit

Site Visit – environmental analysis, environmental audit, facilitated discussion with school-led adaptations and change

Coaching workshops (virtual) x 2

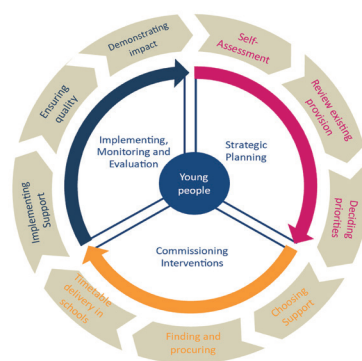
Champion Training – 3 live training sessions, 1-2 members of school team advocates for promoting and embedding adaptive approaches into school culture

Section 1 – Pupil Voice



[PINS menu of support
\(surreylocaloffer.org.uk\)](https://surreylocaloffer.org.uk)

[PINS explanatory notes for
schools \(surreylocaloffer.org.uk\)](https://surreylocaloffer.org.uk)



Section 3 – Priorities of support



4 Celebrating Quality Work at CSH

Reach

43 schools – opted in

366 hours delivered – total of 14,070 pupils on role

(this time would usually reach only 77 children)

13,9933 more children have been reached and will benefit through a universal approach.

Referral impact

65% reduction in referrals – from 161 to 57 (Sept – Dec 2025)

Objectives

- Strengthen partnerships between parents and schools
- Develop schools' confidence and expertise in supporting neurodiversity within their classrooms
- Develop an inclusive culture that improves the efficacy of other interventions



④ Celebrating Quality Work at CSH

Developmental Paediatrics Sleep Pathway Update

Sleep practitioner Emma Jackson joined the team for the six months' trial commencing 1 January 2024.

Service Name: CFHS

Aim: To support the release of paediatrician time spent on sleep reviews and for nurse-led medication / sleep reviews.

Review of:

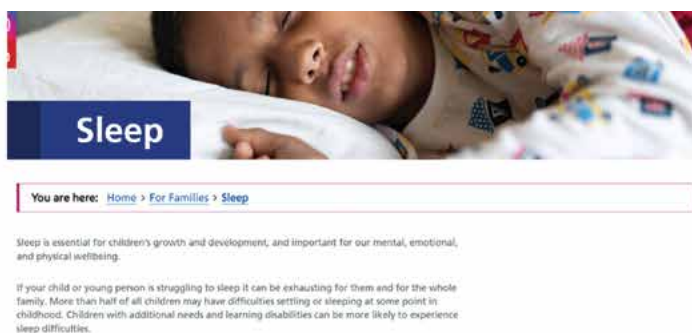
- Sleep questionnaire
- Sleep diary
- For patients on melatonin for under 1 year, documentation of melatonin break
- Growth parameters

These were to be completed and returned within two weeks of the planned review date and were to lead to one of the following:

- Ongoing prescribing letter to GP (no telephone consultation)
- Phone consultation between nurse and parent
- Phone consultation between doctor and parent
- Approximately 15 children per month have been identified as requiring sleep reviews from EMIS (clinicians having ticked sleep medication review on DPS consultation entry)

A review of the entries suggests:

- Good use of shared care agreement with GP
- Reduced prescribing of melatonin liquid
- Increased prescribing of slenlyto (medication for treatment of insomnia)
- Some transfer of care to Mindworks required.



4 Celebrating Quality Work at CSH

Sleep Campaign

- Surrey-wide, multi-disciplinary meetings held
- Sleep Pathway created
- Sleep Management training was created and delivered to 200 colleagues. 130 places booked for February/ March 2025 including social workers and foster carers. Feedback received indicates that knowledge of sleep management before the session was 2.97/5, and after the session 4.30/5.
- New sleep webpage created with translatable resources
- Secured funding from Surrey County Council to professionally record video
- To date, 4000 families have accessed the webpage with 2000 video reviews
- Ongoing external interest request for family sessions at family centres for children with additional needs
- Manchester National Conference May 2025 presentation
- Sleep Practitioner Role commenced 1 January 2024 for children on melatonin to support sleep management
- Created new specialist sleep counsellor role



Waverley Family Centre

Monday 11th March
10-11.30am

Your child and sleep

Waverley Family Centre and Children and Family Health Surrey are bringing advice and guidance on your child and sleep, to parents and carers in Hale. This session will take place in the Training Room at Hale Community Centre. Places are limited and booking is essential.

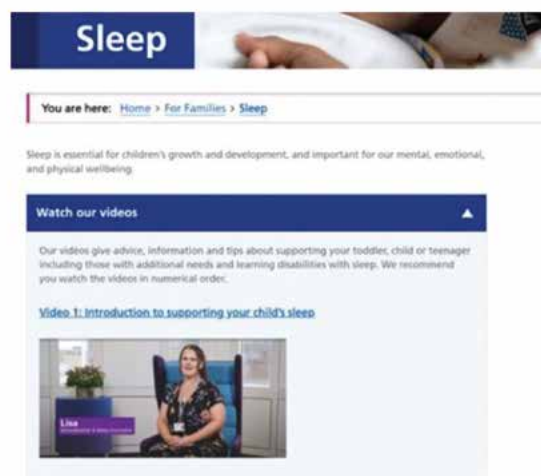
Please join us for an informal conversation about sleep, with children and family health professionals. Find out more about common sleep difficulties, Golden Hour, latest information and videos for all children. Email kathy.guy@barnardos.org.uk to book your place.

For more information scan the QR code or call: 01483 417157

Children and Family Health Surrey

Believe in children
Barnardo's

Waverley Family Centre, Green Lane, Binscombe, Godalming, Surrey, GU7 3TB and Upper Hale Road, Farnham GU9 0LR



Sleep

You are here: [Home](#) > [For Families](#) > [Sleep](#)

Sleep is essential for children's growth and development, and important for our mental, emotional, and physical wellbeing.

Watch our videos

Our videos give advice, information and tips about supporting your toddler, child or teenager including those with additional needs and learning disabilities with sleep. We recommend you watch the videos in numerical order.

Video 1: Introduction to supporting your child's sleep

Lisa
Sleep Practitioner



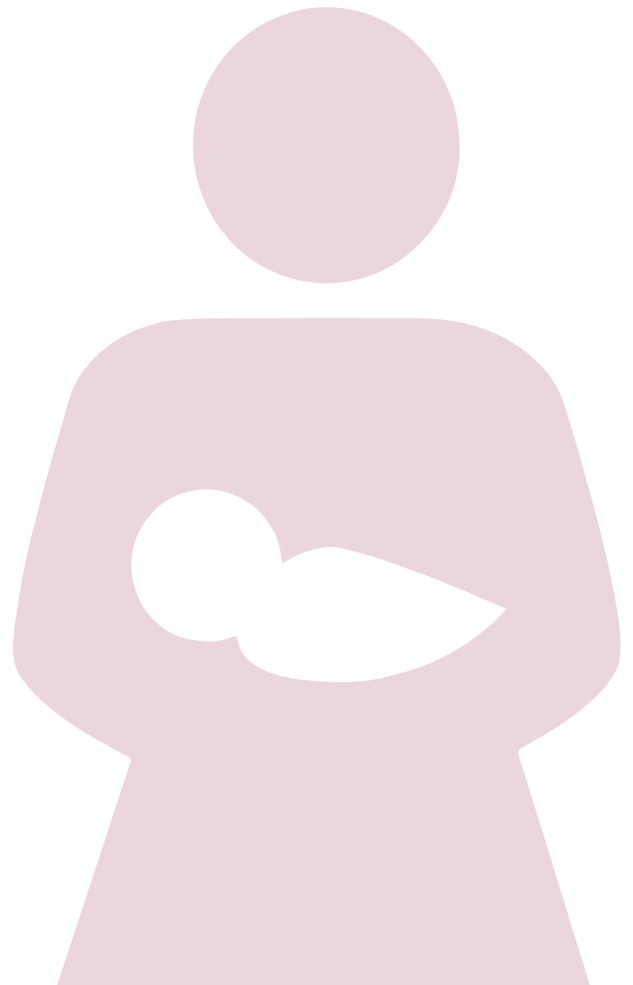
④ Celebrating Quality Work at CSH

Infant Feeding Baby Friendly Initiative

2025 BFI Gold Award

Children and Family Health Surrey (CFHS) has been awarded the prestigious UNICEF Gold Accreditation in the Baby Friendly Initiative, solidifying commitment to providing the highest standard of care for local families.

This distinguished accreditation recognises health visiting services that implement and maintain evidence-based standards to support infant feeding and infant-parent relationships.



4 Celebrating Quality Work at CSH

Immunisation

Praised by NHS England –excellent reach of the childhood flu vaccinations rollout over winter.

January figures –reached numbers well above average for all year groups in the South East and nationally.

Excelled in secondary school cohorts –other areas in the country have struggled.



2019: Introduced paperless consenting system

2020: Supported to set up, train staff and deliver Covid at Epsom and beyond

2021-2025: Increasing uptake for Intramuscular flu – working with local schools – alternatives with no porcine gelatine content.

2023-2024: Health Inequalities project (with Surrey County Council) – Including Elective Home Educated

2022-2025: Anxiety and needle phobia project – Buzzy Bee and shotblocker

2023-2025: Non responder work – increasing uptake by 30% in some schools

Supported the United Kingdom Health Security Agency (UKHSA) {formerly Public Health England (PHE)} to vaccinate outbreaks of Hepatitis A x 2 Meningitis B x 1 Pertussis x 1 retention of staff

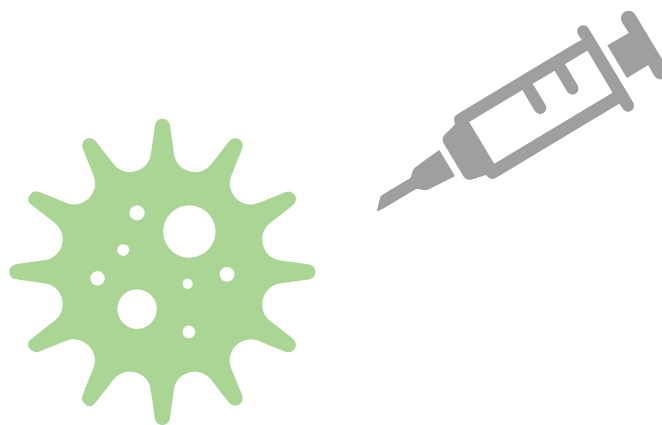
4 Celebrating Quality Work at CSH

Flu Vaccination Programme

For the 2024-2025 flu season, CSH ran its own internal staff vaccination programme. We arranged 10 clinics through October and November at our main clinical sites as well as other ad hoc visits as requested. In total, we vaccinated 170 colleagues. As in 2023-2024, we also ensured that staff had access to vouchers if required, and we advertised that staff could also attend any participating pharmacy to have their vaccination as a healthcare worker.

Colleagues from the digital team supported with the creation of an online consent form so that the relevant information could be captured for the purposes of recording. We also created an online form for colleagues who had been vaccinated outside of CSH so they could inform us.

Our return rates for 2024-2025 were low with only 25.6% of our staff having had the flu vaccination. This was in line with 2023-2024 and common nationally. The anecdotal evidence for the low vaccination rates was due to vaccination fatigue, low reporting returns and questions about the effectiveness of the vaccine on different strains of the virus. We are hoping to have a re-focus for 2025-2026 and to see an increase in our rates.



4 Celebrating Quality Work at CSH

Continence

Catheter acquired meatal pressure injuries: a quality improvement project by the continence team

Contract: NWS (NorthWest Surrey) Adults

Service name: Continence Team

A recent study found 9% of patients with a long-term catheter had a catheter acquired meatal pressure injury. The continence team had also identified an increasing number of the same injuries in their clinics. The team decided to complete a literature review to understand the prevalence and categorisation of meatal injuries. As a result of their research, the team introduced changes which would benefit their clinical practice and have better outcomes for their patients.

Process:

- The continence team found themselves reporting an increasing number of Datix reports related to patients with meatal damage caused by long-term catheters. They undertook a project to review the current literature with the goal of improving their management of patients with long-term catheters.
- The literature review found limited information relating to meatal injuries but it did confirm that the prevalence is approximately three times more likely in elderly, catheterised males than females.
- Meatal pressure injury was associated with prolonged catheter presence and lack of catheter fixation. Risk factors included being seated for long periods and impaired perineal sensation.
- Following the literature review, the team developed an improvement plan which included producing a new leaflet on catheter securing devices; adopting a consistent way to classify meatal damage (IHC grade 1-4); creating a spreadsheet to record meatal damage detail; and adding a meatal damage template to EMIS (patient electronic record).
- It was established that the education of patients and carers was key and included appropriate catheter securement, alternating the securement leg and timely emptying of the bag.
- Next steps for the team are to share their best practice with their community nurse colleagues, provide training and education and to continue to improve their management of patients with long-term catheters.

4 Celebrating Quality Work at CSH

Podiatry

Neuro-feedback insoles used to help address toe-walking podiatry patient

Contract: NWS Adults

Service name: Podiatry

The Podiatry team sits within the adults directorate and is one of the few services that also sees children. This case study describes how anxious parents presented with their three-year-old autistic son who was toe-walking. Children who have Autism (ASD) and/or Attention Deficit Hyperactivity Disorder (ADHD) are often seen to walk on their toes. It is reported that around 1 in 5 children with ASD/ADHD toe walk.

Process:

- James Welch, part of the podiatry team, is an advanced specialist podiatrist in musculoskeletal (MSK) biomechanics and gait analysis, with a special interest in podopaediatrics. In September 2024, he was presented with a toe-walking three-year-old boy with autism in his MSK podiatry clinic at Woking Community Hospital. James recalled that the use of neuro-feedback insoles had proved effective in managing some MSK conditions in people with autism.
- These 'Naboso Duo' insoles are covered in tiny bumps and, whilst they may be uncomfortable to most people, these bumps provide sensory stimulation and feedback that some people find enables them to walk normally.
- The podiatry team hold a supply of the most commonly issued insoles but as this was a special insole they needed to be sourced with the help of the procurement team. These were issued to the young patient and a review was arranged for four weeks' time.
- The review appointment went very well. The patient's gait showed a marked improvement, and he is now walking almost normally and very rarely walking on his toes.
- The parents were overjoyed and extremely grateful to the podiatry department, and in particular James, for his knowledge and expertise. They were so pleased that they also referred one of their other children with the same condition!



4 Celebrating Quality Work at CSH

Urgent Community Response (UCR) Access to the SouthEast Coast Ambulance (SECAmb) Stack

Contract: NWS (NorthWest Surrey) Adults

Service name: UCR

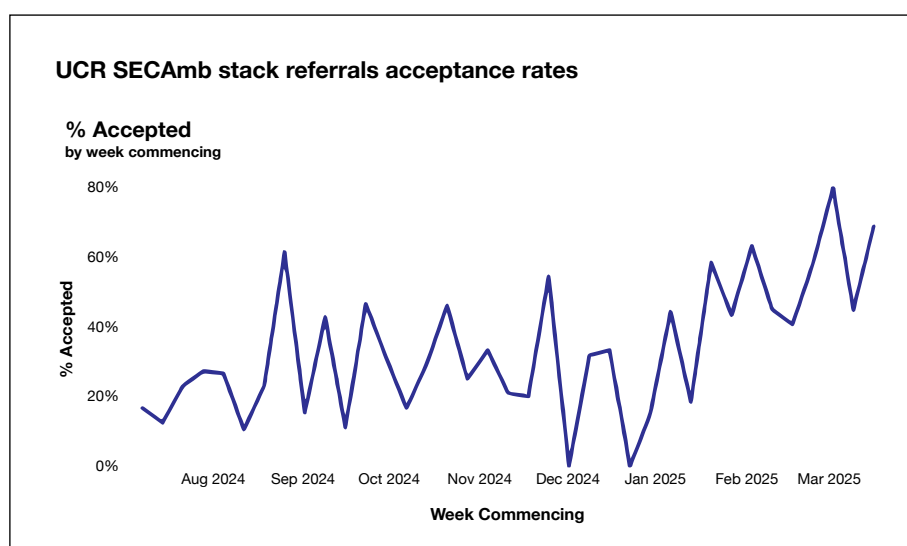


Purpose:

- To increase availability of emergency ambulances.
- To reduce unnecessary conveyance to hospital and reduce demand on the Emergency Department (ED).
- To support admission avoidance and enable patients to remain in their usual place of residence.
- To provide timely clinical assessment for patients and ensure they are directed to the correct service for their needs.
- To improve the relationship between UCR and SECAmb and increase referrals from SECAmb to UCR.

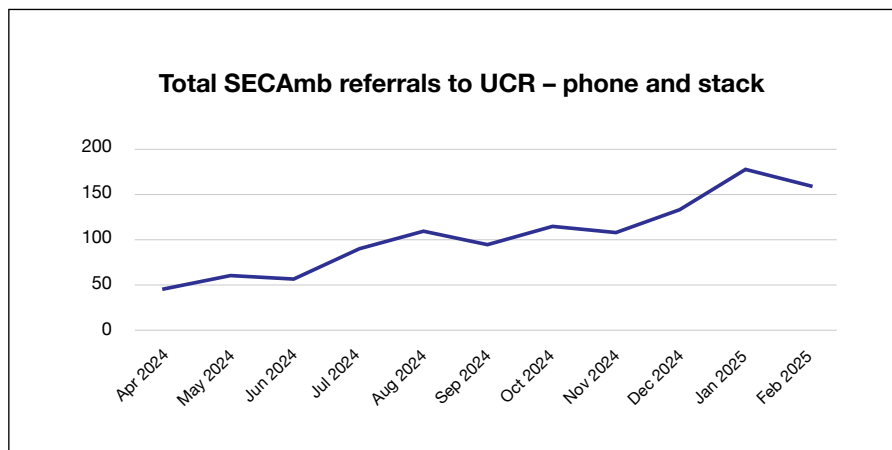
There has been a national drive to reduce unnecessary ambulance dispatch and conveyance to hospital. To support this locally, the Urgent Community Response (UCR) team gained access to the SouthEast Coast Ambulance (SECAmb) service 'stack' in July 2024. This allows SECAmb to send UCR any appropriate Category 3 and 4 patients via the 'stack' for UCR to review and accept as appropriate.

Once the referral is accepted UCR can then assess and treat as needed in a shorter time than SECAmb could potentially respond. UCR will assess the patient's need and either respond themselves or ensure that the patient is referred into the appropriate service to meet their needs. Initially the acceptance rate was low at around 17%. However, the UCR team have worked closely with SECAmb to build relationships and understand the types of patients that are being referred. UCR have also built their confidence to accept and assess, resulting in a significant increase in acceptance rate.

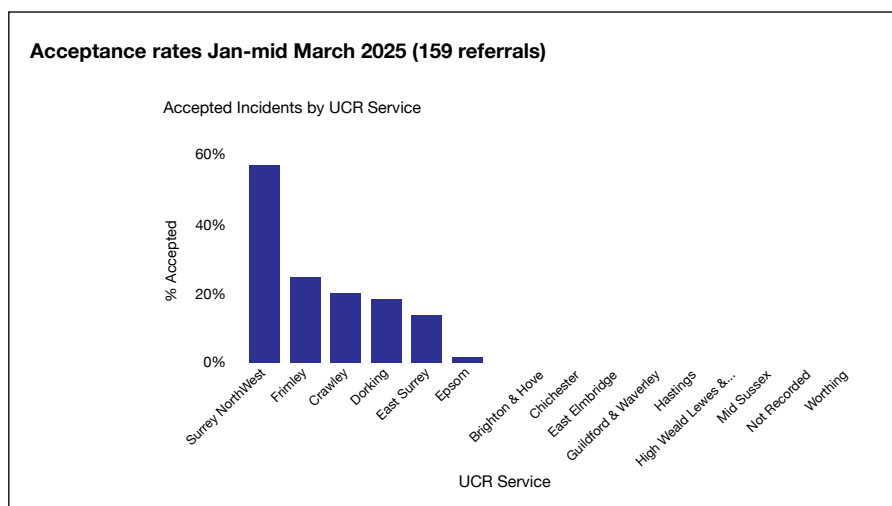
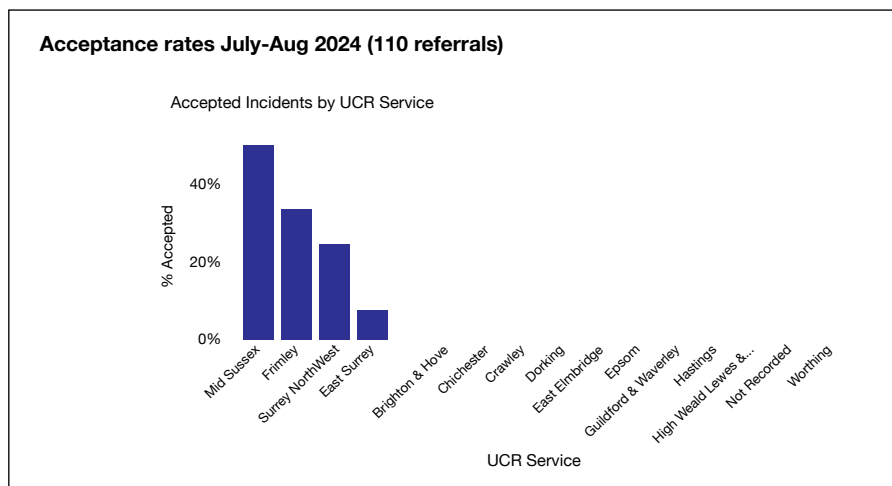


4 Celebrating Quality Work at CSH

This project has also increased the number of total referrals, via the phone or stack, from SECamb to UCR.



Northwest Surrey UCR had the highest acceptance rate of SECamb referrals via the stack across Surrey and Sussex on average between Jan and Mid-March 2025.



4 Celebrating Quality Work at CSH

Standards for Quality Improvement Reporting Excellence (SQuiRe) Catalyst Quality Improvement Project – a brief summary and overview



Background:

Both the Community Rehab Team (CRT) and Speech and Language Teams (SALT) have significantly long waiting lists due to the ongoing demand on the services, recent changes in the NHS landscape and a legacy from Covid. As there is no Community Neuro Therapy team in NW Surrey, both teams provide intervention to a mixed cohort of patients within the community. As a result of the demands on the service, CRT and SALT were not delivering best practise for stroke survivors.

Aim:

- A 12-month project to align more closely, the pathway and experience of stroke survivors being referred for CRT and / or SALT intervention post discharge, to the evidence base around stroke rehabilitation in the community. The project was funded by the Catalyst Quality Improvement initiative through the Informatics Skills Development Networks (ISDN) following a successful joint bid by the CRT and the SALT in NW Surrey.
- A team of CRT and SALT members have protected time to design and pilot a multidisciplinary screening clinic to provide early contact and assessment to stroke survivors who are referred to the teams. Through the new model, each stroke survivor would be able to access personalised intervention and onward referrals to other services in a timelier manner through a multidisciplinary assessment and / or screening process. Each stroke survivor would then be placed back on the waiting lists for a routine CRT and / or SALT intervention. This initiative would test the hypothesis that a timely waiting well initiative may offer benefits for patients, carers and referrers.

Timeline and plan:

Nov 23 – Feb 24: Scoping; liaising with stakeholders; focus groups with patients and carers; designing and obtaining baseline measures.

Mar – April 24: Designing and setting up pathway and resources for MDT stroke support clinic, upskilling therapists.

May – July 24: Start MDT stroke support clinic with regular reviews to improve processes.

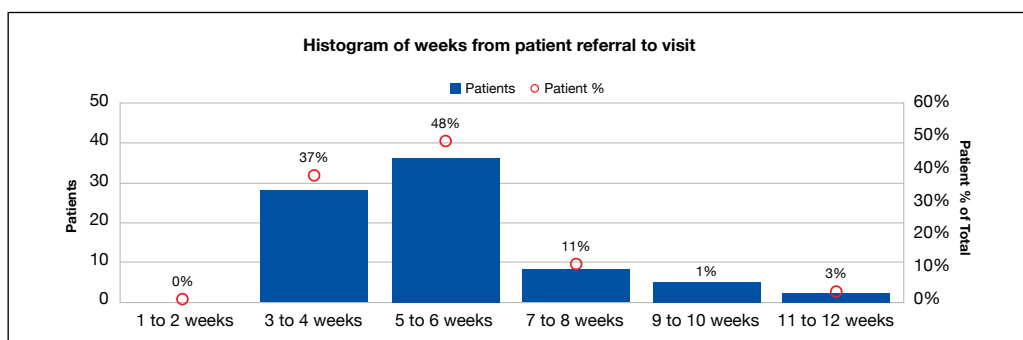
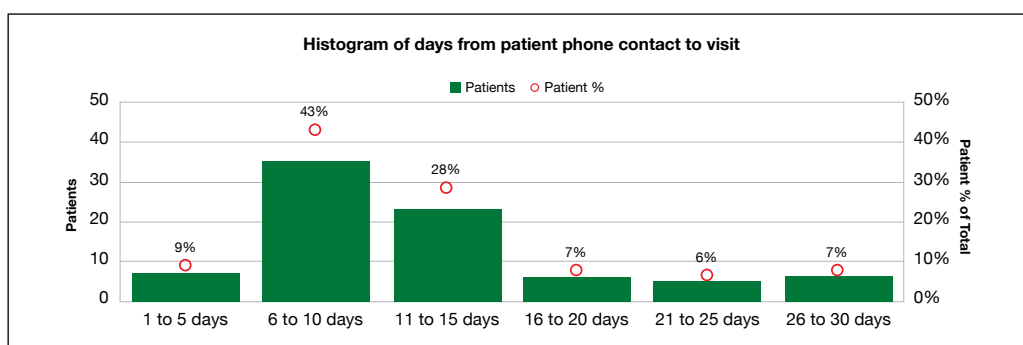
Aug – Oct 24: Continue with clinic; repeat baseline measures; agree plan for service beyond end of project.

4 Celebrating Quality Work at CSH

Project goals and the outcomes associated with these goals:

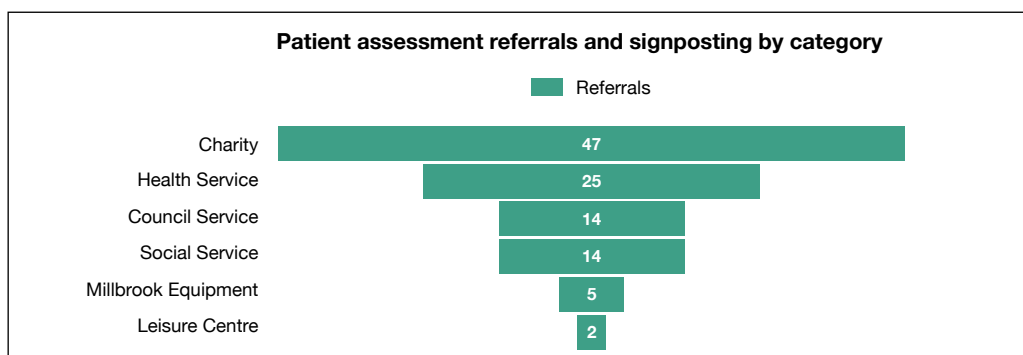
1. Reduce time from referral to initial contact to under four weeks for all people with stroke referred to community service:

- Achieved. 82 patients referred and accepted to the pilot over the six-month period.
- 100% of patients were contacted within four weeks of referral. In Months 1 to 3, there was an average of four weeks from referral to first appointment. In Months 4 to 6, there was an average of 3.5 weeks from referral to first appointment.



2. By the end of the screening process, all patients who may benefit from existing third sector support will have been identified and access to support in line with their wishes facilitated:

- Achieved.
- 201 referrals / signpostings were made to Council, other community and third sector support.
- 60% of patients were referred to the Stroke Association.



4 Celebrating Quality Work at CSH

3. By the end of the project, stroke survivors in NW Surrey with an identified need will have access to communication partners and befrienders:

- Achieved.
- 100% of patients with communication difficulties identified they had access to support from a regular communication partner.

4. By October 2024 all clinicians working in CSH stroke care will have access to NHS and third sector network information, enabling the identification and pathway to link appropriate patients to appropriate existing services:

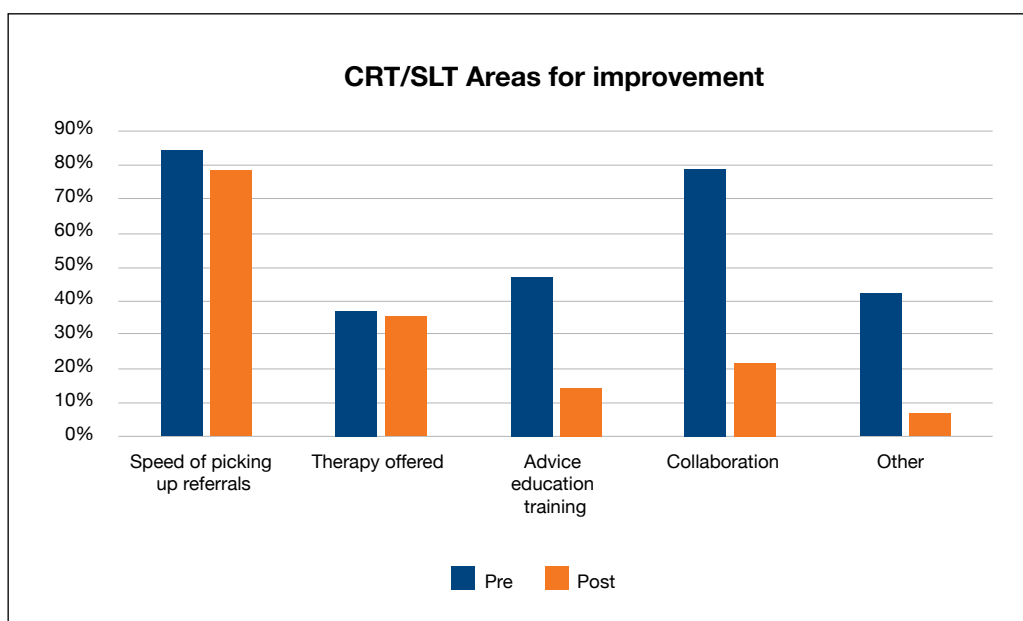
An accessible stroke information and resource website was created for use by both clinicians and patients, family and friends, etc. [Stroke information | CSH](#).

5. By October 2024 there will be improvements in both clinician experience and patient-experience outcome measures.

Clinicians' Experience:

A survey of clinicians in CRT and SALT was conducted pre- and post-project, specifically around stroke intervention provided by the service.

- 'Would you recommend our services to friends/family?' demonstrated an increase from 63% to 86%.
- 'Earlier identification of care needs, reducing potential risk to patients.'
- 'MDT working benefits staff and patients.'
- 'We have been able to discharge some referrals after signposting appropriately.'
- 'CRT therapists noted in-depth information reduces assessment duration, increasing therapy input.'



4 Celebrating Quality Work at CSH

Patient experience

I Want Great Care (IWGC) was used to gain this feedback:

Good experience to talk to someone post discharge.

Friendly, knowledgeable representative.

The overall session with Katie was good and look forward to exploring some of the suggestions and face to face physiotherapy.

Helen and Denise have been extremely helpful and efficient. They educated us on the help we are entitled to as a family. They have been absolute great. I very much appreciate their time and help.

Thank you both so much, it offered me support and reassurance. The NHS needs to employ more highly trained staff like these ladies, pay them their worth to reduce waiting times and increase staff well-being.

Conclusion:

There were early signs that this initial triage assessment led to a reduced length of CRT intervention overall. Stroke survivors and carers reported feeling more supported and clinicians feeling more able to provide or signpost more confidently. Unfortunately, due to organisational changes, the ability to continue and collect further data was not possible at the end of the twelve-month period.

4 Celebrating Quality Work at CSH

Equality, Diversity and Inclusion (EDI)

At CSH, we have four staff networks: the Disabilities, Carers and Allies network; an LGBTQI+ and Allies network; a Cultural and Ethnic Minorities and Allies network, and a newly formed Parents' network. We still have in place our Wellbeing Champions and wellbeing support work.

During 2024-2025, we developed and implemented several strands of EDI work which are set out below:

Race Riot support and Hate Crime workshop

Following the race riots in 2024, we took proactive steps to support our colleagues. As some colleagues shared with us that they were feeling vulnerable to racist or threatening behaviour in their communities. Initially we ran an internal workshop open to everyone in CSH, which allowed colleagues to share those feelings and for the group to come together to make suggestions about how we might tackle these issues and perhaps more importantly, support any colleagues impacted. The workshops were successful and colleagues from many ethnic backgrounds, supported by a number of allies joined together. We then offered a follow-on workshop with Surrey Police leads about what a Hate Crime is and how we can respond to them as a community and learn together. This has helped us to consider the impact such events have on our staff and how we, as an organisation, can implement measures to address violence and aggression in and outside of the workplace.

We received some excellent feedback from our response:

Both support sessions held at CSH were impactful and well-received, emphasising the need to recognise, support one another and educate. Engaging in discussions about uncomfortable subjects, including personal experiences, is crucial.

The workshops got people talking about racism and other hate crimes as these are often subjects that people don't talk about. It raised important areas and helped to promote understanding of one another across the service.

Sexual Safety and Misconduct Work

Furthering our steps to tackle violence and aggression in the workplace, in 2024-2025 we signed up to NHS England's Sexual Safety Charter assurance framework alongside many other healthcare organisations delivering NHS services.

We are committed to a zero-tolerance approach to sexual misconduct in the workplace, to create a culture at work where everybody feels safe. As part of this charter there are several strands of work that have been put in place including a Sexual Misconduct Policy with accompanying guidance. All colleagues are now being asked to complete 'Understanding Sexual Misconduct in the Workplace' as mandatory training. In addition, our reporting processes are now clearer and more confidential.

4 Celebrating Quality Work at CSH

Again, we have received positive feedback on our approach:

It is commendable that we have established such a policy and guidance dedicated to addressing inappropriate sexual behaviours in the workplace. Whilst we have an Anti-Bullying & Harassment Policy, the Sexual Harassment Policy is a specific policy on this subject and distinctly outlines the escalation process. It is crucial that staff feel supported and have the option to report concerns, including anonymously.

This empowerment is vital for ensuring that in order for colleagues to feel safe, they report any inappropriate behaviour.

The training on Sexual Misconduct training on ESR was interesting, and I learnt a lot, it really made me think.

Change support

As an organisation we have had an unprecedented year of change, and this will continue through 2025. As a result, we have developed a number of sessions focussing on emotional and wellbeing support for our colleagues. This included specific sessions focussing on the impact of change on individuals and organisations and the various impacts this can have.

We also received positive feedback from these sessions, as depicted below:

Discussing as part of the network and sharing experiences with others, made me feel that I am not alone and that I have people I can lean on around me. It also helped me create stronger bonds with my colleagues which means a lot.

We have learnt a lot from this change support session discussion on how to cope and learning good tips from one another at this difficult time.

It makes a difference to work life, change can be hard, and everyone needs someone to support at times.

Looking to 2025-2026, we are further developing our neurodiversity work, work with care leavers and menopause support.

4 Celebrating Quality Work at CSH



Safeguarding Team – Case Study: Children and Adults

A vulnerable patient was discussed at the MARAC (Multi Agency Risk Assessment Conference). The meeting is attended by agencies to discuss cases of domestic violence that professionals consider to be 'high risk'. This patient was under the adult community services recovering from a stroke. Concerns around her son came to light. He had a history of violence against his mother and was in prison, but due to be released with bail conditions in place.

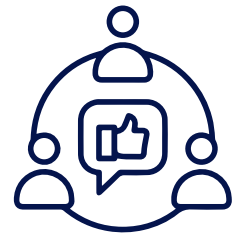
The adult advisor attended the MARAC conference, where children were mentioned as the patient was a grandmother but the focus for all professionals remained on the vulnerable adult. A safety huddle was convened within the organisation, led by one of the safeguarding advisors, to discuss the safety plan around the vulnerable adult. It was at the meeting that one of the professionals involved in the patient's care mentioned the children residing at the property, as well as concerns that the daughter of the patient had mental health concerns.

The safeguarding nurse consultant recognised that no referrals had been made to the local authority in view of the children and the daughter. There was a gap of Think Family (The Think Family agenda recognises and promotes the importance of a whole-family approach which is built on the principles of 'Reaching out – think family') within the case internally and a partnership gap as professionals attending the MARAC focused solely on the adult and not on the family. The safeguarding nurse consultant met with the ICB to discuss the gap externally at MARAC.

Part of the strategic delivery plan under quality objectives since 2023 has been to embed Think Family across the organisation. The profile of Think Family has been raised via the Blink and through training. This case prompted more of a focus on Think Family and the need to increase the knowledge of the staff. This is an example of recognising risk, escalating and implementing change to bridge the gap. The safeguarding nurse consultant used an integrated approach between both the children and the adult teams to ensure their learning was disseminated across the organisation around Think Family. Seven-minute briefings were devised by the children's safeguarding advisors on Think Family, information sheets and a Think Family checklist were also developed. Supervision was delivered by the named nurse for children to the adult services and a MARAC Standard Operating Procedure (SOP) has been created for all staff so there is an understanding of the accountability of those attending the MARAC.

⑤ Statutory Statements of Assurance

5. Statutory Statements of Assurance



Patient and Stakeholder Involvement

Stakeholders involved:

- Quality and Clinical Governance Senior Leadership Team
- Adult Services Senior Leadership Team
- Children Services Senior Leadership Team
- Patient Safety Managers

Methodology:

- Review of risk register
- Review of incidents from Datix
- Review of patient experience feedback data

Review of Services

During the period 1st April 2024 to 31st March 2025, CSH provided NHS services.

CSH has reviewed all the data available to it on the quality of care in all these NHS services.

The income generated by the relevant health services reviewed in the reporting period represents 100% of the total income generated from the provision of relevant health services by CSH for the reporting period.

CSH Clinical Audits Plan

The CSH clinical audit plan is dynamic and responsive to learning, organisational change and clinical priorities. CSH also reviews updated national guidance and provides audit plan/strategy for any updates by the relevant institutes as required, throughout the year.

CSH supports its clinical audit plan by utilising the Datix risk management database to assist monitoring the audit outcomes, completion and compliance. The yearly clinical audit schedule is approved and reported through the Audit and Risk Committee (ARC) and the Quality and Safety Committee (QSC).

5 Statutory Statements of Assurance

Participation in Clinical Audits

CSH undertakes a range of clinical audits which are reported to the CSH Board through ARC. As a business, we believe that a good audit schedule supports clinical and non-clinical staff, managers, service users, carers, the wider community, and commissioners, in understanding the current state and position of the business in relation to the recommended quality standards. Locally, audits also provide useful intelligence to support continuous quality improvement and facilitate the closure of any identified gaps in practice. Our audit schedule for 2024-2025 included:

1. National audits
2. CSH corporate audits
3. Local clinical audits

The National Clinical Audit Programme

Throughout 2024-2025, CSH was eligible for, and participated in, two national clinical audits. A list of these audits is provided below, along with the organisation which relevant data was submitted to.

Description of National Audit/Inquiry	Submitted to
National Respiratory Audit Programme (NRAP)	Royal College of Physicians
National Diabetes in Footcare Audit (NDFA)	CSH participated under the umbrella of Ashford and St Peter's Hospitals NHS Foundation Trust. The data is collected by NHS Digital.

The audits will have their reports published later in 2025.

CSH Corporate and Local Clinical Audit Activity

Throughout 2024-2025, the Quality Directorate has continued to facilitate a business-wide CSH Audit Schedule. The clinical audit schedule consists of a mixture of pharmacy-related audits, infection control audits and directorate-specific audits. In the last year, CSH conducted seven corporate and nine local clinical audits. All the audits are listed below, along with a breakdown of where they are reported to, and which directorates they apply to.

CSH is improving its processes to support learning and improvement from clinical audits. All audit results are communicated to clinical leads and discussed at different governance forums. Local audit leads disseminate results after each cycle and once teams have discussed their audit results, the expectation is that they agree priorities for improvement and associated actions.

Agreed priorities and associated actions are expected to be logged on an audit action tracker. Each action has an allocated owner who is responsible for completing the action and updating the tracker accordingly.

5 Statutory Statements of Assurance

Corporate Clinical Audits in 2024-2025:

Audit Title	Responsible Group
Annual Environmental Infection Control Audit	Strategic Infection Prevention and Control Group
Hand Hygiene and Bare Below the Elbows Audit	Strategic Infection Prevention and Control Group
Healthcare Record Keeping Audit - Adult Services	Quality and Clinical Governance Group
Healthcare Record Keeping Audit - Children Services	Quality and Clinical Governance Group
Making Safeguarding Personal at the Referral Audit	Safeguarding Working Group
Medicines Management Policy Compliance Audit	Medicines Management Governance Group
NW Surrey – Musculoskeletal (MSK) Podiatry Audit - PASCOT-10 24/25	Adults Senior Management Team

Local (Service-Level) Clinical Audits in 2024-2025:

Audit Title	Responsible Group
Adult Inpatient Drug Chart Audit	Medicines' Management Governance Group
Do Not Attempt Cardiopulmonary Resuscitation Decisions - Community Hospitals	Mortality and Morbidity Group
Education Health and Care Plans (EHCP) Therapies Advice CFHS Audit	CFHS Senior Management Team
PGD Annual Audit - Walk-in Centres	Walk-in Centre Operational Governance Group
Quality of the Looked After Children Health Assessments (known as Review Health Assessments RHS) Audit	Safeguarding Working Group
Quarterly Audit of Cleanliness Standards	Strategic Infection Prevention and Control Group
Safeguarding Adults Annual Audit – Walk-in Centres	Walk-in Centre Operational Governance Group
Safeguarding Children Annual Audit – Walk-in Centres	Walk-in Centre Operational Governance Group
Speech and Language Therapy Team Standards Audit	Quality and Clinical Governance Group

5 Statutory Statements of Assurance

Research

During the period from 1 April 2024 to 31 March 2025, no patients receiving NHS services provided or sub-contracted by CSH were recruited to participate in any research approved by a research ethics committee within the National Research Ethics Service. It is anticipated that this will change once CSH builds its research capacity and capability.

Although no patients were recruited during this period, the RESILIENT study led by Surrey and Borders Partnership NHS FT has been supported in recruiting participants receiving care from CSH services. The study evaluates the feasibility of using in-home devices to remotely monitor the health of individuals aged 75 and over, who have two or more long-term conditions and are at risk of developing dementia.

In addition to the above research, CSH has also supported Surrey and Borders Partnership NHS FT in recruiting participants for the Minder study, which is open to the public in the form of a questionnaire. The Minder study is an innovative research project aimed at improving the lives of people with dementia. It uses a network of digital devices and artificial intelligence to remotely monitor the health and wellbeing of individuals living with dementia in their own homes.

CSH has supported the SQulRe project in collaboration with Ashford and St Peter's Hospitals NHS Foundation Trust. The national stroke team has worked tirelessly to campaign for more resources to improve post-acute stroke rehabilitation and to raise the importance of rehabilitation and life after stroke services for patients and their carers, specifically for post-acute rehabilitation, leading to the design of the SQulRe project.

The Children's services evaluated a pain reduction device associated with needle procedures, using a small device that employs vibrations and cold to provide natural "gate control" pain relief. The evaluation aimed to provide evidence that the device reduced pain and anxiety in school-aged children requiring vaccination via injection.

In support of students' research CSH has approved a study undertaken by a student health visitor. The purpose of the study was to determine health visitors' perceptions of the body map in the Personal Child Health Record (Child's Red Book). The aim of the research was to determine the value of the body map tool and whether it is required in the Personal Child Health Record.

Care Quality Commission (CQC)

In accordance with requirements, CSH is registered with the CQC as an independent organisation that provides healthcare. During 2024-2025, the CQC has not taken any enforcement action against CSH nor imposed any registration or special reviews. CSH has deregistered the Children's Service from its portfolio as of 31st March 2025.

Independent providers (registered) are required to submit notifications to the CQC about certain changes, events and incidents. During 2024-2025, we submitted 13 notifications meeting CQC criteria: one relating to safeguarding; one relating to unexpected death of a service user; and 11 relating to patient safety and serious injuries.

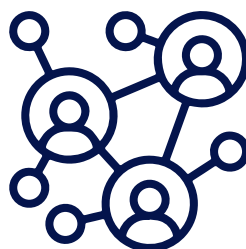
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The CQC carried out a planned inspection of our core services during summer 2022 under the well-led framework, where we were rated as 'good' overall and 'good' in all the Key Lines of Enquiry (KLOEs).

CSH also received 'outstanding' for caring in community health services for children and young people.



Community health services for adults	9 November 2022	Good ●
Community health services for children, young people and families	9 November 2022	Good ●
Community health inpatient services	9 November 2022	Good ●
Community urgent care services	9 November 2022	Good ●
Safe		Good ●
Effective		Good ●
Caring		Good ●
Responsive		Good ●
Well-led		Good ●



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Clinical Coding

CSH submitted records during 2024-2025 to the secondary users' service for inclusion in the hospital episodes statistics, which are included in the latest published data.

Data validity was as follows:

- Patients with valid NHS numbers: (a) inpatient 100% (b) outpatients 99.87% (data as of 3 April 2025).
- Total patients on system for 2024-2025 were 906,798 (includes active 531,957, inactive 347,921 and deceased 26,920 patients), with 1,145 who did not have a valid NHS number 0.13% (data as of 03 April 2025).
- In 2024-2025 a total of 105,316 patients had an individual appointment at CSH. Out of this figure 103,344 had a GP linked to their medical record, compared to 1,972 who did not have a GP link. Inpatient units had a 100% link compared to 98.12% of outpatients (data as of 3 April 2025).

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

Mortality Review

Learning from Deaths

CSH's Morbidity and Mortality Review Group meets quarterly, is chaired by CSH's Medical Director and reports to the Quality & Safety Committee. This multi-disciplinary group has representation from all services across the organisation and is responsible for overseeing the review of all patient deaths that occur in our services. Every other meeting, i.e. every six months, the meeting is focussed on end-of-life issues. The Terms of Reference of this Morbidity and Mortality and End of Life group meeting were reviewed Spring 2024 and approved in December 2024.



The Learning from Deaths policy was reviewed in February 2024, with significant changes to incorporate PSIRF and was signed off in December 2024. A Standard Operating Procedure (SOP) for ward deaths was added as an appendix to the policy.

Part of our Learning from Deaths policy is to record all deaths on Datix for our community hospitals and all unexpected deaths that involve our teams in the community outside of the community hospitals, so that learning and any actions can be captured. We now also record all deaths occurring within thirty days of discharge from our community wards, block contract beds or Frailty hubs. On review by the Mortality and Morbidity Group, it was decided to cease the routine review of all Hub deaths, unless the clinicians had concerns about the patient's care or death. This change occurred from August 2024 onwards and the data is captured on the BI portal. These deaths are reviewed by the patient safety team and Consultant Geriatrician to identify themes that can be taken forward through learning.

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All adult in-patient deaths are reviewed by the ward consultant, who carries out an initial screening of "Avoidability" (Part 1 of Mortality Review Form (MRF) within 48 hours: any deaths where Avoidability is identified will undergo either a structured judgement review by the Medical Examiner (ASPH), or through a PSIRF investigation. Part 2 of the MRF is completed by the Patient Safety team with the ward consultant and Advanced Care Practitioner for Frailty. Statutory reporting of all in-patient deaths to the CQC is required within one working day of the death.

The death rate within our adult services remains low.

There were three adult in-patient deaths and nine post inpatient deaths (within 30 days of discharge) reported on Datix between April 2024 and March 2025.

There were nine frailty Hub patients and 22 block contract deaths within 30 days of discharge reviewed as part of the mortality review process.

Block contract deaths are reviewed as part of the mortality review process as CSH doctors and advanced care practitioners provide medical oversight. A total of 22 block contract patient deaths within 30 days of discharge have been reviewed Q1-Q4 2024-2025.

Nine frailty hub patient deaths within 30 days of discharge were reviewed as part of the mortality review process before a decision was made at the Mortality and Morbidity Group in August 2024 that the review of these deaths belonged to the GP.

Adult Services Mortality Reviews 2024-2025	Q1	Q2	Q3	Q4	Total
In-Patient – in care	2	1	0	0	3
In-Patient <30 days of discharge	1	4	4	0	9
Frailty Hub deaths <30 days of discharge	9	n/a	n/a	n/a	9
Block contract beds <30 days of discharge	10	8	4	0	22

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No PSIRF investigations have been initiated following these reviews. Some local learning mainly highlighted the need for advanced care planning and good practice has also been shared with the teams.

Learning from mortality reviews is presented and discussed at the monthly Community Hospitals Multi-Disciplinary Operational Group meeting, and a summary of the themes and learning is presented to the Morbidity and Mortality Group quarterly.

Children's Deaths

All child deaths in Surrey are reviewed by the Surrey Child Death Overview Panel (CDOP), which has responsibility for the process of reviewing child deaths. Working Together to Safeguard Children (2018) sets a clear remit for the work of the panel and incorporates requirements from the Health and Social Care Act 2012. Learning and information from the CDOP is shared via the Local Safeguarding Children's Partnership to inform Partnership members in respect of preventable child deaths and risk factors that impact on safeguarding children and young people, to ensure organisations take appropriate and timely action. The CDOP also produce newsletters, which are disseminated widely within Surrey care services.

There were **two** children's deaths reported whilst on CSH caseload during 2024-2025 period:

20 deaths were of children for whom CSH was not principally responsible for, but who did receive some services from CSH. None have initiated any internal CSH PSIRF investigations. However, it included some very upsetting deaths that were widely reported by the national press. There were also **seven** parental deaths reported by the Children's safeguarding team.

Children Services Mortality Reviews 2024/25	Q1	Q2	Q3	Q4	Total
Patients in CSH care	0	0	2	0	2
Not CSH Care – Child death reported to Safeguarding	4	0	10	6	20
Not CSH Care – parental death reported to Safeguarding	1	0	4	2	7

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Other statements

National Patient Safety Alerts (NatPSAs)/ CAS Alerts 2024-2025

The Central Alerting System (CAS) serves as a national platform for issuing patient safety alerts; critical public health messages; and other safety-related communications to NHS and independent health and social care providers.

In 2020, the system for cascading alerts was revised to ensure that National Patient Safety Alerts (NatPSAs) focus solely on safety issues likely to result in death or disability within a year. This change necessitated a structured approach to managing and responding to these alerts to ensure timely action and patient safety compliance.

To align with these national requirements, CSH developed an organisational guideline to ensure the prompt cascading of alerts, incorporating executive-level involvement as recommended by the National Alerting Committee. The guideline was implemented at the start of the last financial year and continues to be the framework for handling NatPSAs, Field Safety Notices, and Medicines Recalls.

To enhance the efficiency and effectiveness of handling NatPSAs, CSH took the following key actions:

1. Centralised Actioning with Senior Oversight:

- Based on NHS England recommendations, CSH transitioned to a centrally managed system for responding to alerts.
- Executive-level oversight was embedded into the process to ensure compliance with national guidelines and timely response to critical alerts.

2. Implementation of a Structured Alert Cascading Process:

- The new process ensures alerts are promptly cascaded to relevant teams.
- Relevant notices, including Field Safety Notices and Medicines Recalls, are incorporated into the response system.

3. Robust monitoring of alerts and notices at the Quality and Clinical Governance Group (QCGG):

- Alerts monitored at Q&CGG monthly and address delays to action relevant alerts/notices.

Summary of Alerts for 2024-2025

Alert / Notice Type	Number received	Alerts Relevant	Alerts Completed	Delayed/ ongoing
NatPSAs	10	0	N/A	N/A
Field Safety Notices	23	9	9	0
Medicines Recall	65	7	7	0
Device Safety information	4	0	n/a	n/a

CSH continues to refine its alert management process, ensuring that patient safety alerts are addressed efficiently and in alignment with national standards. Ongoing monitoring and improvements will further strengthen the system in the coming year.

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Inquests and Coroner Requests

Overview

An inquest is a formal investigation into a death that appears to be due to unknown, violent or unnatural causes. The purpose is to determine the identity of the deceased and establish when, where, and how they died. CSH receives requests for information following the death of patients in our care. In some cases, we may also be required to attend inquests.

Requests for Information (2024-2025)

During the 2024-2025 period, CSH received 14 requests for information related to the deaths of patients. These requests were reviewed and processed as follows:

- Attendance at Inquests:
 - CSH was asked to attend three inquests, but in all cases, it was confirmed that the patients were not under our care, so attendance was not required.
 - No Prevention of Future Deaths (PFD) notifications were issued following any inquests.
- Medical Certificate of Cause of Death (MCCD) Requests:
 - One request was made by a doctor to complete a Medical Certificate of Cause of Death (MCCD).
- Timeliness of Responses:
 - Information was provided for 10 out of 11 requests within the required timeframe.
 - One request remains ongoing and is being actively managed.
- Declined Requests:
 - Three requests from the Coroner were declined as the patients had no contact with CSH services.

Incident Reporting & Priority Incidents

Incident reporting is a critical element of our quality assurance and patient safety framework. A robust reporting system helps us to identify risks, learn from incidents, and implement measures to prevent future harm. Ensuring that all incidents are recorded, investigated, and acted upon is fundamental to fostering a safety culture within CSH and across the wider healthcare system. To align with national patient safety strategies, it was essential to transition to a more comprehensive and standardised reporting framework that promotes greater learning, accountability, and system-wide improvements.

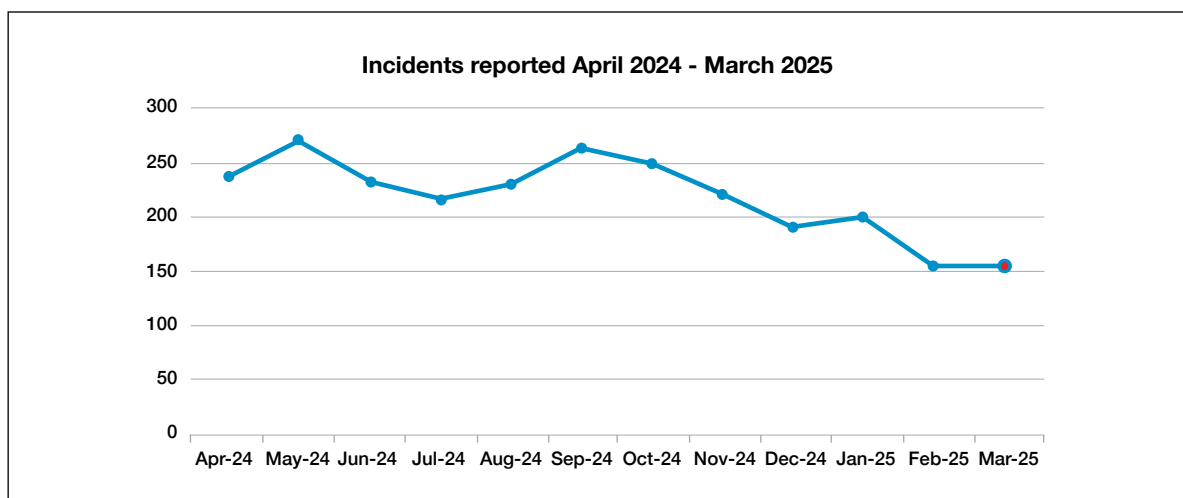
- In October 2023, CSH successfully transitioned to the Learn from Patient Safety Events (LFPSE) platform, enhancing our ability to share and analyse incidents on a national scale. With the ability to share incidents, one of CSH's incidents was identified by the Health Services Safety Investigations Body (HSSIB) as essential at sharing wider learning nationally and it will be used as a case study.
- We fully integrated into the Patient Safety Incident Response Framework (PSIRF), ensuring a structured approach to incident management, learning, and response.

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- We worked closely with HR and staff support initiatives, such as The Voice, to promote a just culture, encouraging staff to report incidents without fear of blame.
- We recruited two patient safety partners, who now actively contribute to incident investigations, reviews, and governance discussions, ensuring that patient voices are embedded in safety improvements.

Highlights

- A successful transition to LFPSE – We are now operating at taxonomy Level 4, with an upgrade to taxonomy Level 5 expected in summer 2025, increasing the visibility and granularity of reported incidents. The levels refer to the hierarchical structure used to categorise patient safety incidents. Each level provides increasing detail about the nature of the event, helping healthcare providers analyse and learn from incidents more effectively.
- Improved reporting culture – While overall incident numbers fluctuated, the rate of incidents reported per patient contact remains high, demonstrating continued staff engagement with the reporting process.
- Trend analysis and learning – Data showed a reduction in reported incidents from March 2024, primarily due to:
 - The closure of Hersham Ward, leading to fewer inpatient incidents such as falls, pressure ulcers, and untoward clinical events.
 - A decline in COVID-19-related incidents, including inoculation-related reports.
 - Changes in service provision, affecting the volume of reportable incidents. This decline is expected to continue in the 2025-2026 year following the transfer of Children's services.
- Strengthened governance and oversight – The Quality and Clinical Governance Group (Q&CG) and Quality and Safety Committee (QSC) continue to review trends, escalate concerns and ensure ongoing improvements in patient safety.



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Duty of Candour

Commitment to Transparency and Patient Safety

At CSH, we are committed to fostering a culture of safety for our patients, staff, and visitors. This is achieved through open and honest communication with patients, families, carers, and all those who engage with our services.

As part of this commitment, we rigorously apply the statutory Duty of Candour (DoC) when incidents occur that may result in moderate harm, severe harm, death, or prolonged psychological distress due to our care provision or omission of care. These incidents are communicated to affected individuals within 10 days of identification, or as soon as reasonably possible based on individual circumstances. The verbal notification is followed by a written notification within 10 days. Following investigation and approval of actions the report is shared by the patient or significant others.

DoC Performance (April 2024 – March 2025)

In the reporting period, 14 incidents met the DoC criteria. Below is a summary of our performance in applying both Internal DoC and Statutory DoC.

Overall DoC Completion Status

April 2024 to March 2025	Internal DoC	Statutory DoC	Grand Total
DoC completed - on time	2	4	6
DoC not due yet	2	6	8
Grand Total	4	10	14

- 6 out of 14 cases were completed within the required timeframe.
- 8 cases were ongoing at the time of reporting but within the expected timeframe.

Timely Communication with Affected Individuals

Appropriate Patient/ Person Informed <10 days of identifying as a PSIRF response

April 2024 to March 2025	Internal DoC	Statutory DoC	Grand Total
Yes (on time)	4	9	13
Yes (late)	0	1	1
Grand Total	4	104	14

- 92% of affected individuals were informed within the 10-day statutory timeframe, demonstrating strong compliance with the DoC.
- The single delayed case was mitigated with a proactive, personal hand-delivery of the letter by clinical staff.

CSH remains committed to upholding the principles of Duty of Candour, ensuring transparency, learning, and continuous improvement in patient safety and care.

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Learning from safety themes identified – Examples

Over the past year, we have been proactive in identifying and addressing areas of concern, to inform our Patient Safety Incident Review Framework (PSIRF) for a plan and policy. These priority areas have been identified and documented in our PSIRF plan and policy, which serve as guiding documents for our patient safety initiatives.



CSH identified key workstreams that focus on preventing harm, enhancing patient safety, and improving learning from incidents. These priority areas ensured that incident reporting and learning response led to meaningful improvements in care quality and staff safety. The key priority areas identified from the gap analysis during the PSIRF process are as follows:

1. Insulin Administration

Insulin administration remained a high-risk area, with an increase in clinical incidents related to:

- Incorrect doses administered.
- Expired medication given to patients.
- IT system failures leading to missed administration.
- Human errors, including miscommunication.

Actions Taken:

CSH commissioned Enable East to conduct a comprehensive service review of the insulin delivery team as outlined in the Quality Priorities section for 2024-2025.

2. Patient Transport Challenges

Transport delays emerged as a significant patient safety concern, impacting access to essential care:

- Delays in transporting patients to clinics and procedures.
- Disruptions in hospital discharge processes.
- Increased risk of patients missing vital treatments.

Actions Taken:

- Collaboration with key partners to improve transport efficiency:
 - EMED (Transport provider) – Engaged to address operational inefficiencies.
 - Integrated Care Board (ICB) – Worked together to resolve systemic transport issues.
 - Escalation of incidents through governance channels to ensure accountability.

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Infection Prevention & Control (IPC) and Healthcare Associated Infections (HCAIs)

The IPC service within CSH provides specialist advice and support throughout the organisation across both the Adult and Children's service contracts. The governance of the IPC service is underpinned by compliance with Regulation 12 of the Health and Social Care Act 2008 and provides assurance with the 10 compliance criteria of the Code of Practice.

The CSH Strategic IPC Group (SIPCG) is comprised of key stakeholders and chaired by the CSH Director of Infection Prevention and Control (DIPC), the CSH Director of Quality & Chief Nurse. The group meets quarterly to review assurance against the 10 compliance criteria which is agreed within a quarterly report by the DIPC and provides the evidence for the DIPC Annual IPC Report which is taken to the Quality & Safety Committee and CSH Board. The CSH DIPC reports directly to the CSH Board and is a member of the Executive Committee.

The CSH IPC service ensures that colleagues are compliant with national and local IPC policy through a structured programme of surveillance, audit and training. Key and topical aspects of IPC advice are circulated to colleagues across the organisation through an established and engaged IPC Link Practitioner network, as well as through attendance at corporate, operational, service and team meetings. The notes for these meetings are on file. Additionally, a centralised IPC information and guidance offering has been strengthened for communicating with colleagues on our internal Blink Hub (staff app) site, alongside a regular IPC Bulletin providing topical IPC advice for all colleagues. This is circulated via the CSH SIPCG and IPC Links networks.

Key achievements for the CSH IPC Service During 2024-2025



- Our NWSA IPC team continue to develop the specialist offer to the 130+ care homes within NorthWest Surrey, including monthly informal drop-in sessions for the care homes and a monthly IPC newsletter. This newsletter now also includes a regular informal award by the team for the 'Care Home of the Month' to the home which has evidenced examples of the best practice in infection control through a variety of means. This encourages care homes to support infection control improvement work and embed good practice on an ongoing basis and provides recognition of those who are and increased engagement with IPC as a result.
- During 2024, the service created a new IPC Assistant Practitioner role within the team at a Band 4 level. This new role is a way of increasing the skill mix within the team, so we are able to support services in a more holistic manner, including enhanced training opportunities and increased engagement with the care homes. CSH successfully recruited into this role in May 2024 and our new Band 4 practitioner is now fully embedded within the team providing infection control advice and regular training, particularly on hand hygiene and cleaning for the care homes. In her first six months with the team, she has managed to deliver over 25 training days with over 300 attendees within the care homes.

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- In May 2024, the IPC team visited various services across CSH to raise awareness of the importance of hand hygiene for preventing healthcare associated infections. They were able to discuss some of the challenges to performing good hand hygiene in the community with staff and help them understand how and why cleaning their hands is such a significant benefit to everyone in keeping each other safe.
- In September 2024, the CSH IPC team organised and delivered a full IPC Study Day with a number of interesting and informative external guest speakers, including topics such as: sending samples to the lab (Frimley Park Hospital Microbiology lab); how lack of oral care affects risk of healthcare associated pneumonia (University of West London); sepsis (CSH patient safety manager) and infection control aspects of patient transport (SECamb IPC Lead). In total, the IPC Study Day had around 50 attendees all from a range of CSH community services as well as our NW Surrey care homes. The team received some very positive feedback for the day, and hope all went away feeling enthused and motivated for infection control.
- The CSH IPC team were nominated and shortlisted for the Nursing Times IPC Team of the Year Award for the second year running. This time the nomination was for QI project work on 'removing unnecessary urinary catheters from patients on the community nursing caseload'. This national nomination provided recognition of the dedication and hard work the IPC team do to continually improve patient care across NW Surrey.
- Our Band 7 IPC Nurse Specialist completed her MSc IPC pathway in Summer 2024 and our Band 7 IPC Specialist Practitioner is in her final year of the MSc IPC pathway, following successful completion of Year 2. The upskilling of these specialists serves to provide an ongoing local IPC expert workforce for NWS, retaining these specialists for our future.
- CSH have reported 0 x clostridium difficile infections, 0 x e. coli and 0 x MRSA bloodstream infections during 2024-2025.



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Celebrating World Hand Hygiene Day May 2024



IPC Study Day September 2024



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Safeguarding

Partnership Working, Children, Looked After Children and Adults

The safeguarding teams across children, adults and looked after children have engaged in partnership working over the reporting year, attending multi-agency meetings with the Surrey Safeguarding Board and the Integrated Care Board (ICB), contributing to Multi-Agency Risk Assessment Conferences (MARACs) and risk management meetings.



Partnership working continues between health providers, the ICB and the Local Authority to safeguard and promote the health and wellbeing of looked after children and to reduce their experience of health and social inequalities. Attendance at multi-agency meetings provides the opportunity to act as a principal health contact for children's social care, as well as to provide specialist knowledge on the health needs of looked after children and improve in our role as a corporate parent.

The adult safeguarding team continues to attend local and regional safeguarding networks and committees on behalf of CSH. These meetings are held quarterly: Surrey Safeguarding Adults Board (SSAB) Health Forum; SSAB Policy and Training Subgroup; ICB Domestic Abuse Health Steering Group; ICB Mental Capacity Act (MCA) Steering Group; Prevent Regional Meetings; Monthly networking meetings with Adult Social Care (ASC) Locality Teams and Weekly networking meetings with Multi-Agency Safeguarding Hub (MASH).

Reviews

The safeguarding children's team continues to contribute to Safeguarding Child Practice Reviews (SCPR), where the themes have been unexpected deaths in children and neglect. Along with domestic homicide reviews (DHRs), the themes have focused on women who died in circumstances believed to be suicide and where there was evidence from a number of agencies that they were victims of domestic abuse. Where there have been children and adults involved as part of a review, the adults' and children's teams have used an integrated approach to draw out the theme of Think Family and learning across the organisation.

Think Family is part of the strategic delivery plan. This is firmly embedded across children's services, but there is presently nothing in place across adults. Think Family is key as it aims to identify the needs for the whole family. The impact on children/siblings and the vulnerabilities faced by the adult/carer can have an impact and it is vital that health care professionals are aware of this so the risk can be identified. The profile for Think Family within adults has been raised across CSH during safeguarding adults' week in the following ways: safeguarding adults training; safeguarding champions meetings; safeguarding children's teams; and by devising seven-minute briefings.

The safeguarding team have proactively engaged in the Safeguarding Adult Review meetings in Surrey. Any learning, both local and national, has been embedded within CSH's safeguarding training to ensure that patients who receive Trust services are safeguarded from abuse.

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Supervision

Under the intercollegiate document one of the mandatory core competencies is safeguarding supervision. The safeguarding children's team have continued to provide safeguarding supervision to clinicians to enable them to actively engage with each other to critically reflect on difficult cases. Safeguarding supervision continues to be firmly embedded across the children's services within CSH, with various models of ad hoc 1:1 and group supervision. Safeguarding supervision requires the appropriate skills to facilitate the sessions. It has been a challenging time over the reporting year, with the children's safeguarding team having capacity challenges due to sickness and vacancy. This has impacted on supervision being delivered in a structured way, although the team have been available for ad hoc supervision. The looked after children's team have supervision which is facilitated by the safeguarding children's team.

There is no structured safeguarding supervision delivered across adults and there is a plan for 2025-2026 for this area to be focused on.

Children

It is mandated by 'the healthy child programme: health visitor and school nurse commissioning' that Specialist Community Public Health Nurse (SCPHN) have the required skills to lead on safeguarding. However, due to reduced capacity during the reported period health practitioners were unable to attend strategy meetings, which does not meet the statutory requirement of working together to safeguard children 2018. To mitigate this risk the safeguarding team have supported health practitioners by attending these meetings.

Over the reporting year, the safeguarding nurse consultant worked alongside the 0-19 service manager to ensure the requirements under working together and the healthy child programme are being delivered. It is pleasing to report that the 0-19 teams are attending strategy meetings for those children they are working with. There is support available to staff if needed in relation to strategy meetings and the safeguarding team are continuing to attend those that are urgent or not open to the 0-19 service. Challenges remain around the number of strategy meetings being attended by the safeguarding team, which are not open to CSH. This has been raised to the local authority, commissioners and the ICB.

Safeguarding Training Adults, Children's and Looked After Children

It is essential under the intercollegiate document that all health staff have the competencies to recognise abuse and neglect and to take effective action as appropriate to their role. Safeguarding training for Level 1 and 3 has been a key focus over the reporting year.

It has been recognised that staff had been attending safeguarding children's training at induction. This was not being captured at Level 1, so the safeguarding nurse consultant worked with the Learning and Development team to ensure that this was changed for the requirements under the intercollegiate document to be met. The content was also reviewed by the safeguarding team to ensure that staff have the knowledge and skills to safeguard children.



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The safeguarding nurse consultant reviewed the method of training for both children and adults. For children's, the training for Level 3 was being facilitated via a package from the Surrey safeguarding partnership and there had been concerns about the access, content and capturing compliance. To ensure that all staff had the appropriate access to training and safeguarding packages, packages which have been quality assured and approved nationally were introduced across the organisation. This is an online approach which gives staff more flexibility to complete them.

The adult safeguarding team have been facilitating a full day face-to-face safeguarding adult training on a monthly basis, with a slow uptake unfortunately. National packages for adult safeguarding were also introduced to help staff with accessing safeguarding adult Level 3 training.

The agreed key performance indicator (KPI) with the ICB for training is above 85%. The compliance for children's safeguarding Level 3 was under 50%, which was noted as an organisational risk. It is pleasing to report since the changes there has been an increase in compliance which is presently, 79.11% for children's safeguarding and 72.66% for adult safeguarding.

The Looked after Children Intercollegiate Document (2020) recognises the importance of education and training to prepare practitioners for their roles and responsibilities in working with looked after children and care leavers. Colleagues who come into contact with looked after children and their carers must have the right knowledge, skills, attitudes and values required for safe and effective practice. During the reporting year, the Named Nurse co-facilitated the Surrey Safeguarding Children Partnership (SSCP) multi-agency looked after children Healthy Outcomes training.



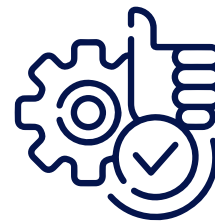
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Patient Experience

CSH uses various methods to gather feedback to help inform ongoing service improvements.

Examples of this include:

- Complaints, concerns, and enquiries
- Compliments
- CSH website
- Informal conversations with service users and their carers
- Online reviews (CSH website, NHS website, Google reviews, Care Opinion)
- NHS Friends and Family Test (FFT) and patient-reported experience measures (PREMs)
- Patient-led assessments of the care environment (PLACE)
- Patient stories (including those shared at the public meetings of the board of directors)
- Healthwatch insights



Complaints and concerns

There were 144 complaints received in 2024-2025. Of these, 50 complaints were managed through the formal complaints process. This means a senior manager investigated the complaint and a formal written response was provided. In addition, in some cases, a meeting was held with the person raising the complaint, depending on their preference. The other 94 complaints were managed through early resolution with the service. There was an overall reduction from 152 complaints in 2023-2024, but an increase in the number of formal complaints, up from 37.

Of the formal complaints closed during the reporting period, 61% were assessed as well-founded (partially or fully upheld). That means our investigation found that some, or all, aspects of the service received did not meet the expected standard. The remaining 39% were not upheld. This is slightly below national averages for 2023-2024 of 66% fully or partially upheld¹.

The main subjects of complaints during the year were communications (22%), access to care (19%), clinical treatment (14%) and staff values and behaviour (14%).

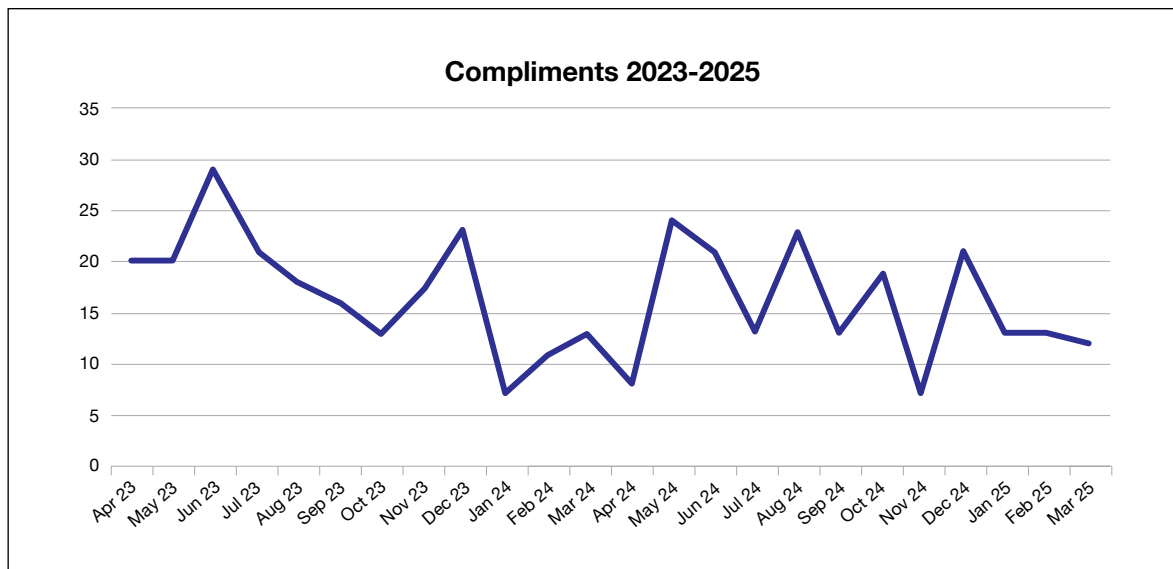
CSH updated the subject categories for complaint reporting in 2024-2025 in line with NHS England KO41a subject data to improve identification of main themes and enable comparison with national data.

Compliments

Compliments are unsolicited positive feedback given by patients, relatives or carers. Compliments are logged on our central Datix reporting system. 187 compliments were recorded on Datix during 2024-2025, a reduction from the 208 recorded in 2023-2024.

¹ <https://digital.nhs.uk/data-and-information/publications/statistical/data-on-written-complaints-in-the-nhs/2023-24>

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The main subjects from compliments were clinical care/treatment (42%) and compassionate care (37%). Other themes were advice/support (11%), kindness/helpfulness (9%) and exceptional care (1%).

Compliment examples

Adult services



“Would like to pass thanks to the hub team for the support and great follow ups. Pleased to be able to have so much done in the community and not have to go to the hospital.”
(Thames Medical Hub)

“Thank you so much for all your support with H (and me!) over the last couple of years. You have advocated for him from day 1 and he would not have made the progress he has done without your encouragement. You have been our rock in his journey and we will forever be grateful for that, so thank you.”
(Community rehabilitation team)

“I’d just like to thank your teams for your incredible service, particularly in “stretching and pressured times”. Diane at Surrey Single Point of Access for making a huge effort to find me not just one, but three choices of cancelled appointments so that I may have treatment at the Woking hospital. And my podiatrist (forgot her 1st name, but she originally hails from Iraq) who has treated me on two occasions with her exceptional knowledge/advice and her careful methodical treatment. Thank you ladies and of course our wonderful NHS.”
(Single Point of Access Team (SPA))

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“On the 14th of April we had a flood from the bathroom which came through to the kitchen. I was unaware of this and it wasn't until Lauren visited I realised. Lauren was very quick to act and turned off the water and electrics and turned the tap off upstairs. She contacted the fire service and waited with me until they arrived. I explained that me and my wife have been struggling with the upkeep of the house and the council stating we had to pay for everything. Lauren took time and contacted a lot of people to get things in place so we were safe; she also arranged for the housing team to come round and because of that we are getting a full house renovation including decorating and a new kitchen. We couldn't be more grateful.”

(Thames Medical community nursing team)

“I would like to thank the very thorough and helpful nurse practitioner, the radiology dept and reception staff for your kindness and help when I attended Woking WIC with a fractured big toe (proved by x-ray). I had a long wait, like all the other patients, but your care was exemplary. Many thanks again to Woking WIC for your excellent service under such very trying circumstances.”

(Woking walk-in centre)

Children services



“Irena was extremely supportive to us as parents and helped us navigate through difficult times with our child xxx. She has made such a difference to our lives, making us feel heard and providing us with the support and guidance we needed. She built such an amazing relationship with our son which was beautiful to see in a child that had previously not been able to build relationships. She has helped us as a family more than we could have ever hoped and we are extremely grateful for her and all she has done.”

(Children's community health early support team)

“Nikki came to our home for a session about picky eating for my son and honestly it was fantastic. It was a completely non-judgemental atmosphere, she empathised and was so understanding about the reality of it as a mum. Her tips and information were spot on, and as a result I now have a little boy who is more open to trying new tastes. And overall mealtimes are so much more relaxed. I'm so grateful for her help and kindness!”

(Health visiting team – south east)

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I just wanted to say thank you, I have never had someone looking at the blood results and explaining these to me so well. B really understood and appreciated it and has been having the smoothies as you suggested almost every morning. And for me it was a great and informative session feeling that I now understood much better what was going on with all those names and numbers, thank you for taking the time and we hope to see you next year again.

(Paediatric dietetics)

Feedback from other professionals and providers is also captured. The following feedback for the community phlebotomy team was received from a community learning disability nurse at a neighbouring NHS Trust, and highlights the team working to support patients with autism and/or learning disability:

I would like to highlight the excellent joint working I have experienced with the Community phlebotomy team for three very complex people on my current caseload. In particular, Jo Sewell, the phlebotomist who has attempted and been successful in obtaining bloods for my service users very recently.

A gentleman we have worked with recently has autism, moderate learning disabilities and a severe needle phobia resulting in no bloods for the past seven years. With Jo's expertise and calm approach, we were able to work together to achieve the best possible outcome.

Upon receipt of referral Banita arranged a virtual best interests discussion, planning and coordination of how the appointment might look, what was needed, etc. was discussed. Banita shared typed notes of the discussion, this was all completed very quickly after receiving the referral. Family members were involved and felt listened to which is so valuable.

Once allocated to Jo we were able to communicate prior to the appointment to discuss any risks and precautionary measures. Jo was happy to make essential reasonable adjustments such as not wearing her uniform, no lanyard and only bringing minimal equipment. We were able to have a plan on how we felt the appointment could go and assumed roles within that. During the visits Jo and I have been able to communicate and make decisions on the spot, at times these have been nonverbal cues so as not to cause further distress.

I think Jo's ability to put patients at ease and her skill at being able to take blood quickly in my opinion has been a key factor in our success. It's not easy to work with patients who are agitated especially if there is a risk they may exhibit behaviour that challenges on top of that attempting an intervention as well is just amazing. Jo understands our client group and what is needed to ensure they have appropriate access to care.

I say this on behalf of my service users and families as we are beyond grateful for the support we have received.

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iWantGreatCare

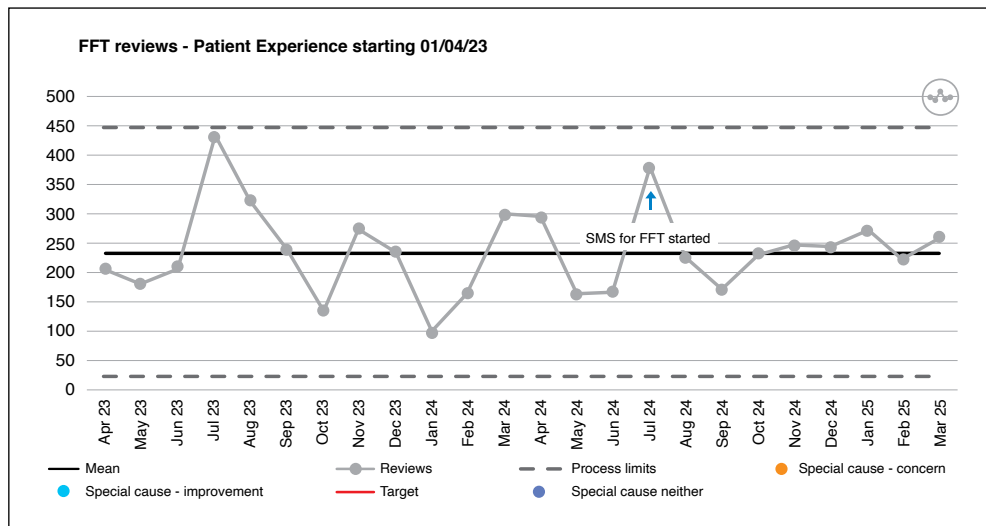
Question	Score - overall	National average – community (January 2025) ²
Friends and Family Test – the proportion of patients rating their overall experience as very good or good	88%	94%
Friends and Family Test – the proportion of patients rating their overall experience as very poor or poor	8%	3%
The proportion of patients who were treated with dignity and respect	94%	
The proportion of patients who were treated with kindness and compassion by the staff looking after them	93%	
The proportion of patients who were involved as much as they wanted to be in their care and treatment	91%	
The proportion of patients who received timely information about their care and treatment	88%	



² <https://www.england.nhs.uk/fft/friends-and-family-test-data/>

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Statistical Process Control (SPC) chart on review count



During 2024-2025 work to increase the volume of Friends and Family Test (FFT), and patient feedback has continued. The main change was to send SMS text messages to patients requesting feedback following an appointment or treatment. This was trialled at the end of June 2024 and gradually rolled out across adults' services. This has led to the overall volume of feedback increasing and becoming more consistent, which is expected to continue in 2025-2026.

Review source 2024-2025

The use of SMS has become the single most used method of collecting feedback, with other digital methods (online surveys completed on own device or a CSH tablet) promoted where appropriate for the client group. People are still given the option of completing the FFT questionnaire on paper if that is their preference.

Positive feedback examples iWantGreatCare (as at March 2025)

Adult services



My thanks to all the team from housekeeping through all the roles to the doctors and matron. I appreciate at times I had high anxiety and found the thought of going home very frightening. Thank you for your patience. There are too many individuals that went above and beyond to name so please thank the team and express my gratitude.

(Inpatient services – Alexandra Ward)

P has been both kind and considerate in his approach to my condition of atrial fibrillation. He has been totally professional and explained each process to get me onto the correct medication whilst undergoing a clinical trial. He was instrumental in my understanding and coming to terms with the diagnosis and through his assurance I feel more positive about my outcome.

(Heart failure service)

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The podiatrist was tuned in to mum's anxiety (as she has dementia) straight away but put her so much at ease that she fell asleep during the process! Meanwhile she gave me lots of helpful advice, tips and reassurance (I am mum's carer / daughter and look after her feet). The appointment couldn't have gone better.

(Podiatry service)

I have just finished a Pulmonary rehabilitation course at Esher and I feel so much better now than when I started. All the staff were very professional in their teaching but also made it fun. I would really recommend this course to anyone that is lucky enough to take part. When I first went to the respiratory clinic the team there were very informative and compassionate.

(Respiratory service)

Children Services



The Surrey health visitor team have helped me so much through some difficult situations. I really can't thank you enough for your kindness and sensitivity. I spoke to S about a year ago about gently night weaning my 18-month-old, and more recently spoke to the helpline about some behavioural concerns I had. I was instantly reassured and put at ease and the team have helped me invaluable. I can't thank you enough I hope you know the positive impact you have on worried mums.

(0-19 Advice Line)

Very calm and friendly staff really put my daughter at ease.

(Immunisation service)

I just want to say thank you so much for the time and kindness that was given in the online sessions. D just understood and whilst my daughter was not able to engage, I think the way D handled it and sent things through for us to consider made my daughter take it in in her own space. We have used the advice given and have successfully managed a trip to London. I feel she is making progress and starting to recognise her sensory needs more positively rather than hiding from life. Just thank you for this service.

(Occupational therapy service)

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“

S and her team have been phenomenal every step of the way with my daughter's treatment plan over the past 4 years. They treat her with respect and dignity and whilst we're thrilled my daughter's treatment is finished we're going to miss S and her team.

(Community children's nursing team)

”

Positive feedback themes include staff being friendly, caring, professional and efficient, and clean environments.

Opportunities for improvement include facilities, waiting times, availability and provision of treatment, and information and communication provided to patients between services.

Feedback is shared with service managers each month and work is continuing to improve assurance and identify quality improvement projects from the feedback, in line with CSH's patient and carer experience strategy 2024-2027.



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Patient-led Assessment of the Care Environment (PLACE)

PLACE assessments were held at Woking Community Hospital in November 2024, which assessed the care environment at Alexandra Ward and outpatient services including Bedser Hub, Woking Walk-in Centre and X-ray department. The results were published in February 2025 and presented to the CSH Board, and the results for each domain are shown below. Work is underway to develop and deliver improvements based on the assessments.

	Cleanliness	Food			Privacy, Dignity & Wellbeing	Condition & maintenance	Dementia	Disability
		Overall	Organisation	Ward				
National average	98.31%	91.31%	92.17%	91.38%	88.22%	96.36%	83.66%	85.20%
Organisation average	98.36%	89.37%	82.81%	97.44%	78.33%	98.00%	84.55%	80.68%

Freedom to Speak Up

CSH is committed to promoting an open and transparent culture across the organisation, so that all employees feel safe and confident to speak up about any concerns that they may have about patient care and organisational culture.



This commitment is supported by modelling the behaviours to promote a positive culture in the organisation; providing the resources required to deliver an effective Freedom to Speak Up function and having oversight to ensure the policy and procedures are being effectively implemented.

The Freedom to Speak Up Guardians report key themes and findings to the executive team and the CSH Board, as well as bi-annual board reports to the Putting People First Committee. They also communicate any relevant findings to the service leads, as well as those who can directly influence the situation, as appropriate. CSH has participated in the NHS Staff Survey, so that the issues that colleagues are dealing with can be assessed, understood and addressed where possible. A CSH staff survey action planning group has been created to ensure representation, feedback and feedforward from all staff.

During 2024-2025 we launched a network of Freedom to Speak Up Champions, including the Voice representatives. These champions are supported by the Guardians and have attended a number of training events, as well as completing the three e-learning for healthcare Freedom to Speak up training modules; Speak up; Listen up and Follow up.

In 2024-2025 we have recorded twelve cases formally into the National Guardian's office.

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Staff Survey

CSH runs an employee survey on a yearly basis that mirrors the NHS staff survey. The survey allows staff to comment on a number of areas such as their job; their team; their managers; and other areas such as their health, wellbeing and safety at work. In 2024 our response rate was 54%, a decrease of 3% from 2023.

A total of 119 questions were asked in 2024: 113 of those can be compared to 2023 and out of those 101 have been positively scored.

The five areas where we scored highest when comparing against other organisations surveyed as part of the process, are as follows:

- 82% feel valued by my team
- 76% feel a strong personal attachment to my team
- 76% team members often meet to discuss the team's effectiveness
- 71% immediate manager asks for my opinion before making decisions that affect my work
- 66% often/always look forward to going to work

Work is underway on our local action plans, as well as a wider CSH plan of action, in response to the survey. This work is being led by a task and finish group consisting of colleagues from across the organisation. We have been communicating our results to our staff. Progress against the action plan will be published through some 'we said, we did' campaigns over Summer 2025, and via a number of small 'pulse surveys' so that colleagues across CSH are aware of the action that is being undertaken in response to our results, ready for the next annual staff survey.

The Voice – Employee Ownership

Following the announcement that the Children's and Families contract had been awarded to the HCRG group a decision was made to recruit two more representatives from adult services, to ensure that there was sufficient representation from April 2025. The posts were advertised, and two new reps were successfully recruited in September 2024.



The Voice continue to hold monthly meetings, followed by a separate meeting where the representatives are joined by the CEO and an Executive, on a rotating basis. Additionally, every other month the CSH Chair is in attendance, with other non-executive directors attending as well.

The Voice also has the opportunity to put questions to the CSH Board every six months, April and October. The questions raised included how CSH could grow the business from April 2025, the use of AI in a clinical setting and ways to improve the reputation of CSH.

The co-chairs represent the Voice at various meetings and committees including the Putting People First Committee, Partnership Forum and Retention Focus Group as well as non-voting attendees at the CSH Board meetings in public and private, and strategy days.

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The Voice representatives continue to attend six monthly training days to support their role which have included a look at behaviours and culture and how to support these across the organisation, the governance of the organisation, and the Voice's role in it, and staff survey results.

The focus of 2025 will be to support co-owners through changes as they occur and listen and review constituents' needs.

Digital

The CSH Digital Services Team plays a pivotal role in supporting the organisation's digital transformation and operational excellence. It is a multidisciplinary team comprising several key functions that work collaboratively to deliver robust, secure, and efficient digital services.



- **Senior Information Risk Owner (SIRO):** Provides leadership on information risk management, ensuring that data security risks are identified, assessed, and mitigated effectively.
- **Clinical Systems Team:** Manages and optimises electronic health record systems, ensuring seamless functionality to support clinical workflows and patient care.
- **Infrastructure and Desktop Support:** Provides reliable IT infrastructure, network management and end-user support, ensuring colleagues have access to the tools and systems needed for daily operations.
- **Data Quality:** Focuses on maintaining the accuracy, consistency, and integrity of data, which is critical for effective clinical decision-making and reporting.
- **Business Intelligence (BI):** Transforms data into actionable insights through advanced analytics and reporting, supporting strategic planning and performance monitoring.
- **Information Governance:** Ensures compliance with data protection regulations, safeguarding sensitive patient and organisational information.
- **Individual Rights Requests:** Manages requests related to data access, correction, and privacy under UK General Data Protection Regulation (GDPR), ensuring transparency and patient trust.
- **Strategic Programme Management Office (SPMO):** Oversees the delivery of digital projects and programmes, aligning them with CSH's strategic goals.

Together, these teams drive digital innovation, enhance service delivery and ensure the secure, efficient management of information across CSH.

CSH Digital Roadmap

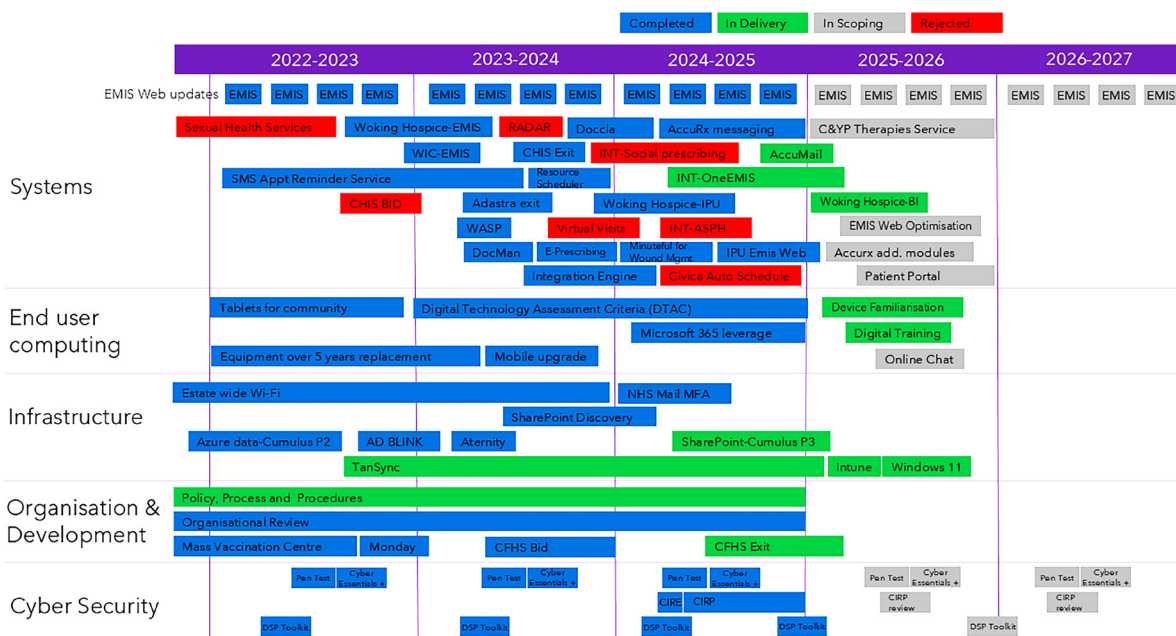
The CSH Digital Roadmap is a comprehensive strategic plan that defines our approach to harnessing digital technologies to support and achieve CSH's business objectives. It acts as a blueprint for driving digital transformation, ensuring that our organisation remains agile, innovative, and responsive to the evolving demands of healthcare delivery.

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At its core, the digital roadmap aligns our technology initiatives with CSH's overarching goals, such as improving patient outcomes, enhancing operational efficiency and supporting workforce productivity. It provides a clear vision for how digital tools, data-driven insights, and emerging technologies can be integrated to optimise service delivery and streamline internal processes.

Recognising the fast-paced nature of technological advancements, our roadmap is designed to be dynamic and adaptive. It not only addresses current digital needs but also anticipates future challenges and opportunities. This flexibility allows CSH to respond effectively to changes in the healthcare landscape, regulatory requirements and patient expectations.

Digital Roadmap



With a significant reduction in resources in the 2025-2026 period, digital services will shift their focus entirely to maintaining and delivering existing digital products rather than exploring new innovations. This means there will be little to no capacity for developing new technologies, experimenting with emerging trends, or enhancing current systems for greater efficiency. The opportunity to optimise and exploit existing digital infrastructure will also be limited, as all efforts will be directed toward operational stability. Without investment in innovation, digital services risk stagnation, falling behind competitors, and missing opportunities for long-term growth, ultimately limiting their ability to adapt to evolving user needs.

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Accurx

Accurx has significantly impacted CSH's healthcare quality by reducing paper usage and enhancing digital patient engagement. By enabling secure, efficient communication between healthcare providers and patients, Accurx streamlines workflows that traditionally relied on paper-based processes. Appointment reminders, patient support leaflets, and care plans can now be shared digitally, reducing administrative burden and environmental impact.



Crucially, Accurx supports inclusive patient communication. Its flexible platform allows messages to be sent via SMS. For those unable to engage digitally, or who choose not to, Accurx complements traditional methods, ensuring no one is left behind. Healthcare staff can easily switch between digital and paper-based communications, maintaining patient choice and accessibility.

Moreover, features like video consultations and patient questionnaires enhance remote care while reducing the need for printed materials. This not only improves efficiency but also fosters a more responsive, patient-centred approach. Accurx's integration within the CSH EMIS Web patient record supports seamless, secure data sharing, reinforcing both sustainability and equity in healthcare delivery.

Cyber Essentials Plus accreditation

In 2024-2025, CSH has once again demonstrated its commitment to digital excellence, building on the strong foundation established in 2023-2024. Through the successful delivery of key objectives outlined in its digital roadmap, CSH has secured Cyber Essentials Plus accreditation for another year.



Cyber Essentials Plus is a UK government-backed cybersecurity certification designed to help organisations defend against common online threats. Its importance within the healthcare sector cannot be overstated, for the following reasons:

- **Data Protection and Patient Privacy:** CSH handles large volumes of sensitive patient data. Cyber Essentials Plus ensures robust safeguards are in place to prevent unauthorised access, upholding patient confidentiality and compliance with data protection laws, including the UK GDPR.
- **Cyber Attack Prevention:** By addressing common vulnerabilities, the certification significantly reduces the risk of cyber threats, such as ransomware, which pose serious risks to healthcare operations.
- **Operational Resilience:** As a key provider of community healthcare in Surrey, CSH relies on uninterrupted services. Cyber Essentials Plus strengthens its cybersecurity framework, enhancing resilience and service continuity.
- **Trust and Reputation:** Earning this certification reinforces CSH's commitment to safeguarding patient information, fostering trust among patients and stakeholders.
- **Network Security:** Given the interconnected nature of healthcare systems, the certification ensures strong network protections to prevent unauthorised access.
- **Continuous Improvement:** Regular assessments drive ongoing enhancements in cybersecurity practices, helping CSH stay ahead of evolving threats.

In essence, Cyber Essentials Plus is central to CSH's efforts to protect patient data, ensure regulatory compliance, and maintain public trust.

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EMIS Web Explorer Insights

EMIS Web Explorer Insights has significantly transformed how CSH data is accessed and utilised, offering rapid, reporting insights that benefit both healthcare staff and patients. By enabling quick retrieval and analysis of clinical data, it reduces the time traditionally spent on manual data extraction, allowing healthcare professionals to focus more on patient care. This new approach has reduced the data availability gap from 48 hours to providing data up until the previous day at 5 PM.



The speed and efficiency of EMIS Web Explorer Insights mean that data on patient demographics, clinical outcomes and service utilisation can be accessed almost instantly. This real-time capability supports proactive decision-making, helping clinicians identify trends; monitor patient cohorts, and respond quickly to emerging health needs. For example, staff can swiftly identify at-risk patients for early intervention, improving clinical outcomes and reducing hospital admissions.

For healthcare teams, the ability to generate customised reports enhances operational efficiency, streamlines audits and supports performance monitoring without reliance on external data teams. This fosters a data-driven culture, empowering staff to make informed decisions at the point of care.

Patients benefit through more responsive, personalised care, as their health data can be reviewed in real-time to guide treatment plans. Overall, EMIS Web Explorer Insights enhances clinical efficiency, supports better resource allocation and ultimately improves patient safety and healthcare quality.

Risk Management

The Digital Leadership Team plays a proactive role in identifying, assessing, and managing digital risks through the Datix system. Risks are regularly monitored and undergo thorough monthly reviews to ensure timely updates and effective mitigation strategies.

These reviews are documented in the monthly Digital Reports, providing transparency and accountability. To maintain robust governance, all identified risks and their management plans are reviewed by key oversight bodies, including the Finance, Digital & Innovation Committee, the Quality & Safety Committee, the CSH Executive Team and the CSH Board.

This structured approach ensures that digital risks are effectively managed, aligned with organisational priorities, and integrated into CSH's broader risk management framework.

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Health Informatics Business Intelligence – Illuminate

With over 150 report portals available on Illuminate, the Health Informatics Team plays a vital role in modern healthcare by leveraging technology to manage, analyse, and optimise health-related data. Their work supports data-driven decision-making, enhances patient care, and improves operational efficiency. Key contributions of the team include:

- **Improved Patient Care:**
 - Health informatics integrates and provides views of data for clinicians to analyse and make informed, evidence-based decisions.
 - Systems like EMIS Web and the Surrey Care Record centralise patient information, promoting coordinated, comprehensive care across services.
- **Efficient Data Management:**
 - Digital platforms streamline data sharing among healthcare professionals, which allows for a better understanding of the patient's medical history. This supports the patient only needing to tell their story once.
 - Illuminate's extensive reporting capabilities support near real-time access to critical health data.
- **Enhanced Clinical Decision-Making:**
 - Decision support systems provide clinicians with evidence-based guidelines, alerts, and insights, enhancing patient care and patient safety.
 - Advanced analytics identify trends and patterns in large datasets, aiding in risk stratification, early intervention, and outcome prediction.
- **Cost Efficiency:**
 - Electronic systems reduce costs related to paper records and administrative tasks, while also minimising errors and inefficiencies.

Health informatics optimises resource allocation, improving productivity and reducing operational costs.

- **Interoperability and Data Exchange:**
 - Standardised health information systems promote interoperability, enabling seamless data exchange across different healthcare providers.
 - This interconnection fosters better communication, care coordination, and ultimately, improved patient outcomes.

Health informatics is fundamental to optimising healthcare delivery; driving quality improvement; and supporting CSH's commitment to patient-centred, data-driven care in an increasingly interconnected healthcare landscape.

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Health Informatics Business Intelligence – Illuminate

High-quality patient data is crucial for delivering safe, effective care and supporting efficient healthcare management within CSH. The Data Quality Team plays a key role in ensuring that patient data in EMIS Web is accurate, complete and secure. Key considerations and the team's contributions include:



- **Completeness:**
 - Comprehensive patient records must include accurate demographic and clinical information. Incomplete data can lead to gaps in care and hinder informed clinical decisions. The Data Quality Team actively monitors data fields to ensure completeness, supporting clinicians in maintaining thorough records.
- **Security and Privacy:**
 - Protecting patient data from unauthorised access and safeguarding privacy are fundamental. CSH strictly adheres to data protection regulations, including UK GDPR, to maintain public trust. The Digital Privacy Officer conducts proactive monitoring of record access (through legitimate access to records audit, rather than system access), with established escalation protocols in place for any identified breaches.
- **Data Governance:**
 - Robust data governance establishes clear accountability for data management. This includes defining roles, responsibilities and procedures for data quality assurance, ensuring consistent standards across the organisation. Reminders are published around access to records to keep it fresh in the minds of staff.
- **Continuous Monitoring and Improvement:**
 - Regular audits, data quality metrics, and feedback loops help identify areas for improvement. The team delivers data quality training to staff, fostering a culture of continuous improvement and high data standards.
- **Timeliness:**
 - Accurate, up-to-date patient information is critical for real-time decision-making, especially in safeguarding vulnerable populations. Timely data entry supports coordinated, effective care across teams.

The Data Quality Team collaborates closely with clinical teams and Business Intelligence analysts to drive data improvements. Initiatives such as monitoring appointment outcomes and enhancing ethnicity data capture have shown measurable impact. Notably, missing ethnicity data has decreased from 52.5% in April 2023 to 30.05% in March 2024 with a further reduction to 23.71% in February 2025 for active patients, reflecting the team's commitment to continuous improvement.

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Information Governance (IG)

Working with our partners NHS South Central and West Commissioning Support Unit, IG adheres to the framework of principles and practices that govern how CSH manages and handles information. This includes data protection, privacy, security and compliance with relevant laws and regulations.

Key components of information governance for CSH include:

- **Data Protection:** CSH has an IG framework in place to ensure compliance with the UK GDPR and the Data Protection Act 2018 (Data Protection legislation). Between April 2024 and December 2024, CSH have reported a total of 110 incidents; two of those met the threshold for reporting to the Information Commissioner's Office (ICO). No further action was taken by the ICO.
- **Information Security:** CSH is required to implement measures to protect information from unauthorised access, disclosure, alteration or destruction. This includes implementing technical and organisational measures such as encryption, access controls, and staff training. CSH has a deeply embedded culture of ensuring Data Protection Impact Assessments (DPIA) and Digital Technology Assessment Criteria (DTAC) are completed and approved through our governance structure.
- **Records' Management:** Effective records' management ensures that information is properly organised, retained, and disposed of in accordance with legal and regulatory requirements. This includes policies and procedures for document retention, archival, and disposal.
- **Cybersecurity:** With the increasing threat of cyber-attacks, CSH implements robust cybersecurity measures to protect against data breaches and other cyber threats. This includes measures such as network security, threat monitoring, and incident response planning. This is strengthened by our Cyber Essentials Plus accreditation and evidenced in our Data Security and Protection Toolkit (DSPT) submission which is shown as 'standards exceeded' for the 2023-2024 year.
- **Compliance and Governance Frameworks:** CSH adheres to various compliance and governance frameworks, such as ISO 27001 for information security management and BS 10008 for electronic information management. These frameworks provide guidelines and best practices for managing information effectively.
- **Training and Awareness:** CSH requires a culture of compliance and awareness of IG and Data Protection amongst its workforces. CSH provides training and awareness programs to educate employees about their responsibilities regarding information handling and Data Protection. To date, CSH are on target to achieve the required 95% IG training compliance in order to meet the DSPT requirements for 2024-2025 (this currently stands at 87% at the time of writing). This requirement includes temporary colleagues, contractors, interims, apprentices and anyone with access to the organisation's systems, files, and premises.

In summary, information governance in CSH is crucial for ensuring the confidentiality, integrity and the availability of information while complying with legal and regulatory requirements.

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Strategic Programme Management Office

The purpose of a Strategic Programme Management Office (SPMO) is to provide CSH with a centralised and coordinated approach to managing projects. During 2024-2025 the SPMO has overseen the delivery of over 17 major projects supporting both clinical and clinical support areas and governed by the Strategic Delivery Group. Here are some key purposes and functions of the SPMO:



- **Success on delivery:** The success of the SPMO framework is reflective of those projects delivered within the Quality Account report.
- **Alignment with Organisational Strategy:** SPMO ensures that project portfolios align with the overall strategic goals and objectives of CSH under the Strategic Delivery Plan. It helps in selecting and prioritising projects that contribute the most to CSH's success.
- **Governance and Oversight:** SPMO establishes project management governance structures and provides oversight to ensure that projects are executed in accordance with established processes, standards, and policies. This helps in maintaining consistency and reducing risks.
- **Resource Management:** SPMO assists in optimising resource allocation across various projects. It helps in identifying and managing resource constraints, ensuring that projects have the necessary human, financial, and technological resources.
- **Risk Management:** SPMO plays a crucial role in identifying, assessing and managing risks associated with projects. It helps CSH anticipate and address potential issues before they become major problems.
- **Knowledge Management:** SPMO facilitates the sharing and management of project management knowledge and best practices within CSH. This helps in improving project outcomes and fostering a culture of continuous improvement.
- **Performance Monitoring and Reporting:** SPMO monitors the performance of projects and provides regular reports to stakeholders. This includes tracking key performance indicators (KPIs) to assess the progress and success of projects using Monday.com as its digital project tool.
- **Communication and Stakeholder Management:** SPMO supports effective communication among project teams, stakeholders and leadership. It ensures that information is disseminated appropriately and that stakeholders are engaged throughout the project lifecycle.
- **Standardisation of Processes:** SPMO establishes and maintains standardised project management processes, methodologies and tools. This consistency helps in improving efficiency and effectiveness across projects.
- **Training and Development:** SPMO are involved in training and developing project management skills within CSH. This ensures that project teams have the necessary competencies to successfully execute their projects and emphasises the commitment to building a skilled project management workforce.
- **Industry standard delivery:** SPMO adheres to recognised project management standards/ frameworks (e.g. PRINCE2). This highlights the professionalism and industry alignment of the SPMO.

In summary, the purpose of an SPMO is to enhance the overall project management capabilities of CSH, ensuring that projects are strategically aligned, well-governed and effectively executed to achieve desired outcomes.

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Alexandra Ward Inpatient Unit Transition to EMIS Web

The transition of Alexandra Ward Inpatient Unit to the EMIS Web Digital Electronic Patient Record (EPR) has had a significant positive impact on both healthcare colleagues and patients. This move has streamlined clinical workflows, improved data accuracy and enhanced the quality of patient care.

For healthcare colleagues, EMIS Web provides real-time access to comprehensive patient records, enabling quicker, more informed decision-making. Clinicians can easily view medical histories, medications, test results and care plans in one place, reducing the time spent on administrative tasks and allowing more focus on direct patient care. The system also supports better coordination among multidisciplinary teams, improving communication and reducing the risk of errors associated with fragmented information.

For patients, the benefits are equally substantial. EMIS Web enhances continuity of care, as accurate, up-to-date information is readily available to all relevant healthcare professionals, regardless of shift changes or care transitions. This reduces the need for patients to repeat their medical history, minimises delays in treatment, and ensures more personalised care. Additionally, the system supports safer prescribing practices, reducing medication errors and improving patient safety.

Overall, the adoption of EMIS Web on Alexandra Ward has led to more efficient, safer, and patient-centred care, aligning with CSH's commitment to digital excellence and quality improvement.

Power Automate

Digital Services at CSH are leveraging Power Automate to enhance healthcare workflows by automating routine tasks and simplifying data capture. Power Automate streamlines processes like healthcare questionnaires and reporting, significantly reducing administrative burdens for staff while improving service delivery for patients.



For example, in Community Nursing, Power Automate can be used to capture patient questionnaires. These forms are pre-filled with patient information, reducing the time spent on manual data entry. Nurses or other healthcare professionals can quickly review and submit responses.

This automation also improves the timeliness and accuracy of reporting. Instead of waiting for paper-based reports to be compiled, Power Automate captures real-time data from completed questionnaires and other care-related documents. For community nurses, this means faster access to critical patient information, which enhances decision-making and care planning.

For patients, the automation of questionnaires leads to a more seamless experience, with quicker responses and less paperwork. For healthcare staff, the reduction in administrative tasks allows more time to focus on patient care, improving overall efficiency and patient satisfaction. By capturing data in real-time, healthcare providers can also quickly identify trends, enabling more responsive and proactive care.

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Individual Rights Requests (IRRs)

CSH has a legal responsibility to comply with Individual Rights Requests (IRRs) made under Data Protection Legislation, in relation to personal information that the organisation holds. This includes the right of access – known as a Subject Access Request (SAR).

The significance of IRRs can be highlighted through several key factors:

- Empowering Individuals: Enabling people to understand and review the data held about them.
- Enhancing Data Privacy and Control: Supporting individuals in managing their personal information.
- Promoting Accountability and Compliance: Ensuring CSH adheres to legal data protection obligations.
- Identifying and Correcting Inaccuracies: Allowing individuals to request corrections to inaccurate data.
- Building Trust and Confidence: Demonstrating CSH's commitment to data transparency.
- Legal Compliance and Risk Mitigation: Reducing legal risks through adherence to UK GDPR requirements.
- Facilitating Data Portability: Supporting the right to transfer personal data when needed.
- Between April 2024 – December 2024, CSH successfully processed 351 SARs, with all valid requests responded to within the statutory timeframe.

Overall, IRRs are not just a legal requirement but a cornerstone of responsible data governance. They reflect CSH's dedication to safeguarding personal data, reinforcing public trust, and maintaining high standards of privacy and data management.



5 Statutory Statements of Assurance

Green Plan/Sustainability



CSH launched its Green Plan in February 2023, supported by Care Without Carbon, created by Sussex Community NHS FT, which provides the framework approach for CSH to achieve its Net Zero Carbon emissions target by 2040. Our approach to delivering the Green Plan is aligned with NHS England's Greener NHS programme. The Green Plan is led by CSH's Chief Executive and overseen by the Director of Finance and Estates.

The CSH annual Star Awards includes a sustainability category to encourage colleagues to bring their green ideas and initiatives into the workplace where they can be supported to implement them. We were delighted to hold our 2024 awards at RHS Garden Wisley in Surrey in their sustainably built RHS Hilltop venue.

Our relationship with RHS Wisley's Community Outreach Team has led to a number of other exciting sustainability and health and wellbeing projects. The transformation of a patch of neglected land at the Jarvis Centre into a mini oasis allows colleagues, patients and visitors to sit and enjoy the sustainable garden where the low-maintenance plants are also a boost for biodiversity. The garden has been central to a number of wellbeing initiatives held this year, such as the wreath-making activity held in December 2024.

Despite resource challenges there is continued enthusiasm across the organisation to work sustainably and the Green Plan implementation supports this employee-owned strategic aim as part of the CSH Strategic Delivery Plan (SDP). Many initiatives have already taken place to reduce our environmental impacts, e.g. using recyclable and recycled paper, adopting more sustainable procurement practices and various wellbeing projects that have been undertaken this year.



Digital-led initiatives that support sustainability include projects such as the successful deployment of the Minuteful for Wounds AI application that improves clinical outcomes but also reduces clinician travel requirements, and the Accurx clinical communication platform that provides increased secure digital exchange of information with a consequent reduced need for printed materials. Through these and other initiatives there has been a significant drop in printed materials use of around 27% this year.

Estates rationalisation has supported sustainability whilst improving the working conditions of colleagues. Team consolidation and site relocation has reduced our organisational carbon footprint. An increasing move towards agile and home working has enabled CSH to reduce the clinical and clinical support service office space by around 50%. In doing so, CSH reused over 70% of the original fixtures to not only reduce costs, but to equally reduce waste production.

6 Stakeholder Feedback



6. Stakeholder Feedback

CSH Quality Account 2024/25 – Commissioner Statement from NHS Surrey Heartlands Integrated Care Board (ICB)

Surrey Heartlands ICB welcomes the opportunity to comment on the CSH Quality Account for 2024/25. The ICB is satisfied that the Quality Account has been developed in line with national guidance and gives an overall accurate account and analysis of the quality of services provided.

Surrey Heartlands ICB acknowledges the significance CSH places on engaging collaboratively with patients, their families, and carers in the co-design of services that address the specific needs of local communities. Furthermore, Surrey Heartlands ICB recognises CSH's commitment to actively listening, responding constructively, and continuously learning to drive ongoing service improvement.

Reflecting over the 2024/25 CSH priorities, Surrey Heartlands ICB would like to commend CSH for the successful delivery of the following priorities: a reduction in incidents involving timed medication, demonstrable improvements in communication and patient waiting times, and the effective implementation of a digital wound monitoring and management system. It is acknowledged that due to organisational changes the development of a quality management system has been changed to a one-year priority commencing in April 2025.

Surrey Heartlands ICB welcomes CSH's priorities for 2025/26, including:

- Provision of clinical supervision to all clinical staff.
- Collection of service user feedback to ensure delivery of patient-centred holistic care that is accessible, reliable, timely, consistent, and is provided with kindness and empathy.
- Continued improvements in communication and management of people who are waiting to be seen.
- The development and implementation of a Quality Management Framework.

Surrey Heartlands ICB would like to take this opportunity to thank CSH for the support they gave to the safe transfer of children and family services to HCRG in April 2025.

Surrey Heartlands ICB would like to thank CSH for sharing their 2024/25 Quality Account with us and would like to commend you for your achievements and successes over the previous financial year, whilst acknowledging the challenges faced.

We look forward to collaborating with you as a system partner over the coming year, supporting your ongoing journey of quality improvement and your progress towards achieving your 2025/26 quality priorities.

Clare Stone

**ICS Director of Multi-Professional Leadership and Chief Nursing Officer
NHS Surrey Heartlands Integrated Care System**

Thank you for the opportunity to comment on CSH's 2024-2025 Quality Account.

Over the past year, we have maintained a collaborative working relationship with CSH. We have continued to share the voice of local people in the form of themes arising from our collection of insight and our project work; and we have raised any cases of particular concern. We look forward to continuing this relationship and working on improving ways in which the trust can learn from the insight that we share.

At Healthwatch Surrey, we are committed to obtaining the views of Surrey residents about their needs and experience of local health and social care services. In order to make these views known, we have consulted with our volunteers to provide comments on the Quality Account and have incorporated their comments and reflections.

There is a feeling of accountability and leadership from CSH. Priorities are well set out and it is clear to see how they can be achieved. We were also very pleased to see that the patient voice is listened to and reflected upon throughout.

Healthwatch Surrey will continue to gather experiences from service users and share these with CSH to ensure people are given a voice to shape, improve and get the best from local health and care services. As an independent statutory body, we are always happy to help CSH access lived experiences that can inform service development for improved patient outcomes.

Healthwatch Surrey

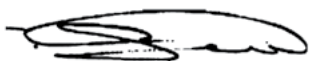
6 Stakeholder Feedback

Statement of Director's Responsibility

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

- The quality account presents a balanced picture of CSH's performance over the reporting period.
- The performance information reported in the quality account is reliable and accurate.
- There are proper internal controls over the collection and reporting of the measures of performance included in the quality account, and these controls are subject to review to confirm the work effectively in practice.
- The data underpinning the measure of performance reported in the quality account is robust and reliable, conforms to the specified data quality standards and prescribed definitions, and this subject to appropriate scrutiny and review.
- The quality account has been prepared in accordance with Department of Health and Social Care 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



Tom Smerdon
Interim Chief Executive Officer
30 June 2025

