

Leading through
innovation



ANNUAL REPORT
October 2007-September 2008



Central Surrey
Health

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Welcome: A message from the Board

It gives us great pleasure to present the second Central Surrey Health (CSH) annual report. This report outlines the progress that CSH has made over the 12 months to September 2008. It is intended to give all co-owners and stakeholders a clear overview of what the organisation has achieved and what is now in place to enable us to achieve even more in the future.

2007-8 marked a critical year for CSH. After the transition and change inherent in our first year of operation, our second year has been one of consolidation. We have used the time to build upon our strengths and to further improve our services, whilst remaining true to our mission to 'Revolutionise healthcare in our community by bringing new solutions to old problems'.

Innovation remains at the forefront of our activities, even during a period of consolidation. It lies at the very core of CSH and during this year, as a result of internal management changes, we have been able to appoint an executive lead for innovation and change. For all these reasons we have used innovation as the theme of this report.

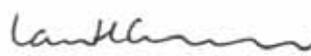
This year we have put several significant improvement programmes in place. This includes our new management structure which supports our focus on care pathways and our development as a business, and the new IT hardware and infrastructure which has been rolled out. These programmes all required hard work, investment and planning, but the results mean that we work from a strengthened and more solid foundation. They allow us to move forward with our objectives in a more efficient, effective and ultimately more innovative way.

Over 2007-8 we received several high profile visits from MPs and politicians, including the launch of 'High Quality Care for All' by Gordon Brown and Lord Darzi at Leatherhead Community Hospital in June 2008. This was

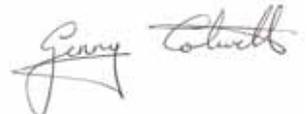
not only a great honour but it also led to our involvement in the new Nursing and Midwifery Commission. As the UK's first therapist and nurse-led social enterprise we were invited onto the Commission because we represent an innovative way of doing things. We are determined that the innovation associated with us as a new model does not stop there and that we continue to generate good ideas and implement them.

Although everything we do at CSH is focussed on the material differences we can make to our patients, we work against the backdrop of what is happening economically, politically and socially across the UK. We are facing tough times ahead. As finances become tighter we are under more pressure to find ways to deliver better services at no additional cost. Despite stiffer competition and the effects of the credit crunch we will need fresh ideas to remain at the forefront of the provision of flexible, high quality services.

We hope that this report reflects the pride we have in CSH and the work that is done. Our collective success stems from a shared vision to improve the lives and health of local people. Innovation will be the key to ensuring our vision is delivered.



Ian Church
Chairman



Ginny Colwell
Non-Executive Director



Jo Pritchard
Managing Director



Tricia McGregor
Managing Director



Innovation for patients

Over 2007-8 our patients saw the introduction of a range of new services, practices and initiatives all aimed at improving patient care and outcomes.

CSH as a business was restructured in April 2008 around 'pathway working.' This approach saw nurses and therapists working together to put the patient at the centre of a streamlined care pathway. This innovation broke down barriers and radically changed the way patients receive care. We have had particular success with our pathways in neuro-rehabilitation and with those for children with complex needs.

In 2008 more of our services were made available to patients in their homes or within a community hospital, with the obvious patient benefits and improved patient outcomes that this represents.

During this period our district nurses were trained to provide intravenous (IV) therapy to patients enabling them to be treated at home. We also embedded the use of a number of recognised best practice tools relating to End of Life Care to improve care and allow people more choice to die at home if they so wish.



We enabled patients undergoing oxygen therapy to attend our Leatherhead Community Assessment Unit (CAU) within Leatherhead Community Hospital rather than be admitted as day cases to an acute hospital. The process takes a maximum of two hours at the CAU in contrast to a whole day spent waiting for test results in an acute setting. Once assessed, patients are passed to the CSH respiratory team who can carry out all necessary follow up and ongoing assessment. The CAU is the first community-based unit in the country to provide same day emergency diagnostics, assessment and treatment and has a staff of four who service a population of more than 280,000 people. Use of the CAU has increased during 2008 with the unit now seeing some 250 patients a month - up from 90 when it first opened in 2005. An average 19 patients per month are diverted from A&E to the CAU, saving the PCT between £25,000 and £35,000 a month.

The Releasing Time to Care (RTTC) programme (also known as the Productive Community Hospital Programme) was initiated in 2008 and is now being rolled out across all of CSH's community hospitals. RTTC enables staff to improve the care they provide by making improvements to their working areas. The tangible patient results which can be seen from RTTC include:

- Better support with mobility as a result of a "traffic light system" whereby a patient's mobility needs are clearly identified
- Safer wards where falls are marked and mapped so that trends can be analysed and changes in staffing implemented
- Better handover between staff changing shifts who now use a dictaphone to record a comprehensive handover on each patient

In June 2008 CSH introduced a new physio-led class based at Leatherhead Community Hospital for patients suffering from long term chronic neck or back pain. The classes, which still run now, seek to help patients become less dependent on GPs and therapists and more expert in their own pain management.

Innovation for co-owners

'The Voice' continues to be the communication channel between CSH co-owners and the Board.

Through regular Voice meetings and conversations, co-owners are able to "have their say" and be listened to. Co-owners' issues and questions are presented to the Managing Directors through their elected Voice Representatives and responses are received and fed back.

- During 2007-8 The Voice developed a process by which the Board is held to account
- Ginny Colwell was unanimously re-appointed by The Voice as non-executive director to represent The Voice at Board level. It has also been agreed that the Chair of The Voice would present a report at the AGM
- Group and individual objectives were agreed and set to ensure that Voice Representatives' performance is reviewed and that they are accountable
- The Voice has been actively involved in our monthly inductions and Open Days to promote the CSH model of co-ownership

Over the next year Ken Temple, the President of the John Lewis Partnership Council will be meeting with The Voice to provide advice on supporting, exploring and understanding co-ownership through training and focus groups. The Voice will also be working on a communications strategy to ensure all co-owners have access to Voice information and the opportunity to engage.

In autumn 2008 CSH took part in the Healthcare Top 100 Survey and was subsequently rated as a 'Healthcare Top 100' place to work. Through the survey we learnt how our co-owners felt about many aspects of their work, the organisation, their managers, teams and mentors.

Over 2007-8 CSH implemented a number of innovative projects which have improved us as an organisation and improved life for our co-owners. These include:

- The provision of new IT hardware and remote access so co-owners can work from a variety of locations. This frees up time and is also imperative during extreme circumstances. The impact of this was particularly felt during the heavy snows of February 2009
- The way our co-owners book and participate in statutory and mandatory training has been entirely reviewed and overhauled to make the process easier, faster and clearer

Co-owner comments:

"There are improvements being made in the technology which is gradually helping us to provide a better service, and there is a feeling that Central Surrey Health is not "set in its ways" but is looking to use technology to its full potential so that we can provide a professional service to our customers."

"I am not only given the opportunity to improve the quality of patient care but actually asked to present my ideas for improving this and the resources required."

"Every day I wake up wanting to go to work. I feel like a valued member of my team and I feel like I am making a difference. I work with amazing, focused and inspiring individuals who would do anything to get the job done. Central Surrey Health has moved out of the box and is doing inspirational things for our community."

"In CSH you can think outside the box which can often help you deliver the best care for your patients."

Innovation for customers

We constantly strive to improve our services for the benefit of both patients and commissioners.

In 2008 the CSH district nursing team launched its new and improved 'near patient testing service' for patients on anticoagulants, in response to requests from GPs. The simpler and more efficient new system replaced a lengthy 11-stage process that involved input at many levels from many different people, not to mention a lot of travel time and mileage costs. GPs in Epsom and Ewell, Tattenham, Leatherhead and Dorking have all welcomed and signed up to the new service.

Our emergency pathway team, which consists of 'Meet & Greet' and 'Admission Avoidance' nurses at Epsom Hospital continue to manage the pathways of patients. These posts have resulted in the team diverting an average of 102 patients a month from A&E to CSH or other primary care services.

In September 2008 we completed a year-long pilot scheme at the New Epsom and Ewell Cottage Hospital (NEECH) to look at how dedicated neurological beds in a community hospital could complement and enhance the pathway for patients with neurological conditions. The pilot sought to trial an improved and streamlined pathway of care from in-patient facilities through to out-patient care with the same team throughout. The trial resulted in improved patient outcomes and quality of care and also meant that patients who would otherwise have had to travel to a specialist provider could receive treatments at the same local community hospital. This initiative has since been shortlisted for a Health and Social Care 'Best of Health' Award.

Our community hospitals have been working with local GPs to increase the number of admissions direct from the community. The proportion of community admissions has increased from 18% to 23%, with two of our hospitals now achieving almost 30% admissions direct from home.

Over the past year, paediatric speech and language therapy (SLT) and occupational therapy (OT) have embarked on a new initiative in partnership with Surrey Education, to deliver individualised packages of care to children in their school environment. The setting up of 'Individual Placement Agreements' ensures that children with special educational needs receive SLT and OT in the most appropriate environment, with the funding from Surrey allowing for a flexible delivery of service.



Quality & performance: How are we doing?

The development of the monthly performance report in its improved format began in July 2008. This has given us far better and more consistent information on the performance of our services.

Many services are now internally benchmarked, and a traffic lights system has been introduced to give a clear indicator of performance against target.

2007-8 performance and quality highlights include:

- Excellent practice with regard to MRSA with no bacteraemia cases in any of our community hospitals
- Our therapy staff at the Elective Orthopaedic Centre formed part of an award winning team that has achieved the shortest length of stay in English NHS Orthopaedic Services
- At our four community hospitals, where the emphasis is on rehabilitation back to maximum independence, the average length of stay is 27 days and bed occupancy is currently around 95%
- We have reduced the 'Did Not Attend' (DNA) rates for all our services. In paediatric speech and language therapy DNA rates fell from 6.5% to 3.5%
- We appointed infection control 'champions' to cascade and monitor for national guidance. We also installed gel dispensers with verbal reminders in all our community hospitals and UV hand screening sets are now extensively used both locally and in training to ensure good handwashing standards
- Our waiting times for musculoskeletal physiotherapy were down to under four and a half weeks
- CSH implemented central referral points across services and the use of individual performance targets as part of our identification and dissemination of best practice
- We flexed our workforce and resources to support other NHS organisations when in need. Our staff supported A&E departments and we opened additional beds during extreme winter pressures
- We are particularly proud of the quality of our record keeping. Our high standards are the result of annual professional and clinical record keeping audits which have increased corporate awareness of standards as well as ensuring local improvements take place
- In June 2008 CSH appointed a Community Involvement (CI) Lead who conducts monthly interviews with CSH in-patients, out-patients, carers and families to discuss their experiences. The CI lead also conducted four focus groups and has designed a programme which will enable us to receive face to face service feedback
- We have an active Privacy and Dignity group comprising of nursing staff from CSH's community hospitals and representatives from other therapies. This group meets monthly to monitor the organisation's adherence with the NHS Privacy and Dignity guidelines, and has been instrumental in the provision of personal storage boxes for inpatients, the supply of new side tying hospital gowns and the use of bed area curtains that fasten for privacy
- In our latest GP Experience Survey, 88% of respondents rated our district nursing services as either 'excellent' or 'good'



Our finances

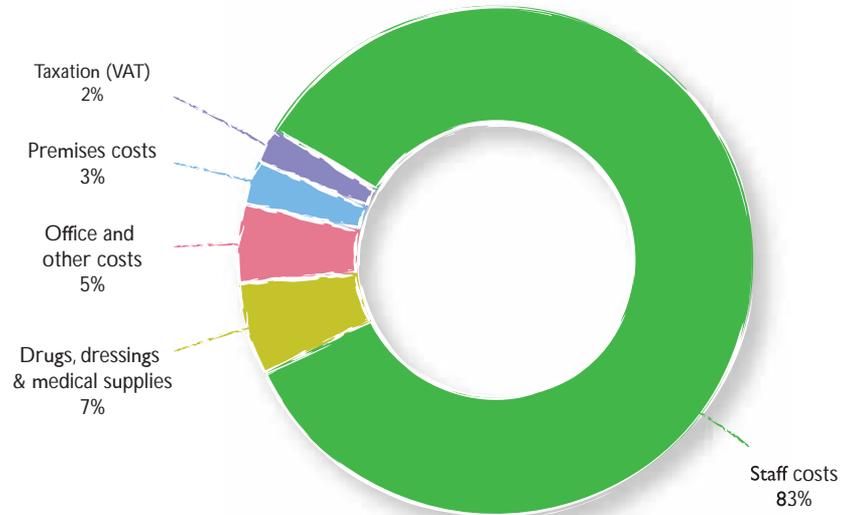
Feedback on our services:

“My family and I would like to express our heartfelt thanks for the care given to my husband during his illness. He was treated with such professionalism, gentleness, care, respect and dignity which enabled him to spend his last few days at home, as he wished. Our very grateful appreciation goes to all the girls on the district nursing and twilight teams. Thank you.”

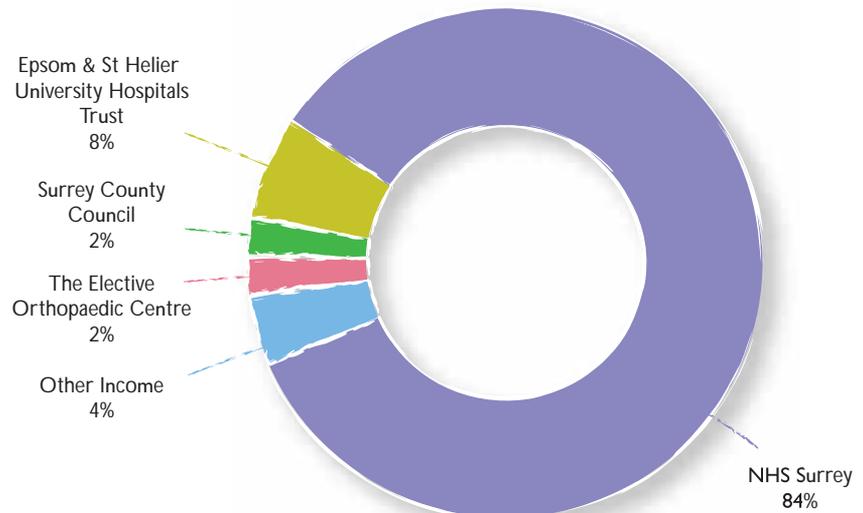
“The care and love that has been provided by members of the NEECH Physiotherapy Team has been outstanding. Many of your staff, despite being incredibly busy, provided care and attention that was above and beyond standard nursing care. We would like you to pass on our thanks to the wards and physiotherapy staff. The dedication of these staff will remain with us in the years to come. We hope that you rightly feel proud of the staff at Epsom and Ewell Cottage Hospital.”



How the money was spent



Where the money came from



Further information and full accounts are available from the Company Secretary at Ewell Court Clinic. The address appears on the back cover.



Central Surrey Health



ABOUT US

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

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

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

We provide services for:

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

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

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

Central Surrey Health

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www.centalsurreyhealth.nhs.uk

Company registration number: 5700920

Central Surrey Health delivering services on behalf of the NHS

