

Daring to be  
**Different**

ANNUAL REPORT  
October 2008-September 2009



Central Surrey  
**Health**

# Welcome from the Board

We are delighted to present the Central Surrey Health (CSH) annual report outlining our achievements in the financial year October 2008-September 2009.

Our third year of successful operation has been against the backdrop of a global financial crisis and a UK recession. The impact on public sector funding is ongoing, and it's clear that health providers must anticipate income reductions for the foreseeable future.

While funding pressures are not new to the NHS, the scale and long term impact of this financial crisis has created greater impetus to drive through different ways of delivering high quality, efficient healthcare.

It was in this context that we made the decision in early 2009 to pave the way for the transformation of our business and the services we deliver.

Our approach was two-fold: firstly, to ensure that we met the immediate financial challenge, and secondly, to build a robust business that had the capability to continually improve quality and efficiency in the longer term. We chose to work with a specialist organisation that we selected for its strong track record, its fit with our values and its commitment to building our capability to be self-sufficient in the future.

If setting up CSH was Phase 1, then the enormity of this task was certainly Phase 2 (P2). We launched P2 in April 2009.

We designed P2 to be different: for our co-owners this meant involving them in all aspects of the P2 programme. Not only is this developing new knowledge and capability among our co-owners, it also means we can put quality, innovation, performance and productivity at the heart of what we do. We have broadened co-owners' understanding of CSH, and with it their understanding of, and support for, the changes that we're now starting to bring in.

It was important to us that we based decisions about our future on evidence, rather than supposition. We also wanted a rigorous approach to monitoring progress. This means we will not only make the right changes, but we will also be able to demonstrate the improvements we seek. Our 08-09 year saw the completion of the diagnostic phase of P2, which provided us with a solid foundation for future transformation.

With quality always in our minds, we were delighted that Jo was chosen to sit on the Prime Minister's Commission on the Future of Nursing and Midwifery. Jo was able to bring fresh thinking as well as understanding about how to transform community nursing.

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We continue to build our profile among key influencers, and over the past year have received visits from numerous MPs and senior officials at the Department of Health. All three main political parties support our CSH co-ownership model and in recent months have all referenced CSH as they describe the benefits that we can demonstrate for patients and employees.

The end of our year saw work start on a refresh of our strategy, which now sets our direction of travel for the next three years. The four strategic themes form the focus of our operational plans until 2013:

- Evidence that we live by our mission and values
- Integrate locally to innovate and expand
- Demonstrate improved quality and greater efficiency year on year
- Be the employer of choice.

With these goals we believe our patients will get the high quality and value for money care they deserve.

We hope this report reflects the outstanding commitment of our co-owners to ensuring we can make this difference for years to come.



Ian Church  
Chairman



Ginny Colwell  
Non-Executive Director



Jo Pritchard  
Managing Director



Tricia McGregor  
Managing Director

# Different for patients and service users

Our recent focus on developing 'pathway working' is paying off. In August 2009 our Neuro Rehabilitation Pathway Team received national recognition for its work.

The Health and Social Care Award recognised how the team had transformed the service by creating dedicated neurological beds at the New Epsom and Ewell Community Hospital (NEECH), with benefits for patients ranging from reduced length of stay to increased discharges back home (from a predicted 45% to an actual 70% of discharges back home).

*"The nursing staff and carers have been very professional, but also very approachable and caring. The neuro-rehabilitation team swung into action very speedily. My husband was there for just three weeks and we feel very lucky to have had a placement in what we found to be a very good local hospital."*

Our focus on End of Life Care is also making a difference for patients. Our specially trained District Nurses provide essential support to patients who wish to die at home. Their hard work means that in August 2009, 61% of patients died in their preferred place. Not only does this exceed NHS Surrey's target of 55%, but it also eclipses the 2008/09 Surrey average of 15%.

## And now...

We continue to look at what we can do differently to improve patient care, despite ongoing funding pressures. Whether it's standardising our support services for new mothers or optimising the number of classes for musculo-skeletal physiotherapy patients, our P2 programme is focusing our time and resources on the things that really make a difference to our patients.

In March 2010 we started a six month 'Telecare' pilot in partnership with social care, the ambulance service and Borough Councils. We're using equipment, such as community alarms and pressure mats, to monitor patients at home who have a history of frequent falls. We expect Telecare to keep patients at home for longer, and also to reduce unnecessary admissions to the acute hospital to treat fractures from falls. The daughter of a patient benefiting from our pilot told us that Telecare was giving the family enormous reassurance that their mother was safe, and also meant they could avoid 'putting her in a home'.

In 2009 our district nurses, in collaboration with acute care and hospice colleagues, put in place a plan that enabled a 50 year old patient suffering from cancer and associated complications to spend what were believed to be her last few months of life, at home.

Nine months later, the patient and her family are managing her medication themselves, with support from our district nurse team. She's recently cancelled her Do Not Resuscitate notice, and her confidence has increased so much that's she now able to go out locally on her new motorised scooter – something her family didn't believe was possible. Our latest challenge is to find a way to enable her to go swimming!

*"Just knowing that people are coming in the day means I feel more and more confident about being at home."*

*"Talking to the district nurses (about getting home), they know what is and isn't possible in the home, and they have a different perspective..."*

Patient and community involvement continues to be high on our agenda. By involving continence patients in a service review during 08/09 we helped the group to develop new assessment tools (bladder and bowel diaries) to better manage their conditions.

Through our Surrey Peer Education Project – which uses peer-to-peer education to support 15-17 year olds who are in and leaving care– we achieved a zero unplanned pregnancy rate during 2009. This was a fantastic result for the 40 young people involved, given that 25% of those in or leaving care are pregnant or are already parents.



# Different for co-owners

This has been a year of substantial change for our co-owners, brought about by the launch of P2 in April 2009. From the start we've had the support of our co-ownership council, The Voice, and have worked with Staffside to ensure our co-owners' views are heard.

Our commitment to involving co-owners in P2 is clear: in May 2009 we seconded five clinical co-owners full time to gather evidence and data on which to base future decisions. One year on, one in seven co-owners now has a formal role in supporting delivery of P2, in roles ranging from project managers to group facilitators. They have received training on key skills, including project and change management and Lean tools and techniques – knowledge and skills that will be repeatedly used to deliver future improvements in quality and efficiency.

We're also involving co-owners in driving through change – around 100 co-owners are involved in each round of Workout (a proven process to remove waste and increase efficiency). Through this they are developing their own solutions and action plans to tackle service specific issues and drive out wasteful processes. Benefits range from more efficient working through better use of technology to saving time with improved processes.

***“Our team now feels empowered to question what we do and how we do things. Workout has allowed us to clearly identify time savings and gives us all a common goal. As a result of Workout and P2 our team feels more confident to move forward and tackle the challenges ahead.”*** Inpatient therapies

When we launched P2 we also committed to sharing results and data with our co-owners through newsletters, company-wide and local briefings, and our intranet. Feedback after our first briefings in September 2009 showed that 93% of co-owners were aware of why we needed to do P2, and 91% understood the importance of P2 to CSH's future; 83% said they were supportive of P2 and wanted to make it work.

P2 is already delivering results, primarily down to the effort and dedication of co-owners. Their courage and determination to transform services for our service users are testament to why CSH remains successful and ahead of the game.

## By Hilary Trebble, chair of The Voice

*To fulfil its duty to hold the CSH Board to account to its shareholders, The Voice established six monthly meetings with the Board in 2009. We review financial and operational performance reports before questioning the Board to gain assurance, on behalf of all co-owners, that the Board is running CSH in a way that is consistent with our vision and values.*

*The Board's responses are shared with co-owners via local meetings with Voice representatives, our intranet and through our monthly newsletter, Ahead of the Game. Voice reps also posed questions at the second Annual General Meeting in June 2009, and for the first time, I presented a report on the year's activity and developments.*

*To improve our understanding of what it means to be a co-owner we ran two workshops during 2009, facilitated by Ken Temple, president of the John Lewis Partnership Council, and Ginny Colwell from the CSH Board. To develop this further, Ginny Colwell (our non exec director), Richard Stacey (Epsom General Hospital Voice rep) and I accepted an invitation to the John Lewis Partnership Council meeting in March 2009. This gave us a good insight into how their Council questions their Chairman, and the learning from this has improved understanding of our roles and processes.*

## And now...

In March 2010, as a result of the P2 Communications projects, CSH rolled out Team Brief – a new, monthly way of sharing CSH information with co-owners. More than 70 clinical managers and team leaders have been trained in Team Brief, and early feedback already suggests it is better for co-owners.

*“The process appears to be a very positive one.”*

*“I think the training session was essential and any pre-conceived ideas that this would be 3hrs wasted have been corrected. Thanks. This is the future!”*

*“The briefs were well received by the teams and received some positive comments, which is really good.”*

*“General agreement that process was effective. Time effective. Understandable.”*

# Different for customers and partners

**During 2009 we took part in a Department of Health project to understand the financial value that social enterprises contribute to their local communities.**

We were delighted to learn that, because we operate as a social enterprise, we create a higher 'social value' for our commissioners than if we were a public sector organisation or private company (Social Return on Investment Analysis report, Department of Health, June 2009). In fact, our services for children with complex needs create £5.67 in 'social value' for every £1 of investment spent by our commissioners.

***“The social enterprise part of my work makes me think about ‘how I can’ rather than ‘why I can’t’.”*** Co-owner

In a year when funding came under pressure, CSH was determined to do things differently to help its customers achieve greater efficiencies and value for money.

In April 2009 we began a pilot with Epsom General Hospital A&E that involved triaging all GP phone referrals via our Community Assessment Unit (CAU) at Leatherhead Hospital – with the aim of increasing referrals into the CAU and thus reducing the costs associated with emergency admissions.

During the six month pilot, the CAU was able to handle more than half of all the referrals, and the number of patients attending the unit increased by 37%. On average, around 21 patients a week were diverted from Epsom General Hospital A&E. GP referral rates to the CAU have since doubled and the triage service has been formalised into a permanent arrangement. A satisfaction survey showed the majority of GPs thought the CAU was providing services for the right category of patient. We are now exploring how to develop the CAU to meet GP needs even better in the future.

A successful partnership bid between CSH, Epsom and Ewell Borough Council, Surrey County Council and Pfizer UK Foundation resulted in a new project to help deliver sexual health messages to 14-17 year olds in two particularly deprived areas. In April 2009 CSH and its partners set up groups of 'peer educators', who we involved in designing creative ways to pass sexual health messages on to their peers. The project will be evaluated during 2010; early indications suggest the

same model could be used countrywide. With our partners we are now exploring how to use additional funding to tackle other local health issues.

Since June 2009 we have allocated dedicated beds at Dorking Community Hospital for patients admitted from home. This continues to prevent unnecessary admissions into the acute hospital, thus reducing costs for Surrey overall. Since patients prefer being cared for in community hospitals rather than an acute setting, this is also proving better for patients. We have now been asked by NHS Surrey to extend this model to our three other community hospitals.

In August 2009 we brought the clinical computer system that records patient information in-house. We can now develop and enhance its data collection and reporting capabilities to better meet our customers' needs – whether this is sharing information or providing performance data on the care we deliver.

## And now...

Data from the diagnostic phase of P2 revealed variation in the quality of referrals received by CSH, with many requiring re-work or follow up prior to action. We are now undertaking a major piece of work to re-design how referrals come into CSH as well as how we handle them once received. We are exploring several options that will make the process more efficient for customers, patients and co-owners.



# Quality and performance

In a year that's seen unprecedented funding pressures, CSH has continued its focus on delivering high quality healthcare with less money. Last year alone we enabled Epsom General Hospital to avoid acute admissions in excess of £1.4m by employing a two person emergency care team to triage A&E admissions.

Our insistence on clinical leadership means we put quality – from safety and cleanliness to dignity and respect – at the forefront of everything we do.

## The 2008/09 results speak for themselves:

- No cases of Clostridium Difficile (C. Diff) or MRSA bacteraemia acquired in our hospitals
- No evidence of pressure sores acquired in our community hospitals
- The 2009 results from the Patient Environment Action Team showed improvements in all areas in our hospitals. They rated food in all four of our community hospitals as excellent, with privacy and dignity also scoring highly. We received 'good' ratings for environment – scores we expect to increase to 'excellent' following refurbishment of wards during their conversion to single sex accommodation in 2009.

During 2009, as part of P2, we started a large scale project to identify and develop more useful performance measures across all areas of CSH – from patient outcomes to finance. This project will be completed in 2010.



## And now...

We conducted a survey of patient satisfaction between December 2009 and March 2010. Over 95% of patients responding rated timeliness of treatment, ability to express concern, and being treated with respect and dignity as good or above.

*“Quick appointment, hospital looks clean, good equipment in gym, all 3 therapists very professional in behaviour and attitude. Thank you.”*

*“Pleasant, with strong desire to efficiently complete the job. The whole organisation is very well run.”*

*“Whole service I received from the district nurses was excellent. I have nothing to fault whatsoever.”*

*“Providing a friendly, professional care day and night. Wonderful food.”*

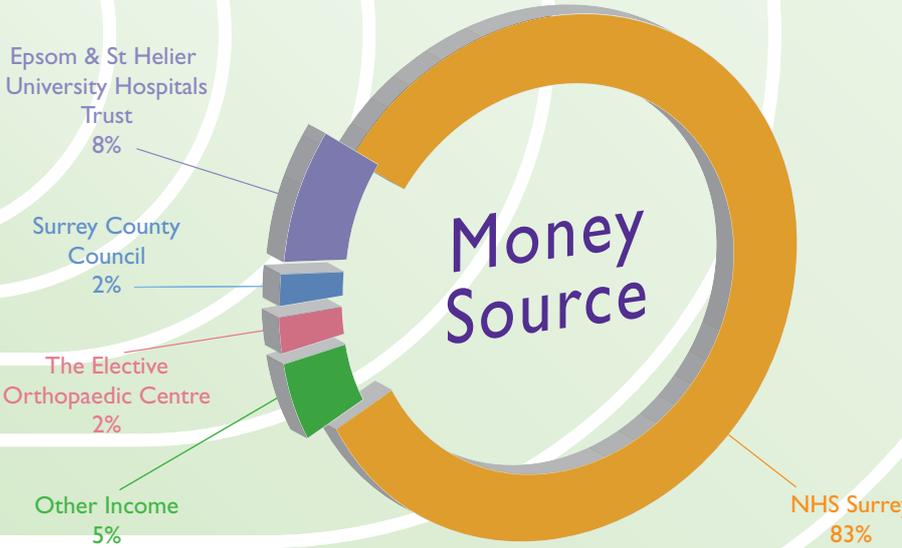
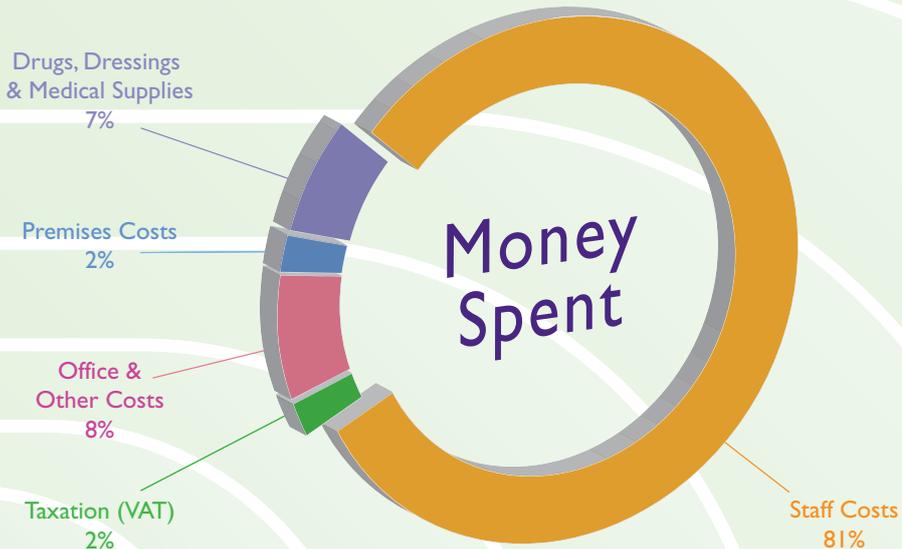
*“I have managed two of the UK's largest service organisations, so am qualified to say that care is both caring and professional, to an exemplary degree.”*

In March 2010 we received an indication that we had passed the prestigious WHO/UNICEF Stage 2 Baby Friendly UK Initiative assessment for our breastfeeding support service. We achieved an average criterion rating of 99.6% and the assessors report that “without exception the health visitors and nursery nurses interviewed all displayed an outstanding standard of knowledge and skills...”.

The award means we are one of only a handful of community providers to achieve Level 2 in the country and the first in the South East Coast area.

# Finance

During 2009 we started a big and ongoing piece of work to understand the costs of delivering services, and to develop a fair pricing model for these. Not only is this detailed work helping us to organise our services more efficiently, it is also providing our customers with more clarity around what they are buying from CSH. In the future it means customers will be able to more easily commission separate services from us.



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



# Driving up quality and improving performance by daring to be different...



## 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.

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Central Surrey Health delivering services on behalf of the NHS

