

# Raising the Bar



Annual Report  
October 2009 – September 2010



Central Surrey  
Health



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## Welcome from the Board

If 2008/09 was about preparing for the funding pressures brought about by the global financial crisis, 2009/2010 has been about raising the bar – transforming our services and business in pursuit of our mission: to revolutionise healthcare in our community by bringing in new solutions to old problems.

By October 2009 we had completed the diagnostic phase of our efficiency programme called Phase 2 (P2), which provided us with the evidence we needed to transform our services. The next challenge was to drive through the 40 projects we'd identified: with a focus on removing waste, improving efficiency and driving up quality – to deliver better value for our patients, customers and Surrey's taxpayers.

The result? In the financial year October 2009-September 2010 we identified and removed £1m worth of 'waste' – inefficient systems and processes we had inherited that were taking up clinical time and could otherwise be spent on direct patient care. By removing this waste we've been able to maintain, and in some cases even improve, the services we're delivering.

What difference is this making for patients? Shorter waiting times, more appointments, and more streamlined and consistent services.

Inevitably, we've faced some tough decisions to sustain improvement in the current climate. Our co-owners have played a vital role in maintaining the quality of our services whilst striving to improve efficiency.

It is this relentless focus on our strategic aim of improving quality and efficiency, which has led to CSH receiving a number of accolades for our work. Our achievements have been recognised at the highest levels within the Department of Health and the Prime Minister's Office. For the first time a community services provider was able to pinpoint areas of inefficiency and waste, and find ways to remove it. In 2010 we were a winner in the Philip Baxendale awards which recognise excellence in achieving successful employee ownership, and were named as the Prime Minister's first Big Society Award winner. Our efficiency programme, P2, also received a Highly Commended in the Efficiency Initiative of the Year category in the 2010 Health Service Journal Awards.

Most importantly, this recognition tells us we are doing things right for the patients who are at the heart of everything we do. In the months ahead, we commit to keep on raising the bar: we will continue to put our patients first, raise awareness of what we do and maximise the talents of our co-owners to deliver better healthcare to the people of Surrey.

Ian Church  
Chairman

Ginny Colwell  
Non-Executive Director

Jo Pritchard  
Managing Director

Tricia McGregor  
Managing Director

# Raising the Bar for patients and service users

At a time when 66% of NHS staff don't believe it's possible to increase the quality of patient care while reducing costs (GfK NOP, March 2010), we're proving the opposite.

Our patients are benefiting from higher quality, better services as a result of us removing waste and streamlining processes. The benefits are clear to see.



## Breast feeding support

In 2010, our breast feeding support team became the first community provider in the South East Coast region, and one of only a handful in England, to be awarded the prestigious UNICEF Stage 2 accreditation. This recognises that our health visiting teams have outstanding knowledge and skills to support successful breastfeeding.



## Physiotherapy

With local improvement projects underway in the musculoskeletal physiotherapy team, average waiting times were reduced from 13.4 weeks to 6.7 weeks between January 2010 and January 2011.

The domiciliary hospital physiotherapy team achieved a 10% reduction in costs whilst reducing waiting list times from 12 weeks to 6 weeks.

### And now...

We've been able to introduce a brand new telephone triage pilot, providing an "over the phone" advice and guidance service. The pilot has proved an immediate success with patients, one of whom said: *"I have found the whole process very quick and easy. The physiotherapy team have been very helpful."*

## Child health clinics

We have re-organised our child health clinics so that parents have a booked appointment as well as access to Health Visitors as and when they need them.

We have also reviewed the roles of our nursery nurses and by matching their skills and knowledge more closely to patient needs, we've been able to give them greater responsibility and more time with patients and children.

In a recent survey at Dorking child health clinic one respondent commented: *"The support and general niceness of staff is beyond fantastic."*

Our eyes are firmly on generating more feedback like this from patients and service users in 2011.



# Raising the Bar for co-owners

2009/2010 was a year in which we demanded a lot from our co-owners: from helping us drive through changes to improve their services, to learning new skills that are critical to building a sustainable business.

At the start of P2 we strove to achieve cost savings without the need for a redundancy programme or compromising patient care. We've achieved this through our Vacancy Review Process, in which every vacancy was scrutinised against business need. As a result we ended the financial year with 10% fewer co-owners as they naturally moved on to other jobs or retired. Alongside this we made sure we could work smarter – to be more efficient and effective.



By finding innovative ways of reducing administration to free up more time for patients, our District Nursing teams have been able to see the same number of patients despite a 10% reduction in team numbers. As one District Nurse commented:

*“It’s been really hard work, but if we hadn’t done it, we’d be much worse off now...”*

With greater involvement has come greater accountability – for quality and results. Our managers and team leaders are more accountable for their services, with new measures such as increasing the number of patients seen and reducing waiting lists.

We’ve also brought a number of our HR processes online to improve efficiency and tracking. All co-owners now have online access to their payslips and can also book their annual leave online. Managers are able to view and track their team’s leave at a glance.

To support our co-owners training and development, we’ve introduced an IT skills training package, which includes both assessment and training in modules ranging from basic Word to advanced Excel and Powerpoint. The training is done online and remotely, enabling co-owners to complete the modules at times that suit them. Co-owners can also use the system to achieve the internationally recognised European Computer Driving License (ECDL) qualification.

So has our efficiency programme, P2, been worth it? Here are some of the views of co-owners who attended our six monthly MD briefings in October 2010:

- *“It’s exciting to have more control.”*
- *“Locally our service has improved and I am pleased with corporate projects.”*
- *“I’m amazed at the amount of waste saved.”*

The introduction of our monthly update – Team Brief – in April 2010 has also been welcomed by co-owners. A survey in August 2010 revealed that co-owners feel more informed, engaged and involved:

- *81% believe that Team Brief has improved how information is shared within CSH.*
- *59% say their team’s morale has improved as a result.*

## And now...

In October 2010 we launched statutory and mandatory training modules online, with training requirements personalised for every co-owner. This is already benefiting the business, with reduced time and expenses spent on travelling to training courses.

In November 2010 we were winners of a Philip Baxendale Award in the Employee Ownership Initiative category. The judges commented:

*“Central Surrey Health’s submission was the runaway winner in this category. Its Transformation and Efficiency Programme proved to be a tremendous example of a business improvement initiative.... The organisation faced tough budget cuts and took a holistic approach to build a stronger, more robust organisation that would not only counter the cuts, but would be better placed to face the future.”*



# Raising the Bar for customers and partners

This year we've been able to maintain current service levels for many of our customers and partners despite funding reductions. In the musculoskeletal team the number of patients each physiotherapist treats per month (excluding December when poor weather impacted) has risen with no increase in funding. At the Elective Orthopaedic Centre at Epsom General Hospital, therapists have increased their caseload turnover with 33% more assessments and discharges.

One of our aims in 2011 is to improve the data we provide to our customers and partners. Work has already begun on developing a communications strategy to better reach them with information about our services. We've also employed a new Contract Manager whose focus will be on managing customer satisfaction feedback and helping us to keep patient feedback central to our service delivery.

## Referrals

One of the biggest areas we identified for improvement was how referrals come into and are handled by CSH. Data showed that 35% of referrals are incomplete, up to 40% are illegible and 35% need re-doing. This was not only wasteful and inefficient for patients and co-owners, but also for our GPs and other customers.

As a result we launched a two year project to re-design how referrals are received and processed by CSH, with the aim of driving up quality and efficiency. One year on we're now piloting a new referral management process with GPs.

Internally, we're developing a centralised referral management centre that will see the introduction of a new, standardised and simplified referral process across all CSH community services. A single point of contact for referrals and bookings, along with a reduction in inputting referral information, is expected to reduce the amount of time spent by clinicians doing administration. The outcome? Enabling clinicians to do what they do best: delivering patient care.

This drive for improvement is equally evident in the services we provide to children.



## Children's Therapies

Our children's therapies team developed an agreement with local schools. Together, they identified areas of weakness in the ways in which their partnership worked, such as lack of availability of rooms for therapy visits and time wasted on administrative tasks: they then devised new and more efficient ways of working. Our children's therapies teams were also finding they were spending more and more time writing reports. To combat this they started using templates to standardise and shorten their report writing. These simple yet effective measures have freed up valuable time to spend supporting children.

## And now...

In 2010, we ran a pilot with GP practices, therapists, nurses, Integrated Health Partners (IHP Ltd) and social care teams to look at how integrated working across these agencies would improve the care delivered by the community matron. This new and "joined up" way of working saw the introduction of a number of innovations, from review processes across the organisations to new systems which predict and assess the level of support each patient requires. This model is now being incorporated into new ways of supporting people with long-term conditions and improving the quality of their care.

# Quality Accounts – how are we doing?

This is the first year Central Surrey Health has produced a Quality Account to assure our local population of the quality of the services we provide, how we have met our targets for this year and our priorities for next year. Our Quality Account 2010/11 is accessible from either the CSH website or by contacting the CSH head office. The address appears on the back cover.

Some quality highlights:

- No breaches of same sex accommodation requirements
- No MRSA bacteraemia\* at our four community hospitals
- 89% of patients at the end of their life and under the care of District Nurses able to die in their place of choice, their home
- 240 patients in 2010 received intravenous therapy at home, avoiding the need for a hospital admission

\*A Department of Health reportable condition

## Our priorities for improvement for 2010-11

### Priority 1:

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

### Priority 2:

Increasing productivity and driving down waiting lists

### Priority 3:

Ensuring personalised care plans are in place for all patients with long term conditions

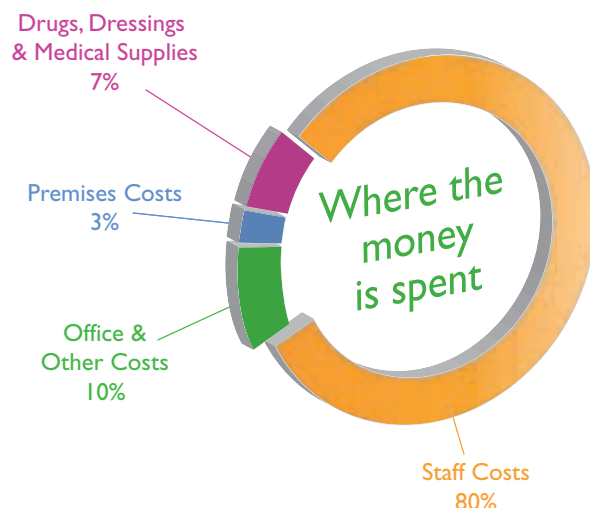
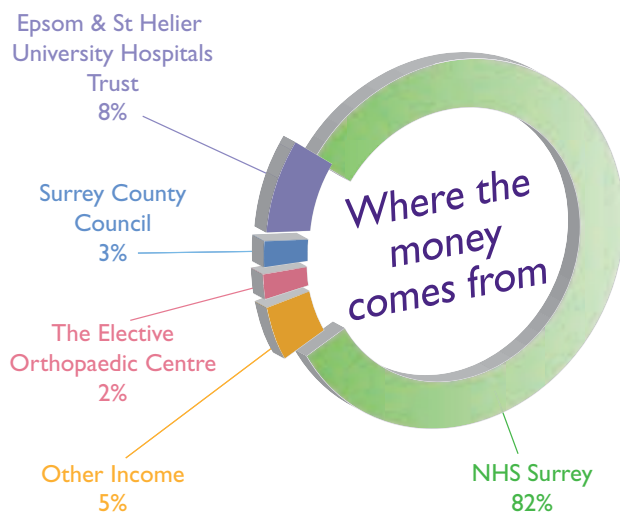
### Priority 4:

Listening to and acting on our patients and user experiences

### Priority 5:

Reporting on patient outcome measures

## Financial Accounts



Total income for 2009/2010 = £26,973,000\*

Total costs = £26,887,000\*

Number of co-owners Oct 2009 - Sept 2010 = 907

\*to the nearest thousand £

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

# Raising the Bar for co-owners – comments from the Voice

This has been a year of continuous improvement in the way in which the Voice, your elected body of co-owners, has explored and developed the CSH co-ownership model. We have strengthened the way in which we represent co-owners by developing a structure to have open and meaningful dialogue with the Board. We have had significant involvement in the strategic decisions and direction of the company ensuring our co-ownership status is fully represented.

At the six monthly meetings with the Board we have made the process by which we 'hold the Board to account' more robust. We are empowered to question the directors about performance and the financial position of the company. We meet with the Financial Controller to enable us to fully understand our financial position and its implications. This sets the scene for us to ask more 'challenging' questions and evaluate our long term performance during our meetings with the board.

We also review the performance report to ensure CSH's strategic objectives and contractual obligations are being met. Our bi-monthly meetings with one of the Managing Director's give us the opportunity to be consulted on the strategy, growth and development opportunities for CSH. It is also the time that we feedback openly and directly the concerns and experiences of the co-owners we represent.



We have worked to strengthen the role of the Voice and develop co-owner representation and the culture of ownership. All co-owners need to have access to the Voice and representation to be able to discuss their issues and opinions, so that we as a group are able to present fully to our MD's what it feels like to be part of CSH. We are pleased to have seen an increase in engagement with co-owners, with regular questions being posed to the Board and executive team.

A tighter process has been established to ensure that co-owners receive the feedback in a timely manner. We have used a wider range of communication methods including: the Voice's purple folders, Ahead of the Game, the intranet and Team brief.

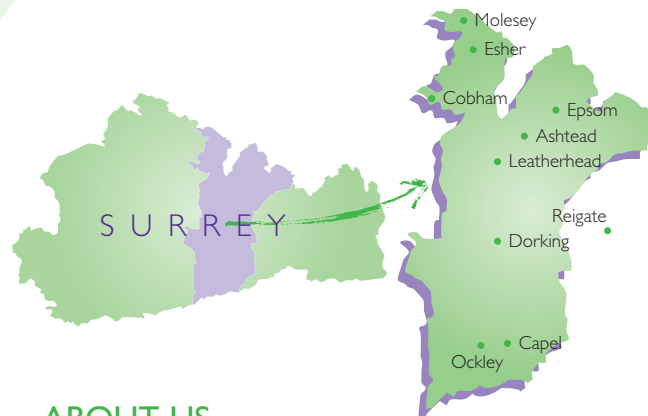
Prior to last year's AGM the Chair of the Voice also presented a report on the year's Voice activity, concluding with a quote from Mahatma Gandhi "be the change you want to see" – a reminder that we all, as co-owners, have a responsibility for the development and success of CSH through our involvement in P2 projects and being actively engaged in the organisation.

We look forward to continuing to work with co-owners to help make Central Surrey Health a successful, employee owned social enterprise.





# 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.

Head Office: Ewell Court Clinic, Ewell Court Avenue, Ewell, Epsom, Surrey KT19 0DZ  
[www.centralsurreyhealth.nhs.uk](http://www.centralsurreyhealth.nhs.uk)

Company registration number: 5700920

Central Surrey Health delivering services on behalf of the NHS

