

Realising the Benefits



Annual Report
2010 – 2011



Central Surrey
Health

Welcome from the Board

2010/2011 has been a year when our patients, commissioners and co-owners have really started to see the benefits of our ambitious efficiency programme – which has achieved productivity gains of up to 45% across some of our services.

Many waiting times are lower than they've been for years and our clinicians have been able to create extra capacity to see more patients, day in, day out. And we've achieved all of this with reduced funding and fewer clinicians. In short, Central Surrey Health is proving that it is possible for community services to deliver 'more for less', which is counter to the opinion of 66% of NHS staff who don't believe it's possible to increase the quality of patient care while reducing costs (GfK NOP, March 2010).

How have we done it? Through the energy that's released from co-ownership. By trusting and empowering our nurses and therapists to improve their services, we benefit from higher motivation and productivity.

But don't just take our word for it. Our 2011 co-ownership survey revealed an overall 'positivity' score of 81% and an overall engagement score of 88%. As a result, 98% of co-owners say they're willing to go beyond what's normally required and 95% enjoy their work. Importantly too, this engagement means our absence levels are half the NHS average, meaning more clinicians are available to deliver frontline services.

During 2010 we introduced a rolling programme of patient experience surveys, with results far exceeding our targets, and our efficiency achievements have again been recognised through national and local awards.

This year we've produced our first 'triple line account', incorporating our annual accounts, quality account and social account – a concept we'll be building on in coming years as we aim to bring greater tangible benefits to our local communities through our social enterprise ethos.

In 2012-2013 we will continue our focus on transforming health services and further improving stakeholder satisfaction. With our increasing evidence base of productivity and quality improvements, we will also be seeking to diversify our services – giving more of the public access to quality healthcare.

Ian Church
Chairman

Ginny Colwell
Non-Executive Director

Jo Pritchard
Managing Director

Tricia McGregor
Managing Director



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Realising the benefits for patients

Our focus for 2010-2011 has been threefold: to continue improving efficiency so our clinicians can see more patients; to gain more insights into patient satisfaction; and to launch and pilot new services to better support patients.

We've created **4,000 extra appointments** by re-designing our podiatry service. This enabled us to reduce waiting times to less than eight weeks by April 2012 for non urgent patients, down from an average of over 30 weeks in October 2011. We've introduced education sessions to enable patients to self-care and created sufficient extra capacity to incorporate diabetic reviews into every appointment.

"As a diabetic who's always being told I'm high risk, it's really refreshing to be given the skills and confidence to manage my feet myself."

We have collected patient feedback from services, receiving positive feedback in each case.

Musculoskeletal physiotherapy service: 96% of patients agreed or strongly agreed that their expectations of treatment were met. *"The physiotherapist was spot on with the problem - better than any other diagnosis I have had in the last 24 months."*

Respiratory service: 93.3% of patients agreed or strongly agreed they were satisfied with the care they received. *"Since being referred to this service I have had so much help, my condition has improved a lot. I am far more confident, my daily life has greatly improved."*

We've launched two new services and piloted two more. We launched Central Surrey Health's unique Virtual Ward Plus – a community matron led service for patients with the most complex needs to help them stay out of hospital. We also launched a heart failure service in January 2012. Patients are already benefiting from both.

We have piloted a falls service and a night nursing service, both of which have been welcomed by patients. The falls service – which helps reduce falls through physio and occupational therapy – saved in excess of £250k in six months, mostly through avoided admissions to hospital. A survey among patients of our night nursing service revealed that 58% would have attended A&E if the night service had not been there, and 100% found the service helpful and supportive.

"Please let this night service continue – it saved me a trip to A&E and a wait of about 4 hours. At our age (80 and 81), not a pleasant experience."

And now...

In April 2012 we launched an extra service for our musculoskeletal physio patients, who now receive advice and assessment within 48 hours of GP referral. We are just one of a handful of providers in the country to offer this. Physio patients are assessed and offered advice over the phone by a senior physiotherapist. Evidence from the extensive pilot revealed that patients required shorter assessments and fewer follow up treatments as a result of quicker intervention. In the words of one patient: *"Expectations were fully met - excellent service and waiting times."*

We continue to train our community nurses to offer intravenous therapy (IV) at home, more than doubling the number of patients between 2010 and 2011 to over 550. We are also training our nurses to use Telehealth equipment, which enables remote patient monitoring.

Realising the benefits for co-owners

The best thing about Central Surrey Health? “Co-ownership; opportunities to think outside the box; the ability to be flexible and responsive to service demands for improved patient outcomes.”
As quoted by one co-owner in our 2011 co-owner survey.

During 2010-2011 we've continued to put co-owners in charge of efficiency projects, challenging them to cut out even more wasteful processes and create even more clinical capacity. We've now trained more than 200 co-owners (nearly one in four) in efficiency and project management skills through secondments to our Quality team. Our co-owner led approach has again been recognised in national awards: our Enuresis (bed wetting) team won the Employee Innovation category at the 2011 Philip Baxendale Awards, while our HR team was named a finalist in the Efficiency in Training and Development category of the 2011 Health Service Journal awards.

Despite ambitious targets and the potential for 'change fatigue', our co-owners have risen to the challenge, with our 2011 co-owner survey revealing our most positive responses to date.

82% positivity about leadership at Central Surrey Health (All industry norm* 64%, Healthcare 100 survey average for primary care organisations in 2010 was 55%).

76% believe communication is good. This compares with the 2010 NHS staff survey, in which the national average reporting good communication between senior managers and staff in primary care organisations was 34%, and the best score nationally was only 47%.

91% understand our vision (70% All industry norm*) and 98% understand the contribution they're expected to make.

81% believe there are opportunities to feed their ideas upwards (53% All industry norm*) and 100% enjoy good working relationships with co-owners in their team (86% All industry norm*).

“Autonomy, being able to put ideas into place or open for discussion and development. Encouragement of change and a culture that is not afraid to make changes and avoids complacency.”

“Lots of great and enthused co-owners, willing to make a difference and deliver high quality and important services.”

View from the Voice

“2010-11 was an extremely busy year for the Voice, in which we have continued to represent co-owners' views to our MDs and Board on issues ranging from efficiency projects to IT investment. We've been closely involved in the development of our 2012-2016 strategy, ensuring Central Surrey Health's values and vision hold strong in a health sector that is changing beyond recognition. By consulting co-owners on key projects such as our Co-ownership Strategy, we are continuing to ensure that co-ownership is alive and well within Central Surrey Health.”

Richard Stacey, Chair of the Voice

And now...

We are building on our co-owner strategy, gaining input from co-owners as we seek to leverage the maximum benefit from our unique form of ownership. In the coming business year we will be launching management and leadership programmes to develop co-owners leading our teams and are planning a talent review to inform succession plans and identify development needs.

*Survey Initiative data

Realising the benefits for commissioners, customers and partners

During the first year of our efficiency programme (2009-2010) we identified and removed £1m of unnecessary processes. In 2011 we removed a further 20% of wasteful activities and made further productivity improvements of 10-45%.

This means we've been able - unlike many traditional NHS providers - to maintain and in many cases, improve frontline services, despite reductions in funding.

41% productivity gains on the Stroke Ward at Epsom General Hospital, meaning patients on the ward get 76 more treatment slots per week.

23% productivity gains in paediatric therapies, enabling 79 extra contacts with children attending special schools per month.

20% productivity gains in our health visiting and school nurse services – freeing up 153 hours a week. This means we've been able to introduce 639 additional appointments for new parents and their babies every month and as well as implement more components of the Healthy Child Programme.

In January 2012 we launched Central Surrey Health's Virtual Ward Plus service, the first enhanced model of a 'virtual ward' in the country. This community matron led service helps GPs better manage and support people with long term conditions, thus reducing acute hospital admissions and enabling patients with complex health needs to remain safely at home. Uniquely, it also offers a 'rapid response' service for patients whose conditions deteriorate and who would otherwise need admitting into hospital.

Our focus for 2012-2013 is to build on this approach through more integrated and collaborative working with our primary care, local authority and acute hospital partners. The aim is to bring about a fundamental shift in how urgent care, long term care and end-of-life care in particular are provided in Surrey, so that together we can reduce the number of unnecessary (and expensive) hospital admissions and improve patient pathways.

To achieve this we have created a Transformation Team, headed up by an Executive lead and supported by clinical specialists. Closer relationships with Kingston Hospital and Surrey and Sussex Healthcare Trust are already proving fruitful, with better integrated pathways for patients. We're working closely with our GP colleagues to shape the future of our Community Assessment Unit in Leatherhead to ensure it meets their changing needs and fulfils its potential of offering rapid, on-site testing, diagnosis and treatment.

"The CSH therapy team is very open, with good communication, and there is a genuine sense of working together and adaptability between our nursing staff and Central Surrey Health's therapy staff for the benefit of the patient. Changes and challenges are proactively managed."






Tracy Smith, Joint Head of Nursing Care at Epsom General Hospital, November 2011

And now...

On 1st June 2012, it was announced that Epsom General Hospital would merge with Ashford and St Peters Hospital Trust, in a partnership bid that includes Central Surrey Health and the Royal Marsden. We will be providing more rehabilitation services for patients as we support them to return home earlier than would otherwise be possible.

Quality account

NHS Surrey has agreed we have delivered all of our 2010-2011 quality priorities:

- Priority 1: To deliver our quality targets (CQUIN) set by NHS Surrey 
- Priority 2: To increase productivity and drive down waiting lists 
- Priority 3: To put personalised care plans in place for patients 
- Priority 4: To engage with patients and user experiences 
- Priority 5: To report on patient outcome measures 

In addition, we continue to deliver against some of the fundamental requirements every patient wants – to be treated with dignity and respect in clean, safe environments. During 2011-2012:

- No cases of MRSA bacteraemia or Clostridium Difficile were acquired in our four community hospitals.
- In a survey among patients cared for or seen by nurses across our services, 91% agreed that our nurses practise the 'eight principles of nursing', as defined by the Nursing and Midwifery Council and the Royal College of Nursing.
- There were no breaches of same sex accommodation in any of our four community hospitals.
- On average we reduced waiting times across our services by more than 10%, with some services far exceeding this.
- We enabled 80.4% of patients to die in their preferred place of death, far exceeding the national average of just 18% and eclipsing the 60% of people who say they would like to (Demos report, Dying for Change, November 2010).
- We achieved 88.7% immunisation uptake of pre-school children, up from 83% in 2010-2011.

Our five quality priorities for 2012-2013 are to:

- Priority 1: Improve services for children and families
- Priority 2: Provide safer hospital care for older people by reducing falls and pressure ulcers
- Priority 3: Offer a single point of referral into our services through our Referrals Management Centre
- Priority 4: Involve patients in service re-design
- Priority 5: Deliver our quality targets (CQUIN)

“Our overall view from the quality data we have seen and the other evidence we have as a LINK Group is that Central Surrey Health is well managed and quality standards in the areas identified reflect well on the organisation and its co-owners.”

Janet Holah, Chair, Mid Surrey LINK, Madeline Boissiere, Surrey LINK and Epsom Transformation Board Member

Social account

As a social enterprise we operate to make a surplus to re-invest into patient care and our community. In this way we're creating 'social value' for the communities we serve, and support a range of initiatives to achieve this including:

We support young people into employment by providing work experience, university placements and mentoring for graduates who aspire to lead the NHS of the future.

We work with schools and young people to promote health, run patient-led support groups such as for those with multiple sclerosis, and undertake health promotion activities, such as running breast feeding support cafes in our local towns.

Many of our efficiency projects are designed to achieve 'paper light' processes and we also aim to decrease our carbon footprint by reducing travelling time and maximising IT and other technologies to enable remote and flexible working.

We support new social enterprises, and in 2010 were named as one of 12 'Pathfinders', alongside KPMG and John Lewis, to support mutuals coming out of the public sector. We're currently mentoring Havering Borough Council and Inclusion Healthcare.

Our Community and Patient Involvement Strategy will build on this foundation in 2012, with the aim of producing a 'Social Account' for the first time that details our social impact. Some of the initiatives we'll be focusing on include establishing a charitable fund. This will enable us to better support those with the greatest health needs or with the least access to health services. We'll be working with and supporting local third sector organisations as well as developing strategic partnerships with the Association of Chief Executives of Voluntary Organisations as we seek to improve the health of, and bring greater benefit to, our local community.

In 2010 our relentless pursuit of social enterprise was recognised at the highest levels when our MDs Jo Pritchard and Tricia McGregor were named in the Queen's New Year's Honours List, both receiving MBEs for services to social enterprise.

In 2011 we were named a finalist in the Social Enterprise category of the 2011 Toast of Surrey Business Awards, beating more than 30 others. Most recently, in March 2012 our chairman Ian Church was named Non-Executive Director (NED) of the Year in the Public Service/Not-for-Profit category of the annual Peel Hunt/Sunday Times NED awards.

Financial account

Epsom & St Helier
University Hospitals
Trust 10%

The Elective
Orthopaedic
Centre 2%

Surrey County
Council 5%

Other income
3%

NHS Surrey
80%

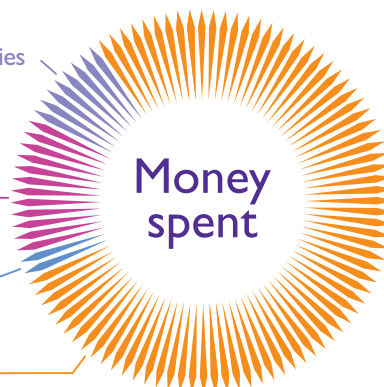


Drugs, dressings
and medical supplies
8%

Office and
other costs
12%

Premises costs
2%

Staff costs
78%



Turnover for 2010/2011: **£28,623,000** Headcount Oct 2010 – Sept 2011: **792**



Central Surrey Health



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.

A pioneering and innovative organisation that empowers co-owners to consistently deliver exceptional care for a healthier community.

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

