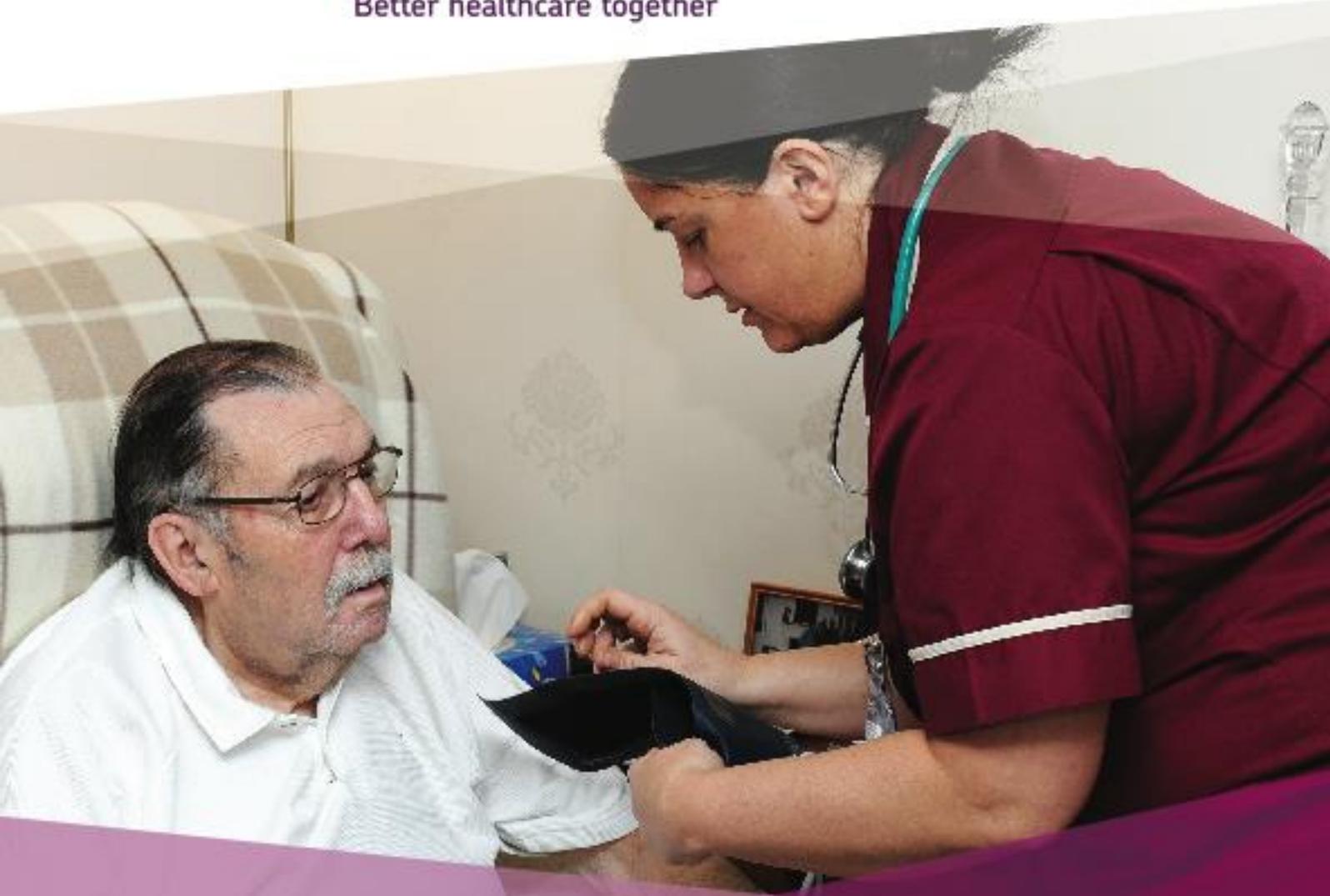




CSH
Surrey



Better healthcare together



Quality Account 2018-2019

Contents

	Page number
Part One: Introduction	
About our Quality Account	3
Chief Executive Officer statement	4
About us	6
Patient and Stakeholder Involvement	7
Part Two: Quality Improvement & Assurance	
Quality Improvements 2018/19	8
Quality Improvement Plans 2019/20	13
Statutory Statements of Assurance	18
Part Three: Evaluation of Quality and Service Delivery	
Leadership	26
Safety	27
Patient Experience	32
Clinical Effectiveness	33
Adults Services	36
Children Services	41
Employee ownership	47
Feedback and Responsibility	52
Statement of Directors' Responsibilities	54
Glossary of Terms	55

Part 1: Introduction

About our Quality Account

Each year providers of 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 supports us 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 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.

What is included in our Quality Account?

Our Quality Account is divided into three parts:

Part 1: A Statement from our Chief Executive about the quality of our services, an introduction to CSH Surrey and details of the services we provide.

Part 2: A review of our quality improvement priorities for 2018/19 and our future plans for 2019/20. This section also includes the statutory statements of assurance that relate to the quality of the services we have provided during the period 1st April 2018 to 31st March 2019. This content is common to all providers to allow comparison across organisations.

Part 3: Our evaluation of the quality and delivery of the services we have provided over the past year.

Our account concludes with feedback we have received from our key stakeholders and the Statement of our Board Directors' responsibilities.

We have aimed to ensure our Account has been written using terminology that can be understood by all who read it. To further support this, a glossary of terms used within this Account can be found at the end of the report).

Chief Executive Officer Statement

It gives me great pleasure to introduce the Quality Account for CSH Surrey. This report, covering the period 1st April 2018 – 31st March 2019, describes the quality and safety of services we deliver within our community hospitals and other community-based services.

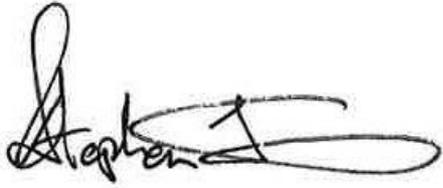
Since my appointment as Chief Executive in August 2018 I have observed the ongoing commitment of our employees to deliver high quality health care services to our patients and local community. Our Friends and Family Test responses reflect this, with an average of 95% of our service users saying they would recommend the services we provided if a friend or family member needed treatment or care.

Similar to other providers of care, we have continued to meet workforce and recruitment challenges. We remain focussed on our plans to meet this challenge, which include working closely with partner organisations to jointly develop new systems across our communities that will improve the health and wellbeing of our local population. These joint systems of working include our new exciting partnership with Surrey Downs Health and Care, established in February 2019, and our continued involvement within the Children and Family Health Surrey partnership. In addition, CSH is now a key partner in the integrated care partnerships of Surrey Downs and North West Surrey

We have made good progress towards achievement of the quality improvement priorities we set last year. This includes a relaunch of systems to enhance early identification of signs of clinical change. We will continue our focus on this priority in the coming year alongside eight new improvement areas which we have identified in liaison with our patients and stakeholders. These include: increasing our falls prevention activity; increasing our opportunities for capturing the voice of the children who access our services; and increasing the information we provide to our patients regarding their expected care pathways.

We fully recognise the current demands on our workforce and remain committed to providing our employees with the tools, resources and skills they need to feel supported and enabled to deliver the best patient care services. Our tenth quality improvement priority for 2019/20 is focussed on our ambition to improve the working environment for our employees. Valuing people - patients, service users, communities and our employees – is core to our strategy and at the centre of all we do.

On the basis of the governance processes we have followed to develop this account, I can confirm that, to the best of my knowledge, the information contained within this document is accurate. I hope you find the content of this account of interest and feel it demonstrates our pledge to the provision of high quality care.



Steve Flanagan
27th June 2019
Chief Executive

About us

CSH Surrey 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 in homes, clinics, hospitals and schools to transform local community health services. We have designed these services to provide flexible, responsive care with an emphasis on integrating and coordinating clinical services for the benefit of those we care for. We ensure our employees 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. Each and every employee has 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 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:

- We care with **Compassion**
- We take **Accountability**
- We show **Respect**
- We deliver **Excellence**.



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 Services

Children's Services	Adults Services Continued
Health Visiting	Podiatry
Family Nurse Partnership	Physiotherapy
Tongue Tie service	Occupational Therapy
School Nursing	Dietetics
Specialist School Nursing	Speech and Language
Immunisations and Child Health	Musculo-Skeletal Service
Continuing Health Care	Wheelchair service
Children's Community Nursing	Radiology
Physiotherapy	Specialist Nursing Services including:
Occupational Therapy	Respiratory Service
Speech and Language Therapy	Continence Service
Dietetics	Parkinson service
Adults Services	Multiple Sclerosis service
District Nursing Service	Heart Failure Service
Community Hospital Nursing	Stroke Nurse
Community Matron Service	Tissue Viability Nurse
Integrated Rehabilitation Service (IRS)	Infection Prevention and Control Nurse
Outpatient Nursing service	Lymphoedema Specialist Nurses
Diabetes	Referrals Management/Single Point of Access
Rapid Response	
Neuro Rehabilitation team	

Patient and Stakeholder Involvement

At CSH Surrey we welcome the ongoing views of our patients and stakeholders, which includes encouraging their involvement in the development of our Quality Account.

In December 2018 we formally engaged with our workforce, patients and stakeholders so they had the opportunity to share and reflect on the quality improvements we made over the past year and could share views on recommended quality improvements for 2019/20.

Part Two: Quality Improvement & Assurance

Quality Improvements 2018/19

In March 2018 we agreed five priority objectives for quality improvement in 2018/19 and we shared these in last year's Quality Account. The following provides a summary of our progress.

Improvement Priorities & Achievements 2018/19	
Priority one	Enhance patient safety systems to support on-going improvements
<p>Our achievements</p> <p>Good levels of incident reporting with associated low levels of harm are an indicator of a safe and open culture. Our levels of incident reporting have increased through increased training and awareness of our policy and reporting systems.</p> <p>During 2018/19 2,111 incidents were reported as occurring under CSH Surrey care compared to 2017/18 when 1,255 such incidents were reported. The proportion of incidents that caused moderate or greater harm decreased from 2% last year to 1.13% this year.</p> <p>We have developed a quality improvement plan incorporating safety themes such Health and Safety, Central Alerts and medical devices. This has enabled us to have an enhanced central overview of any emerging risks or opportunities for safety improvement related initiatives.</p> <p>We have held weekly communication calls between our Governance Team and senior managers to discuss the status of incidents/complaints and safeguarding queries. This has provided regular opportunity for peer discussion of incidents and patient safety as well as a focus on actions to enhance quality improvements.</p>	

We have reconfigured our incident reporting system and aligned our coding to the National Reporting and Learning System (NRLS). This now enables us to compare our performance with other organisations.

We have undertaken a full review of the status of all actions identified in response to lessons learnt relating to Serious Incident investigations. There were 64 actions that required implementation during this period. Our review shows 94% of these actions were completed within the required timeframe. Our Serious Incident and Review Group (SIRG) will ensure the remaining four actions are prioritised for closure by the end of May 2019. Ongoing monitoring of Serious Incident actions is now a standing agenda item on the monthly SIRG meetings.

We continue to ensure our clinical audit schedule incorporates learning themes from Serious Incidents so we can be assured the actions we have taken are effective and embedded.

Priority Two	Improved patient information and communications systems	
---------------------	--	--

Our achievements

Our Improving Patient and Carer Experience Strategy has been revised and relaunched.

We have developed and are implementing actions to support improved communications for patients. These have included developing our Company directory and refreshing our website information.

We are establishing a central library of CSH patient information leaflets.

We are updating our template for service information leaflets to ensure they consistently include core information and contact details.

We have introduced a regular schedule of face to face patient satisfaction surveys within our community hospital wards.

Our Patient Experience Team has introduced a regular programme of patient experience team ‘roadshows’ to provide further opportunities for providing information directly to patients, signposting and addressing any queries or concerns.

We have reviewed our systems of capturing Friends and Family Test (FFT) feedback. During 2018/2019, the average rating of respondents to the Friends and Family Test (FFT) who said they were 'likely' or 'extremely likely' to recommend CSH Surrey services to friends and family should they need similar care or treatment was 95%. This is in keeping with the national average for other community providers.

In addition, our numbers of responses have increased from 150 in April 2018 to 671 received in March 2019.

Priority Three

Relaunch systems and processes for supporting early identification and timely response to signs of clinical change

Our achievements

We have established a 'deteriorating patient' working group. Activity to date includes:

- Development of an easy reference guide for use by clinicians
- Review of CSH policy
- Review of CSH training programmes, competency tools and resources
- Development of a dedicated section of the intranet to improve access to best practice guidance and tools for our workforce
- Auditing standards of our completion of National Early Warning Systems (NEWS)
- Participation in National Sepsis Awareness Day (13/09/18), which included a corporate screensaver for the week and broader organisation-wide communications that highlighted early identification and treatment.

Our progress in this area has been good; however, we are making this a quality improvement priority for a second year so we can be fully assured that our systems and processes are (a) effective and (b) embedded in day to day practice.

Priority four	Improve communications and information available to support families through transition from child to adult	
<p>Our achievements</p> <p>CSH has been an active member of the CCG led transition review group and implementation of the associated action plans are progressing.</p>		
Priority five	Implementation of corporate action plan in response to 2017 People Survey outcomes	
<p>Our achievements</p> <p>The action plan developed in response to our 2017 People Survey was categorised under three themes: Workforce, Working environment and Communications. Examples of the actions we have taken to improve the experience of our workforce include:</p> <p>Workforce</p> <ul style="list-style-type: none"> • Undertaking a Safer Staffing review to ensure our establishment and skill mix reflect our work demands • Creating a People Strategy Implementation Group and Workforce Development Group that meet quarterly • Running and attending recruitment roadshows and university job fairs • Production of two recruitment videos to support recruitment into adults and children’s services • University visits and open days run by our children’s Speech and Language Therapy service. <p>Working environment</p> <ul style="list-style-type: none"> • Revised Estates leadership • Started a full review of our estates, associated risks and improved lines of communications with NHS properties. <p>Communications</p> <ul style="list-style-type: none"> • Launched an email address for employees to directly contact the Chief Executive (‘ask Steve’ email) 		

- Re-introduced Chief Executive and Director quarterly briefings (on each occasion we hold four briefings on a single day at different times and venues across Surrey)
- Re-introduced a weekly newsletter and a monthly business 'Core Brief' newsletter
Introduced a regular 'Message from the CEO' within these newsletters
- Introduced a weekly Learning & Development newsletter and a bi-monthly Quality & Governance newsletter
- Introduced a fortnightly newsletter specifically for our children's services.

Similar to other health care organisations, recruitment and retention of our clinical workforce has been one of our most challenging areas. Our most recent People Survey (November 2018) showed the majority of survey participants felt adequate staffing levels with appropriate experience to be the one change that would make CSH a better place to work. Our overall vacancy rate at end of March 2019 was 27% and turnover is 22%. We fully recognise the impact this has on our frontline workforce. We are therefore keeping 'improving employee experience' as a Quality Improvement priority for the coming year. It is also one of our five Areas of Focus for our new strategy.

Our Quality Improvement Plans for 2019/20

At CSH we recognise there are always things we can do to improve the quality of the services we provide to patients. This section of our account details our quality improvement priorities planned for the coming months.

Our priorities are driven by:

- a) Best practice standards, including national guidance and audit outcomes.
- b) Lessons identified through learning from incidents and complaints as well as performance data analysis and patient experience themes
- c) Stakeholder feedback including patients, carers, commissioners and our employees.

Patient-centred quality care is built upon three key components, namely:

- Patient Safety
- Clinical Effectiveness
- Patient Experience.

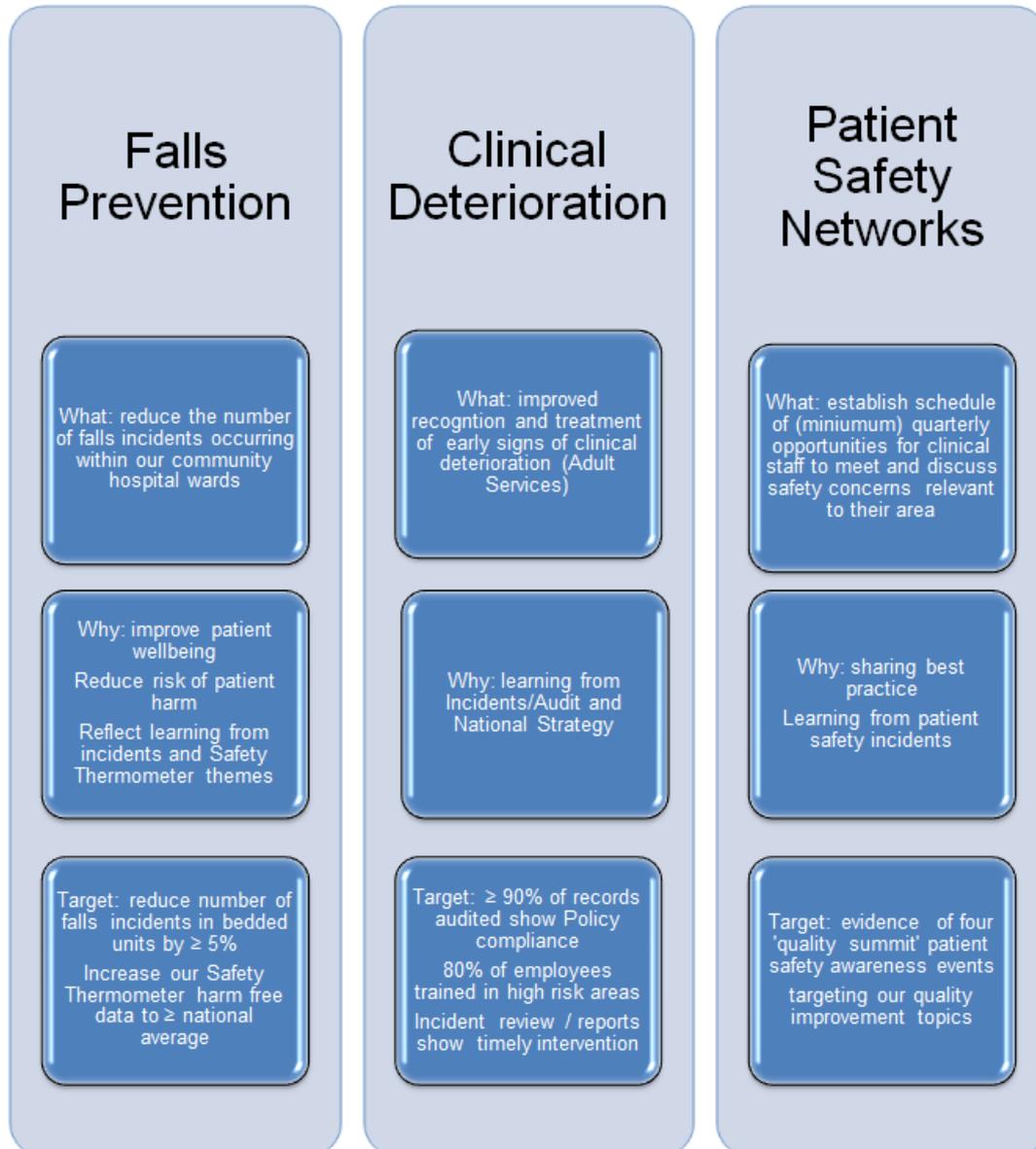
For 2019/20 we have set ourselves 10 quality improvement priority areas, the first two of which relate to our continued quality improvement priority activity from this year.

1. Clinical Deterioration (continued into year two)
2. Employee experience (continued into year two)
3. Falls Prevention
4. Patient Safety Networks

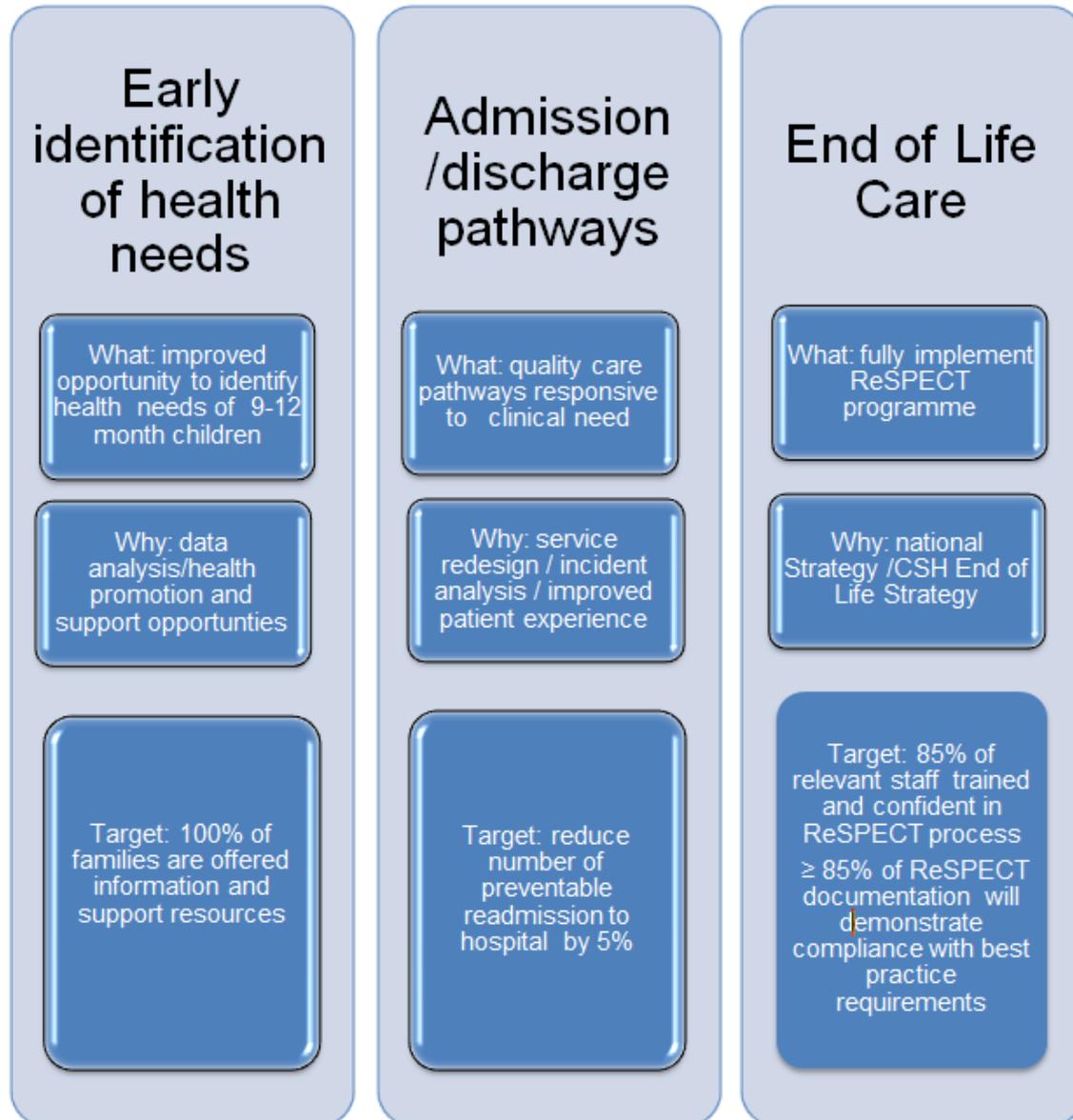
5. Early identification of health needs
6. Admission / discharge processes
7. End of Life Care

8. Privacy and Dignity
9. Patient Information
10. Voice of the Child.

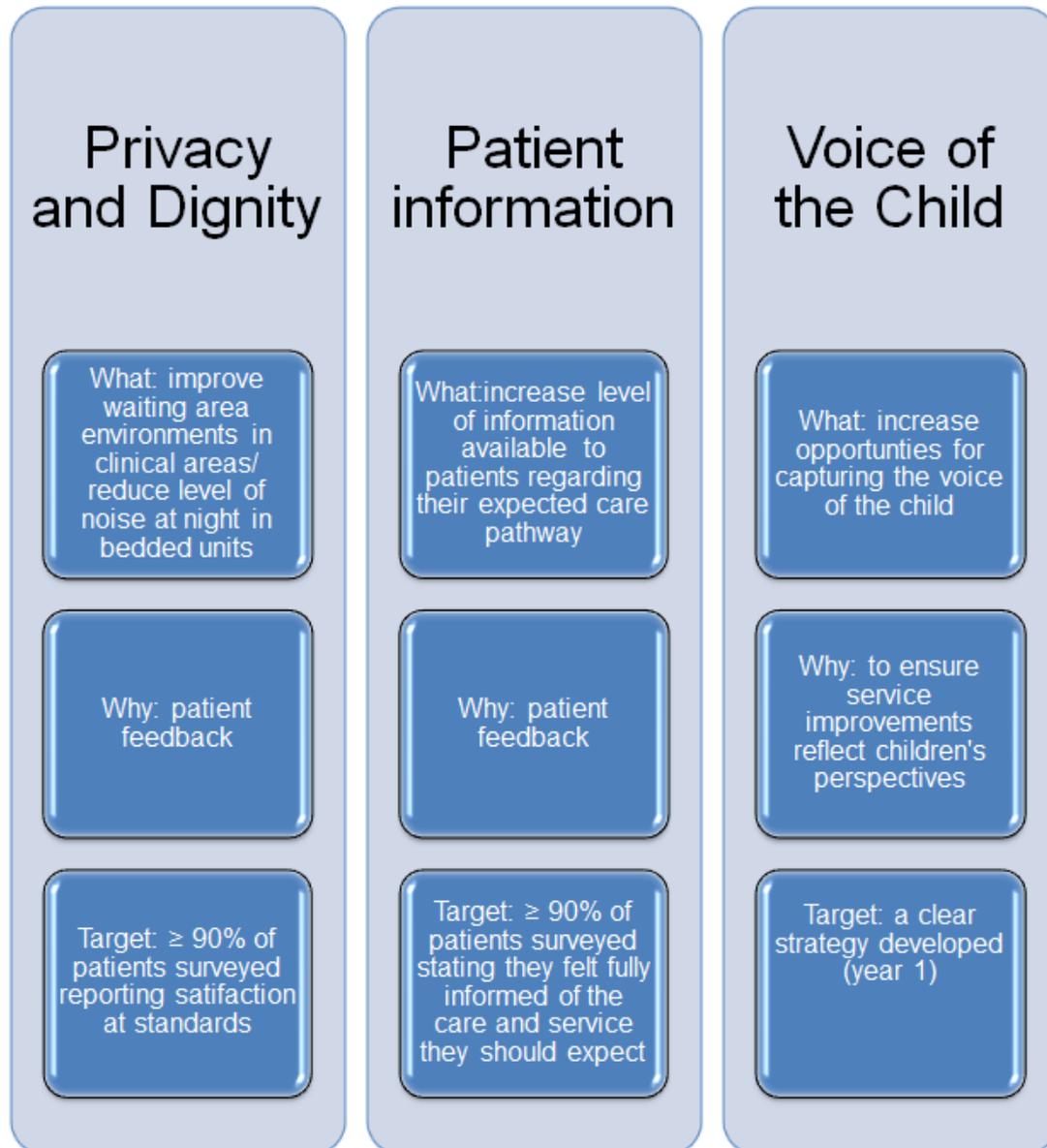
Patient Safety



Clinical Effectiveness



Patient Experience



Employee experience

What

- Improve the working experiences of our employees
- Be a great employer

Why

- People survey outcomes
- Employee feedback
- Workforce data analysis

Target

- To increase the number of employees who will recommend CSH as a great place to work by 15%

Statutory Statements of Assurance

Review of services

During 2018/19 Central Surrey Health Ltd (CSH Surrey) has provided and/or subcontracted 30 NHS services.

CSH Surrey has reviewed all the data available on the quality of care in all of these services.

The income generated by the NHS services reviewed in 2018/19 represents 95% of the total income generated from the provision of NHS services by CSH Surrey for 2018/19.

Participation in Clinical Audit

The CSH Surrey clinical audit plan is dynamic and responsive to learning, organisational change and clinical priorities. Our plan incorporates National and Local audits.

National Audit participation 2018/19

The National Clinical Audit and Patient Outcomes Programme (NCAPOP) is commissioned and managed on behalf of NHS England by the Healthcare Quality Improvement Partnership (HQIP). The programme comprises of more than forty national audits relating to commonly occurring conditions and helps provide national and local pictures of care standards for specific conditions.

Of the national clinical audits 2018/19 which covered services that CSH Surrey provides, based upon the audit criteria, CSH was eligible to participate in two of these namely;

- The Sentinel Stroke National Audit Programme (SSNAP)
- The National Diabetes Foot Care Audit.

Sentinel Stroke National Audit Programme (SSNAP)

This audit measures the quality of care received by stroke patients. The data collected covers the whole stroke care pathway, including admission to hospital, rehabilitation in the community and at home. Participating services within CSH Surrey include Occupational Therapy, Physiotherapy and Speech & Language Therapy. CSH Surrey's registration for this audit was via our contract with Epsom and St Helier Universities NHS Foundation Trust.

As demonstrated in the table below, our audit results show considerable improvements compared to the previous year and reflect the actions we have taken to improve standards of care and patient experience.

Service	Reporting period		
	Apr-Jul 17	Aug-Nov 17	Oct-Dec 18
Occupational Therapy	C (60-69.9%)	B (70-84.9%)	A (85- 100%)
Physiotherapy	C (60-69.9%)	B (70-84.9%)	A (85- 100%)
Speech and Language	E (0-39.9%)	E (0-39.9%)	B (70-84.9%)

A= 85- 100% B = 70-84.9%, C = 60-69.9% D = 40-59.9% E = 0-39.9%

The National Diabetes Foot Care Audit (NDFA)

CSH Surrey contributes to the National Diabetes Foot Care Audit and submitted sixty three cases. Outcomes of the audit are included within the national summary. The diabetes team monitors the national audit outcomes and use these to inform ongoing improvements to process and practice.

Local Audit participation 2018/19

We had 17 local audits recorded on our initial 2018/19 plan. Seven audits were added to the schedule during the financial year. Of the 22 audits, 20 (91%) of these were completed within target time frame, the remaining two (9%) rolled over onto our 2019/20 plan.

Examples of our audit outcomes included 100% of our healthcare records being stored safely to prevent unauthorised access and 98% of records having been signed by the person completing them. In addition, 98% of records clearly demonstrated the documented clinical assessment informed the written treatment/clinical plan and 96% of records evidenced that the appropriate treatment plan/intervention had been delivered.

Our Clinical Handover audit showed 94% of community teams and 100% of bedded units had a hand over each day of the audit. Within the community hospital wards all DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) decisions were documented as discussed at handover (100%).

Examples of actions we are taking in response to learning from our clinical audits include improving standards of documentation of information at the point of patient discharge or transfer on to other services and reviewing our clinical handover guidance for adult services.

Review of our Quality CQUINs in 2018/2019

The aim of the Commissioning for Quality and Innovation (CQUIN) framework is to support improvements in the quality of services and the creation of new, improved patterns of care (NHS England 2013). The CQUIN payment framework enables commissioners to reward excellence by linking a proportion of English healthcare providers' incomes to the achievement of local quality improvement goals. CQUINs consist of nationally set indicators and locally developed indicators which are agreed with local commissioners at the start of the financial year.

A proportion of CSH Surrey's income during 2018/19 was conditional on achieving quality improvements and innovation goals agreed by CSH Surrey and commissioners.

Our compliance with CQUIN are summarised below.

Children Services	Status Met/Partial/ Not met
Children Immunisation Service (CHIS)	Met
Continence	Met
Children Continuing Care	Met

Children Services	Status Met/Partial/ Not met
Surrey Heartlands	
Engagement	Met
North West Surrey Adults	
Preventing ill health by risky behaviours	Met
Improving assessment of wounds	Met
Personalised care and support planning	Not Met
Improvement of health and wellbeing of NHS staff	Partial
Improving the uptake of flu vaccinations of frontline staff	Partial
Community hospitals patient flow – Multi-disciplinary Team Review	Partial
Community hospitals patient flow - Readmissions	Partial
Community hospitals patient flow – In-reach assessor /fast discharge	Met
Surrey Downs Adults	
Preventing ill health by risky behaviours	Met
Improving assessment of wounds	Met
Improvement of health and wellbeing of NHS staff	Partial
Improving the uptake of flu vaccinations of frontline staff	Partial
Personalised care and support planning	Met

Care Quality Commission (CQC)

In accordance with requirements, CSH Surrey is registered with the Care Quality Commission (CQC). During 2018/19 the CQC has not taken any enforcement action against CSH Surrey or imposed any registration or special reviews.

CSH Surrey was last inspected by the CQC in January 2017. The inspection was prior to implementation of the Children and Family Health Surrey (CFHS) and North West Surrey (NWS) contracts and therefore related to services within the Surrey Downs area only. The CQC visited three of our community hospital inpatient services as well as a variety of our adults and children and families services, such as District Nursing, Community Matrons, Health Visiting, School Nursing, Physiotherapy and Podiatry.

CSH Surrey was awarded the overall rating of **Good**.

The action plan we developed in response to CQC feedback and learning has been implemented. We continue to seek assurance that the services we provide are safe, effective, caring, responsive and well-led. Our assurance methods include our governance committee structures, assurance reports, internal assurance assessments, external reviews and audit.

Research

CSH has joined the Kent, Surrey & Sussex Clinical Research Network to increase the opportunities available to participate in research. While most of the funding that drives the creation of and participation in, research projects goes towards well known institutions, a small proportion is allocated to community investigation. We aim to participate in projects which focus on community hospital care. A number of doctoral students have also expressed an interest in working with CSH and, following confirmation of ethical approval, will begin their research later this year.

No patients receiving NHS services under our care were recruited to participate in research.

Data Security and Protection

All organisations that have access to NHS patient data and systems must use the Data Security and Protection Toolkit (DSPT) to provide assurance they are practising good data security and that personal information is handled correctly.

The toolkit enables organisations to measure their performance against the National Data Guardian's ten data security standards, compliance against the law and central guidance to see whether information is handled correctly and protected from unauthorised access, loss, damage and destruction.

Central Surrey Health (CSH) is a recognised and registered Data Controller with the Information Commissioners Data Protection Register and has current Data Protection registration. CSH has completed the DSPT for 2018/19 evidencing the mandatory requirements and has provided assurance and evidenced 99 out of the 100 mandatory requirements. CSH will continue to provide assurance of ongoing improvement in relation to managing risks to information and assurance that robust arrangements are in place to effectively manage all information risks within the organisation, ensuring compliance with our legal and regulatory responsibilities in relation to Information Governance.

Cyber security certification

We have recently passed our Cyber Security Certification. This has many benefits for CSH including:

- Reassuring our patients that their personal details are safely stored with strict access controls
- Being listed on the directory of organisations awarded this certification
- Evidence to existing and potential commissioners that we take Cyber Security seriously.

To get certified requires an external examiner to investigate any and all areas of our IT, including external network penetration testing. This achievement helps us to ensure our systems are configured against NHS Digital best practice standards in order to protect against vulnerabilities.

Clinical Coding

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

NHS Number and General Medical Practice Code Validity

CSH Surrey submitted records during 2018/19 to the secondary uses 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 99.9%
- Patients with valid general medical practice code: (a) inpatient 100% (b) outpatients 100%.

Learning from deaths

CSH Surrey's Mortality Review Group, chaired by our Medical Director, meets quarterly and oversees review of all adult patient deaths that occur in our community hospitals. The process is described within our Learning from Deaths policy.

During 2018/19 we have reviewed nine deaths with no concerns identified. Learning from the process has included appraisal of our Do Not Attempt Cardio Pulmonary Resuscitation procedures and related documentation.

All child deaths are reviewed by the Child Death Overview Panel (CDOP), which has responsibility for the process of reviewing child deaths. Working Together to Safeguard Children (2015) 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 CDOP is shared via the Local Safeguarding Children's Board to inform Board partners in respect of preventable child deaths and risk factors that impact on safeguarding children and young people and ensure organisations take appropriate and timely action.

Incidents

By being open and reporting incidents we are able to understand the risks we may have in the organisation. Between April 2018 and March 2019, CSH Surrey reported a total of 3,373 incidents: 2,111 of these occurred inside CSH Surrey care, and of these, 1561 related to patient safety incidents. 0.0% of these had an impact of severe or catastrophic harm. The NRLS national average for community service providers is 0.4%.

The Quality and Clinical Governance group continues to monitor reporting trends. We have prepared our patient safety data to align with the National Reporting and Learning System (NRLS), however due to their team's capacity; NHS Improvement has not been able to activate the system this financial year. A general comparison, with NRLS data shows our reporting is in keeping with national trends.

Part Three: Evaluation of Quality and Service Delivery

Leadership

CSH recognises robust leadership to be a cornerstone of quality. During 2018/19 we have taken the opportunity to review our corporate leadership systems. This activity has included revisions and recruitment to key Executive positions and senior leadership roles. We have reviewed our corporate committee structures, revised our approach to strategic risk and are developing a Board Assurance Framework to ensure our structures and systems are fit for the future.

We have refreshed our corporate strategy, vision and values, engaging with colleagues across the organisation in this work. We have developed an integrated quality and performance dashboard containing a broad range of metrics enabling monitoring and analysis of quality related data on both a corporate and service level basis.

During 2019/20 we will be launching a new talent management and succession planning process. This will enable us to better understand capabilities and potential, so we can better plan people's personal development as well as successors to roles.

We will be initially focusing on our senior leaders and managers and will follow a consistent process for reviewing and assessing the capabilities of those in senior roles. This will include their leadership and service improvement skills as well as their potential for further development.

We have been focussing on our business continuity plans and our ability to respond to risks and challenges. We received the second highest rating in the annual NHS assurance assessment of our emergency preparedness, and were commended for the quality of work.

New Partnerships

Throughout the year considerable activity has been undertaken to help prepare for our new Surrey Downs Health and Care partnership (previously known as the Integrated Dorking, Epsom and East Elmbridge Alliance or IDEEA). This pioneering partnership brings CSH Surrey together with Epsom and St Helier Trust and three local GP federations to provide adult health care services in the Surrey Downs area.

The new model is based on the development of six localities (known as primary care networks), with all members of the partnership working together to provide proactive care to patients who have complicated medical conditions and those who are frail and elderly.

CSH Surrey is also a key partner in the Surrey Heartlands Integrated Care System (ICS), which brings together local health and care organisations, patients and communities to improve health and care for local people. This new way of working enables those responsible for planning health and social care to work collaboratively with those providing and receiving services, maximising opportunities for innovation, improvement and integration, enabling more joined up community services, reduced lengthy hospital stays and improving access for all.

Safety

Incident reporting

Across CSH Surrey we have a culture of open reporting, which is important as it allows us to focus where improvement is needed. This is reflected in the quality and safety of the services we deliver. Through accurate incident reporting we are able to learn why things go wrong and change processes to improve safety.

Closely monitoring incidents also allows us to focus resources where required and identify training or investment needs. As an organisation we are able to measure performance against our pledge to reduce harm from incidents.

CSH Surrey reports all Serious Incidents (SIs) to our Clinical Commissioning Groups (CCGs) in line with the NHS England 'Serious Incident Framework'. We have remained compliant with this obligation and consistently met the timeframes for reporting and submission of Serious Incident Reports to the CCG's Serious Incident Scrutiny Panel.

We declared nine serious incidents between 01/04/18 and 31/03/19, one of which was subsequently de-escalated. This compares to 14 serious incidents declared in 2017/18.

We investigate all Serious Incidents to establish their root cause and contributory factors, and to identify actions and learning to reduce, where possible, the likelihood of a re-occurrence. Incident investigations are reviewed by our Serious Incident Review Group, which provides organisational oversight to SI processes. This includes ensuring a consistent standard of investigations and to ensure learning is embedded across CSH Surrey.

Lessons learned from Serious Incidents are communicated across the organisation in a number of different ways to maximise the opportunity for all relevant co-owners to benefit, including:

- Immediate changes to practice implemented in the relevant service
- Learning from incidents is discussed at our organisation-wide Quality and Clinical Governance Group for managers to cascade to their teams at local governance meetings
- We share 'lessons identified' through CSH Surrey's Quality and Governance newsletter.

Of the nine reported Serious Incidents the most frequently reported categories were pressure ulcer damage (2) and Medication (2). Our Skin Integrity Group and Medicines Management Groups monitor all pressure damage and medicines related incidents and ensure all actions identified in response to learning are implemented effectively. One serious incident relating to pressure damage was subsequently downgraded following investigation.

Examples of actions we have taken in response to learning from Serious Incidents include:

- Establishing a deteriorating patient working group, with senior clinical lead membership. The group is overseeing the revision of policy, training, guidance and audit relating to detection and management of early signs of clinical change
- Undertaking a detailed review into all reported falls incidents, learning from which is informing our falls prevention priority activity
- Enhancing our systems of triage and scrutiny of incidents and near miss events.

A central system for recording assurance of serious incident action plan completion has been established on our Datix system.

Never Events

Never events are serious medical errors or adverse events that should never happen to a patient. There have been no 'Never Events' reported by CSH Surrey during the reporting period.

Duty of Candour

CSH Surrey remains committed to developing a culture of openness and candour, learning and improvement, and constantly striving to reduce avoidable harm.

Open and effective communication with patients begins at the start of their care and continues throughout their time within the healthcare system. This includes communications with patients and/or family members/carers if a patient has been involved in an incident, complaint or claim and ensuring that patients (and their carers or family) receive an appropriate apology.

We will also ensure that patients and/or family members/carers are kept informed of the investigation, given the opportunity to participate, ask questions and are advised of the investigation outcomes and findings. Rigorous reporting of patient safety incidents is fundamental to an open culture.

During 2018/19 we have implemented a new tracking facility relating to Duty of Candour communications on our Datix reporting system. This central system enhances our ability to demonstrate compliance while also supporting continuity and consistency of our employees' communications with patients and carers.

We have undertaken an audit of Policy compliance which showed 100% of records evidence that the relevant person is notified of the incident within 10 working days and Duty of Candour initial contact letter is sent within 10 working days. The audit showed that feedback of investigation findings had been consistently undertaken for all Serious Incident investigations following agreed closure of the incident by the CCG.

We have recently reviewed our Policy to reflect our new systems. Implementation of Duty of Candour policy is overseen by our Serious Incident Review Group (SIRG).

NHS Safety Thermometer

The NHS Safety Thermometer is a national programme that allows teams to measure on a monthly basis four key 'harm' areas:

- Pressure ulcers
- Falls
- Urinary tract infections in patients with urethral catheters
- Venous thromboembolism.

CSH Surrey has actively participated in the programme throughout the year. Our harm free care average for 2018/19 was 96.6%, just below the national average for harm free care of 97.9%. The two areas where our average was above the national harm figures related to Falls (CSH 2.4%; national average 1.5%) and Pressure damage (CSH 1.2%; national average 0.9%).

During 2019/20 we will be giving closer scrutiny to our Safety Thermometer data with the aim of scoring above the national average harm free level at the end of the year.

Infection Prevention & Control and Healthcare Associated Infections (HCAIs)

Infection Prevention and Control (IPC) remains a key focus to ensure it is part of everyday practice for both our clinical and non-clinical employees.

CSH Surrey has a healthcare associated infection prevention and control programme in place along with the underpinning action plan. The key focus continues to be recognising that hand hygiene is the single most effective method of reducing HCAIs and this is emphasised at training sessions and monitored via regular audits.

During 2018/19 CSH Surrey recorded no cases of MRSA, MSSA or E Coli Bacteraemia.

There were two cases of *Clostridium difficile* (apportioned to CSH Surrey). These cases were reviewed by the CCG and no lapses in care were identified and most likely could not have been prevented.

There have been five separate outbreaks of Norovirus during 2018/19 in three of the community hospitals. These were immediately recognised and good IPC practices were put in place, ensuring patient safety. All were resolved within one week.

Training compliance rates for clinical employees have shown continual improvement.

During 2018/2019 the use of Safer Sharps has been reviewed in our CSH Surrey clinical areas which have reduced the risk of needle-stick injuries to our employees.

Central Alert System

The Department of Health Central Alert System (CAS) is designed to rapidly disseminate important safety and device alerts to nominated leads in NHS organisations in a consistent and streamlined way for onward transmission to those who need to take action. Organisations are required to acknowledge receipt of each alert and respond as relevant within specified timescales. We have consistently achieved requirements in 2018/19.

The Quality and Clinical Governance Group oversees assurance in regards to CAS to ensure appropriate action has been taken in response to alerts and is in the process of developing the CAS module on Datix (the CSH risk management system) to enhance the central repository of actions taken in response to all applicable alerts CSH has received.

Medicines Management

Our incident reporting has improved (both quantity and quality) and includes external incidents that have occurred outside of our care. This ensures patient safety is maintained and learning across systems is shared. There were 321 medication incidents reported in the reporting period 1st April 2018 to 31st March 2019, compared to 221 the previous year. These can be categorised as follows:

Year	CSH Incidents	External Incidents	Total Incidents
2017-2018	154	67	221
2018-2019	171	150	321

We have undertaken a detailed review into all incidents reported that related to insulin. The aim of this was to increase our understanding of the contributory factors and root causes. The results of the review were shared at the Medicines Management Governance Group meeting. An action plan has been developed to address the findings of the report.

In response to learning from audit outcomes and incident trends we have revised our Medicines Management Training programme and this is now incorporated into our Learning & Development programme as a mandatory course.

A Project Plan is under way to address the requirements of the Falsified Medicines Directive (Directive 2011/62/EU1). This involves introducing a range of safety measures to ensure that Prescription Only Medicines in the EU are safe and that the trade in medicines is properly controlled. Its aim is to significantly reduce the risk of counterfeit medicines reaching patients.

CSH Surrey has been represented at the Surrey Heartlands Medicine Optimisation Work stream. The work of this group aligns with the vision and objectives of Surrey Heartlands. The identified Medicine Optimisation projects involve collaborative work with all pharmacy professionals, all other health and social care professionals and patients to ensure prescribing is high quality, safe and good value with a positive impact on population health for Surrey Heartlands residents.

Pharmacists working in our Locality Hub services conduct direct patient medication reviews at the Hubs, making significant numbers of interventions that improve patient outcomes. There were 221 patients reviewed at the Bedser Hub in Woking, with 678 interventions recorded from April 2018 to September 2018.

The Thames Medical Hub pharmacist reviewed 75 patients and made over 180 interventions between December 2018 and February 2019.

Planned Improvements for 2019-2020 include implementation of the Falsified Medicines Directive. High Risk Drugs training will commence in April 2019 for nurses who administer medications or who work with patients using these medicines and we are also introducing a programme of medicines management audit to ensure implementation and effectiveness of policy.

Patient Experience

CSH Surrey uses a variety of methods to gather feedback that we can use to help inform ongoing service improvements. Examples of this include:

- NHS Friends and Family Test (FFT) using 'I Want Great Care'
- CSH Surrey website
- Complaints and PALS communications
- Patient surveys
- Patient stories
- External feedback websites: NHS Choices and Care Opinion
- Compliments received by services that are collated centrally
- Informal conversations with service users and their carers.

Themes over the past year have consistently included positive feedback regarding compassionate care, clinical treatment advice, support and kindness.

Recommended areas for improvement include waiting areas environments, reducing noise at night time in community hospital wards and more efficient appointment processes.

These areas are included in our improving patient and care experience work plans. Our Patient Experience Team roadshows at our community hospital sites have enabled further face to face opportunities for patients and services users to seek advice or offer feedback.

Our schedule for patient experience satisfaction surveys and roadshows, expanding to incorporate further CSH services and locations, will continue in 2019/20.

Complaints

We received a total of 58 formal complaints during 2018/19. This compares to 166 complaints received in 2017/18.

The notable reduction in overall formal complaints compared to the previous year is linked to improved systems of triage, emphasis on patient advisory services and on-going promotion of local resolution.

Complaint themes during this period have included waiting time to be seen and discharge from care, with communication with patients and families featuring highly within this. Concerns over the care received and attitude and behaviour shown towards patients and families was also evident in some complaints.

Examples of actions being undertaken in response include: the provision of improved information around service changes and waiting times via CSH Surrey's website, review of service leaflets to help inform patients of the service they should expect to receive, adapting communication methods to reflect the individual needs of a patients and increased sources of information on what patients should do if they have any queries or concerns regarding their care or treatment.

Clinical Effectiveness

The following section provides examples of effective outcomes for our patients that have been delivered across CSH Surrey during 2018/19.

National Institute for Health and Care Excellence (NICE)

NICE is an independent organisation responsible for providing national guidance, standards and information. The guidance aims to ensure that the promotion of good health and patient care in local health communities is in line with the best available evidence of effectiveness and cost efficiency.

CSH Surrey has a systemic process in place for the dissemination, review, implementation and monitoring of applicable NICE guidance. Triage processes include identification of the most relevant governance group or service to be responsible for benchmarking, monitoring progress and implementation. The process is overseen by the Quality and Clinical Governance Group.

During 2018/19 we continued to review all relevant NICE guidance and identified 23 areas of applicable guidance. The following shares a few examples of activity we have undertaken.

Our Continence Service conducted a catheter care audit in the community hospitals which showed good levels of assurance that our employees are following the expected pathway based on NICE guidance in 100% of the records we reviewed.

Future learning was identified in relation to updating care plan documents to reflect NICE guidance changes alongside the main policy document.

Our Medicines Management Team has reviewed the Otitis Media Guidance and sore throat antimicrobial prescribing to ensure CSH services are aware of the best practice requirements. Antimicrobial stewardship in the organisation is actively promoted and regular antibiotic prescribing audits occur to check adherence.

Our Nutrition and Hydration steering group has undertaken a gap analysis of NICE guidance relating to nutrition support in adults ensuring their on-going activity and work plans reflect the recommendations.

Our 0-19 children's service has undertaken an in-depth review of all their procedures and guidance. This review process has involved professional groups across the Children and Family Health Surrey partnership. It incorporated cross reference to best practice guidance including relevant NICE to ensure this is reflected within the partnership's clinical processes, guidance and training.

Our mortality and morbidity group reviewed quality standards relating to mortality in minority ethnic groups and updated the CSH mortality review form in response to this.

End of Life Care

The End of Life Care Group (EoLCG) meets quarterly with representatives of CSH employees and voluntary agencies attending. The Group reviews all aspects of the care of the dying patient to ensure the organisation learns from any issue and improves the care provided.

Our aim is to support people at the end of their life to die in a place of their choosing. During 2018/19 our records show 90% of adult patients at end of life died in their place of choice and 100% of children at end of life died in chosen place of death. No child has been unable to receive care at home if preferred.

We have adopted the Ambitions document as a framework for action and developed a strategy for circulation and agreement. 'Ambition for end of life and palliative care' is a national framework covering 2015-2020.

It set out NHS England's vision to improve end of life care through partnership and collaborative action between organisations at local level throughout England and describes best practice scenarios for commissioning and all areas of healthcare.

A tiered and structured training programme for CSH practitioners has been agreed in line with national best practice and discussions will take place with local hospices to provide the sessions. Training will be mandated for all employees and co-ordinated by the Learning and Development team.

For the coming year CSH will work on harmonising the documentation and paperwork for all areas of CSH, revise the induction process to include an introduction to EoLC as part of the tiered training programme and adopt Surrey Care's EoLC checklist once it has been published. We will also review the information contained within the Bereavement handbook and agree a new contract with a local Hospice to provide out of hours palliative care.

Our Specialist children's community nursing services (SpCCCNs) are developing a pain assessment library which includes a variety of assessment tools, guidance documents and core care plans to meet the needs of the diverse caseloads we manage. This work is being led by SpCCCNs professional lead in conjunction with Shooting Star Children's Hospices.

Adults Services

The Friends and Family Test (FFT) responses we have received over the past year, regarding our adult services have shown the likelihood to recommend rate has averaged 95% for our North West Surrey services and 98% for Surrey Downs' services.

Safer staffing levels

We have reviewed our staffing needs primarily in nursing and inpatient areas to ensure we have an appropriate skill mix to meet the needs of patients within our care. We collect ward-based information several times a day to ensure they are safely staffed. This information is displayed on every ward, every day. During 2019/20 members of the Board will receive regular updates on our staffing levels along with what steps have been taken to correct them should they have fallen below minimum levels.

Safeguarding Adults

Section 42 of the Care Act requires each local authority to make enquiries if it believes an adult is at risk of abuse or neglect. The CSH Safeguarding adults team has received 29 Section 42s enquiry requests relating to CSH services during the reporting period. This compares to 23 requests received during 2017/18. Pressure area care has been the leading area of cause for enquiry.

There were 62 Deprivation of Liberty (DoLs) referrals raised within the community hospitals throughout 2018/19 compared to 86 raised during 2017/18. An audit of employee awareness of Mental Capacity and DoLs undertaken in December 2018 showed positive improvements in standards and application of Policy, although our focus on this will continue into 2019/20.

Responsiveness

We recognised our waiting times for accessing speech and language therapy services were high. There has been a programme of support to help manage this demand, which has been supported by multi-agency colleagues through the clinical executive. All patients on the waiting list are prioritised based upon their individual clinical needs. Improvement in our waiting times for our speech and language therapy services will continue to be a high priority area for us in 2019/20.

Speech and Language Therapy (SLT) – Safe feeding techniques

The SLT team have developed a video on ‘Safe feeding techniques’ as part of their training options. It will be available for all care home teams, GPs, referrers and patients. The team recognised that high staff turnover in care homes means regular training is required; however the team don’t always have capacity to deliver training as regularly as needed.

The idea of the video is that it can be accessed as often as needed by anyone. It should also mean that the number of referrals may reduce as patients/carers/health care professionals feel empowered to manage certain issues without requiring a referral to the SLT team.

Wound Management

A new Vascular Clinic for community patients in West Byfleet opened on 1st April 2019. The clinic will enable timely assessment, diagnosis and optimal treatment for individuals with leg ulcers, improving patient outcomes for this patient group.

A six month pilot, commissioned by the NWS CCG, to provide a pathway for Negative Pressure Wound Therapy in community services has commenced. Anonymised data is being collected and collated by the CSH Medicines Management Team in collaboration with the Tissue Viability Nurse and the CCG to enable analysis of pilot outcomes and effectiveness.

CSH has been a core contributor to the Surrey-wide review of the Wound Management Formulary. The updated formulary document is a valuable resource for providing detailed information of assessment, wound types, education and wound management products, which in turn will support patients to receive the best practice standards of care.

CSH was involved in the launch of the formulary held in venues across Surrey. The market place events provided great learning and networking opportunity for nurses, students, healthcare assistants and health visitors from across all community settings in Surrey.

Pressure Damage Prevention

Analysis of our pressure damage incidents shows we have achieved a 14.87% reduction in pressure ulcers during 2018/19. This positive improvement reflects implementation of our pressure damage prevention work plans. These have included audit, increased triage, detailed review and learning from serious incidents, and policy, guidance and process review. Our skin integrity group will continue to monitor incident and Safety Thermometer trends to ensure systems continue to support improvements in this area.

Falls Prevention

Analysis of our falls data shows we have seen an increase of 19.8% in the number of all falls reported during the period (total reported: 389). We have falls prevention assessment and systems in place and there is no evidence of increased harm levels aligned to the increased reporting. However, alongside a review of our Safety Thermometer themes we recognise increased assurance regarding our standards of falls prevention management needs to be one of our key priorities for the coming year. This activity will be overseen by our Falls Prevention Group and monitored by our Quality and Clinical Governance Group.

Dementia Care

We have developed a dementia care strategy which sets out our priorities for the coming year, with our Dementia Steering Group leading this process. We promoted awareness of dementia care and patient care information during dementia care week.

Other areas of work have included introducing finger food menu options to supplement existing choices, to support improved nutrition in inpatient units.

A new Dementia support café has been developed in Dorking, which came about as a way of bringing people with dementia and their carers together who may otherwise feel isolated and alone in their homes. The community matron team saw increasing numbers of patients who will hopefully benefit from this contact.

Locality Hubs

The Hub service is provided by a multi-disciplinary, integrated team of health, mental health and social care staff that was originally developed in The Bedser Hub in 2015 at Woking Community Hospital. The service is an expansion of the service that was previously known locally as the community matron or virtual ward service.

The Ashford Locality Hub celebrated its first anniversary in February 2019. Since its launch the Hub has helped care for more than 700 patients.

The Bedser Hub has received local and national praise for the benefits it has delivered for patients and the local health system overall. A similar Hub service is also available at Walton Community Hospital (called The Thames Medical Hub) for people registered with GPs in Runnymede and West Elmbridge boroughs.

Community Nursing Services

In line with wider health systems pressures, including higher patient acuity and number of presentations in the Walk in Centres, A&E and Primary Care, our Community Nursing services have experienced particular challenges with meeting demand. In response to this we have developed a robust system of clinical triage and assessment that ensures our community nursing resource prioritises workload based upon individual patient need. This is supported by daily communication calls with senior clinicians to enable discussion and timely response to any areas of escalated risk.

During 2019/20 CSH intends to undertake a specific patient experience survey for our community nursing service users and their carers to ensure the services we are providing are responsive to their health care needs.

Rapid Response Services

Our patient satisfaction survey of 119 patients who received care from our Rapid Response service between April and October 2018 showed 100% of patients stated team members had listened carefully to what they had to say, 95% felt they were given enough time to discuss their health or specific needs with the team member, 97.5% felt they had confidence and trust in their team members and 95.7% felt they were treated with dignity and respect. There were no negative responses received to the above (remaining survey responders did not provide an answer). 99.1% of patients would recommend the service to friends and family.

Community Hospitals

We have worked to reduce the length of patient stay within our community hospitals. In April 2018 the average length of stay was 23 days. In March 2019 the average length of stay had reduced to 21.6 days.

During 2018/19 a rolling schedule of face to face patient satisfaction surveys within our community hospitals have been undertaken. Outcomes of these have shown overall positive feedback on quality standards of care. Examples of areas we are responding to include mending a broken TV remote control, and reviewing the content of our hospital admission packs.

One particular patient, with restricted mobility and nursed in a side room, mentioned during a survey that she was feeling a little isolated at times. This feedback was shared with the ward staff, which had not realised this, and they immediately discussed with the patient options to enable greater integration with other patients.

Quality Assurance Visits

A rolling programme of internal quality assurance site visits to our community hospital wards and services has been introduced. Led by the Quality and Governance Team and involving ward managers and specialist support leads, for example infection control, pharmacists, information governance, these visits provide regular opportunities to monitor and support ongoing best practice standards of care on a day to day basis.

Rolling Audits

We have a programme of rolling audits within our community hospitals to ensure ongoing application of best practice standards. These audits include: hand hygiene; mattress checks; storage and handling of medicines; drug chart completion/compliance with policy; and antimicrobial prescribing. Examples of action taken in response to outcomes include a focus on shift handover communications to ensure key data is consistently checked and shared.

Medical Care and Supervision

It is a requirement for organisations to provide details of any NHS doctors and dentists in training within their annual quality account. CSH does not currently employ any doctors or dentists in training.

Specialty grade doctors and GPs are employed at community hospitals and at Locality Hubs. Our doctors receive regular supervision provided by a Consultant Geriatrician at the hospitals. Out of hours medical input is provided by a contracted out of hours GP service. Any gaps during the working week are reviewed on a daily basis and agency staff employed if there are any concerns around patient safety.

Mixed Sex accommodation

We have had no mixed sex accommodation breaches, in any of our community hospitals during 2018/19.

Children Services

Our CSH Friends and Family Test 'likely to recommend' rate for our children's services has averaged 90% over the year.

Safeguarding Children

During 2018/19 we have undertaken an in-depth review of our safeguarding systems. This has resulted in significantly improved levels of assurance regarding safeguarding training compliance. We have undertaken our Section 11 audit, which is a two yearly statutory requirement to ensure our safeguarding processes are fit for purpose. We have received positive feedback from our submission and have clear plans in place to address the areas with opportunity for improvement. We have reviewed our supervision policy and revised our committee and safeguarding team structures. We have worked closely with Surrey County Council transformation groups.

Looked After Children

Our Looked After Children (LAC) service provides support to Unaccompanied Asylum Seeking Children (UASC) and has been actively involved in a project to ensure these children receive timely advice regarding current and future health needs, improving access to health services and integration with the community. This support includes:

- The identification of those requiring referral to the UASC primary mental health worker
- The assessment of the progress of health recommendations and provision of support where necessary
- The provision of positive health messages in relation to diet
- The provision of basic relaxation techniques and sleep aids
- The provision of information regarding people to link with and how to access their services, for example, sexual health services
- An introduction to cultural differences.

Children and Family Health Surrey (CFHS)

Children and Family Health Surrey is the Surrey-wide NHS community health service for children and young people from birth up to 19 years of age. CSH is one of three established NHS providers alongside First Community Health and Care and Surrey and Borders Partnership NHS Trust working together, as CFHS, to ensure children and young people are at the centre of the care they receive and to improve access to healthcare services across the county.

Children and Family Health Surrey includes health visiting, school nursing, school-age immunisation services, as well as developmental paediatrics, and specialist paediatric nursing and therapy services to support children and young people who have additional needs requiring on-going care. Our health services are closely linked to Surrey's mental health services, and wider health services, such as the speech and language therapy for school-age children provided by Surrey County Council, which helps improve the care and support families receive.

CFHS Clinical standards – Partnership Working

The CFHS partnership recognises that all services require clear clinical policies and procedures to ensure high quality best practice service provision. The partnership's clinical procedural and policy documents form an integral part of the partnership's governance and risk management processes and provide corporate identification, clarity and consistency in compliance with legislation, statutory requirements and best practice.

In October 2018 the partnership established a multi-disciplinary clinical forum to take responsibility for the scrutiny and approval of all clinical documents. The CFHS Clinical Practice Forum is chaired by a Director of Nursing from within the partnership and has provided monthly opportunity for discussions and procedural agreement on clinical best practice for aspects relating to children's care pathways. Examples of their activity includes Clinical Standard Operating Procedure (SOP) for reviewing the health needs of looked after children, including the completion of a review health assessment, continence/enuresis management and immunisations.

Gypsy, Roma, Traveller Health – Addressing inequalities

In 2018, one of the CFHS partners, First Community Health and Care, secured funding from the Queen's Nursing Institute to further develop its service provided to the Gypsy, Roma, Traveller communities with the aim of reducing inequalities in health and treatment and challenge the life expectancy (which is significantly lower than the rest of the population).

Some of the outcomes over a 12 month period:

- 26 children with poor dentition were referred for dental treatment
- 42 health promotion contacts, leading to three onsite immunisations
- 32 blood pressure checks led to signposting to primary care services for further treatment.

This foundation work and partnership working has enabled this work to be extended across Surrey through the CFHS service. The aim is to reduce inequalities in access to services and improve outcomes for the Gypsy, Roma and Traveller communities and engagement with the 0-19 service and other connected services.

Advice line

The 0-19 Surrey wide advice line went live on 1st April 2019 and will operate Monday to Friday 8am – 5pm. The single number provides support for families and professionals. The introduction of the advice line has ensured an equitable service across the county and will enable an increase in clinical capacity at a local level.

Recruitment

Recruiting health visitors, paediatric therapists and school nurses across Surrey has been a challenge. CFHS has worked in partnership to improve recruitment processes, enable joint interviewing and has enabled flexibility in the workforce across the county. CFHS has attended a number of open recruitment fairs and made contact with local colleges and universities to further promote recruitment opportunities.

One Stop

One Stop is a single point of access for all referrals to Children and Family Health Services. One Stop has provided a screening and triage process to ensure referrals for children safely reach the appropriate clinical service or are signposted to an alternative service.

In January 2019, One Stop expanded their service provision to include dealing with referrals from the Local Authority for therapy reports for Education Health Care Plans (EHCPs). These care plans are used to recommend any additional support a child may require and the revised referral process has improved the timeliness of access to health advice and improved communication with the Local Authority.

One Stop received an average of circa 1200 referrals per month. Four CFHS services (Physiotherapy, Speech and Language, Occupational Therapy and Enuresis) are able to accept direct referrals and since January 2019 an average 5% of all referrals via One Stop have been direct from a parent/carer. This direct access option has reduced the need for additional GP appointments or school/nursery involvement.

More recently One Stop has further evolved and from April 2019 is now integrated into the Surrey and Borders Partnership, Single Point of Access for children. This will bring further qualitative improvements to children and families in the coming year.

Antenatal

We are working to increase the contact we have with women who are pregnant (and have no additional needs) by sending an introductory letter to ensure they are aware of the support and advice services CFHS offers during and following pregnancy for them and their families.

Breastfeeding

We are achieving our target of 62% of parents continuing to breast feed at eight weeks. In March 2019 our rate was 63.1%. Achieving our target of 73% at 10 days has been more challenging, with March 2019 rates at 62%. However, we now have a full offer of three permanent infant feeding leads supporting our commitment to the UNICEF Baby Friendly Initiative.

They are embedding and sustaining training and best practice to support families in Surrey, engaging parents and working in partnership with maternity units within the antenatal period to promote breast feeding and raise awareness of support available to sustain this.

New birth visits and follow up review

Despite challenges with recruitment and retention, health visitors have continued to achieve above our local target of 77% to offer a new birth reviews to all parents between 10-14 days. From January to March 2019 this increased to 86.51%.

We also provide follow up reviews for babies between 9 and 12 months. A revised model has recently been implemented to support this aim. This model will ensure 100% of families are offered information and are aware of the menu of options available to access professional support and advice across CFHS. Where any concerns are highlighted these are followed up by our health visiting team.

Immunisations

We are now offering access to all pre-school immunisations at our community clinics, and have extended the role of our immunisation nurses to administer all childhood immunisations. Our aim to increase immunisation uptake within our hard to reach groups.

We have seen an increased uptake of nasal flu immunisation for primary school children across Surrey. Autumn 2018 saw the offer to immunise extended to children from reception class through to year 5 in all state and independent primary schools. CFHS achieved 71% uptake, which is above the national average. MMR (Measles, Mumps and Rubella) uptake of two doses in Surrey is an area we are focussing on, with uptake currently standing at 79%.

Children with missing immunisations are identified at school entry and offered the opportunity to access immunisations through our community catch up clinics. We are in the process of producing immunisation reminder cards to be given to parents at 1 year and 27 month checks.

School Nursing

In January our school nursing team took part in the annual health fair at Esher College. Information stands were organised and run by the first year health and social care BTEC students with support from our school nurses and local organisations including Catch 22 and Kooth.

The event gave up to 800 college students an opportunity to visit stands to discuss health issues pertinent to their age including mental health, alcohol and drugs, healthy eating and sexual health. Students were able to take part in interactive activities, speak to professionals and take away leaflets and information.

Children Continuing Care

Our Children's Continuing Care service undertook a deep dive review of the standards of care, which included their standards of assessment and management of nutritional needs. The review showed all children and young people had been assessed for nutritional needs on admission to the caseload. All children with an identified need had dietetic support and reviews. One child did not have a feeding plan and this was therefore rectified.

Paediatric Therapies

A new pathway has been developed for children with acquired brain injury to facilitate discharge from specialist centres to community. This was presented as a poster at a national conference.

Paediatric Physiotherapy contributed to the Hip Surveillance in Cerebral Palsy pathway across the South East England. CPIP is a pathway for a locally agreed protocol of standardised musculoskeletal examination for children and young people (CYP) with Cerebral Palsy (CP) in the South East of England.

Special Educational Needs and Disabilities (SEND)

Paediatric Therapies have developed a Single Advice template to ensure consistency of information and to meet the outcome focussed requirements of EHCP (care plans used to recommend any additional support a child may require).

Positive verbal feedback was received regarding health assessments and interventions following the CQC/ OfSTED Joint Revisit of SEND in Surrey.

Employee ownership

The Voice

The employees in CSH Surrey are equal owners of the business. This entitles them to share their opinions and views in how our business is run with our Board. The vehicle for these opinions/views is through our employee council the Voice. The Voice has 11 members who represent different locations across the business. We also have a Non-Executive Director who sits on the council and is our direct link with the Board.

Voice activity during 2018/19 included participation on the interview panels for appointing our new Executive Team members and Freedom to Speak Up Guardian.

Freedom to Speak up

We are committed to promoting an open and transparent culture across the organisation to ensure that all of our employees feel safe and confident to speak out. 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.

Examples of our strategy includes: increased awareness training for all employees so they are clear about what concerns they can raise and how to raise them; ensuring managers are clear about their roles and responsibilities when handling concerns and are supported to do so effectively; regular communications to all employees (including those permanently employed on a full-time/part-time basis, temporary/ contracted workers and volunteers) to raise the profile and understanding of our raising (whistleblowing) concerns arrangements;

We communicate key findings about the level and type of concerns raised and any resultant actions taken, as is appropriate under the scope of confidentiality. We also share good practice and learning from concerns raised through a variety of fora, with the key aim of fostering openness and transparency, such as, newsletters, staff briefings, team meetings and the intranet.

We actively seek the opinion of our employees to assess that they are aware of and, are confident in using processes and use this feedback to ensure that our strategy is continually reviewed and improved based on co-owner experiences and learning.

People survey

An annual survey is conducted among our employees so key areas of concern can be addressed. The survey includes areas such as Team working and relationships at work; Friends and Family Test questions; Communication; Leadership; and Manager support. Our annual survey was completed in November 2018, with a response rate of 48%.

The results of our 2018 People Survey showed that employee engagement remained high at 81%. Other areas which provided very positive results included our employees feeling they are listened to and heard, are supported by immediate management and have good team working and relationships at work.

Areas for development included the need for improved communication and resourcing (addressing staffing levels).

Our survey includes two questions regarding recommendations to friends and family which are:

- How likely are you to recommend CSH Surrey to friends and family if they needed care or treatment? 70% of respondents agreed with this.
- How likely are you to recommend CSH Surrey to friends and family as a place to work? 36% of our employees agreed.

Improving workforce experience remains an identified quality improvement priority area for 2019/20. A corporate plan has been developed in response to the People Survey feedback, with the intention of ensuring clear steps are being taken to increase the percentage of our workforce who recommend CSH Surrey as a place to work. The plan includes actions relating to communications and planning, workplace environment, management capability and stability, digital and IT resources and staffing levels, and cross references to wider CSH strategy and objectives.

Workforce Race Equality Statement

At CSH Surrey we are committed to providing the highest clinical and working environment where all employees, workers, patients (including their relatives and identified carer(s), visitors and contractors are employed, cared for, welcomed, respected and treated in a consistent and non-discriminatory manner.

This approach is applied in respect to the following protected characteristics:

- Age
- Disability
- Gender reassignment
- Marriage or civil partnership
- Pregnancy and maternity
- Religion or belief
- Race (including ethnicity, colour and national origin)
- Gender
- Sexual orientation.

This is underpinned by ensuring current and future clinical services are reflective of our commitments. We also ensure that appropriate policies, procedures, recruitment and development programmes are fairly and consistently applied, assessed, monitored regularly and treated seriously.

We ensure compliance with any statutory duties that are required.

Our assurance processes for this include updating our self-assessment against the Equality Delivery System tool. This tool was developed to help NHS organisations improve the services they provide for local communities and is underpinned by compliance with the Equality Act. Our Equality and Diversity forum oversees the outcomes of the assessment and takes forward any recommendations.

Workforce successes

Internal Awards

In July 2018 we held our first annual STAR Awards to recognise colleagues who were Standout, Talented, Achievers and Respected. Voice representatives and members of the Communications Team chose 70 winners from the 150 nominations to mark the 70th anniversary of the NHS. These 70 were treated to afternoon tea, where they received certificates and glass star awards. In addition we invited employees with long service to join us at the celebration.

The 150 nominations revealed common attributes, including putting people first and a real focus on patient and client care, being consistently positive, helpful and supportive, going the extra mile, and working with care and kindness – or in the words of a number of the entries, colleagues who are ‘a pleasure or a joy to work with’.

In addition to these attributes, the 70 winners stood out for being consistently ‘can do’ and focused on solutions, and for continuously delivering and enabling their teams or services to improve, progress or develop. Our winning stars also showed a particular emphasis on quality, and for having an ability to inspire and help to build positive and high performing teams and services, whatever their job role. Their colleagues also recognised their resilience and leadership through periods of adversity, and their abilities to bring others with them – whether through challenges within the service such as addressing long waiting times or going through consultations, or challenges of a more personal nature, such as coping with the impact of the Weybridge fire, or of illness.

Following this event, which received much positive feedback from our employees, we relaunched the monthly Spirit Award as the monthly STAR Awards.

External Awards

RCNI Annual Nurse Awards

Kat Sealey’s (Specialist School Nurse) Angry Angus project has been nominated for these awards. The project resources include a book, e-book, activity sheets and lesson plans, which schools can use to deliver Key Stage 1 Personal, Social and Health Education (PSHE). The tools help teach 4-6 year olds to understand and express their feelings to increase their chances of good mental health in the future.

Armed Forces Covenant Award

In March we received an Armed Forces Covenant Bronze Award. In order to achieve this we showed we could meet certain requirements including our pledge to support the armed forces, comprising of existing or prospective employees who are members of the community. We also demonstrated that CSH is armed forces-friendly and is open to employing reservists, armed forces veterans (including the wounded, injured and sick), cadet instructors and military spouses/partners.

Skills for Health Award

We continue to achieve the highly regarded Skills for Health Quality Mark. This is awarded by the National Skills Academy (Health) to organisations that are recognised to be delivering high quality learning and training within the health sector. Achievement means that CSH Surrey meets high standards of training around four criteria: Ethics and Values, Health Sector Engagement/Awareness, Learning Excellence and Effectiveness of Quality Assurance Arrangements.

Feedback and Responsibility

Feedback from our stakeholders

Commissioner Statement from Surrey Heartlands Clinical Commissioning Groups

Surrey Heartlands CCGs welcome the opportunity to comment on the draft CSH Surrey Quality Account for 2018/19. All three CCGs within Surrey Heartlands have reviewed the Quality Account and their comments have been included in this response. Having reviewed the draft Quality Account document for 2018/19, we would like to make the following observations.

- The Quality Account complies with some, but not all of the information requirements set out in the Quality Account requirements.
- The Quality Account clearly outlines the quality performance of the organisation and the areas of improvement. However, following review it was felt that the Quality Account would benefit from the inclusion of more data for the current year as well as previous year(s) to support the narrative. Areas identified as requiring further development/improvement would benefit from the inclusion of any action plans, detailing what and how these will be implemented with timelines and Work stream leaders identified.
- We are content with the proposed quality measures for implementation during 2019/20 however we would encourage CSH Surrey to where relevant consider their application across all the services they provide and we look forward to receiving updates on their implementation and effectiveness.

Quality improvement priorities for 2018/19

CSH Surrey has continued to demonstrate their focus the importance of high quality and safe patient care and the importance of improving Patient information and feedback systems. The CCG would like to note:

- The reduction in actual patient harm through the focused work on preventing falls and pressure damage
- Improvements in hand hygiene and a focus on Infection Prevention and Control.

Data Quality

Surrey Heartlands CCGs is satisfied with the accuracy of the data that is provided contained within the Quality account.

However we would have liked to see more data to support the qualitative information and some comparative analysis to demonstrate the direction of travel in performance. It would also be helpful to see details of what has caused any areas of underperformance also included in the document along with details on any actions being taken to bring about the required improvements.

Thank you for sharing your draft Quality Account with the Surrey Heartlands CCGs and giving us the opportunity to comment on this. We look forward to continuing to work with you over the coming year.

Statement of Directors' responsibilities

In preparing our Quality Account, our Board has taken steps to assure themselves that:

- The Quality Account presents a balanced picture of CSH Surrey'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 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

27th June, 2019



Bill Caplan

Chairman

Glossary of Terms

Language and Terminology

0-19 Service: services for children and young people aged 0 to 19 years of age, and their families.

Care Quality Commission (CQC): the CQC regulates care provided by the NHS, local authorities, private companies and voluntary organisations. It aims to make sure better care is provided for everyone – in hospitals, care homes and people’s own homes.

Clinical Commissioning Group (or CCG): CCGs commission organisations to provide NHS services.

***Clostridium difficile* or *C.Difficile*:** this is an unpleasant and potentially severe or fatal infection that occurs mainly in the elderly and other vulnerable groups who have been exposed to antibiotic treatment.

CQUIN: CQUIN stands for Commissioning for Quality and Innovation. It is a payment framework first used in 2009/2010 that enables NHS commissioners to reward excellence by linking a proportion of a provider’s income to achievement of quality improvement targets. There are national targets and commissioners can also agree local targets.

Datix: this is integrated risk management software we use at CSH Surrey for healthcare risk management, incident and adverse event reporting and recording of complaints and concerns.

Deprivation of Liberty Safeguards (DoLS): these are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedoms.

Enuresis: repeated inability to control urination, more commonly termed as bed wetting.

Friends and Family Test (FFT): this test provides people who use NHS services the opportunity to provide feedback on their experiences. The FFT asks people if they would recommend the services they have used and offers a range of responses. When combined with supplementary follow-up questions, the FFT provides a mechanism to highlight both good and poor patient experience. This kind of feedback is vital in transforming NHS services and supporting patient choice.

Infection, Prevention and Control Strategic Committee: a sub-committee of CSH Surrey's Integrated Governance Committee that is responsible for ensuring CSH Surrey complies with the Health & Social Care Act 2008 (Updated 2015) and all issues related to infection prevention & control.

Integrated Governance Committee: a sub-committee of CSH Surrey's Board that is responsible for ensuring CSH Surrey is well run and governed.

Looked after Children: Children in care have become the responsibility of the local authority. This can happen voluntarily by parents struggling to cope or through an intervention by children's services because a child is at risk of significant harm.

Mental Capacity Act: the Mental Capacity Act 2005 covers people in England and Wales who can't make some or all decisions for themselves. The ability to understand and make a decision when it needs to be made is called 'mental capacity'.

MRSA or Methicillin Resistant Staphylococcus Aureus: this is a bacterium responsible for several difficult-to-treat infections in humans.

MSSA or Methicillin Sensitive Staphylococcus Aureus: a bacterium that responds well to antibiotic treatment, but can lead to serious infection.

Negative Pressure Wound Therapy: Medical procedure in which a vacuum dressing is used to enhance and promote wound healing.

National Institute for Health and Care Excellence (NICE): this is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.

Pressure ulcers: pressure ulcers are a type of injury in which the skin and underlying tissue break down. They are caused when an area of skin is placed under pressure. They are also sometimes known as 'bedsores' or 'pressure sores'. The severity of pressure ulcers is graded from 1 to 4, with 1 being the least severe.

Prevent (anti-terrorism): this is one part of the Government's *counter-terrorism strategy* and aims to stop people becoming terrorists or supporting terrorism. Professionals within health, the police, education, social care and other sectors are required to provide training and implement initiatives to support it.

Professional Advisory Group: a group of clinicians, each of whom represents their particular clinical profession, and who advise CSH Surrey on issues related to delivery of care.

Professional Registration: clinicians (nurses and therapists) have to be registered with their professional body (Nursing and Midwifery Council or the Allied Health Professionals Council) to practice.

Safeguarding supervision: is a process that supports, assures and develops the knowledge, skills and values of practitioners and teams in their work with children and families. It allows for monitoring of professional and organisational standards and enables practitioners to explore strategies for dealing with complex issues.

Section 42: A section of the Care Act 2014 that requires each local authority to make enquiries if it believes an adult is at risk of abuse or neglect.

Serious Case Review: a serious case review (SCR) takes place after a child dies or suffers serious harm as a result of abuse or neglect and where there are lessons that can be learned to help prevent similar incidents from happening in the future. The decision to proceed to SCR is made by Surrey Safeguarding Board panel.

Statutory and Mandatory training: training required to meet legislation.

Surrey Safeguarding Adult Board (SSAB): This helps and protects adults in Surrey who have care and support needs and who are experiencing, or at risk of, abuse or neglect. Representatives from Surrey's carers groups, disability groups and older peoples groups are members of the Board and ensure the voices of adults at risk, their families and carers are heard.

Surrey Safeguarding Children's Board (SSCB): The Surrey Board overseeing safeguarding children systems.

The Voice: this is CSH Surrey's employee 'council', who hold the Executive Directors and Board to account on matters of strategy and performance, and who ensure co-owners' views are heard at the highest levels in the organisation.

Better healthcare together