CSH Surrey – Quality Account

2019 – 20

Part One: 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 2019/20 and our future plans for 2020/21. This section also includes the statutory statements of assurance that relate to the quality of the services we have provided during the period 1 April 2019 to 31 March 2020. 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 2019 to 31st March 2020, describes the quality and safety of services we deliver within our community hospitals and other community-based services.

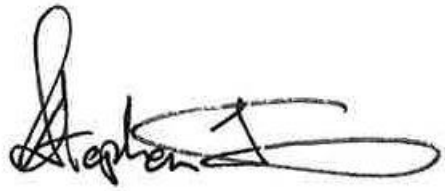
Since my appointment as Chief Executive in August 2018, I have observed the ongoing commitment of our employees to deliver high quality health care services to our patients and local community. Our Friends and Family Test responses reflect this, with an average of 95% of our service users saying they 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 focused 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, particularly during a global pandemic, 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 focused 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

CEO

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 look after each other, speak kindly and work collaboratively
We take Accountability	We take responsibility, act with integrity and speak with honesty
We show Respect	We listen, value, trust and empower people and treat them with dignity
We deliver Excellence	We are professional, aim high, value challenge and never stop learning or innovating

Our Clinical Services

Children 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 Therapy Team
Immunisations and Child Health	Musculoskeletal service/MSK CATS
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
Community Nursing	• Heart Failure service
Community Hospitals	• Stroke Nurse
Frailty Hubs and Community Matron Service	• Tissue Viability Nurse
Integrated Rehabilitation Service (IRS)	• Infection Prevention and Control Nurse
Outpatient Nursing service	• Lymphoedema Specialist Nurses
Diabetes Specialist Nursing Team	Referrals Management/Single Point of Access
Rapid Response	Out of Hours Nursing Team
Neuro Rehabilitation team	Safeguarding Children and Adults
Community Rehabilitation Team	Looked after Children
Walk in Centres	Medicines Management

Patient and Stakeholder Involvement

At CSH Surrey we welcome the ongoing views of our patients and stakeholders, which include encouraging their involvement in the development of our quality account.

In December 2019, 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 2020/21.

Part Two A: Quality Improvements Priorities and Future Plans

Quality Improvements 2019/20

In March 2019, we agreed ten priority objectives for quality improvement in 2019/20 and we shared these in our quality account 2018/19. The following provides a summary of our progress.

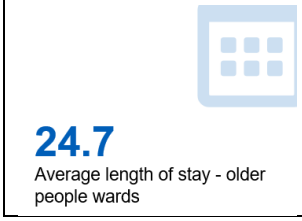
Patient safety		
Priority One	Inpatients Falls Prevention in Bedded Units.	
What	Reduce the number of falls' incidents occurring within our community hospital wards	
Why	improve patient wellbeing Reduce risk of patient harm Reflect learning from incidents and safety thermometer themes	
Target	Reduce number of falls' incidents in bedded units by ≥ 5% Increase our safety thermometer harm free data to ≥ national average	

Our achievements

CSH Surrey delivers bedded care in two community hospitals, in Walton on Thames and Woking, with a total of 60 commissioned beds. In 2019/20 CSH Surrey had 698 admissions with an average bed occupancy rate of 86%.

CSH Surrey average length of stay was

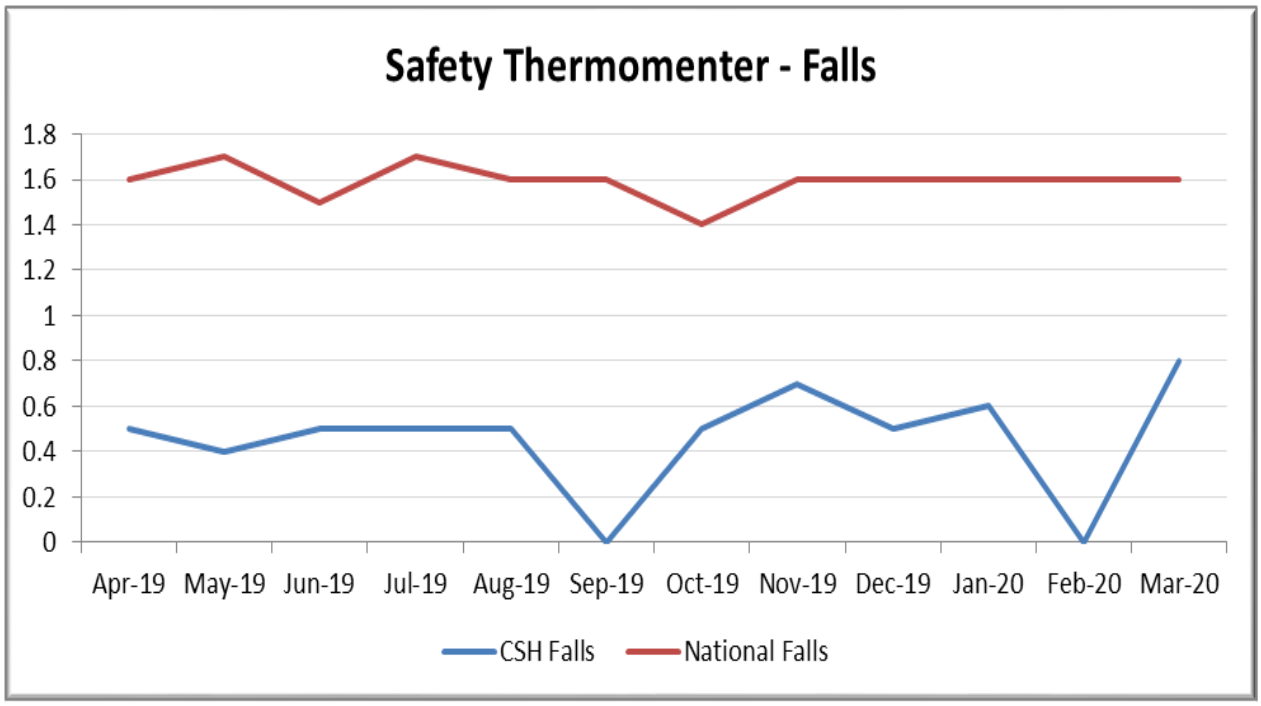
Compared to the national benchmarking average of



147 falls reported during compared to 242 in 2018/19; a reduction of 40%

CSH is looking to reinstate reporting bedded unit falls by 1,000 bed days to see if that enables greater comparison, noting, however, that this measure was removed from community trust reporting nationally (due to the considerable variations in community trusts specifications which affected benchmarking).

CSH was successfully above national average of new harm free care. The chart below shows average harms by falls over the reporting period.



Falls prevention initiatives undertaken during the reporting period included:

A review of inpatient falls documentation:

- New post-falls checklist
- Falls care plan
- Falls risk assessment

Embedding CQUIN on falls into day-to-day ward practice: working with the wards to ensure good understanding of what was required and how to record data accurately.

The falls prevention and management bundle (including the revised risk assessment,

falls log, care plan and post-falls checklist process) was trialled and approved for roll out to all inpatient units.

Guidance to support the medications element of the national falls CQUIN was developed and approved.

Priority Two	Clinical Deterioration	
What	Improved recognition and treatment of early signs of clinical deterioration (adult services)	
Why	Learning from incidents/audit and national strategy	
Target	≥ 90% of records audited show policy compliance 80% of employees trained in high risk areas Incident review / reports show timely intervention	

Our achievements

Deteriorating patient pathway: all 64 ward staff now having received the deteriorating patient training, building on ward confidence and competence in managing patients who become acutely unwell (e.g. sepsis) in order to promote patient safety, and to reduce the number of necessary readmissions to the acute hospitals.

The discharge planning coordinator reviews all transfer incidents back to the acute hospital and is responsible for providing monthly assurance reports on themes and learning.

The community hospitals operational group is responsible for taking forward any actions in response to learning and engagement with system partners to share the learning.

The community hospital strategy group oversees assurance of this activity.

Impacts include revised patient cohorts, ensuring that clinical pathways and competencies align to the cohorts of patients. The CSH deteriorating patient group continues to meet to monitor and review effectiveness of policy and pathways.

Priority Three	Patient Safety Networks	
What	Establish schedule of (minimum) quarterly opportunities for clinical staff to meet and discuss safety concerns relevant to their area	
Why	Sharing best practice Learning from patient safety incidents	

Target	Evidence of four 'quality' patient safety awareness events targeting our quality improvement topics

Our achievements:

The clinical effectiveness group was established October 2019 in order to promote clinical excellence, evidenced based practice, audit and shared learning. With specific objectives to:

- support co-ordination of CSH quality improvement related events
- review latest best practice and support coordination of taking forward applicable guidance within CSH
- support development and delivery of CSH annual clinical audit schedule
- review audit outcome reports and promote shared learning
- support development of CSH annual quality account
- promote best practice/quality initiatives and innovation
- support shared learning from serious incidents and other patient safety-related investigations

Quality summits for community hospitals and community nursing services were delivered, to bring teams together for time to pause, reflect, share and learn.

Regular safety huddles to discuss and share clinical concerns have been held throughout the year. These have provided multidisciplinary opportunity to review incidents, share learning and enable timely coordinated responses to incidents or near miss events.

Quality roadshows were held around various CSH sites, to celebrate achievements, showcase good practice and share ideas for future quality developments. These events involved staff, patients and public.

Clinical effectiveness

Priority Four	Early identification of health needs	
What	Improved opportunity to identify health needs of children aged 9-12 months	
Why	Data analysis/health promotion and support opportunities	
Target	100% of families are offered information and support resources	

New health needs assessment system was introduced. The new system involves sending every 9-12 month aged child registered with CFHS a letter on our services and assessed as universal service offer. Children previously assessed as requiring additional support were offered face-to-face contact. The universal letter includes health

visiting advice line contact details; website link; CFHS designed dental health and immunisation information flier and ages and stages questionnaire (ASQ) to complete with a prepaid envelope to return to CFHS. The ASQ is triaged by a member of the health visiting team and advice shared or booked appointment offered for further assessment of progress depending on triage outcome.

Progress made during 2019/20

Completed Assessment	April 2019	March 2020
12 months of Age	13%	56%
15 months of Age*	20%	72%

* commissioning deadline for data

Priority Five	Admission / Discharge pathways	
What	Quality care pathways responsive to clinical need	
Why	Service redesign / incident analysis / improved patient experience	
Target	Reduce number of preventable readmissions to hospital by 5%	

Our achievements

Role of community hospital clinical coordinator (CHCC), in post since March 2019, has created consistency in process of Triaging. Achievements of this post:

- Established clear identity for role: CHCC has become a reference point for referrals into the community hospital beds.
- Clarified referral pathways: set up practical process, which has created consistency in how referrals are managed.
- Redrafted the admission criteria: created greater clarity on remit of hospital beds.
- Built up relationships with partner organisations: promoting understanding and effective working practices between community and acute hospitals.
- Set up monthly liaison meetings: aiming to achieve better channels of communication with local acute hospital.
- Established a monthly report: feedback for internal/external means, to provide picture of efficacy of system working and community bed use.

Participation in national project 'Act Now Home First'

In October 2019, the community hospitals were invited by NHS England to join the #ActNowHomeFirst community collaborative project. The primary benefits of this project were to:

- Avoid unnecessary admission to acute hospitals by increasing the utilisation of step up beds within our community hospitals; this project aligned itself to integrated care

partnership (ICP) models of care, closer to home work streams and the GP extended home visiting service.
- Improve patient experience.
- Improve discharges and reduce overall length of stay, reducing readmissions to acute hospitals.

Discharge Pathways

- The service increased the discharge coordinator team. This fits in with the NICE guidance (NG27) 'Transition Between Inpatient Hospital Settings and Community or Care Home Settings for Adults with Social Care Needs', which recommends making a single health or social care practitioner responsible for coordinating a patient's discharge from hospital, via the creation of designated discharge coordinator posts, or by making members of the hospital/community multidisciplinary team responsible. It ensures the discharge coordinator is a central point of contact for health and social care practitioners, the person and their family during discharge planning.

Priority Six	End of Life Care	
What	Implement ReSPECT programme	
Why	National strategy/CSH End of Life strategy	
Target	85% of relevant staff trained and confident in ReSPECT process ≥ 85% of ReSPECT documentation will demonstrate compliance with best practice requirements	

Our achievements

ReSPECT is now implemented within the community. CSH is actively engaged in the Integrated Care Partnership end of life care forum and more locally from a north west Surrey (NWS) perspective. The forum involves all partners working together to enhance development of robust end of life care pathways across the area reflective and responsive to local population needs.

Training in ReSPECT is available and where applicable CSH medical staff and specialist nurses have accessed this.

Patient Experience		
Priority Seven	Privacy and Dignity	
What	Improve waiting area environments in clinical areas/reduce level of noise at night in bedded units Creating an environment in the walk-in centre to promote privacy	
Why	Improve patient experience and feedback	
Target	≥ 90% of patients surveyed reporting satisfaction at standards	

Our achievements:

100% (35 patients) positive feedback from the patients interviewed (via Q3&4 bedded units - assurance site visits)

The wards continue to look at ways of keeping noise to a minimum at night.

Formal survey of waiting areas environments was not fully completed in Q4 (COVID-19)

No complaints/concerns/or negative Friends and Family Test (FFT) comments regarding waiting area environments have been received during the reporting period.

Priority Eight	Patient Information	
What	Increase level of information available to patients regarding their expected care pathway in the continence service	
Why	Improve patient experience and feedback	
Target	≥ 90% of patients surveyed stating they felt fully informed of the care and service they should expect	

Our achievements

The continence service saw 2,660 patients in 2019/20.

Schedule of 'secret shopper' audits (undertaken by PALS service across all CSH) showed 100% compliance when contacting the service of ability to access advice or be

signposted to alterative resources.

There have been no formal complaints received.

Patients continue to be encouraged to provide 'I want great care' feedback.

All patients are routinely sent a leaflet when a new referral is received by the service.

Priority Nine	Voice of the Child and Parent	
What	Increase opportunities for capturing the voice of the child	
Why	To ensure service improvements reflect children's perspectives	
Target	Demonstrate examples where the voice of the child has been captured	

Our achievements

Examples of how the Voice of the Child and Parent has been used to inform services improvements are:

SAFESPACE HEALTH (Voice of the Child)

During the development and consolidation phases of the CFHS Safespace Health website, focus groups were held in secondary schools to capture user feedback. Direct questions for focus groups included;

- How helpful was the site,
- Was it easy to understand the language and terminology?
- What was the best or worst page,
- What else should be added; is anything missing?

This feedback allowed further enhancements to the site; for example inclusion of information around specific medical issues.

Overall, young people shared that the website was a "great way to learn about themselves, the information was easy to read and the site was easy to navigate".

NATIONAL CHILD MEASUREMENT PROGRAMME (Voice of the Parent)

As per Public Health England (PHE) guidelines all children in year R and year 6 are offered the opportunity to take part in this national programme. Result letters suggested by PHE that are included in the national NCMP guidance can be adapted by local providers. During previous years, many parents expressed concern and anger about the

wording of the letter informing them that their child was overweight.

To support parental engagement with behaviour change, the wording of the result letter was revised with the Surrey County Council public health lead. Whilst still emphasising the risks associated with excess weight in children, the tone and wording has been adapted. Whilst weight remains an emotive issue, it would appear the number of complaints associated with NCMP in Surrey has reduced.

Employee Experience

Priority Ten	Employee experience (continued into year two)	
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 that will recommend CSH as a great place to work by 15%	

Our achievements

We are disappointed we did not achieve this target. We are committed to addressing this and examples of actions we are taking are:

- We are about to launch a people and culture strategy. Our vision is for a workforce where people deliver their best each and every day and feel involved, inspired, appreciated, fulfilled, happy and healthy at work. We want to be recognised by our workforce as a great place to work and an employer of choice (where people to choose to work for us and consciously choose to stay).
- By realising five key strategic priorities we will ensure that we achieve consistently well-led, fully resourced teams with people who feel valued, appreciated and motivated to provide a first class service delivery. Organisational development, health and wellbeing, maximising our workforce, learning and development and communications and engagement, this two year strategy will focus on enhancing our people offer.
- We have our own local people plan that commenced at the start of this year, which links into the people and culture strategy as well as the national people plan.

- We are investing in recruitment and equality and diversity projects to improve the experiences of our people and improving our communications and engagement programmes in order to ensure we reach all of our colleagues in a variety of ways.
- We are adopting the NHS staff survey in 2020 to enable direct comparison to other NHS providers, which will include our bank workers, recognising the importance of the support they bring to our substantive workforce

Quality Improvement Plans 2020/21

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.

For 2020/21, we have set ourselves five quality improvement priority areas; the first three relate to our continued quality improvement priority activity from this year. The fourth priority highlights our commitment to reducing harm associated with pressure damage. The uncertainties, ongoing challenges and impacts of the COVID-19 pandemic have particularly driven the development of our fifth priority.

Priority One	Clinical Deterioration – consolidation
What	Embed implementation of NEWS2, CSH policy and associated training.
Why	To continue improvement in recognition and treatment of early signs of clinical deterioration (adult services) In response to learning from incidents, and safeguarding section 42 investigation outcomes National agenda including CQuIN for acute

Measures	Number of (applicable) bedded unit staff Number of above with in date training compliance - deteriorating patients Audit of NEWS2 documentation completion (and applicable escalation) on bedded units - (as part of routine assurance plans) Number of patients on ward / number of compliant patient records Number of patients showing clinical deterioration requiring transfer to an acute hospital
Target	≥ 90% of records audited show policy compliance ≥ 80% of employees working in high risk area have completed deterioration of patient training Incident review/reports show timely intervention

Priority Two	Early identification of health needs continued
What	Improved opportunity to identify health needs of 9-12 month aged children
Why	Data analysis/health promotion and support opportunities
Measures	% of families are offered information and support resources
Target	100% of families are offered information and support resources

Priority Three	Voice of the Child – CFHS Partnership
What	Develop an agreed approach to capturing the voice of the child across the partnership
Why	To ensure service that improvements reflect children's perspectives
Measures	To be confirmed
Target	An agreed partnership approach to capturing Voice of Child – approved by the CFHS Board

Priority Four	Pressure damage
What	Standards of assessment and documentation of pressure ulcer risk
Why	Patient safety CQUIN In response to learning from incidents and safeguarding section 42 investigation outcomes.
Measures	Clinical audit outcomes Incident report reviews
Target	➢ 90% records audited (community nursing & bedded units) demonstrate appropriate evidence of assessment and responding care planning

Priority Five	People matter – workforce wellbeing
What	Workforce wellbeing, especially throughout pandemic and restoration
Why	Staff survey outcomes / Voice / Freedom to Speak Up feedback
Measures	Staff survey outcomes Debriefing session availability and uptake Staff Feedback
Target	Staff survey shows increase of 15% in recommendation of CSH as place to work.

Part Two B: Statutory Statements of Assurance

Review of Services

During 2019/20, Central Surrey Health Ltd (CSH Surrey) has provided and/or subcontracted 44 NHS services.

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

The income generated by NHS commissions in 2019/20 represents 97% of the total income generated from the provision of clinical services by CSH Surrey for 2019/20.

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 2019/20

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.

During 2019/20, one national clinical audit and no national confidential enquiries covered relevant health services that CSH Surrey provides.

The national clinical audit that CSH was eligible to participate in during 2019/20 was

- The National Diabetes Foot Care Audit.

The National Diabetes Foot Care Audit (NDFA)

CSH Surrey contributes to the National Diabetes Foot Care Audit, which is submitted via Ashford and St. Peter's Hospital. Outcomes of the audit are included within the national summary. The diabetes team monitors the national audit outcomes and uses these to inform ongoing improvements to process and practice.

Local Audit participation 2019/20

We had fifteen local audits recorded on our initial 2019/20 plan. Two audits were added to the schedule during the financial year. Of the seventeen audits planned, twelve (70%) of these were completed within target time frame, the remaining 5 (30%) rolled over onto our 2020/21 plan. Please note: COVID-19 had particular impacts on delivery of our quarter four audit schedule.

Example outcomes and recommendations:

Healthcare Records

- A total of 328 sets of records were audited across 35 CSH clinical services.
- 97% records showed appropriate completed clinical assessment.
- 100% adult services records showed clear care plans based upon assessment findings.
- 95% records audited showed delivery of agreed care plan.

Recommendations

- To improve the documentation of communications between clinicians and patients/carers.
- To establish systems that promote consistent application of Accessible Information Standard (AIS) and preferred methods of communication.

Clinical Handover

- Discussion of complex care patients: 100% compliance
- Dedicated uninterrupted timeslots: 100%
- All required staff in attendance 98%
- Use of SBAR communications in bedded units (situation/background/assessment/recommendation) 100%

Recommendations

- Development of minimum handover standards
- Review of cross services /partners handover systems

Complaint process

- 100% personal details and complaint concerns accurately recorded
- 100% timely allocation of appropriate investigation lead
- 100% consent accessed where applicable

The Quality and Clinical Governance group monitor outcomes of and delivery of actions in response to learning from clinical audit.

Research

CSH is an active member of the Kent, Surrey & Sussex Clinical Research Network to increase the opportunities available to participate in research.

The number of patients receiving NHS services provided or sub-contracted by CSH Surrey recruited during 1 April 2019 to 31 March 2020 to participate in research approved by a research ethics committee was zero.

CSH will continue to aim to participate in projects that focus on community care during 2020-21.

Review of our Quality CQUINs in 2019/2020

The aim of the Commissioning for Quality and Innovation (CQUIN) framework is to support improvements in the quality of services. The CQUIN payment framework enables commissioners to reward excellence. 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 2019/20 was conditional on achieving quality improvements and innovation goals agreed by CSH Surrey and commissioners through the Commissioning for Quality and Innovation payment framework.

Our compliance with CQUIN are summarised below.

Children Services	Status (Met/Partial/ Not met)
SEND: To ensure early identification of developmental delay through the Health Visiting service and provision of timely intervention	Met
CHIS : To data cleanse GP immunisation data (0-5 years) and provide Immunisation Service (Sussex Immunisation Service) with quarterly data of unimmunised children under 5 years	Met

Adult Services	
Preventing ill health by risky behaviours (alcohol & tobacco) % of safeguard are screened for smoking and alcohol status use above low levels whose results are recorded % of unique adult patients who smoke and are given brief advice % of unique adult patients who drink alcohol above lower-risk levels and are given brief advice or offered a specialist referral	Met
Three high impact actions to prevent hospital falls % of older inpatients receiving key falls prevention actions.	Partially Achieved
Improving the uptake of flu vaccinations of frontline staff	Partially Achieved

Care Quality Commission (CQC)

In accordance with requirements, CSH Surrey is registered with the Care Quality Commission (CQC) as an independent healthcare provider. During 2019/20, 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 and was awarded the overall rating of good. We have continued 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.

During 2019/20, we developed and delivered a regular schedule of internal assurance reviews of our community hospitals. In addition, we undertook 22 internal assurance visits to support and review our community services.

Our CCG quality team colleagues have supported our assurance monitoring processes by undertaking a schedule of assurance visits to various services throughout the year and providing feedback reports. The CCG undertook nine quality assurance visits to our services during the reporting period.

Our CSH CQC steering group has met regularly throughout the year to discuss findings and themes from local self-assessment processes and internal and external assurance visit findings.

Data Security and Protection

All organisations that have access to NHS patient data and systems must use the Data Security and Protection Toolkit (DSPT / the toolkit) 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.

Within the national timeframes for completion, CSH Surrey met not only all 56 mandatory requirements (including >95% training), but also 19 additional best practice, non-mandatory requirements. This was a positive and robust achievement for CSH Surrey and reflected both strong internal procedures and controls to process personal data securely and confidentially and the organisation's commitment to achieving those standards. A detailed plan for achieving the 2020/21 DSPT and improving on the assurances achieved in the 2019-20 year is in place and in progress.

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 (adult services) submitted records during 2019/20 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 100% - Total patients on system for 2019/20 was 601,051 and of those 19 patients did/do not have a valid NHS number.
- Patients with valid general medical practice code: (a) inpatient 100% (b) outpatients 100%.

Learning from deaths

Morbidity and mortality review meetings are a core component of any service quality plan and CSH Surrey's mortality review group, chaired by our medical director, meets quarterly and oversees a review of all adult patient deaths that occur in our community hospitals. They focus on systems and processes used in the service, but may generate information on the performance of individual practitioners.

The group will review all unexpected deaths happening in community and in-patient settings. In CSH Surrey, an unexpected death refers to any death that has occurred that has not been predicted i.e. the expected death status form has not been completed.

The objectives of the morbidity and mortality review group meetings are to:

- involve the multidisciplinary team in a critical analysis of the systems and processes leading to an outcome of care.
- recommend improvements to processes and systems.
- action these recommendations and monitor the results.

The process is described within our learning from deaths policy. CSH deteriorating patients established in 2020 will be integrated into mortality and morbidity and take forward the work plan.

During 2019/20 seven CSH Surrey inpatients died.

The table below summarises all adult services deaths reviewed by the CSH mortality review group.

Deaths by quarter

	19/20 Q1	19/20 Q2	19/20 Q3	19/20 Q4	Total
Community Hospitals	**2**	**0**	**1**	**4**	**7**
Expected death (end of life care/terminal illness etc.)	2	0	1	4	7
Community / District Nursing	**1**	**0**	**0**	**1**	**2**
Expected death (end of life care/terminal illness etc.)	1	0	0	1	2
Rapid Response - ICS	**0**	**0**	**1**	**1**	**2**
Unexpected death	0	0	1	1	2
Totals:	3	0	2	6	11

All of these deaths were reviewed with no concerns identified.

Learning from the process has included appraisal of our Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) procedures, Learning from deaths policy (due for

2 year review) and mortality review forms. The introduction of the ReSPECT form in the community hospitals has helped clarify DNACPR decisions and ceilings of escalation.

We have enhanced our learning from deaths procedure in collaboration with Ashford and St Peter's Hospital by sharing mortality review forms of patients that died shortly after a transfer between the community hospital and the acute trust.

All the deaths that occurred in the community hospitals were of patients where this was not unexpected. The deaths in the community occurred at times when our teams were not with the patient and the patient was either found having passed away or had been transferred to hospital and died before our visit. As part of our review of deteriorating patients, we are reviewing policies that give guidance for community teams to help identify deteriorating patients, although none of the patients recorded here seem to have any evidence of showing signs of deterioration in previous visits.

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.

Serious Incidents

By being open and reporting incidents, we are able to understand the risks we may have in the organisation. Between April 2019 and March 2020, CSH Surrey reported a total of 2,803 incidents: 1,558 of these occurred inside CSH Surrey care, and of these, 1,185 related to patient safety incidents.

During October 2019 NHS Improvement activated CSH's ability to participate in the National Reporting and Learning System (NRLS) enabling CSH to benchmark standards against national community provider reporting trends.

Of the 1,185 patient safety incidents reported 0% had an impact of severe or catastrophic harm.

NRLS shows the national average for community service providers of severe or catastrophic harm during 2019/20 was 0.66%.

From October 2020, CSH data will be published alongside other NHS providers contributing to the system.

Part Three: Evaluation of Quality and Service Delivery

Safety

Incidents 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 eleven serious incidents between 1 April 2019 and 31 March 2020, one of which was subsequently de-escalated. This compares to 9 serious incidents declared in 2018/19.

Category of SI	2018/19	2019/20
Falls - patient	1	6
Information governance	1	1
Pressure ulcers	2	1
Untoward clinical event	2	3
Medicines	2	0
Communications and consent	1	0
Total	9	11

A change in patient cohort within Community Hospitals is considered a contributing factor for the increase in falls related serious incidents. Oversight of the actions in response to learning from these has been overseen by the Community Hospital Strategy Group.

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 reoccurrence. 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 that learning is embedded across CSH Surrey.

Lessons learned from all 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.

Examples of actions taken in response to learning from incidents include sharing via the directors of nursing network learning regarding importance of correct fitting of Miami J neck collars, development of a local, shared inbox protocol for the safeguarding team; restricted the ability to open a new shared inbox to executive level approval only; developed a post falls checklist for use in the bedded units.

A central system for recording assurance of serious incident action plan completion is being 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' since their establishment and there have been no 'Never Events' reported by CSH Surrey during this year.

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, ensuring that patients (and their carers or family) receive an appropriate apology, 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.

CSH have a 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. There were 15 applications of Duty of Candour during 2019/20.

In 2020/21 will be reviewing our Duty of Candour policy, implementation of which will be overseen by our serious incident review group (SIRG).

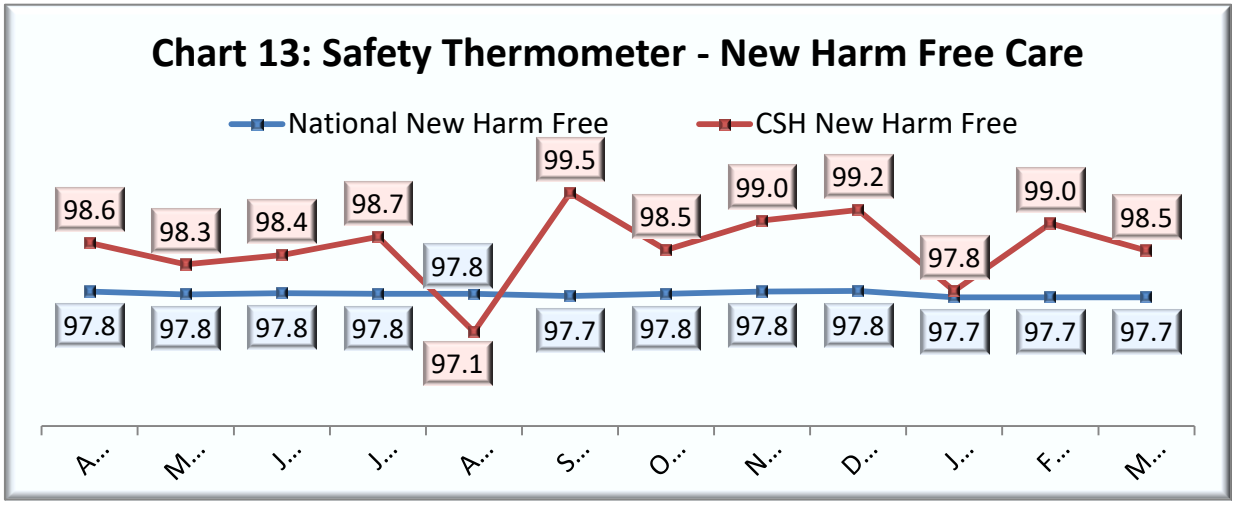
NHS Safety Thermometer

The NHS Safety Thermometer was a national programme that allowed 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 actively participated in the programme throughout the year.

Our harm free care average for 2019/20 was 98.5%. This compares to 96.6% in 2018/19 and demonstrates achievement of our quality improvement 2019/20 aim of scoring above the national average harm free level (97.7%).



Infection Prevention & Control and Healthcare Associated Infections (HCAIs)

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

CSH Surrey has a zero tolerance approach towards infection. An annual targeted infection prevention and control programme is in place along with underpinning action

plans. 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 and action plans together with regular audits and action plans of the environment, cleanliness, sharps, waste, invasive devices, and IPC practice undertaken 3-6 monthly in liaison with all services and departments throughout CSH.

During 2019/2020, CSH Surrey recorded no cases of MRSA, MSSA, E Coli Bacteraemia or CSH apportioned Clostridium difficile; this was also the case in 2018/2019.

There have been four separate outbreaks of Norovirus during 2020/2021 in both of the community hospitals. These were immediately recognised and good IPC practices were put in place, ensuring patient safety. These outbreaks were resolved within one week.

CSH remains committed to good infection prevention and control (IPC) to ensure that people who use our services receive safe and effective care. There has been reflected in infection prevention and control training compliance with 100% return in scores and compliance.

On 30 January 2020, the World Health Organisation (WHO) declared the outbreak of COVID-19 a “Public Health Emergency of International Concern” (PHEIC). Following the CSH Influenza Plan and Guidelines, the IPC team ensured that key staff in each area has undertaken training to ‘Train the Trainer’ level and are competent to fit test staff with FFP3 masks and ongoing PPE Training.

In total to date, the IPC team, in conjunction with the trained fit test trainers, have fit tested in excess of 150 staff across CSH and CFHS. The IPC team has endeavoured throughout this pandemic to provide clear guidance and support to all staff around COVID-19, particularly in requirements for PPE use and clear guidance on management of COVID-19 patients both in the inpatient and in the wider community settings. This has been supported by the CSH communications team with information and updates being disseminated via the internal newsletter known as ‘The Daily Buzz’, which is distributed to all CSH staff.

Safeguarding

CSH staff are trained as in accordance with the intercollegiate document on safeguarding guidance and also in line with our internal safeguarding training strategy document. Training has also been delivered by the CSH Surrey safeguarding team to external stakeholders, which has helped to raise the profile of the organisation and foster joint working relationships. An example of this is a three-hour training session that was delivered at Surrey University to the student health visitors, school nurses,

continuing care nurses, adult nurse and looked after children nurse. This training was delivered by a safeguarding advisor and named nurse for safeguarding children.

The adults safeguarding team delivered a presentation at the Royal Surrey Safeguarding Conference on 4th November 2019. The presentation was titled, 'Safeguarding, Self-Neglect and Hoarding Behaviour.

Children and Family Health Surrey have been allocated a standard licence to access simulation training tools for both 'Looking After Lottie' CSE training and 'Behind Closed Doors' radicalisation training which includes access to the simulation, the training pack and additional links and resources.

Several policies and SOPs have been developed by the team over this reporting year, including a safeguarding training strategy and a safeguarding strategy.

Case Study:

CSH Surrey Safeguarding Advisor triaged a walk-in centre information sharing form and noted that the policy for bruising in children who are not independently mobile had not been followed. Furthermore, the child was already subject to a child protection plan.

The Advisor therefore contacted the walk-in centre and liaised with the Designated safeguarding lead and with children social care to ensure all information was shared and correct procedures were followed. Subsequently, a strategy discussion meeting was held and the baby was brought back to hospital for a child protection medical.

The team have contributed to six multi-agency child case reviews and learning case review events over the year. In addition, there were four historical case reviews published that CSH had been part of.

CSH Surrey has effectively engaged with the work of Surrey local authority partners over the year with membership of the SSCPs, SABs and subsequent sub -groups.

Case Study:

A senior staff nurse in the 'Looked After Children' team has been in contact with the same looked after child for the last three review health assessments as well as keeping in touch in between. Feedback was received by the senior staff nurse from this young person that the nurse has provided the greatest consistency of support to her over the three years.

The young person has had so many changes of social worker and other professionals during her care journey. Every looked after child/young person needs a consistent relationship with at least one adult they trust, the looked after children nurse was able to offer continuity of care and support and the opportunity to establish a stable and trusting relationship; it is really positive that this was valued by the young person.

A review of the multi-agency partnership (MAP) was undertaken to establish a baseline of the MAP functioning. The review helped to identify areas of good practice and matters for development in relation to the health MAP functioning and to provide a baseline of the performance for health within Surrey MAP. A commissioner's visit was undertaken in the MAP in December 2019 to follow up Ofsted recommendations made three years ago. The feedback from the commissioners was positive. The development of a robust notification pathway for Looked After Children health assessment was completed during this reporting year.

The development of an escalation pathway for quality issues within initial health assessments (IHA) undertaken for Looked After Children was completed.

Case Study:

CSH Surrey adult safeguarding advisor was contacted via telephone by a district nurse to discuss a confused patient who was recently discharged from hospital back into their care home with more complex needs than prior to admission.

Patient was refusing to eat or drink by spitting out the food and fluids and displaying difficult behaviours like punching out at carers. Patient was bedbound and had fallen out of bed since being discharged.

Case Study (continued):

Safeguarding advisor discussed the case in detail with the district nurse advising that mental capacity assessments are completed around all decisions as well as a **DoLS** request if patient is unable to consent to residing in the care home. Equipment needs were also discussed to ensure safety was optimised and that clear documentation was completed throughout all assessments in patient records. Power of Attorney was relevant to this case so education was given about this and the safeguarding advisor recommended that all relevant professionals were involved and updated to ensure good multidisciplinary working and the best outcome for the patient was achieved.

The safeguarding team also introduced a multidisciplinary safeguarding risk assessment tool to the district nurse to allow all elements of the individual's needs to be individually assessed and documented clearly to ensure that the best care was implemented. The district nurse ensured the above advice was followed and therefore best care was provided to the individual in line with the Care Act (2014) and internal policies.

Central Alert System

The Department of Health & Social Care Central Alerting System (CAS) is designed to rapidly disseminate important safety and device alerts 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 2019/20. The quality and clinical governance group oversees assurance in regards to CAS to ensure appropriate action has been taken in response.

Medicines Management

There were 386 medication related incidents reported across North West Surrey and Children's and Family Health contracts in the reporting period 1 April 2019 to 31 March 2020.

	CSH	EXTERNAL	Total
18/19	**216**	**124**	**340**
CFHS	41	24	65
NW Surrey	120	53	173
19/20	**198**	**188**	**386**
CFHS	46	16	62
NW Surrey	152	172	324

There was a reduction in the number of insulin incidents reported. The decrease in number could be due to the implementation of actions from the deep dive exercise undertaken in 2018.

Care homes pharmacy technicians have continued to provide support to the care homes with implementing their action plans from the previous year's medicines management audit. They have also received referrals for patients requiring medicines reconciliation and where necessary identified vulnerable residents and signposted them to the care homes pharmacist for a medication review

The hub pharmacists conduct a medication review with each patient on the hub caseload. They have made a significant number of interventions that improve patient outcomes. In total, 783 medication reviews were conducted, the majority of which were face-to-face.

Emergency Planning

Our business continuity plans and emergency preparedness achieved the second highest rating in the annual NHS assurance assessment and were commended for the quality of work. This preparation has been pivotal in enabling timely response and management to the impacts of the COVID-19 pandemic and EU-Exit planning.

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.

Speciality 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.

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)
- 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
- Attendance at public events

	Adult Services	Children Services	Total CSH
FFT Likely to Recommend 2019/20	94.9%	89.1%	92%

CSH overall total for FFT Likely to Recommend 2019/20 saw a slight decrease of 92% compared to 95% in 2018/19. Themes over the past year have consistently included positive feedback regarding compassionate care, clinical treatment advice, support and kindness. More neutral responses have been received for regarding how well people were involved in their treatment, and whether they felt they had benefitted from the care/treatment. In response to this, during 2020/21 CSH will be reviewing its approach to patient reported outcomes.

With regards to children services, more negative feedback has tended to be linked to views on the treatment not the service provided for example immunisations. As mentioned in the priorities section above, during 2020/21 CSH will be working with CFHS to look to methods to particularly enhance capture of the Voice of the Child.

Our patient experience team involvement in our internal assurance programme and external events has enabled further face to face opportunities for patients and services users to seek advice or offer feedback.

Our schedule for patient experience satisfaction surveys, roadshows and attendance at public events will continue into 2020.

Case Study:

The parents of a patient raised concerns regarding the level of therapy provided for their child living with a long term condition. A meeting was held with the family to discuss their individual concerns. A revised approach to the child's care plan was

We received a total of 35 formal complaints during 2019/20. This compares to 58 complaints received in 2018/19. The reduction in overall formal complaints compared to the previous year relates to revised contracts and development of Surrey Downs partnership.

Complaint themes during this period have included attitude, behaviour and unmet clinical expectations. This compares to themes of communications and wait times in

2018/19. Our CSH response to this includes a planned review of our patient and carer information and communications systems, in liaison with service users.

Case Study:

A patient raised concern that a staff member had appeared rude and unsympathetic to their needs. On hearing this feedback the staff member immediately apologised as she had not realised how her approach had come across.

The NHS complaints procedure requires providers to acknowledge complaints within three working days of receiving the complaint. During this period CSH Surrey has achieved 100% compliance in meeting this target.

In terms of response timeframes, the NHS requires a response or decision within six months of receipt, or a clear rationale for delay must be provided. CSH has set itself am internal target and aims to provide a written response to all complaints within 25 working days. If an investigation is likely to exceed this target, we will discuss this with the complainant and agree a longer timeframe. 100% of complaints closed were closed within the 25 day timeframe or timeframes agreed with the complainants.

The Parliamentary & Health Service Ombudsman (PHSO) provides an independent complaint handling service for complaints that have not been resolved by the NHS in England and UK Government departments. The role of the PHSO is to provide the second stage of the complaint process under the National Health Service Complaints Regulations 2009.

There were no complaints investigated by PHSO during this period or any active cases from the previous year.

Informal concerns are received via email, telephone or face to face contact. The concerns are triaged by the patient experience team, in consultation with service leads and the complainant, to agree where issues may be resolved locally, outside the formal complaints process. CSH aims to introduce a target timeframe of ten working days for completion of informal concerns. This is expected to facilitate faster resolution for families and reduce the likelihood of escalation to a formal complaint. The key theme of concerns during the year related to communications and access to services.

Case Study:

A patient's family raised concerns regarding the poor standard of wound care their relative had received. These concerns were fully investigated. It was established care had been provided in accordance with expected standards and that the wound care deterioration was due to the patient's underlying clinical condition.

The investigation established this had not been clearly communicated / understood by the patient or their family. Outcome learning is a review of wound care pathways and supporting information to enhance patient communications and support.

Patient Led Assessments of the Care Environment (PLACE)

PLACE assessments took place in November 2019 at Woking and Walton Community Hospitals. These included our three inpatient wards, Bedser and Thames Medical hubs, Woking walk-in centre and X-Ray. The assessments took in the clinical areas, external and communal areas and food service. The environments were scored according to the following non-clinical domains: Cleanliness; Food and Hydration; Privacy, Dignity and Wellbeing; Condition, Appearance and Maintenance; Dementia; and Disability.

CSH scored in line with national average for cleanliness and food/hydration. Scoring was below the national average for the other domains. There are clear areas for improvement and action plans are being developed with estates, hotel services, property services and operational leads, which will be monitored throughout 2020.

Quality

In March 2020, the revised CSH quality strategy was launched. The strategy has two priorities:

a) Driving up quality – CSH Surrey develops a culture that ensures a zero harm approach.

- Supporting the development of patient safety improvements, sharing learning and promoting what good quality care looks like in each service
- Training and development of colleagues to adopt a person-centred approach will be key
- Adopting evidence-based best practice and innovation to ensure care is more clinically and cost effective
- Reporting processes will be redesigned with a primary focus on outcomes
- Data will be used to drive improvements in care

- Reduce variation in care across the wide range of services that we provide and facilitate benchmarking with other providers.

b) Organising our services by population need, such as community or neighbourhood - with better integration internally and with partners.

- Focusing on the individuals that we serve
- Development of primary care networks (PCN) where partners work together to deliver health and social care
- Joint working and asset-based[1] approaches which draw on the skills and attributes of individuals and communities
- Shift from healthcare being centred around hospitals to a focus on the community promoting self-care and prevention
- Developing out of hospital services across the county, working with partners and local people to do this.

Two quality summits were held during 2019/20. These focused upon community hospitals and community nursing services. The summits involved review of performance and quality data, and reflection on community profiles and contract requirements. Attendance included frontline clinicians, specialist clinicians, clinical managers, digital services, governance and CCG quality team representatives.

Evaluation feedback of both summits was very positive, and all colleagues who attended felt energised and motivated to move forward with the system and new models of care. Outcome plans have been developed in response.

Community Hospitals

The Community Hospitals have continued to work as a part of an integrated team with adult social care and acute trust colleagues, (Integrated Discharge Bureau, and Discharge to Assess partners) with strong links with the community hubs, GPs, ambulance service, district and boroughs, third sector and community nursing colleagues.

There are two daily calls across the NWS ICP system to discuss medically fit patients ready for onward care and discharge from either the community hospitals or acute trusts. Appropriate pathways and ongoing care needs are identified using an agreed system produced document (proforma).

With the merging COVID-19 pandemic the community hospitals have

[1] https://www.health.org.uk/publications/head-hands-and-heart-asset-based-approaches-in-health-care

- Demonstrated flexibility and resilience when called upon to change their ways of working, following the national COVID-19 hospital discharge guidance, issued by the Government
- From March 2020, the role of the community hospital changed from rehabilitation to a facility for step down patients, to accommodate the medically fit (MF) patients being discharged from the acute trusts
- The number of patients referred rose from an average around 80 per month to over 140. All patients referred that were appropriate and could be managed safely, were accommodated and transferred on the day of referral
- The average length of stay (LoS) has reduced dramatically to reflect the need to discharge patients quickly. In January 2020, it was 23.69 days reducing to 6.8 by April 2020.

Community Nursing

During 2019/20, a demand escalation plan / patient allocation priority (DEPPAP) was developed and implemented to provide a structured clinically lead approach to work allocation. A demand and capacity mapping tool has also been developed to support outline measurement of visits per day by nurse banding. This tool can be used to support establishment calculation. Daily situation reports and communications enable ongoing oversight of workload versus capacity and timely escalation of any areas of risk identified.

The Woking Community nursing team moved to a single team base, from West Byfleet and Goldsworth Park to Woking Community Hospital in January 2020. This has been a positive move, as the team are now working collaboratively and have a shared approach to patient care, and are also able to begin to deliver new ways of working as a result.

Radiology:

The Woking and Walton X-ray department continue to image in excess of 1,500 patients per month. To ensure a safe and efficient service, there is an ongoing programme of audits including quality control testing of the x-ray equipment and images, infection control and quality and governance audits.

In June 2019, Woking x-ray launched their new, state of the art digital x-ray machine, which has enhanced the patient experience and ensured an efficient work flow. The Walton X-ray machine continues to be maintained under a “best endeavours” maintenance contract due to the age of the equipment and the availability of parts. The plan is to similarly replace the Walton machine when CCG funding is secured.

To facilitate the extended opening hours (8am – 8pm, Monday to Sunday) in x-ray team, additional bank radiographers and receptionists have been recruited and changes to working patterns have been consulted on and implemented.

Clinical Effectiveness

The following section provides examples of effective outcomes for our patients that have been delivered across CSH Surrey during 2019/20.

Respiratory services

Set up of the new post discharge service with St Peters Hospital: The post discharge service enables St Peters Hospital to refer patients directly to the team on their discharge for monitoring throughout their recovery period, helping to decrease the incidents of readmissions and allowing for earlier discharge.

CCG steering committee for the new pathway for COPD: We are advising and helping to develop the new CCG pathway for patients with chronic obstructive pulmonary disease, with the objective of improving the patient's pathway through primary and secondary care.

Pulmonary Rehabilitation Accreditation: We are working towards the Pulmonary Rehabilitation Accreditation Scheme validated by the Royal College of Physicians. CSH Surrey would be one of the few social enterprises to receive this award.

Development of Complex Patient meetings with St Peters Hospitals: We set up complex patient meetings with the consultants at St Peters Hospital. These were developed to improve the patient's treatment pathway. COVID-19 impacts - we are looking at introducing these through a digital medium.

Complex Non Invasive Ventilation Service meetings with St Peters:

We were developing complex non-invasive ventilation service (NIV) meetings with the consultants and the NIV service at St Peters Hospital. These are designed to improve the patient's treatment pathway. COVID-19 impacts - we are now looking at introducing these through a digital medium.

Virtual Pulmonary Rehabilitation Course: In March we developed a 'virtual' pulmonary rehabilitation course as we were unable to continue with our face-to-face courses. This has been developed alongside the KSS Pulmonary Rehabilitation Network and in line with national guidelines. This service is being reviewed and developed further to increase the input we provide to include 'educational elements'. This course will now be available as an alternative for patients unable to

attend face to face courses, although face-to-face courses remain the gold standard treatment. Research into the efficacy of these virtual courses is ongoing.

Virtual Clinics: In March we developed a 'virtual' clinic as we were unable to continue with our face-to-face clinics.

Policy and procedures: We are currently in the process of re-writing the oxygen policy to ensure it is fully comprehensive and continues to follow latest best practice guidelines. We are in the process of reviewing all local standard operating procedures and competencies for the community respiratory service to ensure latest best practice is reflected.

Heart Failure Team

The service has

- Delivered teaching sessions on heart failure for community matrons and community occupational therapists.
- Established a “Heart Failure Nurse of the day”. To deal with clinical phone calls/give advice. Check blood results if colleague is not at work that day to ensure timely follow up in response to results and deal with any other clinical enquiries.
- Established closer working with and liaising with hub community matrons.
- Strengthened links specialist partners for example with cardiologist and heart failure nurse at St Peter’s and St George’s hospitals.

End of Life Care (EoLC)

The End of Life Care Group (EoLCG) has continued to meet 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 issues arising 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 2019/20 our records show 73% of adult patients at end of life died in their place of choice.

100% of children at end of life died in chosen place of death. All children were able to receive care at home if preferred.

CSH Surrey is proactively engaged in undertaking additional EoLC training to help meet the needs of the local population. This includes increasing the numbers of staff who can undertake verification of expected death.

Wound Care Clinics

Our complex wound clinics provide assessment and management of complex wounds for patients who are able to attend the clinic in person (i.e. are not housebound). This includes post-op surgical, negative pressure therapy and leg wounds. During 2019/2020, the complex wound clinics in Woking have aligned so that there is a single point of access and home-based assessments has ensured standardisation and expertise that links in with TVN Service.

A similar model is being replicated across the Thames Medical Locality. Additional Doppler equipment has been purchased to enhance the ability to provide best practice in assessing lower limbs within the NICE guidelines

Speech and Language Therapy

The team produced a successful bid to start a Flexible Endoscopic Evaluation of Swallowing (FEES) service, which will be the first community based FEES service in the UK.

The equipment has been delivered and training is underway. The team are working closely with the Royal College of Speech and Language Therapist (RCSLT) as well as colleges from the United States of America to get the service working safely and efficiently. We have already had interest from other SLT teams in Surrey who are keen to use the equipment in their area and our hope is to share the equipment across the county to ensure all Surrey patients benefit from this service.

The team have produced a training video regarding safe feeding techniques, which will be available for care homes, primary care colleagues and other professionals to access. This will improve the quality of care for our patients.

The team are rolling out virtual group training to care homes and will be offering the programme to private care agencies which will help income generation.

We have submitted a business case to the CCG for an increase in establishment due to high demand for the service. Increased staffing levels would enable a timely response to hospital admission-prevention and significantly reduced patient risk, including the risks associated with aspiration and choking. This is supporting the national evidence that an improved responsiveness of the service would lead to financial savings related to reduced GP workload and reduced hospital admission.

It would also lead to significantly improved patient experience and enable the service to meet its specification. Additionally, this staffing increase would enable the commencement of service provision for adults with communication difficulties

secondary to dementia. This will lead to significant gains in quality of life for patients and their families.

The team have developed patient screening tools to help risk assess the type of appointment the patients require – these have been shared organisation wide now.

Community Rehabilitation Team (CRT)

With the outset of COVID-19, the CRT showed great agility and flexibility by joining the rapid response and community hospitals teams to look after patients and ensure flow continued through the system. The CRT adapted quickly to using video consultations to deliver care in a new way to their patients and have kept in contact with their vulnerable shielding patients. They attend webinars to keep up-to-date with emerging clinical guidance regarding post COVID-19 rehabilitation and are working closely with CSH teams and system partners to develop new frailty pathways across North West Surrey.

The CRT is planning on setting up a new rotational post with Ashford and St Peters Hospital (ASPH) where one of the ASPH physios will be seconded into the CRT. This will provide a great opportunity for joined up working and learning.

The CRT is reviewing online therapy apps to maximise the use of technology for their patients and developing group session that will be delivered via video conference.

Dietetics

At the outset of COVID-19, the service changed its delivery model to enable patients to be reviewed during the pandemic, introducing telephone and some video reviews and providing face-to-face consultations where necessary. The service has increased their input into the community hospitals to support with patient flow and post COVID-19 rehabilitation.

Walk in Centre

The Walk-in Centres provide nurse-led care for urgent but not emergency conditions and are located in a dedicated area at Ashford Hospital and Woking Hospital. The service operates 08.00 – 20.00 seven days a week and sees approximately 87,000 patients per year.

The Woking Walk-in Centre successfully moved location to a newly refurbished part of the Woking Community Hospital in August 2019, since being in their previous location for 19 years.

Both Ashford and Woking Walk-in Centre's have continued with 'business as usual' despite the effects of COVID-19. Both services continue to outperform all their KPIs, achieving >95% across all four KPIs against a target of 85%.

Indicator	Target or Benchmark	2019/2020 Total	Variance	Status RAG
KPI 1: Urgent - Clinical assessment in 20mins	>85%	95.9%	10.9%	
KPI 2: Routine - Clinical assessment in 120mins	>85%	90.4%	5.4%	
KPI 3: WIC validated non-breaches	>95%	99.8%	4.8%	
KPI 4: Patients treated in a single episode of care	>85%	91.7%	6.7%	
X-ray discrepancy	2%	1.23%	0.77%	

Partnerships

Surrey Downs Health and Care 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. All members of the partnership are working together to provide proactive care to patients who have complicated medical conditions and those who are frail and elderly. Details of the quality achievements of the partnership are captured within the Epsom and St Helier quality account.

CSH Surrey is also a key partner in the Surrey Heartlands Integrated Care System (ICS), bringing 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 the length of hospital stay and improving access for all.

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 (up to 25 for young adults with additional needs) and their parents and carers. Three established NHS providers (First Community Health and Care, CSH Surrey and Surrey and Borders Partnership NHS Trust) are working together as CFHS to ensure children and young

people are at the centre of the care they receive and improving access to healthcare services across the county. The following section summarises some of the partnerships achievements during 2019/20.

Children and Family Health Surrey (CFHS)

Children and Family Health Surrey includes health visiting, school nursing and school-age immunisation services as well as 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 therapies for school-age children provided by Surrey County Council. This helps improve the care and support families receive.

Some of our achievements working in partnership

Gypsy, Roma, Traveller Health – Addressing inequalities

In 2018, First Community secured funding from the Queen's Nursing Institute to further develop our service provided to the Gypsy, Roma, Traveller communities with the aim of reducing inequalities in health and treatment and to challenge the life expectancy for these communities (which is significantly lower than the rest of the population.) This foundation work and partnership working completed in 2018 has enabled funding for a two year project for this work to be extended across Surrey.

During the reporting period we can highlight the following achievements:

- GRT communities in Surrey to have improved trust with health care professionals; 1615 contacts made in Year 1 from a baseline of 0.
- Increase in developmental reviews and referrals to Speech and Language Therapy 48 ASQs[2] were completed. The ASQ-3 is a series of parent-completed questionnaires designed to screen the developmental performance of children in the areas of communication, gross motor skills, fine motor skills, problem solving, and personal-social skills.
- Increased access to health and social care services to meet current unmet need, with 69 referrals made for other services, such as audiology, enuresis and dental services.
- Supporting a reduced spend across the system as preventative work is undertaken. All contacts take a Public Health approach and are based on the principle of "Making Every Contact Count", so opportunities at all contacts are used to promote prevention and holistic health care, including addressing taboo areas such as mental health and domestic abuse (DA). Interventions taken and

[2] https://www.gov.uk/government/publications/measuring-child-development-at-age-2-to-25-years

advice supplied have avoided use of A&E services, (as access to GP services is problematic).

An immunisation pilot in the east of Surrey to increase primary immunisations has seen the upskilling of the Gypsy, Roma and Traveller Team nurses to opportunistically deliver primary immunisations in conjunction with 0-19 immunisation teams and designated primary care sites.

Advice line

Work has been completed to extend the advice line (that was originally developed in First Community in 2017) from 1 April 2020 over two sites (east and west) across Surrey. The purpose of this is to ensure resilience, sustainability and additional support across the system. An audit completed in two weeks between November and December 2019 evidenced that out of the 449 calls 190 parents would have accessed their G.P if the advice line was not available.

The table below highlights the top 4 themes during this time:

Topic	**Number of calls**
Health concern (Temp, rash etc.)	41
Development	32
Family foods	32
Breast feeding	30

Infant Feeding and Relationship Building

CFHS is a fully accredited UNICEF Baby Friendly organisation and the staff continues to support mothers with their feeding journey however they choose to feed their babies.

Across Surrey there are a number of community services available, such as breastfeeding drop-ins and baby cafes where mothers and fathers can get 1-1 support from a health professional, breastfeeding counsellor or just meet socially with other mothers and in some areas these sessions are supported by peer supporters. CFHS

Clinical Practice forum – 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 its governance and risk management processes and provide corporate identification, clarity and consistency in compliance with legislation, statutory requirements and best practice.

The CFHS Clinical Practice Forum has provided regular opportunity for discussions and procedural agreement on clinical best practice for aspects relating to children's care pathways. Their activity during 2019/20 includes approval of 26 clinical documents examples of these include clinical practice guidance for packages of care for primary school age children at Universal Partnership (UP) level, Dysphagia Policy – Paediatric Clinical Services, immunisation guidelines and Clinical Guidelines for Tracheostomy Care and Management.

First 1,000 days

On the 11 July, Surrey Heartlands Health and Care Partnership hosted Surrey's First 1,000 Days learn and share event.

More than 150 professionals attended from across the county, working together to start planning how to provide the best start in life for Surrey's children. The event involved 40 Surrey parents and carers who actively participated in the discussion and development of plans.

Key learning points agreed

- The first 1,000 days of life, from conception to 2 years, is a time of unique opportunity and vulnerability. Through improved communication, effective planning and targeting of services and support for those who need it, we can work with families to deliver better outcomes for children.
- The importance of clear, accessible, practical information throughout pregnancy and beyond. In particular, the need for families to easily identify appropriate support in their area.
- Improved communication between professionals and with families.
- Clear advice and information about infant feeding, the delivery of which is timed appropriately so it is useful for the mother.
- Providing parents and carers with the opportunity to develop a support network to avoid isolation and provide practical and emotional support.

The views of families and professionals are being used to shape the plans for how we can transform the experience of children and families during the first 1000 days and feeding in to the development of Surrey's First 1000 Days strategy.

Conversations with families will continue throughout the course of the First 1000 Days strategy development and programme.

Feedback about the event from parents, carers and professionals was overwhelmingly positive.

Online Parenting Guides Extended Licensing Contract

CFHS successfully achieved a joint funding partnership with Surrey County Council to extend our multi-user licence for an additional two years. All Surrey residents can continue to access these free, online parenting guides.

By April 2020, 1,400 Surrey residents had registered to access these guides. These guides offer families the opportunity to understand their child's emotional development to support relationships and parenting challenges as they grow. They contain advice relevant to expectant parents, parents and carers of children of all ages including those with Special Educational Needs and Disabilities (SEND).

A school nurse shared feedback from a parent struggling with low self-confidence: *"Having completed the online course the mother shared she felt much more positive in her ability to be a parent to her son, and likes the practical suggestions and the fact that the advice is based on real life families."*

Family Nurse Partnership (FNP)

Following the successful recruitment and training of a permanent FNP supervisor last year and, more recently, a new family nurse earlier this year, the team is now fully staffed and in a stable and optimal position to move forward.

The team are preparing to implement change to the delivery model for the FNP programme. This will allow the family nurses to deliver the existing programme in a more personalised way to meet the needs of each FNP client based on assessed need, while continuing to utilise nurses' knowledge and skills.

This will involve the introduction of a new tool, the New Mum Star, which enables nurses and clients to collaboratively identify where the intervention should be focused and to inform ongoing work with that client.

There will be a greater focus on flexing the content of visits, with the option to 'dial down' the frequency of nurse visits for clients who require a less intense visiting schedule. In very specific circumstances, visit frequency can also be increased, for example, if there are safeguarding concerns about the client or their infant.

This more personalised approach also enables clients to graduate from the programme early (before their child turns two), from 12 months postpartum, if they have the confidence, skills and support to parent well.

Paediatric Therapies

Children's Occupational Therapy introduced cognitive orientation to the daily occupational performance (CO-OP) approach across the service following a whole service training event. Cognitive orientation is a child- centred, performance based, problem solving approach that enables skill development through collaborative goal setting and guided discovery.

Be Your Best Children's Weight Management Service

In Surrey, 16.7 % children are overweight or very overweight when they start reception class: by the time they leave primary school this has risen to 26%. Without lifestyle change, overweight children start on a trajectory to become overweight teenagers, with statistics released by Public Health England suggesting that 66% of adults in the UK are now overweight. Excessive weight has long term health implications; cardiovascular disease, stroke, diabetes and cancer. Excessive weight is also indicated in higher COVID-19 mortality rates.

The 'Be Your Best' weight management service is a partnership project between Active Surrey, CFHS 0-19 school nurses and Surrey University. The project started in January 2020 and is funded for two years.

Working with our most disadvantaged communities, the project includes structured 1:1 nurse appointments, group based activities, cookery sessions and access to local physical activity sessions. The overarching aim is for the family to make sustainable lifestyle changes, which stabilises or reduces children's BMI allowing them to 'grow' into their weight

Inclusion criteria include;

- Age 0-11 years
- BMI over 91st percentile
- Living in area of deprivation/low income family

Digital

Digital Services provides, maintains and delivers the systems and services that CSH and the wider health and social care sector need to deliver better care. Our information, data, and IT systems help health professionals, analysts, administrators and managers give the best outcomes for patients. Examples of activity and projects developed during 2019/20 include:

Wi-Fi as a Service (WaaS):

Following a successful pilot in Woking and Walton Hospitals this solution will be rolled out as part of the estates rationalisation programme.

Windows 10:

Progressed with rolling out Windows 10 and completed approximately 80% of the estate prior to suspension due to the COVID-19 pandemic.

Clinical Systems Transformation Programme:

Successful delivery of project Aurora (the implementation of the SystemC CarePlus product for Child Health Information Service).

Project Fusion

This project will see CSH implement a new patient clinical web and mobile electronic information management system to become the core Electronic Personal Record (ESR) solution for patient clinical activity.

In November 2019, CSH Surrey changed its information governance and data protection arrangements to contract NHS NEL information governance (NEL IG) and

data protection officer (DPO) service. A revised information governance steering group membership and terms of reference were relaunched in March 2019.

People and Workforce

During 2019, CSH developed three work streams to support delivery of the people strategy namely:

- Engaged workforce: Encompassing aspects such as Health and wellbeing, staff achievement and communications.
- Skilled workforce: Encompassing aspects such as recruitment, retention workforce planning, training, education and development.
- Supported workforce: Encompassing effective human resource (HR) functions. flexible working and effective HR systems

HealthRoster

CSH implemented a HealthRoster system aimed at:

- Maximising the utilisation and efficiency of our workforce by ensuring that teams are flexed in line with demand and are working their contracted hours
- Providing evidence for staffing, optimising skill mix, improving bank utilisation and reducing agency.
- The system also provides a robust audit trail for roster changes, supports requirements for external reporting and ensures staff changes are followed through directly to payroll and budgets. In 2019/20, this was implemented in Adult Services. In 2020/21, this will be extended to children's services and Corporate services.

Statutory and mandatory training

There has been an improvement in statutory and mandatory training across CSH to 86.27% overall compares to 82.27% in the previous year as shown in the table below

Timeline	Mandatory	Statutory	Overall
April 2019	78.97	84.07	82.27
April 2020	83.79	87.78	86.37

The Voice – Employee Ownership

CSH Surrey has an active employee 'council' called The Voice, whose elected employee representatives make sure colleagues' voices are heard at board level. Their role is to challenge and question CSH Surrey's strategy and performance on

behalf of their constituents, so that CSH Surrey continues to operate in the best interests of patients, its employees and the organisation.

To hold the board accountable for the performance of the organisation against the Strategic objectives and its values.

Be the conscience of CSH Surrey by listening and gathering views and ideas from co-owners and sharing those with the board.

The Voice played a major role in developing the values for the business. In 2019, Voice representatives gathered ideas and suggestions from over 180 colleagues on what they felt CSH should stand for.

It was really evident from this review that people wanted something that was easy to remember and something that was strong and vibrant. Taking all the suggestions into account the outcome of CSH review on values was 'CARE'

- Compassion
- Accountability
- Respect
- Excellence

The Voice is in the process of changing its structure. The Voice was set up with voice representatives representing people by locations; however, with the number of locations increasing to 80+ this is no longer sustainable. Therefore the Voice is changing to represent people by services.

Within each of those services there will be voice links. This is a member of the team who will 'link' in with the Voice rep to assist with giving and receiving messages from the exec and board.

Freedom to Speak Up

At CSH Surrey we are committed to promoting an open and transparent culture across the organisation, so that all of our employees feel safe and confident to speak up about any concerns that they may have about patient care.

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 include: awareness training for all new employees, led by the Freedom to Speak Up Guardian, so that new staff have not only met the guardian but

so they are clear about what concerns they can raise and how to raise them; A new "Who can you talk to?" Puzzle head guide, to signpost staff to the most appropriate person to raise their concerns with; 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 speaking up arrangements; The use of screensavers to communicate the function of the Freedom to Speak Up Guardian and how to contact them.

We communicate key findings about the level and type of concerns raised, with any resultant actions, directly with service leads as well as through the Freedom to Speak Up Guardians' bi-annual reports to the board.

We actively seek the opinion of our employees to assess that they are aware of and, are confident in using processes. We use this feedback to inform ongoing strategy review and improvement based on co-owner experiences and learning.

Quarter	Number of staff	CSH Surrey	Children and Family Health Surrey	Surrey Downs Health and Care.
Q1- 2019/20	6	0	6	0
Q2- 2019/20	1	1	0	0
Q3- 2019/20	6	5	0	1
Q4- 2019/20	2	2	0	0

Over this financial year 2019/2020, themes have included, staffing capacity, communication issues from senior leadership in times of change, and one individual experiencing bullying and harassment and was unhappy about how the situation had been managed.

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.

Employee Engagement Survey

An annual survey is conducted among our employees so key areas of concern can be addressed. In November 2019 the Employee Engagement Survey received a response rate of 46%.

Culture

The responses said CSH has a caring culture, with 69% (%s quoted are of those that responded) feeling we have clear values. 75% believed care of patients was a top priority, in line with the wider NHS. However, only 26% would recommend our care and patient services.

Resources and workloads

The biggest area of concern and the top change wanted: adequate staffing levels, better recruitment and retention, improved workloads. 57% rarely work late or additional hours. 41% felt their pay and benefits were fair for what they did. 32% felt they have the right resources and equipment to do their jobs. Colleagues wanted improved resources, IT, work processes and systems.

Involvement and Voice

48% felt they had sufficient input into work decisions that affect them. 51% felt listened to, higher than the NHS (33%). 22% felt their Voice Rep was effective. 61% felt able to speak openly even when their opinions were different (36% in other community providers). 70% felt their line manager recognised their efforts and achievements.

CSH as an employer

42% believed CSH cared about their health, safety and wellbeing. 54% felt CSH did enough to realise their potential. 45% felt managers encouraged them to talk about goals and how to achieve them. 47% felt behaviours that undermine our values are not tolerated.

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 to all protected characteristics

This is underpinned by challenging current and future clinical services so they are reflective of our commitments. We also make sure 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.

Internal Awards

On 10 July 2019, we held our annual STAR Awards to recognise colleagues who were Standout, Talented, Achievers and Respected and who exemplified our new CARE values. From more than 150 nominations, Voice representatives and members of the Executive Team selected a shortlist of finalists in each of the award categories, including 17 individual winners and three winning teams. All the finalists, together with recent retirees, enjoyed a celebratory afternoon tea with colleagues from the Voice and senior team at Gorse Hill Hotel, where they received framed certificates, glass star awards and shopping vouchers.

All of the 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 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 and their abilities to bring others with them – whether through challenges within services or challenges of a more personal nature.

The event received much positive feedback from our employees, and created a positive buzz around the organisation.

Feedback and Responsibility

Feedback from Our Stakeholders

Commissioner Statement from Surrey Heartlands Clinical Commissioning Groups

Central Surrey Health Ltd Quality Account Report 2019/20

Commissioner Statement from NHS Surrey Heartlands Clinical Commissioning Group (Surrey Heartlands CCG)

Surrey Heartlands CCG, on behalf of North West Surrey Integrated Care Partnership (NWS ICP), welcomes the opportunity to comment on Central Surrey Health (CSH) Limited's Quality Report for 2019/20. The CCG is satisfied that the Quality Report has been developed in line with the national requirements and gives an overall accurate account and analysis of the quality of services. Quality data is reviewed throughout the year as part of performance under the contract with the CCG.

We acknowledge the significant effort put into improving quality and safety for patients and the amount of work involved in bringing the evidence together in this quality report.

We also acknowledge and appreciate the enormous effort that the leadership and staff of CSH made and contributed to local system partnership working, to care for patients, staff and visitors throughout the challenges of responding to the Covid-19 coronavirus pandemic.

The Quality Report clearly summarises achievements in relation to the 2019/20 quality priorities and also picks up on those elements requiring further action to achieve ambitions.

As well as acknowledging the ongoing quality improvement work, we also note the following achievements:

- Introduction of a new health needs assessment system for children, which has resulted in a significant increase in children being assessed by 15 months of age.
- Friends and Family Test results show that 95% of service users would recommend the services provided if a friend or family member needed treatment or care.
- Involving staff, patients, and the public in "quality roadshows" to celebrate achievements, showcase good practice, and share ideas for future quality developments.

- The close working relationships with partner organisations to jointly develop new systems across communities. These include working in partnership with Surrey Downs Health and Care, and 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.

CSH has clearly outlined its quality priorities for 2020/21. It is noted that some of these have been rolled forward from 2019/20 so that further work can be undertaken to implement and embed the outcomes from each focused area of work. The CCG acknowledges the rationale for this and would support the continued focus on exploring engagement of partners in the Integrated Care Partnership, to drive sustainable system-wide quality improvement.

Data Quality

Surrey Heartlands CCG on behalf of the previous North West Surrey CCG notes that due to the Covid pandemic the external audit opinion on data quality is not required for this report as would be usual. The CCG will, however, continue to work with the organisation to ensure that quality data is reported in a timely manner through clear information schedules.

In conclusion, Surrey Heartlands CCG on behalf of North West Surrey ICP would like to thank CSH for sharing the draft Quality Report document and is satisfied it accurately outlines the quality priority work being undertaken by the organisation. The report reflects that providing a safe and effective service whilst seeking and acting on feedback from patients and stakeholders is a high priority for the organisation.

As a Commissioner, we look forward to building on our positive relationship and will continue to work together with Central Surrey Health Ltd and other system stakeholders to ensure continuous improvement in the delivery of safe and effective services for North West Surrey residents.

Clare Stone
Director of Quality | CCG Chief Nurse
NHS Surrey Heartlands Clinical Commissioning Group

30 November 2020

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

2nd December 2020

Chairman

Glossary of Terms

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.

Co-owners: CSH Surrey's employees are called co-owners, meaning they share ownership of the organisation in a model similar to the John Lewis partnership (except CSH Surrey's co-owners receive no dividends).

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.