



**CSH**  
Surrey



Better healthcare together



# Quality Account 2013-2014

# Statements from Surrey Downs CCG and Healthwatch



## Surrey Downs Clinical Commissioning Group's response to the CSH Surrey Quality Account, 2013-2014.

Surrey Downs Clinical Commissioning Group has reviewed the CSH Surrey Quality Account for 2013-2014.

Overall, CSH Surrey has worked with the CCG to support our commissioning plans for the year and to provide care to people in their own homes and other community settings. The organisation has always had a strong focus on patient experience and ensuring that the culture of the organisation supports high quality and safe patient care. Therefore the CCG fully supported CSH Surrey's decision to temporarily close Ranmore Ward in June 2013 to investigate "early warning signs" and address identified issues. We are continuing to work with CSH Surrey to ensure that the work plan that was put in place to address these issues is completed and that improvements are sustained.

We are pleased that CSH Surrey has given full consideration to the Francis Report and other reports published in 2013. The introduction of the "Sit and See" Tool into the Community Hospitals to measure care, kindness and compassion has enabled the organisation to gain an additional perspective on patient experience and they have been able to use the feedback gained from this constructively.

CSH Surrey has shown a commitment to supporting people in their own homes as an alternative to an acute hospital admission. Therefore, it was disappointing that the Virtual Wards that were initially developed in 2011/12 did not manage to

achieve the expected referrals and subsequent throughput of patients during 2013-14. This meant that fewer patients than expected were unable to receive the advanced level of support with their Long Term Conditions that a community matron can provide. It was also disappointing that CSH Surrey were unable to achieve the goal of registering a required number of patients on the End of Life Care register that has been procured by Surrey Downs CCG. It was acknowledged by all, however, that this was a challenging goal and CSH Surrey are committed to improving their performance in this area during 2014 and beyond.

CSH Surrey has delivered a high level of achievement in protecting patients against Healthcare Acquired Infections during 2013-14. Although this is not one of the quality priorities specifically identified by CSH Surrey 2014-15, the CCG is confident that they will continue to work closely across the whole health economy to support the drive to reduce the number of all avoidable healthcare associated infections.

Looking forward to 2014-15, we would support the five Quality priorities that have been chosen by CSH Surrey and are confident that these will support Surrey Downs CCG's Integrated Commissioning Plan over the next 2-5 years. We are confident that the realignment of Virtual Wards and other community services into Integrated Teams will support local health economies in providing more co-ordinated care to people in their own homes.

Surrey Downs CCG looks forward to continuing to work with CSH Surrey to meet the quality aspirations of patients, carers, members of the public, stakeholders, partners and staff.



## Healthwatch Surrey

As the independent champion for the views of patients and social care users in Surrey, Healthwatch Surrey is pleased to comment on CSH Quality Account 2013/2014.

We would like to thank CSH for working openly with Healthwatch Surrey on the issue of the improvement of the quality of care on Ranmore Ward at Dorking Hospital.

Healthwatch commends the improved methods of listening to service users and that this is to continue in 2014/2015 so that the service provides responsive care to people.

Healthwatch recognises that collecting data to demonstrate improvements in the quality of care has been difficult, but would like to stress the importance of good information in order for people to have integrated care. People tell us that joined up care is important to them and the Integrated teams and Navigator role will assist in achieving this.

Healthwatch commends the achievement of pressure ulcers below the national average as a good indicator of safe care in the community.

Jane Shipp, Healthwatch Surrey

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# Introduction and statement from the CSH Surrey Board

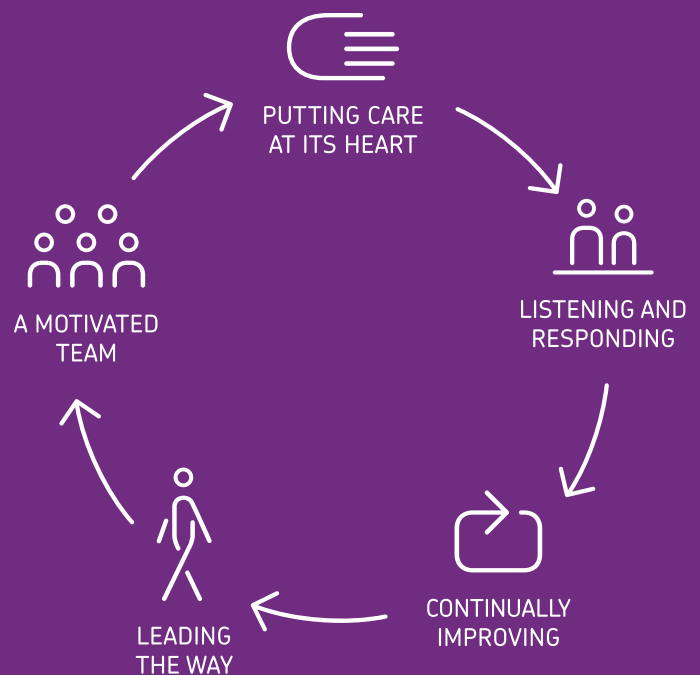
CSH Surrey takes its commitments and responsibilities for delivering high quality care seriously by putting care at its heart, listening and responding, seeking to continually improve and lead the way, and maintaining a motivated team. This approach is working, with 91% of co-owners happy to recommend CSH Surrey to friends and family, far exceeding the 65% of NHS staff (CSH Surrey and NHS surveys, 2013).

This Quality Account provides an honest account of how CSH Surrey has performed against its quality targets and sets out its priorities for 2014/15. Highlights include reducing the incidence of pressure ulcers to below the national average and achieving exceptional scores in the national Friends and Family Test (FFT)\*. CSH Surrey's average FFT score since launching in March 2013 is 94, out of a possible maximum of 100 and a possible minimum of -100.

Listening to service users and co-owners is core to CSH Surrey's approach to quality, and in 2013 it increased the ways in which patients and families could provide feedback on their experiences.

CSH Surrey is proud of its commitment to quality and is pleased to be recognised nationally as a finalist in the 2014 Patient Safety and Care Awards ('Managing Long Term Conditions' category). The winner of the awards, which are run by Nursing Times, Health Service Journal and NHS Employers, will be announced in July 2014. CSH Surrey has also been shortlisted for the Team of the Year category in the annual Nursing Times' Awards for its Community and Hospice Home Nursing Service.

The Board is also pleased that all of CSH Surrey's registered services were declared to be meeting CQC\* outcomes early in 2014 after receiving its first routine Care Quality Commission\* inspections since it registered in 2013.



In 2014 CSH Surrey will be launching its 'Transforming Healthcare Programme' in response to NHS England's *Call to Action* consultation and subsequent guidance, *Everyone Counts*. Through innovating and 'thinking big', CSH Surrey intends to deliver more integrated and higher quality services that are truly designed around service users' needs.

This will involve investing significantly in new technology (mobile devices and software) to enable greater efficiencies and more sophisticated quality and performance measurement.

The CSH Surrey Board is assured that, to the best of its knowledge, the information in this Quality Account is accurate and consistent with internal and external sources of information.

By listening, responding and continuing to work together with patients, commissioners, partners and co-owners, the CSH Surrey Board is confident it can continue to deliver innovative and integrated services of the highest quality.

**Better healthcare together.**



**Tricia McGregor**  
Managing Director



**Jo Pritchard**  
Managing Director



**Ginny Colwell**  
Interim Chair

\*See Glossary, page 38

# CSH Surrey's approach to quality

As defined in NHS England's guidance, *Everyone Counts* (published December 2013), CSH Surrey recognises that to be a leader in providing high quality community healthcare services, it needs to focus on services that deliver:

- **Patient safety** – reducing preventable harm
- **Clinical effectiveness** – caring for adults, children and their families at the right time, in the right place and with the right people
- **Patient experience** – caring for people with compassion, continuity and ensuring shared decision making.

## Patient safety

**Post Francis:** CSH Surrey's Board has given full consideration to the report from the Francis Inquiry\*, the Government's response to this, and further reports published throughout the year (most notably the Berwick Report\*). As a result, CSH Surrey chose to focus on 'Openness' and in September 2013 invited Professor Susan Fairlie to lead a session for CSH Surrey's senior management and Executive teams on openness and transparency in the healthcare setting. This same group were also extremely fortunate to hear firsthand about the harrowing experiences at Mid Staffordshire Foundation Trust, when Julie Bailey (from 'Cure the NHS'\*) led a session on her and her mother's experiences at the Trust. CSH Surrey will be building on this work through the expected statutory 'Duty of Candour'\* later in 2014.

**Quality campaigns:** during 2013 CSH Surrey launched two quality improvement campaigns, 'Your Skin Matters' (in response to pressure ulcer prevalence both nationally and locally) and 'Your Safety Matters' (aimed at reducing falls). Activities included roadshows to raise awareness and 'pledges' for co-owners to sign up to as well as identifying local knowledge 'champions' and encouraging greater partnership working between services. CSH Surrey will be measuring the effectiveness of both campaigns during 2014.



Falls campaign bands



CSH Surrey Board with their pressure ulcer pledges

## Clinical effectiveness

At the heart of Board assurance at CSH Surrey is commitment to clinical leadership at every level, with both Managing Directors and a Non-Executive Director being clinicians. The latter chairs the Board's subcommittee – the Integrated Governance

Committee (IGC) – which scrutinises reports on clinical governance, information governance, corporate risk, health and safety and workforce compliance. The format is based on the Care Quality Commission (CQC)\* outcomes framework, although CSH Surrey is currently reviewing its quality reporting to create even more robust quality assurance systems and processes.

During the year, CSH Surrey has seen some changes to its Executive Team due to retirement and wishing to find the right people to fill positions. CSH Surrey has ensured continuity of leadership during this time through use of experienced interim Directors as well as effective handovers and induction periods for new Directors. It has also reviewed its process for recruiting new Directors. It now uses an enhanced process that includes a values-based interview and discussion of real scenarios alongside more traditional interview and psychometric testing. This has provided greater assurance that new Directors are strongly aligned to CSH Surrey's vision and values.

In addition to IGC reporting, all Board members regularly see services and patients for themselves on 'walk abouts' at sites, enabling them to 'temperature check' quality of service and team morale through direct observations and interactions.

CSH Surrey's Professional Leads, who represent the different therapy and nursing professions, form its Professional Congress. They report into CSH Surrey's Integrated Governance Committee and also participate in local and national clinical networks. In addition they have links to professional bodies to ensure CSH Surrey remains up to date with current research and innovations in clinical practice.

Surrey Downs CCG monitors the quality of CSH Surrey's services through regular reviews via its Quality Committee and Board, and monthly contract meetings.

## Patient experience

During 2013 CSH Surrey introduced more feedback methods – from Tell Your Story leaflets to website forms – to hear about patient experiences, receiving more than 3,200 comments from service users between March 2013 and April 2014. It formally introduced the Government's Friends and Family Test (FFT)\* for its five nurse-led units in March 2013, a month ahead of the national requirement, although has been using it in all surveys since January 2012.

CSH Surrey continues to use patient feedback as the basis for patient stories, which it shares at the start of every monthly Board meeting. The stories are first hand accounts of service users' experiences of care, both positive and negative, which are shared across CSH Surrey through its monthly co-owner newsletter so other services can also learn from the experiences.

During 2013 CSH Surrey introduced the 'Sit & See Tool'\* into its four community hospitals as a way of measuring 'care, kindness and compassion'. The percentage of 'positive' observations of care is high, with both positive and negative feedback being used to further improve patient experiences.

\*See Glossary, page 38



**85.7%** Positive observations of care at the New Epsom and Ewell Community Hospital (NEECH), March 2014

For patients, using this tool means CSH Surrey is regularly measuring how caring, kind and compassionate its co-owners are. While CSH Surrey is assured levels are high, it is also able to provide feedback and have constructive discussions with co-owners where observations haven't always been positive. For example, passive behaviours were observed on a ward during a Sit & See session (eg visitors not being greeted warmly). CSH Surrey responded by re-running its Behaviours Workshops with members of the team who missed it first time round. Positive observations at subsequent Sit & See sessions increased from 65% to 95%, which should have had a positive impact on patients' experiences of care.

CSH Surrey's commitment to quality is reflected in its annual co-owner survey results, in which it again outperformed NHS counterparts. While CSH Surrey's questions are not identical to the NHS ones, it believes the overall sentiments expressed are valid comparisons. In 2014 CSH Surrey will be reviewing its survey questions to align them more closely with the NHS questions to enable more direct comparisons.

Two of the most positive scoring areas and two of the least positive scoring areas are shown below.

Survey question	CSH Surrey score	Community Trusts' Average score	NHS overall average
CSH Surrey is genuinely committed to delivering high quality services NHS question: Care of patients/service users is my organisation's top priority	95%	64%	68%
I would recommend CSH Surrey as the provider of choice for a family member or close friends NHS question: if a relative/friend needed treatment I would be happy with the standard of care provided by my organisation	91%	67%	65%
I have an acceptable workload NHS question: I am unable to meet all the conflicting demands on my time at work (results shown are those who 'Disagree/Strongly disagree, ie those stating they are able to meet conflicting demands)	58%	26%	28%
There are enough co-owners in my area of work to get everything done NHS question: There are enough staff at this organisation for me to do my job properly	31%	27%	31%

CSH Surrey is working with co-owners to further understand and improve its lower scoring areas. CSH Surrey faces the same pressures as all healthcare organisations – reduced funding and increasing numbers of people requiring services. CSH Surrey is working hard to see how services can be delivered more effectively, launching its 'Transforming Healthcare' Programme. Through this, for example, CSH Surrey will have access to better analysis of clinical caseloads by teams and individuals, enabling it to identify and act if required. More results from CSH Surrey's co-owner survey can be found on pages 30 and 31.





# Delivery of CSH Surrey's 2013/14 Quality Priorities



CSH Surrey's Quality Account for 2012/13 described the five priorities for the year 2013/14. These are detailed below, together with CSH Surrey's performance.

## **PRIORITY 1** To deliver the quality targets

CSH Surrey agreed a set of quality improvement measures with Surrey Downs CCG, which included national and local targets. The measures and CSH Surrey's performance are described in the table below.

Local Measures							
CQUIN* 2013/2014	Measure	Target	Year to date	Percentage attainment	Comments	RAG rating	Impact on patients
1	Virtual Ward discharges within 4-12 weeks	915	590	64%	The Community Matrons tried hard to manage the throughput of patients admitted to and discharged from the Virtual Ward, but ultimately received too few referrals and also struggled to discharge back into the community. The Matrons are now part of a new model of Community Integrated Teams that bring together wider resources to better support patients		Although 590 patients were safely discharged, overall, fewer patients benefitted from the Virtual Ward than CSH Surrey had hoped
2	Avoidable admissions	746	779	104%	Fully achieved		Patients are seen and treated more locally by community services and in their own homes, maintaining home and family routines

\*See Glossary, page 38

CQUIN 2013/2014	Measure	Target	Year to date	Percentage attainment	Comments	RAG rating	Impact on patients
3	Facilitated early discharge	752	274	36%	While CSH Surrey has worked closely with the acute hospitals to help facilitate early discharge, there have been challenges in collecting data and evidencing early discharge. This year CSH Surrey will be attending twice weekly discharge planning meetings and 'over 7 days' length of stay meetings to help better identify, facilitate and evidence early discharges		While CSH Surrey enabled 274 early supported discharges, difficulties with collecting data to evidence early discharge, meant fewer patients were supported than CSH Surrey had hoped would be possible
4	Primary Care End of Life Care register	686	439	63%	The goal was for CSH Surrey to have 686 patients on a Surrey Downs CCG specialist electronic system called Co-ordinate My Care (CMC) by the end of Q4. However, there was a delay in the CCG rolling out CMC and CSH Surrey then had some connection issues with the system. CSH Surrey's District Nurses continued to collect the information on their own EOLC register		While CSH Surrey's data shows that, on average, 85% of patients achieved their Preferred Place of Death during 2013/14, not meeting this target means fewer patients than had been planned were on the register so their care may have been less coordinated with other agencies than CSH Surrey had hoped
5	Atrial Fibrillation screening	80%	1299	91%	Fully achieved even though recording did not start until July as enhancements were required to the clinical system for co-owners capture this data		By screening for atrial fibrillation, more at risk patients will be picked up and referred on for further treatment
6	Dementia training and care standards for co-owners	264	338	128%	Fully achieved. CSH Surrey continues to provide training to co-owners		By raising awareness of dementia among co-owners, CSH Surrey has a workforce with greater understanding and ability to recognise early onset dementia and support relatives to care for people with dementia. This is evidenced through, for example, introducing a dementia risk assessment in CSH Surrey's community hospitals within 24 hours of admission (audited monthly) as well as new dementia friendly clocks, signage and activities. Care plans now reflect understanding and recognition of problems and community practitioners are actively screening for dementia bloods before referring to mental health practitioners
7	'Sit & See Tool' (Care, Kindness and Compassion measure)	4 community hospitals	4 community hospitals	100%	Fully achieved. The Sit & See tool has now been implemented across all four Community hospitals and uses a system of peer review to monitor and improve patient experience		The tool helps CSH Surrey to monitor for care, kindness and compassion, enabling it to address any weak areas to improve future care

National Measures							
CQUIN 2013/2014	Measure	Target	Year to date	Percentage attainment	Comments	RAG rating	Impact on patients
8	Pressure ulcer incidence	9.45%	4.8%	197%	Fully achieved through a 51% reduction in the incidence of pressure ulcers. During the year pressure ulcers were found in 4.8% of patient assessments – well below the target of 9.45%. The recently published HSCIC Safety Thermometer data for England for 2013/14 shows that in April 2013, 5.6% of reported patients nationally had a pressure ulcer. In March 2014, the figure was also 5.6%, so CSH Surrey compares well nationally	★	This means that fewer patients suffer the discomfort associated with pressure ulcers in CSH Surrey compared with other providers
9	Friends and Family Test average score	70	94	134%	Fully achieved. The Friends and Family Test is a national approach to identify whether patients would recommend services to family members and friends	★	This score enabled comparison of how satisfied patients have been with CSH Surrey services (inpatient wards and Assessment Unit) and to see how CSH Surrey compares to other providers
10	Friends and Family Test average response rate	15%	38%	253%	Fully achieved, with CSH Surrey achieving a much higher response rate than the national requirement. Visitors to the Assessment Unit are asked to complete a response card to leave in the comments box on site or return via a 'free post' address. Inpatients are contacted by telephone within 48 hours of discharge. An administrator calls to ask the FFT question rather than a member of the ward team. CSH Surrey believes this helps patients feel they can give an honest response	★	As CSH Surrey has achieved a higher than national average response rate, there is greater validity in the results, which should give patients confidence in the FFT results.



**To ensure CSH Surrey co-owners deliver positive experiences for patients by living the values and behaviours that patients told us matter the most**

In February 2013 CSH Surrey ran its bespoke Listening Project with service users/ carers and co-owners to identify the behaviours that matter most to having 'great experiences' with CSH Surrey. CSH Surrey used the feedback to develop its Values and Behaviours Framework, launching it internally in May 2013.

**CSH Values and Behaviour Framework**

CSH VALUES	PEOPLE FIRST	INTEGRITY	ENTERPRISING	EXCEPTIONAL DELIVERY
<p><b>Our Commitment</b> As a patient or a co-owner you will feel...</p>	<p><b>Respected and valued as individuals</b></p>	<p><b>Listened to and involved</b></p>	<p><b>CSH Surrey is focused on finding solutions</b></p>	<p><b>Safe and assured by our high quality standards</b></p>
<p><b>CSH Surrey Standards (behaviours):</b> As a patient you can expect us to...</p>	<ul style="list-style-type: none"> <li>• Be friendly, polite and welcoming</li> <li>• Be attentive and helpful</li> <li>• Be respectful of you and your dignity</li> <li>• Give you choices</li> </ul>	<ul style="list-style-type: none"> <li>• Take time to listen</li> <li>• Explain things and involve you</li> <li>• Communicate honestly, openly and clearly</li> <li>• Be professional and consistent</li> </ul>	<ul style="list-style-type: none"> <li>• Work with you, each other and our partners</li> <li>• Be up to date</li> <li>• Deliver best practice care</li> <li>• Support you in finding a way through</li> </ul>	<ul style="list-style-type: none"> <li>• Employ skilled, competent people</li> <li>• Offer timely access</li> <li>• Provide clean and cared for environments</li> <li>• Support you to reach your potential</li> </ul>
<p><b>Because as co-owners we expect each other to...</b></p>	<ul style="list-style-type: none"> <li>• Recognise and value one another</li> <li>• Work as a team</li> <li>• Develop each other</li> <li>• Choose a positive attitude</li> </ul>	<ul style="list-style-type: none"> <li>• Be honest and transparent</li> <li>• Involve and listen to patients and each other in decision making</li> <li>• Be open to feedback</li> <li>• Take responsibility and hold each other accountable</li> </ul>	<ul style="list-style-type: none"> <li>• Be flexible and 'can do'</li> <li>• Be innovative and creative</li> <li>• Make the most of our resources and skills</li> <li>• Work to make a positive difference</li> </ul>	<ul style="list-style-type: none"> <li>• Focus on quality</li> <li>• Proactively plan ahead</li> <li>• Support each other to deliver</li> <li>• Be proud of our successes</li> </ul>

CSH Surrey created a team development workshop, training its senior managers and directors to deliver it. Between September and December 2013, 85% of CSH Surrey's co-owners attended the two hour workshops, which were led by service managers and supported by CSH Surrey's patient experience or customer service leads.

82%

of co-owners rated the workshops as 'excellent' or 'very good'



Examples of things co-owners learnt included: how behaviours impact on patient care; to think before I act; reinforced there is no excuse for bad behaviours; try to always remember to put our patients first and communicate/involve them.

64%

of attendees said they would change their behaviour as a result of the workshops



Examples shared included: improve my behaviour/attitude - will have direct impact on my patients' experience/outcomes; consider being in patients' shoes; be more aware of patients' feelings and thoughts; I will give more positive feedback to colleagues.

62%

said they felt 'more' or 'much more' confident to challenge poor behaviours following the workshops



97%

felt the workshops would make a difference in terms of changing behaviours and therefore improving patients' and co-owners' experiences

Examples shared included: helped raise awareness of how patients are impacted by simple things - smile, using their name; greater awareness about how we react to patients' feedback; more aware of our behaviours and how to give/receive feedback; it will help draw people together for the good of the patient.

**PRIORITY 2** Continued

Since October 2013, all Tell Your Story leaflets have included five questions that enable CSH Surrey to measure teams' performances against its main behaviours. The same questions also enable CSH Surrey to review how it is doing against the 6Cs of Nursing\* and Essence of Care Benchmarks\*. During 2014 CSH Surrey will be adding these five questions to all service specific surveys and also hopes to introduce an online survey specifically asking for people's experiences of its 32 stated behaviours, which it can then use as a benchmark for future measurements.

Statement in Tell your Story leaflet	Agree/strongly agree % Oct 2013 – April 2014
I had trust and confidence in the people treating me	98
I have been treated with respect and dignity	100
I have been involved in decisions about my care	93
I have been listened to and my views were taken seriously	94
I know who to contact if I am worried about my condition	85

In Summer 2013 CSH Surrey introduced the Behaviours into its annual Personal Development Reviews (PDRs) and since January 2014 started sharing the Behaviour Framework in its corporate induction so all new co-owners understand what is expected of them. During 2014 CSH Surrey will be building on the Values and Behaviours work further through customer service workshops.

**PRIORITY 3** To establish integrated teams delivering person centred, co-ordinated care

During 2013/14, CSH Surrey has been working closely with patients, co-owners and staff from other organisations such as local acute trusts, social care and the mental health trust to develop a model for services to work together in new ways around the needs of patients.

The final model was agreed with CSH Surrey's commissioners in early 2014 and started being rolled out in April 2014. The five new Community Integrated Teams are multi-disciplinary and reflect the CCG localities so they can respond to local area needs.

\*See Glossary, page 38


**PRIORITY 4**

## To enhance CSH Surrey's Referral Management Centre through clinical advice and 'navigation' to ensure patients with complex needs get the right care

During 2013 CSH Surrey created a Clinical Navigator Post within its Referral Management Centre (RMC), enabling CSH Surrey to support clinicians who require advice on which services will best meet the needs of patients with multiple and complex conditions.



The RMC received a phone call from a GP to discuss a patient who had a recent confirmed diagnosis of heart failure on discharge from hospital. The patient lived alone and was normally independent but was now having difficulty managing her personal care unaided and also had a pressure ulcer on her sacrum. The Clinical Navigator ensured the patient was referred to the Heart Failure Nurse Specialist. They made another referral to the Integrated Rehabilitation Service (IRS) for a personal care assessment, an Occupational Therapy assessment and for nursing input to assess and treat her pressure ulcer. As a result, all of the patient's needs were met through coordinated referrals.


**PRIORITY 5**

## To establish a 'team around the child' model for children with complex needs

The Children and Families team has built a model of service delivery with the 'team around the child' approach at its heart. The team has worked with CSH Surrey's partners, including GPs, the local authority and the families and children who use the service, to understand the benefits and expectations of each group. As a result CSH Surrey has been able to identify important requirements for the newly designed service, including:

1. A multi-disciplinary assessment for all complex needs children
2. A key worker who co-ordinates their care and appointments
3. Care plans that detail the therapy and outcomes expected
4. A parental support package that includes third sector partners\* as well as local authority provision for parenting
5. Information packages and web access for parents to learn more and put them in touch with other supportive agencies
6. A step down discharge so parents and families can exit CSH Surrey's services in a supported way.

CSH Surrey will begin operating its new service model from early April 2014 and will be evaluating the approach in October 2014.

\*See Glossary, page 38



# National Quality Indicators – CSH Surrey’s performance in 2013/14

During 2013/14 CSH Surrey was commissioned by Surrey Downs Clinical Commissioning Group to provide 20 services. CSH Surrey has reviewed all the data available on the quality of care in all of these services. The income generated by the NHS services reviewed in 2013/14 represents 100% of the total income generated from the provision of NHS services by CSH Surrey for 2013/14.

CSH Surrey considers that the data set out in the Quality Account is as described because the data is taken from CSH Surrey’s clinical system RiO, and is validated by clinical teams and the Executive Team.

In line with Department of Health requirements (“Quality Accounts – Reporting Arrangements for 2013/14” Gateway reference 00931), CSH Surrey has reported on the following indicators that are relevant to the services it provides:

- Rate of patient safety incidents
- Friends and Family Test – patients
- Friends and Family Test – staff
- At least three other indicators of CSH Surrey’s choice
- Required data and statements on audit, research, CQC and Information Governance.

All of the national quality indicators required to be reported in Quality Accounts concern Adults Services. Although there are no National indicators required that relate to Children and Families, CSH Surrey does provide a wide range of services to children and their families and has also reported on these (see page 34).

## Rate of patient safety incidents

In the period April 2013 to March 2014 CSH Surrey reported 1,013 patient safety incidents. None of these resulted in severe harm or death. The chart below compares CSH Surrey’s rates of patient safety incidents (per 100 bed days) with other community trusts and shows CSH Surrey has a below average rate of patient safety incidents, so fewer CSH Surrey patients than average come to harm within its care.

Number of Patient Safety Incidents	CSH Surrey Number	CSH Surrey Rate	Community Trusts (based on 6 months NRLS data) Average score	Community Trusts Highest rate	Community Trusts Lowest Rate
2013/14	1013	42.05	47	121.8	20.47

Source: NRLS (National Reporting and Learning System)

CSH Surrey considers that this data is as described because it has been taken directly from the incident management system.

CSH Surrey has taken the following actions to improve its average score, and so the quality of its services:

- Pressure ulcer quality improvement drive
- Safety thermometer awareness and participation
- Management and review of patient safety incidents by relevant experts, eg medicines management.

CSH Surrey actively promotes the reporting of all incidents. In July 2013 CSH Surrey introduced a new electronic incident reporting system (Datix) and provided training to co-owners. Datix is a tried and tested incident reporting system used widely across the NHS. It has brought about many quality benefits for CSH Surrey, including easier reporting and reviewing.

During 2013/14, CSH Surrey reported 18 Serious Incidents Requiring Investigation (SIRIs\*). This is the same number as the previous year, and CSH Surrey recognises that it still has some way to go to reduce the number of SIRIs that are Grade 3 or above pressure ulcers\*. This is being addressed through a number of initiatives including the "Your Skin Matters" pressure ulcer prevention campaign.

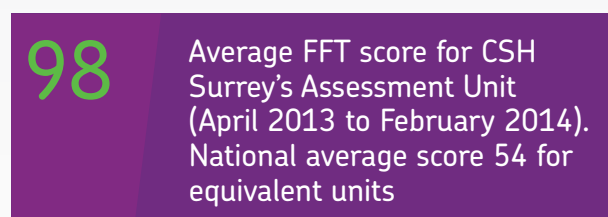
CSH Surrey's actions for 2014/15 are to:

- Continue to promote the importance of incident reporting to all co-owners through learning and development workshops
- Feedback on incidents to enhance learning and promote a culture of greater openness and transparency.

## The Friends and Family Test - patients

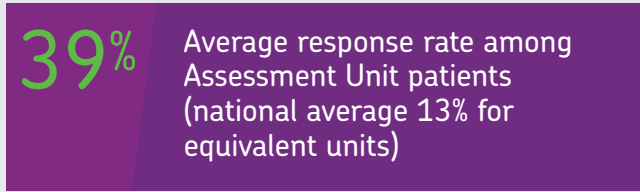
NHS England's Friends and Family Test (FFT\*) became a national requirement from 1st April 2013. It is a single question survey that asks inpatients and people visiting A&E (including assessment units) whether they would recommend the NHS service they have received to friends and family who need similar treatment or care.

CSH Surrey implemented the FFT early (March 2013) and submits the monthly scores to NHS England for its four community hospitals and the Assessment Unit at Epsom Hospital (formerly at Leatherhead Community Hospital).

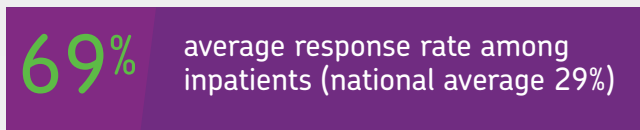


\*See Glossary, page 38


Visitors to CSH Surrey's Assessment Unit in Epsom General Hospital (formerly the Leatherhead Community Assessment Unit, CAU) are asked to complete a card at the end of their appointments, while its inpatients are telephoned within 48 hours of discharge from CSH Surrey's community hospitals.





CSH Surrey decided not to use a postal questionnaire to ask inpatients the FFT as it was concerned it would not meet the 15% required response rate. Instead, CSH Surrey chose to employ an administrator who is unconnected with the hospitals to contact discharged patients, who receive information about the FFT in their discharge packs. The administrator explains who they are and the reason for their call, then records all comments, which are shared with the ward teams each month. CSH Surrey finds the patients are frank and open with their comments, freely mentioning if any aspect of their care has not met their satisfaction.



CSH Surrey receives valuable comments through the FFT, the vast majority of which are positive.

“Friendly and efficient staff who explained everything to us in an ‘easy to understand’ way.” 

“Marvellous how nurses have so much patience, and food marvellous.”  
Dorking Hospital 

“Spotlessly clean. Lovely attentive staff.”  
Molesey Hospital 

On occasions when services receive less positive comments, CSH Surrey's Patient Experience Coordinator offers patients the opportunity to share further feedback and an investigation into their concerns.



Some patients reported feeling 'bored' during their stays at Leatherhead Hospital. The ward team used this feedback to offer a greater variety of activities, including weekly bingo, piano and guitar 'sing along' sessions, and karaoke. On one occasion the music sessions enabled the team to connect with a patient with dementia who previously had not communicated with them. The team also now engages patients with craft activities such as knitting, drawing and card making, and organises reminiscence therapy.



Following comments about a lack of food available between meals, CSH Surrey has worked with its caterers G4S to provide snacks in the community hospitals. The ward teams also reviewed the discharge process following feedback that hospital transport collected a patient early, before their home medicines had been dispensed by Epsom Pharmacy, which meant a relative had to collect the medicines from the hospital.

In addition to finding the FFT process a great way to understand patients' experiences, CSH Surrey has found that having direct contact with discharged patients so soon after they return home provides an opportunity for them and/or their relatives to raise any questions they may have about medication or ongoing care. On occasions when this happens, the administrator passes their queries to the relevant team to respond to, thus helping to allay any fears or concerns that may have arisen since discharge so the patients feel more supported.

CSH Surrey's FFT scores can be compared to national scores below and is pleased its average score and response rate compare favourably with NHS providers.

Survey question:	CSH Surrey	All NHS organisations (156 NHS trusts)	Independent sector (14 organisations)
How likely are you to recommend the NHS service you have received to friends and family who need similar treatment or care?			
Inpatient FFT score	74	72	90
Inpatient response rate (%)	68	29	32

Source: NHS England

The 14 'independent sector' organisations have a much higher FFT score. These tend to be either large private companies or provide elective surgery for patients who only stay 1-2 nights in purpose-built hospitals and who are not usually sick or frail elderly with complex needs or extended rehabilitation requirements.

### The Friends and Family Test – staff

CSH Surrey continues to achieve significantly higher rates of co-owner recommendation than the wider NHS. This table shows the results from recent CSH Surrey and NHS surveys.

Survey question:	CSH Surrey (Oct 2013)	All NHS organisations	Community Trusts	Social Enterprises
I would recommend my organisation as the provider of choice for a family member/close friend		Average score (%)	Average score (%)	Average score (%)
2013	91	65	67	N/A
2012	87	63	67	75

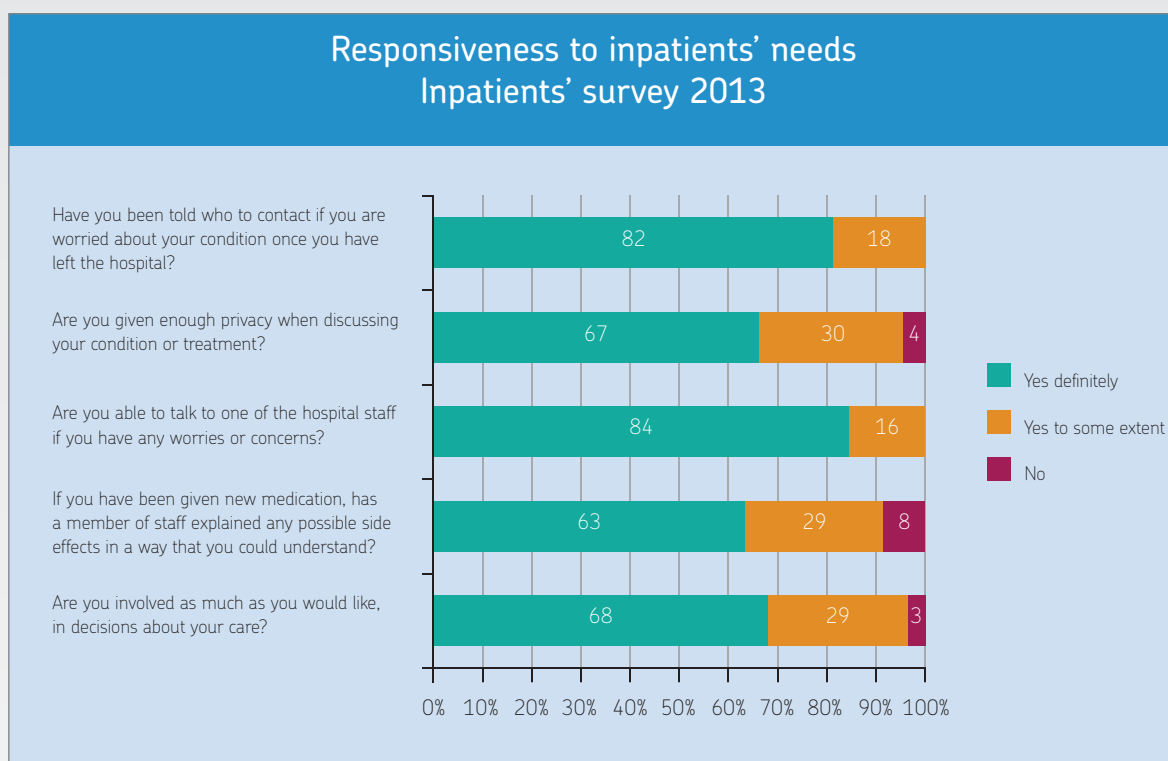
CSH Surrey has taken the following actions to improve this percentage, and so the quality of its services:

- Each year individual team action plans are developed to address areas of weakness
- The values and behaviours work (previously described on page 12) demonstrates the value CSH Surrey places on patient and co-owner satisfaction.

## Quality indicators chosen by CSH Surrey

### 1. Responsiveness to the personal needs of patients

CSH Surrey conducts an annual survey to assess satisfaction of its community hospital inpatients. The results of the latest survey, completed in July 2013, are shown below.



In response to this feedback CSH Surrey has:

- Introduced a 'going home' plan as part of inpatients' discharge notes to ensure they know who to contact about their medicines, their care package (where applicable) and/or if they feel unwell, once they have left the ward
- Made it possible for all members of the ward team to take part in CSH Surrey's 'Behaviour workshops' (September to December 2013), which focused on how communication can affect patients' experiences of care. The behaviour workshops followed on from the 'Listening Project' in early 2013
- Involved previous patients and administrative staff in observing quality of care on the wards using the 'Sit & See Tool'\* (page 8), which measures compassion and kindness in the day-to-day interactions between patients and the ward team. CSH Surrey uses the tool to provide immediate feedback to team members in areas where they could do better as well as to reinforce good behaviours through recognition and praise.

\*See Glossary, page 38

## 2. Re-admissions to a CSH Surrey’s community hospital within 28 days of discharge

CSH Surrey community hospitals’ re-admission rate has improved year on year since 2011/12. For patients, this means that CSH Surrey is getting better at discharging patients at the right point in their care and with the right support.

Community hospitals	Measure	2011/12	2012/13	2013/14
Re-admission rate	% of patients being re-admitted within 28 days of discharge	6.40%	6.00%	5.30%

## 3. Rate per 100,000 bed days of patients acquiring *Clostridium Difficile* (*C.Diff*)\* in CSH Surrey’s community hospitals

CSH Surrey is funded to provide 66 community hospital beds (12 more than the previous year). This provides a total of 24,090 bed days per year, so CSH Surrey is unable to report the rate of *C.Diff* per 100,000 bed days / year. However, by identifying *C.Diff* rates in its community hospitals, CSH Surrey is able to contribute to the national tracking of outbreaks of this disease and treat infected patients appropriately.

This table shows the actual number of patients who have acquired *C.Diff* in CSH Surrey’s community hospitals. During 2013 CSH Surrey rolled out the national *C.Diff* campaign to increase awareness of this bacteria among patients, families and clinical teams. A full root cause analysis investigation and report is undertaken following any *C.Diff* case.

Community hospitals	Measure	2011/12	2012/13	2013/14
<i>C.Diff</i> cases	Incidence of patients acquiring <i>Clostridium difficile</i> in CSH Surrey’s community hospitals	Nil	1 case	1 case

## Participation in clinical audits

During 2013/14 no national clinical audits and no national confidential enquiries covered NHS services that CSH Surrey provides.

During that period CSH Surrey participated in no national clinical audits and no national confidential enquiries which it was eligible to participate in.

CSH Surrey completes a number of service specific clinical audits each year, including two large organisation wide audits that have identified a number of actions to improve service delivery.

### *Medicines Management Audit*

CSH Surrey’s Medicines Management Audit this year involved a cross-section of Health Care Assistants, Staff Nurses, Specialist Nurses, Ward Managers, District Nurses, Community Matrons, Health Visitors, School Nurses and Podiatrists. The response rate for the survey was excellent, at 100%.

\*See Glossary, page 38



At CSH Surrey, other professionals also prescribe, eg GPs providing medical cover at Community Hospitals, and they were not included in this audit. As CSH Surrey re-visits its medicines management audit next year it will ensure these other professionals are included, thereby providing an even more comprehensive audit.

The survey covers a wide range of areas including storage, administration, competency, documentation, training and supervision. It revealed, for example, that allergies and consent are checked 100% before medicines are administered.

Some of the issues and actions identified from the audit are:

Issue identified	Action
Not all teams and services record allergy status on RiO (all teams do record this in patients' notes)	Medicines Management Group to consider if all services need to ensure that patients' allergies are recorded on RiO in addition to Patient records
Not all community hospitals encourage self-administration / independence of medication with patients	Clinical Manager for Inpatients to ensure a standardised process is adhered to where it is identified that a patient self-administers their medication
If a drug is not administered, not all District Nurses would carry out the following: <ul style="list-style-type: none"> <li>• Document drug omission</li> <li>• Document reasons why the drug was omitted</li> <li>• Document what actions nursing took.</li> </ul>	The District Nursing service is reviewing the training and audit of medicines management to ensure these issues are addressed.

#### *Record Keeping Audit*

CSH Surrey undertakes an audit of clinical records every year. The 2013 audit results show high compliance with core standards, such as legible notes (98%), records kept in a chronological order (95%), identifiable signature (91%) and use of transfer record (90%).

In addition, each team completes its own audit of standards relevant and important to that team. For example, the District Nurses audited compliance with medicines information, Pressure Ulcer and Nutritional risk assessment, among other areas, while the Dieticians this year looked at areas including clinical decision making and whether appropriate actions were taken following risks that were identified.

Action plans have been developed to further improve compliance with core and service specific standards and these are reviewed by CSH Surrey's Professional Congress. Examples of actions include:

- Raise awareness to ensure services complete patient / family involvement section within patient held records so patients and families are involved in care planning
- Team leaders to inform all team members that every patient should be given a copy of their discharge report. This is monitored through local record keeping audits during the year and will be measured at the next annual audit
- All clinicians who scored lower than 75% on a section are to review notes with their team leader and discuss any learning issues. Training to be put in place and re-audit of clinician's notes to be completed in eight weeks.

## Participation in clinical research

Five patients receiving NHS services provided or sub-contracted by CSH Surrey in 2013/14 were recruited to participate in research approved by a research ethics committee.

CSH Surrey continues to actively participate in research in collaboration with external research institutions, both to enhance patient care and to contribute to clinical advancement.

During 2013/14 CSH Surrey participated in the following research programmes:

1. "ReMemBrln" – A National study researching memory rehabilitation post Head Injury. This study was linked to Nottingham University.
2. "Managing the transition - A phenomenological study into lived experiences of newly qualified Specialist Practice Nurses - HVs".

During the same period, further research activity included:

Lincoln, N., Carr, S., Schwartz, A., & das Nair, R. (2013). Poster presentation, 10th Conference of the Neuropsychological Rehabilitation Special Interest Group of the World Federation of NeuroRehabilitation. Maastricht, Netherlands, 8-9th July, 2013.

Maher-Edwards, L., Schwartz, A., Ratcliffe, L. Nehra, P., & Wilkinson, L. (2013). MS: can psychology help? Poster Presentation, Multiple Sclerosis Trust Conference, Kenilworth, UK, 3-5 November, 2013.

Carr, S.E., das Nair, R., Schwartz, A.F., & Lincoln, N. (2014). Group Memory Rehabilitation for People with Multiple Sclerosis: a feasibility randomised control trial. *Clinical Rehabilitation*. Online January 2014 & in press.

## The Care Quality Commission (CQC)

CSH Surrey is required to register with the Care Quality Commission and its current registration status is active. CSH Surrey has no conditions on registration.

The CQC has not taken enforcement action against CSH Surrey during 2013/14.

CSH Surrey's registered services have received routine inspections this year, but have not been subject to any special reviews or investigations by the CQC during the reporting period.

Service/team	Inspected in 2013/14	Compliant with Outcomes inspected?
District Nursing and 0-19 teams	Yes	Yes
Dorking Hospital	Yes	Yes*
Leatherhead Hospital	Yes	Yes
Molesey Hospital	Yes	Yes
New Epsom and Ewell Community Hospital (NEECH)	Yes	Yes

\*CSH Surrey was asked to make one minor compliance improvement to the recording and checking of equipment that had been cleaned at Dorking Hospital. Following a detailed action plan and responsive quality improvement in this area, the Hospital was re-inspected and found to be compliant.

## Data quality and confidentiality

CSH Surrey's Information Governance Assessment Report overall score for 2013/14 was 79% and was graded green.

This is a positive score and demonstrates that CSH Surrey's patients can be confident that it handles information it holds about them in a safe and confidential way.

## PLACE (Patient Led Assessments of the Care Environment)

PLACE is a review of the care environment to ensure it is clean and safe. It is an objective assessment, carried out by local people. It focuses entirely on the care environment and does not cover the provision of clinical care or competency of staff.

The assessments review:

- Whether the environment supports patients' privacy, dignity and wellbeing
- Food provision
- Cleanliness
- Adequacy of premises.

CSH Surrey's 2013 assessments found the following:

	Dorking (%)	Leatherhead (%)	Molesey (%)	NEECH (%)
<b>Cleanliness</b>	81.70	97.27	89.06	96.03
<i>National average</i>	95.74	95.74	95.74	95.74
<b>Food</b>	82.55	92.17	87.19	85.66
<i>National average</i>	84.98	84.98	84.98	84.98
<b>Privacy, Dignity and Wellbeing</b>	83.43	77.12	77.71	88.80
<i>National average</i>	88.87	88.87	88.87	88.87
<b>Condition, Appearance and Maintenance</b>	69.33	76.71	77.46	72.41
<i>National average</i>	88.75	88.75	88.75	88.75

CSH Surrey uses the PLACE audits to drive up performance of partner organisations (mainly NHS Property Services and G4S), on whom it is reliant for all areas except Privacy and Dignity. It therefore ensures its assessors are thoroughly briefed on the requirements and ask them to be true 'critical friends'.

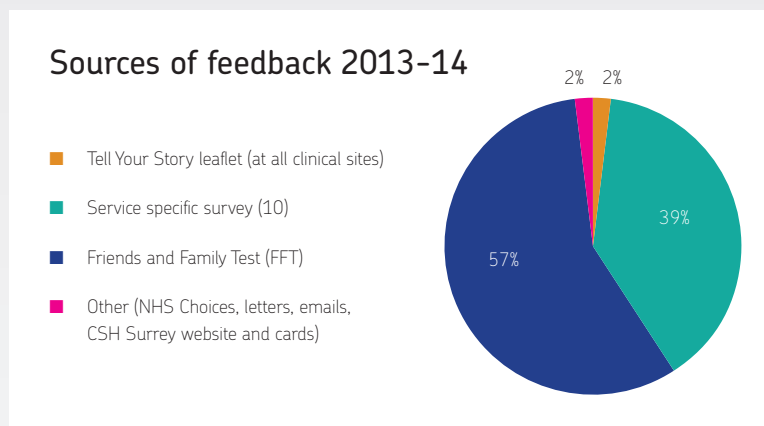
In response to the 2013 results, CSH Surrey has implemented action plans at each of its four community hospitals to improve the care environment. For example, offering an increased number of snacks, more choice at meal times, having fresh fruit available and refurbishing the ward at Dorking Hospital. Patients have since commented how nice it is to have fresh fruit on the ward, for example, and CSH Surrey expects its improvements to be reflected in higher scores from the 2014 audits.

# Delivery of local quality improvements in 2013/14

CSH Surrey prides itself on the range and quality of data it uses to monitor services and developments as well as its focus on continually improving services. A selection of measures and service developments are reported here as examples of the progress CSH Surrey is making in listening and responding, putting care at its heart, continually improving and leading the way in improving care.

## Listening and responding

During 2013 CSH Surrey has significantly increased the numbers of ways in which it listens to service users and uses the feedback to improve services. They include 10 service specific surveys that captured the experiences of more than 1,300 users, while more than 1,900 service users completed the Friends and Family Test (FFT).



In January 2013 CSH Surrey introduced its 'Tell Your story' leaflets, which are available at all clinical sites, and are regularly filled in by service users, relatives and carers. The leaflets ask about the standard of care received, service and location so CSH Surrey can celebrate great care and also put in place changes to improve care if necessary. In the past year, more than 40 Tell Your Story leaflets have been completed and returned. Since early in 2014, clients of CSH Surrey's Children and Families' Services have received the leaflets at health visitor home visits and from June 2014, the leaflets will also be made available to all adults receiving care at home and accessible online via CSH Surrey's website so we expect to receive more feedback through this mechanism.

In September 2013 CSH Surrey launched its new website with feedback functionality that has been used to offer feedback (both positive and negative), to which it responds.

CSH Surrey uses feedback to improve services. For example, the Podiatry service increased the range of foot care products that patients could buy from clinics, to include the nail clippers and foot files demonstrated in group 'foot care education sessions'. This means people can buy the items on the day and start to benefit from using them immediately at home.



An MSK physio patient fed back: "While staff were friendly, helpful and informative, I found it a challenge to schedule appointments with therapists at times that were convenient for me." As a result, the Referral Management Centre has increased patient choice by enabling outpatient clinics to be booked further ahead to offer maximum flexibility.

CSH Surrey also welcomes feedback to celebrate great care with its co-owners.

81%

of respondents agreed with the satisfaction statements in the Community Neuro-Rehabilitation survey (April 2013)

"Your specialist nurse demonstrated person centred care and respect of the human value of my wife and her cognitive impairment. They also considered my needs as her full time carer, supporting and enhancing my input to my wife's care. Communications between the members of your team were exemplary."

Patient's husband



"The physiotherapist was very sympathetic and helpful, she explained what was wrong with my wrist and immediately I felt better because she listened and 'heard me' rather than just doing her job."

Patient



100%

said they had received care that met the needs of their friend/relative (Community and Hospice Home Nursing Service survey – runs continuously)

CSH Surrey received 214 surveys from patients using the Integrated Rehabilitation Service through the year.

“We are impressed by the service. We have received help we did not know was available, all given by staff who were knowledgeable, friendly, caring and smiling.”

IRS patient



83%

satisfaction score among District Nursing Service patients (survey, November 2013)

“All the nurses were kind, professional and charming. Helped me and my family though a very difficult few months.”

Patient





CSH Surrey also takes seriously listening and responding to its co-owners\* and has run a comprehensive co-owner survey every year since 2010. Its results consistently outperform providers of similar services and the NHS overall. Importantly, CSH Surrey’s results also show consistency year on year.

CSH Surrey believes it benefits from higher levels of motivation and engagement than are typically found in the NHS because of its unique model and culture of co-ownership. This is important because numerous studies across many sectors now provide clear evidence of the links between happy and engaged staff and, for example, better outcomes and higher productivity.

Everyone who works in CSH Surrey is an owner of the company, rather like the John Lewis Partnership (but no profit related bonuses are paid in CSH Surrey). Research demonstrates that this improves employees’ engagement and motivation at work, resulting in better patient care (sources: Leadbeater (2008), ‘Innovation Included: Why Co-owned Businesses are good for Public Services’, Employee Ownership Association, and Ellins & Ham (2009); ‘NHS Mutual: Engaging Staff and Aligning Incentives to Achieve Higher Levels of Performance’, The Nuffield Trust; Staff Care: How to engage NHS staff and why it matters (2014), The Point of Care Foundation)

2013 Survey question	CSH Surrey score %	Community Trusts Average score %	NHS overall %
I enjoy the work I do for CSH NHS question: I am enthusiastic about my job	94	68	69
I understand the contribution I am expected to make NHS question: I have clear, planned goals and objectives for my job	97	72	74
Communication between managers and co-owners is good NHS question: Communication between senior management and staff is effective	71	35	38
I see how my work relates to patients (even if I have no direct contact) NHS question: I feel that my role makes a difference to patients/ service users	100	84	82
My immediate manager is supportive if I have a problem NHS question: How satisfied are you with the support you get from your immediate manager?	95	67	67
I value working for a co-owned organisation	89	N/A	N/A

CSH Surrey shares the full survey results with all of its co-owners and invites feedback on what it can do to improve areas that receive lower scores. However, as can be seen, CSH Surrey still performs better than NHS counterparts in these areas.

\*See Glossary, page 38

2013 Survey question	CSH Surrey score %	Community Trusts Average score %	NHS overall
I have an acceptable workload NHS question: I am unable to meet all the conflicting demands on my time at work (results shown are those who 'Disagree/Strongly disagree, ie those stating they are able to meet conflicting demands)	58	26	28
I am fairly paid for what I do (CSH Surrey co-owners are on the NHS Agenda for Change Terms and Conditions) NHS question: How satisfied are you with your level of pay	51	39	39
I am able to cope adequately with any stress I experience at work NHS question: During the last 12 months have you felt unwell as a result of work related stress? (results shown are the 'No' answers, so those who haven't been affected by stress)	78	57	62

Every year the Executive Team considers how to improve lower scoring areas as these can impact on patient care. This year CSH Surrey will be improving its workforce information so teams can better understand and respond to changing patterns and demands. It is also planning to review its HR and Learning and Development Strategy, including how to better support co-owners to look after their wellbeing and increase their resilience to stress. Through its Transforming Healthcare Programme, CSH Surrey will be providing more innovative and integrated services for patients through more coordinated and efficient pathways, which it hopes will also make the working day more satisfying and enjoyable for co-owners.

## Putting care at its heart

### Dorking Hospital

Ranmore Ward at Dorking Hospital is an inpatient unit with 12 beds. Between January and June 2013 the number of beds was rapidly increased to 24 to improve bed availability in the local health economy. During June 2013 CSH Surrey's management team was alerted to a number of warning signs (eg an increase in serious pressure ulcers) and also listened to and responded to concerns from patients and co-owners, so took the precautionary decision to temporarily relocate the inpatient beds to Leatherhead Hospital. This was a pre-emptive measure and reflects how seriously CSH Surrey takes its commitment to high quality care.

CSH Surrey undertook a full investigation so it could fully understand and learn from the situation. It found the root causes of the early warning signs to be a lack of consistent leadership of the ward, a lack of accountability on the ward and increased use of bank and agency staff because of the rapid expansion in bed numbers. The increased use of bank and agency staff was in both regular bank workers and in ad hoc agency staff.

CSH Surrey developed a robust action plan to address its findings, which was closely monitored by the Board. CSH Surrey was supported fully throughout the process by Surrey Downs CCG, patient representatives and local acute trusts, reflecting true partnership working with patient safety at its core.

To ensure maximum learning and impact, CSH Surrey shared the findings from the investigation and subsequent action plan with Surrey Downs CCG, CSH Surrey's Senior Management Team, Ranmore Ward and its three other community hospital teams.

## End of Life Care

End of Life Care (caring for people who have an advanced, progressive and incurable illness so they can live as well as possible until they die) is a hugely important area for CSH Surrey. Over the course of 2013/14, CSH Surrey has made a number of quality improvements to its services including:

### *Increasing the numbers of patients dying at home, if that is where they wish to be*

In 2012/13 CSH Surrey's average achieving "preferred place of death" (PPD) was 80%. For 2013/14 this rose to 85%. For two months in the summer of 2013 CSH Surrey achieved 100% PPD. The National target for achieving "preferred place of death" is 67%.

### *Delivering a robust internal training programme on End of Life Care (EoLC)*

Eighty co-owners attended EoLC-related training at St. Catherine's Hospice, five co-owners attended a two day advanced communication skills course and 11 co-owners attended 'verification of expected death' training. In addition, CSH Surrey started dementia training in June 2013 and to date 338 co-owners have attended.

### *Supporting national events in highlighting EoLC*

CSH Surrey supported "Dying Matters" Awareness Week in May 2013 through an awareness stand in Leatherhead Hospital. This was advertised on the Dying Matters website as well as through CSH Surrey's own internal newsletter "Ahead of the Game". Teams were provided with DVDs and books to share and promote discussion. CSH Surrey also supported Dementia Awareness Week in May 2013 through an awareness stand in each community hospital and articles and links in its internal newsletter.

### *Increasing links with Acute Hospital services*

CSH Surrey has achieved this through its representation on the Surrey and Sussex Healthcare EoLC steering group. CSH Surrey has also met with the palliative care team at Kingston Hospital and now has direct conversations where necessary. Links with Epsom General Hospital have been further strengthened and CSH Surrey is now represented on Epsom's EoLC strategy group.

## Complaints

CSH Surrey values feedback from its service users and their family members or carers as well as those who commission and/or regulate its services.

When complaints are received, CSH Surrey's Complaints Officer contacts complainants,

by telephone if possible, to acknowledge their complaint, reassure them that it will be investigated and to provide them with a 'single point of contact' to whom they can easily refer.

The number of complaints received over the last three years is shown in the table below.

2011/12	2012/13	2013/14
93	69	101

The number of complaints has increased during the last year across CSH Surrey's services, although some larger services, eg MSK physiotherapy and podiatry, have seen complaints numbers drop. CSH Surrey attributes the general increase to providing more channels and opportunities for patients/carers to offer feedback. For example, introducing Tell your Story leaflets and opportunities to feedback via the website, and also providing more 'How to raise concerns and complaints' leaflets both in clinical sites and in information provided to inpatients and home-based service users.

Despite this increase, CSH Surrey still receives comparatively few formal complaints when benchmarked against the NHS. A number of CSH Surrey's clinical services also effectively resolve concerns and complaints directly with patients.

	Mean Average	Median Average	CSH Score	Ranking	Total Sample Size
<b>Metric</b> Number of complaints investigated per WTE staff member	111.4	81.4	58.0	51	69

Source: Corporate Services Benchmark Audit 2012/13

The most frequently cited complaints are around the timeliness and quality of communication with patients and their families (52%). CSH Surrey expects that the introduction of its Behaviours Framework and subsequent training will start to reduce the numbers of complaints in this area. CSH Surrey is also building on its behaviours work during 2014 by introducing 'customer service' workshops, which it believes will provide co-owners with an even greater appreciation of the need for good communication. Complaints about clinical issues represent 28% of the overall complaints received.

Following a complaint investigation, CSH Surrey responds by letter and also offers face to face meetings. It aims to respond within its policy standard of 25 working days or within the timescale agreed with the complainant. Of the 80 complaints where CSH Surrey was the lead agency, CSH Surrey achieved 91% compliance during 2013/14. Where it failed to meet the deadline it was usually due to difficulties obtaining notes from external partners within the timeframe or there were gaps in understanding, leading to extended investigations.

During 2013 CSH Surrey received a number of positive comments from patients, their families and independent advocacy organisations (SEAP) complementing the way in which CSH Surrey handled their complaints.

“I wanted to pass on my thanks for the exceptional service provided by Graham managing a recent complaint. As an advocacy service we deal with a number of providers and have found CSH to have set a gold standard for complaint management and working with advocates. Graham has been particularly good at communicating about deadlines, being proactive, involving the advocate, listening to feedback and understanding the clients concerns. In this particular complaint he has also gone above and beyond in order to try and find a solution for the service user and this has ensured that the complaint was resolved at the Local Resolution stage. Please pass on my comments to your team and thank you for making CSH such a pleasure to work with.”

SEAP Advocate



## Quality improvements in services to children and families

All the national quality indicators required to be reported in Quality Accounts concern Adults Services. Although there are no national indicators required that relate to Children and Families, CSH Surrey does provide a wide range of services to children and their families. The quality highlights from 2013/14 include:

- Providing 93% of the 2,973 new birth visits within the 21 day target
- Attending 100% of initial safeguarding case conferences to ensure CSH Surrey plays its part in keeping children safe
- Providing 72.4% of children (uptake rate) with a developmental review at around the age of 2.5 years (27 month review)
- In 2013/2014 a Surrey Safeguarding Children's Board (SSCB) audit into bruising in non-mobile infants and children, and learning from two significant Serious Case Reviews resulted in a review of the guidance across Surrey and highlighted training needs specifically within therapies and specialist nurse teams. These groups have been encouraged to attend the Safeguarding Children with Disabilities module available from SSCB
- CSH Surrey is working on a joint model of safeguarding supervision between social care and health services across Surrey in 2014, with the involvement of Professor Eileen Munro
- CSH Surrey is supporting a review of the Family Health Needs Assessments used across the three health providers and has brought to the attention of the Local Safeguarding Children's Board (health sub group) the wider issues for health around transfer and storage of electronic child health records
- School nurses have developed the Family Health Needs Assessment tool when working with young people and this clearly evidences a focus on the voice of the child in assessment. In the feedback from a recent 'deep dive audit' of 0-19 safeguarding records carried out by Surrey Safeguarding Children's Board, senior health auditors identified a CSH Surrey school nurse record as an outstanding example of assessment for its child focus and the partnership working that was evidenced to keep the child safe.

# CSH Surrey's quality priorities for 2014 – 2015

Following discussions with Surrey Downs CCG and patient representatives, CSH Surrey has chosen the following quality priorities for next year.



**Use the Behaviours and Values work to underpin and improve CSH Surrey's patient and co-owner experiences**

## Why has this priority been chosen?

The behaviour and values workshops have been effective this year in highlighting the importance of communication and behaviour within teams. CSH Surrey wants to build on this work through its learning and development strategy to enable even better relationships with each other, patients and customers.

## How will this be done?

CSH Surrey will deliver and evaluate further behaviour and values workshops and support to co-owners.

## How will this be monitored?

Through reporting on the Learning and Development strategy to the Executive Team.



**To measure and improve the healing rates for pressure ulcers Grades 1 to 4 and use a benchmark across teams to improve quality**

## Why has this priority been chosen?

There is a lack of national data on healing rates of pressures ulcers and CSH Surrey wishes to measure its effectiveness of care.

## How will this be done?

CSH Surrey will collect data on how long it takes to heal different stages of pressure ulcers and compare this across teams.

## How will this be monitored?

This is one of CSH Surrey's CQUIN targets for 2014/2015 and will be monitored quarterly with the CCG.



**To support patients at risk of acute admission to remain safely at home by providing timely and effective support**

### **Why has this priority been chosen?**

Supporting patients to remain safely at home is effective patient care and is part of the whole system support to reduce admissions to acute hospitals, where it is safe to do so.

### **How will this be done?**

CSH Surrey's Rapid Response Team will work with Adult Social Care and the voluntary sector to assess patients within two hours and provide the necessary support required to ensure patients are cared for safely in their own homes.

### **How will this be monitored?**

This is part of CSH Surrey's agreed CQUIN targets for 2014/2015 and will be monitored quarterly with the CCG.



**Working in partnership with acute hospitals and primary care, CSH Surrey will improve use of the 'Co-ordinate My Care' record to support patients to achieve their preferred places of death**

### **Why has this priority been chosen?**

National best practice supports patients dying in their preferred place of death, which for many is not the acute setting.

### **How will this be done?**

By using a central patient record that allows sharing of information and a record of the patient's wishes, all care providers can work together to facilitate the preferred place of death for each patient.

### **How will this be monitored?**

This is part of CSH Surrey's agreed CQUIN targets for 2014/2015 and will be monitored quarterly with the CCG.





**CSH Surrey will improve how it works in partnership with others to support the discharge pathway for patients**

### **Why has this priority been chosen?**

By working with others, effective discharge planning will ensure patients are properly supported on discharge and therefore less likely to be re-admitted.

### **How will this be done?**

CSH Surrey will attend discharge meetings in acute hospitals and work together to ensure services are available to support patients on their discharge.

### **How will this be monitored?**

This is part of CSH Surrey's agreed CQUIN target for 2014/2015 and will be monitored quarterly with the CCG.

# Glossary

**6Cs of Nursing:** the 6Cs are part of the Chief Nursing Office's strategy for Nursing. They are: Care, Compassion, Competence, Communication, Courage and Commitment.

**Berwick Report:** a report by the Government appointed US safety expert Professor Don Berwick on how to prevent patients being harmed while receiving healthcare in the NHS. The report was published in August 2013.

**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.

**Care, Quality and Compassion ('Sit & See') Tool:** a tool to measure care and compassion in care settings. It captures evidence of care and compassion in a simple way with agreed standard descriptors. Assessors use the tool to records positive examples of care as well as passive or poor examples through observation sessions of between 20 and 50 minutes.

**Clostridium Difficile:** *C.Diff* is a bacteria that causes severe diarrhoea and other intestinal disease.

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

**CQUIN:** the Commissioning for Quality and Innovation (CQUIN) payments framework was set up in 2009/2010. It encourages care providers to continually improve how care is delivered. Targets for quality and performance are set annually and providers must achieve the agreed targets to secure funding. For patients this means better experience, involvement and health outcomes.

**Cure the NHS:** this is a campaign group that aims to improve patient safety and care within the NHS. It was formed by a group of relatives, patients and community members who successfully campaigned for a public inquiry into the failings at Mid Staffordshire hospital.

**Duty of Candour:** from October 2014, subject to Parliamentary approval, NHS providers will be required to comply with the Duty of Candour, meaning they must be open and transparent with service users about their care and treatment, including when it goes wrong.

**Essence of Care Benchmarks:** a set of 12 patient-centred benchmarks for health and social care employees to share and compare practice in the fundamentals of care.

**Francis Report:** published February 2013, the Francis Report contained the findings of the public inquiry into Mid Staffordshire Foundation Trust. The report was commissioned following concerns of poor care and high mortality rates among patients at Stafford Hospital in the late 2000s.

**Friends and Family Test (FFT):** the Government's Friends and Family Test was made compulsory for all hospital units from 1st April 2013. Patients are asked within 48 hours of being discharged: How likely are you to recommend the ward to friends and family if they needed similar care or treatment? There are six options to choose from, ranging from 'Extremely likely' to 'Extremely unlikely'. A unit's FFT score is calculated using the proportion of patients who are 'Extremely likely' to recommend a service minus those who would not recommend or are indifferent (these responses being 'Neither likely or unlikely', 'Unlikely' and 'Extremely unlikely').

**Grade 3 or above pressure ulcer:** pressure ulcers are a type of injury that breaks down the skin and underlying tissue. 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.

**Healthwatch:** Healthwatch England (made up of local Healthwatch in each local authority area) is the consumer champion for health and social care. Healthwatch works to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf. CSH Surrey provides services in the area covered by Healthwatch Surrey.

**MRSA:** Methicillin-resistant *Staphylococcus aureus* a bacterium responsible for several difficult-to-treat infections in humans.

**Safety Thermometer:** The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harm and 'harm free' care. It enables recording and analysis of pressure ulcers, falls, blocked catheters, urinary tract infections and Venous Thrombus Embolism.

**Serious Incident Requiring Investigation (SIRI):** this is an incident occurring in relation to NHS-funded services and care that results in severe harm or death, serious harm, threatening to or preventing an organisation's ability to continue to deliver healthcare services, an allegation of abuse, adverse media coverage or public concern or one of a core set of 'Never events' (a serious, largely preventable patient safety incident, eg wrong site surgery).

**Surrey Downs Clinical Commissioning Groups (SDCCG):** under the new NHS structural arrangements, this group represents all GPs in the area and has responsibility for commissioning and contracting providers of NHS services in the mid Surrey area.

**Third party partners:** non-governmental and non-profit making organisations that receive funding through charitable activities, fundraising and/or grants.

## Further information and feedback

If you would like to find out more about CSH Surrey's services, please visit the website at [www.cshsurrey.co.uk](http://www.cshsurrey.co.uk)

If you would like further information, to provide feedback or a copy of the account in large print, audio format or in another language please contact:

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90%

satisfaction score among patients using CSH Surrey's Podiatry Service (survey, May 2013)

"I have been attending this clinic for six years and have always been delighted with the treatment and expertise of your staff. My feet feel so much better when I leave. The kindness of your staff is 101%."

Patient



96%

satisfaction score among MSK Physio and Hand Therapy patients (survey, June 2013)

"I have so much praise for the care my husband received. I will never forget the kindness shown to me also."

Wife of patient



# Better healthcare together

CSH Surrey, delivering all NHS community nursing and therapy services in the homes, schools, clinics and hospitals in the heart of Surrey since 2006.



## For adults

- **Assessment Unit**  
On Epsom General Hospital site (GP referral only)
- **Community Dietetics**  
In clinics and homes
- **Community Hospitals**  
Dorking, Leatherhead, Molesey, New Epsom and Ewell Community Hospital (NEECH)
- **Falls Service**  
For nursing home residents and group classes for mobile patients
- **Community Integrated Teams**  
District Nursing (including Rapid Response Service), Community Matrons, End of Life Care, Domiciliary Physiotherapy, Integrated Rehabilitation Service and Mental Health Practitioner Service (in partnership with Surrey County Council and Surrey and Borders Partnership NHS Foundation Trust)
- **Community and Hospice Home Nursing Service**  
Home-based specialist care for patients at the end of life
- **Hand Therapy**  
On Epsom Hospital site

- **Inpatient Therapies**  
Within Epsom Hospital and within the Elective Orthopaedic Centre (EOC), Epsom Hospital
- **Musculoskeletal (MSK) Physiotherapy**  
Outpatient and home-based
- **Community Neuro Rehabilitation Service**  
At Poplars, includes Multiple Sclerosis and Parkinson's Disease nurses
- **Outpatient Appointment Services**  
Leatherhead and Molesey
- **Podiatry Service**
- **Specialist Nursing Services**  
Continence, Respiratory, Heart Failure and Tissue Viability
- **Wheelchair Service**



## For children and families

Within our integrated teams we offer a wide range of evidence based interventions and resources for both individuals and in groups. This includes:

- Health Visiting
- Child Health and Development Clinics
- Breastfeeding Support
- School Nursing
- Immunisation programmes
- Drop in sessions in clinics/schools and in the community
- Occupational Therapy
- Dietetics
- Physiotherapy
- Speech and Language Therapy
- Parent Infant Mental Health
- Specialist Child and Adolescent Mental Health Service School Nursing
- Safeguarding
- Family Nurse Partnership

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