CSH
Surrey

NHS

Better healthcare together

Quality Account 2014-2015

Contents

Introduction from CSH Surrey's Chief Executive

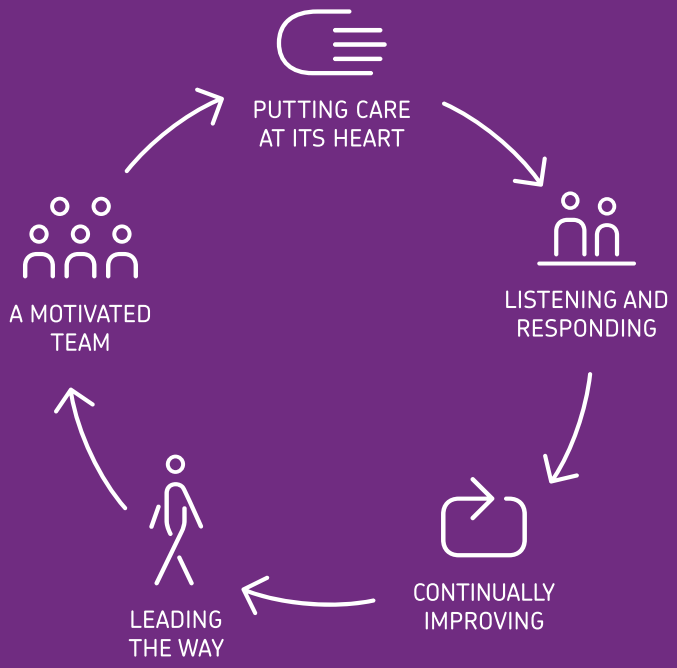
Welcome to the fifth Quality Account from CSH Surrey, an employee owned social enterprise in our 8th year. I believe this Quality Account demonstrates our continued focus on quality – not just within the services we deliver, but also through our ethos of adding value to the wider community through our social initiatives and activities.

A key focus for us this year has been to review and restructure our Quality and Governance Directorate to provide stronger assurance around patient safety, clinical effectiveness and patient experience. We report on these areas monthly to our Board via a balanced scoreboard, which ensures quality is central to our Board agenda. Board members continue to 'walk the floor' to meet co-owners and service users – to gain a richer understanding of the care being provided as well as identifying areas for further development. In addition, our co-owners' council, 'The Voice', meets the Board regularly to debate and challenge our performance on a range of measures, including quality. In March 2015 we were delighted to welcome Professor Nora Kearney from the University of Surrey to join the Board as our clinical Non Executive Director. She replaces our previous post holder, who completed her eight year term with us.

This Quality Account offers many examples of the high quality care our co-owners continue to provide. We also share areas we recognise we need to develop and learn from to ensure we 'get it right' for all of our patients and clients 'all of the time'.

A key focus for us is listening to service users and co-owners, and importantly, making changes as a result. You can read about our patient engagement activities on pages 44-51.

Over the coming year we will be implementing our Quality Strategy, which includes appointing a Medical Director to our Board to strengthen clinical effectiveness. We will also be enhancing patient leadership to promote better patient care and experiences. Our Quality targets are focused on pressure ulcers, dementia and sepsis (see p62).



We will continue to embed the Duty of Candour and support our co-owners to continually improve quality of care.

CSH Surrey remains committed to developing as a learning organisation and this year we are looking forward to developing whole pathways of care with our primary care, acute hospital and social care partners so that together we can deliver ever safer, more effective and patient-focused care.

Jo Pritchard
Chief Executive

What is a Quality Account?

The Health Act 2009 requires all providers of NHS services in England (except those with fewer than 50 full-time employees and that provide under £130,000 of NHS services) to produce a Quality Account to provide information about the quality of their services. The reports are published annually by each provider, including the independent sector, and are available to the public.

Quality Accounts are an important way for providers of NHS services to report on quality and show improvements in the services they deliver to local communities and stakeholders. The quality of the services is measured by looking at patient safety, the effectiveness of treatments that patients receive and patient feedback about the care provided. The Department of Health requires providers to publish their Quality Accounts on the NHS Choices website by 30th June.

Language and Terminology

We have provided an explanation of some of the common words or phrases used in this Quality Account to support readers who may not be familiar with or understand some of the terminology, which those working in the NHS take for granted.

These words and phrases will be marked by an asterisk (*) throughout the document.

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

6Cs: the Chief Nursing Officer for England has defined these as being Care, Compassion, Competence, Communication, Courage and Commitment.

#hellomynameis: a campaign for more compassionate care started by Doctor Kate Granger, a terminally ill young doctor.

Accountable Officer: Controlled Drugs (Supervision of Management and Use) Regulations 2013 state that health organisations and independent hospitals must appoint an Accountable Officer to be responsible for the management of controlled drugs and related clinical governance issues in their organisation.

Acute trusts: NHS organisations that run the large hospitals.

Care Act 2014: a Government act in 2014 that promotes integration of care and support services with health services.

Care Act 2014 Categories of Abuse: Physical, Psychological/Emotional, Financial, Neglect and acts of omission, Discriminatory, Institutional abuse, neglect and poor practice. Self neglect has been recognised within the Care Act 2015 as part of the safeguarding framework.

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.

CAS alerts: the Central Alerting System (CAS) is a web-based system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to providers of health and social care.

Child Protection Case Conference: a multiagency meeting with the child and family to put in place a plan of support to safeguard the child.

Child Protection Plan: a plan put in place by health and other professionals to ensure a child is safe from harm.

Child Sexual Exploitation: this is a type of sexual abuse in which children are sexually exploited for money, power or status.

Clinical audit: this is a quality improvement process that seeks to improve patient care and outcomes through systematic reviews of care against explicit criteria.

Clostridium difficile or C.Diff: this is a bacterium that causes severe diarrhoea and other intestinal disease.

Commissioning Support Unit: NHS commissioners buy non-clinical support services, such as procurement or communications expertise, from Commissioning Support Units.

Competency framework: a list of the competencies (skills) required by people in particular roles.

Continual Professional Development (CPD): this is the means by which people maintain their professional knowledge and skills.

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 the patient safety software we use at CSH Surrey for healthcare risk management, incident and adverse event reporting.

DBS checks: a national check on somebody's criminal records that is part of our recruitment process. DBS stands for Disclosure and Barring Service.

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.

Early Help Process: the Common or Early Help Assessment process is sometimes referred to as Family Assessment. It is a way of gathering information about children and the whole family in one place and using it to help decide what type of support is needed to help a family.

Employee owned: an organisation is referred to as being 'employee owned' when its employees (staff) own the business through models such as share ownership.

Francis Inquiry and Report: Robert Francis' report into the failings at the Mid Staffordshire Foundation Trust was published in February 2013. The Francis report is the result of a public inquiry into the role of commissioning, supervisory and regulatory bodies in the monitoring of Mid Staffordshire Foundation NHS Trust between January 2005 and March 2009. The report called for a "fundamental change" in culture whereby patients are put first and made 290 recommendations covering a broad range of issues relating to patient care and safety in the NHS.

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.

Health and Safety at Work Act 1974: this Act of Parliament defines the general duties of employers, employees, contractors and suppliers with regard to workplace health, safety and welfare.

Health and Safety Committee: a sub-committee of CSH Surrey's Board that is responsible for ensuring CSH Surrey abides by health and safety laws and guidelines.

Health and Safety Executive (HSE): the HSE was created by the Health and Safety at Work Act 1974. It is a non-departmental public body responsible for the encouragement, regulation and enforcement of workplace health, safety and welfare.

Heritage 2 Health: this is a Surrey-based charity in which students and staff in health, social care and the arts link with local people of all ages and abilities to jointly plan and host team challenge events in heritage spaces.

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

Intercollegiate Document 2014: this sets out the competencies all health staff must have in order to recognise child maltreatment and to take effective action as appropriate to their role.

Looked after Children: children in care or looked after children are children who 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.

Lord Darzi's three quality principles: in 2008 Lord Darzi set out three aspects of quality care that are of equal importance in his report High Quality Care for All. These are patient safety, clinical effectiveness and patient experience.

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.

MUST assessment: MUST stands for Malnutrition Universal Screening Tool. It is a five-step screening tool to identify adults who are malnourished, at risk of malnutrition (under-nutrition) or obese. It also includes management guidelines that can be used to develop a care plan.

N3 network connection: this is the secure IT network used within the NHS.

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.

National Patient Safety Agency (NPSA) and NPSA alerts: the National Patient Safety Agency leads and contributes to improved, safe patient care by informing, supporting and influencing the health sector. This can be through NPSA alerts.

National Reporting and Learning System (NRLS): NHS England has a programme of work aimed at improving handover at the time of discharge (when hospital clinicians hand over responsibility to individuals or organisations responsible for a patient's care after they leave the hospital). To inform this programme a National Reporting and Learning System (NRLS) search was performed of incidents reported between 1stOctober 2012 and 30thSeptember 2013. The aim of the search was to identify the nature and scale of the problems associated with the process of handover from secondary care at the time of discharge.

Nursing and Midwifery Council (NMC): the Nursing and Midwifery Council is the professional regulatory body for nurses and midwives in the UK. Its role is to protect patients and the public through efficient and effective regulation.

Personal Development Reviews: an annual process between line managers and those they manage to review achievement of personal objectives and agree new objectives (role and developmental) for the coming year.

Personalisation agenda: this is a Government strategy to ensure that care and support is designed with the full involvement of, and tailored to meet the unique needs of, the individual.

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 Congress: 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.

Quality and Governance Directorate: the team that reports to CSH Surrey's Director of Quality and is responsible for quality and governance within CSH Surrey.

Root Cause Analysis: a process used to find out the key cause of an incident.

Safeguarding Competency Framework: this sets out the minimum requirements for skills and learning within safeguarding.

Safer Sharps EU Directive: new regulations to control the risks posed by needles and other 'sharps' in healthcare.

Sepsis: this is a common and potentially life-threatening condition triggered by an infection.

Serious Case Review: a serious case review (SCR) takes place after a child dies or is seriously injured and abuse or neglect is thought to be involved. It looks at lessons that can help to prevent similar incidents from happening in the future.

Social enterprise: social enterprises trade to tackle social problems, improve communities, people's life chances or the environment. They reinvest profits back into the business and/or into the local community.

Statutory and Mandatory training: training required to meet legislation.

Surrey Downs Clinical Commissioning Group (or CCG): CCG's commission organisations to provide NHS services. CSH Surrey is contracted by Surrey Downs CCG to provide the community nursing and therapy services for the mid Surrey area.

Surrey Safeguarding Adult Board (SSAB): this helps and protects adults in Surrey who have care and support needs and who are experiencing, or are at risk of, abuse or neglect. Representatives from Surrey's carers groups, disability groups and older people's groups are members of the Board and ensure the voices of adults at risk, their families and carers are heard. In April 2015 the Board will become statutory under the Care Act 2014.

Surrey Safeguarding Children Board (SSCB): these Boards were established nationally by the Children's Act 2004. They have statutory responsibility to safeguard and promote the welfare of children.

Waterlow Risk Assessment: this is used to assess risk of a patient developing a pressure ulcer.

Young Carers' Charter: our commitment to recognising the specific needs of young carers when accessing services for themselves and those they care for.

Review of our Quality CQUINs* in 2014 /2015

CSH Surrey's 2013/2014 Quality Account described the five Quality CQUINs for the year 2014/15. A review of our progress against these is detailed below.

PRIORITY 1

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

Our Behaviour and Values framework describes the behaviours we expect of our co-owners. The behaviours were defined by service users and co-owners through our 'Listening Project' in 2013. We use them as the basis for measuring patient and co-owner experiences.

We measure and benchmark patient experience through a variety of means (see p42-51) and also take co-owner feedback seriously (see p54-56). This year we have used feedback received through the Friends and Family Test (FFT), our Tell Your Story leaflets and patient surveys to develop and deliver bespoke training to improve service user experiences.

Evidence

The Clinical Manager for Inpatient Services and CSH Surrey's Community and Patient Involvement Co-ordinator devised a training session to engage co-owners in seeking and using feedback after receiving comments from inpatients wanting more independence on the ward.

The session used positive and negative feedback from CSH Surrey and the Mid Staffordshire Francis Inquiry* to demonstrate how comments can be an early warning system, providing opportunities for change and improvement before care quality or patient safety are seriously affected.

The sessions were well received by co-owners and were then adapted and run for the Podiatry and Community Integrated Teams.

Comments made by co-owners after attending the sessions:

"Enjoyed using this session for peer support and sharing experiences with the other teams."

"Really useful to look at perceived expectations – it's exactly what we deliver and what we want for our own families."

"Worked well, to see the patient journey in their eyes made me stop and think."

In another service (Neuro Rehabilitation), following several complaints about communication skills, CSH Surrey's Customer Liaison Officer delivered a bespoke half day workshop to address the concerns raised. He developed and delivered it with the support of the team's psychologist, thus drawing on her experience of human behaviour to create a powerful learning experience. Again, the workshop was well received by co-owners.

"Appreciate the importance of preparing for difficult situations and the clinical session."

"I will be more deliberate in building relationships of trust with patients. Think about how I respond to patients who are distressed."

"Always acknowledge a patient's perspective and ensure that they feel comfortable to express themselves."

"I will give patients more opportunity to tell me how they are finding the service and if there are any problems."

The training has been well received, with teams committing to sharing verbal feedback with each other and learning from others' experiences, as well as providing support to manage difficult situations and remembering that the patient is at the heart of all we do.

CSH Surrey has also embraced national campaigns to improve patient experiences, delivering workshops and training on the 6Cs*, care and compassion, and the now global #hellomynameis* campaign (see p52-53).

100+ The number of co-owners who have attended patient experience training this year

In October 2014 CSH Surrey delivered a session at the inaugural Surrey-wide Nurses' 'Care and Compassion' Conference. Our Chief Executive and our Clinical Manager for Inpatient Services spoke about the opportunities the Francis Inquiry had created for CSH Surrey to improve patient safety. In addition, a CSH Surrey co-owner shared her positive experiences of being a carer for her husband, and how our Community and Hospice Home Nursing Service was able to support them both with care and compassion. This session was particularly well received by delegates.

PRIORITY 2

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

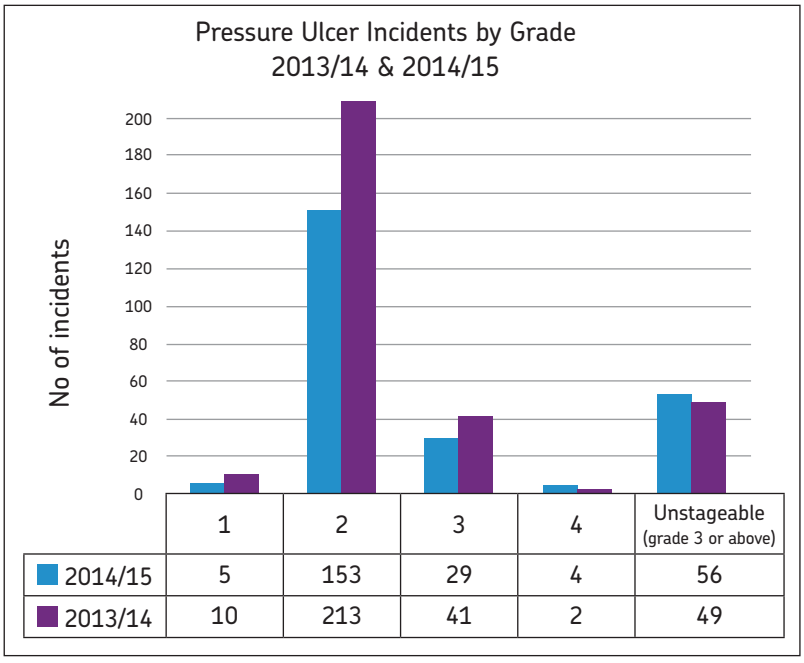
Pressure ulcers* are debilitating for patients and slow down the road to recovery. They are classified from Grade 1 (reddening of the skin) to Grade 4 (the most serious, where there is an open wound).

We have been working with all clinical co-owners to support clinical competence in identifying patients at risk, assessing and implementing pressure ulcer care.

Serious Incidents – Pressure Ulcers		
2014/15	2013/14	2012/13
20 incidents	13 incidents	15 incidents

The increase in pressure ulcer serious incidents can be attributed to an improving open culture to report such incidents, along with better recognition and assessment in the grading of pressure ulcers. The increasing number of complex and palliative patients being cared for within the community is also an influencing factor.

During 2014-2015 we have demonstrated an improvement in pressure ulcer care, as demonstrated in the charts below. However, we do recognise there is still much work to do, as one pressure ulcer is one too many. The four Grade 4 pressure ulcers were inherited by CSH Surrey in patients admitted to our community hospitals from the acute sector.



	1	2	3	4	Unstageable (grade 3 or above)
2014/15	5	153	29	4	56
2013/14	10	213	41	2	49

Initiatives to reduce pressure ulcers include:

- Co-owner training to recognise the early warning signs of a pressure ulcer, and to increase their confidence in reporting and investigating pressure ulcers so lessons can be learnt and applied
- Development of pressure ulcer care plans that are incorporated into all patient care plans
- Review of all CSH Surrey pressure ulcer guidance.

The table below shows that we have successfully reduced the average healing time over the last year.

Pressure ulcer by Grade	Average healing in days (Nov 2014-March 2015)	Average healing in days (Nov 2013-March 2014)
1	21.7 days	24.4 days
2	38.8 days	51.5 days
3	72.3 days	97.5 days

Over the next year we will be:

- Working with the Commissioning Support Unit* to enhance co-owners' skills in undertaking Root Cause Analysis*
- Recording all Grade 1 pressure ulcers to ensure a more proactive response to vulnerable patients
- Working with the acute trusts* to review the pathway for patients who develop pressure ulcers
- Developing educational materials to better support residential and nursing homes to undertake their own care.

PRIORITY 3

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

We continue to support patients to live safely at home through our Community Integrated Teams, which comprise district nurses, community matrons, rehabilitation therapists, domiciliary physiotherapists, our Integrated Rehabilitation Service, a dietitian and a 'Rapid Response' service.

The multi-disciplinary teams work together to actively identify, case manage and coordinate the care of a defined group of patients. These are mainly frail elderly people with complex needs who are at risk of further complications and admission to acute hospitals. These patients can be living in their own homes, or be in nursing or residential care.

The CQUIN related to two targets: the first for our Rapid Response service, the second for our community matrons.

The Rapid Response service responds within two hours to prevent patients being admitted to hospital. They may simply have a blocked catheter or the issue may be more complex and require a detailed assessment of need.

During 2014-2015 Surrey Downs CCG* targeted our Rapid Response nursing service with seeing 100 patients a month who needed an urgent nursing response within two hours. In fact, we have exceeded this target every month, for example, visiting 311 patients within two hours in March 2015.

Evidence

Patient X was referred to the Rapid Response service for a blocked catheter, possibly a urinary tract infection. They were experiencing confusion and a sudden decrease in mobility. A nurse assessed and resolved their catheter needs within two hours of referral. They checked their urine for signs of infection and made contact with the patient's GP. Through the rapid action of the service, we almost certainly avoided an unnecessary attendance at A&E. In addition, a rehabilitation assistant from the wider multi-disciplinary team assessed the patient for mobility aids and arranged a physiotherapy assessment for once the infection had cleared up.

The second target related to our community matrons. They liaise with GPs to assess and support patients with one or more long term conditions who are at risk of being admitted to hospital. They work closely with other members of the team to ensure proactive care plans are put in place.

The CQUIN target (a caseload of 80 patients per community matron) has proved a challenge to achieve as, due to an administrative error, it was set too high. In 2014/2015 our community matrons saw the same number of patients as in the previous year.

Our community matrons were also targeted with discharging their patients within an average of 4-12 weeks to increase the number of patients the service was able to support. We achieved this average, with the majority of patients being referred on to appropriate services or discharged within 4-12 weeks following completion of their treatment plan.

"Karen, Community Matron, has now entered the lives of my mother and me and what a difference she has made. We have had such kind and caring attention from her and she has helped us to sort out my mother's care and health needs. She liaises with our GP and her visits are most helpful and informative. Nothing is going to make my mother any better, but her end of life care is now taken care of and her day-to-day comfort now addressed in a light hearted but caring way. Many thanks for a wonderful service." Family member, September 2014

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: partly achieved

We support end of life care patients through our Community Hospice Home Nursing Service (CHNNS), a partnership with local hospices (Princess Alice and St Catherine's) and Your Healthcare in Kingston, as well as through close working with GPs.

We have achieved excellent results despite finding the 'Coordinate my Care' recording system limiting and difficult to use (as did other providers, including GPs). Surrey Downs CCG recognised and accepted that this issue limited the system's use locally. CSH Surrey maintains a register of all End of Life Care patients to enable clinicians (GPs and local hospices Princess Alice and St Catherine's) and our clinical co-owners to coordinate care for patients and their families and carers.

92% of patients known to our district nurses achieved their preferred place of death between April 2014 and March 2015. This is up from 85% in 2013/14 and 80% in 2012/13, meaning our nursing teams are enabling more people than ever to have their desired end of life experience.

This is far higher than the national average. *Actions for End of Life Care: 2014-16, NHS England* states that the number of people dying in their 'usual place of residence' (ie at home or in care homes) has risen from under 38% in 2008 to 44.5% now. Over 60% of people (including those who were not facing life-threatening illness at the time) would prefer to die at home.

"I can't speak highly enough about the Community and Hospice Home Nursing Service (CHHNS) nurses. They were all brilliant and enabled Dad to have the best end of life experience he could. At all times I felt totally supported by the nurses. Dad really liked them coming and trusted them. They were sensitive to his feelings and ensured he retained his dignity at all times. I am so glad we chose this route and your service enabled it all to happen."
Family member, July 2014

"My father had cancer but wished to die at home. The CHHNS team made it possible for my mother and I to ensure his wish was met. Without exception all the team we met were kind, obviously caring to both us and Dad, and were exemplary throughout. We are very grateful."
Family member, January 2015

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

We have worked with partners to develop smooth discharge pathways from our community hospitals. In particular, we have reduced delayed discharges by ensuring patients requiring therapy received appropriate support within three days of returning home.

We agreed targets with Surrey Downs CCG for the number of patients who would have an estimated discharge date defined within 24 hours of admission. These were: 70% for Quarter 1 (Q1), 80% in Q2, 90% in Q3 and 100% in Q4. We achieved the targets in the first three quarters, but missed it in the last quarter (Q1 93.3%, Q2 99.6%, Q3 97.5% and Q4 97.2%).

We also discharged the required number of patients from community hospitals by 1pm for three out of the four quarters. Our Q1 compliance was 35.5% against a target of 30%, in Q2 we achieved 36.9% compliance against a target of 30%, in Q3 our compliance was 56.2% against a target of 50%, and in Q4 we achieved 57.5% against a target of 75%. We set a higher target in Q4 in response to winter pressures in the local health economy. While we didn't achieve the target set, we did manage to maintain an upward trajectory.

We recognise that the estimated date of discharge needs to be supported by clear care plans to achieve it. To aid this we have enhanced our patient record system to capture this information more effectively in the future.

CSH Surrey's approach and commitment to Quality

Embedding a culture of quality

Quality Week

During 2014 CSH Surrey held our first annual 'Quality Week'. It was designed to create opportunities for co-owners to share learning and celebrate examples of Lord Darzi's three Quality principles*:

- Clinical effectiveness
- Patient experience
- Patient safety.

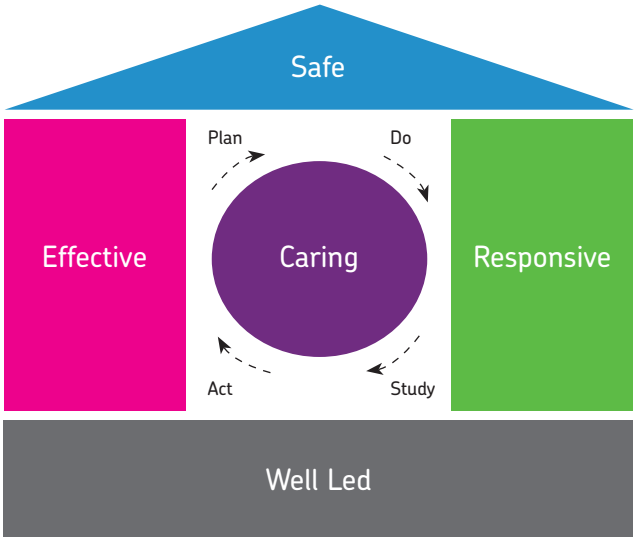
We used the week to celebrate and launch a wide range of quality initiatives that demonstrated how co-owners were working to provide high quality services to service users. The aim was to inspire and encourage co-owners to think how they would embed quality activities in teams. Below is the word cloud our co-owners developed during Quality Week to summarise what quality within CSH Surrey means to them.

Quality Strategy

Following Quality Week we developed our Quality Strategy model, again based on the three Darzi principles. In March 2015 our Board approved our Quality Strategy. It supports delivery of our Strategic Objectives and will ensure we maintain a focus on quality in all that we do.

Quality Assurance through the House of Quality

CSH Surrey has adapted the Department of Health's 'House of Care' to reflect our approach to Quality Assurance, and in October 2014 launched our own 'House of Quality' that we now use for Board assurance.



Our House of Quality describes the five interdependent domains defined by the Care Quality Commission* (CQC) that, if implemented together, demonstrate a quality service.

Our Integrated Governance Committee (IGC)*, which is chaired by our clinical Non Executive Director, now reviews all patient pathways using the House of Quality model to gain assurance of the quality of service being provided. The model allows for identification of areas for development against the five CQC domains.

Care Quality Commission (CQC)

During 2014-2015 CSH Surrey received no inspections by the CQC. In response to the new style inspections, CSH Surrey has developed a programme of presentations for co-owners and the Board to increase awareness of, and to support them to prepare for, future inspections.

Patient Safety

Duty of Candour

The Health and Social Care Act 2008 Regulations 2014 places a duty on providers of NHS services not to appoint a person or allow a person to continue to be an executive director or equivalent or a non-executive director (NED) under given circumstances:

- Whether the person has been convicted in the United Kingdom of any offence or been convicted elsewhere of any offence which, if committed in any part of the United Kingdom, would constitute an offence, and,
- Whether the person has been erased, removed or struck off a register of professionals maintained by a regulator of health care or social work professionals.

The Francis Inquiry* concluded that 'candour' is an essential component in high quality healthcare, but that openness, transparency and candour are frequently not observed. Francis recommended that "healthcare providers should be under a statutory Duty of Candour to inform the patient, or other duly authorised person, as soon as practicable when they believe or suspect that treatment or care it provided has caused death or serious injury to that patient, and thereafter provide such information and explanation as the patient reasonably may request."

The Duty of Candour has applied to CSH Surrey from April 2015. To reflect the requirements of the Duty of candour our Board has reviewed and approved our "Being Open' policy, and our Quality and Governance team has provided learning events to ensure co-owners are aware of and understand their Duty of Candour.

We have also reviewed and revised our approach to incident management and learning. This has allowed for much greater organisational understanding of patient safety issues, increased reporting of incidents at all grades, greater analysis and learning. Reporting of patient safety issues to the Board has been developed to ensure patient safety is central to Board discussions.

Francis Inquiry*, two years on

The Francis Inquiry report was published on 6 February 2013. It examined the causes of the failings in care at Mid Staffordshire NHS Foundation Trust between 2005 and 2009. The report made 290 recommendations, including:

- Adopting openness, transparency and candour throughout the healthcare system, including a statutory Duty of Candour
- Improved support for compassionate, caring and committed care, and stronger healthcare leadership.

Below are just some of the changes we've made since the Francis Inquiry.

Putting patients at the centre of care

- We have developed training to demonstrate the importance of patient feedback in acting as an early warning to highlight concerns about patient safety and patient experience. We use examples of patient feedback from Mid Staffordshire and CSH Surrey to focus learning on clear communication, staff attitudes and behaviours and sharing learning from feedback (compliments and complaints)
- We have held focus groups within our podiatry service to listen to patients and answer questions and concerns. As a result we have improved availability of appointments by scheduling clinics in a more timely manner
- We have introduced 'Hello my name is'*and are embedding the 6Cs* across all services
- We have involved patients in service and pathway redesign, recording their experiences before, during and afterwards to ensure the changes met their needs. Within our Children and Family Services this led to implementing integrated pathways and care to ensure a children and family focused approach
- Our school nurses have developed their secondary school drop-in sessions to empower young people to access healthcare independently
- We have developed a Young Carers' Charter*.

Patient safety

- Safeguarding for both Children and Adults is now embedded within our Quality and Governance Directorate to provide more robust assurance to our Board and to external partners
- We have upgraded our incident reporting system to Datix*, a web-based patient safety software to manage adverse incidents and accelerate our incident reporting. This has improved our incident reporting process and means we now have a clear view of what is happening on a daily basis
- Our services positively encourage incident reporting and support development of a 'no blame culture'
- We have introduced learning events, for example, Learning from incidents, complaints and CAS Alerts*
- Within nail surgery we have changed the syringes we use to reduce sharps injuries in line with the new EU directive on safer sharps*
- We have introduced training on Child Sexual Exploitation* and have run an awareness day for all co-owners.

Honesty and openness

- We have implemented the Duty of Candour process, updated relevant policies (eg Being Open) and provided training to co-owners
- Services are increasingly welcoming complaints and seeing them as positive learning opportunities and the chance to improve service delivery.

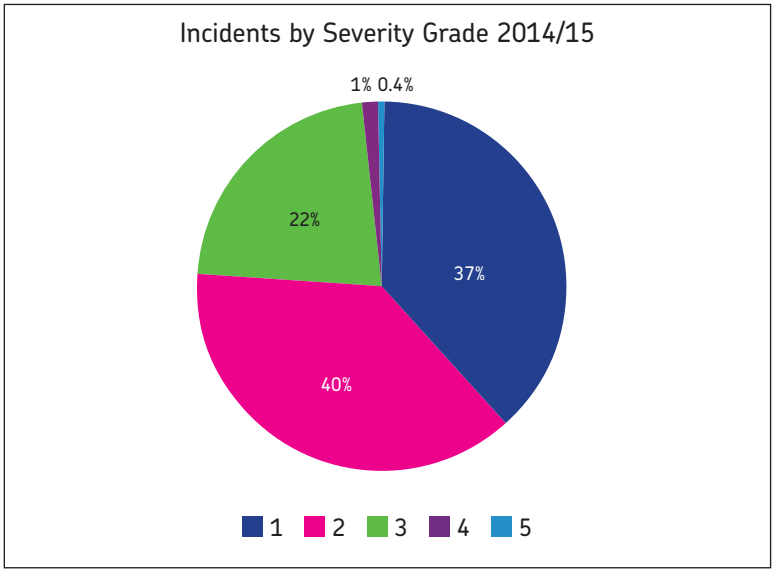
Staffing

- We are focusing on ensuring safe levels of staffing and are recruiting in a more timely manner to provide seamless levels of service
- We are aiming to ensure that all competencies are reviewed and up to date and co-owners have up to date records
- We are also driving compliance with DBS* checks
- We are striving to keep a high level of compliance in statutory and mandatory* training.

Patient safety incidents

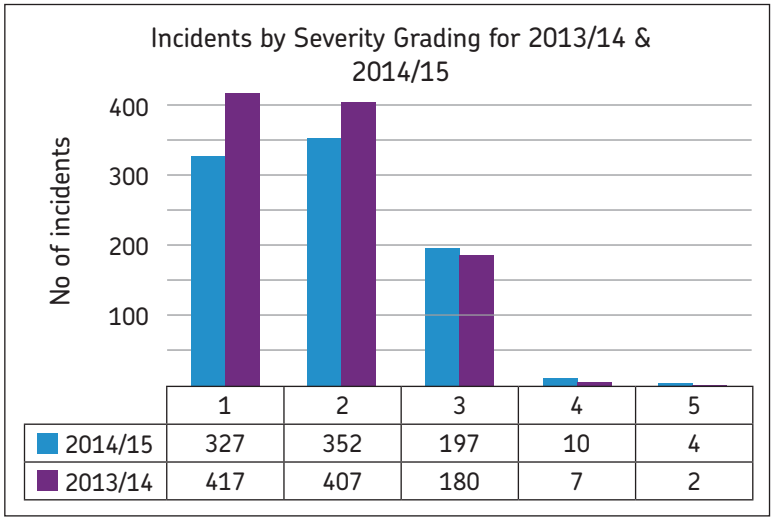
Since April 2010 it has been mandatory for NHS organisations to report all patient safety incidents that result in severe harm or death through the National Reporting Learning System* (NRLS). All patient safety incident reports submitted to the NRLS that are categorised as resulting in severe harm or death are individually reviewed by clinicians to ensure CSH Surrey learns as much as it can from these incidents.

In 2014/2015 we reported 24 serious incidents that we investigated under our Serious Incident policy and reported to Surrey Downs CCG. This is an increase from 18 serious incidents the previous year. This increase can be attributed to an improving open culture to report such incidents, along with better recognition and assessment in the grading of pressure ulcers (which account for 83% of the incidents). The increasing number of complex and palliative patients being cared for within the community and on the community hospital wards also has an impact on the number of serious incidents.



Learning from serious incidents has been achieved through:

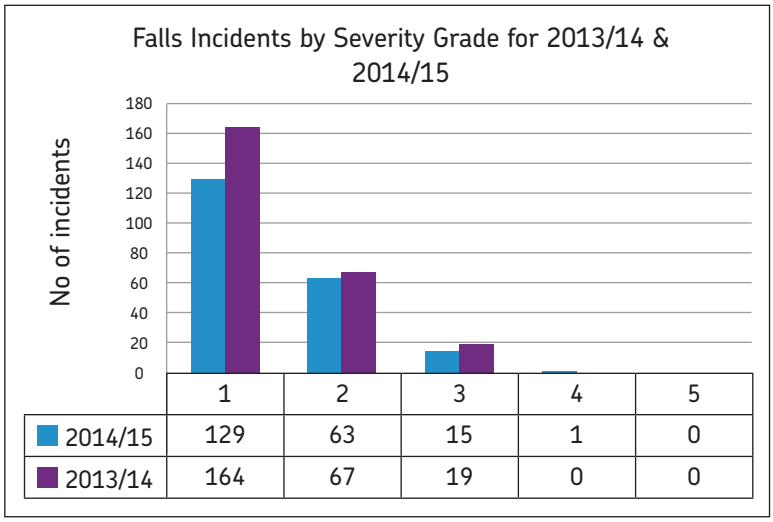
- Quarterly learning events delivered by the Director of Quality and Nursing, and our Patient Safety and Risk Manager
- Shared learning at team and locality meetings.



	1	2	3	4	5
2014/15	327	352	197	10	4
2013/14	417	407	180	7	2

Falls incidents

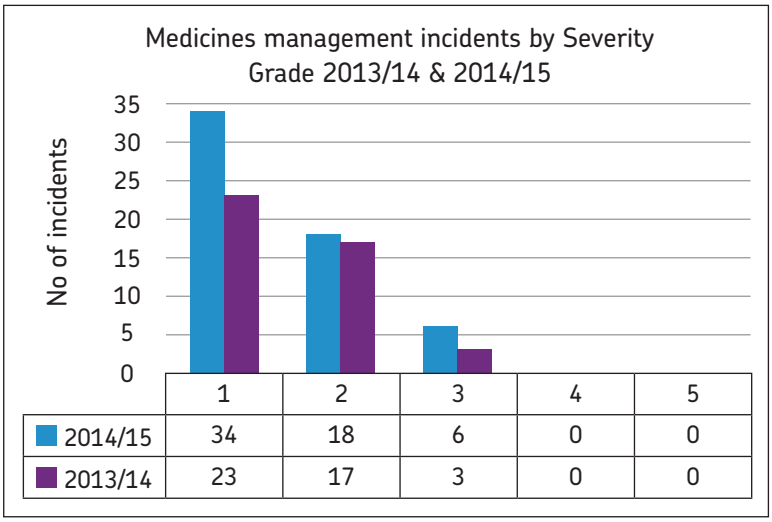
Learning from serious incidents relating to falls reveals that many of the patients who fell in our community hospitals also had dementia. In light of this we reviewed how we were looking after these patients. We restructured their daily routines to ensure they were not out of the "line of sight" of the nursing team. We also rearranged their therapy sessions to increase their level of interaction throughout the day, and also now encourage patients to use their call bells by providing a visual prompt on their trays/ tables. We have also implemented open visiting times so patients can benefit from greater contact with and support from relatives throughout the day. We are monitoring the impact of these changes, which to date have resulted in a reduction in falls.



	1	2	3	4	5
2014/15	129	63	15	1	0
2013/14	164	67	19	0	0

Medicines management incidents

During 2014-2015 we reported 68 medicines management incidents, which is an increase on the previous year. Trends have included incidents relating to controlled drugs, insulin and low molecular weight heparins.



	1	2	3	4	5
2014/15	34	18	6	0	0
2013/14	23	17	3	0	0

We have been working hard to understand the risk in medicines management and to support changes in practice to improve patient safety. During December 2014 we undertook a review of medicines management that identified many issues. We put an action plan in place in January-February 2015 to tackle these, including:

- Conduct a review of pharmacy contracts with current providers as services are poor and not in line with current guidance
- Rewrite and develop all medicines management related policies and procedures to ensure we adopt best practice
- Improve co owners' knowledge of issues related to medicines through a new competency-based training programme on, for example, storage and supply, NPSA* alerts
- Employ a permanent pharmacist. Her main role is to advise and support co-owners to understand the medicines management agenda and ensure good practice. Key areas of her role have been updating policy and guidelines, introducing improved mandatory training for clinicians, and input and training for clinical teams, especially within our community hospitals. Another key area has been to improve reporting to the Accountable Officer* regarding controlled drug issues and ensuring shared learning
- Encourage co-owners to report medicine management incidents using Datix* to improve practice and share learning across CSH Surrey
- Focus on community hospitals initially and their approach to medicines management, particularly reviewing safe ordering, storage and administration.

Learning from incidents

We have introduced quarterly learning events to share learning from incidents and serious incidents. At these, co-owners identify areas for development for themselves, their team, CSH Surrey and the Quality and Governance team.

For example:

My role	My team's role	CSH Surrey's role	Quality Team role
• Report in a timely manner • Contribute to a Root Cause Analysis investigation • Get feedback from the serious incident investigation and cascade to team • Reflect as a team on previous serious incidents to embed learning and prevent repetition	• Identify our learning needs as a team • Open and honest, no 'blame culture' • Escalate concerns we cannot address ourselves and make the changes we can	• Ensure that CSH Surrey policy and procedures support practice • Share learning between teams and professions • Provide appropriate equipment	• Note and share recognition of good practice • TVN (tissue viability) training • Further Datix training • Hold regular workshops, to include going through a mock serious incident

We recognise that as our reporting culture matures, co-owners are more likely to report incidents. Therefore, we also recognise that an increase in incident reporting should be viewed as an indication of increasing levels of awareness of safety issues rather than as an indication of worsening patient safety. With increased awareness, we also expect increased shared learning and development of a more open and transparent culture in line with Francis Inquiry* recommendations.

> "Surrey Downs CCG has taken a more local approach to the scrutiny of investigations and analysis of these following a Serious Incident. This has enabled there to be a more collaborative approach to discovering the root causes behind an incident and the actions required to prevent or minimise the risk of a similar incident occurring in the future. CSH Surrey has fully engaged with this process and has taken every opportunity to work with the CCG to maximise the opportunities to learn from all incidents and share experiences with other providers."
> Head of Quality, Surrey Downs CCG

As part of CSH Surrey's Quality Week in October 2014, Surrey Downs CCG's Head of Quality joined our Director of Quality to deliver a learning event for co-owners that focussed on serious incident reporting, the investigation process and, most importantly, learning from incidents both within and outside of CSH Surrey.

> "This event supported the collaborative approach that commissioners and providers are taking to improve the safety of care delivered for our patients."
> Surrey Downs CCG Head of Quality

CSH Surrey has monthly meetings with Surrey Downs CCG to review all serious incidents and agree actions and learning. The CCG's Commissioning Support Unit* has also collaborated with us and facilitated sessions to support co-owners undertaking reviews of serious incidents, for which we are grateful.

Infection control

Infection prevention and control is the responsibility of all healthcare workers. In particular, hand hygiene is the single most effective method of reducing healthcare acquired infections.

In March 2015 our compliance with basic infection control training stood at 58.6%, down just slightly on 2014 (60.5%, March 2014). Compliance with advanced infection control training is 26.8%, a significant reduction on the 57.7% compliance rate in March 2014.

Recognising that we need to improve this, in early 2015 we reviewed our approach to managing infection control. As a result, as of May 2015, we now employ our own Infection Control specialist to provide a more tailored service that better meets our infection control requirements than the current arrangement via a sub-contracted service.

During 2015/2016 we aim to significantly increase training compliance and intend to report higher figures in next year's Quality Account.

MRSA and *Clostridium Difficile*

CSH Surrey has reported no acquired MRSA* or *Clostridium Difficile** infections during 2014/2015. We aim to screen all patients on admission to our inpatient wards.

98% MRSA and C.Diff screening achieved during the last 12 months (ranging from 93%-100%).

We provide the screening results to our community hospital teams each month. If they have missed the 100% target they take immediate action, for example, reminding co-owners of the importance of MRSA screening, and reviewing timing of swabs at weekends to ensure availability of transport to the laboratory.

Infection control developments

During 2014/2015 CSH Surrey has also undertaken the following to continue improving infection control:

- Review of compliance with the safer sharps legislation to ensure all co-owners can practice safely
- Reviewed our infection control policies
- Identified and trained 10 infection control champions to cascade infection control best practice messages and to support co-owners to apply the principles of infection control to their practice.

In the coming year CSH Surrey will be:

- Implementing an infection control audit programme to include hand washing as good hand hygiene is considered to be one of the most effective measures to help prevent the spread of bacteria such as MRSA or *Clostridium difficile*
- Reviewing our infection control training to ensure it meets the specific needs of all co-owners, thus continuing to support the premise that infection control is everybody's responsibility.

Central Alert System

The Central Alert System* (CAS) is a national web-based system used to issue patient safety alerts and other safety critical guidance to NHS and other health and social care providers.

CSH Surrey has a robust system in place for disseminating and reporting to CAS on actions taken in relation to such alerts and guidance. Our focus for 2015 is to share learning and audit the impact of the alert system on patient safety across CSH Surrey.

During 2014 we established regular 'Lunch and Learns' for co-owners and also shared audits with clinical teams to embed the learning. However, feedback suggests further work is needed to improve understanding of CAS alerts and the important role that co-owners play in applying the alerts and guidance to their practice.

To improve knowledge and understanding the Quality and Governance team will continue to deliver learning events based on CAS alert audits.

Information governance

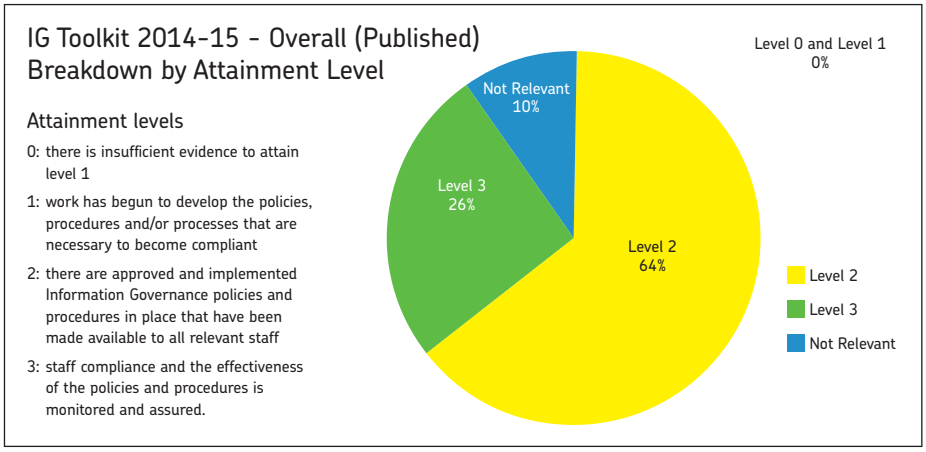
Information governance ensures necessary safeguards for, and appropriate use of, patient and personal information.

The Information Governance Toolkit is an online system that allows NHS organisations and partners to assess themselves against Department of Health Information Governance policies and standards. It also allows members of the public to view participating organisations' assessments.

76% score in CSH Surrey's 2014/2015 Information Governance Assessment, meaning our rating is 'satisfactory'.

We compare favourably with other community providers in Surrey, who scored between 66% and 73%.

We achieved Level 2 for all Statement of Compliance Requirements (required for N3 network connection* across NHS networks), thereby satisfying Monitor's requirement for Statement of Compliance attainment. We achieved Level 3 for 10 out of the 35 requirements, and can achieve the remainder through reviews and/or audits to obtain assurance that we are complying with contractual information governance requirements.



Key areas for information governance development

The key areas we will be focusing on improving during 2015 are:

- Information Security Assurance: addressing the complexity of requirements associated with contractors, data flows and asset registers
- Clinical Information Assurance: ensuring the accuracy of service user information on all systems and/or records that support the provision of care
- Information Governance Management: ensuring that awareness and mandatory training procedures are in place and all co-owners are appropriately trained.

We have developed an action plan to address these, which will be reported to our Board through our Integrated Governance Committee*.

Health and safety

CSH Surrey commissioned an independent health and safety management review in December 2014 to support compliance with the Health and Safety at Work Act 1974*.

The Health and Safety Executive* (HSE) has moved away from using the POPMAR (policy, organisation, planning, measuring, performance, auditing and review) model of managing health and safety to 'Plan, Do, Check, Act'.

The move to Plan, Do, Check, Act achieves a better balance between the systems and behavioural aspects of management. It also treats health and safety management as an integral part of good health and safety management generally, rather than as a standalone system.

We have adopted the Plan, Do, Check, Act approach to managing health and safety. As a result, our Health and Safety Committee* has developed an action plan to strengthen health and safety compliance. This will be monitored by our Board through the Health and Safety Committee.

Safeguarding

The Director of Quality and Nursing is our lead for Safeguarding and has a seat on both the Surrey Safeguarding Children Board* (SSCB) and the Surrey Safeguarding Adult Board* (SSAB).

Both our safeguarding teams (Children's and Adults') are based in the Quality and Governance Directorate* to promote assurance that our co-owners are ensuring safeguarding for all our vulnerable clients.

Safeguarding Children

The Safeguarding Children Team provides safeguarding supervision to all co-owners working with children. This ensures co-owners are able to reflect on their practice, support decision making and identify areas of their practice for development.

Safeguarding children in Surrey has grown in complexity over the last year, with the number of children and young people on a Child Protection Plan* increasing. This is due to a variety of factors, including the transfer of vulnerable families into the county from London as a result of housing benefit and the cost of housing in London.

43% the percentage increase in the number of children on a Child Protection Plan in mid Surrey in a year, rising from 139 children in March 2014 to 189 in March 2015.

To support co-owners working with these vulnerable children we have reviewed our structure within Children and Families to strengthen operational management and delivery of safeguarding supervision. We have also developed an assurance framework to enable us to assess, monitor and review the systems and resources we have in place to support co-owners. Through our membership of the Surrey Safeguarding Children Board we are able to influence the multiagency training commissioned to develop the skills and expertise of co-owners. We also participate in multiagency audit to enable us to learn from and improve practice.

Training

CSH Surrey has developed a safeguarding competency framework* that is being piloted with newly qualified practitioners. A combination of multiagency and in house training enables us to meet the needs of roles and individual development. We also encourage attendance at enhanced SSCB* multiagency training.

Training over this period has included court witness presentation skills, Child Sexual Exploitation*, domestic abuse, report writing for Child Protection Case Conference*, and Looked after Children* Health Review Training. The safeguarding team will be delivering targeted sessions during 2015 to support learning from audit and Serious Case Reviews*.

Training	Compliance March 2015	Compliance March 2014
Safeguarding Children Level 1	94.8%	N/A
Safeguarding Children Level 2 "Working together"	85.9%	85.2%
Safeguarding Children Foundation Module 1 (SSCB*Training)	89.4%	87.9%
Safeguarding Children Foundation Module 2 (SSCB* Training)	85.0%	84.1%
Safeguarding Children – Foundation Module 3 (SSCB* Training)	71.4%	83.6%

Our compliance for Foundation Safeguarding Children Training at Levels 1, 2 and 3 is good. Where there is non compliance, it relates to delays in accessing multiagency training with SSCB, which now requests a month between modules and completion of a learning agreement to better evidence acquired learning.

We have developed a CSH Surrey Safeguarding Children Training record to more accurately capture the safeguarding children updates at Level 3, and in particular, attendance at external training. Our line managers will also now report compliance with Level 3 at annual Personal Development Reviews*, which will evidence compliance over the preceding three year period in line with Intercollegiate Document* (2014).

Serious Case Reviews

CSH Surrey contributes to Serious Case Reviews* where a child has suffered harm to reflect on what lessons can be learnt about how local professionals and organisations work together. Such reviews also make recommendations so the welfare of children is better protected in future.

0 Serious Case Reviews involving a CSH Surrey child in the years since a case in 2011. There are no outstanding actions for CSH Surrey arising from the 2011 case, which was published in 2014 and is available to view on the Surrey Safeguarding Children Board website (Child S).

We disseminate learning from Surrey-wide Serious Case Reviews through internal training, team meetings and email bulletins. We encourage practitioners to attend Surrey Safeguarding Children Board learning events and contribute to audit surveys. Bruising in non-mobile babies and children has been a significant feature of recent serious cases, so our Safeguarding Children Team has ensured that our policy on what to look out for and what action to take if bruising is detected has been shared and discussed widely.

Child Sexual Exploitation* (CSE) is a key focus of the Surrey Safeguarding Children Board. CSH Surrey now has CSE champions who have had additional training and who work with all co-owners to support recognition of children at risk of CSE and to ensure signposting to services to support them and their families.

4 Child Sexual Exploitation Champions have completed training with Surrey Safeguarding Children Board (SSCB) and disseminated learning across the 0-19 team, training 20 practitioners.

There is now a rolling programme of CSE training to increase awareness across CSH Surrey and our safeguarding team held a CSE Awareness event in March 2015 in support of the first national CSE awareness day.

We have also commissioned training from PACE (Parents Against Child Sexual Exploitation) to enhance skills in working with children and families at risk of CSE. Our Named Nurse is now a member of the area Missing and Exploited Children Conference (MAECC).

Safeguarding children audits and inspections

Our Safeguarding Children Team has contributed cases to Surrey Safeguarding Children Board Audits between October 2014 and April 2015 where there was bruising, neglect, Child Sexual Exploitation, Early Help Process* and where children were subject to a Child Protection Plan* for longer than 24 months.

During 2014 Ofsted and the Care Quality Commission* (CQC) undertook a joint inspection of services for children in Surrey. CSH Surrey received positive feedback, particularly in relation to record keeping in safeguarding.

Our Safeguarding Children Team has continued, via the Looked after Children service, to support the delivery of high quality health reviews for Looked after Children. There were 126 Looked after Children in placement in our area during 2014/2015, which is consistent with previous years. Reviews are undertaken at a time to suit the children and young people, minimising disruption to their education and in a location of their choice.

66 The number of health assessments (health reviews) undertaken by our 0-19 team and Specialist Nurse for Looked after Children for children placed by Surrey County Council, and a further 7 health assessments for those placed with us by other local authorities.

98% of health assessments completed within expected timescales. All review health assessments requested of CSH Surrey practitioners were completed, and they contributed to achieving the 85% Ofsted requirement for completed review health assessments for the Looked after Children and young people under the care of Surrey County Council.

The CQC reported (November 2014) that children and young people are given a 'good degree of choice about their health care and that the quality of heath assessments for Looked after Children is good'.

In July 2014 our co-owners took a major part in the first "Skills Fest" for care leavers to support the development of independence skills.

Safeguarding Adults

As our local population ages, more people are diagnosed and affected by illnesses that impact their abilities to safeguard themselves, which makes them more vulnerable. The Care Act 2014* has made adult safeguarding a statutory responsibility, so we have worked with the Surrey Safeguarding Adult Board* (SSAB) and partners to prepare for implementation of the Care Act, which came into being on 1st April 2015.

CSH Surrey now employs two part-time Safeguarding Advisors. They support all co-owners who work with adults at risk to ensure they have the skills and expertise to safeguard their patients. Each clinical area also has a Safeguarding 'champion' who sits on our Adult Safeguarding Group to ensure safeguarding learning is disseminated throughout CSH Surrey.

Training and reporting of safeguarding incidents

During 2014-2015 we revised our safeguarding training programme and reviewed who is required to undertake Adult Safeguarding training to ensure co-owners are competent and confident in their clinical practice.

This has meant that, in line with the Surrey Safeguarding Adult Board, co-owners working with adults at risk have undertaken safeguarding training on patient empowerment, types of abuse, Deprivation of Liberty Safeguards* (DoLS) and the Mental Capacity Act* (MCA).

Compliance with training is as follows:

Training	Compliance March 2015	Compliance March 2014
Safeguarding Level 1	96.06%	95.9%
Safeguarding Level 2	70.34%	50.4%
Mental Capacity Act and Deprivation of Liberty consent	69.46%	Not available

Overall training compliance has improved and our new training matrix will ensure that all co-owners complete the appropriate training for their job roles and responsibilities.

We have also supported the national terrorism prevention strategy, Prevent*, by providing Level 1 training to all new joiners at induction, and for teams when requested. Further training will be rolled out during 2015. CSH Surrey submits Prevent training data quarterly to the Prevent lead for the South East.

Our Adult Safeguarding Advisors are supporting co-owners to develop more accurate reporting of incidents. We believe this focus is reflected in increasing numbers of safeguarding incidents being reported. Referrals have increased from 23 (September2013-March 2014) to 48 (April 2014-September 2014) to 67 (September 2014-March 2015).

115 The total number of incidents reported between April 2014 and March 2015.

Trends emerging from our safeguarding data indicate that:

- Safeguarding referrals made by CSH Surrey have consistently increased over the period of time from September 2013 – March 2014
- Common themes indicate that referrals related to pressure care (pressure ulcers) are the most reported incidents. Neglect and financial abuse are also common themes

- Safeguarding Datix* forms are being completed more accurately and appropriately, particularly over the last six months
- Our incident monitoring and data collection systems have improved over the last year. Future data will be collated in line with the Care Act Categories of Abuse*.

While not a statutory requirement, we have been proactive in collecting data on the number of Mental Capacity Act (MCA) assessments co-owners have undertaken (40 between May 2014 and March 2015). We run practical implementation sessions to support co-owners in their clinical practice to protect adults at risk and will continue to monitor the impact of the training on the number of assessments being carried out.

The number of Deprivation of Liberty Safeguards* applications being submitted by our community hospitals is increasing as ward managers' confidence in the DoLS process has increased following training. This will be audited as part of the MCA audit next year.

13 The number of standard DoLS requests, and 12 urgent requests (2014/2015), up from zero in 2013/2014.

Key areas for development during 2015/2016

During April 2014 we undertook an Adult Safeguarding self-assessment to provide assurance to the Surrey Safeguarding Adults Board on adult safeguarding and the Prevent agenda. To ensure we are meeting the needs of adults at risk in our care we will be focusing on the following during 2015/2016:

- Embedding Surrey Safeguarding Adult Board policies across CSH Surrey
- Ensuring our Board is engaged in the adult safeguarding agenda
- Increasing compliance in safeguarding adult training and supporting co-owners to apply their learning to their practice
- Increasing the variety of learning events to support all co-owners to access training
- Embedding the Mental Capacity Act across CSH Surrey
- Disseminating information regarding the number of Deprivation of Liberty Safeguards applications across our services
- Improving the reporting and investigation of adult safeguarding incidents and cascading the learning from these
- During 2015 we will undertake a safeguarding survey to ascertain co-owners' knowledge and understanding of the safeguarding process, and the implications of the Care Act 2014.

Keeping patients safe

At CSH Surrey we put patient safety above other considerations, such as finances or organisational reputation. This ethos meant that in December 2014 we took the difficult decision to relocate inpatient beds from Leatherhead Community Hospital to two of our other hospitals (Dorking and New Epsom & Ewell Community Hospitals). This was in response to a challenging recruitment environment in Surrey, an issue that is also reflected nationally. Like NHS providers across the country, this meant we increasingly had to rely on agency staff (up to 50% agency staff on some shifts). Clinical risk to patients increases with high ratios of agency nurses to employed nurses, and we were not prepared to accept this potential risk.

We recognised that continuing to run services with high proportions of agency staffing could have an impact on patient safety and quality. So, with the full support of our commissioners Surrey Downs Clinical Commissioning Group, we relocated five beds to the New Epsom & Ewell Community Hospital (NEECH) and 10 to Dorking Hospital so we could release our permanent nurses and healthcare assistants to cover the vacancies across the three hospitals.

In March 2015 Surrey Downs CCG announced it would be starting its review into community hospital services in April so we agreed with them to keep the status quo until the outcome of the review is announced in August 2015.

Since January 2015 our HR team has developed and implemented new strategies to aid recruitment. These include offering jobs to final year nursing students for when they qualify and registering CSH Surrey as a sponsoring organisation, meaning we can now sponsor visa extensions for nurses and therapists whose existing UK work permits are due to expire. These changes are already making a difference in aiding us to fill the handful of 'hard to fill' vacancies we experience.

Clinical Effectiveness

Clinical effectiveness is about implementation and evaluation of clinical practice. It is "doing the right thing in the right way for the right patient at the right time".

National Institute for Clinical Effectiveness (NICE)

NICE Guidance aims to ensure that the promotion of good health and patient care in local health communities is in line with the best available evidence of effectiveness and cost effectiveness (NICE 2009). Implementation of NICE Guidance helps to ensure consistent improvements in people's health and equal access to health care, although NICE does acknowledge that putting their guidance into practice can be challenging (NICE 2009).

While NICE guidance has been implemented in some areas of CSH Surrey (for example, our school nurses have developed a new weight management programme for overweight 5-19 year olds on NICE guidance), our Board is asking for greater co-ordination and monitoring of implementation so it can be assured of the clinical effectiveness of care delivery.

We are working with the NICE Regional Director to review our policy and processes to offer a greater level of assurance. This will be monitored via our Professional Congress, which is a forum for professional leads across CSH Surrey to come together to support us to deliver our core functions – through bringing expert professional and clinical perspectives and clinical leadership on the development and delivery of services. It also supports CSH Surrey by promoting and monitoring high standards of professional practice.

Clinical supervision

Clinical supervision is a way of using reflective practice and shared experiences as a part of Continuing Professional Development* (CPD). It is a formal process of professional support and learning that enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance safety of care in complex clinical situations. All professional bodies require evidence of Continual Professional Development for professional registration*. Clinical supervision will help in evidencing CPD and will support nurses to achieve revalidation with the new expectations of the Nursing and Midwifery Council.

Why is clinical supervision important?

Clinical supervision aims to motivate, while being patient centred and focussed on clinical effectiveness, patient safety and patient experience. It provides a structured approach to deeper reflection on clinical practice. This can lead to improvements in practice, enhanced clinical effectiveness and patient care, and contribute to clinical risk management.

Using clinical supervision within CSH Surrey

While clinical supervision is part of professional practice in many of our clinical teams, it has not been delivered as effectively as we would wish within our community hospitals and Community Integrated Teams. In the last year we have reviewed and updated our clinical supervision policy to reflect our current thinking on the model of supervision.

Since January 2015 specialists in clinical supervision have delivered workshops to prepare managers and clinicians for increasing participation in clinical supervision.

50 co-owners trained as clinical supervisors and 134 trained as clinical supervisees during 2014/2015.

The following comments are from co-owners after attending clinical supervision training:

"Being able to reflect constructively in my role."

"Importance of listening skills and use."

"Give more support to junior colleagues."

"Promote the value of clinical supervision."

During 2015-2016 we will be focusing on ensuring that clinical supervision is embedded in practice and will be evaluating the impact on clinical outcomes.

NMC revalidation

On 1st July 2016 the Nursing and Midwifery Council's* (NMC) revised process of revalidation will come into effect for all nurses – to give the public confidence that all nurses and midwives remain up to date and fit to practice throughout their careers. The NMC believes revalidation is a positive affirmation, not about searching for 'bad' practice, and that it will have a positive impact on public protection, with 680,000 nurses and midwives engaging with their professional standards and reflecting on their practice on an ongoing basis.

We support the NMC's belief that revalidation strengthens professionalism through ongoing reflection on the Code of Practice, and also encourages engagement and challenges isolation. We have hosted workshops to ensure all nurses are aware of the changes to revalidation and to support them to prepare for revalidation.

Dementia

CSH Surrey has had a Dementia Lead since January 2013 and has formed a Dementia Steering Group that meets bimonthly. It provides a strategic approach and overview of Dementia within CSH Surrey, including ameliorating risk, mapping and addressing training needs, and ensuring best practice is in place and shared across all co-owners. Members of the Dementia Steering Group have expanded in the last 12 months to include representatives from Occupational Therapy, Physiotherapy, Speech and Language Therapy, Podiatry, Dietetics, Mental Health and Parkinson's Disease nursing. In addition, every Community Integrated Team and Community Hospital is represented on the group.

During 2015 we will be continuing to support the national agenda of increasing early identification of those with Dementia by helping patients and their families to access other healthcare professionals, support services and local dementia services. We will be doing this by undertaking basic memory assessments and referring to GPs as appropriate, as well as continuing to provide dementia awareness training for all co-owners.

Our Dementia training programme focuses on the national agenda developed by 'Skills for Health'. The training is delivered by members of our Dementia Steering Group and includes, for example, knowing the early signs of dementia, how to communicate sensitively and how to promote independence and encourage activity.

435 of our 750+ co-owners have received training on dementia to date.

Feedback from co-owners following dementia training:

"Increased awareness of dementia and what local/national support is available."

"I think I will approach situations outside work differently and be aware of the condition in a wider sense in society."

"The training has definitely made me more aware of the condition and more alert in trying to recognise this when dealing with elderly patients."

"It is important to acknowledge the client with dementia, talking to them normally to encourage conversation."

"Being aware that I need to be more patient when dealing with booking and recognising that follow up written confirmation is beneficial to both the patient and carers."

Identifying and supporting more patients with dementia and their families is one of our CQUIN targets for 2015/16. See page 62.

Clinical audits and pilots

Clinical audit is undertaken in some areas of CSH Surrey and, where indicated, we implement changes at individual, team or service level. Although we have a comprehensive audit programme, our Board has requested that further monitoring takes place to ensure improvement in clinical practice and healthcare delivery following audits.

We are therefore reviewing our audit policy and processes to enable the Board to receive more assurance of change. Adherence to these will be monitored via our Professional Congress* and externally by Surrey Downs CCG.

Examples of clinical audit we have conducted this year are shared below.

Pressure ulcer audit

Following multiple serious incidents regarding pressure ulcers, a clinical audit was conducted in three localities across CSH Surrey in March 2015. The aim of the audit was to identify use of the pressure ulcer pathway in patient records of people seen by the district nursing teams and to identify learning to prevent pressure ulcers.

Key learnings

- All patients with a pressure ulcer need to be put on the pressure ulcer register
- All Stage 2 pressure ulcers must be recorded as an incident on Datix*
- All patients must have a MUST assessment* completed
- The Waterlow risk assessment* must be completed for all patients.

Continence audit

Urinary catheterisation enables emptying of the bladder by insertion of a catheter. The clinical rationale for the insertion of a catheter may include acute and chronic urinary retention, post operative management or the instillation of drugs, additionally catheterisation may improve the quality of life for end of life care patients or be appropriate for the management of intractable incontinence after all other management options have been explored and found unsatisfactory.

During May 2014 the Continence Service undertook an audit among 34 patients with a urinary catheter.

Key recommendations

1. The Continence Service needs to provide co-owner training, to include updates on catheterisation and catheter care, with mandatory attendance for continuing competency
2. Develop record keeping around catheterisation and catheter care to include patient held standardised care plans
3. Development of a Lead Nurse for catheterised patients within each Community Integrated Team to work with the Continence Service to proactively review catheter caseload and individual patient care plans.

Record keeping audit

Our annual record keeping audit was undertaken in September 2014 by all clinical teams within our Adult and Children and Families services. Following the audit each team identified key themes and developed an action plan. Progress against this is monitored by our Professional Congress.

Adult services key themes and actions

- Ethnicity and language are not always recorded. Ethnicity should be recorded on referral forms, but is not always completed by the referrer. Language in some services is only recorded if an interpreter is required. To improve recording of ethnicity, we are providing training to teams and across CSH Surrey
- Recording of safeguarding and mental capacity assessments, including if a mental capacity assessment is needed, is not always noted. We are now including noting of assessments in training
- Recording of risk assessments and any actions arising from the risk assessment is not always evident. Again, we will be reiterating this in training sessions
- Alterations are normally crossed out with a single line but not always signed and dated. Again, this will be raised in relevant training
- Multidisciplinary teams felt that each professional group needs to identify what documentation is required for their service users
- Local inductions for new co-owners, locums and students should include information on note keeping procedures. We implemented this with immediate effect.

Children and Families services key themes and actions

- The audit identified that there has been significant improvement in record keeping within the 0-19 teams, driven by the work of the safeguarding children team
- It also identified a need to ensure all information is up to date. For example, family links, key worker, level of service. Teams have been reminded of this
- Within paediatric therapies records, evidence of child focus and practitioner observation during contacts needs to be demonstrated
- A consistent approach for children who are not brought in for appointments or who practitioners find difficult to contact needs to be identified and recorded.

Community hospitals' pilot

In June 2014 CSH Surrey supported Surrey Downs CCG in instigating a clinical pilot to trial running community hospital beds on a ward at the local acute hospital. Beds from New Epsom and Ewell Community Hospital (NEECH) were relocated to Epsom General Hospital using an available winter escalation ward.

The aim of the pilot was to understand whether an alternative model of providing community beds, that were located on an acute site but with care provided by CSH Surrey (NEECH+ model), could improve rehabilitation and patient experience, meet the needs of patients with an increased level of acuity, improve value for money and offer better clinical outcomes.

Conclusions and recommendations

- The NEECH+ model significantly reduced length of stay for patients when compared with a pure community bedded model of care
- Patients also improved clinically in half of the time of those in NEECH. While the overall level of improvement was similar or the same in both models, it is better clinically and emotionally for patients to recover quicker
- The NEECH+ model was considered good value for money.

We have incorporated the learning from the model where possible into our community hospitals. In addition, winter funding money has enabled us to utilise additional therapy sessions to improve patient pathway and reduce length of stay.

Patient experience

We recognise that capturing, measuring and acting upon patient/client experiences is central to delivering safe, effective and high quality services.

Complaints

Complaints form an important part of our ability to understand service users' experiences. Over the last three years we have seen an increase in activity levels in all of our services and an increase in the numbers of complaints, which we believe is due to increasing the ways in which people are able to provide feedback. In addition, in line with the Francis Inquiry, which identified a need for culture change and for patients and families to have the 'freedom to speak up', we also see the rise in complaints as a positive indication that patients and clients have the confidence to share their concerns.

Year	Number of complaints received
2012	58
2013	101
2014	124

Themes

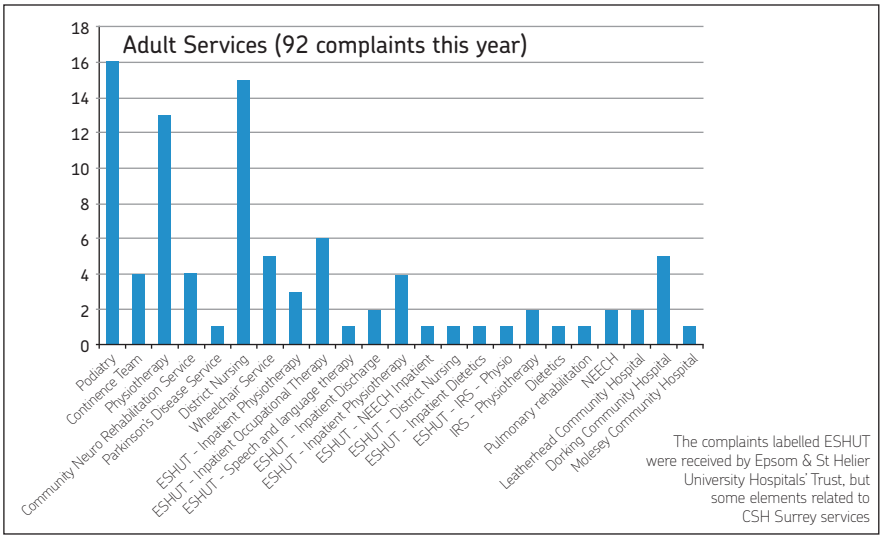
Communication and behaviour remain the most common causes for complaint. The areas are broad but include:

- Lack of communication when waiting for an appointment – particularly where patients are experiencing longer waiting times than expected
- The way in which information is communicated through time spent with patients, tone and interaction
- Patients feeling co-owners are in a hurry and are therefore appearing to be rude and uncaring
- Services being perceived as inflexible and process driven
- Patients requiring more information at discharge, including other services or benefits available to them.

The next most common causes of complaints are more clinically focused, but still have a communication element. For example,

- Patients are sometimes worried about their care, such as questioning whether a procedure was correct as it only took a few minutes
- Continuity of care, with patients stating preferences for a particular clinician (often because of their clinical approach or manner), but they are not always able to see them.

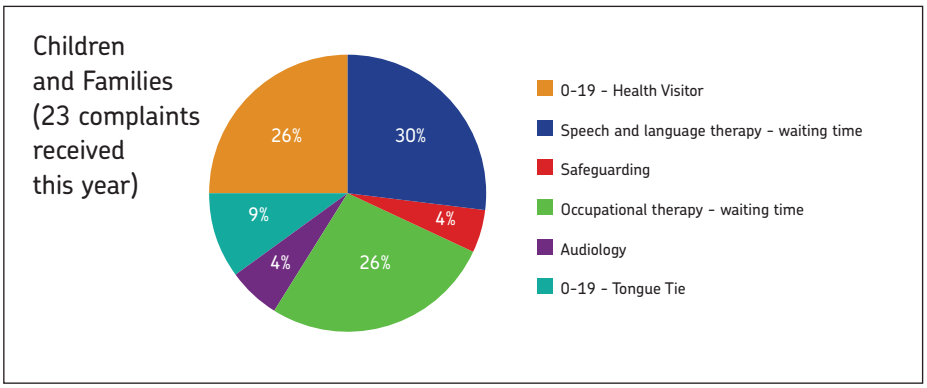
Complaints by service



Podiatry received the largest number of complaints, up from 11 last year to 15 this year. Some complaints related to cancellations of clinics, which although rare, does happen due to staff shortages through, for example, sickness on the day of the clinic or uncovered maternity leave.

Complaints about district nursing have more than doubled from seven to 15, and are mostly behaviour related. Physiotherapy complaints have also increased, from six to 13, with waiting time frequently cited as the main reason.

Within our Children and Families services, waiting time for appointments was a key feature of complaints.



Listening to learn and improve

Our Patient Liaison Officer and Patient and Community Involvement Coordinator have developed and run a series of bespoke communication and behaviour workshops for services that have received higher numbers of complaints of this nature (see p10 under Priority 1 2014/15 CQUIN targets). We have also:

- Established quarterly events on learning from complaints
- Audited services to ensure lessons have been learnt and changes have been implemented
- Used 'You said, we did' posters to communicate improvements
- Implemented complaints training for all front line co-owners.

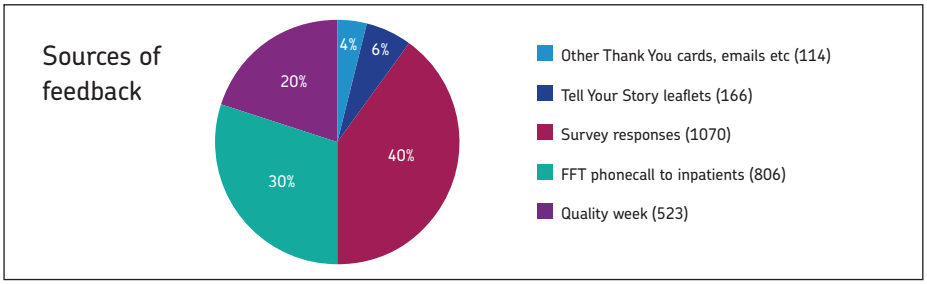
While we have always captured and shared the learning from complaints, our aim for 2015-2016 is to share the learning more widely across CSH Surrey. To aid this we are reviewing our management of complaints to ensure clinicians are central to the investigation and analysis of complaints.

During 2015 we will also be more closely integrating complaints handling with our Quality and Governance Directorate. Key developments planned include: seeking greater assurance of learning as a result of complaints; increasing the opportunities for shared learning across CSH Surrey through, for example, quarterly 'lunch and learn' events and our monthly internal newsletter; running more training on communication, behaviour and customer service; and further developing complaints information on, for example, our website.

Gathering service user experiences

In the last year we have again expanded the ways in which we can collect feedback and experiences from service users.

2679 pieces of feedback gathered in 2014-2015 (1st April 2014-31st March 2015).



The key methods for listening to the patient voice include:

*NHS Friends and Family Test (FFT)**

We started using the FFT to gather patient experience feedback in April 2013, one year ahead of the national requirement for inpatient and urgent care community services. Since then we have received more than 2800 responses from our community hospital inpatients and people using our Assessment Unit services. We display the FFT results and comments on the community hospital wards each month, ensuring feedback is visible to patients, relatives and carers, and the ward teams.

84% Average FFT score for CSH Surrey services in 2014/2015.

Feedback from the FFT and CSH Surrey's Tell Your Story leaflets is shared with clinical teams each month. Team share the feedback at monthly team meetings, offering peer support for challenges and together identifying and supporting change. Sharing feedback also provides opportunities to celebrate and share examples of best practice, which aids team morale.

Service users often provide comments to explain their FFT ratings.

"Baby massage course for 5 weeks. Recommended due to possible not bonding due to feeding difficulties in first 3 months of baby's life. It was lovely to do baby massage and we both enjoyed it and learned a lot and continue massage since course has finished. Lovely small group with babies all similar age. We have all exchanged contact details. Brilliant course. Would recommend."
Mother

FFT roll out to all services in January 2015

In January 2015 CSH Surrey launched the FFT across all of our services, receiving more than 300 responses from service users to date. Our 'Tell Your Story' leaflet, which includes the FFT questions, has been made available at all clinical bases and is provided to clinical teams who visit patients and families at home. FFT posters designed by CSH Surrey are present in waiting and reception areas at all clinical sites.

We have also made the FFT available online: it is accessible from the landing page of the CSH Surrey website (www.cshsurrey.co.uk) as well as on each service page. Easy Read, Braille and non-English language versions are provided when required.

Currently, most service users choose to complete the FFT in paper format.

97% Average FFT score for all CSH Surrey services (January-March 2015). This is the percentage of respondents who are 'Likely' or 'Extremely likely' to recommend the service to friends and family. Just 1.3% of respondents said they were 'Not likely to recommend'.

Where service users are unlikely or extremely unlikely to recommend services, we consider how we can act on the feedback to improve patient experiences.

Evidence

Following FFT feedback, CSH Surrey worked with caterers G4S to make fresh fruit available to inpatients throughout the day.

Using patient stories

We start each Board meeting with a "patient story", the experience of a person or their carer when using our services. This ensures that Board members are focused on our priority – high quality patient care.

Evidence

Patient story shared at the August 2014 Board meeting: the daughter of a stroke service patient complained that they felt responsible for their mother's activities and exercises at home. With full time work they felt this was an unrealistic expectation.

The team reflected on how their actions and communication had affected this family. Their intention had been to encourage involvement from the family and ensure understanding of their mother's exercises. They had not intended to make the family member feel responsible or uncomfortable. With support from our Customer Liaison Officer, the team developed a workshop on having difficult conversations and focused on communicating with people at challenging times. For example, around diagnosis or expectations of recovery. The Early Supported Discharge team fed back that the session increased their confidence in communicating effectively and compassionately with individuals and their families at all times, not just when delivering a message that might be unexpected or difficult to hear.

Over the coming year we are developing ways to better capture the learning from patient stories to further improve our understanding of service user experiences.

Involving patients in service developments

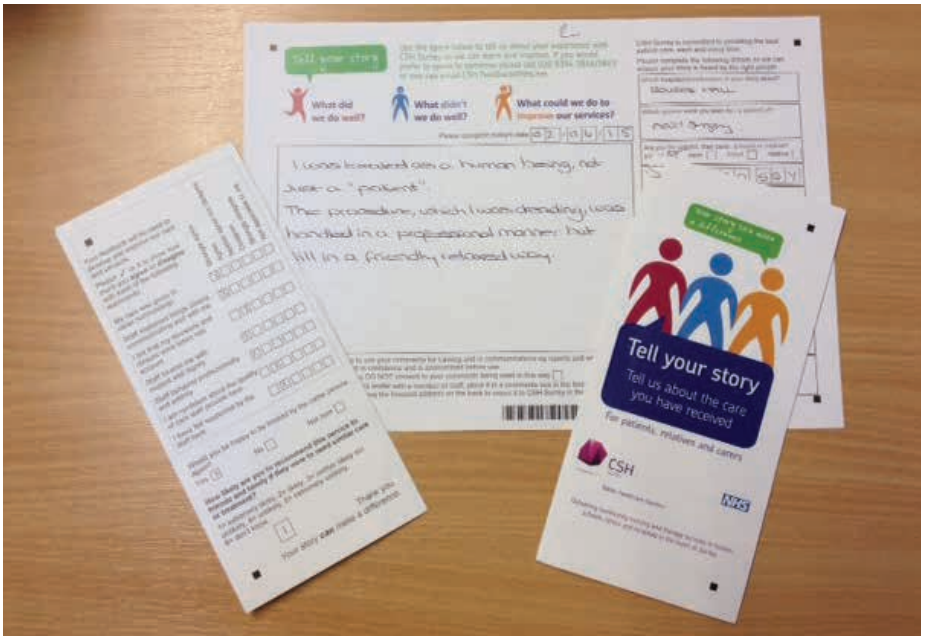
We continue to seek patient involvement in developing our services. For example, during 2014 we involved a patient of our MSK physiotherapy and Elective Orthopaedic Centre services in developing a more integrated MSK pathway. We will be further developing this pathway in 2015.

"I was really flattered to be asked to be involved in helping to develop the MSK pathway. My experience of CSH was 1st class so I wanted to be able to give something back. I was treated as part of the team, presented my story in my words and used some of the excellent pre and post op information I was given to show how well they had treated me and kept me informed. I gave them my experience from referral to op and after care."
Patient

the integrated nursing and therapy services better met their needs. For example, we created self referral drop-in clinics for specific families whose children didn't need ongoing support but who benefitted from expert advice and support at key developmental stages.

'Tell Your Story' leaflets

Tell Your Story leaflets are available at all clinical sites, via the CSH Surrey website and are also given out in all new birth packs, in every inpatient Welcome pack, and to domiciliary patients and people seen by our Community Integrated Teams.



166 completed Tell Your Story leaflets received from across all services during 2014-2015.

We have received more Tell Your Story leaflets from inpatients since delivering training to ward teams on the value of patient experience and feedback. The training has increased the awareness and ownership of feedback within teams and encouraged the sharing of comments in reflective practice and at team meetings to give peer support.

Evidence

The community matrons rearranged appointments for a patient so he could receive care at a time that didn't clash with his visits to an adult day centre. Through this change the team enabled the patient to remain involved in his community.

Here are some examples of positive feedback from service users who have completed Tell Your Story leaflets:

Hand therapy: "Careful analysis. Focused treatment. Good adaptive work to fine tune treatment. Clear communication."

Neuro physiotherapy: "18 months under their care. Cannot praise them highly enough. If it wasn't for them I would still be in a wheelchair, but their determination and persistence has brought me to a stage where I can walk with a quad stick and have some independence. The therapists have been outstanding and have never given up on me."

New birth visit: "Everything was done well. Good introduction and explanation of hearing tests. Checks carried out professionally. Individual care and attention given. Super communication."

Patient focus groups

The Podiatry Service runs a focus group twice a year to ask patients about their care/ treatment experience.

Evidence

Following feedback that patients can find clinics hard to locate if visiting a new clinic, the Podiatry Service has started providing maps, directions and information about parking.

Patients also reported that the waiting list to be seen is too long. As a result the service has increased the frequency of its group education sessions. This is enabling more people to access the service more quickly to receive advice on how to self-manage their feet. Some patients are then able to self-manage effectively, thus reducing the numbers of patients on the waiting list, and also reducing the clinical impact of long waits for others.

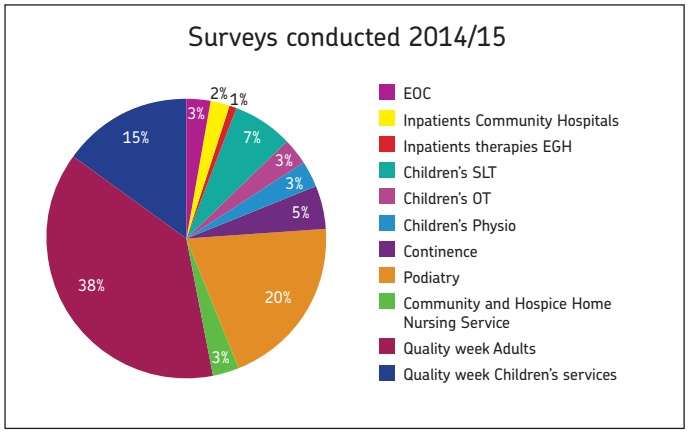
Patients also gave positive feedback.

"It was good to be able to talk about our experiences outside of a normal appointment. That they (the podiatrists) had taken time out of their schedules to do this was a big thing to me. When else do you normally get to really talk to the people providing your care?"

"It was great to be able to talk as equals with the other people and the podiatrists. I was able to tell them how pleased I have been with my treatment, as well as share my frustration about waiting to be seen. It was good to have things explained that I had questions about. Well worth coming, thank you for listening!"

Service user surveys

We continue to use surveys to gain a richer understanding of the patient/client experience of our services. Since January 2015, all service surveys are now available in paper and online formats.



Evidence

In April 2014 the Continence Service sent surveys to patients living in care homes as well as to those living independently. The results identified a need to involve care home staff in trials of new continence products to ensure new suppliers' products met the needs of residents. The service also recognised it needed to continue to offer formal and informal training on product selection and fitting to care home staff to increase understanding and knowledge of continence products.

Examples of positive feedback in surveys include:

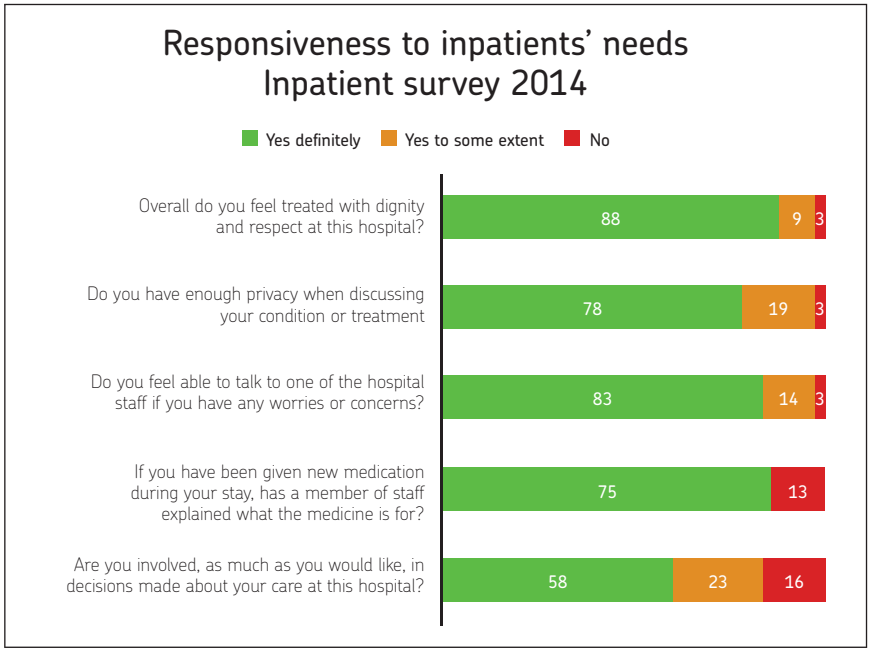
"Atmosphere here very good. Everyone seems happy and contented. Plenty of laughter going on which makes one feel good. Food plentiful and adequate. On the whole if I had to come to hospital or rehab again I'd like to come back here."
Inpatient survey, Dorking Community Hospital

"It helps you socialise with other people at school and also makes you more confident when speaking."
Feedback from a child receiving speech and language therapy at school

"You've dressed my wounds and inspected the likely area for pressure sores and explained to my carers how to manage them so that they heal." Feedback from a patient of one of CSH Surrey's Community Integrated Teams using feedback forms shared during Quality Week (see p18 for more on Quality Week)

Annual inpatient survey

Every year we run a survey among our inpatients to ensure we are meeting their needs and to learn how we can improve the service.



Compared with the 2013 survey:

- 78% feel they have enough privacy when discussing treatment, up from 67% saying 'Yes definitely' in 2013
- More of our inpatients this year felt staff had explained new medication to them, with all responding positively (zero No's)
- However, 13% more inpatients this year felt they were not as involved as they would like in decisions about their care. This may be linked to changes in discharge planning where patients and their families are being asked to make decisions about their future and perhaps feel their choices are limited due to factors such as availability of, for example, nursing homes or care packages. To support decisions around discharge we ensure patients are aware of our Discharge Planning Days and we also provide them with a bedside booklet about the ward, including their involvement in care. In May 2015 we introduced 'Meet the Matron' sessions at a fixed time each week so patients and their families are able to have dedicated time to ask questions and/or raise concerns.

Improving service user experiences

During 2014-2015 we have implemented several CSH Surrey-wide campaigns in support of national initiatives.

Chief Nursing Officer's 6Cs

The '6Cs' are part of the Chief Nursing Officer's 2012 vision and strategy for creating a culture of compassionate care. These six values and behaviours are: Care; Compassion; Competence; Communication; Courage; and Commitment.

Each of these values and behaviours carries equal weight, meaning not one is more important than the other five. The 6Cs naturally focus on putting the person being cared for at the heart of the care they are given.

We believe the 6Cs apply equally to all clinicians, not just nurses, and have therefore included our therapists in our 6C initiatives. These include a focus on the 6Cs during our inaugural Quality Week (October 2014) where co-owners were asked to make pledges.

"I pledge to do my best to ensure a compassionate and caring environment for all the patients I care for always"

In addition, our Quality Improvement Leads have hosted road shows across CSH Surrey to create environments for discussion and debate among co-owners as to how to best demonstrate the application of the 6Cs to clinical practice.

72 co-owners from teams across CSH Surrey have attended 6C sessions to date.

Our focus for 2015 is ensuring the 6C agenda remains fresh and part of co-owner practice. To support this, during April 2015, we commissioned a series of workshops on compassion, where we brought the 6Cs to life through practical activities and thoughtful scenarios that demonstrated the nature, function and importance of compassion.

"Hello my name is..."

Dr Kate Granger, a 31 year old hospital consultant, started the #Hellomynameis campaign while being treated for cancer. She felt she was treated with a lack of respect and like a "patient rather than an individual" by staff who failed to tell her their names.

We have adopted the campaign and use it to remind co-owners to introduce themselves 'properly' to patients – because a confident and friendly introduction is the first step in providing compassionate care and is often all it takes to put patients at ease and make them feel relaxed while using our services.

During 2015 more than 70 co-owners have attended sessions on #hellomynameis.

Privacy and dignity

We promoted national Dignity Action Day on 1st February 2015 as part of a week dedicated to dignity. Through Dignity Action Week we aimed to raise awareness of the importance of dignity in care, promote the services we provide and give someone in our care an extra special day as part of a national celebration demonstrating solidarity for dignity in care.

Co-owners embraced the week with a range of activities and events including:

- Dignity 'trees' with pledges to improve patient experience
- The Ranmore Ward team at Dorking Hospital held a 'digni-tea' for patients, relatives and the team, displaying a tree of their care pledges and creating an opportunity to add social value by involving the local community.
- Wearing 'Dignity in action ' badges and setting up information stands at some of our community sites using the Dignity Council's posters and leaflets
- Co-owners attended a 'lunch and learn' event at Leatherhead Hospital where a carer spoke movingly about her experiences of caring for her husband with dementia
- Teams used the Dignity Council's dignity assessment tool to increase quality assurance in patient care.

Through Dignity Week we raised the importance of dignity as central to all care we provide. We also showed that embedding dignity into our work can be demonstrated and achieved on a number of different levels, both within health care settings and the wider local community.

The events of Dignity Week continue to be implemented.

Carers Prescription

During 2014 CSH Surrey piloted a new pathway – The Carers Prescription – for three months through our palliative care team to better support carers. The pathway supports health staff to identify, recognise and support carers. Through the Carers Prescription clinicians can make secure referrals to organisations across Surrey that offer free support to carers.

An evaluation report on the model, which has been showcased by NHS Improving Quality, NHS England and the Royal College of GPs, was published in December 2014. It shows that during the three month pilot our palliative care teams made 43 referrals for 154 service options. The most popular referrals were for carers' information packs, carers' emergency cards and local support services.

After three months the pilot became a core pathway and is now available across the whole of Surrey.

"CSH Surrey has been instrumental in the development of this new service which is now being rolled out to other NHS providers here in Surrey."
Debbie Hustings, Partnership Manager (Carers), NHS Guildford and Waverley, East Surrey and Surrey Downs Clinical Commissioning Group

Improving co-owner experiences to improve patient experiences

Annual co-owner survey

We conduct an annual survey among co-owners so we can address any key areas of concern. The 2014 questionnaire covered the following areas: Day to day; Team working and relationships at work; Communication; Performance management and development; Patient care; My immediate manager; Leadership; Views on CSH overall. The results are analysed by these key areas and in addition, we provide 'engagement' scores for CSH Surrey overall and for the different teams/areas.

The 2014 survey was conducted between 16th September and 7th October 2014.

534 of the 756 co-owners invited to participate responded to the questionnaire, providing a response rate of 71%, up from 58% in 2013.

An impressive response rate of 71% means we received a detailed view of how co-owners in CSH Surrey were feeling, and can therefore be confident that the actions we put in place will make a positive difference to the majority of our co-owners.

This year's survey results are once again, overall, very positive. Our 'engagement' score remains high and co-owners' views on some key areas have also stayed high.

- 83% overall engagement score across CSH Surrey
- 81% are happy to recommend CSH Surrey as a healthcare provider to friends and family, far higher than the 65% of staff in the wider NHS (2014 NHS staff survey)
- 92% of co-owners enjoy their work (just 68% in NHS community trusts say this, NHS staff survey 2014), perhaps linked to the fact that 93% feel part of a team and 98% (82% in NHS community trusts) say they have good working relationships with co-owners in their team
- There is also widespread support for managers, with more than 90% saying their immediate manager is approachable, considers their ideas and suggestions, is supportive if they have a problem and lives the values of CSH Surrey. Within the NHs, 71% say their immediate manager is supportive and 76% say their manager considers their ideas and suggestions
- Importantly, 89% believe CSH is genuinely committed to delivering high quality services. Within the wider NHS, just 68% of staff believe 'care of patients/service users is their organisation's top priority' (NHS staff survey 2014)
- Another important factor for ensuring we deliver safe and quality care, and in light of the Mid Staffordshire enquiry, is that 94% of our co-owners feel able to raise or escalate concerns at work. Within the NHS this is just 72% (NHS staff survey 2014)
- 99% of co-owners can see how their work relates to patient care and the same high numbers are motivated to make a difference for patients (even if they don't have direct patient contact). In the NHS, just 80% believe their role makes a difference to patients
- 93% of co-owners share CSH's values, 90% understand our vision and 89% know our strategy – this is important because it means we're all working towards the same aims.

However, there were also areas co-owners told us need improving, which our Board is committed to addressing wherever it can.

Issue	Action	Progress to date
Workload, in response to the 62% of co-owners who this year feel they are unable to meet all the conflicting demands on their time (last year 58% felt their workload was acceptable)	HR Director to review recruitment practices with senior managers to reduce processing time	Processes reviewed, opportunities for improvements made
	Introduce initiatives such visa sponsorship and final year student recruitment to reduce vacancies	Completed and already increasing candidate numbers and posts offered
	Senior managers to review service needs and agree service improvement plans with their teams	Ongoing. Reviewing activity where there are concerns and developing plans with commissioners where necessary
Facilities, after less than half (48%) of co-owners told us they were satisfied with the facilities where they work	Review survey answers and put into key themes Establish meetings with senior team at NHS Property Services who own and manage the majority of buildings from which we provide services.	Thematic analysis completed. We are now reviewing our approach to the estates we occupy with NHS Property Services
Communications, in response to an 18% drop in the numbers of co-owners who feel fully informed about what's going on (no equivalent NHS survey question)	Business briefings to smaller, more local groups	Introduced six monthly Director briefings at CSH Surrey's five largest sites
	Use team meetings more to gather feedback from co-owners	Using when relevant
	Review Consultation strategy	Completed
IT, in response to verbatim feedback on the need for new IT equipment	Agree business case for replacing IT equipment	Roll out started 21st April 2015 – new IT kit and training for all co-owners
	Continue to monitor sub contractor's performance	Ongoing improvements being seen
Personal and Professional Development, in response to falls (<10%) for questions relating to training and development	Agree and communicate a new Learning & Development (L&D) strategy, to include training needs analysis	CSH Board approved this in February, now being put in place
	Establish a new L&D Committee with good representation from co-owners/services	Has been established and first meeting has been undertaken.

Leadership programme

Since January 2015, at the request of our Board, CSH Surrey's Senior Leadership Team has been undertaking a six month leadership development programme facilitated by the University of Surrey. The programme has been designed to meet individuals' development needs as well as focus on business priorities, thus increasing the confidence and skills of our senior team to support us in delivering our strategic objectives.

"Very broad, informative and thought provoking."

"Development of key leadership qualities to further develop and achieve in my role. Aiding me to lead my team positively and in line with strategic vision."

"The Leadership programme has allowed us time to reflect on our leadership style, and to practice different approaches to widen our experience and skills. It has also given us time to find out more about each other so we can work more effectively as a leadership team."

Co-owner achievements

Two of CSH Surrey's services received national recognition in 2014. An effective partnership between CSH Surrey, Princess Alice Hospice and St Catherine's Hospice (our Community and Hospice Home Nursing Service) was named a finalist in the highly competitive 2014 Nursing Times Awards (Team of the Year category) for the exceptional care and support they provide to patients at the end of life.

Nursing Times Awards 2014 Finalist

PATIENT SAFETY + CARE AWARDS 2014 FINALIST

And a unique partnership between CSH Surrey and Surrey and Borders Partnership NHS Trust reached the finals of the Managing Long Term Conditions category in the annual Patient Safety and Care Awards 2014. By integrating mental health practitioners with our community nursing teams the service successfully reduced emergency admissions and A&E attendances.

In 2015 a simple but effective public health campaign by CSH Surrey's 0-19 nursing teams and paediatric dietitians was one of just two finalists in the most competitive category of the 2015 Nursing Standard Awards (Public Health). Early results of an audit six months after the launch of the campaign show increased awareness of the need for Vitamin D supplementation among parents.

"The campaign has definitely widened my knowledge base about Vitamin D and made me more confident to deliver information and encourage parents to offer supplements."
Health visitor

We also recognise exceptional performance internally. Our 2014 annual CoCo Awards (Co-owners' Co-ownership Awards) received a record-breaking 175 nominations from co-owners keen to recognise their colleagues' work. Categories included Outstanding Adults/Children's Nurse and Therapist of the Year, Outstanding Adults/Children's Clinical Assistant of the Year, and Commitment to Professional Development. Judges included Surrey Downs Head of Quality Eileen Clark and CSH Surrey clinical leads, with a patient invited to help present the awards.

Research

Research is an important part of understanding the experiences of patients and the developing health care. During the last year our co-owners have engaged in a variety of research projects. One example is shared below.

The Experience of Stroke During the First Two Weeks

An individual's experience of stroke from onset to inpatient care and rehabilitation has not been evidenced recently in the literature. By using qualitative research methods this study, for an MSC in Rehabilitation, explored the experience of stroke during the first two weeks after onset.

A Band 7 Physiotherapist within our Neuro Rehabilitation Service interviewed eight hospitalised participants between within 16 days after their strokes.

Key themes emerged, such as 'Living in hospital', 'A different routine', 'Loss of liberty' and 'Making plans'.

The study showed that feelings of shock, frustration, vulnerability and helplessness were experienced initially after stroke. However, the results also indicate that stroke is not necessarily experienced as a crisis, as previous research has suggested. Despite experiencing uncertainty and a loss of control, individuals remain optimistic about adapting their lives after stroke, persevere with rehabilitation and begin to make plans for the future.

We are now using this research to inform future pathway development for patients who have a stroke.

CSH Surrey – a social enterprise

As a social enterprise we work within our local communities to increase community cohesion and to improve the health and wellbeing of the local population. We have developed and delivered a number of different projects during 2014/2015 in support of these aims.

Reducing social isolation ('Christmas for all')

In 2014 CSH Surrey began a collaboration with charity Heritage 2 Health and Kingston University nursing students with the aim of reducing social isolation. We:

- Invited people known to CSH who were housebound to attend a lunch/activity over the Christmas period so they could interact with their community and not be alone at Christmas
- Organised transport
- Made CSH co-owners available to support clients to attend.

Examples of the events and activities people attended included a tea party at Leith Hill Place (a National Trust property) for crafts, storytelling, carol singing and afternoon tea, and a Christmas day lunch at a local church.

"He has never been invited to anything like this before, it's wonderful."
Relative of a disabled man who we enabled to attend through charitable funding and by arranging an accessible taxi

Our challenge for Christmas 2015 is to increase take up of the activities and events. We will be working again with Heritage 2 Health to expand the geographical areas that the nursing students research for suitable events, and we will also be involving service users of our District Nursing and Domiciliary Therapy services. We also intend to involve our clinical managers in planning this year's activities and engage the students as 'buddies' to help patients find events in their local communities.

Community Fund

Since launching our Community Fund in 2012, we have awarded grants worth more than £25,993 to improve health and wellbeing in our local communities, and also awarded £954 in sponsorship matching to support co-owners' charitable activities.

Evidence

In August 2014 we awarded a £2,500 grant to Kingdom Fruit, an Esher-based social enterprise that helps people access fruit and vegetables to promote healthy living. They sell cheap, fresh fruit and vegetables from a pop-up shop once a week and also provide elderly people who have trouble getting about with fresh produce, who are socially isolated or hard to reach.

"The grant will help us grow so we can develop the project into a self-sustaining and viable model that other areas can replicate to benefit even more people."
Jenny French and Amanda Manship, Directors, Kingdom Fruit

£2,000 awarded to SeeAbility in December 2014 to buy Assistive Technology kits, which help people with sight loss and multiple disabilities at two of its accommodation units in Leatherhead and Ashtead.

The Assistive Technology kits purchased by SeeAbility using our grant make it possible for people with various disabilities to access wider opportunities, be more independent and achieve their personal goals. For example, one resident uses a switch with her hand to control a software programme that helps her to express her activity choices. Another resident uses a switch with his cheek to play music.

In February 2015 we awarded £2,000 to Elmbridge Rentstart. They work with local landlords to help homeless people secure accommodation, which then enables them to reconnect with society and access other services, such as registering with a GP. Once housed, Rentstart supports clients with skills training to help prevent them returning to the streets.

As well as awarding grants to local groups and organisations, our Community Fund also supports co-owners' fundraising efforts. In October 2014 one of our specialist paediatric physiotherapists participated in the London 3 Peaks challenge in aid of Stand up to Cancer. This involved climbing three of the tallest buildings in London (2088 stairs), 5km runs between buildings, and a 56 metre abseil off the last building. Our physio managed to raise more than £700 with support from our Community Fund.

Quality targets for 2015-2016 (CQUIN)

The CQUIN* payment framework enables commissioners to reward excellence by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals. CQUINs consist of national set indicators and locally developed indicators, which are agreed with local commissioners at the start of the financial year.

In 2014/2015 we weren't able to agree the local targets with Surrey Downs CCG until partway through the year. In addition, our systems for recording evidence and delayed engagement with our clinical managers meant that reporting and delivery of CQUIN activities was slow to start. We are working hard with Surrey Downs CCG to agree the CQUIN targets for 2015/2016 to avoid a repeat this year.

CQUINs for 2015/2016

Dementia

To identify and support patients and their families to access appropriate diagnostics, other healthcare professionals, support services and local dementia services

Unplanned emergency care

To support patients through our community Rapid Response nursing service and thus prevent emergency admissions.

Medicines management

To improve medicines management processes and outcomes related to use of medicines across community services, with particular emphasis on community hospitals.

Pressure ulcers and pathway management

To reduce the number of acquired pressure ulcers at stage 2 and stage 3.

Sepsis* in the community

To recognise early onset of Sepsis and treat according to CAS Alert*, September 2014.

Statements

Healthwatch Surrey welcomes ongoing engagement with CSH Surrey to enable the voices of local people to be heard in other – and possibly even more effective – ways. In particular we look forward to continuing discussions in 2015/16 around how to:

- Amplify the voice of young people
- Make it easier to make NHS complaints
- Increase involvement of people, patients and service users in decision making
- Promote and support people, patient and service user focussed cultures.

Surrey Downs Clinical Commissioning Group's response to the CSH Surrey Quality Account, 2014-2015

Surrey Downs Clinical Commissioning Group has reviewed the CSH Surrey Quality Account for 2014-2015.

CSH Surrey has worked collaboratively 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 on ensuring that its culture supports high quality and safe patient care and this is reflected in this Quality Account.

We are pleased that CSH Surrey has presented a balanced view of their quality achievements in this year's accounts, not only highlighting the areas where they have achieved or surpassed objectives set, but also acknowledging areas where they would have hoped to achieve more, with outlines of the plans included that will support further improvement during 2015/16.

The development of the Quality and Governance Team within CSH Surrey has resulted in a stronger focus on Quality and Patient Safety and this has been reflected in the increased reporting of patient safety incidents during this time and the proactive work that has taken place to improve organisational learning following each identified incident or incident trend.

We were also pleased to see the results of a number of clinical audits that have been completed during the year and the actions that are in place to improve identified areas. This has given additional assurance about the effectiveness of the clinical care provided.

CSH Surrey was unable again this year 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 remains a challenging goal in the local health economy and CSH Surrey has continued to maintain their own register and enable increasing numbers of people to achieve their preferred place of care at the end of their lives through collaborative working with primary care and with partners such as Adult Social Care and Princess Alice Hospice.

CSH Surrey has achieved a high level of achievement in protecting patients against Healthcare Acquired Infections during 2014-15. The CCG is confident that CSH Surrey will continue to work closely across the whole health economy to support the drive to reduce the number of all avoidable healthcare associated infections, including work to minimise the risk of sepsis occurring in any patient within their care.

Looking forward to 2015-16, we have worked with CSH Surrey to develop their Quality priorities for the year 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 further development of fully integrated teams will support local health economies in providing more coordinated 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.

Eileen Clark,
Head of Quality,
Surrey Downs CCG

Statement of Director's 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 they are working effectively in practice
- The data underpinning the measure of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review
- The Quality Account has been prepared in accordance with any 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

June 2015

Chair, Bill Caplan

Chief Executive, Jo Pritchard

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

- **Community Assessment Unit (CAU)**
  On Leatherhead Hospital site (GP referral only)
- **Community Dietetics**
  In clinics and homes
- **Community Hospitals**
  Dorking, Leatherhead, Molesey, New Epsom and Ewell Community Hospital (NEECH)
- **Community Integrated Teams**
  District Nursing (including Rapid Response Service), Community Matrons, End of Life Care, Domiciliary Physiotherapy, Falls Service, 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

PATIENT SAFETY + CARE AWARDS 2014 FINALIST

Nursing Times Awards 2014 Finalist

CSH Surrey, Ewell Court Clinic, Ewell Court Avenue, Ewell, Epsom, Surrey KT19 0DZ

www.cshsurrey.co.uk