



**CSH**  
Surrey



Better healthcare together



# Quality Account 2017-2018

## Contents

Introduction from CSH Surrey's Executive Chairman	Page 3
Introduction	Page 5
About our quality account	Page 5
About us	Page 6
Current priorities and future plans	Page 8
Our quality improvements 2017/18	Page 8
Looking forward 2018/19	Page 10
Statutory statements of assurance	Page 14
Evaluating quality against requirements	Page 24
Safety	Page 24
Clinical effectiveness	Page 34
Patient experience	Page 40
Co-ownership	Page 44
Feedback and responsibility	Page 48
Feedback from our stakeholders	Page 48
Statement of Directors' responsibilities	Page 50
Glossary of Terms	Page 51

## Introduction from CSH Surrey's Chief Executive

It gives me great pleasure to introduce the Quality Account for CSH Surrey.

This report, covering the period 1st April 2017 – 31st March 2018, describes the quality and safety of services we deliver within our hospitals and community services. Our vision is to create excellent joined-up care both within our hospitals and in partnership with our community and other care system providers, putting patients and families first and at the centre of everything we do. We want patients, families, carers and visitors to feel assured about the high quality of services we provide.

This report sets out our quality priorities for 2018/19 and details how we have performed against key quality measures this past year. The report provides an overview of the past year's activity, which has been a period of substantial change and a balance of significant achievement and challenge.

Examples of our achievements include our Surrey Downs services being rated Good by the CQC in its January of 2017 inspection. In July we launched the county's first single point of access for children's specialist health services - One Stop - just four months after securing the contract to provide the new Children and Family Health Surrey service with partners Surrey and Borders Partnership NHS Foundation Trust and First Community Health and Care. We have seen improvements in average length of stay within our community hospitals and the Bedser Hub in our Woking Hospital was noted by the Royal College of Physicians for delivering reduced admissions to acute hospitals, improved patient experience and feedback, and improved processes and financial efficiencies

We remain committed to on-going improvement and are pleased with the progress we have made regarding our three quality improvement priorities for 2017-18. We have seen improvements in reduction of pressure damage and falls. Hand hygiene training compliance rates have improved and we have experienced no cases of MRSA Bacteraemia or Clostridium difficile acquired under our care in the reporting period. We have reviewed and implemented NICE guidance and taken steps towards our ambition of increased involvement in research. We remain committed to capturing and responding to patient experience feedback and are pleased to have seen an increase with regards to the number of friends and family test responses. Ongoing patient safety and clinical effectiveness improvements will remain at the core of CSH Surrey's quality improvement plans 2018/19.

In terms of the challenges CSH Surrey has faced over the past year, we were a key partner in the system response to the devastating fire at Weybridge Hospital last summer that resulted in temporary displacement of services and general disruption to both patients and co-owners. Similar to other NHS organisations, general recruitment has remained a challenge. We understand the considerable impact that these issues, alongside increased service demand, substantial organisational change and an ever changing wider health and social care environment have had on morale, wellbeing and general co-owner experience. We have listened to co-owner feedback and look forward to implementing workforce improvement plans, which will lead to improved co-owner experience in the coming months.

Fundamental to past successes and future plans are CSH Surrey's values, social enterprise ethos and commitment to co-ownership. These define culture, guide strategy and decision making to ensure the organisation develops for the benefit of patients and families, as well as co-owners and local communities.

As the health and social care systems continue to become more integrated, CSH Surrey remains committed to working with partners and breaking new ground. We will continually seek to deliver safer, more effective, and focused care to our patients throughout Surrey.

We look forward to 2018-19 as we continue to improve the quality of the services provided to patients and families.

A handwritten signature in black ink, appearing to read 'Bill Caplan', with a long horizontal flourish extending to the right.

Bill Caplan

Executive Chairman

## Introduction

### About our Quality Account

#### What is a Quality Account and why do we produce one?

The Health Act of 2009 requires all providers of NHS healthcare to produce a Quality Account to inform the public about the quality of the services they provide. It also aims to increase public accountability and drive improvements in the NHS and follows a standard format to allow direct comparison with other organisations.

It supports us to share the following with the public and other stakeholders:

- Identify where we can make improvements in the quality of services we provide
- How we have involved our service users and other stakeholders in evaluation of the quality of our services
- By looking back on how well we have done in the past year at achieving our goals
- By looking forward to the year ahead to define what our priorities for quality improvements will be and how we expect to achieve and monitor them.

#### How have we involved our stakeholders in our Quality Account?

At CSH Surrey we welcome the views of our patients and stakeholders and have consulted with them in the development of our Quality Account. A Quality Account stakeholder event was held in May 2018. This provided CSH Surrey with the opportunity to share details of quality improvements made over the past year and invite stakeholders to help inform CSH Surrey's quality improvement plans for 2018/19.

#### What is included in our Quality Account?

Our Quality Account is divided into five sections:

1. Our Executive Chairman introduces our Quality Account for 2017/2018 with an overview of who we are, the population we serve and what we do.
2. In the section on **Current priorities and future plans** we take a look back at the quality priorities we set for last year and how we have improved our services to patients. We also set out our agreed priorities for the forthcoming year.
3. **The statutory statements of assurance** relate to the quality of the services we have provided during the period 1<sup>st</sup> April 2017 to 31<sup>st</sup> March 2018. The content is common to all providers to allow comparison across organisations.
4. In **Evaluating Quality** we take the opportunity to review the quality and performance of our services under the quality areas of:
  - Safety
  - Clinical effectiveness
  - Patient experience
  - Co-ownership.
5. The **Feedback** section contains comments from our stakeholders and the statement of our Board Directors' responsibilities.

## About us

CSH Surrey is a pioneer – the first co-owned social enterprise to come out of the NHS, in 2006.

CSH Surrey provides both adults and children's NHS community services to people in Surrey.

## Surrey Downs services

During the period from April 2017 to March 2018, CSH Surrey services in mid Surrey (commissioned by Surrey Downs Clinical Commissioning Group) have included outpatient MusculoSkeletal (MSK) physiotherapy, the MSK Clinical Assessment and Treatment Service (CATS), podiatry, inpatient community hospitals, integrated and multi-disciplinary neurological rehabilitation service and integrated health and care services in partnership with several organisations. These include the innovative Epsom Health and Care Alliance of which CSH Surrey is a core member. CSH Surrey provides specialist nursing support to patients with Parkinson's, Multiple Sclerosis, Respiratory conditions and Heart Failure. We also provide a continence service and a wheelchair service in mid Surrey.

In addition, we provide all of the therapy services at Epsom General Hospital, and until August 2017, at the South West London Elective Orthopaedic Centre (SWLEOC).

The majority of CSH Surrey's referrals are handled through our Referrals Management Centre, which provides referrers and patients with an efficient and high quality single point of contact navigation and appointments service.

## New contracts

In April 2017 CSH Surrey partnered with two other Surrey providers of NHS services to win the three year contract to deliver the community nursing and therapy services for children and families across the county via the Children and Family Health Surrey (CFHS) service.

The services include health promotion services for those aged 0-19 years, such as health visiting as part of the national Healthy Child Programme, and school nursing, which aims to keep children and young people well through proactive and preventative support. In addition, CFHS provides specialist nursing and therapy services that support children and young people who need on-going care. Importantly, these physical health services are closely aligned with Surrey's mental health services so families now benefit from more seamless care that better supports them both physical and emotionally.

In April 2017 CSH Surrey also won the seven year contract to deliver adult community nursing and therapy services in the North West Surrey area. Services include inpatient wards at two community hospitals, two walk-in centres (via a sub-contract with Greenbrooks Healthcare), a range of community nursing services including Community Matrons, District Nurses and a Rapid Response team, a multi-disciplinary locality hub service (The Bedser Hub), x-ray, podiatry and speech and language therapy services.

As a [social enterprise](#), CSH Surrey re-invests surplus back into the organisation, and through our Community Fund, supports health and wellbeing projects that benefit the local communities in which we work. In recent years we have donated more than £51,000 to our Community Fund, which directly supports local charities and groups through grants of between £500 and £2500.

## Vision and values

CSH Surrey and our co-owners are recognised for transforming health and care through pioneering innovative and integrated services that deliver exceptional quality for patients and customers.

CSH Surrey is a values-driven business with a passion for quality and innovation. Our four values – ***People First, Integrity, Enterprising and Exceptional Delivery*** – define CSH Surrey and drive how we operate.

CSH Surrey's four values are best described through everyday behaviours that patients and co-owners defined together as key to excellent healthcare.

## Current priorities and future plans

### Quality Improvements 2017/18

Last year CSH Surrey set three key priorities for improvement. The following provides an assessment of progress against these priorities.

Priority One	Patient Safety
<b>Objective</b>	<ul style="list-style-type: none"> <li>• Reduction in patient harm                             <ul style="list-style-type: none"> <li>- Patient falls</li> <li>- Pressure ulcer damage</li> </ul> </li> <li>• Improve compliance with hand hygiene training for all staff groups.</li> </ul>
<p><b>How we did</b></p> <p>We achieved an overall reduction in both patient falls and pressure damage and an overall improvement with hand hygiene training compliance.</p>	

Priority Two	Clinical effectiveness
<b>Objective</b>	<ul style="list-style-type: none"> <li>• Review and action all appropriate new NICE guidance</li> <li>• Participate in clinical research.</li> </ul>
<p><b>How we did</b></p> <p><i>NICE (National Institute for Health and Care Excellence)</i></p> <p>During 2017/18 we undertook a full review of status against 53 pieces of applicable NICE guidance. We have identified forums to oversee on-going monitoring of compliance and delivery of any required actions in response to benchmarking.</p> <p>The Quality and Clinical Governance Group oversee on-going monitoring of compliance.</p> <p><i>Research</i></p> <p>CSH Surrey participated in a clinical trial in collaboration with the South West London Elective Orthopaedic Centre (SWLEOC). The multicentre trial – Community Rehabilitation after Knee Arthroplasty (CORKA) – was run by Oxford University.</p>	



The CORKA trial was developed in response to a call for research into a functional, home-based rehabilitation programme for patients who may be at risk of poor outcome after knee arthroplasty by the National Institute for Health Research (NIHR) Health Technology Assessment (HTA) programme.

We are also participating in the Kent, Surrey and Sussex Academic Health Science Network 'Alive Cor' project, where patients are screened for Atrial Fibrillation with the aim of reducing the incidence of stroke.

Priority Three	Patient Experience
<b>Objective</b>	<ul style="list-style-type: none"> <li>• Implement the Patient Leadership Strategy</li> <li>• Increase response rates for the NHS Friends and Family Test (FFT).</li> </ul>
<p><b>How we did</b></p> <p>As part of our improvement journey around patient experience this year we have expanded the methods we use so we can hear from more users of our services to ensure we are providing services in a way that meets people's needs.</p> <p>These changes have included:</p> <ul style="list-style-type: none"> <li>- Introducing Patient Advice and Liaison Service (PALs) and a dedicated role to support people using our services</li> <li>- Implementing a Complaints and Compliments module on Datix to track our responses and ensure we learn from feedback</li> <li>- Reviewing our Improving Patient Experience strategy, which is currently out for consultation</li> <li>- Implementing a Friends and Family Test (FFT) software solution – IWantGreatCare (IWGC) – so more people can readily provide feedback to us. Through this we have achieved an increase in FFT response rates, up from 1.27% to 2.97% against a target of 3%.</li> </ul>	

## Looking forward: Quality Improvement priorities for 2018/19

The following are CSH Surrey's quality improvement priority plans for 2018/19:

Priority One	Patient Safety
<b>Objective</b>	<b>Enhance patient safety systems to support on-going improvements</b>
<b>Why we have chosen this</b>	<p>Patient safety is a key priority for CSH Surrey and we continually strive to ensure that the care we deliver is the safe and effective. As part of this, we recognise certain areas where we could make changes that would improve patient safety, such as:</p> <ul style="list-style-type: none"> <li>Increasing opportunities for frontline clinical discussions and innovations</li> <li>Learning from the CQC 2017 inspection outcome</li> <li>Implementing learning from risk assessment outcomes and the risk register</li> <li>Aiming to become a member of the 'Sign up to Safety' national programme</li> <li>Increasing opportunities for peer and clinical supervision</li> <li>Supporting professional revalidation processes.</li> </ul>
<b>How we will measure achievement</b>	<ul style="list-style-type: none"> <li>Implementing a defined safety improvement plan, and its outcomes</li> <li>Improving patient safety awareness through increased incident reporting</li> <li>Reducing episodes of avoidable harm</li> <li>Reducing level of risk relating to Health and Safety compliance</li> <li>Measuring attendance at monthly harm-free meetings across CSH Surrey</li> <li>Weekly incidents and complaints review meeting outcomes</li> <li>Upload to the National Reporting and Learning System (NRLS) and national benchmarking.</li> </ul>
<b>Monitoring</b>	<p>Via the:</p> <ul style="list-style-type: none"> <li>Quality &amp; Clinical Governance Group</li> <li>Integrated Governance Committee</li> <li>Health &amp; Safety Committee.</li> </ul>

<b>Priority Two</b>	<b>Patient Experience</b>
<b>Objective</b>	<b>Improved patient information and communications systems</b>
<b>Why we have chosen this</b>	It is a key focus for us that people who use our services have the right information at the right time and in the right format to support them in making decisions about their care. We know this is an area we can improve on based on: Feedback from patients PALS contacts Complaints outcomes.
<b>How we will measure achievement</b>	Patient feedback and survey outcomes Audit outcomes Accessible and updated service directory Patient/advocacy representation on our Patient Experience Forum.
<b>Monitoring</b>	Via the: Patient Experience Forum Quality & Clinical Governance Group Integrated Governance Committee.

<b>Priority Three</b>	<b>Clinical effectiveness</b>
<b>Objective 1</b>	<b>Re-launch systems and processes for supporting early identification and timely response to signs of clinical change</b>
<b>Why we have chosen this</b>	We know effective clinical decision making plays a significant role in improving patient outcomes, and that recent national campaigns to improve awareness of certain key issues, such as Sepsis, have demonstrated this. CSH Surrey recognises our contribution to early identification and aspires to deliver best practice in this area more consistently as identified through: Learning from incident and complaint investigations Implementing the newly launched National Early Warning System 2 (NEWS2), which is currently mandatory for Acute and Ambulance services Fully implementing the National Institute for Health and Care Excellence (NICE) QS161 NG 51 Sepsis care pathways.
<b>How we will measure achievement</b>	Audit outcomes Representation on the Kent, Surrey and Sussex Clinical Reference Group, and outcomes Incident data
<b>Monitoring</b>	Via the: Professional Forum (inpatient group) Quality & Clinical Governance Group Integrated Governance Committee.

<b>Priority Three</b>	<b>Clinical effectiveness</b>
<b>Objective 2</b>	<b>Improve communications and information available to support families through transition from child to adult</b>
<b>Why we have chosen this</b>	<p>The transition from children's to adult health services for young people has often been described as 'moving from the pond to the sea'. With this is an acknowledgment, nationally, that health and social care needs to improve how this transition is managed for young people and their families. We want to ensure every young person in our care moving to adult services receives the right, individual support to ensure the best experience and outcome in line with:</p> <p>Best practice / NICE (NG 43)  Feedback from complaints investigation outcomes  Improving care co-ordination.</p>
<b>How we will measure achievement</b>	Family feedback outcomes obtained through a range of tools, including feedback from PALS, complaints and compliments.
<b>Monitoring</b>	<p>Via the:</p> <p>Patient Experience Forum  Professional Forum  Quality &amp; Clinical Governance group  Integrated Governance Committee.</p>

Priority Four	Co-owner Experience
<b>Objective</b>	<b>Implementation of corporate action plan in response to 2017 co-owner survey outcomes.</b>
<b>Why we have chosen this</b>	<p>The national picture shows that recruiting appropriately skilled staff is a significant challenge for healthcare providers, and organisations are seeking innovative ways to recruit and retain staff to ensure the delivery of services. We recognise that outcomes from recent co-owner surveys (FFT recommendation of CSH Surrey as a place to work has been below the national average in 2015 and 2017) is an area we could improve on following:</p> <p>A period of considerable change Voice and co-owner feedback.</p>
<b>How we will measure achievement</b>	<p>Improved co-owner survey outcomes (FFT) Improved recruitment and retention Decreased occupational referrals Increased training compliance levels.</p>
<b>Monitoring</b>	<p>Via the: Integrated Governance Committee (workforce/people strategy group).</p>

## Statutory statements of assurance

### Overview of services

During 2017/18 Central Surrey Health Ltd (CSH Surrey) has provided and/or subcontracted 30 NHS services.

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

The income generated by the NHS services reviewed in 2017/18 represents 99.5 % of the total income generated from the provision of NHS services by CSH Surrey for 2017/18.

### Participation in Clinical Audit

The CSH Surrey clinical audit plan reflects national, organisational and local service standards that have been identified to support quality benchmarking and systemic improvement.

The audit plan is dynamic and responsive to learning, organisation changes and clinical priorities. The topics chosen cover a range of areas of clinical practice as well as service delivery and pathways.

The plan for 2018/19 is divided into three sections: national audits, priority audits and local service/team audits.

Audit Type	Definition
<b>National Audit</b>	An audit project funded by the Healthcare Quality Improvement Partnership (HQIP) or another national body. CSH Surrey participates in all national audits where our services meet the eligibility criteria.
<b>Priority Audits</b>	Priority audits are mandatory audits carried out by all eligible services across the whole organisation. These audits are devised and coordinated by an identified senior lead and are commonly initiated in response to published best practice guidance or issues identified through CSH Surrey clinical governance reporting processes, e.g. learning in response to patient feedback, patterns emerging from serious incidents or CCG / commissioning feedback.
<b>Local Service/Team Audit</b>	A team or specific service/topic audit designed to assess how well a service is meeting a best practice standard. Local audits are usually carried out by individual, targeted services.

We develop an audit plan on an annual basis and consult on it via our Quality & Clinical Governance Group. Our clinical audit plan for 2018/19 was approved by the Integrated Governance Committee in March 2018.

### *National Audit participation 2017/18*

The National Clinical Audit and Patient Outcomes Programme (NCAPOP) is commissioned and managed on behalf of NHS England by the Healthcare Quality Improvement Partnership (HQIP).

The programme comprises of more than 40 national audits relating to commonly occurring conditions and helps provide national and local pictures of care standards for specific conditions.

- During 2017/18 10 national clinical audits covered NHS services that CSH Surrey provides.
- During 2017/18 CSH Surrey participated in 100% national clinical audits which it was eligible to participate in.

Of the 10 national clinical audits which covered services that CSH Surrey provides, based upon the audit criteria, CSH was eligible to participate in two of these.

The national clinical audits CSH Surrey was eligible to participate in, and did participate in during 2017/18, are:

- The Sentinel Stroke National audit programme (SSNAP)
- The National Diabetes foot care audit.

CSH Surrey's registration for national audits is currently via our contract with Epsom and St Helier Universities NHS Foundation Trust.

#### *Sentinel Stroke National Audit Programme (SSNAP)*

This audit measures the quality of care received by stroke patients. The data collected covers the whole stroke care pathway, including admission to hospital, rehabilitation in the community and at home. Participating services within CSH Surrey include Occupational Therapy, Physiotherapy and Speech & Language Therapy.

Our results from the audit are set out in the table below and give the scores for three therapy groups, where B is 70-84.9%, C is 60-69.9% and E is 0-39.9%.

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<b>Sentinel Stroke Audit Results</b>		
	<b>Apr- July 2017</b>	<b>Aug – Nov 2017</b>
<b>Occupational Therapy</b>	C	B
<b>Physiotherapy</b>	C	B
<b>Speech and Language Therapy</b>	E	E

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The stroke team closely monitors the outcomes of the audit and has put an action plan in place to support continual improvements in the stroke service pathway. The Speech &

Language Therapy team's actions in particular have included employing an assistant to increase face-to-face contact time.

### *The National Diabetes Foot Care Audit (NDFCA)*

CSH Surrey contributes to the National Diabetes Foot Care Audit and submitted 57 cases. Outcomes of the audit are included within the national summary. The diabetes team monitors the national audit outcomes and use these to inform on-going improvements to process and practice.

### *Local Audits*

The following summarises some examples of local audits undertaken within CSH Surrey and examples of the outcomes.

<b>Topic</b>	<b>Purpose</b>	<b>Findings and Actions</b>
<b>Falls Assessment</b>	An audit into the standards of assessments to prevent falls within our community hospitals. The audit was carried out in Quarter 3 2017/18 across all CSH Surrey community hospitals.	Revision of admission documentation to include assessment of lying and standing Blood Pressure (BP) as a standard prompt. Review and implementation of falls prevention awareness training.
<b>Blood Gas Assessment</b>	An audit to determine if all patients using long term oxygen therapy are reviewed six monthly and have an annual blood gas recorded.	Patient information leaflets updated. Confirmation that leaflets are provided to all new patients.
<b>Health Records Audit</b>	An audit to assess levels of compliance with health care record keeping standards.	Information Governance training. Shared learning of local themes identified through the audit.

### **National Institute for Health and Care Excellence (NICE)**

NICE is an independent organisation responsible for providing national guidance, standards and information. The guidance aims to ensure that the promotion of good health and patient care in local health communities is in line with the best available evidence of effectiveness and cost efficiency. CSH Surrey has a systemic process in place for the dissemination, review, implementation and monitoring of applicable NICE guidance. Triage processes include identification of the most relevant governance group or service to be responsible for benchmarking, monitoring progress and implementation. The process is overseen by the Quality and Clinical Governance Group.

During 2017/18 we continued to review all relevant NICE guidance and identified 53 areas of applicable guidance. These have been allocated to relevant forums to oversee on-going compliance and any required action.

A sample of actions being taken following compliance risk assessment processes are summarised below.



<b>Ref</b>	<b>Title</b>	<b>Overseeing forum/service</b>
<b>NG71</b>	<b>Parkinson's</b>	<b>Neuro team</b>
<p>Benchmarking shows CSH Surrey is compliant with 68 out of 69 standards.</p> <p><b>Action</b> Review of service specification and goal setting training for teams.</p>		
<b>Ref</b>	<b>Title</b>	<b>Overseeing forum/service</b>
<b>NG 17 &amp; NG 28</b>	<b>Diabetes</b>	<b>Diabetic teams</b>
<p>Benchmarking shows good levels of compliance with the guidance.</p> <p><b>Actions</b> Development of 'hypo' treatment cards to educate nurses, carers, patient and family. The cards will explain what a hypo is, what to do in the event of a hypo and how to recognise one. We will engage the community nurse services to support development of a 'hypo box' for patients and the service, which would contain glucogel/glucose tablets and digestive biscuits and help prevent patients being admitted into the acute hospital. A continuous monitoring device called Freestyle Libre is now available on the NHS for patients with Type 1 diabetes. Once this becomes available for Type 2 diabetes, the community nurse service will review which patients on the caseload would benefit from using the device. It will be particularly beneficial for blind patients who may be able to self-administer insulin with training and support but who are unable to get a blood glucose level based on current equipment available.</p>		
<b>Ref</b>	<b>Title</b>	<b>Overseeing forum/service</b>
<b>NG59</b>	<b>Low back pain and sciatica in the over 16s</b>	<b>Planned services</b>
<p>An audit of discharged patients' notes was used to assess whether the treatment provided met the NICE guideline recommendations. The overall percentage of recommendations met was 82.4%.</p> <p><b>Action</b> Review trial of StarT back tool and repeat audit next year to review any changes in practice.</p>		
<b>Ref</b>	<b>Title</b>	<b>Overseeing forum/service</b>
<b>CG32</b>	<b>Nutrition and Hydration</b>	<b>Nutrition and hydration forum</b>
<p>Benchmarking completed by our Nutrition and Hydration Group showed good levels of assurance.</p> <p><b>Actions</b> Development of a Policy for Oral Nutritional Supplements with guidance on fortification of appropriate food and beverages.</p>		

## Review of our Quality CQUINs in 2017/2018

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

A proportion of CSH Surrey's income during 2017/18 was conditional on achieving quality improvements and innovation goals agreed by CSH Surrey and commissioners.

Examples of our compliance with CQUIN are summarised below.

### *Surrey Downs CQUINs*

#### Preventing ill health by risky behaviours, alcohol and tobacco

We have fully and appropriately implemented this CQUIN and achieved all targets for the year at the end of Quarter 4. The target was to ensure that all patients who smoke or drink alcohol are screened and offered advice regarding cessation and reduction.

#### Personalised care and support planning

This CQUIN aims to ensure that all those with complex health needs and defined long-term conditions receive personalised support advice and care. This is to promote appropriately informed self-management and reduce patient condition anxiety, thus enabling patients to clearly understand and access available support.

We identified the cohort of patients that would benefit from this approach and agreed this with the CCG. In Surrey Downs, this specifically benefits those with respiratory conditions and/or neurological conditions. The identified patients have all been surveyed to ascertain their current confidence levels and this will be repeated following the personalised planning process in 2018/19.

All appropriate CSH Surrey co-owners have undertaken personalised care training.

#### Improving the assessment of wounds

The aim of this CQUIN is to ensure that patients with wounds of four weeks or more duration receive a full wound assessment. This is to ensure the best possible wound management and treatment is being applied in all cases, thus leading to improved healing and consequent health and well-being benefits.

We have developed and implemented a new operational framework and trained all appropriate nurses.

The ambition was to increase performance from the 2017 baseline of 87%, to 90%. By Quarter 4, we had achieved 93%, and therefore met the CQUIN target.

## *North West Surrey CQUINS*

### Preventing ill health by risky behaviours, alcohol and tobacco

We achieved this CQUIN and demonstrated good levels of compliance in ensuring all patients who drink and/or smoke are screened and offered advice regarding cessation and reduction.

### Personalised care and support planning

This CQUIN was partially achieved, with 92% of the team who had been identified for leading on the personalised care and support planning with patients receiving updated training.

### Improving the assessment of wounds

We achieved the 70% target of assessing people who have had wounds that have not healed within 4 weeks.

### Supporting proactive and safe discharge

In collaboration with Ashford and St Peters Hospitals NHS Foundation Trust, we achieved 80% of the annual target to increase the number of patients discharged from hospital to their usual place of residence within seven days of unplanned admission.

### Co-owner health and wellbeing

This CQUIN was not achieved. The CQUIN was measured on flu vaccination uptake and an improvement in a specific question in our annual survey.

In response, we are engaging with our Occupational Health service to provide peer vaccinators for our 2018 flu programme, which we hope will improve vaccination uptake for 2018/19.

We will continue to promote health and wellbeing information and activities throughout the forthcoming year.

## **Children and Family Health Surrey (CFHS) CQUIN**

The CCG and CFHS agreed a CQUIN based on a review of service waiting times and recovery of three service areas: Initial Health Assessments; Developmental Paediatrics; and Therapy services.

We agreed with commissioners that baseline audits would be undertaken to provide a clear picture of the waiting times and risks within the services. We also agreed to develop and prioritise action plans accordingly. This has been achieved.

## Care Quality Commission (CQC)

In accordance with requirements, CSH Surrey is registered with the Care Quality Commission (CQC). During 2017/18 the CQC has not taken any enforcement action against CSH Surrey or imposed any registration or special reviews.

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

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

Domain	Outcome
Safe	Requires improvement
Effectiveness	Good
Responsiveness	Good
Caring	Outstanding
Well led	Good

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

## Information Governance Toolkit achievement level

All providers of NHS services must complete and publish an annual information governance assessment and must demonstrate satisfactory compliance as defined in the NHS Information Governance (IG) Toolkit.

The IG Toolkit draws together the legal rules and central guidance set out by Department of Health policy and presents them in a single standard as a set of information governance requirements.

The NHS Standard Contract requires that all providers of health and social care services achieve 'Satisfactory' compliance. CSH Surrey's overall score for the Information Governance Toolkit Assessment was 66% successfully achieving the required satisfactory standards.

## Quality of data

CSH Surrey did not submit records during 2017/18 to the secondary uses service for inclusion in the Hospital Episodes Statics which are included in the latest published data.

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

## Learning from deaths

CSH Surrey's Mortality Review Group meets quarterly and oversees review of all adult patient deaths that occur in our community hospitals. The process is described within our Learning from Deaths policy, which was developed and ratified during the reporting period.

All child deaths are reviewed by the Child Death Overview Panel (CDOP), which has responsibility for the process of reviewing child deaths. Working Together to Safeguard Children (2015) sets a clear remit for the work of the panel and incorporates requirements from the Health and Social Care Act 2012. Learning and information from CDOP is shared via the Local Safeguarding Children's Board to inform Board partners in respect of preventable child deaths and risk factors that impact on safeguarding children and young people and ensure organisations take appropriate and timely action.

## Serious Incidents and incident reporting

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

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

By being open and reporting incidents we are able to understand the risks we may have in the organisation. Between April 2017 and March 2018, CSH Surrey reported a total of 3256 incidents: 1255 of these occurred inside CSH Surrey care, and of these, 1027 related to patient safety incidents. 0.1% of these had an impact of severe or catastrophic harm (national average 0.7%).

The Quality and Clinical Governance group monitors reporting trends. At present we are unable to directly compare our reported data with other NHS providers. However, we are liaising with NHS Improvement with the intention of externally reporting our patient safety data to the National Reporting and Learning System (NRLS) during Quarter 2 2018/19. Using NRLS data as a general comparison, CSH Surrey reporting appears in keeping with national trends.

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

	2015/16	2016/17	2017/18
Number of Serious Incidents	16	5	14

We investigate all Serious Incidents to establish their root cause and contributory factors, and to identify actions and learning to reduce, where possible, the likelihood of a re-occurrence. Incident investigations are reviewed by our Serious Incident Review Group, which was formed in 2017 to provide organisational oversight to SI processes. This includes ensuring a consistent standard of investigations and to ensure learning is embedded across CSH Surrey. Lessons learned from Serious Incidents are communicated across the organisation in a number of different ways to maximise the opportunity for all relevant co-owners to benefit, including:

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

The most frequently reported Serious Incident categories in 2017/18 were pressure ulcer damage, and slips, trips and falls (resulting in a fracture). Our Skin Integrity Group and Falls Prevention Group particularly monitor all pressure damage and falls-related incidents and ensure all actions identified in response to learning are implemented effectively.

Examples of actions we are taking in response to learning from Serious Incidents include providing guidance and training on wound classification, implementing a new screening tool to prevent pressure damage, and developing standard operating procedures for diary management.

Other patient safety initiatives introduced during 2017/18 in response to incidents include daily clinical triage of all reported incidents, ensuring support to investigators via our patient safety lead, and introducing internal assurance reviews.

## Never Events

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

## Duty of Candour

CSH Surrey remains committed to developing a culture of openness and candour, learning and improvement, and constantly striving to reduce avoidable harm. Open and effective communication with patients begins at the start of their care and continues throughout their time within the healthcare system. This includes communications with patients and/or family members/carers if a patient has been involved in an incident, complaint or claim, ensuring that patients (and their carers or family) receive an appropriate apology, are kept informed of the investigation, given the opportunity to

participate, ask questions and are advised of the investigation outcomes and findings. Rigorous reporting of patient safety incidents is fundamental to an open culture.

Activities we have undertaken during 2017/18 to enhance how we apply duty of candour standards include implementing a tracking facility relating to duty of candour communications on our Datix reporting system. This enhances our ability to demonstrate compliance while also supporting continuity and consistency of co-owners' communications with patients and carers. Implementation of Duty of Candour is overseen by our Serious Incident Review Group (SIRG). An audit of standards of Duty of Candour implementation is included within our 2018/19 audit plan.

## Evaluating quality against requirements

### Patient safety

#### Pressure ulcers

CSH Surrey continually aims to deliver harm-free care for our patients. This year our target was to reduce incidences of avoidable pressure ulcers by 5%.

Further to our previous reduction in avoidable pressure ulcers of 46.5% in 2016/17, we have successfully achieved a further reduction in 2017/18, by 22.22%. We attribute this to implementation of an alternative pressure ulcer risk assessment tool and pathway. In addition, a new process to provide consistency in classification of pressure ulcer incidents had a positive effect in ensuring accuracy of data.

In 2017/18 there have been no avoidable Category 3 pressure ulcers acquired in CSH Surrey care, compared to two incidents the previous year. There was one Category 4 pressure ulcer acquired in our care during 2017/18.

During 2017/2018 we have expanded the Tissue Viability service to cover the North West Surrey area and Children and Family Health Surrey. We have recorded baseline pressure ulcer data for 2017/18 to inform the next steps that will enable us to set improvement goals and to measure progress towards delivering harm-free care.

Our Head of Tissue Viability and Head of Patient Safety work closely together, continually monitoring reported incidents, identifying trends and learning, which is disseminated through our Skin Integrity Forum.

#### *Shared learning*

- The Tissue Viability Team held an event for the national 'Stop the Pressure' day on 15<sup>th</sup> November 2017 to promote the ethos that 'pressure damage is everyone's business'. This was in collaboration with our occupational therapists, physiotherapists, wheelchair service, continence service and dieticians. We also extended invites to nursing homes across all commissioned services.
- Following review of incident themes and trends, a work plan is now in place to provide specific focus on pressure ulcer prevention. This is monitored via the Skin Integrity Forum.

#### Falls

Disease studies shows falls are the ninth leading cause of disability in England. Older people are particularly vulnerable; according to the National Institute for Clinical Effectiveness (NICE), a third of people over 65 years and half of people over 80 years fall at least once a year. Older people are also more likely to suffer severe consequences from a fall, such as hip fractures.

As can be seen from the data overleaf, we have continued to reduce the number of falls in our care, especially in the 'No harm' category. Overall we have reduced falls by 30.2%, although falls resulting in harm remains static.



Year	Number of Falls				
	No harm	Low harm	Moderate harm	Severe harm	Total
<b>2017/18</b> (Surrey Downs)	67	25	3	0	95
<b>2017/18</b> (North West Surrey)	79	51	2	0	132
<b>2017/18</b> (Children and Family Health Surrey)	2	3	0	0	5
<b>2016/17</b> (Surrey Downs only)	107	26	3	0	136
<b>2015/16</b> (Surrey Downs only)	137	64	5	1	207
<b>2014/15</b> (Surrey Downs only)	129	63	15	1	208

Plans are in place to review our falls incident reporting template to provide greater accuracy and consistency of reporting and to allow further analysis of falls data to identify and refine future required actions.

In our Surrey Down's community hospitals, the use of the Red/Amber/Green and Blue wrist bands is now embedded into practice. This system provides an immediate visual prompt so co-owners are aware of the level of assistance required to meet patient mobility needs and reduce risk of falls.

We are now rolling out the model to our community hospitals in North West Surrey. We have reviewed falls sensors and undertaken trials of different sensors. This has led to a change in the systems we use in some of our inpatient units.

### *Plans for next year*

- Review co-owner training on falls prevention
- Develop and embed processes relating to escalation in care for patients who require an increased level of nursing supervision to maintain safety.
- A ward in North West Surrey is trialling a hydration project to establish if hydration can deliver further reductions in falls. Learning from this will be shared across all CSH Surrey services.

## Infection Prevention & Control and Healthcare Associated Infections (HCAIS)

During 2017/2018, the Infection Prevention and Control Team oversaw implementation of our infection prevention strategy and programme. These are designed to ensure good infection prevention and control practices and that assurances are undertaken by all co-owners.

The strategy has included co-owner engagement, provision of infection prevention and control information and development of Link Practitioners. We have also increased public awareness on the prevention of infections and promoted hand hygiene as the single most effective method to reduce onward transmission of organisms and potential infections.

There has been an overall increase in hand hygiene training compliance for both clinical and non-clinical co-owners in comparison to 2016/17. The infection control team has broadened methods of training delivery to include face-to-face, online and training at team meetings to further improve compliance and ensure that infection prevention and control remains a key focus for all co-owners within day-to-day practice.

During the reporting period CSH Surrey recorded no cases of Methicillin Resistant Staphylococcus Aureus (MRSA), Methicillin Sensitive Staphylococcus Aureus (MSSA) or Ecoli Bacteraemia. There was one reported case of Clostridium difficile (C Diff) within CSH Surrey in July 2017. A root cause analysis was undertaken and no lapses in care were identified.

On six occasions, outbreaks within CSH Surrey have caused bay closures within inpatient areas at the affected community hospital. The probable cause in all cases is thought to be Norovirus, which has been confirmed through laboratory testing on two occasions.

We continue to promote and monitor infection control standards in all clinical areas and apply on-going vigilance for infection risk.

### Central Alert System

The Department of Health Central Alert System (CAS) is designed to rapidly disseminate important safety and device alerts to nominated leads in NHS organisations in a consistent and streamlined way for onward transmission to those who need to take action. Organisations are required to acknowledge receipt of each alert and respond as relevant within specified timescales. CSH Surrey has consistently achieved requirements in 2017/18. The Quality and Clinical Governance Group oversee assurance in regards to CAS to ensure appropriate action has been taken in response to alerts.

## National Patient Safety Advisory panel

This year CSH Surrey has had representation on the NHS Improvement's national patient safety advisory panel which provides expert stakeholder input into advice and guidance to improve safety and reduce risk across the healthcare system.

The panel activity is supporting a general review of the approach and response to the National Patient Safety Alerting System (NaPSAS).

## Sign Up To Safety

CSH Surrey is in the process of joining NHS England's Sign up to Safety campaign. The campaign commenced in 2014 with over 500 NHS organisations and partners already subscribed. The campaign is based upon five key pledges that participating organisations are expected to incorporate within their overarching quality and safety improvement plans:

- Putting safety first
- Continually learn
- Be honest
- Collaborate
- Be supportive.

We are already committed to delivery of these pledges and are engaged in various local and national initiatives to improve the safety and quality in our services and share the learning with others.

Examples of this include:

- Participation in Kent, Surrey and Sussex Academic Health Science Network Patient Safety Collaborative work streams such as falls prevention, pressure damage and sepsis
- Internal assurance visits and reviews
- Governance groups that champion quality improvements and include a strong emphasis on prevention to ensure, wherever possible, harm is prevented as well as reduced. For example, our Falls Prevention Group, Skin Integrity Forum and Medicines Management Group.

## NHS Safety Thermometer

The NHS Safety Thermometer is a national programme that allows teams to measure 'harm' at a particular time every month, such as pressure ulcers, falls, urinary tract infections in patients with urethral catheters, and venous thromboembolism. CSH Surrey has actively participated in the programme and our data has consistently demonstrated good standards of harm-free outcomes. Our harm-free care average for 2017/18 was 92.5%, above the target of 90%.

## Medicines Management

The CSH Surrey Medicine Management Team has expanded this year and now includes the Lead Medicine Management pharmacist, a Lead Pharmacist in North West Surrey Adult services, a Lead Pharmacist within Children and Family Health Surrey, a Medicines Management Facilitator and a Clinical Pharmacist.

Dorking and Elmbridge Hubs and The Epsom Health and Care Alliance have also employed clinical pharmacists to support the CSH Surrey community matrons with medicine optimisation for their patients.

Examples of achievements over the past year include:

- The Medicines Management Policy, incorporating the Safe Handling of Controlled Drugs Policy, has been reviewed in line with legislation and good practice
- The Policy for the development and management of Patient Group Directions (PGDs) has been reviewed
- A Non-Medical Prescribing Leads Group has been established to implement the Non-Medical Prescribers governance framework and to support all Non-Medical Prescribers to deliver safe, effective and cost efficient prescribing by extending existing clinical forums
- New contracts for providing pharmacy supplies and services for inpatient wards have been sought and established.
- A formal agreement regarding the processes involved in the development and review of PGDs has been developed with authorising commissioners.
- Standard anaphylaxis packs have been sourced to ensure all community nurses administering injectables (including vaccines) have immediate access in case a patient has an anaphylactic reaction.
- GlucoRx Go device and blood glucose monitoring strips have been provided for use by all CSH Surrey community and in-patient nurses. This enables the community nurse team to carry out instant and opportunistic testing in patients showing signs and symptoms of hypo or hyperglycaemia
- Audit outcomes included identification that nurses were sometimes omitting to sign medication administration records although a dose of medication had been administered. As a result of this, at each medication administration round, nurses were asked to check with their colleagues for clarification if any previous administration had not been signed for. A significant improvement was noted in the signing of medication administration and recording of reasons for missed doses.
- The proportion of omitted doses without valid reasons and refusals dropped from 19% in August 2016 to 4.5% in June 2017 (median 9.1%, national median 12.1%). We have extended the checking process every inpatient ward

There were a total of 221 medicines-related incidents reported across CSH Surrey during 2017/18. All medicines-related incidents have been discussed at the Medicines Management Group meetings with the learning shared across the organisation.

The group reports a noted improvement in documentation of investigations and actions taken in response to incidents, enabling clearer visualisation of any trends so policies, processes and procedures can be reviewed to further improve patient safety across CSH Surrey.

**Medication incidents reported in the reporting period 1st April 2017 to 31st March 2018**

Administration error such as wrong patient, wrong or 40 expired medication, wrong dose, time or route

Medicines not administered or missed dose	33
Controlled drug incidents	24
Wrong storage of medicines	5
Process not followed	4
Insulin, delayed or missed dose	41
Prescribing errors or incomplete prescriptions	2
Syringe driver, alarming, not supplying medicine	5
Incidents outside of CSH care	67

*Planned Medicines Management Improvements for 2018-2019*

- Embedding the reviewed policies across CSH Surrey and ensuring all services have access to service specific standard operating procedures that are in line with the new Medicines Management Policy
- Implementing a comprehensive Medicines Management Audit across all services
- Embedding the new Governance Framework for Non-Medical Prescribers across all services
- On-going systematic review of the Service Level Agreements (SLAs) with external suppliers for medicine supply and clinical pharmacy.

## Safeguarding Adults

We aim to ensure all of our co-owners are supported to prevent, recognise and address abuse and take into account the Care Act 2014, Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS).

Co-owners have been safeguarding their patients using various ways, such as:

- Preventing abuse from happening by providing information to patients on how to protect themselves from abuse and where to get support when required
- Empowering adults at risk of abuse to make their own decisions and informed consent
- Protecting patients by providing support and representation for those in greatest need
- Being able to recognise signs of abuse and providing information and support about the safeguarding process to help adults at risk to either protect themselves or seek and request support from others
  
- Understanding and respecting that the safeguarding process is a patient personal experience; therefore co-owners have been listening to patients' wishes, views and beliefs on how they would like to be supported and how they feel they want it to be resolved
- Reporting incidents of abuse in a timely manner and contributing to Section 42 reports and safeguarding plans
- Continue to personally develop and ensure they are up to date with safeguarding processes and procedures.

CSH Surrey has been an active member of the Surrey Safeguarding Adults Board (SSAB) and the work of its sub-groups. This has enabled joint sharing of learning at a strategic level and wider developments in safeguarding adults best practice.

Other CSH Surrey safeguarding initiatives undertaken during 2017/18 have included supervision, development of safeguarding champions (adult safeguarding group) and full review of the safeguarding adults training programme.

Training provision includes essential elements of the Mental Capacity Act 2005, Prevent, and Care Act, related government legislation and lessons identified from incident investigations. As we plan for the next year, embedding a 'Think Family' and 'Making Safeguarding Personal' approach to safeguarding training will be our main initiative.

Co-owners continue to use the Multi Agency Safeguarding Hub (MASH), a one stop shop for referral of safeguarding concerns. The Adult Safeguarding Team has continued to provide responses in line with evidence available, policy, procedure and legislation.

The number of incidents and/or concerns reported to the Adult Social Care teams over the 2017/2018 financial year has risen from 136 in 2016/2017 to 191 this year. The rise relates to the increase in organisation size with the addition of North West Surrey adult's services and the Children and Family Health Surrey services.

<b>Areas of Safeguarding development planned for 2018/19</b>
To improve co-owners' knowledge, understating and training compliance around the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards.
To improve skills and knowledge as well as process of writing Section 42 reports
Enhancing relationships with our local partners, i.e. Local Authorities.
To continue applying principles of the MCA and Care Act and be able to evidence implementation in practice ensuring safe quality care.
To improve easy and timely access to the Adults Safeguarding Team.

### Safeguarding Children

A specialist Safeguarding Children team supports the multi-agency response to safeguarding children, working alongside partner agencies and the Surrey Safeguarding Children Board (SSCB) to promote the welfare of children and to minimise their risk of suffering and significant harm. The team are visible at strategic level in main SSCB meetings and sub groups.

During the reporting period the safeguarding team joined the Directorate of Quality and Governance, allowing greater autonomy from the clinical service and to enable a reflective and independent response and view. Appointments to Head of Safeguarding Adults, Children's and Looked after Children were made to provide Safeguarding leadership.

The Children and Family Health Surrey contract created a need for new partnership working. The focus this past year has been to format a matrix arrangement of responsibility. The matrix model will be taken forward over the next six months to mirror the quadrant arrangements in the Local Authority Children's services, enabling smarter communication and responses in high level child protection work.

An important achievement of 2017-18 has been advancing the health component in the Multi Agency Safeguarding Hub (MASH). There has been recruitment to three Specialist Safeguarding Nurse roles that are co-located with Police, Local Authority Children's services and Education colleagues, and increased communication with colleagues.

We continue to support a high level of attendance at Child Protection Case Conferences. High quality supervision plays an important role in safeguarding children and this is recognised in the learning from national Serious Case Reviews. This occurs three monthly for case holders in the 0-19 teams, with group supervision provided to other clinical groups, including carers in the children's community service and co-owners based in specialist schools.

All practising Safeguarding Supervisors have evidenced Safeguarding competencies to a level approved by the intercollegiate guidance for supervisors and advisors.

Supervision has reflected the Safer Surrey model; this is now progressing to Signs of Safety being adopted by the Local Authority and has been implemented across Surrey in multiagency assessments and plans to support our collaborative work with families.

### *Learning from incidents and professional practice*

Managing risk is complex, dynamic and a necessary part of keeping children and young people safe. Opportunities for learning are uncovered during audit, supervision or following a reported incident. We have also disseminated learning from the results of Root Cause Analysis (RCA) investigations. The learning points have been widely distributed using the 'Learning from practice tool' to help share learning, good practice, and share action plans.

Analysis of incidents is supported with timely dissemination of any learning and supervision allows for reflection of responses in practice.

Such incidents are reviewed in the Serious Incident Review Group to identify where learning may be appropriate across the whole of CSH Surrey. Actions include sharing the learning from a recent case of neglect at 'Lunch and Learn' sessions and through training sessions later this year.

### *Quality Improvements for 2018/2019*

The Child Safeguarding team will continue to contribute to the national agenda and have planned the following improvements for the forthcoming year:

- Effectively embed matrix working effectively across the county in the safeguarding teams and clinical quadrant teams within the Children and Family Health Surrey service
- Recruit to all vacancies in MASH and start strategic improvements such as MASH nurses triaging health referrals into the MASH
- MASH to be providing an advice line for health practitioners to improve quality of referrals or advise on plans for children, in addition to supervision
- Within the Learning and Development mandatory training matrix, expand the Safeguarding Competency Framework to cover all Allied Health Professionals
- Increase the number of Safeguarding Supervisors available by completing their Supervisor competencies.

### *Looked after Children*

As part of the Safeguarding Children Team, the Specialist Looked after Children Team has supported the delivery of a high quality health service for Looked after Children. This includes undertaking review health assessments, which are contracted by the CCG. This supports the Local Authority in meeting their responsibility as Corporate Parents to ensure the health needs of Looked after Children are assessed and provided for. All health assessments are quality assured and there is a programme of training for all co-owners to support the understanding of the health needs of these children.

Information from the quality assurance is collated to inform training and development needs within CSH Surrey. This has resulted in the health assessment form being



enhanced by development of 'prompts'. In particular, this has allowed work with a partner agency Catch 22, a specialist substance misuse service, to pilot and embed appropriate enquiry of the young person and risk indicator identifiers in the review health assessment process around this difficult subject.

In July 2017 our co-owners once again took a major part in the annual "Skills Fest". This has expanded from being open only to care leavers to any age range of Looked after Children, which promotes development of life skills. The health stands this year promoted the theme of 'Who Helps Us'.

CSH Surrey remains committed to undertaking health assessments at a time to suit the children and young people, minimising disruption to their education and in a location of their choice, for example, in coffee shops or YMCA.

This past year we have reviewed the system of providing an appointment card to the young person. Following feedback, we will be looking to use letters and text messaging in addition to cards.

We provide the health reviews to Surrey children who are placed out of county in London boroughs; they extend this outreach role to the specialism of Unaccompanied Asylum Seeking children (UASC).

This year a UASC project has aimed to provide an additional health contact in conjunction with the Child and Adult Mental Health Service (CAMHS) in recognition of specific emotional and physical health needs of this vulnerable group.

Included in the Leaving Care Act (2000) and The Children (Leaving Care) Regulations (2001) is the requirement for care leavers to be provided with information on how to access their 'health histories' (a summary of their health). To offer more comprehensive and robust information regarding their health and promotion of current and future health, we have worked with partners and directly with Looked after Children to develop a *Health Passport*. Rollout of this work will commence during summer 2018 to the population of 16 and 17 years olds in Surrey's care, with a view in three years that all children in care aged 14 and upwards will have their own health passport to develop their own health histories.

The Looked after Children team is committed to preventing unwarranted variation in meeting the health needs of any Looked after Child, whether when placed by Surrey or other Local Authority into the county of Surrey.

### *Quality Improvements for 2018-2019*

The Learning and Development training matrix will demonstrate a shared approach to learning provision by Safeguarding Adults and Children and Looked after Children teams. This ensures equity across staff groups of safeguarding learning.

Personalisation of care to Looked after Care Leavers will be demonstrated by rollout of the Health Passport from summer 2018 to 16 and 17 years old care leavers, giving them the ability to own their own health chronology and histories.

## Clinical Effectiveness

The following section provides examples of effective outcomes for our patients that have been delivered across CSH Surrey during 2017/18.

### *'Hello my name is'*

Dr Kate Granger, a hospital consultant, started the 'Hello my name is...' campaign while being treated for cancer (aged 31) as she felt treated with lack of respect and like a 'patient rather than an individual' by staff who failed to tell her their names.

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

## Adults' services initiatives

### *Dementia*

Our Dementia Steering Group meets quarterly and aims to provide a strategic approach and overview of Dementia within CSH Surrey. Activities include clinical risk assessment, training needs analysis and sharing best practice. We are committed to promoting general awareness of Dementia and so the group's activity has also included coordination of various awareness initiatives as part of the national Dementia Awareness Week, providing information and guidance tools, and including basic dementia awareness training on our corporate induction programme.

In December 2017 the Surrey Heartlands partnership and East Surrey Dementia strategy was launched. Titled 'Our vision for the dementia care pathway', the strategy aims for all people living with dementia and their carers to live in dementia-friendly communities where they feel empowered and know where to go to seek information, advice and help. In addition it aims to ensure patients with Dementia have access to the care and support that enables them to live well at home for as long as possible and to die with dignity.

The strategy was been developed by Surrey County Council and the NHS in mid Surrey, North West Surrey, East Surrey and the Guildford and Waverley area. Key themes of the strategy are to increase awareness, provide information, early diagnosis and improving the quality of both inpatient and long term care. CSH Surrey's Dementia Steering Group will continue to use the document to inform internal systems and processes to support achievement of the strategy's aim.

## *Surrey Downs adult services*

### *Winter in the Surrey Downs system*

CSH Surrey works across three main acute providers in Surrey Downs and aims to be a key partner in enabling patients to remain at home through the winter period.

Prior to the onset of the worst of the winter months, Surrey Downs CCG commissioned our District Nursing teams to carry out an enhanced programme of flu vaccination among frail patients. Over and above the usual rate of vaccination, CSH Surrey successfully administered a further 1099 individual vaccinations, which made a significant contribution to enhancing patient safety.

We contributed daily to the whole system communication calls in Surrey Downs and picked up a range of daily responsibilities to assist the hospitals with efficient and appropriate discharges to ensure acute beds are utilised appropriately for those in most need. We opened additional beds and effectively operated across the community hospitals, which supported the acute hospitals.

The Community Hubs also co-ordinated access to nursing and residential care direct from acute hospitals, and supported those homes by providing Community Matron expertise. We also increased Community Hub interventions, which enabled more people to be cared for at home, therefore preventing unnecessary conveyance to hospital.

CSH Surrey was formally praised and thanked by the A&E Delivery Boards for our support during the winter period.

### *End of Life Care*

Between April 2017 and March 2018, 96% of patients known to our District Nurses achieved their preferred place of death, enabling them to have their desired end of life experience. This continues to be achieved by our strong partnership working. The Community and Hospice Home Nursing Service (CHHNS) was set up in October 2012 and is a partnership service between CSH Surrey, Princess Alice Hospice and St Catherine's Hospice. It supports District Nurses to care for those who wish to die at home. The night response service continues to be provided by Princess Alice Hospice and enables those wishing to die at home to feel supported at night.

### *The Dorking Hub*

The Dorking hub services have significantly increased their hub delivery to ensure that all frail elderly Dorking residents receive comprehensive community treatment and support to prevent non-elective hospital admission. The CCG has undertaken a financial review of all hubs during 2017/2018 and the Dorking hub performed very well against all non-elective admission targets.

There has been an increased level of both GP and Community Matron resource, and daily identification of access to community hospital beds at Dorking hospital. This combination of system support has also led to significantly improved relationships with

Surrey and Sussex Healthcare NHS Trust and joint pathway development to benefit patients' journeys and care.

### MSK physiotherapy

The MSK Physiotherapy team has continued to work on efficiency projects to reduce waiting times for appointments.

<b>Average waiting time for first appointment</b>	<b>Weeks</b>
January 2018 to April 2018	4.7
2017/8	5.7
2016/17	6

<b>Average number of patients on waiting list</b>	<b>Number</b>
April 2017 to June 2018	1983
January 2018 to March 2018	1383

Projects have included:

- Triaging appropriate patients to self-management, classes or 1-to-1 treatment
- Increasing the number of classes available
- Changing skill mix to include more technical assistants
- New Saturday morning clinics
- Our referral management team ensuring patients are booked in advance for treatment and regularly review available appointments to reduce capacity issues at smaller sites
- Discharging patients appropriately.

These projects are becoming business as usual for 2018/9. New projects we have started to work on include introducing electronic notes that include Patient Reported Outcome Measures (PROMs) data, refining the triage process and working closely with GPs to promote patient self-management.

## *North West Surrey adult services*

### *Winter in the North West Surrey system*

As part of winter pressures funding CSH Surrey was successful in our bid for extra funding to support a seven day therapy programme, which included funding for GP cover to review patients over the weekend and Bank Holidays. This enabled the wards to safely admit and discharge patients over a seven day period and also ensure patients' rehabilitation started on day one of admission.

### *Length of Stay*

Our community hospitals admitted and discharged more patients during the winter period 2017/18 than during the same period last year. Additionally, they reduced the number of patients with lengths of stay greater than 28 days from an average of 18 per day to eight patients per day. This reduction in average length of stay was achieved with six additional escalation beds being opened.

During February 2017 the number of patients with lengths of stay over 28 days peaked at 26. This year CSH Surrey ensured it did not exceed 10 patients.

These improvements ensured delivery of the right care in the right place at the right time, meaning that people who required a community hospital bed could access one in a timely way. It also enabled those people who were ready for discharge to leave hospital.

These measures are associated with improved outcomes for patients in terms of increased confidence, mobility and independence and reduced complications associated with protracted hospital stays.

### *Admissions and Discharges*

From January 2018, we have admitted an average of 3.3 patients per day into our community hospitals, compared with 1.5 during the same period last year.

Similarly, discharges have been higher this year, at 2.2 per day compared with 1.6 in 2017.

### *Winter pressures pilot*

Advanced Nurse Practitioners (ANP) from Rapid Response and Paramedics from South East Coast Ambulance Service (Secamb) worked together as part of a winter pressures pilot. They responded to 111 and 999 calls from people who had fallen in the community to prevent further harm as a result of falling and to avoid admission to A&E and/or hospital, where safe. They assessed patients for injury and cause of fall. The ANP could diagnose signs of infections and where appropriate prescribe antibiotics and/or simple analgesia. They had direct access to short term packages of care, and a direct line to the reactive GP within one of the locality Hubs. They also had direct access to the Integrated Care Bureau and Adult Social Care.

The pilot was funded for six weeks initially. Due to early signs of success, the pilot was extended to eight weeks. Overall, 65 patients were seen and assessed by a

paramedic and ANP, and 85% were enabled to stay at home, including those discharged home from A&E.

At the end of the pilot, results were reviewed at the Local Area Delivery Board and it was agreed system-wide to produce a business case for extra funding to support a more substantive longer term service.

### The Bedser Hub

The Bedser Hub in Woking Community Hospital opened in December 2015 and has been delivering a proactive service for older people with frailty since then. Since the hub opened 3,500 people have been seen in the proactive service and there are now over 2,600 people on the caseload.

The Bedser Hub reactive service went live on 18th December 2017 with the aim of ruling out conditions requiring immediate hospital treatment and supporting people to remain at home if this is safe and appropriate. This GP-led service comprises of a Hub GP and Hub Matron who have access to point of care blood tests, ECG and x-ray. Also, a Matron-led outreach service for all North West Surrey Localities with access to rapid response, social care, a mental health practitioner and community hospital beds for short stays for extended assessment. The service is open Monday to Friday 9am – 6pm and provides a same day to two working day response. Same day community transport to the Bedser Hub is available.

In the first 12 weeks of the reactive service:

- 93% of patients remained in their place of residence after intervention by the reactive service
- All patients were followed up in the proactive service.

Stakeholder and patient feedback has been positive.

### Other North West Surrey Hubs

The Ashford Hub opened in Ashford Hospital in February 2018 and the Thames Medical Hub opened in Walton Community Hospital at the end of April 2018.

CSH Surrey is planning to open reactive services in all three Locality Hubs during 2018/19.

### NWS Podiatry

The North West Surrey (NWS) Podiatry Service has made improvements since April 2017 by reducing the patient waiting list for first appointments and increasing the percentage of first appointments within target. The high waiting list was attributed to a high vacancy rate of 58% and inaccurate waiting list data following transfer of the service to CSH Surrey in April 2017.

We put a plan into action to increase the workforce and implemented a waiting list initiative to cleanse data and schedule new appointment sessions to reduce the waiting list. Recruitment was successful and all vacancies were appointed to, with a leadership structure in place.

The initiative has proved successful, reducing the waiting list from 1,500 patients waiting in April 2017 to 600 patients waiting in April 2018. 85% of patients waiting for a standard appointment are now seen within the eight week target and 39% patients are seen within seven days for urgent appointments.

The waiting list initiative remains on-going so we can continue improving waiting times for patients as we recognise the importance of timely access to appointments and the impact on patients' experience when there are delays.

### *Children's services (Children and Family Health Surrey)*

#### *Immunisation service*

In May 2017 25 immunisation and school nurses from [Children and Family Health Surrey](#) delivered an extensive Meningitis B vaccination programme for 4,200 students at the University of Surrey in response to a request by Public Health England (PHE).

The immunisations were offered on a voluntary basis as a precautionary measure following three cases of Meningitis at the University of Surrey, one of which resulted in the death of a first year student. As a result of this, PHE and the University of Surrey worked closely with Children and Family Health Surrey to arrange for all full-time undergraduates to be offered the immunisation course of two vaccinations. The first was delivered in May, with a second round of vaccinations given in June.

Children and Family Health Surrey is currently supporting PHE in the MMR campaign across Surrey.

The Immunisation service offered the nasal flu vaccine to all primary school age group in Autumn 2017, resulting in a 67.9% uptake, higher than national average. The service continues to look at innovative ways of reaching young people not in school and to work closely with 0-19 teams to maximise opportunities for improving immunisation uptake.

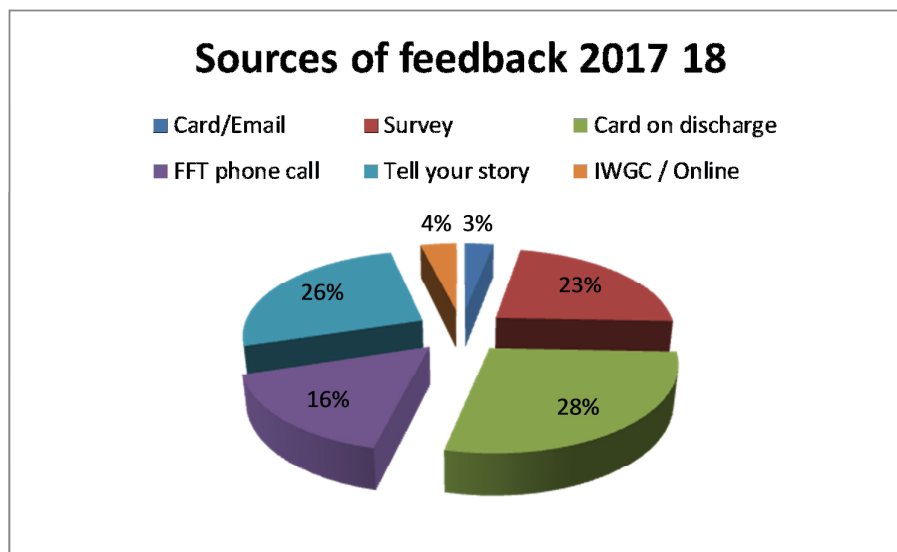
#### *Health visiting*

Following a successful re-assessment in January 2018 of our west Surrey 0-19 services, all Health Visiting services within Children and Family Health Surrey have now achieved the UNICEF Baby Friendly Level 3 Accreditation.

## Patient Experience

CSH Surrey uses a variety of methods to gather feedback. Examples include:

- NHS Friends and Family Test (FFT)
- CSH Surrey website
- Dedicated email inbox addresses for Patient Experience and Complaints
- Complaints and PALS communications
- Patient surveys
- Patient stories
- External feedback websites: NHS Choices and Care Opinion
- Compliments received by services that are collated centrally
- Informal conversations with service users and their carers.



Patient experience related activity during 2017/18 has included:

- Revision of our Patient Experience Strategy, which aligns patient experience directly to the four CSH Surrey values. Development of the strategy has involved patient and stakeholder consultation
- We have reviewed, updated and amended our Complaints Policy in line with current legislation and best practice
- Our Patient Experience Forum has met regularly throughout the year in accordance with its terms of reference. The agenda has included feedback themes and shared learning
- Compliments have been regularly received across all services through cards, letters and verbal feedback (face-to-face and by telephone) as well as email correspondence
- We introduced additional resource to support the patient experience team in September 2017 as it was noted that the predominant reasons for contacting the team were informal concerns and enquiries. In January 2018 we formally introduced a dedicated Patient Advice and Liaison Service (PALS) resource to the team.



Planned opportunities in 2018/19 include developing a greater understanding of service users' and their families' experiences by introducing a dedicated phone line and 'pop up' PALS surgeries.

### Friends and Family Test (FFT)

During 2017/2018, an average 96% of people who responded to the Friends and Family Test (FFT) said they were 'likely' or 'extremely likely' to recommend CSH Surrey services to friends and family should they need similar care or treatment.

FFT feedback themes for CSH Surrey continue to include caring staff, individualised care and gratitude for treatment received. Themes from feedback where people have been unlikely to recommend CSH Surrey are around service accessibility, contact options (answer phone message rather than direct contact) and co-owner attitude. The Quality and Clinical Governance Group is overseeing actions to support improvements in these areas.

### Patient story

We have continued to present to each Board meeting a 'patient story' – the experience of a person or their carer when using our services. In February 2018 the Board heard the story of transgender service user who wrote in with their experience when having an x-ray. They highlighted the importance of gender neutral terms when asking about clothing and underwear to provide a universal approach for all patients. Learning from this case was shared at the internal Patient Experience Forum in May.

### Patient surveys

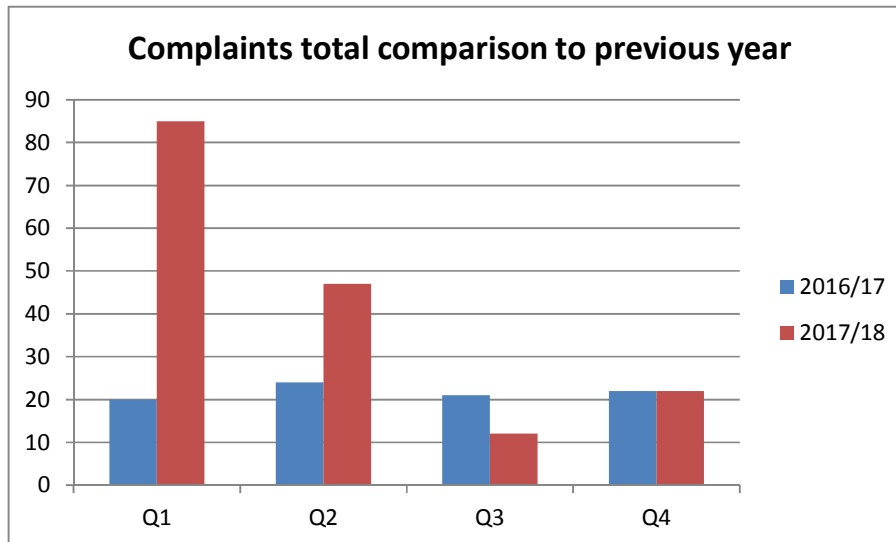
CSH Surrey has conducted service-user surveys across 20 adults and children's services.

The inpatients survey was delivered at our five community hospitals that have inpatient beds. Responses revealed that inpatients were largely very satisfied with the ward environments and care that the ward teams provide. General learning themes included the value of patient information on admission, including explanation of the wards' daily routine. In response to this we are looking to standardise the content and provision of information to inpatients, including review of the welcome booklet content to ensure it contains contact details and information on visiting times and the roles within the ward team.

Specialist nursing services (Diabetes, Heart Failure and Respiratory Nursing teams) each held a survey in the autumn of 2017. These three services received a lot of praise for their professionalism and knowledge; being the first people to contact if service users had any questions about their condition (before specialists or their own GP). A few patients were not able to state if they had received a care plan (a copy is given to each patient on the caseload, but there are some teams that call this a Treatment plan or Management plan). Teams are working to ensure their patients know about their care plan by referring to it at each appointment to go over the treatment goals that have been set and agreed in discussion with the patient.

## Complaints

A total of 166 complaints were received centrally by the CSH Surrey Patient Experience Team during 2017/18. There was a notable surge in Quarter 1, which was associated with the mobilisation period of the two new contracts. The volume had reduced by Quarter 2.



Generally there has been a notable reduction in overall formal complaints compared to previous quarters, in part linked to improved systems of triage, emphasis on patient advisory services and on-going promotion of local resolution.

During the year we introduced a complaints toolkit to support investigators to ensure complaint responses reflect the specific points raised by the complainant, and that learning is clearly identified so services can improve care delivery.

Our patient experience team has complied with acknowledging complaints within three working days of receipt, but not achieved our own internally-set target timeframe for responding to complaints. Reasons include availability of appropriately experienced investigators and workload capacity. We aim to significantly improve in this area during 2018/19. Actions being taken include an improved complaints tracker, improved systems of triage, weekly complaint status meetings, training sessions for managers and on-going scheduled discussions with complainants to ensure they are kept updated on their investigation status and outcomes.

The Parliamentary & Health Service Ombudsman (PHSO) provides an independent complaint handling service for complaints that have not been resolved by the NHS in England and UK government departments. The role of the PHSO is to provide the second stage of the complaint process under the National Health Service Complaints Regulations 2009. One CSH Surrey complaint was referred to the PHSO during 2017/18. The complaint related to the care provided at one of our community hospitals within the Surrey Downs area. The PHSO investigated the situation and concluded the complaint was not upheld.

## Actions taken using patient experience feedback

Examples of actions CSH Surrey has taken in response to patient experience feedback include:

- Revising service contact information for the team and reinforcing at team meetings the importance of ensuring patients are aware of how to contact the service if any concerns arise
- Standardising terminology as this has, at times, caused confusion for service users. For example, care plans are also called self-management plans and treatment plans
- Ensuring regular care plan reviews at each appointment, that include patient involvement
- Introducing bespoke behaviours training sessions that are aligned to CSH Surrey's values and behaviours
- Improving communication to better manage expectations of patients and family with regards to ward services and patient goals
- Developing a welcome booklet that outlines ward services, including contact numbers, visiting times etc
- Our estates team and NHS Property Services are exploring parking options
- Reviewing feasibility of taking card payments for prescriptions
- Improving communications and patient information sources in waiting areas
- Increasing administration hours to answer the telephone
- Increasing frequency of checking voicemail and answer phone messages
- Reviewing service details on website and leaflets.

## Co-ownership

### The Voice

The Voice is a group of elected co-owners who represent the views and opinions of co-owners of CSH Surrey.

The purpose of the Voice is to make CSH Surrey successful in a sustainable and open way, as a social enterprise, with employee ownership fostering an ethical and values-based environment.

This is achieved by the Voice regularly meeting with the CEO and Board to discuss the performance of the company against the strategy as well as voicing co-owners' issues, concerns and ideas.

### Health and wellbeing for co-owners

CSH Surrey has continued to promote an annual calendar of health and wellbeing topics, linking them to national awareness weeks or months. We have also continued to encourage co-owners who are qualified instructors to run exercise and other wellbeing classes for colleagues. These include Pilates and gym-based circuit classes. In our annual co-owner survey (November 2017), 66% of those who responded felt CSH Surrey cares about their health and wellbeing, up from 61% in 2015.

### Co-owner survey

An annual survey is conducted among co-owners so key areas of concern can be addressed.

The survey includes areas such as Team working and relationships at work; Friends and Family Test questions; Communication; Leadership; and Manager support. Our annual survey was completed in November 2017, with a response rate of 54%.

Examples of outcomes include: 92% find their immediate manager approachable; 97% report having good working relationships with their team colleagues and 91% feel part of a team; 91% report knowing how to escalate concerns regarding practice, quality and patient safety; 97% feel motivated to make a difference for patients; and 93% enjoy the work that they do.

92% of co-owners reported awareness of the process for dealing with incidents of discrimination, bullying and harassment by other co-owners, and 91% reported their working life is free from discrimination, bullying and harassment by other co-owners.

43% of co-owners reported feeling informed about what is going on within the organisation, 25% reported that they were enough co-owners in my area of work to get everything done.

## Co-owner Friends and Family Test

The two questions we ask regarding recommendations to friends and family are:

- How likely are you to recommend CSH Surrey to friends and family if they needed care or treatment? 69% of respondents agreed with this.
- How likely are you to recommend CSH Surrey to friends and family as a place to work? 39% of our co-owners agreed.

Further to the low percentage of co-owners recommending CSH Surrey as a place to work, we have identified this as a quality improvement priority area for 2018/19.

## Workforce Race Equality Statement

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

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

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

We ensure compliance with any statutory duties that are required.

## How do we develop our co-owners?

We place a high value on our workforce and are committed to the training and development of all co-owners so they can deliver high quality care to patients and their families. Changes in how we train and develop our future workforce mean there are more opportunities to grow our own talent and enable many to progress to higher professional qualifications.

Recognising the skills and experience of the clinical support and enabling workforce provides us the opportunity to maximise this great resource and provide them with a structured pathway through to achieving new qualifications, apprenticeships and career progression opportunities.

Levy funding and new apprenticeship frameworks currently available range from level 2 to Masters Level. These provide CSH Surrey with the autonomy to develop a recruitment strategy that harnesses these resources and so build and retain a workforce that reflects and meets the on-going needs of our patients in the community for the future.

CSH Surrey has established a Workforce Development Forum with representation from clinical and enabling services to have oversight of workforce issues within CSH Surrey. The members are also responsible for analysing and reporting on matters of risk, development and strategy, planning and delivering agreed actions.

The Workforce Development Forum enables us to respond to changes in legislation and patients' needs in a structured timely manner. It provides a platform for CSH Surrey to create and build the workforce that meets existing needs while providing a sustainable supply chain for recruitment internally and externally.

CSH Surrey has the vision within our teams to lead on many new project initiatives that enable service integration to be successful. Our partners are able to have access to this expertise and we welcome the opportunity to share where possible. This will ensure that the future of out of hospital care within the community remains the very best highest quality across every option open to our patients and their families, providing a legacy that will sustain future NHS changes.

## Co-owner successes

### *Co-owner Spirit Awards*

CSH Surrey understands the importance of co-owners feeling valued and recognised for their hard work, so each month invites co-owners to nominate colleagues for our Co-owner Spirit Award.

A co-owner panel chooses a Winner and Highly Commended, who are presented with their awards and certificates by the CEO or a Director. Co-owners also have access to 'vibe cards', which they can give to colleagues on a daily basis to say 'thank you' or 'well done'.

### *National Awards*

CSH Surrey school nurse Kat Sealey was named the Nursing Times' 'Rising Star of the Year' at its annual awards in November 2017. She was recognised for writing and publishing a book called *Angry, Angry Angus* to help young children better understand and express their emotions and feelings.

Kat developed a teaching resource pack, which Children and Family Health Surrey has shared with 92 primary schools in the Surrey Downs area this year. Following analysis of this pilot, we intend to make the resource pack and book available to all Surrey primary schools from September 2018.

## Social Enterprise Community fund

CSH Surrey's Community Fund is run by a panel of co-owners. They meet every two months to review grant applications and agree which project best meets the Fund's criteria. Since 2012 CSH Surrey's Community Fund has awarded grants of more than £51,000 to support projects that enhance the health and wellbeing of local communities.

For example, in May 2017 CSH Surrey donated £2,200 to a Molesey-based walking football club for the over 50s. The club is organised by Refresh Church Trust and aims to bring people together as well as encourage people to be active.

The project helps to combat loneliness by providing weekly opportunities to meet up for those who may otherwise be living alone. Local residents are able to access the club from the age of 50, with over 40% of the clubs' members being over 65. The grant was used to cover the cost for pitch hire, equipment and coaching.

## Feedback and Responsibility

### Feedback from our stakeholders

#### **Commissioner Statement from Surrey Heartlands Clinical Commissioning Groups on CSH Surrey Quality Performance**

Surrey Heartlands CCGs welcome the opportunity to comment on the draft CSH Surrey Quality Account for 2017/18. All three CCGs within Surrey Heartlands have reviewed the Quality Account and their comments have been included in this response. Having reviewed the draft Quality Account document for 2017/18, we would like to make the following observations.

- The Quality Account complies with some, but not all of the information requirements set out in the Quality Account requirements.
- The Quality Account clearly outlines the quality performance of the organisation and the areas of improvement. However, following review it was felt that the Quality Account would benefit from the inclusion of more data for the current year as well as previous year(s) to support the narrative. Areas identified as requiring further development/improvement would benefit from the inclusion of any action plans, detailing what and how these will be implemented with timelines and Workstream leaders identified
- We had previously discussed the need to include a section within your Quality Account that gives an assurance statement on the requirement for processes to enable people with Learning Disabilities can access, where necessary, the mainstream community services that you provide. This section has not been included within the draft Quality Account that we have seen, therefore we would like to request its inclusion.
- We are content with the proposed quality measures for implementation during 2018/19 and look forward to agreeing the measures that will demonstrate success in these areas.

Details on all the findings from our review are outlined on the Quality Account checklist attached to this letter.

#### *Quality improvement priorities for 2017/18*

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

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



### *Quality improvement priorities for 2018/19*

The following quality priorities are noted:

- The focus on relaunching systems and processes that support the early identification and timely response to signs of clinical change
- Further focus on patient safety systems and implementation of a clear safety improvement plan. It is positive to see that the organisation is in the process of joining the national Sign up to Safety campaign
- A stated intention to report to the National Reporting and Learning System which will enable benchmarking to be undertaken
- The focus on Patient Experience as a priority area for this year and we would suggest including identified metrics for measurement of success of this area and how you will evidence that you have acted upon feedback received.
- Acknowledgement of the results of their latest staff survey and the implementation of a corporate action plan to improve staff experience and wellbeing.

### *Data Quality*

As previously mentioned, we would have liked to see more data to support the qualitative data around areas of improvement over the years. It would be helpful to see details of what has caused any areas of underperformance, what actions will be taken to bring about the required improvements and how any risks will be mitigated.

Thank you for sharing your draft Quality Account with the Surrey Heartlands CCGs and giving us the opportunity to comment on this.

We look forward to continuing to work with you over the coming year.

## Statement of Directors' responsibilities

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

- The Quality Account presents a balanced picture of CSH Surrey's performance over the reporting period.
- The performance information reported in the Quality Account is reliable and accurate.
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm the work effectively in practice.
- The data underpinning the measure of performance reported in the Quality Account is robust and reliable, conforms to the specified data quality standards and prescribed definitions, and this subject to appropriate scrutiny and review.
- The Quality Account has been prepared in accordance with Department of Health guidance.
- The Directors confirm to the best of their knowledge and belief that they have complied with the above requirements in preparing the Quality Account.

By order of the Board

June 2018



Dr Caroline Shuldham  
Non-Executive Chair, Integrated  
Governance Committee



Bill Caplan  
Executive Chairman

## Glossary

### Language and Terminology

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

**#hellomynameis:** a campaign for more compassionate care started by a terminally ill young doctor.

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

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

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

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

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

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

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

**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.

**Hypo:** Measurement is below normal levels - hypoglycemia means low blood sugar levels.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Social enterprise:** social enterprises operate 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.

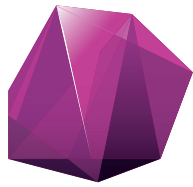
**Statutory and Mandatory training:** training required to meet legislation.

**StarT back screening tool:** A simple tool to match patients to treatment packages appropriate to them

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

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

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



**CSH**  
Surrey



## CSH Surrey services

Delivering NHS community nursing and therapy services in homes, schools, clinics and hospitals in Surrey since 2006.

### For adults

- **Community Diabetes**
- **Community Dietetics**
- **Community Hospitals**  
Dorking, Leatherhead, Molesey, New Epsom and Ewell Community Hospital (NEECH), Walton, Woking and Weybridge
- **Community Hubs**  
Community nursing and therapy services, including out of hours and rapid response nursing services in the Dorking, Elmbridge, Epsom & Leatherhead, Runnymede, Spelthorne and Woking localities
- **Community and Hospice Home Nursing Service**
- **Community Neuro Rehabilitation Service**  
Includes Multiple Sclerosis and Parkinson's Disease nurses
- **Diagnostic and Treatment Centre**
- **Epsom Health and Care**  
Integrated health and social care service delivered in partnership with Epsom & St Helier University NHS Trust, Surrey County Council and GP Health Partners
- **Hand Therapy**
- **Inpatient Therapies**  
For Epsom Hospital and the South West London Elective Orthopaedic Centre (SWELOC)
- **Lymphoedema Care**
- **Musculoskeletal (MSK) Physiotherapy**
- **Outpatient Appointment Services**
- **Podiatry Service**
- **Safeguarding**
- **Specialist Nursing Services**  
Continence, Respiratory, Heart Failure, Tissue Viability and Wound Care
- **Speech and Language Therapy**

### For children & families

Part of a Surrey-wide service delivered in partnership with First Community Health and Care and Surrey and Borders Partnership NHS Foundation Trust

- **Health Visiting**
- **Emotional Health and Wellbeing Services**
- **School Nursing**
- **School-age Immunisations**
- **Specialist Nursing and Therapy Services**  
For children with additional needs

[www.childrenshealthsurrey.nhs.uk](http://www.childrenshealthsurrey.nhs.uk)



[www.cshsurrey.co.uk](http://www.cshsurrey.co.uk)

