



Central Surrey Health Limited (“the Company”)
Meeting of the Board of Directors – to be held in public

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| Date: | Tuesday, 7 th May 2024 |
| Venue: | Duke’s Court, Woking, GU21 5BH [MS Teams for observers] |
| Time: | 09:30-12:45 |

AGENDA

| Time | Item | Agenda Item | Lead | Outcome | Paper / Verbal |
|-------|------|---|---------|-----------|----------------|
| 09:30 | 1. | Patient / Staff Story – Aphasia and access to therapy | EC, SJP | Note | Verbal |
| 10:00 | 2. | Chair’s welcome, opening remarks, and apologies for absence Apologies – Camilla Bellamy | AF | | |
| 10:05 | 3. | Declarations of interest | AF | Note | |
| 10:10 | 4. | Minutes of the last meeting – held on 5 March 2024 | AF | Approve | Att A |
| | a. | Matters arising from previous meetings / action tracker | AF | | Att B |
| 10:15 | 5. | Chief Executive’s report | SF | Note | Att C |
| 10:25 | 6. | Committee Chair’s reports | | Assurance | |
| | a. | Audit & Risk Committee – six-monthly Chair’s report (ARC) | JM | | Verbal |
| | b. | Quality & Safety Committee – six-monthly Chair’s report (QSC) | FD | | Att D |
| 10:40 | 7. | The Voice | SG, PMW | Assurance | |
| | a. | Voice-to-Board meeting | | | Verbal |
| | b. | Changes to Voice Constitution | AG | Ratify | Att E |
| 10:50 | | BREAK (20mins) | | | |
| | 8. | Operational reports and strategic implications | | Assurance | |
| 11:10 | a. | Integrated Report – Quality, Nursing, Medical | SJP, MW | Approve | Att F |





| Time | Item | Agenda Item | Lead | Outcome | Paper / Verbal |
|-------|------------|---|--------|-----------|----------------|
| | | i. Delegation of approval of the 2023-24 CSH Quality Account to the Quality & Safety Committee | | | |
| 11:25 | b. | Children & Family Health Surrey (CFHS) | HC, SP | Assurance | |
| 11:35 | c. | NorthWest Surrey Alliance (NWSA) | CA, EC | Assurance | |
| 11:45 | d. | Digital & Strategic Delivery Plan | KW | Assurance | Att G |
| 11:55 | e. | HR & People i. Staff Survey results and action plans | SF | Assurance | Att H |
| 12:05 | 9. | NHS England Provider Licence – annual declarations | AG | Approve | Att I |
| 12:10 | 10. | CSH Board governance – annual self-assessment | AG | Approve | Att J |
| 12:15 | 11. | Any other business | AF | Note | |
| 12:20 | 12. | Questions from the floor in relation to today’s agenda | AF | Note | |
| 12:40 | 13. | Date, time and location of next meetings - Tuesday, 2 nd July 2024 (venue to be confirmed) - Tuesday, 10 th September 2024 - Tuesday, 5 th November 2024 | AF | Note | |
| 12:45 | | CLOSE | | | |

| Directors | |
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| Andy Field – CSH Chair | AF |
| Fran Davies – Non-Executive Director | FD |
| Steve Flanagan – Chief Executive Officer | SF |
| Rasheed Meeran – Non-Executive Director | RM |
| John Machin – Non-Executive Director | JM |

| In attendance | |
|---|-----|
| Christine Armitage – Transformation Director | CA |
| Camilla Bellamy – Director of People | CB |
| Eileen Clark – Director of Adults Services | EC |
| Helen Cook – Director of Children & Family Services | HC |
| Sharon Gosling – Voice Co-Chair | SG |
| Robert Hudson – Director of Finance | RH |
| Paula Matthew-Watts – Voice Co-Chair | PMW |
| Sandra Pycocock – Int Dir of Children & Family Services | SP |
| Sarajane Poole – Dir of Quality & Chief Nurse | SJP |
| Dr Michael Wood – Medical Director | MW |
| Keith Woollard – Director of Digital Services | KW |
| | |
| Andrea Goldsmith – Company Secretary (minutes) | AG |





Central Surrey Health Limited (“the Company”) Minutes of the Board of Directors’ meeting in public

| | |
|---------------|---|
| Date: | Tuesday, 5 th March 2024 |
| Time: | 09:30 |
| Venue: | Duke’s Court, Woking, GU21 5BH / MS Teams |

| Directors | |
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| Andy Field – CSH Chair | AF |
| Fran Davies – Non-Executive Director | FD |
| Steve Flanagan – Chief Executive Officer | SF |
| John Machin – Non-Executive Director | JM |
| Rasheed Meeran – Non-Executive Director | RM |

| In attendance | |
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| Christine Armitage – Transformation Director | CA |
| Camilla Bellamy – Director of People | CB |
| Eileen Clark – Director of Adults Services | EC |
| Sharon Gosling – Voice Co-Chair | SG |
| Robert Hudson – Director of Finance | RH |
| Paula Matthew-Watts – Voice Co-Chair | PMW |
| Sandra Pycocock – Int Dir of Children & Family Services | SP |
| Sarajane Poole – Int Dir of Quality & Chief Nurse | SJP |
| Dr Michael Wood – Medical Director | MW |
| Keith Woollard – Director of Digital Services | KW |
| Carol Gibson – Patient Experience & Complaints Manager [Item 1] | CG |
| Andrea Goldsmith – Company Secretary [minutes] | AG |

Some items were taken out of order, but are minuted as per the agenda.

| Minute | Discussion | Action |
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| 1. | Patient / Staff Story – PLACE report (patient-led assessment of care environment) | |
| 1.1 | SJP introduced CG to the meeting, and that these assessments and the actions following them, were an important part of CSH’s journey to “outstanding.” SJP added that this was a national process with set questions and criteria for which care environment should be included in the reviews. CG stated that they had hoped that some of the volunteers involved would be able to attend the meeting today, but none of them had been able to. | |
| 1.2 | There are six domains for PLACE, and these are assessed from the patient’s point of view as being a “full pass”, a “qualified pass” or a “fail,” with national results published in February 2024. The two assessment teams had members from the Friends of Woking Hospital and Healthwatch Surrey, and had training before the teams went out. With Healthwatch Surrey being involved, there was also the potential for some consistency across providers, which will be useful for benchmarking. | |
| 1.3 | PLACE only applied to CSH in-patient areas, and associated clinical areas, across both Woking and Walton Hospitals. Ashford Walk-in Centre was not included as CSH did not have any in-patient areas on that site. | |

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| 1.4 | The PLACE reviews were halted for the pandemic, and so the last full set of data was taken in 2019. A PLACE-lite approach was taken in 2023, with the next reviews to take place in September 2024. | |
| 1.5 | CG advised that CSH scored above the national average for cleanliness and ward food, condition and experience. Improvement plans were being developed for organisational food, privacy, dignity, wellbeing, dementia and disability. CG cautioned that some of these issues may not be within CSH's control to address. CG confirmed that signage, car parking and disability rails, for example, were all included in the assessment. | |
| 1.6 | JM asked how this information was shared with teams and estates colleagues. CG confirmed that the results were fed back to all team to allow them to lead on the improvements required, which was welcomed. SJP added that these results and improvement plans would be requested as part of any future CQC inspections. There had been a lot of enthusiasm from the volunteers and colleagues for the process. PLACE reviews allowed for improvements to be recognised, such as refurbishments and infection prevention and control work. | |
| 1.7 | CG noted that the results could be broken down to specific areas, and that the wards themselves scored well. MW stated that it would be useful to see the wards against the community ward average, rather than potentially being skewed by the other clinical areas, which was agreed: ACTION. | CG |
| 1.8 | SF asked how these linked to the friends and family test (F&FT) questions. CG advised that the two sets of feedback could be aligned, as the F&FT and patient reported experience measures included questions on the care environment. | |
| 1.9 | SP noted that the in-patient areas were for adult services, and asked whether this process could be adapted to other clinical areas for both CFHS and adults. There would be children and families who would be happy to be involved in an assessment team. FD stated that peer reviews would also be a useful learning tool. SJP agreed, adding that these reviews complied with the national requirements, but going beyond them to other clinical areas was being looked at as part of the journey to "outstanding". They hoped to have a wide range of people involved in inspections: patients of all ages, families, colleagues and Board members, which was welcomed. | |
| 1.10 | AF thanked the volunteers who had been involved in the assessment teams and CG for presenting the results, which was echoed by those present. | |
| 2. | Chair's welcome, opening remarks, and apologies for absence | |
| 2.1 | AF welcomed those present to the meeting, and stated that apologies had been received from Helen Cook (HC). | |
| 3. | Declarations of Interest | |
| 3.1 | There were no additional declarations of interest in relation to the agenda. | |
| 4. | Minutes of the previous meeting held on 16 January 2024 | |

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| 4.1 | The minutes were approved subject to some typographical errors being corrected. | |
| a. | Matters arising from the minutes – action log | |
| 4.2 | The Board noted the closed actions, and those to be taken under later items on the agenda or at future meetings. | |
| 5. | Chief Executive’s report | |
| 5.1 | SF reported that CSH’s financial position had improved due to reductions in property-related costs, and the reduction in agency usage in both adults and children’s services. The year-end position was now expected to be breakeven. | |
| 5.2 | Unfortunately, there had been no correspondence from the Government or NHS England on the non-consolidated pay award. Hugh Pym, BBC News, had done a follow-up report to his first article in November 2023, but this had not led to a Government response about the funding. Surrey Heartlands integrated care system (SH ICS) had been contacted to confirm some of the figures in CSH’s submission. RH confirmed that he was also following up on this regularly. | |
| 5.3 | SF advised that the reduction in bed numbers on Hersham Ward was continuing as per the NWSA Board decision. There had been a petition based on the mistaken information that the whole site was closing, which was being addressed. The majority of people had found roles elsewhere in CSH, with a very small number yet to have alternative suitable employment. SF thanked Gregg Hayman, Head of Estates, Health & Safety and Hotel Services, for his hard work on this. SF advised that he had been to the site a couple of times over the last few weeks and colleagues seemed to very positive about the changes. | |
| 5.4 | There was no news about the CFHS contracts; although SF confirmed that this was being raised at every opportunity. | |
| 5.5 | AF asked whether there had been any feedback on the NHS England change regarding working at home. SF advised that this had been included in the Buzz and Blink, but that no feedback had been received so far. PMW and SG added that nothing was coming up through the Voice either, but that most clinical colleagues would be out on clinical visits or in clinics anyway. | |
| 5.6 | FD asked for more information on the catheter reduction project. SF advised that there had been a 10% reduction in just one month, and that the project was reviewing appropriate catheter usage and products. SJP added that this had been well received by the teams, and was freeing-up time for more complex cases. MW noted that the CSH team were linking with Ashford & St Peters Hospital NHS FT (ASPH) colleagues to ensure the right products were being used, with guidance and follow-up in place. | |
| 6. | Committee reports | |
| a. | Putting People First Committee (PPFC) – six-monthly Chair’s report | |
| 6.1 | RM presented his report which should be read with SF and CB’s reports. The PPFC had also received updates on the non-consolidated pay award, CFHS | |

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| | contracts, the Voice, learning and development funds and staff survey. NHS Professionals had attended the last meeting to update on progress made. | |
| 6.2 | CB advised that the Freedom to Speak Up Guardian role had been advertised, and she had been contacted by several people who were interested in the role, which would close on 13 March 2024. SJP added that CSH's data had been submitted to the National Guardian's Office | |
| 6.3 | AF asked about the success of the apprentice levy, and whether this could be a future Board story. CB noted that one of the clinical apprentices had come to a Board meeting the previous year, and suggested that this could include all levels and teams within CSH, which was agreed: ACTION. | CB, AG |
| b. | Committee Terms of Reference | |
| 6.4 | AG presented the report being submitted following recent changes to the CSH non-executive directors. The Board agreed that the membership and quoracy of the Audit & Risk Committee (ARC) would be amended to two non-executive directors, excluding the CSH Chair as board chairs should not be members of an audit & risk committee. The Board agreed to change the quoracy of the Remuneration Committee to the Senior Independent Director and the CSH Chair, noting that board chairs should not chair a remuneration committee. | |
| 7. | The Voice | |
| 7.1 | SG reported that the Voice had had a very successful all-day meeting in February 2024, discussing behaviours and culture, and how the Voice representatives should role model expected behaviours. There had been one resignation, and their constituency had been shared out across the other representatives. | |
| 7.2 | PMW stated that the Voice were preparing for the next Voice-to-Board meeting. They had also started planning for the next STAR awards, with the previous "rising" star award being replaced by an "emerging" star award which would include apprentices, which was welcomed. | |
| 7.3 | AF advised that the Board had received a request that FD be the new Voice-appointed NED, which FD stated she was looking forward to. SG, PMW, FD and AG would be looking at a new role description. | |
| | BREAK: 10:18-10:39 | |
| 8. | Strategic Delivery Plan (SDP) | |
| 8.1 | KW advised that the data in the Digital report was for January 2024, whereas the information in this presentation had been updated since then. Objective owners provided the monthly updates and ratings given in these reports. There were 34 objectives in total, with 15 on track, seven at risk or in difficulty, three completed and two not started. There were seven on hold, mostly due to the uncertainty with the CFHS contract and tender, which was accepted by the Board. | |
| 8.2 | Overall, the SDP was in a good place. The plan will need to be looked at again once the CFHS situation was clarified, and the 2024-25 budget was set. This | |

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| | may include reducing the total number of objectives. SF added that the objectives should be challenging, but still possible, and ensure that everyone is working together to achieve those objectives. | |
| 8.3 | CA stated that the objective to support colleagues in the NWSA was in difficulty due to problems with setting up the Talent Hub, which had been escalated to the Alliance Board. Once the issues had been resolved, a new timeline would be agreed and the SDP updated. EC noted that now the senior leadership consultation had finished with people were starting their new roles, the other NWSA objectives could start again. | |
| 8.4 | KW reported that the approach to the BI portal objective had been amended with the work on the integrated performance report to be discussed in a later item. | |
| 8.5 | The Board noted the update, and thanked KW for a clear report. | |
| 9. | Operational reports and strategic implications | |
| a. | Integrated Report – quality, nursing, medical | |
| 9.1 | SJP presented the draft report, which had been designed following discussions with the clinical directors and FD, as Chair of the Quality & Safety Committee (QSC). The new format should be more data-driven, with key performance indicators (KPIs) being discussed with the Digital team, and then narrative exception reporting. At the last QSC meeting, it had been agreed that the alert-advise-assure model would be amended for the next iteration. FD added that there was still a lot of work to be done, and that it would be expanded to cover other areas of CSH, but that it was a good starting point. It should allow for the committees and the Board to see the key information quickly and ask the right questions. SF confirmed that he also supported the new reporting format. | |
| 9.2 | SJP reported on key items discussed at the last QSC meeting. The task and finish group taking learning from waiting list management in CFHS across to Adults services had met. The harm review policy was part of the waiting list management process. SP added that from the initial review, the team's establishment was appropriate for the usual number of referrals coming through, but the problems were with the longer waits. FD stated that the QSC had also discussed whether additional resources should be allocated in the short term to help with this, and reports had been requested to future QSC meetings. | |
| 9.3 | The insulin deep-dive report had been received and SJP advised that she was hoping to arrange some outside support for the next stage, but this was proving difficult due to service demands. FD added that the report had been very well written, thanking Edwin Chamanga, Deputy Director of Quality & Chief Nurse. | |
| 9.4 | As reported before, a new process had been put in place for the hand hygiene audit, which had received positive feedback from colleagues. There was work to be done with CFHS colleagues, which SP and the senior team were helping with. SP assured the Board that this was being monitored at the CFHS senior leadership team. | |

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| 9.5 | <p>The patient safety incident response framework (PSIRF) was being developed for submission to the SH ICB, following a review by the executives. The ICB quality team had been very helpful during the drafting of CSH’s policy, and so the approval by the ICB should be fairly simple. The principles were starting to be implemented, such as with after action reviews which had been welcomed by colleagues. One of the patient safety partner roles had been recruited to, with the other going back out to advert.</p> | |
| 9.6 | <p>RM asked for more information on the “did not attend” (DNA) rates, and whether this related to a specific group or service. SJP replied that the reporting period was over the winter, which may have contributed, but that an in-depth review would be needed to see whether a specific group was more likely not to attend. KW added that the DNA rates had fallen for those teams using the text message reminders, which showed the benefits of using the system.</p> | |
| 9.7 | <p>AF asked whether there was any impact on emergency attendances with the change of new birth visits from 14days to 21days. SP replied that the advice line which was promoted with families was getting more contacts. However, there was national evidence that visits were more effective at 21days than 14days.</p> | |
| 9.8 | <p>AF asked for more details on the increase in incident reporting. SJP advised that CSH did have a good reporting culture, and that this was likely due to the changes from PSIRF with more questions being asked. SP added that the CFHS affordable establishment was leading to a general increase in reporting, but there were no trends or themes identified. MW cautioned that it was important to monitor any increases in harm from those incidents rather than just numbers.</p> | |
| b. | Children & Family Health Survey (CFHS) | |
| 9.9 | <p>SP advised that no confirmation had been received for either the service from 1st April 2024 or from 1st April 2025. This was having a significant impact on teams and colleagues. AF assured those present that everyone was doing what they could to resolve this, with non-executives and executive directors raising this at every opportunity. SF advised that he had spoken to the new substantive SH ICB chief executive. AF added that he would also be talking to the new Surrey & Borders Partnership NHS FT (SABP) Chair as well.</p> | |
| 9.10 | <p>The Board noted that the continued uncertainty and the affordable budgets had been discussed at several committees for their impact on colleagues, children and families, and finances. AF stated that CSH would remain a viable organisation if the CFHS contract was lost, and that misinformation on this was not helpful to the ongoing discussions.</p> | |
| c. | NorthWest Surrey Alliance (NWSA) | |
| 9.11 | <p>CA advised that the senior leadership for the new business units were now in place, with work to align operational services supported by organisational development sessions. EC added that the matrix accountability and responsibility models could be worked through across all partners. The new Integrated Oversight Committee would be meeting monthly to provide assurance</p> | |

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| | to the NWSA Board and partners. It will take time for the new clinical models and assurance frameworks to settle. Colleagues were very positive about the new models, but it was important to avoiding rushing these key initial stages. | |
| 9.12 | There would be another strategy session for partners and stakeholders in June 2024, and the outcomes of that event will need to take into account the current financial challenges. Another briefing for colleagues would be held later this week, with other briefings to be arranged soon. | |
| 9.13 | EC advised that GPs were starting to become more engaged with the neighbourhood teams, as the new teams were becoming more well known. SF noted that the new GP contract was currently out for consultation, and so any impacts from this would need to be taken into account. | |
| 9.14 | PMW reported that Voice representatives had been contacted by colleagues who were not clear how the new models would affect their individual roles, and there had also been questions from colleagues from outside the Adults services. CA confirmed that the briefing sessions were for anyone to attend. EC added that there was already a lot of information on Blink about this, but noted that people may not have the time to go through this. People’s day-to-day duties should not change too much, as the patients will need the same care. | |
| 9.15 | AF advised that initial discussions had been held about establishing a Surrey-wide community collaborative, but it was unclear how this could work given that each Place was taking a different approach to services. | |
| d. | Digital | |
| 9.16 | KW presented the report, noting that a 95% compliance rate for information governance (IG) training was required for the toolkit submission by June 2024, with communications going out to remind people to do the training. FD assured the Board that IG reports were taken at QSC and any trends or themes would be reviewed. KW advised that there was work underway on subject access requests, and whether this was the most appropriate route for these requests. | |
| 9.17 | KW confirmed that there was no additional cost for the new email boxes for the walk-in centres. MW added that this would help clinicians with not having to log in and out of different systems. | |
| 9.18 | AF asked about the timescale for the introduction of Cerner. KW replied that a paper was being prepared for the next Finance, Digital & Innovation Committee (FDIC) on the further delays, and potentially using EMIS instead. MW noted that having Cerner would help with transfers from Ashford & St Peters Hospitals NHS FT (ASPH); although CSH colleagues did have read-only access at the moment. AF asked whether there was a risk recorded on this, which MW confirmed was in medicines’ management rather than digital. KW suggested that given the delays of over a year in Cerner implementation now, this could be included as a digital risk as well, which was agreed: ACTION . | KW |
| e. | HR & People | |

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| 9.19 | CB presented the report, noting the reduction in vacancies following a review of Adults and CFHS establishments, and thanked all those who had been involved. | |
| 9.20 | The national staff survey results were expected to be released on 7 March 2024, and so a more detailed report could be brought to the May 2024 meeting. The CSH results had been shared across the organisation, with the Voice looking at the staff survey at their recent away-day. | |
| 9.21 | The vaccination rate for both flu and covid was very low, but this was being seen by other local partners and nationally. Surrey had one of the lowest vaccination rates for the general population. There was also a focus on measles given the increase in cases being seen across the country. | |
| 9.22 | NHS Professionals (NHSP) had come to the last PPFC meeting to present their quarterly report. The pay query rate of 0.8% was included in the report following previous Board questions. CB reminded the Board that not all Bank colleagues were transferred to NHSP due to VAT issues, and this was causing problems for both CSH and NHSP. CB noted that NHSP should still be logging problems whether the person used the helpdesk or came to the CSH NHSP team directly. PMW noted that NHSP had been discussed at the last Voice-to-Board meeting, and information was being collated ready for the next meeting in April 2024. CB asked that people who were not happy with the resolution provided by NHSP, or did not get a resolution, to still raise these with her and Shwetha Rao, Deputy Director of People. | |
| 9.23 | SH ICB was looking at options for a Surrey-wide Bank, but there was still a lot of detail to work through before a decision could be made. SF added that it was important that people and managers knew what other contract options were available, and which would be most suitable to them. | |
| 9.24 | AF noted the new training requirements coming through as a result of the work done by the learning and development team, and questioned whether all of the courses which were now listed for non-executive directors were appropriate, which CB agreed to follow-up: ACTION . CB added that options for making the system more user-friendly were being investigated now that the work on the training requirements had been completed. | CB |
| 9.25 | FD asked about the exit interviews given the PPFC focus on this the previous year. CB confirmed that these were considered at the Retention Focus Group before coming to PPFC, and would add an update to the next report: ACTION . | CB |
| 10. | CSH governance | |
| a. | Changes to UK legislation and UK Corporate Governance Code | |
| 10.1 | AG advised on changes to Companies House powers and requirements following the Economic Crime and Corporate Transparency Act 2023. This included additional identity verification of company directors, electronic filing of accounts, and the requirement to confirm annually that the company's activities are lawful. This declaration will be required before CSH's next confirmation statement is | |

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| | submitted to Companies House by 14 December 2024, and will be added to the Board's business calendar. | |
| 10.2 | The new UK Corporate Governance Code was published in 2024, with new provisions to take effect from 1 January 2025 and 1 January 2026. While this applies to UK premium listed companies, other organisations take the provisions as good practice as appropriate to their size and sector. This report had been considered by the ARC as to whether any of the new provisions were relevant. | |
| b. | Scheme of Delegation – annual review | |
| 10.3 | AG reported that the ARC had considered the changes made to the Scheme of Delegation in light of the above legislation, job titles and the current situation with the CFHS contracts. JM confirmed that the ARC were recommending the reviewed scheme of delegation for approval. The Board agreed the updated CSH scheme of delegation. | |
| 11. | Any other business | |
| 11.1 | AF advised that he had attended a recent health technology event, which had featured a self-help website tool for suicide prevention and hip protectors to reduce damage following a fall. PMW cautioned that there was also evidence that these protectors cause more breaks. | |
| 12. | Questions from the floor in relation to today's agenda | |
| 12.1 | There were no questions from the floor. | |
| 13. | Date, time and location of the next meeting | |
| 13.1 | The Board next meeting is scheduled for: <ul style="list-style-type: none"> - Tuesday, 7th May 2024 - Tuesday, 2nd July 2024 | |

There being no other items of business, the Chair thanked everyone for their contribution and closed the meeting at 12:20.

Signed:

Date:

Chair of the Board



CSH Board of Directors – action tracker (March 2024)

| Min | Action Required | By whom | Update | Due Date | Status | Completion date |
|---------------------------------|--|---------------------|--|------------|--------|-----------------|
| 5 March 2024 – open session | | | | | | |
| 1.7 | To circulate the detailed breakdown of the PLACE results | Carol Gibson | Circulated | 7 May 2024 | CLOSED | 5 Mar 2024 |
| 6.3 | To bring a staff story on apprentices to a future Board meeting | CB, AG | Set for 2 July 2024 meeting | 2 Jul 2024 | | |
| 9.18 | To include the Cerner implementation delays on the digital risk register | KW | Added | 7 May 2024 | CLOSED | 7 May 2024 |
| 9.24 | To review the training requirements for non-executive directors for appropriateness | CB | Confirmed as appropriate following comparisons with other organisations to Non/Execs on 15 April 2024 | 7 May 2024 | CLOSED | 15 April 2024 |
| 9.25 | To include exit interview information in the next PPFC report from the Retention Focus Group | CB | 2023-24 report to be presented to June 2024 PPFC meeting and July Board – data will not be ready for April meeting | 2 Jul 2024 | | |
| 5 September 2023 – open session | | | | | | |
| 8.1 | To do a Board self-assessment survey in May 2024 for the 2023-24 financial year | AG | Discussed with the CSH Chair and Audit & Risk Committee – on agenda for May Board meeting | 7 May 2024 | CLOSED | 7 May 2024 |



Central Surrey Health Limited

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| Title of paper: | Chief Executive's report |
| Meeting: | Board of directors' meeting in public |
| Meeting date: | Tuesday, 7 th May 2024 |
| Agenda Item: | Item 5 |
| Purpose of paper: | For information |

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| Has this paper been discussed at other meetings or committees? | |
| Executive team meeting – 29 April 2024 | |
| Board assurance framework | - |

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| Author – Role: | Steve Flanagan |
| Director: | Chief Executive |
| Date prepared: | 29 April 2024 |

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| Executive Summary – Items to highlight: |
| <p>To advise the Board of Directors' meeting in public on the key items within CSH:</p> <ul style="list-style-type: none"> - Finances - People - NorthWest Surrey Alliance - Children & Family Health Surrey - Surrey Heartlands Integrated Care Board <p>The Board is asked to note this report for information.</p> |

1. Purpose of report

- 1.1 To advise the Board of key items within CSH.

2. Finances

- 2.1 The 2023-24 financial result is looking like delivering a small pre-tax surplus. The organisation has performed well with both clinical areas showing improvements in agency spend which has contributed to this excellent result. In addition, prudent budgeting for costs from NHS Property Services for utilities etc have also created some opportunity as the expected bills did not materialise, which also helped our result. This result somewhat flies in the face of the performance of our NHS partners across Surrey.
- 2.2 Robert Hudson, our Director of Finance, will brief the Board on the financial information that we share publicly.

3. People

- 3.1 I am happy to report that the non-consolidated payment award was eventually signed off by the Dept of Health & Social Care (DHSC) and NHS England (NHSE), and we received full payment against our submission in mid-April 2024.
- 3.2 This enabled us to pay all our eligible colleagues in full in April 2024, less monies received in October 2024. A number of people qualified for the national award having left CSH before October 2024, and these have also now been paid in full.
- 3.3 We are grateful for the support and of course, challenge we have had from the Voice and colleagues across CSH.
- 3.4 In addition, the campaign run by Social Enterprise UK, was instrumental in achieving this result, so we indebted to them for their support to us all affected organisations.
- 3.5 We are now looking at taking this campaign forward to ensure that our people, who are on AFC are treated equally with NHS colleagues for any changes in the future.
- 3.6 Our staff survey results and the action plans associated with that are in train.
- 3.7 Camilla Bellamy, Director of People, has some key comparisons with our Surrey colleagues, which show elements of our results more positively, but we have lots to do to catch up in some areas.

4. NorthWest Surrey Alliance (NWSA)

- 4.1 The closure of the bedded capacity in Hersham Ward was completed ahead of schedule.
- 4.2 A number of colleagues have transferred and are working in Woking or have transferred into other areas with CSH. A few have yet to find roles, and discussions are still ongoing with these individuals to find suitable alternative employment for them.
- 4.3 We are now working up plans for new services to be moved across and delivered from the Walton site, including the transfer of some children's services and also our adults' respiratory clinics.
- 4.4 Together with NWSA and the integrated care board (ICB), lessons have to be learnt about communications with the public and our own people, if and when any such like moves are planned or are being initiated.

- 4.5 CSH has embarked on a trial with a new wound app, which will be tested through the next year as we build up a potential for a business case for a wider roll-out across the organisation.
- 4.6 The catheter project which was being trialled in one area of NWSA has shown great success as previously reported and is now being rolled out across the other areas.

5. Children & Family Health Surrey (CFHS)

- 5.1 The CFHS Partnership was eventually awarded the extended year's contract for the provision of services to children and families from 1 April 2024 to 31 March 2025.
- 5.2 A financial envelope was proposed and the CFHS Partnership replied with a detailed response, and we are awaiting final confirmation of this from the ICB.
- 5.3 In the meantime, we are working with our teams to deliver to the agreed standard and within the 'affordable' budget for CSH.
- 5.4 We have agreed to put on hold our legal challenge, but have reserved the right to re-open this depending on the final award. We understand that negotiations are ongoing with the potential new supplier and once that decision is confirmed, CSH will prepare the TUPE arrangements as necessary.

6. Surrey Heartlands Integrated Care System

- 6.1 The consultation process for the reduction in staffing numbers for the ICB has been delayed by at least a month.
- 6.2 The new operating model for the ICB has been published and will be available through the Board portal. This does refer to the creating of a 'Community Collaborative' operating under the name of Surrey Community Care, with all partners detailed in the model.

7. Recommendations

- 7.1 The Board is asked to **receive** the contents of this report for assurance.

End of report



Central Surrey Health Limited

| | |
|--------------------------|--|
| Title of paper: | Quality and Safety Committee six monthly report 2024 |
| Meeting: | CSH Board of Directors |
| Meeting date: | 7 May 2024 |
| Agenda Item: | Item 6b |
| Purpose of paper: | For information and assurance |

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| Has this paper been discussed at other meetings or committees? | |
| | |
| Board assurance framework | |

| | |
|-----------------------|------------------------------------|
| Author – Role: | Fran Davies Committee Chair |
| Director: | Fran Davies Non-Executive Director |
| Date prepared: | 28 April 2024 |

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| <p>Executive Summary – Items to highlight:</p> <p>This is one of two bi-annual reports presented to the Board over the period of November 2023-May 2024. The key priorities for the Committee are to ensure that the strategic objectives of the Quality and Safety strategy are met, and that ongoing monitoring of key performance indicators is undertaken. Several key operational reports are overseen at this committee including Infection Prevention and Control, Safeguarding, Safer Staffing, and the Quality Account.</p> <p>The key areas of concern that the Committee has focussed on in the period this report covers are:</p> <ul style="list-style-type: none"> • The impact of the uncertainty surrounding the Children & Family Health Surrey (CFHS) contract including the affordable budgets and the risks to service delivery. • Waiting lists and the potential for harm to occur. • Vacancies within the Adults services. • Governance arrangements to support the implementation of the NorthWest Surrey Alliance (NWSA) place-based service delivery. <p>The Committee has been assured by the development of the integrated performance report and the use of statistical process control (SPC) charts. The plans and development of the 2024 annual Quality Account are on track. The Committee has advised and assured the Board on a number of areas that the Committee discusses at the meeting such as the insulin recovery plan, safer staffing report, Hersham ward closure. The Committee also receives regular Digital and Information Governance reports with the focus on issues that may affect patient safety and quality of service.</p> <p>The Board is asked to receive this report for assurance on the work of the Quality & Safety Committee.</p> |
|---|

1. Purpose of report

- 1.1 This report is the six-monthly summary from the Quality and Safety Committee (QSC) covering the period since the last report in November 2023. The Committee has met three times in December 2023 and February and April 2024.
- 1.2 The purpose of this report is to provide assurance to the Board on the key actions of the QSC and ensure that the Committee supports the CSH ambition of “outstanding care every time”.

2. Strategic Risk Register

- 2.1 The risk register is reviewed at each meeting with reference to those relevant to the Committee. The main strategic risk for QSC is concerned with regulatory compliance and quality improvement which has a score of 12 with a target rating of 8. At the April 2024 meeting, the Director of Quality and Chief Nurse suggested that this risk rating should reduce as CSH is compliant with regulatory issues and is currently working through the process to demonstrate this.
- 2.2 The five strategic risks are:
 - People – safe, skilled, and supported workforce
 - Regulatory compliance and quality improvement
 - External impacts
 - Financial viability and contracts
 - Sustainability – green plan, estates, and wider environment
- 2.3 In addition to the strategic risks there are currently fourteen corporate risks. The Audit and Risk Committee review these risks; however, there are eight of these that are specific to quality and safety which are monitored at the QSC.

3. Integrated Quality Report

3a. *Business cycle*

- 3.1 The Committee meets six times a year, four of which match with quarterly reporting to ensure that the data is the most current. The other two meetings receive updates on areas that arise requiring a greater in-depth analysis. At every meeting the Committee review key risks for patient safety, clinical effectiveness, and patient experience.
- 3.2 There has been significant progress in the development of the integrated performance report and at the February and April 2024 meetings the Committee received the report in its new format. This contained SPC charts with exception reports alongside the charts.
- 3.3 There is still work to do to include some key quality metrics such as pressure ulcers and falls and some of the indicators are yet to have targets against them. The April 2024 report included some finance and people indicators to enable triangulation of the data with the quality and operational measures.
- 3.4 Work is progressing on developing the report as a fully integrated performance report for CSH to include all areas of performance.
- 3.5 The business cycle is agreed each year and shapes the agenda for each meeting.

3.6 Some of the key topics that this paper wishes to highlight are in the following sections.

3b. *Children and Family Health Services (CFHS)*

3.7 The main area of concern in the last six months has been the uncertainty of the contract and whether the Partnership would be delivering the services for 2024/25. The delay in receiving information has been both frustrating and concerning for all involved.

3.8 The tender for the contract from 1 April 2025 has also caused a great deal of work and the preferred bidder has still not been confirmed. The delay in announcing this will result in less time to make any arrangements should the Partnership bid be unsuccessful.

3.9 Current information is that the Partnership has received notice of the contract for 2024/25 and can therefore plan accordingly for the year.

3.10 Services have been adapted to manage the challenge of the underfunding of the current contract through affordable budgets. This has resulted in some services having to rationalise their delivery and identify priorities. Any risk of not meeting the contract standards has been discussed with the commissioners and changes agreed.

3.11 An impact log records any issues that might arise as a result of working to affordable budgets and this log is reviewed at the Committee. It is also presented at the Partnership Board to ensure transparency with the process, and discussed with commissioners.

3.12 The continuing health care (CHC) service has been a particular concern, and the team presented a paper to the Committee highlighting the quality and safety impacts that they felt were potential risks.

3.13 The 0-19 service expressed concerns regarding their staffing levels and how this impacted on service delivery. They have developed a capacity management framework which is RAG rated and the first report came to the April 2024 meeting. It has helped to support the teams from an organisational point of view and identifies where the gaps are and how they might manage them. This is being developed further through a task and finish group.

3.14 The CFHS underwent a special educational needs and disabilities (SEND) inspection in September 2023, and the Committee were updated on the results at the February 2024 meeting. The report highlighted some areas for improvement and CFHS were awarded the middle rating. The Committee received the action plan at the February 2024 meeting and were assured with the response from the service.

3c. *North West Surrey Alliance (NWSA)*

3.15 Waiting lists of patients have been a constant agenda item of concern for the Committee with speech and language therapy and dietetics being the longest for urgent waits and community rehabilitation, podiatry, continence and respiratory the longest for routine appointments.

3.16 A task and finish group has been established to try and address the issues and implement a plan to reduce the waiting times.

3.17 The concern is the risk of harm arising as a result of waiting for assessment or treatment. A policy has been developed to identify the approach to assessing if harm has occurred. An initial panel has set up to look at a small cohort of patients could not agree on the levels of harm, so more work is taking place to define the parameters.

3.18 The waiting lists are also being cleansed to ensure that the numbers are accurate.

- 3.19 NHS England (NHSE) have started to collect data on community waiting times and have developed toolkits which will help our team to take this work forward.
- 3.20 The neighbourhood teams are becoming established, and three sites were chosen as early implementers to establish some expertise and learning. This work is developing, and the Committee receives a regular update on the progress with specific focus on the governance arrangements.
- 3.21 At the December 2023 meeting it was noted that there had been a rise in incidents related to insulin administration. The Committee requested assurance that this was being addressed as the potential for serious harm is high. A deep-dive discussion with an associated paper took place at the February 2024 meeting, and the Committee received a detailed account of the investigation and actions as a result of the work undertaken.
- 3.22 The Committee were assured that the team had identified the root causes and that the plan agreed would be monitored through the neighbourhood teams as the insulin service has been integrated into them.
- 3.23 As a result of the work of the NWSA, two consultations have taken place within the adult services.
- 3.24 The closure of Hershams Ward at Walton Hospital was agreed by the NWSA, with the focus of beds at Alexandra Ward being on rehabilitation rather than step down from the acute trust. The ward closed to plan at the end of March 2024, and almost all staff re-deployed. Subsequently Alexandra Ward is now fully staffed and a new Alexandra Ward team is being established by the colleagues.
- 3.25 The Committee have received regular reports on safer staffing for the in-patient wards and had the latest update at the April 2024 meeting. The data was collected in January 2024 and the fill rates for both RN and HCA shifts were good. There was however a reliance on bank and agency staff to maintain this fill rate. The collection dates are to be slightly revised following the closure of Hershams Ward so that the new team on Alexandra Ward are established.
- 3.26 The Community Nursing Safer Staffing Tool (CNSST) has recently been developed and CSH are in the process of implementing it. Following a meeting with NHSE, problems were identified with the use of the tool and data collection processes. It was agreed that further audits would be undertaken and once they were found to be accurate the data would be reported to the QSC on a six-monthly basis in line with the inpatient reporting.

3d PSIRF – patient safety incident response framework

- 3.27 The Committee are updated at each meeting about the implementation of PSIRF. It was reported at the April 2024 meeting that the first Patient Safety Partner has been recruited and that progress with the implementation was to plan.
- 3.28 A comprehensive report was presented at the April 2024 Committee detailing the project and highlighting some of the work that is taking place to promote a safety culture across the organisation.

3d. NEWS2 – national early warning score #2

- 3.29 There has been a focus on management of the deteriorating patients at the Committee for some time due to the number of incidents that occurred. A review group was established to address this, and the Committee received a positive update at the April 2024 meeting.

Implementation of the NEWS2 scoring tool has been embedded and all patients that deteriorated had been reviewed using the tool.

4. Digital Services and Information Governance Report

- 4.1 At each meeting the Committee receives a report on digital services and information governance. The focus is on the quality and safety issues that may arise, and these mostly have been about un-outcomed visits, and missing data from records. Both have seen an improvement although there is a constant need for reminders to complete visits on the system. The April 2024 meeting showed the report number of un-outcomed visits has risen sharply, but were assured by the Digital team that this number has now reduced back to a reasonable level at the meeting.
- 4.2 The embedded report on information governance (IG) provides the Committee with the opportunity to see the incidents that have occurred and to be able to discuss any trends that may arise.
- 4.3 The Digital Security and Protection Toolkit for 2023 -2024 is due to be submitted by 30 June 2024 and the IG team have an action plan to ensure that CSH meets all the required standards. It was noted that IG training was at 98% which is the highest it has ever been.
- 4.4 Three incidents have been reported to the Information Commissioner's Office. The number of incidents has risen since the previous year which could be due to better understanding and reporting.
- 4.5 The IG team are providing targeted training to areas and teams that have a high rate of incidents, but no themes or trends have been identified.

5. Reports and Deep Dives

- 5.1 The Committee receives regular reports for approval and assurance.
 - Safer staffing.
 - Patient Experience Strategy.
 - Estates update relating to quality and safety issues.
 - Clinical audit report.
 - DF report.
- 5.2 The DF report was concerning the major incident at Maidstone and Tunbridge Wells NHST in the mortuary. Although CSH does not have a mortuary, it was good practice to look at the recommendations of this report and identify any areas of learning. The Committee were assured that CSH had undertaken due diligence on this matter.
- 5.3 Deep dives presented to the Committee included management of Insulin administration following an increase in incidents related to this service. A comprehensive report was received and discussed, and the Committee were assured that an improvement plan was in place. The paper was commended and external colleagues have asked if it could be shared more widely.

6. Quality Account

- 6.1 The Committee received the outline plan for producing the Quality Account in February 2024 and a draft report was presented to the April 2024 meeting. The Committee were assured that the Quality Account will be submitted in time and will have had scrutiny in various forums. The Committee expressed its thanks to all involved in what is an excellent document showcasing the work of CSH in the many and varied teams and services.

7. Recommendations

- 7.1 The Board is asked to **receive** the contents of this report for assurance.

End of report



Central Surrey Health Limited

| | |
|--------------------------|---|
| Title of paper: | The Voice Constitution |
| Meeting: | CSH Board of Directors' meeting in public |
| Meeting date: | 7 May 2024 |
| Agenda Item: | Item 7a |
| Purpose of paper: | For ratification |

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| Has this paper been discussed at other meetings or committees? | |
| Voice meetings and away-days Nomination Committee | |
| Board assurance framework | |

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|-----------------------|--|
| Author – Role: | Andrea Goldsmith, Company Secretary |
| Director: | Sharon Gosling and Paula Matthew-Watts – Voice Co-Chairs |
| Date prepared: | 24 April 2024 |

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| Executive Summary – Items to highlight: |
| <p>Following discussions at previous Voice meetings and away days, some changes have been made to the Voice Constitution:</p> <ul style="list-style-type: none"> - Changes to the Lead Author to Voice Co-Chairs - Re-appointment of representatives - Reference to Voice Code of Conduct - Changes to constituencies - New role descriptions for the Voice Co-Chairs, Deputy Chair, Representatives and Voice-appointed NED <p>The Board is asked to ratify the changes on the recommendation of the Voice, as per CSH Article 9.2: <i>The constitution of the Voice shall be approved and published by the Board, and may be amended from time to time by the Board. ... Any amendments to the constitution of the Voice must be approved in advance by a majority of the members of the Voice</i>”.</p> |



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|-------------------|---|-----------------|--------------|
| Title of document | CSH Constitution of the Voice | Reference No. | BD02/2013-05 |
| | | Agenda Item No. | |
| Expected outcomes | Agreement of Voice Constitution | | |
| Recommendations | Agree the Voice constitution subject to discussion. | | |
| Executive Summary | The new draft of the Voice constitution reflects the changes in the Voice constituencies and clarifies the function and purpose of the Voice as a group as a co-owner body. The new document also incorporates the changes in the CSH Articles of Association made in 2011 and 2022 | | |
| Lead/Author | Julie Downey <u>Sharon Gosling & Paula Matthew-Watts</u> – Voice <u>Co-Chairs</u> Andrea Goldsmith – Company Secretary | | |
| Lead Exec | | | |
| Produced for | The CSH Board of Directors (“CSH Board”) | | |
| Date | May 2023 | | |
| Next review date | May 2025 | | |

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CSH CONSTITUTION OF THE VOICE

1. Introduction

1.1 This document outlines the constitution of the CSH Surrey Voice. The document has been agreed by the Voice and the Board of Directors of CSH Surrey. Direct references are made to the:

**Articles of Association of Central Surrey Health Limited 2011,
Guardian shares option agreement 2011,
Central Surrey Health Trustee Limited.**

1.2 These are outlined in bold italics and quotations.

2. Name

2.2 The views and opinions of the co-owners of CSH Surrey will be represented through a group known as 'The Voice'. The Voice will consist of representatives elected by co-owners.

3. Purpose of the Voice

3.1 The overarching purpose of the Voice is to help make CSH Surrey successful in a sustainable and open way, as a social enterprise with employee ownership fostering an ethical and values-based environment. The Voice and the employee-appointed non-executive director (NED) shall work together to represent the collective best interest of the co-owners with a view to delivering high quality healthcare in an ethical and sustainable manner.

3.2 The role of the Voice is to act as a link between co-owners and the CSH Board and executive team whereby representatives can communicate and consult with management and the CSH Board on organisational issues. This is to ensure that co-owners' views are known and taken into account as part of any decision-making process.

3.3 Another objective of the Voice is to ensure that senior management is made aware of the views of co-owners on a wide range of issues.

3.4 This is achieved in the following way:

I. **Hold the CSH Board accountable for the performance of the organisation.**

3.5 The Voice will send written questions to the CSH Board twice a year (usually April / May and October / November to coincide with financial year-end and the presentation of the annual accounts to the General Meeting). All questions submitted to the CSH Board will receive full and complete responses to be shared with co-owners. These questions will cover, but are not limited to, the following areas:

- (a) The strategy of CSH Surrey.
- (b) The performance of CSH against the strategy.
- (c) Management style (which is clear, inclusive and in line with the values of co-ownership); this will look to set clear organisational direction and improvement, whilst actively seeking, listening to and accounting for the views of co-owners.
- (d) The CSH Surrey annual co-ownership survey, in specific the management actions related to the survey and the on-going progress against these actions.
- (e) Finance and performance of the business
- (f) Evidence that the CSH Board and executive team and senior leadership group have provided detailed information to co-owners on the running of CSH Surrey as a company
- (g) The Voice understands that some information will be business-sensitive or sensitive personal, and will accept justification for not sharing detailed information in these circumstances. There may be aspects of the business where the nature of the information or consultation is such that, if shared, would seriously harm the functioning of the organisation or would be prejudicial to it. Overall, the CSH Board must fulfil the rights of co-owners to receive information.
- (h) Appointment or removal of the Voice-appointed non-executive director (Article 8.30).
- (i) Major business issues (Articles 10.71 a, c, or e).
- (j) Reports from the CSH Board which the Voice will make comments and recommendations on as appropriate.
- (k) The CSH Surrey strategy that the Voice will review and influence on behalf of co-owners and ensure it is compatible with the values of a co-owned social enterprise (Article 9)
- (l) Be consulted on any changes to the Articles of Association of CSH Surrey or any items requiring votes as set out in the Articles of Association (primarily Articles 10.6 and 10.7)

II. **Be the conscience of CSH Surrey**

- 3.6 Ensure the employee-ownership model continues to evolve, remain relevant and achieves the CSH and Voice's aims and objectives
- 3.7 Present a positive role model which upholds CSH Surrey's core CARE values and behaviours' framework as a group and individually.
- 3.8 Constructively challenge behaviours that compromise those values within the Voice, the CSH Board and wider CSH.
- 3.9 Raise co-owner issues where practices do not exemplify a co-ownership approach.

- 3.10 Raise co-owner issues where the mission or strategic objectives are being undermined.

III. Listen

- 3.11 Gather co-owner views on CSH Surrey.
- 3.12 Enable and present “feedback” to the CSH Board and executive team.
- 3.13 Give feedback on outcomes to co-owners and Voice representatives.

IV. Interpret the “Big Picture”

- 3.14 Understand the relevance of the “big picture” strategy to local services and co-owners.
- 3.15 Gather and feed-back views from co-owners in regard to strategic direction and context. Translate strategic business issues into the workplace so that they are relevant to co-owners.

V. Communicate

- 3.16 Be accessible to all co-owners, CSH Board and the executive team, at all levels and in all constituencies.
- 3.17 Build relationships at all levels.
- 3.18 Represent fully and openly the views and interests of all employees as co-owners.
- 3.19 Act as a channel of communication and promote discussion and engagement between the CSH Board and the co-owners on strategic issues.
- 3.20 Help build the spirit and practices appropriate to a social enterprise organisation owned by the employees by developing active participation and encouraging individual responsibilities of all co-owners. Ensure the CSH Board are aware of co-owners’ views and concerns and ensure that these are taken into account in their decisions.

VI. Issues relating to continuation and appointments to CSH structures.

- 3.21 The Voice is entitled to select, appoint and remove a non-executive director. The post will be a non-voting member of the Voice and will have a particular responsibility to represent the collective voice of the co-owners at the CSH Board and provide an active link between The Voice and the CSH Board. Appointments will be for a three-year period, unless the current non-executive director’s term of office ends before three years.

The Voice shall be entitled by notice in writing to the Company to: appoint one individual as a Director; to remove any such Director appointed; and at any time appoint any other individual to be a Director in the place of a Director which the Voice appointed.” Articles of Association of Central Surrey Health Limited 2011, Clause 8.3

- 3.23 The Voice will select two co-owner representatives to be the ‘Employee Appointed Trustees’ on the Guardian Trust, CSH Trustee Limited.

*“has been selected or elected by such method (if any) as The Voice may decide from time to time and who has been appointed as such a Trustee Director”
Central Surrey Health Guardian Trust October 2011 Schedule 1*

- 3.24 Guardian Shareholders will be directly elected by voting co-owners. In the event of no candidates being forthcoming, the Voice will directly nominate candidates for the Guardian Shareholders positions. The elected or nominated Guardian Shareholders will then be formally appointed by the Guardian Trustees on the recommendation of the Voice. In the event of the Guardian Trustees not agreeing the appointment, then the reasons will be relayed to the Voice members in writing within seven working days. The role(s) will then be re-advertised and new candidates sought for Trustee approval.
- 3.25 The Voice will be fully consulted on issues relating to amendments to the Articles of Association of CSH Surrey. They will have a duty to consult widely with co-owners in these matters prior to any amendments being approved at a CSH General Meeting. The changes will be jointly agreed for recommendation by the Voice and the CSH Board.
- 3.26 The constitution of the Voice will be reviewed at least every two years by the Voice membership; any amendments will be reviewed and approved by the CSH Board, following recommendation by the Voice.

VII. Other

- 3.27 It is acknowledged that it is the responsibility of CSH Surrey executive team and senior leadership group to make operational business decisions. It is understood that there may be requirements and decisions taken which are outside of CSH Surrey's control and which may impact on CSH's business, such as statutory and regulatory obligations, or decisions by NHS England, commissioners, or the Care Quality Commission (CQC).

4. Membership

- 4.1 One representative will be elected for each of the agreed constituencies (see Appendix 1).
- 4.2 All constituencies will be entitled to Voice representation, the structure of which will be agreed by the Voice as a whole. However, co-owners will not be entitled to vote on issues until they have acquired full co-ownership status after the twelve-month qualifying period as detailed in the Articles of Association.
- 4.3 The above will not apply in the event of staff joining under a TUPE arrangement, whereupon their previous employment period within the transferring company will be regarded as continuing employment for the purposes of the 12-month Voice membership qualifying period.
- 4.4 The Voice may appoint honorary members. The appointment must be supported by a two-thirds' majority of members of the Voice and the term of the appointment will be determined by the Voice with a review after six months. At that time continuing honorary membership must be confirmed by a two-thirds' majority. Honorary members will not be entitled to vote at Voice meetings.

5. Constituencies

- 5.1 The total number of co-owners within CSH Surrey shall be divided into agreed constituencies or business areas to ensure ease of communication.
- 5.2 The constituencies and business areas will be reviewed on an on-going basis, with a comprehensive review by the Voice representatives at least every three years and will be agreed by the Voice as supported by a two-thirds' majority of the Voice, and recommended to the CSH Board for approval.
- 5.3 Each constituency or business area as appropriate will have one elected member.

6. Elections

- 6.1 An election will take place once a representative's role becomes vacant. An extraordinary election may take place for Voice members who leave employment during their period of office or they take up the role of Voice Chair.
- 6.2 The process for nominations, voting, counting and declaring the results of the vote shall be set by the Voice and reviewed regularly.
- 6.3 All voting co-owners of CSH Surrey (co-owners with 12 months' continuous service – with the exception as stated above) can stand for election to the Voice. Any vacancy will be filled by election should more than one co-owner be nominated.
- 6.4 In the first instance, co-owners standing for election should do so in the agreed constituency in which they are based or in which they work. In the event of a vacancy that cannot be filled by a co-owner working or based in that constituency, any co-owner may stand for election to represent that constituency or business area.

6. Reappointment of representatives

- 6.1 Representatives can serve a maximum of two, three-year terms of office.
- 6.2 A representative who is seeking reappointment, will be confirmed by a simple majority vote at a quorate meeting of the Voice. The representative who is seeking reappointment shall not have a vote on this matter.

7. Resignation / termination

- 7.1 The term of office is three years with a maximum of two continuous terms for each Voice representative. Previous Voice candidates can put themselves forward for election again subject to agreement by the Voice Chair or Co-Chairs and a minimum of two Voice representatives, and not earlier than three years since their last Voice term of office ended.
- 7.2 For the Chair or Co-Chairs of the Voice a 60-day notice applies when resigning from the Voice. The Deputy Chair(s) of the Voice and all Voice Representatives need to give 30 days' notice for resignations.

8. Meetings

- 8.1 The Voice is not generally a decision-making forum, although it has an important role in influencing the decisions that are made by CSH Board and executive: it is not a negotiating forum. Its purpose is to provide a formal structure for the open and constructive sharing of views.
- 8.2 Regular meetings will take place monthly with documented minutes and feedback to all co-owners following the meetings. The draft minutes will be approved at the next quorate meeting of the Voice, and shared with co-owners, the CSH Board and executives.
- 8.3 The meetings may be held across two sessions, with Voice representatives and Voice-appointed non-executive director meeting separately from the meeting with the CEO, CSH Chair and other executive and non-executive directors.
- 8.4 The Chief Executive Officer (CEO) will attend all Voice meetings to update the Voice on business issues. The CEO may, if deemed appropriate or requested, bring another member of the executive team to the meeting.
- 8.5 The Director of Finance, or nominated alternate, will be invited to Voice meetings to provide an update on the financial position of CSH and present the annual report and accounts. The Director of Quality & Chief Nurse, or nominated alternate, shall be invited to a Voice meeting to present the quality account. The Director of People, or nominated alternate, shall be invited to a Voice meeting to present the results of the annual NHS staff survey.
- 8.6 The CSH Chair will attend Voice meeting bi-monthly along with the CEO, and may be accompanied by another non-executive director.
- 8.7 Other CSH colleagues may be asked to attend Voice meetings to address specific issues or concerns.
- 8.8 CSH colleagues can observe Voice meetings with the prior approval of the Voice Chair.
- 8.9 Additional meetings may be convened by the Chair or Co-Chairs of the Voice or following the request of the CSH Chair or CEO to the Voice Chair.
- 8.10 Additional meetings may be called at the request of at least 50% of the Voice representatives. Details of a request for an additional meeting will be passed in writing to the Chair or Co-Chairs of the Voice and company secretary, or to the non-executive director appointed by the Voice and company secretary if the issue relates to the Voice Chair or Co-Chairs.
- 8.11 The failure of an elected member to attend at least three consecutive Voice meetings, without good reason, may result in a request for their resignation from the Voice. The appeal procedure against any request for submission of resignation would be to the Chair or Co-Chairs of the Voice.
- 8.12 In the event of long-term absence, the nominated substitute will need to be agreed/ratified by the Chair or Co-Chairs of the Voice, following discussion with the constituency involved. This individual position will be given full voting rights. In the event of any sickness or other absence of over six months, the Voice Chair or Co-Chairs will take a view as to whether it is in the interest of the Voice/constituency to find a replacement representative until such time as the person returns or their current term of office ends, whichever is sooner.

- 8.13 In the event of a long-term absence of the Voice Chair, one of the Deputy Chair(s), if appointed, will be approved by a simple majority of Voice representatives present and voting as the Interim Voice Chair. In the event of the long-term absence of one of the Voice Co-Chairs, the other Co-Chair can continue as the sole Interim Voice Chair or one of the Deputy Chair(s), where appointed, can become an Interim Co-Chair, following approval by a simple majority of the Voice representatives present and voting.
- 8.14 If no other Co-Chair or no Deputy Chairs are appointed, or they are unable to take the Voice Chair role, nominations from other Voice representatives will be sought to act as the Interim Voice Chair or Co-Chair.
- 8.15 The agenda will normally be circulated at least seven working days before each meeting, with items to be sent to the Voice Chair or Co-Chairs in good time for inclusion on the agenda. The business considered by the meeting will be restricted to items on the agenda, except with the permission of the Chair or Co-Chairs at the start of the meeting.
- 8.16 Decision-making will normally be by consensus of those present. If agreement cannot be reached, then a simple majority vote of the Voice representatives present will be required by a show of hands. In the event of a tie, the Chair of the meeting will have the casting vote. If there are Co-Chairs of the Voice, the Chair of the individual item will have the casting vote in the event of a tie.
- 8.17 The decision of the Chair or Co-Chairs in relation to any matter being considered at a Voice meeting shall be final. Failure to respect the decision of the Chair or Co-Chair's decision may be considered a breach of Section 3.7 of this Constitution and dealt with as per Section 18.3.
- 8.18 A quorum will be half the number of representatives in post, rounded up to the nearest full number.
- 8.19 Meetings can be held in person, via electronic means or as a hybrid meeting, as long as all present can easily and clearly communicate with each other. Dates, times and locations will be agreed for the coming year, with a business calendar to be discussed at those meetings. All reasonable adjustments and support should be made to enable attendees to contribute to the meeting.
- 8.20 Representatives should send through their apologies in advance of a Voice meeting if they are not able to attend.

9. The Chair or Co-Chairs

- 9.1 Potential Voice Chair or Co-Chair candidates can be drawn serving Voice representatives. In the event that no serving Voice representatives wish to stand, then nominations will be opened to all co-owners who have been on a substantive contract for more than 12 months. The Voice will recommend the appointment of the Voice Chair or Co-Chairs for approval by the CSH Board.
- 9.2 The Voice Chair, Co-Chairs and Deputy Chair(s) of the Voice will be elected for a three-year period by the members of the Voice, subject to ratification by the CSH Board (it is expected that any refusal to ratify the election of the Chair, Co-Chairs or Deputy Chair would occur only in exceptional circumstances and clear reasons

will be expressed to the Voice, and nominations for the Voice Chair, Co-Chair or Deputy Chair(s) will be reopened).

- 9.3 In at the end of the term of office of the Voice Chair or Co-Chairs, section 7.1 above, there is no-one available to take over the Chair of the Voice, then the Voice may approve an extension of up to one year, which will be ratified by the CSH Board, with no further extensions available.
- 9.4 The process for nominating, voting and declaring the results for the Voice Chair, Co-Chairs or Deputy Chair(s) will be set by the Voice and regularly reviewed.
- 9.5 The Voice together with the CSH Board will give consideration to the level of support required for the Voice Chair or Co-Chairs in the context of the constituency and overall organisational structure with the potential of a dedicated serving representative.
- 9.6 A maximum of two Voice Co-Chairs may be elected. Co-Chairs will retain their constituency roles, and shall share the Voice Chair role and duties.
- 9.7 A maximum of two Deputy Chairs may be elected in support of the Chair
- 9.8 At a properly convened meeting of the Voice, in the absence of the Chair, Co-Chairs or one of the Deputy Chair(s), a Chair for the meeting will be elected by the representatives present. The meeting Chair and other representatives present may choose to hold the meeting as long as it continues to be quorate, or adjourn the meeting to another date and time.
- 9.9 The Chair or Co-Chairs will be expected to contribute to the annual report and present the work of the Voice during the previous financial year at the CSH General Meeting.
- 9.10 The Voice Chair or Co-Chairs shall hold regular meetings with the CEO, CSH Chair and Voice-appointed non-executive director.
- 9.11 The Voice Chair or Co-Chairs and Deputy Chair(s), if appointed, will hold regular meetings.

10. Employee Ownership & Engagement Lead

- 10.1 The CSH Board in agreement with the Voice can determine to appoint a lead individual with the purpose of supporting and embedding the co-owner ethos of CSH.
- 10.2 The post holder will define, develop, and promote a good understanding of employee ownership across CSH Surrey working with the CSH Board, Executive team, Voice (CSH Surrey's employee council), guardian shareholders, and CSH Trustees.
- 10.3 The post holder will have responsibility for the promotion, co-owner understanding of and engagement with employee ownership. They will:
 - (a) Report to the Voice Chair or Co-Chairs
 - (b) provide assurance to the Guardian Trustees, Guardian Shareholders and Co-owners that CSH is abiding by its principles

- (c) support and challenge leaders and managers to build a culture of active Co-owner involvement
- (d) advise and coach management and leaders on co-owner engagement best practice and challenging business decisions and direction through the provision of insight into Co-owners views and concerns
- (e) shape and optimise business strategy and plans, supporting the continuous development of business performance and the achievement of CSH's aims.

11. Representatives – role descriptions, duties and remuneration

11.1 The role and responsibilities of the Voice Representative, the Chair, Co-Chairs and Deputy Chair(s) are outlined in the role of the Voice representative document (see appendices). These include:

- (a) attending all Voice meetings and away-days
- (b) consulting with co-owners they are representing about items to be discussed and the outcomes of those discussions
- (c) provide constructive feedback on organisational issues that accurately reflect the collective views of their constituency.
- (d) Voice representatives may bring forward to meetings any issue raised by a co-owner. In responding to these issues, co-owner representatives may be asked to investigate the extent to which these issues are widespread or whether they affect individual members or teams.
- (e) Where an immediate response can be provided, this will be minuted and fed back by the Voice representative to the relevant co-owners.
- (f) Where an immediate response cannot be provided, or where an investigation is necessary to determine how representative an issue may be of co-owners collectively, the question will be minuted for response at the next meeting or via an alternative mechanism as agreed at the meeting.
- (g) Voice representatives should, wherever possible, forward any issues posed by co-owners anonymously and in advance of the meeting, to the person best placed to respond in order that any necessary investigation or preparation can take place.

11.2 These role descriptions will be considered by the Nominations Committee of the CSH Board, following recommendation by the Voice.

11.3 Remuneration of the Voice Chair, Co-Chairs, Deputy Chair(s) and representatives will be considered by the Remuneration Committee of the CSH Board, following recommendation by the Voice.

11.4 Adequate time will be provided to enable representatives to carry out their duties during the working day.

12. Support role

- 12.1 The Voice will be supported by the Company Secretary and other administrative colleagues, which will include minute-taking, meeting schedules, and other ad hoc admin duties.

13. Amendments to Constitution

- 13.1 The Constitution of the Voice is reviewed and proposed by the Voice representatives. Once the constitution is finalised it should be approved by the CSH Board and shared with all CSH colleagues.
- 13.2 Any subsequent amendments by the CSH Board to the Constitution must be approved in advance either by a majority of the members of the Voice or by an ordinary resolution in a General Meeting (over 50% approval by voting attendees).

The constitution of the Voice shall be approved and published by the Board and may be amended from time to time by the Board. The constitution shall provide for the appointment of a chairman or other individual as the representative of the Voice (the "Voice representative") and the Board may rely on the Voice representative as the representative of the Voice. Any amendments to the constitution of the Voice must be approved in advance by a majority of the members of the Voice" CSH Articles of Association 2011, Article 9.2

14. Finance

- 14.1 The Chair or Co-Chairs of the Voice will be responsible for the management of the Voice budget.
- 14.2 All representatives will receive an allowance per annum pro rata for carrying out their role, including the Voice Chair, Co-Chairs and Deputy Chair(s).

15. Communication

- 15.1 An annual report will be circulated to all co-owners of CSH Surrey and will include a report from the Chair or Co-Chairs of the Voice: this can be written or given verbally at a CSH General Meeting.
- 15.2 Each Voice representative will ensure appropriate communication within their constituency and create opportunity for dialogue, and report on their actions to Voice meetings. This will look to reflect and review strategic objectives.
- 15.3 Notes will be circulated following each meeting and will be communicated to the wider co-owner group. The Voice will have the responsibility to communicate its own messages, working collaboratively with the management team and CSH Board. The Voice Chair or Co-Chairs will be given direct and open access to routes of communication within CSH Surrey. This will adhere to the principles of confidentiality outlined in point 16.
- 15.4 The Voice will make use of a variety of routes, e.g., 1:1, intranet, emails, or an appropriate method requested by the constituent(s).

16. Confidentiality

- 16.1 There may be occasions where the CSH Board, CEO or other executive director for reasons of confidentiality will want the Voice to be part of confidential discussions. The Voice representatives will be informed of the extent to which confidentiality exists and how / when the confidentiality can be terminated. A brief rationale for the need for confidentiality should be outlined to the Voice prior to the discussion. Any representative who cannot agree to these terms will be asked to leave the meeting for the duration of the discussion. Communication from the Voice to the wider co-owner group will honour any confidentiality agreements.
- 16.2 Voice representatives will be required to return any confidential information that they may have received on resignation or the end of the term of office. They shall also be required to maintain the confidentiality of any information and discussions that they were part of during their time as a Voice representative.
- 16.3 Any breach of confidentiality will be taken very seriously, and may result in the representative being asked to resign their role on the Voice or formal HR proceedings.

17. Training and Development

- 17.1 All Voice representatives will be entitled to appropriate training and development to enable them to fulfil the role. Training and development needs will be agreed with the Chair or Co-Chairs of the Voice. This will be processed through normal managerial structures with Director of People support and agreement.

18. Regulation

- 18.1 With appropriate selection and training the Voice is expected to manage its own affairs.
- 18.2 The Voice shall agree objectives at the start of each financial year, and review its performance regularly against those objectives and the wider role of the Voice. The objectives and review shall be shared with co-owners and the CSH Board.
- 18.3 Any behaviour that is deemed unsuitable for the role of a Voice Representative shall be raised with the Voice Chair or Co-Chairs. The Voice Chair or Co-Chairs will then discuss the issues with the Voice Representative(s) involved, and may wish to take advice from a small number of people, such as the Voice-appointed non-executive director, the CEO, Company Secretary, the Director of People, while maintaining the confidentiality of the process. The Voice Chair or Co-Chairs will advise the person who raised the concern and the Voice Representative(s) involved of the outcome of the review, which for serious matters may result in a request for resignation from the Voice and formal HR processes. The appeal procedure against any request for a resignation would be to a specifically convened panel of non-conflicted Voice representatives to make a final recommendation to the Voice on the resolution of the issue. The final outcome will be advised to the person(s) who raised the concern initially, and then to the involved Voice representative(s) before sharing with the Voice: there will be no

further appeal to this process once the Voice has made their decision on the final recommendation to resolve the issue.

- 18.4 In the event of the Voice Chair or Co-Chair(s) not undertaking their role in an appropriate manner, the Deputy Chair(s), if appointed, and the Voice-appointed non-executive director may review any evidence and seek appropriate information before raising the issue with the Voice Chair or Co-Chair(s). If after discussion with the Voice Chair or Co-Chair(s), a reasonable way forward cannot be agreed, then the Deputy Chair(s), if appointed, and / or the Voice-appointed non-executive director could seek the resignation of the Voice Chair or Co-Chair(s). If declined, a vote would be put to the meeting of the Voice following statements from the Deputy Chair(s), Voice-appointed non-executive director and the Voice Chair or Co-Chairs. If the resolution requesting the Voice Chair's or Co-Chair's resignation is passed by a two-thirds' majority of Voice representatives present and voting, the Voice Chair or Co-Chair(s) will then be deemed to have resigned and be asked to leave the meeting: there will be no further appeal to this process.

19 References:

Articles of Association of Central Surrey Health Limited 2011.

[Voice representatives' Code of Conduct \(2023\)](#)

Guardian shares option agreement 2011.

Central Surrey Health Guardian Trust 2011.

CSH Surrey Corporate Governance Framework (CG 19).

Appendix 1 – Geographical Constituencies

~~Children's Administration & Child Health Information Service (CHIS)~~

Children's/Adults Safeguarding & Looking After Children (LAC) ~~+2 Health Visiting quadrants~~

Children's Community Nursing,

Continuing Healthcare,

Children's Continence Team,

Children's Pharmacy Team,

Immunisation & Special School Nursing

School nursing

Health visitors ~~-2 quadrants~~

Children's OT, PT, SLT &

Dietetic Service

Adult Administration Service & SPA

Wound Clinics,

Community Nursing,

OOH Community Nursing

Frail & Elderly Hubs,

Rapid Response Team,

UCR,

Adults Pharmacy Team

Adults SLT, Podiatry, Continence, Heart Failure, & Diabetes

Walton & Woking Hospitals & Inpatient Therapies, Hotel Services, Walk-in Centres

Respiratory & CRT

Enabling services: People Services, Digital Services, Finance Team, Q&G Team, Estates, Procurement Team, L&D, Communications Team, Health & Safety Team, Fire Safety and Security Team

Senior Management & Leadership Team

Appendix 2 – Voice Chair / Co-Chair Role Descriptions

Voice Chair / Co-Chair Role Description

Responsible to: Co-owners, Non-Executive Directors and CEO

Time commitment: 7.5 hours per week

Job Summary

- The overall purpose of the Voice is to help make CSH Surrey successful over the long-term as an employee-owned, not-for-profit social enterprise
- To be actively involved in promoting the spirit and practice of CSH Surrey.
- To develop a culture within the Voice suited to CSH Surrey values and will act as a role model of “co-ownership” within the company, and expected behaviours.
- To ensure that Voice representatives also act as role models in relation to the CSH values, ethos and expected behaviours.
- To initiate, plan, deliver tasks and activities for the development the Voice Representatives, working with others as necessary.

Principle Responsibilities:

- To ensure regular business briefings are received that cover:
 - Business plans and strategy
 - The performance of the company against the strategy
 - Annual co-owner survey
 - The impact of organisational change and any resulting staffing impacts. These may be discussed as a general concept, i.e. lessons learned etc.
- To lead on the annual STAR awards process and event
- To prepare for, and attend, Voice-to-Board meetings, and report back on discussions held
- To work closely with the non-executive and executive directors, and Company Secretary, to ensure that the aims and objectives of the Voice and CSH are achieved.
- To attend CSH Board events as requested by the CSH Chair and / or CEO – such as strategy away days.
- To attend CSH Board sub-committee and other CSH meetings as appropriate, reporting back to the Voice on discussions held, decisions made, and requests for Voice involvement and support.
- To take an active role in the appointment of a non-executive director, and where necessary the termination of appointment of a non-executive director, in line with the CSH Articles

- Ensure that the employee-ownership model of CSH Surrey continues to evolve, while remaining true to its founding principles.
- Ensure that Voice Representatives are representing their constituents in accordance with the Voice Constitution, taking action where necessary to resolve any issues.
- Ensure that co-owners are kept informed, by keeping their own knowledge up to date in relation to CSH and the wider health and care system.
- To develop the agenda with the Company Secretary and chair the monthly meetings of the Voice
- To formally invite guests to attend meetings, e.g., executive team, outside agencies
- To review notes / minutes of meetings prior to distribution and confirmation at the next quorate meeting
- To liaise with the CSH communications team regarding how the work of the Voice can be promoted within CSH.
- To report on Voice activity and aspirations at the CSH General Meeting and CSH Trustees' meetings
- To review nomination papers for new representatives in liaison with the Voice-appointed non-executive director.
- To oversee any elections required for new representatives and Deputy Chair(s). To work with the Company Secretary and Voice-appointed NED on any elections required for a new Chair or Co-Chair, while remaining independent of any votes or counts.
- To send correspondence on behalf of the Voice, e.g., letters to successful / resigning representatives, letters of thanks
- To establish relationships with members of the executive team, senior management and Staffside
- To lead on the annual self-assessment of the Voice, working with the Company Secretary.
- To meet 1:1 regularly with each Voice representative for the purpose of mentoring, and where necessary to review and address any allegations that representative's behaviours do not align with CSH's values, ethos and expected behaviours or the Voice representative's Code of Conduct. To liaise with the Voice-appointed NED, CEO, Director of People and Company Secretary as necessary in the even of such allegations.
- To represent CSH Surrey at external events as requested or agreed with the CEO
- To carry out (if the Chair chooses to represent a constituency) the full range and responsibilities of a Voice representative
- To give at least two months' advance notice of their intention to resign from the role of Chair of the Voice.
- Become a director of CSH Trustee Ltd.

Training and Development

- To identify individual training needs to be able to effectively carry out role of Chair or Co-Chairs
- An individual objective and an action plan to be developed in discussion with the Voice-appointed non-executive director and other representatives.

References

- The Voice Constitution
- Articles of Association of Central Surrey Health Limited (Company number 5700920)
- Voice representative's Code of Conduct

Please note that as a Voice Chair, you will receive an annual allowance for your role.

As a Co-Chair, you will receive an annual allowance as a Voice representative and part of the annual allowance of the Voice Chair.

Deputy Voice Chair Role Description

Title: Deputy Chair of the Voice

Responsible to: The Chair or Co-Chairs of the Voice

Time commitment: 15 hours per month

Job Summary

- The Deputy Chair(s) will support the Chair or Co-Chairs in all Voice membership tasks and activities to develop a culture aligned to CSH Surrey values and will act as role models of co-ownership within the company.
- To support the Chair or Co-Chairs in initiation, planning, and delivery of tasks and activities which involve the Voice Reps' development and their effectiveness within the role. To lead on the delivery of projects as identified and agreed with the Chair or Co-Chairs of the Voice

Principle Responsibilities

- Deputise in absence of Chair or both Co-Chairs at Voice meetings or events
- Consultation and the sharing of ideas/support
- Communication - to assist and prompt the Chair or Co-Chair in completing communications tasks in a timely fashion
- Production of documentation to support the efficient running of the Voice
- Mentoring of newer representatives
- Oversee the election of the Chair of the Voice, unless they are also standing for election as Chair of the Voice
- To carry out the full range and responsibilities of a Voice representative for their constituency.

Training and Development

- To identify individual training needs to be able to effectively carry out role of Deputy Chair
- Individual objectives and an action plan to be developed in discussion with the Chair or Co-Chair of the Voice and other representatives.

Please note that as the Voice Deputy Chair, you will receive an annual allowance for this role.

References

- [The Voice Constitution](#)
- [Articles of Association of Central Surrey Health Limited \(Company number 5700920\)](#)
- [Voice representative's Code of Conduct.](#)

Voice representative

Responsible to: Chair or Co-Chairs of the Voice

Time commitment: 15 hours per month

Job Summary

- To represent a constituency within CSH and carry out the following functions:
 - Listen to and gather co-owner views on CSH, positive and negative, and signposting them or presenting them to CEO/Executive team and other groups as appropriate.
 - Encourage constituents to engage with CSH requests for involvement, projects, initiatives, information sessions and meetings, and to complete any internal and external surveys.
 - To have and maintain the confidence of constituents, other Voice representatives, and the wider CSH, and be credible in the role.
 - Hold the CSH Board to account for the performance of the organisation, such as the achievement of the CSH strategy, and contribute to the Voice-to-Board questions and meetings.
 - Receive reports from the non-executive and executive directors, Company Secretary and other CSH groups, and make comments and recommendations as appropriate.
 - Be the conscience of CSH Surrey.
 - Role model CSH Surrey's values, ethos and expected behaviours, and constructively challenge behaviours that compromise those values, including where management practices do not exemplify a co-ownership approach, or consider where their own practice may have fallen short.
 - Communicate strategic business issues to constituents, raising co-owner concerns where strategic aims are being undermined or not being achieved, ensuring their own knowledge in relation to CSH and the wider environment in which CSH operates is up to date.
 - Challenge misinformation around CSH, without breaking any confidentiality, highlighting where necessary where corporate-level clarification is required
 - Be accessible to and build relationships with co-owners at all levels – ensure all constituents know how to contact you and that you remain approachable and impartial.
 - Ensure co-owners receive a full and complete response to raised issues and questions, highlighting where issues raised are outside of CSH's control to resolve.
 - Make attendance at Voice meetings and events a priority, take an active role in meetings and projects, and respond to all emails and requests for input by the stated deadlines, such as reviewing Voice cases, actions taken from meetings, annual Voice reviews, and requests for questions for the six-monthly Voice-to-Board meetings.

- When it is not possible to attend meetings or events, apologies should be sent through in good time to the Voice Co-Chairs and the Company Secretary.

- To be involved in the annual STAR awards process and event; encouraging constituents to nominate individuals and teams, and be involved.

- Personality/character requirements for the role of Voice Representative
 - Good communicator – approachable, able to listen, question, self-reflect, summarise, feed-back.
 - Have the confidence of their constituents, their fellow Voice representatives and the wider CSH.
 - Solutions oriented – this role is not only about listening to co-owners' issues and feeding these back, but it is about helping co-owners to think about possible solutions to any issues and taking a proactive approach to solutions. Knowing CSH and the wider environment to be able to signpost or resolve the issue appropriately, and knowing when issues may be outside CSH's control.
 - Committed – the role of Voice Representative needs your commitment and professionalism. This includes commitment to attend meetings, but also commitment to your constituents. The Voice is here to ensure that everybody is heard so our representatives need to be committed to gathering views.
 - Ability to be neutral – we are here to feed back issues raised by our constituents which may not necessarily be our views.
 - Influencing and negotiating skills.
 - Organisational and time management skills.

Please note that as a Voice representative, you will receive an annual allowance for your role.

Voice-appointed Non-Executive Director (NED)

Responsible to: CSH Chair and Board of Directors, CSH Voice

Time commitment: as set out in NED appointment letter

The Voice-appointed NED is appointed in accordance with CSH Articles 8.3 & 8.4

8.3: The Voice shall be entitled by notice in writing to the Company to

(a) appoint one individual as a Director,

(b) to remove any such Director appointed,

(c) at any time appoint any other individual to be a Director in place of a Director which the Voice appointed.

8.4: A notice of appointment or removal of a Director under the preceding Article shall take effect upon the earlier of

(a) its delivery to a meeting of the Directors,

(b) its delivery to the Secretary

Job Summary

- To comply with all statutory and regulatory requirements of being a UK company director
- To comply with all statutory, regulatory, and other relevant requirements of being a board member of a provider of NHS services.
- To comply with the CSH Articles of Association
- To comply with the CSH NED's letter of appointment
- To ensure that the Voice is able to contribute to the development and achievement of CSH's strategy, values and aims.
- To provide support and mentorship to the Voice Co-Chairs and representatives, with the CSH Chair, Chief Executive, Director of People, Company Secretary or other individuals as appropriate
- To attend Voice meetings and away-days where possible
- To help with preparation for the Voice-to-Board meetings
- To feedback on Board meetings that the Voice Co-Chairs do not attend, Board away-days, Committee meetings, fortnightly NEDs' meetings, and other items that the Voice should be aware of
- To take the Voice's point of view to Board discussions in the absence of the Co-Chairs
- To advise and support the Voice Co-Chairs and representatives on Code of Conduct issues, involving the Director of People and Company Secretary as necessary

- To ensure that the Voice Co-Chairs' views are taken into account in the appraisal of the CSH Chair
- To maintain regular co-operative contact with the Voice Co-Chairs and representatives, and the CSH NEDs and executive team in order to engender the required level of confidence in the role.



Central Surrey Health Limited

| | |
|--------------------------|---------------------------------|
| Title of paper: | Integrated Report Q3 April 2024 |
| Meeting: | CSH Board |
| Meeting Date: | 7 May 2024 |
| Agenda Item: | Item 8a |
| Purpose of paper: | For assurance |

| | |
|--|--|
| Has this paper been discussed at other meetings or Committees? | |
| The integrated Report has been discussed at the Quality and Safety Committee | |
| Board Assurance Framework | |

| | |
|-----------------------|--|
| Author – Role: | Sarajane Poole – Director of Quality and Chief Nurse |
| Director: | Sarajane Poole – Director of Quality and Chief Nurse |
| Date prepared: | 26 April 2024 |

| |
|---|
| Executive Summary: |
| <p>The Integrated Report aims to give the Board assurance on CSH quality and patient safety activities from Q3 of the 23/24 financial year. The format of the report has been changed and adapted in order for the Board-reporting committees to triangulate quality data against the financial position of the organisation, the HR position and the digital position in order to drive forward improvement, patient experience and safety. The report outlines the actions required and the timelines of those actions.</p> <p>Key highlights within this report:</p> <ul style="list-style-type: none"> • Incidents remain within common cause variation. Impact of learning from patient safety events (LFPSE) being monitored. • Hand hygiene compliance at 85% • In Q3 2 x COVID outbreaks within the inpatient wards. • The Safeguarding Children’s team attended 760 strategy meetings in Q3 discussing 961 children. • Community Rehabilitation, Speech and Language Therapy and Dietetics are currently holding the longest waiting lists within adult services. • Agreement that the new birth mandated check can be extended to 21 days for universal families. • An increase in the numbers of children being referred for continence support. <p>For the Board to receive the paper for assurance, to be read with the Quality & Safety Committee Chair’s report.</p> |

Integrated Quality and Safety Report

April 2024



| No. ^ | Metric | Target | 2023-03 | 2023-04 | 2023-05 | 2023-06 | 2023-07 | 2023-08 | 2023-09 | 2023-10 | 2023-11 | 2023-12 | 2024-01 | 2024-02 |
|-------|-------------------------------------|--------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| 1 | Adult Referrals | | 5412 | 4529 | 5136 | 5304 | 4958 | 5089 | 4946 | 5060 | 5281 | 4797 | 5596 | 5049 |
| 2 | Adult 1st Appointments | | 4072 | 3292 | 3870 | 4017 | 4078 | 3772 | 3648 | 4093 | 4365 | 3565 | 4272 | 3807 |
| 3 | Adult FU Appointments | | 21345 | 20288 | 21887 | 21371 | 20551 | 21106 | 21084 | 22011 | 22815 | 20574 | 23276 | 21014 |
| 4 | Adult DNA Rate | 4% | 3.67% | 3.31% | 3.08% | 3.46% | 3.70% | 3.31% | 3.69% | 3.77% | 3.66% | 3.64% | 4.14% | 3.45% |
| 5 | Adult Appts Cancelled by Service | | 4382 | 4758 | 4183 | 4556 | 4348 | 3571 | 3829 | 4092 | 4612 | 4161 | 4746 | 3945 |
| 6 | Adult 18+ Week Wait | 8% | 33.8% | 32.0% | 31.5% | 30.7% | 30.9% | 32.4% | 33.9% | 32.3% | 32.4% | 33.3% | 33.2% | 33.7% |
| 7 | Adult 52+ Week Wait | 0% | 10.0% | 10.4% | 10.5% | 9.8% | 8.6% | 8.5% | 8.8% | 9.3% | 10.2% | 10.0% | 10.5% | 9.6% |
| 8 | Children Referrals | | 4356 | 3332 | 3794 | 3701 | 3595 | 3605 | 3373 | 3727 | 3766 | 3021 | 4166 | 3449 |
| 9 | Children 1st Appointments | | 3394 | 3082 | 3488 | 3402 | 3056 | 3269 | 3098 | 3236 | 3273 | 2600 | 3166 | 2876 |
| 10 | Children FU Appointments | | 12686 | 10111 | 11960 | 11998 | 10822 | 10605 | 11217 | 10977 | 11826 | 8240 | 12251 | 11010 |
| 11 | Children DNA Rate | 10% | 8.77% | 9.42% | 9.40% | 8.55% | 8.37% | 8.93% | 8.25% | 8.67% | 8.22% | 9.34% | 8.47% | 9.17% |
| 12 | Children Appts Cancelled by Service | | 2247 | 1681 | 1933 | 1902 | 1838 | 1764 | 2036 | 1974 | 2050 | 1526 | 1870 | 1788 |
| 13 | NBV Within 14 Days | 82% | 85.6% | 85.4% | 83.8% | 86.6% | 77.8% | 80.0% | 80.2% | 66.5% | 55.6% | 57.0% | 67.8% | 56.5% |
| 14 | NBV B/Feed Prevalence | 78% | 76.7% | 77.3% | 79.3% | 77.9% | 75.2% | 79.1% | 75.3% | 76.2% | 76.4% | 77.0% | 77.7% | 77.5% |
| 15 | WIC Attendances Ashford | | 2771 | 2513 | 2608 | 2607 | 2634 | 2416 | 2456 | 2522 | 2499 | 2493 | 2355 | 2371 |
| 16 | WIC Attendances Woking | | 3030 | 2741 | 2891 | 2794 | 2834 | 2580 | 2729 | 2756 | 2429 | 2588 | 2598 | 2410 |
| 17 | Incidents - Total (Internal) | | 145 | 99 | 144 | 117 | 120 | 118 | 163 | 150 | 174 | 143 | 121 | 142 |
| 18 | Incidents - Adult | | 121 | 87 | 121 | 84 | 91 | 95 | 120 | 125 | 142 | 113 | 92 | 112 |
| 19 | Incidents - Children | | 21 | 11 | 21 | 29 | 28 | 23 | 43 | 23 | 25 | 27 | 23 | 27 |
| 20 | Incidents - Enabling | | 3 | 1 | 2 | 4 | 1 | 0 | 0 | 2 | 7 | 3 | 6 | 3 |
| 21 | Formal Complaints | | 2 | 3 | 2 | 3 | 5 | 1 | 2 | 2 | 4 | 2 | 5 | 2 |
| 22 | Compliments | | 29 | 22 | 20 | 29 | 21 | 18 | 16 | 13 | 17 | 23 | 7 | 11 |
| 23 | FFT Patient Satisfaction | 90% | 92.5% | 89.9% | 93.4% | 93.8% | 90.7% | 90.3% | 92.9% | 83.8% | 86.9% | 92.3% | 87.9% | 92.6% |
| 24 | Staff Headcount | | 1132 | 1124 | 1133 | 1138 | 1130 | 1119 | 1118 | 1097 | 1089 | 1079 | 1063 | 1055 |
| 25 | Vacancy Rate | | 28.25% | 27.86% | 27.49% | 24.74% | 25.54% | 25.35% | 24.09% | 25.67% | 25.58% | 26.01% | 20.85% | 21.57% |
| 26 | Absence Rate | | 5.00% | 4.16% | 3.94% | 3.92% | 4.08% | 4.21% | 4.32% | 5.28% | 6.29% | 5.92% | 5.78% | 5.25% |
| 27 | Training Compliance | 90% | 92.55% | 91.87% | 92.30% | 92.15% | | | | | | | 95.73% | 96.41% |
| 28 | PDR Compliance | 90% | 65.41% | 63.98% | 61.35% | 58.71% | 58.89% | 60.87% | 61.36% | 65.30% | 66.19% | 67.70% | 68.89% | 70.46% |
| 29 | Service Desk Contacts | | 1060 | 1020 | 1030 | 1386 | 1127 | 962 | 1332 | 1121 | 1019 | 698 | 1303 | 1065 |
| 30 | Service Desk CSAT Score | 90% | 100.00% | 100.00% | 96.11% | 99.04% | 93.24% | 100.00% | 95.60% | 100.00% | 92.39% | 94.90% | 98.30% | 97.75% |
| 31 | % of PO Invoices | 70% | 65.61% | 74.89% | 71.60% | 77.63% | 69.02% | 73.44% | 77.18% | 73.53% | 67.05% | 70.21% | 68.56% | 65.39% |
| 32 | Agency Costs | 3.7% | 6.50% | 8.40% | 8.20% | 7.04% | 5.37% | 5.81% | 4.12% | 4.32% | 5.48% | 5.04% | 6.63% | 3.83% |
| 33 | Agency Costs - Adult Services | 3.7% | 9.69% | 11.12% | 11.98% | 9.08% | 6.85% | 7.98% | 6.72% | 5.34% | 6.89% | 6.17% | 9.15% | 4.32% |
| 34 | Agency Costs - Children Services | 3.7% | 3.87% | 5.38% | 3.71% | 4.70% | 3.68% | 3.34% | 1.12% | 3.14% | 3.72% | 3.64% | 3.43% | 3.28% |

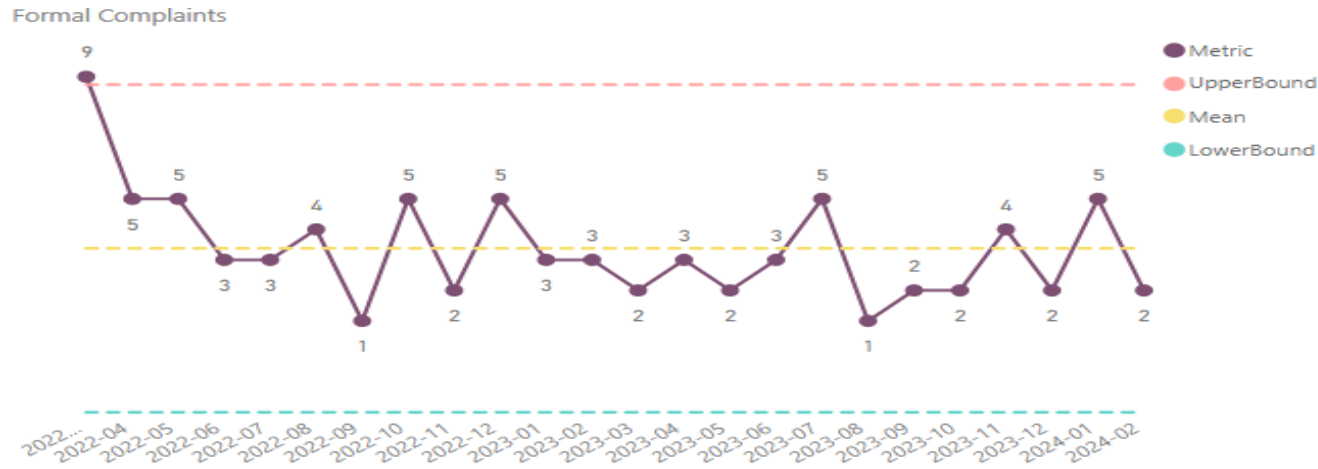
CSH performance metrics outline areas of focus for the business. This report reviews all areas and provides a short narrative to facilitate committee/board discussion. The service owner will provide a narrative for each exception by providing a summary, actions, expected outcomes and timelines. **Please note that by moving patients on EMIS from one appointment to another counts as a cancellation and will appear in the 'cancelled by service' section. This happens in Community Phlebotomy and could be up to 500 appointment per month**

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Quality and Clinical Governance

Patient Experience



Summary (Please provide a summary of activity)

The volume of complaints is within the range for January and February 2024 (at the time of writing there were three formal complaints logged for February 2024 – one concern was ‘upgraded’ to a complaint after the data was pulled). The volume of compliments recorded was lower than usual. The Friends & Family Test (FFT) positive experience score was below the target of 90% for January and above the target in February, which has been typical for 2023/24. Data is being interrogated in order to understand why we dropped during January.

One complaint was closed in Children’s in February 2024 relating to OT provision: the complaint was not upheld.

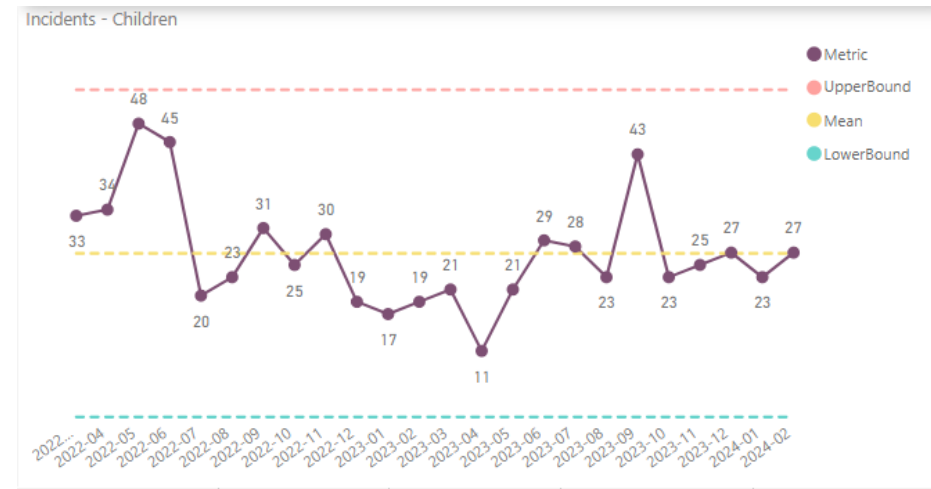
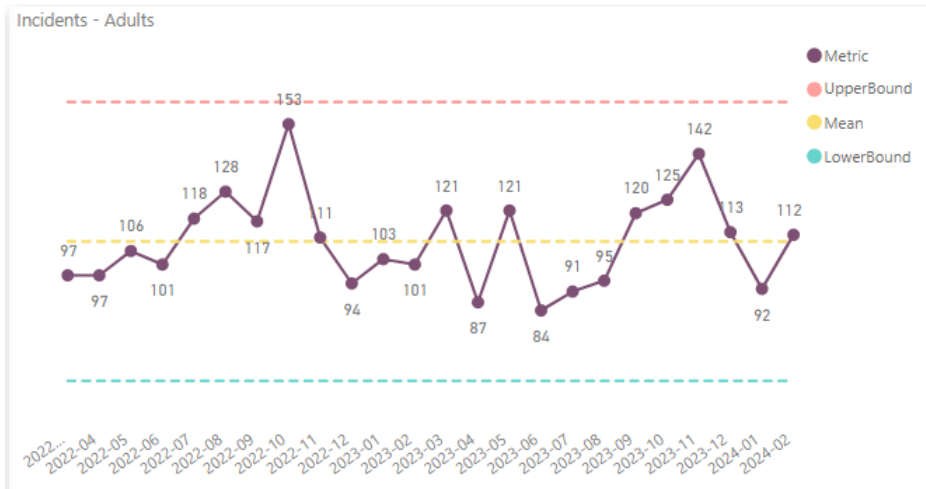
Actions (Please outline actions taken or required)

Continue to collect feedback and encourage teams to log compliments. Early engagement when people raise a concern may help to resolve issues early, reducing the need for escalation to a formal complaint.

Expected outcomes and timelines (Please detail the expected outcomes by when)

Aim to achieve 90% positive FFT rating by end of March 2025.

Patient Safety



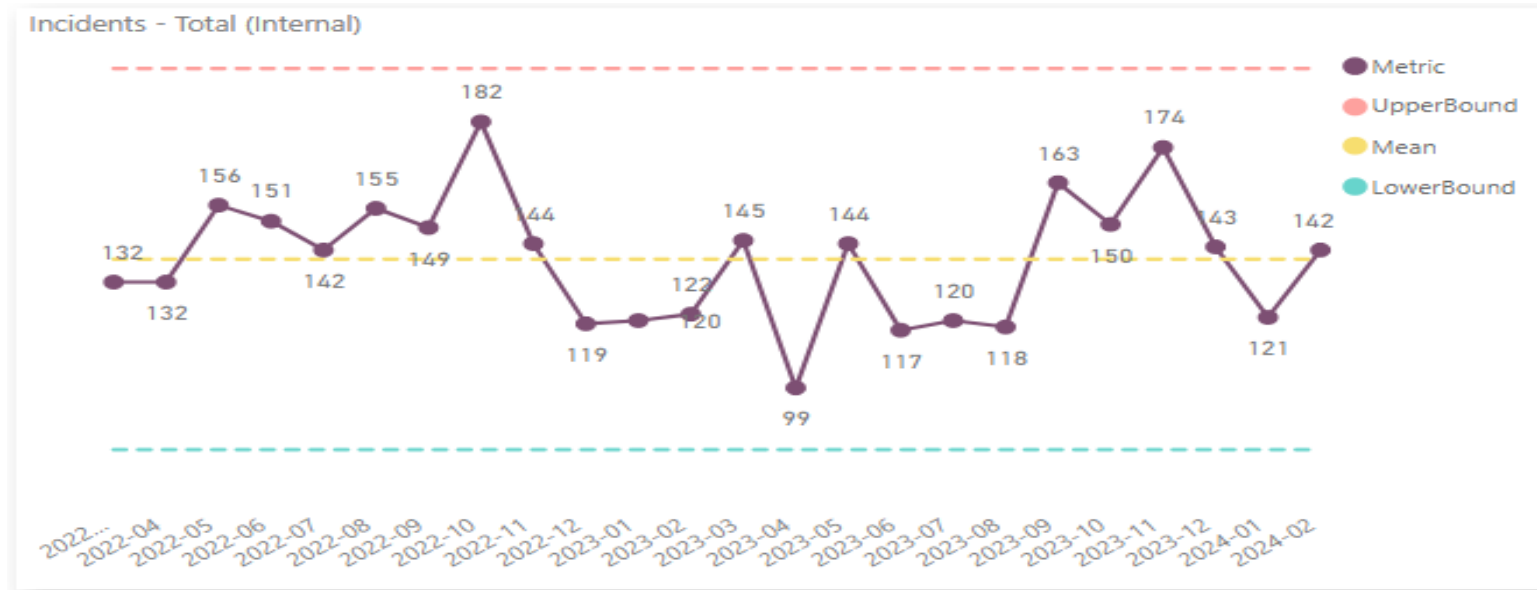
Summary (Please provide a summary of activity)

Children's incidents- the top 3 incident categories are Information Governance (8), Medicines (3) and IT (3). One of the IG incidents was referred to ICO as 21 parents had been cc'ed into an email rather than bcc'ed. The other IG incidents relate to incorrect information being uploaded to EMIS or incorrect addresses used for invite letter. In all these incidents, information has been corrected. Medicine incidents related to incorrect dose prescription and MMR consent and the IT incident relate to VPN outage and telephony issues.

Actions (Please outline actions taken or required)

Childrens – all parents were written to immediately relating to the ICO reported breach, detailing the error and apologising. No clinical information was shared, just email details of other parents. No further action from ICO report.
 Actions from Medicines incident – all special school nursing to repeat Medicines Management training and Medicines audit completed at schools by Pharmacist and Senior Nurse

Expected outcomes and timelines (Please detail the expected outcomes by when)



Summary (Please provide a summary of activity).

Reporting remains within common cause variation. Over the past 2 months there has been a decline in reported incidents across both adults and children’s services. LFPSE was implemented in September 2023 and across the country providers who have moved to LFPSE have seen a decrease in incident reporting. As part of the LFPSE process all incidents are transferred to a national database and analysed to pick up themes and trends for improvement across the country. The information requested as part of reporting an incident has increased and this is part of the LFPSE process. We are currently looking to understand whether this is impacting on incident reporting or whether we are seeing a decline due to other reasons. This is being monitored through the Quality and Clinical Governance Group. The transition to LFPSE involved a change in the configuration of datix and amount of data required. This involved staff training and support.

Actions (Please outline actions taken or required). Continuous support and training for staff to report incidents. Patient safety team providing the support where necessary to complete some of the required information like demographic details of patients.

To identify and work with teams who are not reporting or who are low reporters of incidents.

Expected outcomes and timelines (Please detail the expected outcomes by when).

Identify teams by 30/4/24, targeted work with the teams to be undertaken through May and June. To be reported through Quality and Clinical Governance.

Infection Prevention & Control

| | | No. cases in Q1 | No. cases in Q2 | No. cases in Q3 | No. cases in Q4 |
|---------|----------------------|-----------------|-----------------|-----------------|-----------------|
| MRSA B | CSH Attributed | 0 | 0 | 0 | |
| | Non CSH attributed | 0 | 0 | 0 | |
| Ecoli B | CSH Attributed | 0 | 0 | 0 | |
| | Non CSH attributed | 0 | 0 | 0 | |
| Covid19 | Probable or Definite | 1 | 6 | 10 | |
| | Indeterminate | 0 | 4 | 8 | |
| CDI | CSH Attributed | 0 | 0 | 1 | |
| | Non CSH attributed | 0 | 0 | 0 | |

| Hand Hygiene & BBE | Minimum Compliance % | Frequency of Audit |
|---|----------------------|---|
| Hand Hygiene/ Bare Below the Elbows (BBE) | 85 | Monthly for in-patient areas. For Community based services, quarterly. |
| Environment | 85 | Annual |

All adults and children’s clinical services to ensure each clinician has one hand hygiene audit observed in clinical practice against the 5 Moments of HH, per year, as a minimum.

Summary Q3

Surveillance results as above: 1 x C Difficile infection investigated and RCA on file. No lapses in care for CSH.

No. of outbreaks = 2

Alex Ward 17.11.23 Covid outbreak (OUT27950): 8 patients in total. Outbreak meeting notes on file.

Hersham Ward 17.11.23 Covid outbreak (OUT27949): 5 patients in total. Outbreak meeting notes on file.

Incidents:

-Patient with Covid, Alexandra Ward 5.10.23

-26125 WIC: dirty sharps injury 26.11.23

Actions *(Please outline actions taken or required)*

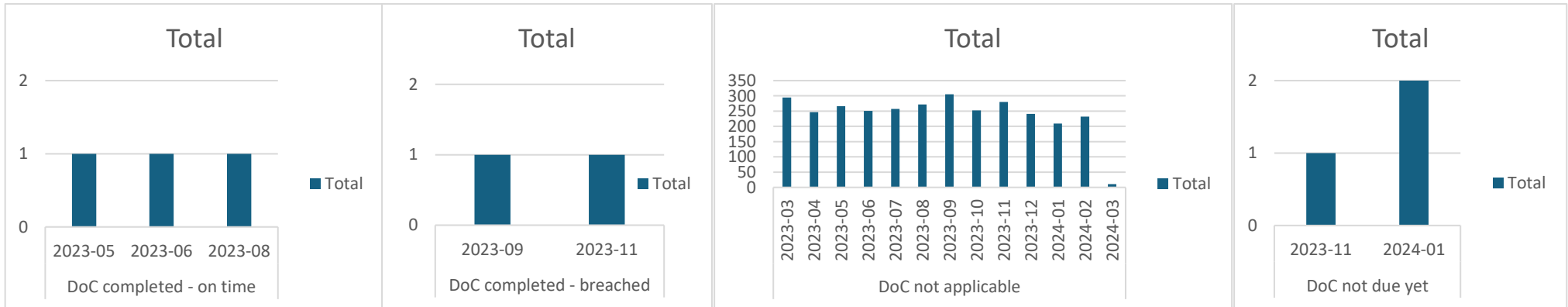
Actions noted during CSH Strategic IPC meeting 21.2.2024:

- L&D to provide asepsis training to staff, current gap identified incl competency assessment. On risk register
- HH Audits low compliance to be escalated to Exec Dirs as serious concern
- Hand Hygiene audits -children's services compliance poor
- Cleaning and Cleaning Checklist compliance poor
- Antibiotic Audits
- Fit Testing on ESR
- TOR
- FAQ for managers for fit testing
- Outstanding IPC environmental audits in CFHS from October.
- managers to look out for measles comms - what you need to know and do

Expected outcomes and timelines *(Please detail the expected outcomes by when)*

Next Strategic IPC Group meeting 24.4.2024, action log and SIPCG Report Q4 for review and agreement.

Duty of Candour



Summary *(Please provide a summary of activity)*

During Q3 Duty of Candour was not required. All incidents are reviewed against the duty of candour framework. Every team is expected to be open and transparent when undertaking care and to speak with families and patients if/when an error is made. This is in support of the formal duty of candour process.

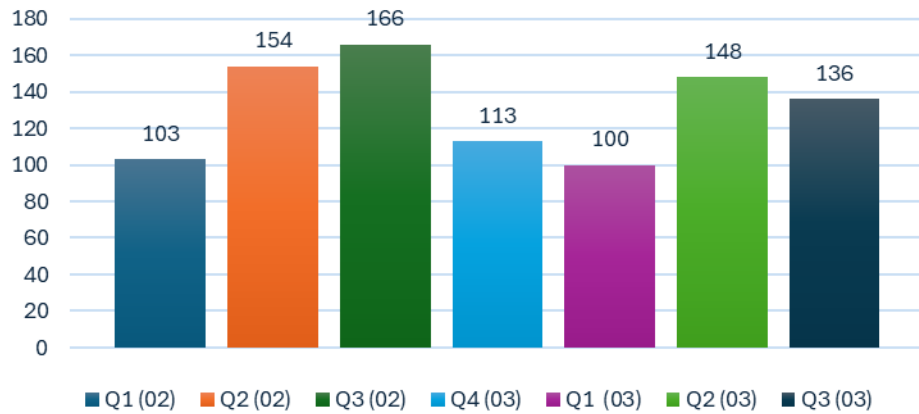
Actions *(Please outline actions taken or required)*

No current actions, to continue following the Duty of Candour framework, of providing written duty of candour within 10 working days.

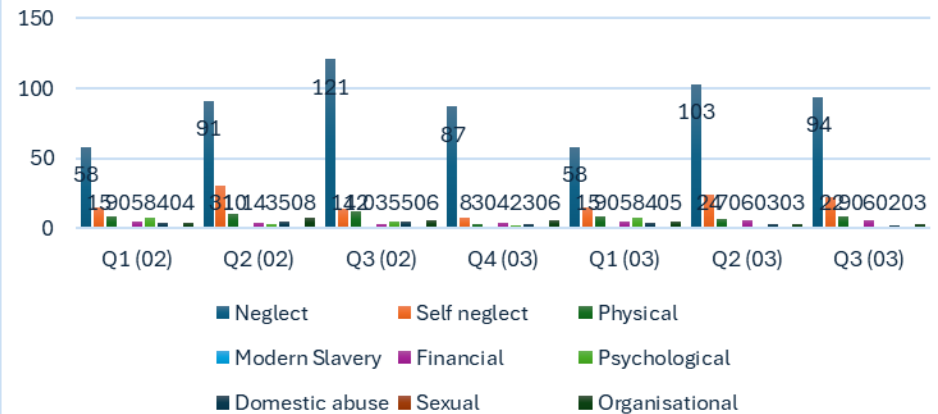
Expected outcomes and timelines *(Please detail the expected outcomes by when)*

Safeguarding Adults

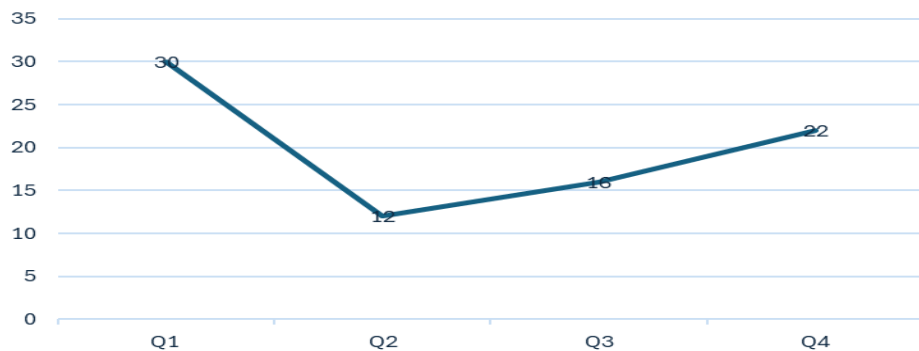
Overview of adult safeguarding referrals 2022/2023



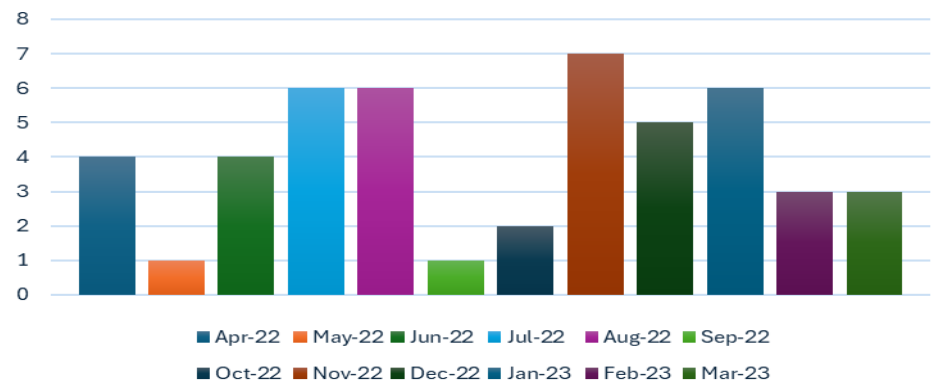
Safeguarding Adult Referral Themes 2022/2023



Overview of S42s 2022/2023



Overview of DOLS applications 2022/2023



Summary *(Please provide a summary of activity)*

The safeguarding adult team's referral activity over the year has shown a total of 536 safeguarding adult referrals were raised in Q1-Q4 in 2022, and 384 from Q1-Q3 in 2023. As shared in the data above, the safeguarding referrals in Q3 in 2022 were higher with 166 referrals being completed and in Q3 in 2023 there was a slight decrease in the reporting quarter with 136 referrals being completed. We have identified a delay within operational teams in undertaking referrals and are working with the teams to expediate referrals. An escalation process for delayed referrals was agreed through the Safeguarding Working Group in 2023.

The breakdown of the themes of safeguarding referrals received over each quarter, highlight neglect, self-neglect and physical abuse as the top key themes from the referrals being made.

Section 42s have continued to be raised, it was found that the common themes related to medication errors, and or deferred appointments for wound care.

There has been a consistent number of DOLS (deprivation of liberty) applications made by staff over the reporting year. During October, November and December 2023 (Q3), there were a total of six applications made, in comparison to the previous Q3 in 2022 where there were 14 applications made. This is positive and signifies staff's knowledge base and confidence on MCA and DoLS.

Actions *(Please outline actions taken or required)*

The safeguarding team contributed to the insulin deepdive and will be supporting the actions from this.

A meeting has been arranged with the manager of the local authority to discuss S42s.

Capture the trends and themes of Section 42s

The adult safeguarding team are to attend MARAC (multi-agency risk assessment conferences) meetings and contribute to Domestic Homicide reviews

MCA and DOLS policy is being reviewed in Q4.

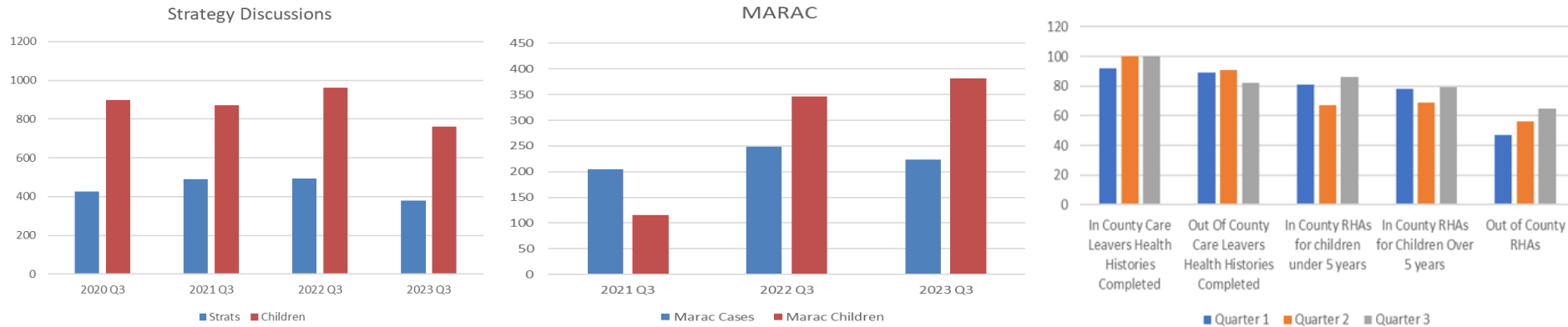
Expected outcomes and timelines *(Please detail the expected outcomes by when)*

S42 meeting arranged for Q1, this will then help to strengthen the process of the Section 42s across adult services, so clinicians are empowered in completing the inquires. Evidencing the learning from S42 will help to mitigate further risks from arising.

Training has been disseminated to all staff regarding S42s. This training is provided eternally and will be undertaken during Q1 and Q2.

The adult safeguarding team will be attending MARAC meetings from Q1.

Safeguarding Children



Summary *(Please provide a summary of activity)*

The safeguarding children's team have attended 760 strategy meetings in Q3, this is a slight reduction when compared to Q3 in 2022 when 961 children were discussed. Neglect and physical abuse remain the commonest category for a strategy discussion. Neglect is also the main reason why children are subject to a child protection plan in Surrey.

The number of children who have been discussed at the MARAC (Multi Agency Risk Assessment Conference) where there are concerns around domestic abuse is increasing (Q3 data). The common themes are victims reporting attempted non-fatal strangulation and the use of weapons by perpetrators.

Looked after children's service. During Quarter 3, 86.5% of In-County Review Health Assessments (RHAs) for children aged 5 years and under have been completed in timescales. This was an increase of 19.2% from Quarter 2. These RHAs have met NHSE recommended timescales. 78.8% of children aged 5 years and above had the RHAs completed within timescales showing an increase of 12.1% from Quarter 2. The main reasons for the In-County RHAs not completed within timescales include late referrals received from the Local Authority (LA), placement changes and carer/child availability and workforce issues.

65% of Out of County RHAs were completed in timescales in Q3 showing an increase by 9% from Quarter 2. The main reasons for the Out of County RHAs not being completed in timescales include late referrals received from the Local Authority, Child/Carer availability, and placement changes, and workforce issues.

The Looked After Children Specialist Nurses have completed 35 In County Care Leavers Health History reports in Quarter 3. Overall, 100% of Care Leaver reports have been completed in timescale during this reporting quarter. Out of County Care Leaver reports show 81.8% compliance. Team workload and capacity continue to be monitored and reviewed by the team weekly at team allocations meetings.

In Quarter 3, for FCHC, 27 referrals were received for children placed In County and all were completed within timescales showing 100% compliance. 7 RHAs completed for children placed Out of County, all within timescales 100% compliance. 4 referrals received for children from Other Local Authorities, one completed within timescales. 1 Care Leaver Health History report have been completed within timescales.

Actions *(Please outline actions taken or required)*

The data above in relation to the strategy meetings, highlights that the safeguarding team are attending a high volume of strategy meetings on behalf of the 0-19 service and the HCPs. A strategy has been written on how the safeguarding can work alongside the 0-19 service to support the HCPs in attending strategy meetings and the meetings being allocated to the 0-19 service. This will need to be implemented over a 6-month period and the time frames need to be agreed between the children's 0-19 team and the safeguarding children's team due to the capacity challenges with the 0-19 team.

Think Family is part of the strategic delivery plan, both the adults and children's team are working together to look at domestic abuse training.

Expected outcomes and timelines *(Please detail the expected outcomes by when)*

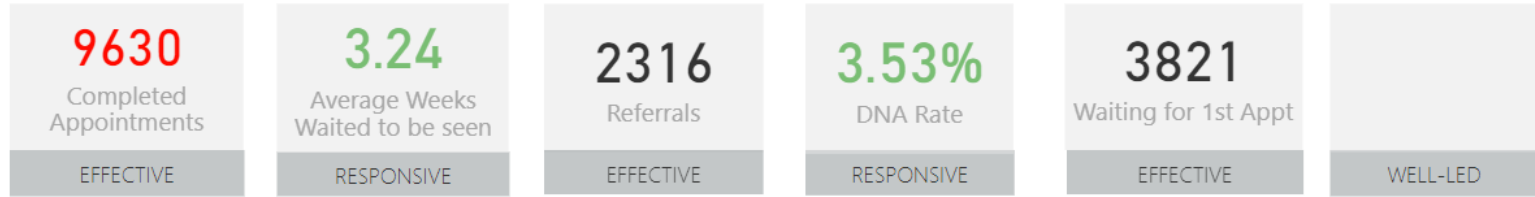
The strategy was completed in Q4, the 0-19 service, this will reduce the number of meetings the safeguarding team are attending.

Adults Ops data to 12.3.24

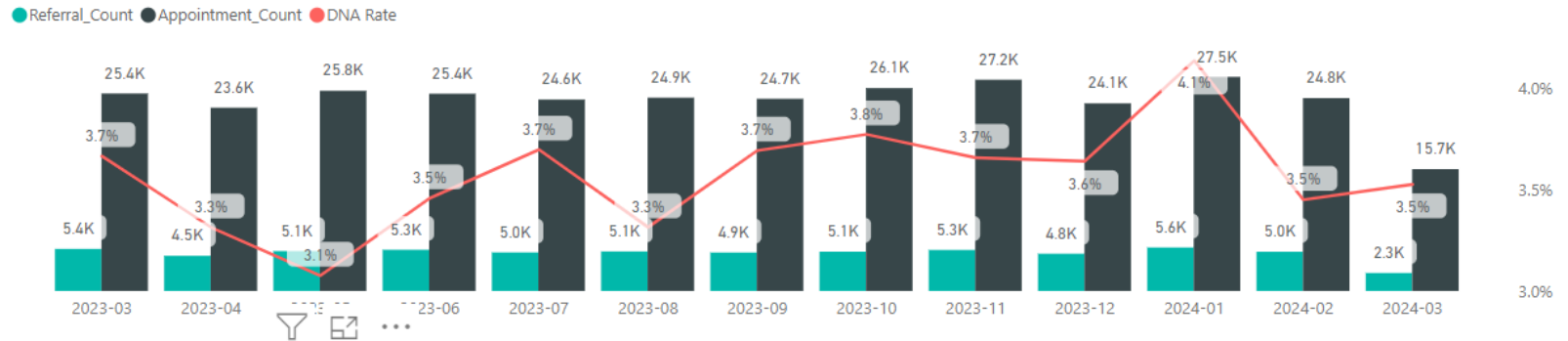


ADULTS

[Click here for the Activity Toolkit Dashboard](#)



TREND - Appointments by Year Month YYYYMM / drill down to Full Date



Fin Year
All

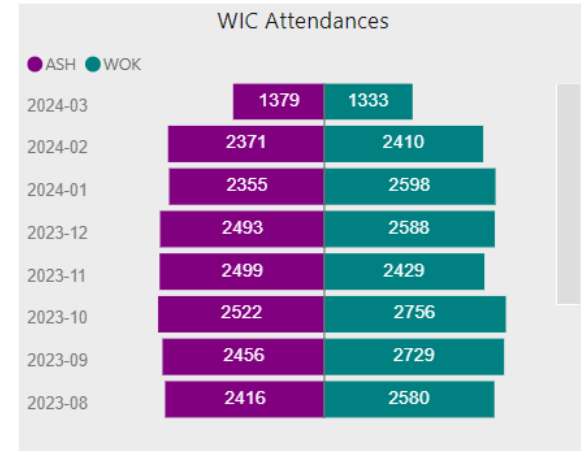
Year Month
2024-03

Service Group
All

Service
All

| Service | Appointment_Count |
|---|-------------------|
| Continence | 253 |
| Diabetes Service | 34 |
| Heart Failure Service | 266 |
| Inpatient Therapies | 373 |
| Locality hubs | 2977 |
| Phlebotomy | 862 |
| Podiatry | 1130 |
| Rapid Response/ Urgent Community Response (UCR) | 610 |
| Respiratory Care Service | 519 |
| Speech and Language Therapy | 135 |
| Tissue Viability Nursing | 43 |
| Total | 15679 |

| Attended Status | Appts |
|----------------------|-------|
| Attended | 9630 |
| Cancelled by Patient | 569 |
| Cancelled by Service | 2463 |
| DNA | 352 |
| Unknown | 2665 |



Urgent Waiting Times

This report shows, by Service, the number of **URGENT** patients waiting for a 1st Appointment, the longest wait time in weeks and the average weeks waiting time.

Neighbourhood

- Addlestone
- Ashford & Stanwell
- Central Woking & Sheerwater
- Chertsey & Ottershaw
- East Woking (Byfleets, Pyrford)
- Egham & Virginia Water
- North West Woking
- South Woking
- Staines
- Sunbury & Shepperton
- Unknown
- Walton
- Weybridge & Hersham

| TopLevelService | No of Patients | Longest Waiting Weeks | Average Weeks Wait | Median Weeks Wait |
|---|----------------|-----------------------|--------------------|-------------------|
| Adult Speech & Language Therapy | 499 | 104 | 41.10 | 38 |
| Diet - Care Home ONS | 88 | 126 | 37.89 | 38 |
| Diet - Domicillary | 71 | 81 | 24.55 | 21 |
| Podiatry | 29 | 19 | 6.59 | 4 |
| RCT (Respiratory Care Team) | 14 | 21 | 5.71 | 3 |
| Diet - Community Hospitals | 11 | 59 | 33.27 | 25 |
| CRT (Community Rehab Team) | 9 | 19 | 7.44 | 5 |
| Heart Failure | 8 | 5 | 1.75 | 1 |
| Continence | 7 | 6 | 3.71 | 4 |
| Complex Wound Clinic - Thames Medical | 2 | 0 | 0.00 | 0 |
| Complex Wound Clinic - Woking | 1 | 1 | 1.00 | 1 |
| Rapid Response/ Urgent Community Response (UCR) | 1 | 0 | 0.00 | 0 |
| Total | 740 | 126 | 35.58 | 31 |

Routine Waiting Times

This report shows, by Service, the number of **ROUTINE** patients waiting for a 1st Appointment, the longest wait time in weeks and the average weeks waiting time.

Neighbourhood

- Addlestone
- Ashford & Stanwell
- Central Woking & Sheerwater
- Chertsey & Ottershaw
- East Woking (Byfleets, Pyrford)
- Egham & Virginia Water
- North West Woking
- South Woking
- Staines
- Sunbury & Shepperton
- Unknown
- Walton
- Weybridge & Hersham

| TopLevelService | No of Patients | Longest Waiting Weeks | Average Weeks Wait | Median Weeks Wait |
|---|----------------|-----------------------|--------------------|-------------------|
| CRT (Community Rehab Team) | 605 | 44 | 12.31 | 9 |
| Podiatry | 526 | 45 | 6.92 | 5 |
| Continence | 264 | 11 | 3.72 | 4 |
| RCT (Respiratory Care Team) | 220 | 89 | 11.19 | 7 |
| Adult Speech & Language Therapy | 171 | 104 | 23.40 | 13 |
| Palliative Care | 110 | 78 | 16.45 | 15 |
| Diet - Care Home ONS | 69 | 116 | 31.25 | 24 |
| Diet - Domicillary | 66 | 130 | 22.35 | 18 |
| Heart Failure | 54 | 9 | 2.33 | 1 |
| Complex Wound Clinic - Woking | 14 | 3 | 1.36 | 2 |
| Tissue Viability Nursing Specialists | 10 | 2 | 0.20 | 0 |
| Rapid Response/ Urgent Community Response (UCR) | 8 | 3 | 0.38 | 0 |
| Diet - Community Hospitals | 7 | 37 | 19.57 | 22 |
| Complex Wound Clinic - Thames Medical | 6 | 4 | 1.83 | 2 |
| Complex Wound Clinic - Spelthorne | 5 | 7 | 2.00 | 1 |
| Diabetes Specialist Nurses | 2 | 1 | 0.50 | 1 |
| Total | 2137 | 130 | 11.36 | 6 |

Summary *(Please provide a summary of activity)*

The above data shows the waiting list positions to 14.3.2024. There are some services such as speech and language therapy, community rehabilitation and dietetics that are particularly challenged.

Actions *(Please outline actions taken or required)*

A task and finish group is underway to look at waiting lists, and understand the list and devise actions to understand the risk of harm to patients who are waiting. An initial patient sample (8) has been looked at for harm by following the Harm Policy. This is on-going work as the initial panel did not agree with the levels of harm and requested further detail in order for this to be defined. Waiting list cleansing is also required and this is being undertaken within the central Woking neighbourhood team.

There is a wider piece of work in progress across all areas which includes further demand and capacity modelling and a review of exemplar sites to ensure that best practice is being followed and that available capacity is optimised. This work is expected to be completed by the end of April 2024.

The services who are experiencing long waits have developed a standardised process for managing referrals and patient expectations, each team has a defined process. This involved signposting patients to other resources whilst they are waiting.

The services have also worked with children's services to understand the strategies that they have implemented and how these may be transferable.

Expected outcomes and timelines *(Please detail the expected outcomes by when)*

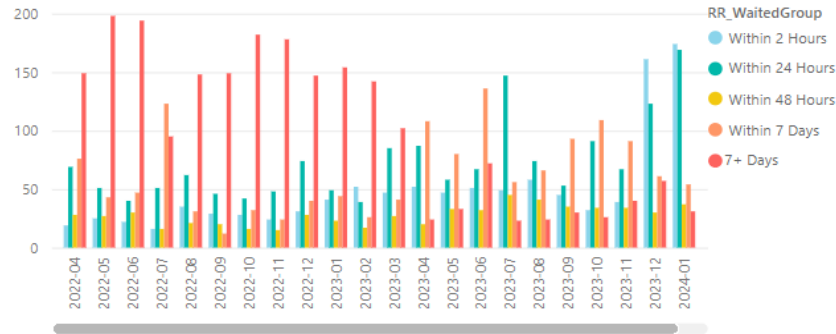
Once the Central Woking INT (integrated neighbourhood team) wait lists have been cleansed and reviewed with patients no longer needing the service being removed, CSH will have more evidence of the true extent of the waiting lists. This is anticipated to have been completed by end of April 2024.

A piece of work evaluating demand and capacity has been completed with the Allied Health Professionals having completed job plans as part of this process. This will enable the services to potentially produce a model that mirrors the safer staffing planning in the other community nursing and ward teams.

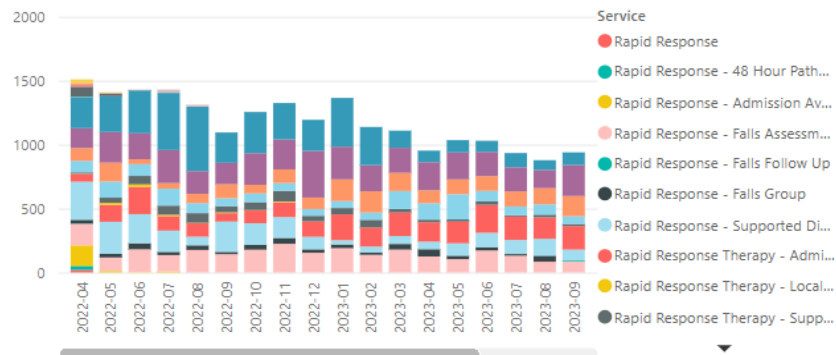
The second meeting of the demand and capacity group is expected to take place 24/4/24. Actions and timelines will be agreed post this.

Urgent Community Response - UCR

Patient Seen Count by Year_Month and RR_WaitedGroup



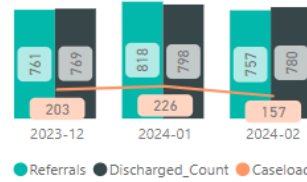
Attendances



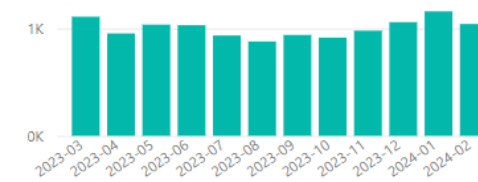
Incidents by Severity

Complaints by Type

Referrals, Discharges and Caseload



Attendances



DNA Rate

| Outcome | 2023-03 | 2023-04 | 2023-05 | 2023-06 | 2023-07 | 2023-08 | 2023-09 | 2023-10 | 2023-11 | 2023-12 | 2024-01 | 2024-02 |
|----------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| DNA | 5.13% | 3.15% | 2.63% | 3.38% | 4.21% | 3.62% | 2.39% | 3.99% | 5.68% | 5.70% | 4.29% | 5.62% |
| Attended | 94.87% | 96.85% | 97.37% | 96.62% | 95.79% | 96.38% | 97.61% | 96.01% | 94.32% | 94.30% | 95.71% | 94.38% |

Summary (Please provide a summary of activity)

The above graphs demonstrate the activity of the Urgent Community Response service and demonstrates that the service activity is gradually increasing as the service becomes more widely understood.

Actions *(Please outline actions taken or required)*

The UCR team now sits within the Same Day Urgent Care Business Unit under a new CSH manager. UCR has previously been delivered as a joint service with Rapid Response, who typically look after patients on a “discharge to assess” pathway. There is current pressure in this area with more patient's increasingly requiring urgent rehabilitation and care in the community following their discharge from hospital.

Expected outcomes and timelines *(Please detail the expected outcomes by when)*

The services are working with the community rehabilitation service and the Rehabilitation and flow business unit to map the discharge pathways and agree service delivery going forward.

CQUIN – commissioning for quality and innovation

| Measures | | Q1 | Q2 | Q3 | Q4 |
|------------------------|-----------|--------|--------|----------|----------|
| Flu vaccination | Threshold | 70-90% | 70-90% | 70-90% | 70-90% |
| | | N/A | N/A | N/A | 26.7% |
| Inpatient malnutrition | Threshold | 50-70% | 50-70% | 50-70% | 50-70% |
| | | 95.7% | 96.9% | 93.7% | awaiting |
| Pressure Ulcers | Threshold | 40-60% | 40-60% | 40-60% | 40-60% |
| | | 97% | 96.9% | 88.9% | 91.9% |
| Lower Leg wounds | Threshold | 25-50% | 25-50% | 25-50% | 25-50% |
| | | 76.8% | 46.2% | awaiting | awaiting |

Summary *(Please provide a summary of activity)*

Following the suspension of Commissioning for Quality and Innovation (CQUINs) during the pandemic, they were resumed in 2022/23. During the last commissioning cycle, CSH, as a community provider, was expected to deliver against four domains. The target areas were flu vaccination for all frontline staff, inpatient malnutrition assessments, pressure ulcer assessments, and lower leg wound assessments. In 2023/24 the same CQUIN measures continued. As a business, our performance against these domains has met or exceeded the recommended threshold in three key areas. We have had a challenge in meeting the flu CQUIN for the past few years and therefore reviewed our engagement methodology for 2023/24. Despite considerable efforts with staff engagement the uptake remained below the CQUIN target, with 221/828 clinically facing staff being vaccinated.

The table above presents CSH’s position against 2023/24 CQUIN targets and the prescribed thresholds.

Actions *(Please outline actions taken or required)*

The main issue currently is the collection of the wound care data. This is because the teams are recording activity in two separate templates when they need to complete both the templates, i.e. the assessment EMIS template and the Doppler wound EMIS template. The teams are undergoing training to

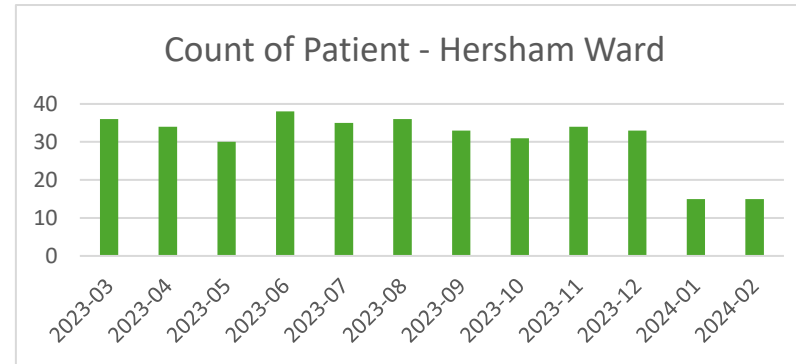
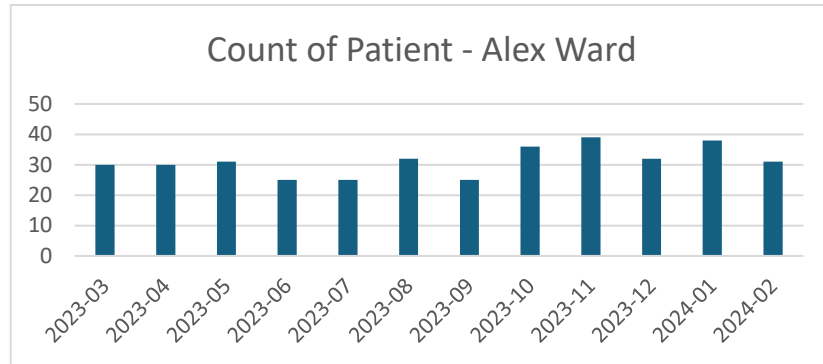
improve the consistency of data collection which should reflect on an improved position. CSH is allowed to submit Q4 data at the end of the 1st Quarter of 2024 and so focus on this area of work is a key objective in the next six weeks.

CSH is currently overachieving when compared to other organisations, we need to understand why this is and why we are above the national figures of compliance. We believe that this is due to the collection of data.

Expected outcomes and timelines *(Please detail the expected outcomes by when)*

The understanding of why we are overachieving will be available by the end of Q1.

Out of Hour Acute Patient Transfers



Summary *(Please provide a summary of activity)*

The number of transfers appears to average higher on Hershams Ward compared to Alex Ward, and whilst the monthly numbers are broadly similar, it seems like a slightly higher proportion of out of hours transfers were from Hershams Ward over the summer months compared to Alex Ward. On reviewing the data from June-August 2024, these were deemed appropriate transfers.

There is a recognition that some patients do have repeated transfers. Two patients subsequently died whilst in our care (expected) which highlights the importance for advanced care planning.

The drop in numbers on Hershams in the last quarter reflects the reduction in bed capacity as a result of the ward closure programme.

Anecdotally, it has been suggested that there is potential that the higher numbers across Quarter 2 and 3 could have correlated with the industrial action occurring over these months. Whilst there was no direct impact internally, it could have impacted on the acuity of patient's pre-transfer.

All deteriorating patient incidents are reviewed by the Consultant geriatrician and Senior Matron for the Community Hospitals to ensure timely escalation and correct management/learning is shared.

Actions *(Please outline actions taken or required)*

- There is now one site for Community Hospital wards, and this provides improved medical continuity.
- Access to Point of Care (POC) testing at Woking, this is utilised on occasion, but the aim would be to increase the number of relevant staff to use this.

- Potential opportunities with diagnostic centre to improve access to imaging on site at Woking (CT etc) which may help to reduce transfers (within next year)
- Ongoing Quality Improvement project relating to Deteriorating patients

Expected outcomes and timelines *(Please detail the expected outcomes by when)*

- Review medical model 31/5/24.
- Point of Care testing, increasing to more staff trained 30/07/24.
- Scope opportunity for improved radiology pathway due to new diagnostic centre on site, reducing transfers to the acute on this basis, 30/04/24.

Summary *(Please provide a summary of activity)*

The numbers of patients being cared for on Hersham Ward has gradually reduced since December 2023 as part of the process of closing the ward. The ward closed on 28th March 2024.

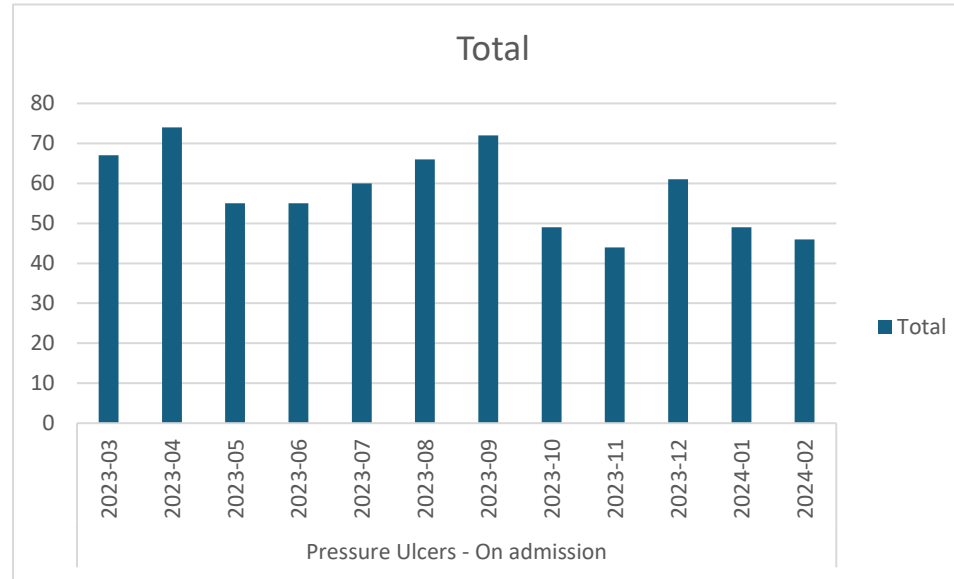
Actions *(Please outline actions taken or required)*

Hersham ward is now closed.

Expected outcomes and timelines *(Please detail the expected outcomes by when)*

N/A

Pressure Ulcers



Summary *(Please provide a summary of activity)*

Community Hospitals – the acquisition of a pressure ulcer since admission is low for this service specifically for Q4 i.e. Alexandra Ward 1 January, 3 February and 2 March 2024. However, the aim is to prevent these incidents entirely. All of these incidents are raised to the Senior Matron to ensure oversight and escalation.

Actions *(Please outline actions taken or required)*

As a result of a small spike noticed in Q2 2023 an internal deep dive was undertaken by the ward matron for Hersham Ward to establish potential causative factors and identify learning to be shared, some of this related to upskilling/increasing induction of new trained staff.

It is noted that when utilising temporary staffing solutions such as agency there can be an impact in the continuity of care.

Expected outcomes and timelines *(Please detail the expected outcomes by when)*

There will be no recruitment to use agency trained staff as there is no vacancy factor – with immediate effect.
All newly qualified staff undergo preceptorship training and side by side mentoring – with immediate effect.
Introduce the organisational competency documents to relevant staff, alongside completion of mandatory training 3 months.
Introduce the NCWS training to relevant persons three months.

Summary *(Please provide a summary of activity)*

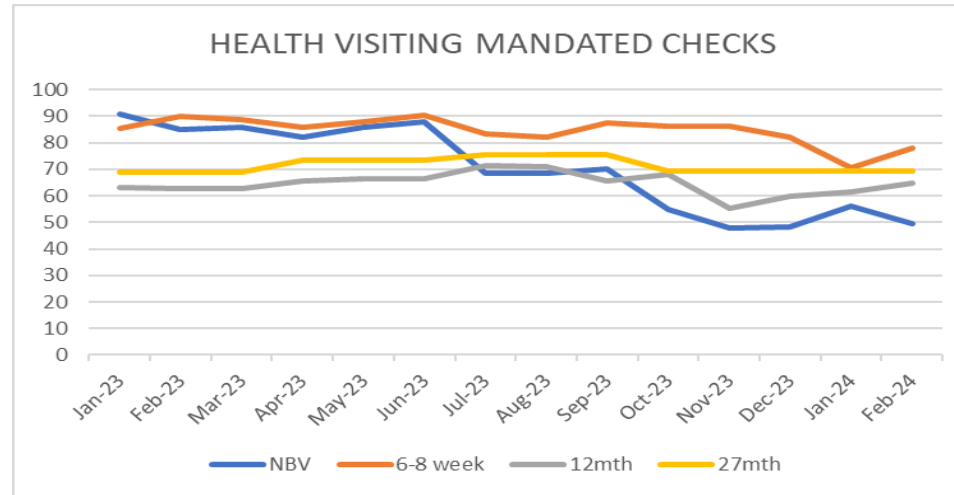
Community Hospitals – admission pack ensures completion of relevant skin assessment, documentation and care planning for each individual admission. Good attainment of CQUIN. Appropriate escalation and support from TVN services as required.

Actions *(Please outline actions taken or required)*

Introduce the organisational competency documents to relevant staff, alongside completion of mandatory training 3 months.
Introduce the NCWS training to relevant persons three months

Expected outcomes and timelines *(Please detail the expected outcomes by when)*

Childrens



Summary *(Please provide a summary of activity)*

All mandated checks are offered to 100%.

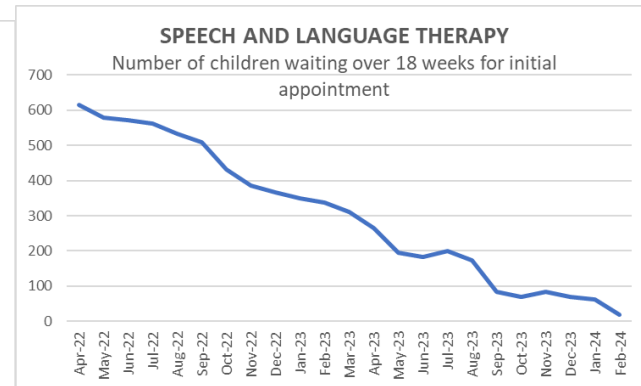
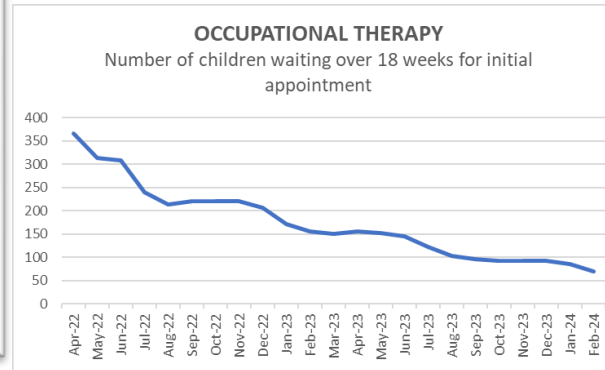
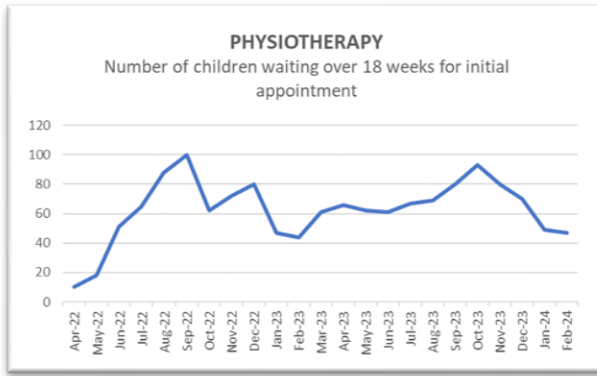
Current, compliance for new birth visit within 14 days is 49.3%. Following agreement with commissioners' tolerance level of this check has increase to 21 days and at this level services are achieving 87.2%, within target.

6-8 weeks mandated check is at 78% compliance and an extended timescale to the beginning of week 10 has been agreed. 12- month and 27-month checks remain fairly stable.

Actions *(Please outline actions taken or required)*

Services are continuing to prioritise the checks for families requiring specialist or targeted provision.

Expected outcomes and timelines *(Please detail the expected outcomes by when)*



Summary

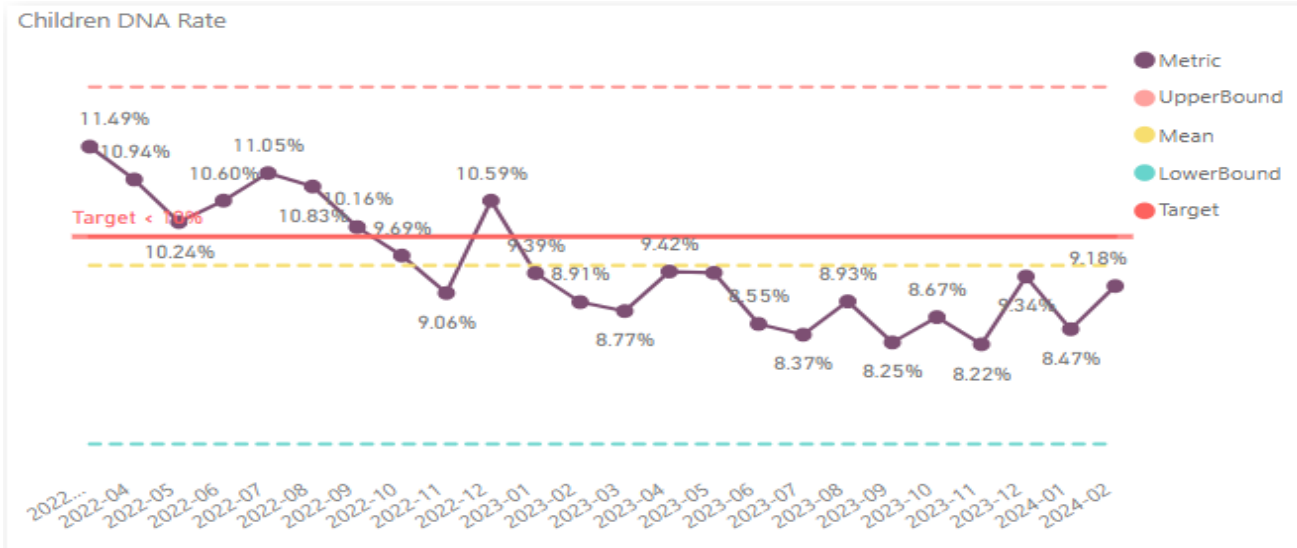
The number of children waiting for an initial appointment with children’s therapy service continues to improve. As of February 2024, there were 70 children waiting over 18 weeks for Occupational Therapy, 47 children waiting over 18 weeks for Physiotherapy and 19 children waiting over 18 weeks for Speech and Language Therapy.

Actions

The improvement in appointment waiting times has been achieved by prioritising initial assessment. However, this is beginning to impact on waiting time for intervention. Services have started to track these waiting times and are reporting monthly to the ICB. There has been general agreement with the ICB on the Therapy Offer for the CFHS extension year which increases the waiting time tolerance to 25 weeks in order that intervention can be provided in a timely manner.

Expected outcomes and timelines

Impacts of implementing new Therapy offer in extension year will be closely monitoring with monthly performance reporting to ICB and detailed Impact Log.



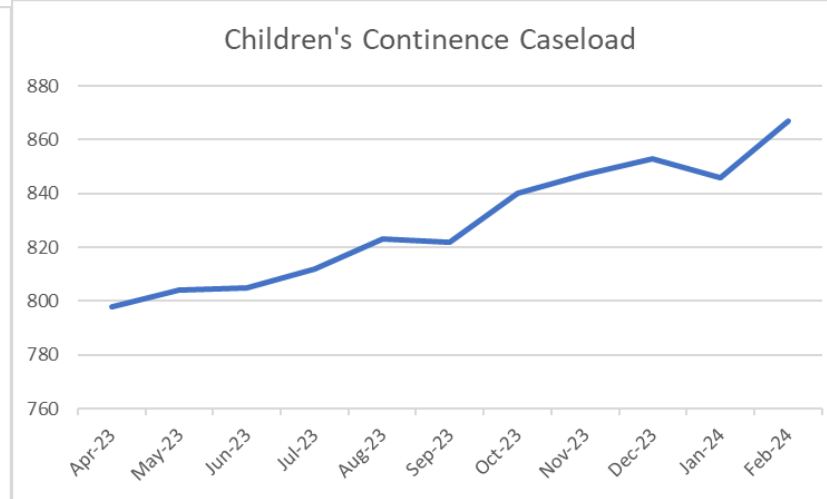
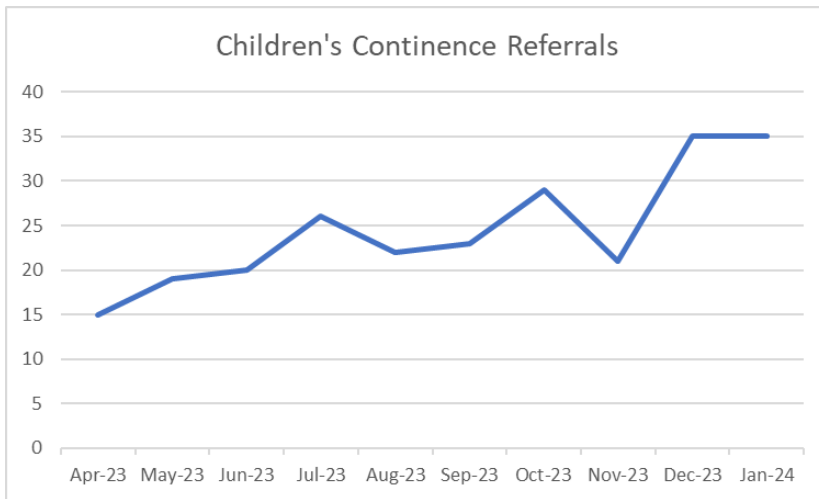
Summary *(Please provide a summary of activity)*

The percentage of children who were not brought to their appointments remains below target and is affected by school holidays.

Actions *(Please outline actions taken or required)*

Services are continuing to use SMS texting to support attendance

Expected outcomes and timelines *(Please detail the expected outcomes by when)*



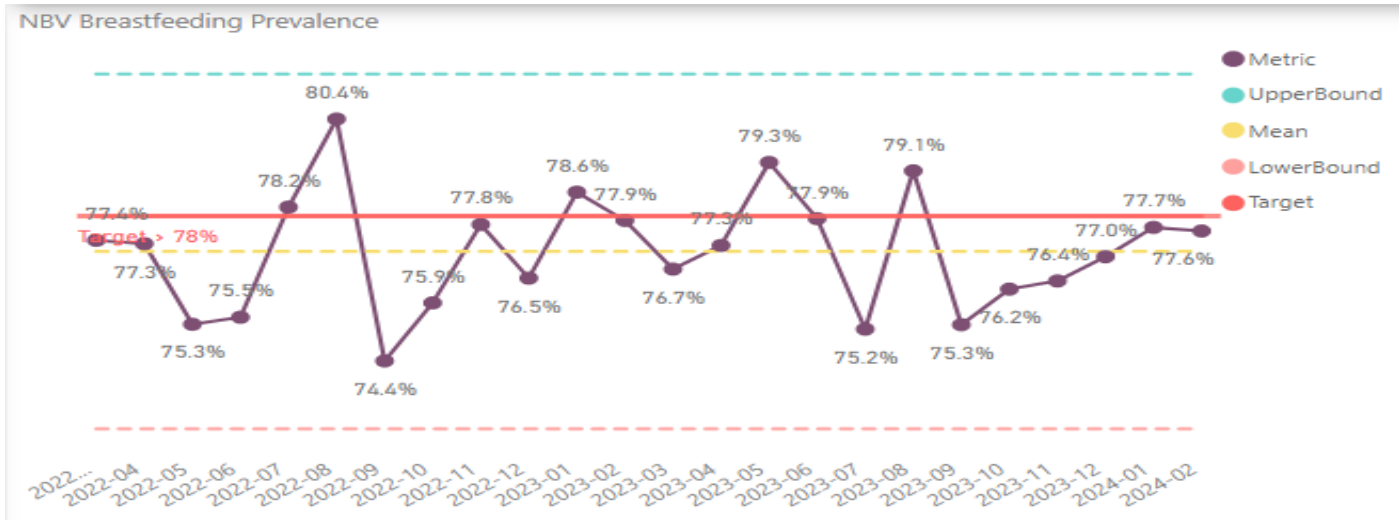
Summary *(Please provide a summary of activity)*

The children's specialist continence services is provided by 1.6 wte of a specialist nurse and a 1.6wte assistant practitioner covering the whole of Surrey. The team are experiencing a steady increase in the number of children referred for specialist continence support, with referrals being double April 2023 number and caseload currently 867 children. Consumable costs for continence are considerable and are a financial pressure.

Actions *(Please outline actions taken or required)*

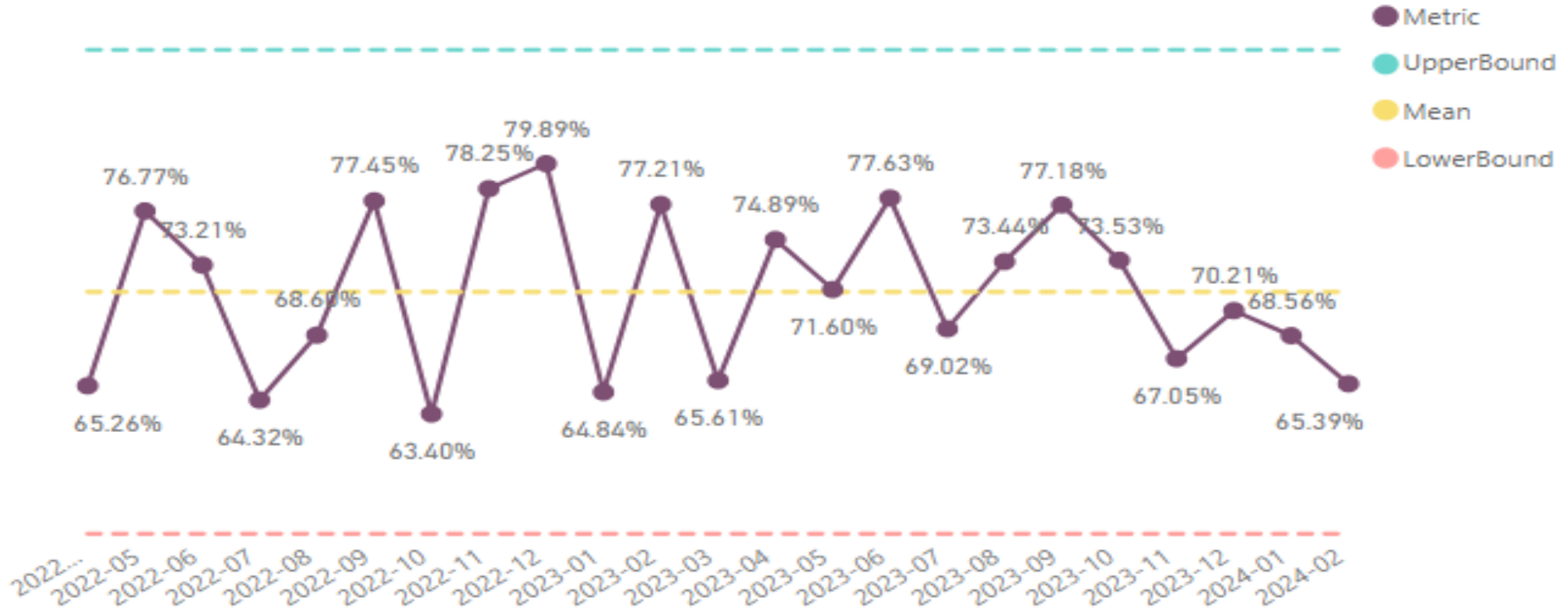
A planned task and finish group lead by the ICB to review consumable costs.
Review of workforce requirements to meet needs.

Expected outcomes and timelines *(Please detail the expected outcomes by when)*

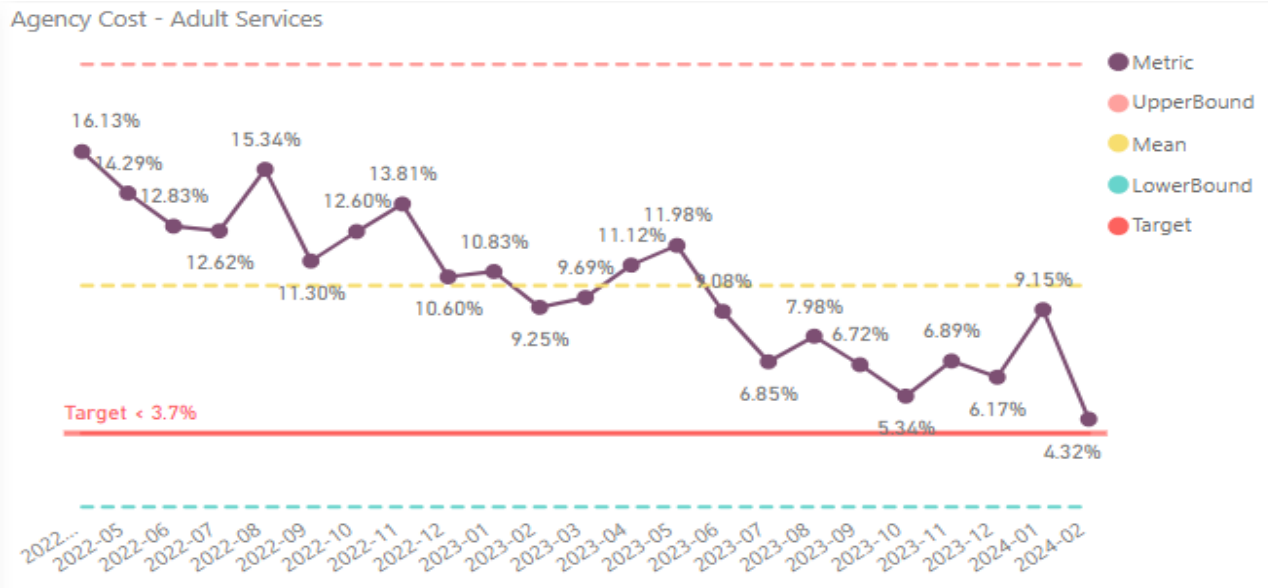
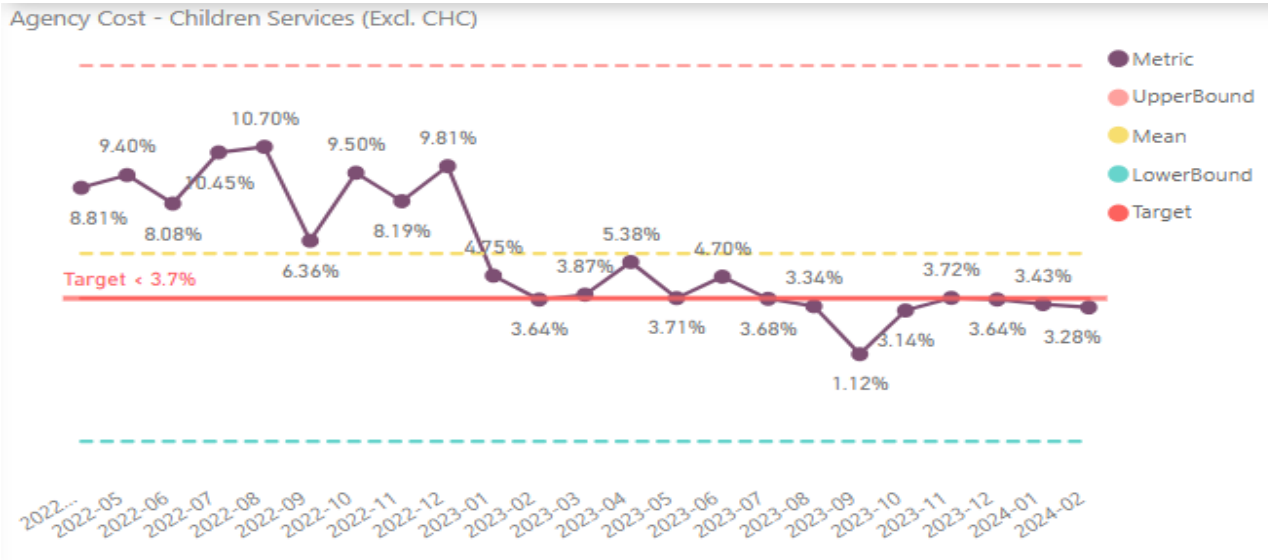


Finance

% of PO Invoices



Agency Cost



Summary *(Please provide a summary of activity)*

Children's services have worked hard to reduce agency costs and levels are currently below national targets.

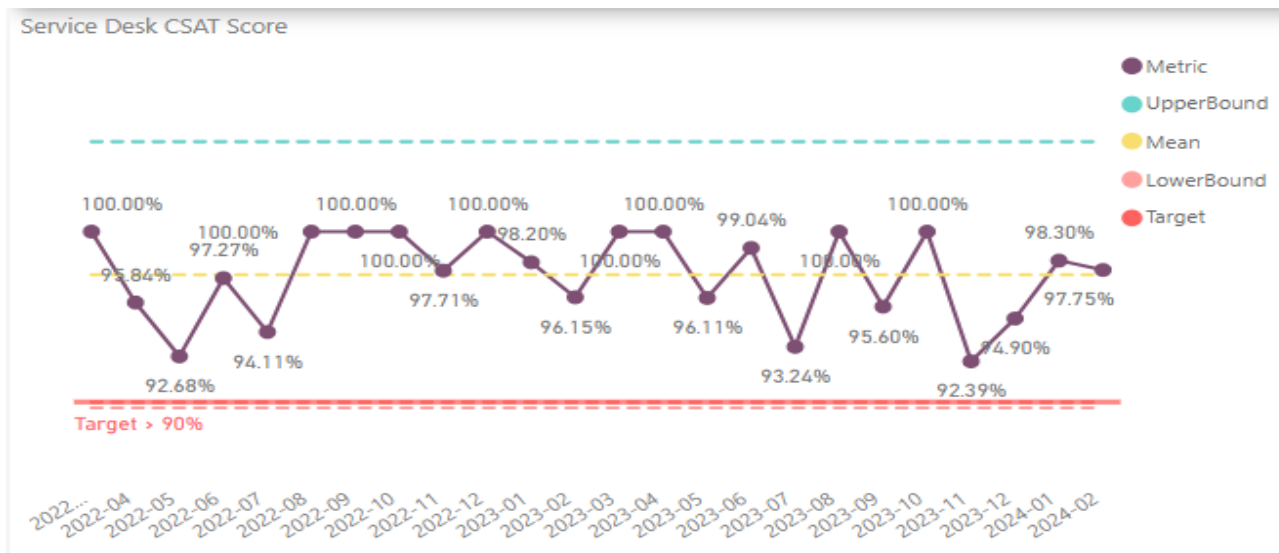
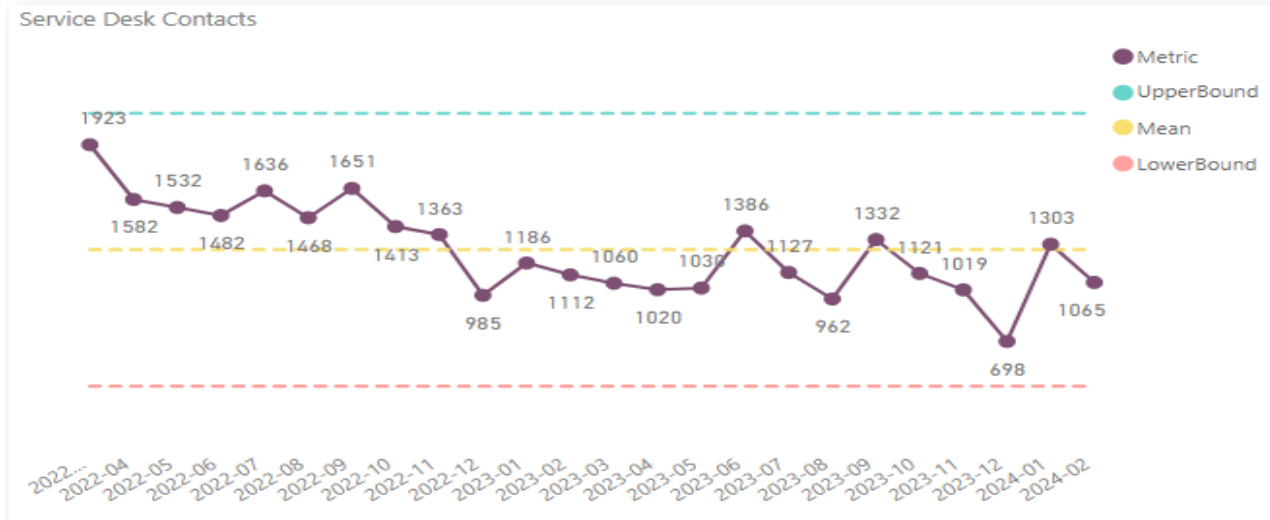
There was a spike in use of agency staff for Adults in January 2024 as a result of sickness

Actions *(Please outline actions taken or required)*

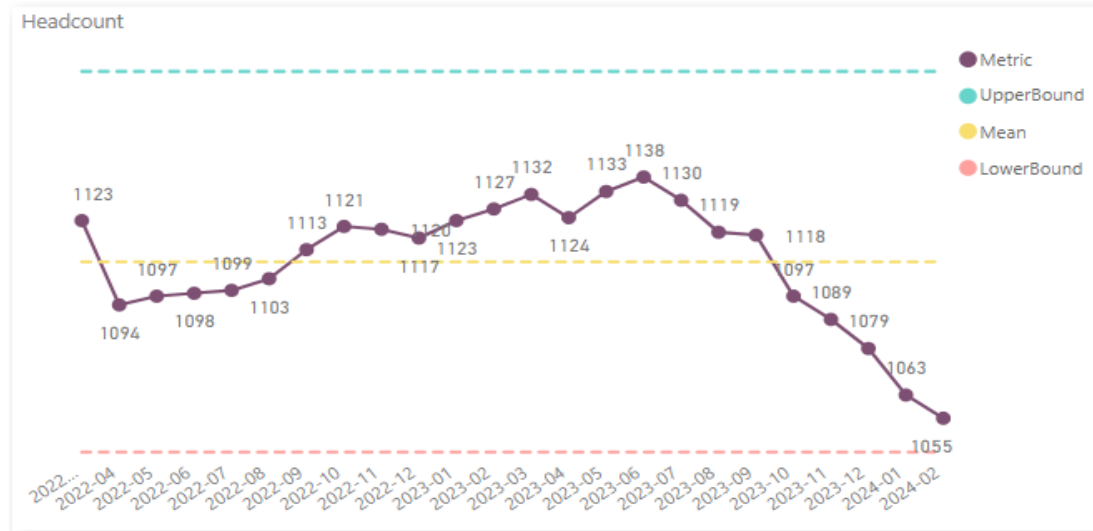
Given the reduction in agency usage, the thresholds for the upper and lower limits require resetting: this will be done for the next report. Usage is still above target, but is reducing; although this is still above the national target, with work underway to reduce this further where possible.

Expected outcomes and timelines *(Please detail the expected outcomes by when)*

Digital



HR



Summary (Please provide a summary of activity)

Headcount figures have been slowing reducing since June 2023 with an overall reduction of 83, so a 7.2% reduction. The highest percentage increase is in children's services which is down 11.7% from 557 to 492. Adults reduced by 1.25% from 400 to 395 and enabling teams reduced by 7.6% from 184 to 170.

Childrens reduction is in line with affordable establishment

Adults The reduction in headcount is in part caused by holding vacancies across our community hospitals during the consultation and planned closure of Hersham ward (see below).

For enabling teams, these reductions have been as a result of holding vacancies to ensure we can meet out year on year efficiency targets as set by the organisation.

Actions *(Please outline actions taken or required)*

Childrens services will need to maintain staffing levels within affordable budget

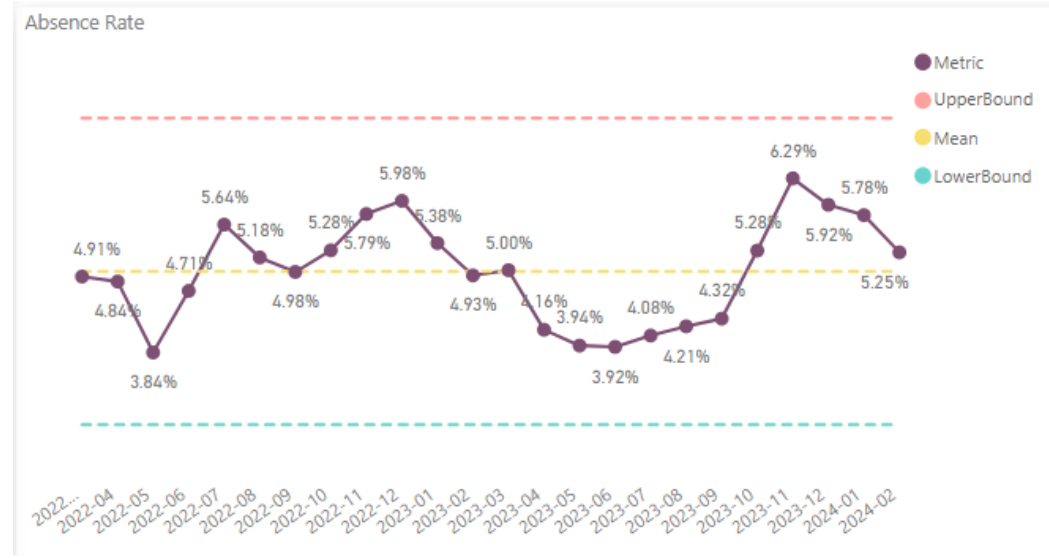
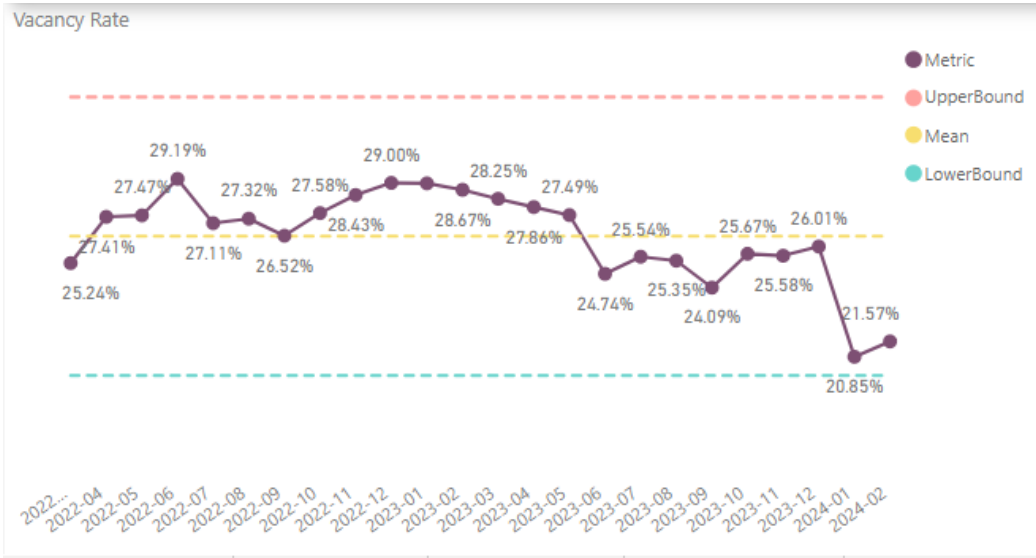
Adults. All actions relating to the Community Hospitals have been completed. Ongoing programmes are in place within CSH Surrey and across NWSA to improve recruitment to all posts.

Enabling teams will continue to monitor vacancy rates in line with their efficiency targets and have no plans at this moment, to increase headcount.

Expected outcomes and timelines *(Please detail the expected outcomes by when)*

Adults There may be a further change in headcount as services change and the need for more flexibility in working patterns is identified.

Enabling teams will, if anything, see a slight reduction in headcount again in 24/25 as they prepare for expected workforce changes in 25/26.



Summary (Please provide a summary of activity)

Vacancy rates

Dipped from a peak of 29.19% in June 2023 - current vacancy rate is 21.57% - worked being done in ESR and the establishment to ensure we are at true vacancy rates.

Childrens down from 24.48% in September 2023 to 16.40% in Feb 2024. This is due to the establishment work, but we believe from finance this should be nearer to 12%. This is being picked up by colleagues in Childrens services.

The highest vacancy rates by department in children's are in Children's Services admin - 50%, CHC - 47%, non-CFHS other activity, 52% and school nursing - 42%.

Adults down from a high of 33.65% in March 2023 to 27.48% in February 2024. At its lowest, vacancy rates in adults were 25.38% in October 2023 but it has been slowly increasing month on month since then.

The highest rates by department in adult's services are in inpatient therapies at 41%, community hospitals at 39.8% and community nursing at 36.4%. Other areas including the diabetes service, out of hours nursing, radiology, UCR and the SPA are all over 30% as well. Enabling is down from a high of 37.42% in March 2023 to a low of 14% in Sept 2023. This has slowly crept up since September 2023 and now sits at 18.21% in Feb 2024.

In March 2024 enabling teams have the following vacancy rates: Digital 32%; Estates and Facilities 0%; Finance 18.3%; People 14.5%; and Quality and Clinical Governance 10.6%.

Absence rates

Absence rates fluctuate as expected through the year, with lower rates in the summer increasing upwards through autumn and winter. The highest absence rate record was 6.29% in November 2023.

Our adult's services division had the highest absence rate over the winter period at 7.51%: children's was 6.3%; and our enabling teams peaked at 4.06%.

Actions *(Please outline actions taken or required)*

Children's: Sickness rate is impacted by uncertainty related to future contract. Teams are being supported by line managers and senior leadership are continuing with open and honest dialogue in relation to contracts.

Adults: The high vacancy rate in adult's in-patient therapies and community hospitals was caused by vacancies being frozen whilst the consultation and subsequent closure of Hershams Ward was taking place. This was to maximise opportunities for colleagues to transfer into existing vacancies and to minimise the risk of redundancy. Hershams ward has now closed, and colleagues have moved into their new posts, and so the vacancy rate in those two areas is now minimal.

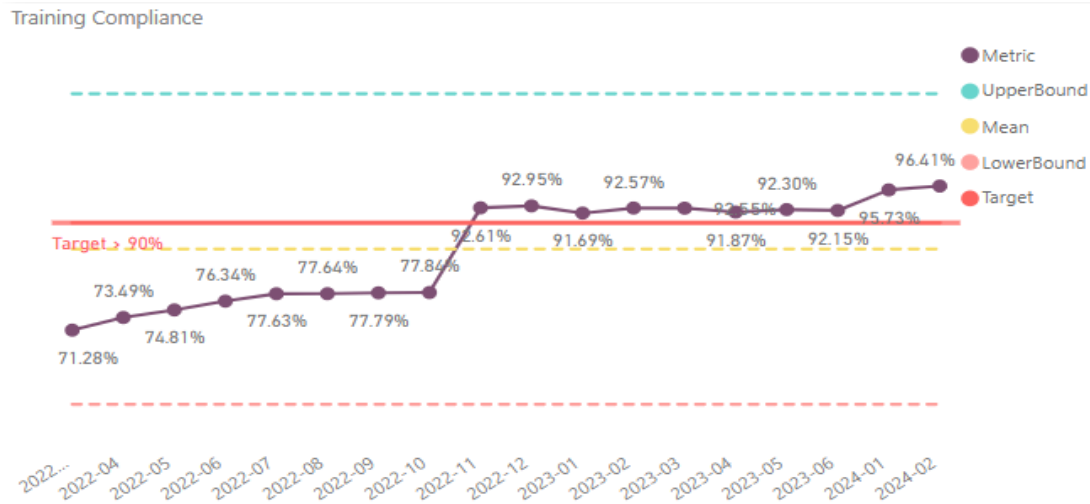
Community Nursing still has a high vacancy rate and work continues to improve recruitment and retention in these areas. The development of the Integrated Neighbourhood Teams and the improved understanding of local population health in each area will improve our ability to skill mix and use different roles to deliver a more holistic service to our populations and the use of tools such as the Community Nursing Safer Staffing Tool will support a more accurate understanding of demand and capacity across these services.

As confirmed, our enabling teams continue to monitor vacancy rates and if anything, may well rise as they look to prepare for efficiency savings through the year.

Expected outcomes and timelines *(Please detail the expected outcomes by when)*

As an organisation, the highest recorded reasons for absence are, stress, musculo-skeletal (MSK) issues and respiratory illnesses. We are working to support staff in a number of ways and have various interventions available through Occupational Health and Vivup. These include a physio service for any work related MSK concerns, an organisational stress assessment toolkit, and lots of services linked with staff health and wellbeing.

Learning & Development



Summary *(Please provide a summary of activity)*

Following a period of review on ESR Oracle, we are pleased to report all functions are working well and compliance is sitting at 96.4% which is well above national and internal benchmark

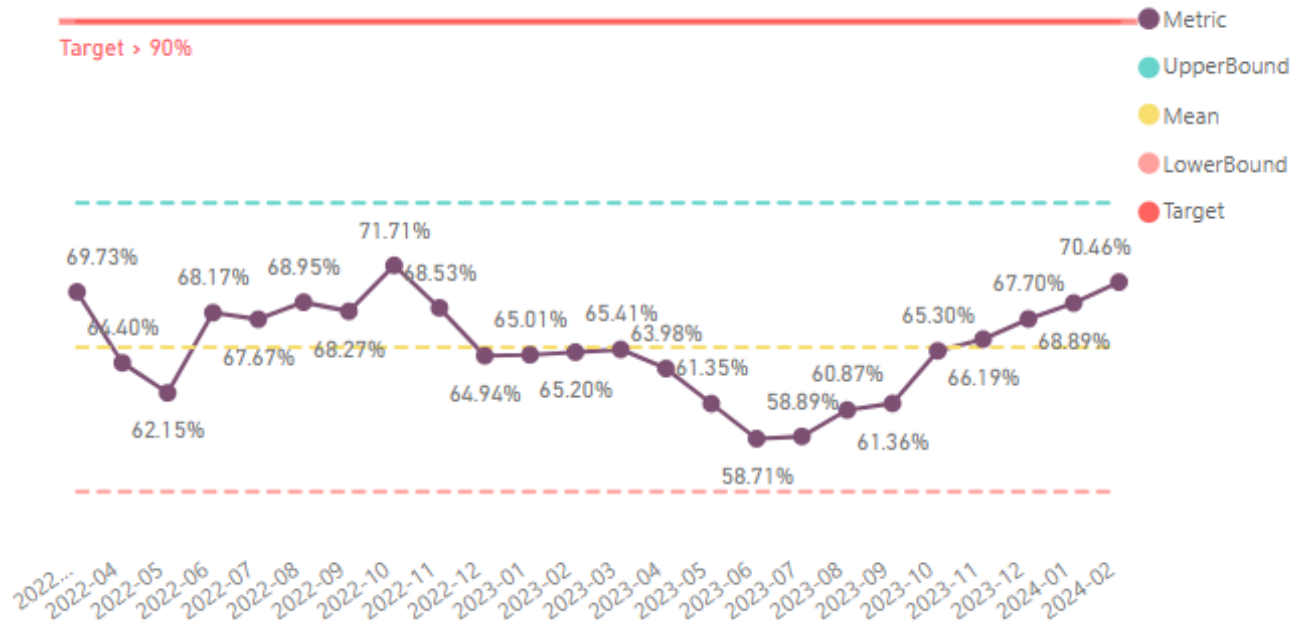
Actions *(Please outline actions taken or required)*

None required

Expected outcomes and timelines *(Please detail the expected outcomes by when)*

Continue current positive trajectory

PDR Compliance



Summary *(Please provide a summary of activity)*

PDR compliance is rising steadily, we believe this is as a combination of end user confidence and the introduction of new documentation and line manager training and support.

Actions *(Please outline actions taken or required)*

Continue with programme of line manager training & support

Expected outcomes and timelines *(Please detail the expected outcomes by when)*

Compliance trajectory to continue a steady increase, to reach a minimum 95% by Aug 2024



Central Surrey Health Limited

| | |
|--------------------------|--|
| Title of paper: | Digital report |
| Meeting: | Board of Directors – meeting in public |
| Meeting date: | 07 May 2024 |
| Agenda Item: | Item 8d |
| Purpose of paper: | For assurance |

| | |
|---|---|
| Has this paper been discussed at other meetings or committees? | |
| This paper was considered at the Executive meeting on 29 April 2024 and is recommended to the Board for approval. | |
| Board assurance framework | - |

| | |
|-----------------------|------------------------------|
| Author – Role: | Director of Digital Services |
| Director: | Keith Woollard |
| Date prepared: | 25 April 2024 |

| |
|--|
| Executive Summary – Items to highlight: |
| <p>This report provides an update and assurance on the key activities for the Digital Services function:</p> <ul style="list-style-type: none"> ▪ Operational Performance ▪ Systems and Information ▪ Digital Delivery ▪ Information Governance ▪ People ▪ Technology Roadmap ▪ Risks ▪ Strategic Delivery Plan <p>The Board is asked to note this paper for assurance.</p> |

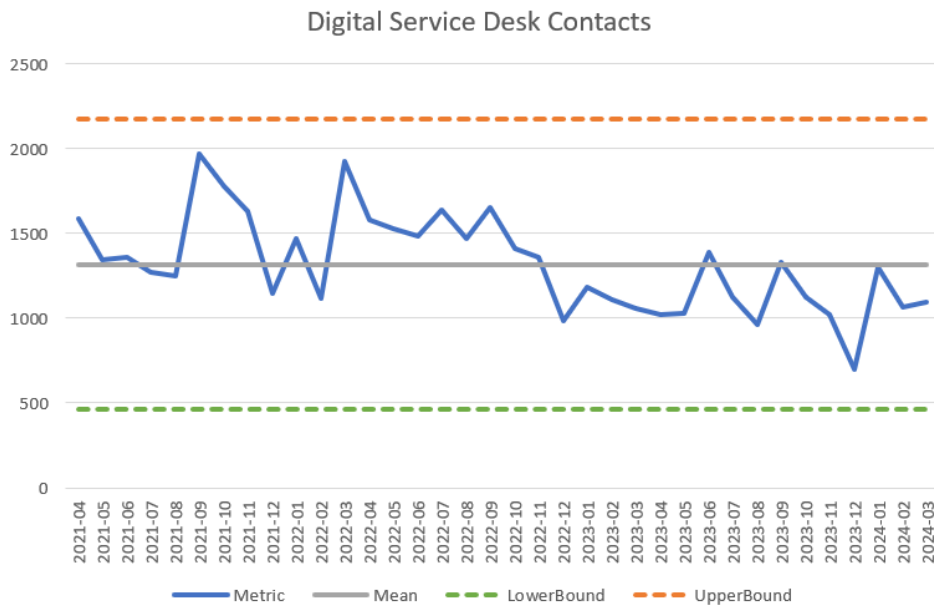
1. Purpose of report

1.1 This report provides an update and assurance on the key activities for the Digital Services function.

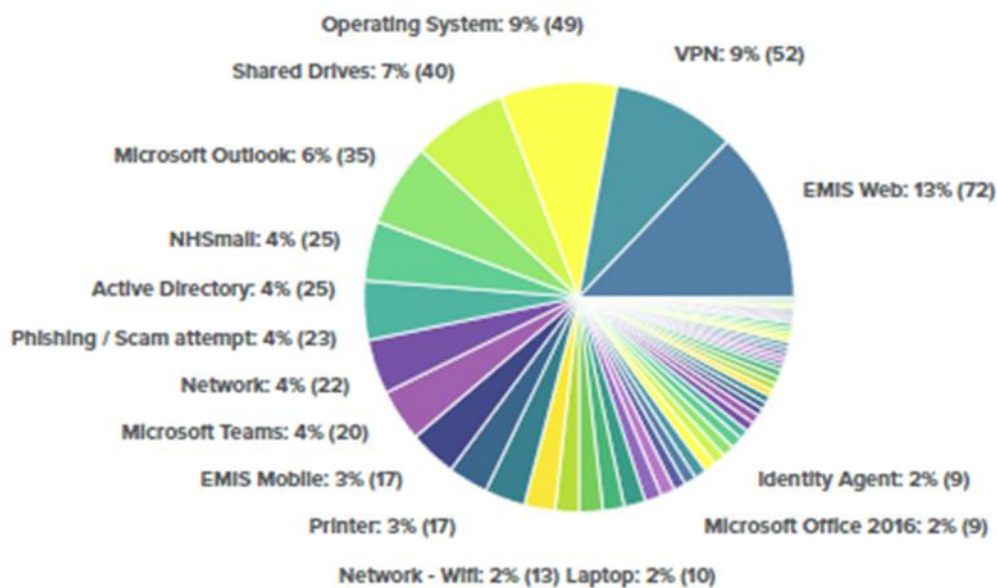
2. Operational Performance

2a. Service Desk Contacts

2.1 The Service Desk provides an essential single point of contact for our customers to log and track issues and requests. The statistical process control (SPC) chart below shows the number of calls made by CSH colleagues.

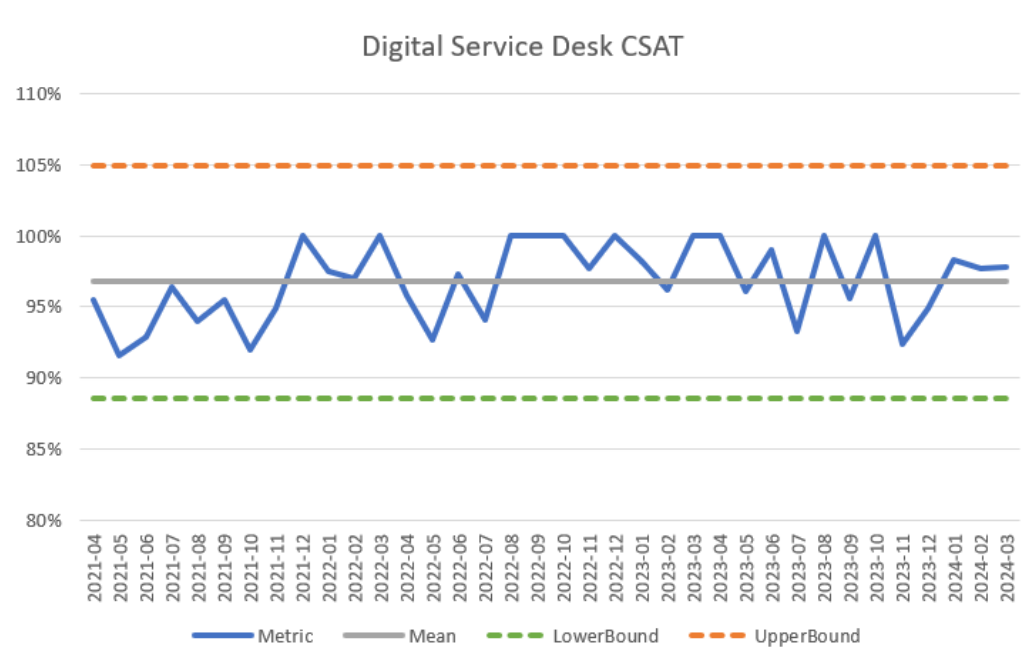


2b. Service desk incidents by digital service



2c. *Customer Satisfaction (CSAT)*

2.2 Overall satisfaction rates continue to be high as can be seen in the following chart:



3. **Systems & Information**

- 3.1 The EMIS move to Amazon Web Services on 28th February 2024 went smoothly: this has improved the performance of EMIS for our users.
- 3.4 EMIS are modernising EMIS Web to utilise the additional capabilities of Windows 64 Bit Operating System and Microsoft NET Framework 4.8. This is designed to improve the performance of EMIS Web and EMIS spoke performance, memory management and security. We currently have regular crashes when opening large documents in the hub and this is due to a memory issue. We are hopeful that this release will eradicate these issues. In my last report, we were expecting this release at the end of March 2024 but due to issues that other organisations who have taken this release have had EMIS have stopped the roll out.
- 3.5 The team are working with adult services on the Minute4 for Wound project as this application integrates with EMIS and adds the data to the patients record. The kick off meeting was held on 16th April 2024 with weekly meetings in place.
- 3.6 We have made a request to Radiology and to NHS Digital via EMIS for a MESH (Message Exchange for Social Care and Health) mailbox for the walk-in centre (WIC). This will allow clinicians to open the ICE (Integrated Clinical Environment) system within EMIS rather than having to log into ICE separately and all X-ray results will file back into EMIS. This will support the clinicians in the WIC and will free up some time for them. This is still in development with Ashford & St Peters Hospitals NHS FT (ASHP) who are having difficulties in getting this set up, but we are hopeful a solution can be found.
- 3.7 CP-IS (Child Protection Information Sharing) which is part of the summary care record (SCR). Social services will record information regarding children who are on a child

protection plan and those who have the correct smart card role will be able to view this record via SCR. NHS England via Surrey Heartlands Integrated Care System (ICS) project team have instructed that all 0-19 colleagues should be given this access. Jenny Hiscock from Clinical Systems has taken on this project and added new roles created by our Registration Authority (ASHP) and assigned this to all 0-19 colleagues. Jenny has written guides and is delivering training sessions.

- 3.8 There is a national upgrade in progress for smartcard software moving from Care Identity Service (CIS) to Care Identity Management (CIM). Smartcards are managed by the Clinical Systems team and Jo Row has been working with our Registration Authority to ensure that all the new processes are in place. One of the major benefits will be the way we process new smartcard applications, and this will all be managed online. The new user will manage their own application as there will no longer be a need for face-to-face meetings with users bringing in their identity documents.
- 3.9 The information team are working with the patient experience team to send Friends and Family text messages on first appointments, discharges and at six months to those who are on a caseload for longer than six months. This is now in the testing phase for the Respiratory team who have signed up to be our pilot. The aim is for texts to commence at the beginning of May 2024.
- 3.10 The new Thames Valley & Surrey (TVS) care record, which replaces the Surrey Care Record and combines Buckinghamshire, Berkshire and Surrey data under a regional care record is being rolled out at the end of April/May 2024. We have met with the Graphnet team and there are no impacts on our BI team or end users. CSH access this record via EMIS and therefore we can only view those patients who are on our EMIS system and have granted consent to share via their GP practice. This may be helpful for those services that are on the boundaries; 0-19 teams and Frimley as an example. It may also be helpful to our WIC colleagues as people come from all over Surrey to use this service. This project is being run by the ICS and they will be sending all communications for us to cascade.
- 3.11 Subject Access Requests (SARS) moved to digital services in January 2024, and in March 2024 this came under the Clinical Systems and Information structure. SARS volumes continue to increase and the complexity of some can take an inordinate amount of time to try and work through. There is also a very high demand of X-ray patients wanting to have a copy of their X-rays and report and this is where the requests have increased. As X-ray has moved to the management of ASHP under the new business units, we are in discussions as to whether X-rays for SARS should also sit with ASHP.
- 3.12 There is also the scatter gun approach by solicitors to deal with where they are reaching out to all and sundry asking for records and not checking their own inboxes when we reply.
- 3.13 It is not sustainable for one person to deal with SARS and therefore we will be bringing in support for Vaso Karanikis who is currently managing this.

4. Digital Delivery

4a. Microsoft SharePoint migration

- 4.1 With the discovery phase now completed, a business case has been drafted and is currently under review pending final submission to the strategic delivery group in May 2024.

4b. *Doccla deployment*

4.2 As part of an overarching ICB procurement, Doccla has been awarded the contract to provide a digital platform to record remote monitoring statistics by patients to support virtual wards. In conjunction with the NWS Alliance, we will be deploying this to the CSH and ASPH virtual ward clinical teams. We are currently reviewing the integration activities with Doccla.

4c. *Integrated Neighbourhood Teams*

4.3 We are currently working in partnership with GPs, ASPH, Surrey County Council and multiple Borough Councils on providing integrated neighbourhood teams (INT) for patients. We are the lead digital partner and have now included the completion of Phase 1, and the start of Phase 2 to include Social Prescribing teams onto EMIS Web. Digital Services have engaged with the social prescribing teams to carry out current operating model process mapping.

4d. *CSH element of Surrey Safe Care (Cerner implementation)*

4.4 The new interim chief digital information officer (CDIO) at ASPH has confirmed that this project is still on their digital roadmap for 2024/25. Following the kick-off meeting planned with the new CDIO, it was identified that due to a change freeze, as an innovation upgrade to Cerner is applied, this start-up work may not commence until Q3/Q4. We are currently looking at other options for digital platforms for the CSH bedded units and an options' appraisal has been produced which is currently being reviewed by the Adults leadership team.

4e. *Woking and Sam Beare Hospice Inpatient's Unit*

4.5 We have begun work on deploying EMIS Web to the Hospice In-Patient Unit (IPU), building on the deployment completed in 2023 for the community services.

4f. *Civica Auto Scheduler*

4.6 The digital and adult team leads are carrying out a discovery phase on the Civica Auto Scheduler linking with NHS organisations who currently use the solution with EMIS Web and e-Health roster.

4g. *Accurx*

4.7 The digital team continue to carry out the discovery phase on Accurx with the aim to have a business case in place by the end of May 2024. Currently CSH utilises multiple different platforms to complete specific tasks, but none of these are integrated into EMIS Web (Community) allowing for a uniformed and single pathway of digital data capture. We currently use the following independent solutions:

- SMS Messaging Appointment reminders
- Calendly patient booking systems for group sessions
- Attend Anywhere

4.8 We have received confirmation that year one funding for AccuRx will be met by Surrey Heartlands as part of the NWS AccuRX contract.

5. Information Governance (IG)

5.1 For the last full financial year, CSH reported 95 IG incidents. In the 2023-24 year to date, a total of 150 IG incidents have been reported. CSH reported three incidents to the

Information Commissioner via DSPT (data security and protection toolkit) concerning two linked serious data breaches and a third separate breach.

- 5.2 CSH has a legal responsibility to comply with Individual Rights Requests (IRRs) made under Data Protection Legislation, in relation to personal information that the organisation holds.
- 5.3 For the financial year to date, we processed a total of 530 SARS – all of which were completed within the statutory timeframe.
- 5.4 Activity in relation to requests processed from 2023-24 (year to date) are set out below – to date all completed requests have been fulfilled within the statutory timeframe.

| | Apr 2023 | May 2023 | Jun 2023 | Jul 2023 | Aug 2023 | Sep 2023 | Oct 2023 | Nov 2023 | Dec 2023 | Jan 2024 | Feb 2024 | Mar 2024 | Total |
|---------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| Responded - records sent | 27 | 30 | 25 | 31 | 33 | 24 | 37 | 32 | 21 | 22 | 20 | 3 | 305 |
| Responded - not data controller | 0 | 0 | 0 | 8 | 12 | 15 | 10 | 21 | 11 | 25 | 10 | 4 | 116 |
| Abandoned by requestor | 1 | 1 | 5 | 6 | 3 | 5 | 4 | 4 | 5 | 12 | 6 | 1 | 53 |
| Responded - no records found | 2 | 2 | 0 | 4 | 7 | 2 | 4 | 1 | 3 | 4 | 2 | 0 | 31 |
| Currently open - in time | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 23 | 23 |
| Responded - exempted | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 2 |
| Total | 30 | 33 | 30 | 49 | 55 | 47 | 55 | 58 | 40 | 63 | 39 | 31 | 530 |

- 5.5 The DSPT requires the organisation to evidence that 95% of its staff have completed mandatory IG training during the toolkit year (1 July – 30 June 2024). This requirement includes temps, contractors, interim, apprentices and anyone with any access to the organisation’s systems, files, and premises.
- 5.6 Our current IG training compliance is 98.17% which shows an increase since the last report and fulfils the DSPT requirements.

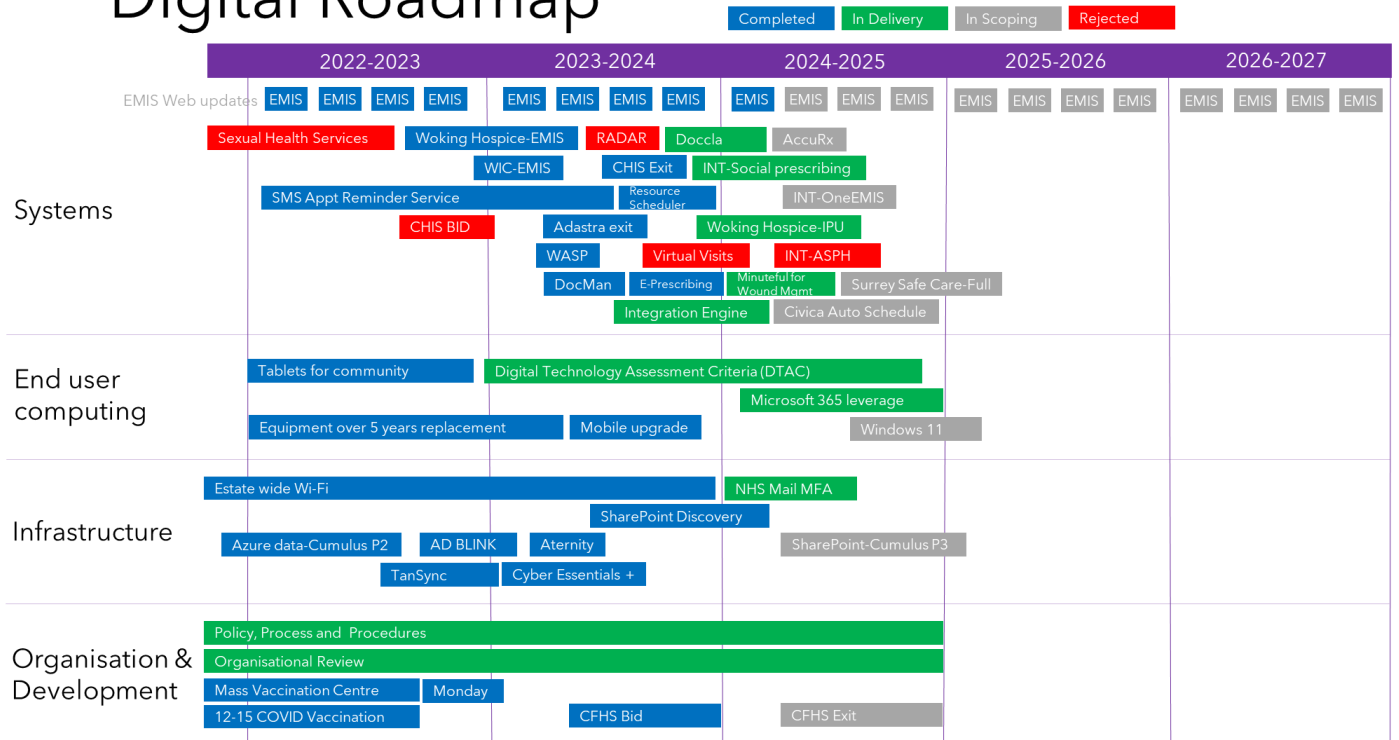
6. People

- 6.1 The Meet with Keith meetings where different members of the Digital team meet with Keith over coffee and have a catch up will be rescheduled now Keith is back up and running.
- 6.2 Following the staff survey results, we are putting together a focus group to work through the digital results to look at areas of improvement. This will consist of a different member from the three separate sub-Digital teams.
- 6.3 We give a warm welcome back from maternity leave to Jessica Moore and Elsie Manners, as well as Andy Humm who returns from a long leave of sickness absence. We also look forward to the arrival of our new BI Developer Rudra Rao Rakoti.
- 6.4 As SARS is also now part of Digital, with the high volumes, extra support is needed for that team. We have successfully recruited from NHSP Lori Anderson, and we look forward to her starting with us on 18th April 2024.

7. Technology Roadmap

- 7.1 This diagram represents our current thinking regarding our technology strategy and is designed to help us plan and articulate our strategic technology initiatives in the future.
- 7.2 This roadmap underpins our 'Any time, Any place, Anywhere' strategy, enabling CSH staff to work fully from any location.

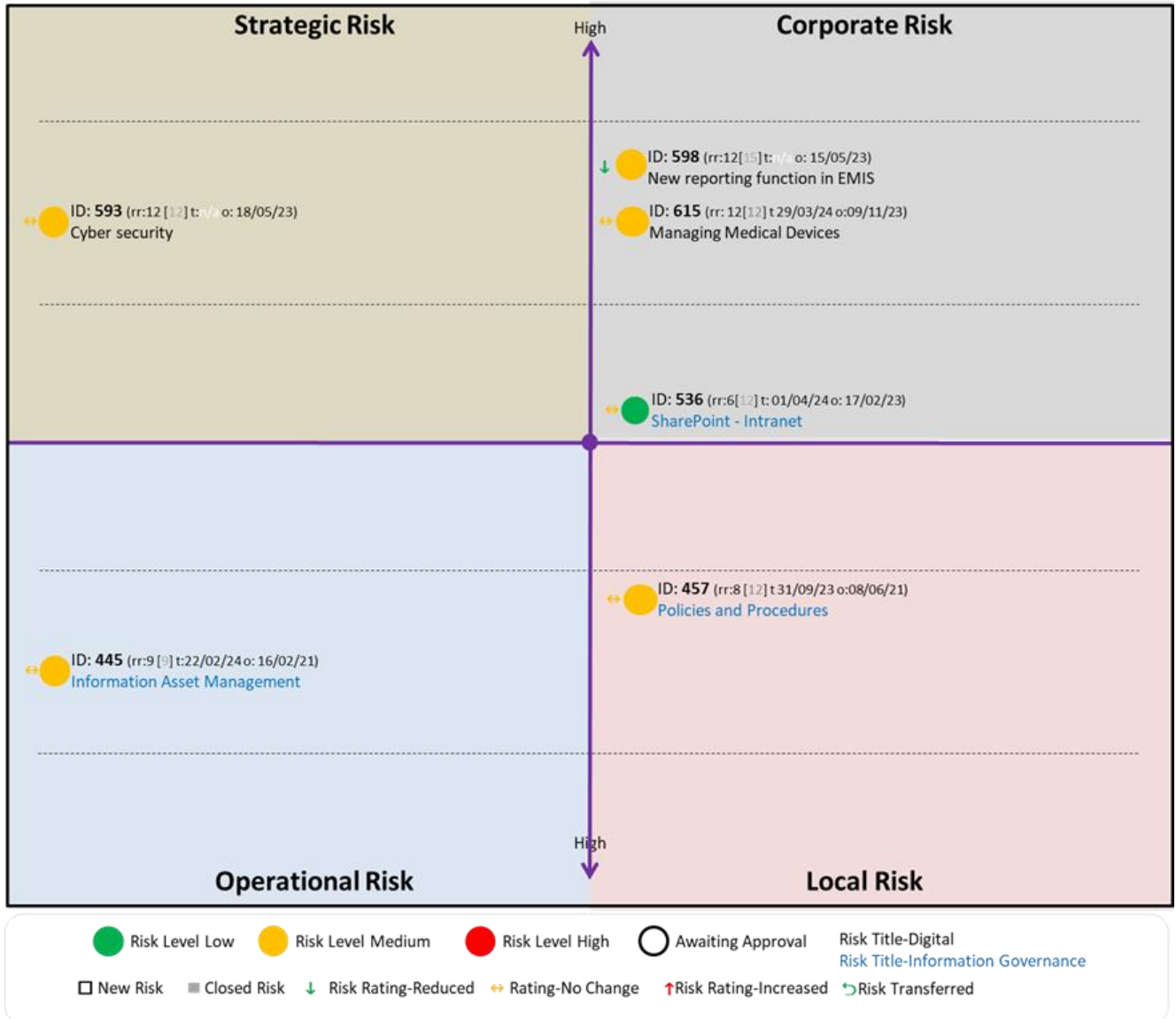
Digital Roadmap



8. Risks

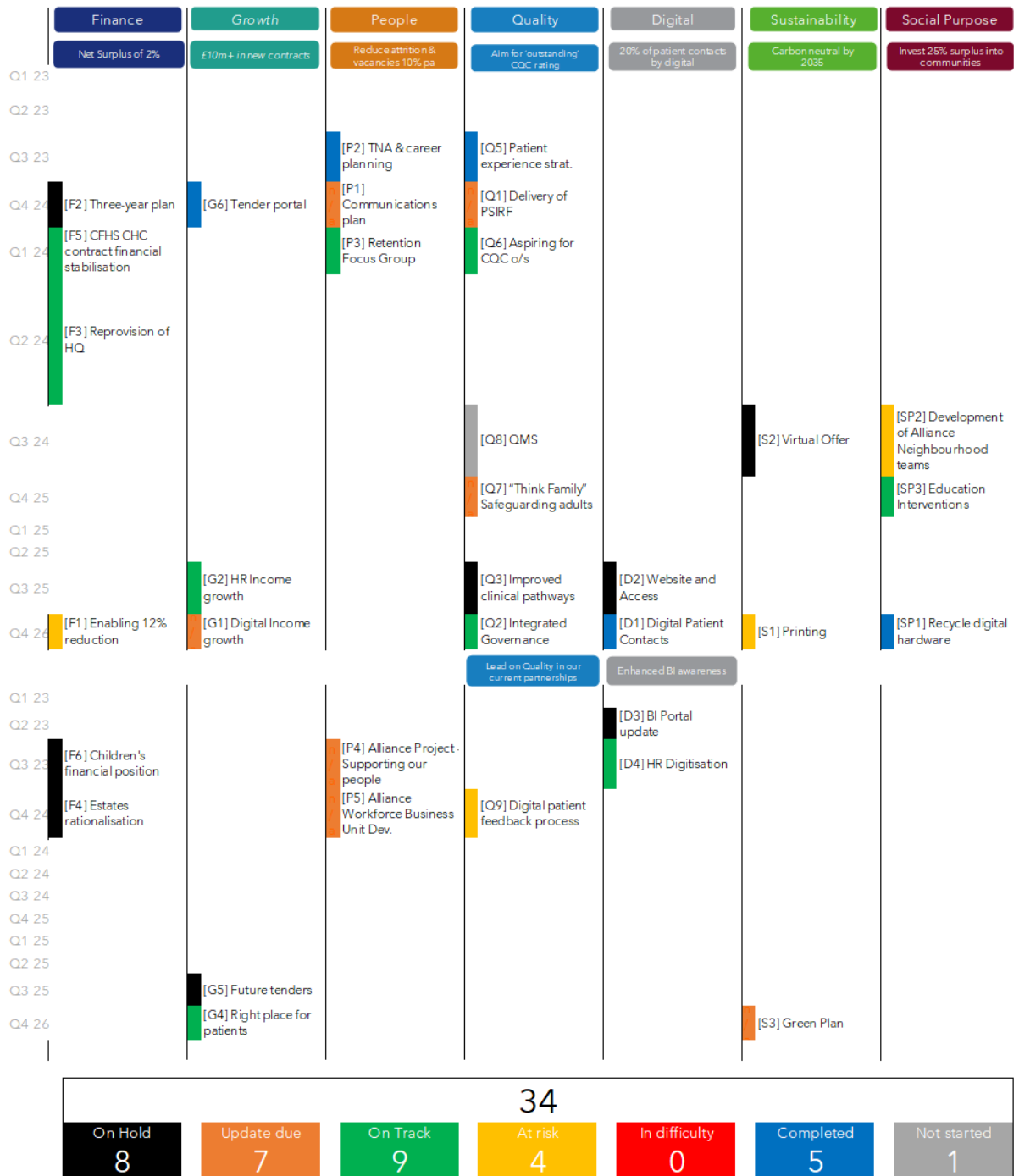
- 8.1 Digital Services review all associated risks to business operations on a regular basis with a core aim to mitigate and close all given target closure dates.
- 8.2 Overall, there are now six risks on the Digital risk register – three IT and three IG (in blue)

Digital DATIX Risk Register



9. Strategic Delivery Plan (SDP)

Strategic Delivery Plan 2023-2026 March 2024



- 9.1 The organisation’s strategy is delivered through the Strategic Delivery Plan which has been approved by the CSH Executive.
- 9.2 The Strategic Delivery Group meets monthly to provide assurance of progress and delivery against the plan enabling identification and monitoring of risks through the board assurance framework.

- 9.3 The highlight report sets out a summary of where we currently are at the time of writing this report and how the plan stands at the end of March 2024. Project updates are requested by the 27th of each month. Whilst a reporting mechanism is in place for progress updates to be regularly provided by objective owners, the Easter period and annual leave have led to some delays in the collation of all March 2024 SDP updates
- 9.4 We have a total of 34 planned strategic projects/initiatives – 8 are on hold, 7 are awaiting updates, 9 are on track, 4 at risk, 0 in difficulty, 5 have been completed and 1 has not started.

10. Recommendations

- 10.1 The Board is asked to **note** the contents of this report for assurance.

End of report



Central Surrey Health Limited

| | |
|--------------------------|---------------------------------------|
| Title of paper: | People Report |
| Meeting: | Board of Directors' meeting in public |
| Meeting date: | 7 May 2024 |
| Agenda Item: | Item 8e |
| Purpose of paper: | For assurance |

Has this paper been discussed at other meetings or committees?

This paper was considered with the executive team on 29 April 2024 and is recommended to the Board for approval.

Board assurance framework

| | |
|-----------------------|--------------------|
| Author – Role: | Director of People |
| Director: | Camilla Bellamy |
| Date prepared: | 24 April 2024 |

Executive Summary – Items to highlight:

This report provides an update on specific people related areas; an update on the people-related key performance indicators (KPIs), and a system strategy update.

The Board is asked to take **note** of this paper for assurance.

1. Purpose of report

- 1.1 This paper aims to provide the Board with assurance on key People-related activity.
- 1.2 The Board is asked to note the Putting People First Committee (PPFC) report as supplementary to this paper. The PPFC focuses on the five pillars of the People Strategy.
- 1.3 This paper and the People agenda are implicitly linked with the CARE values.
- 1.4 Further ensuring the above is at the forefront of the strategic objectives to **develop, retain and grow**.

2. People Strategy

2a. Key Performance Indicators (KPI) update

- 2.1 The table below provides an update on the current people related KPIs. SPC charts for this data can be seen at Appendix One.
- 2.2 The table below is shared for information and assurance on the recruitment timescales.

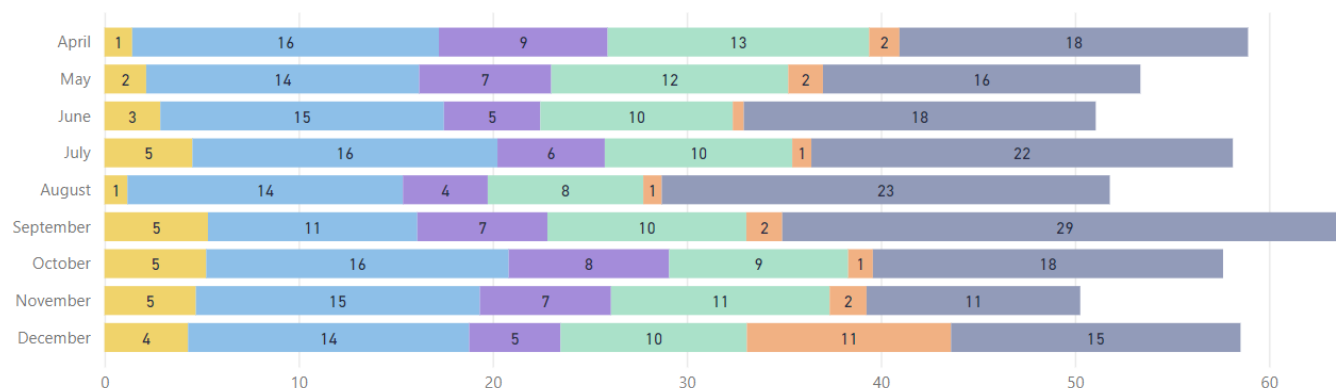
| Measure | Target | Oct 23 | Nov 23 | Dec 23 | Jan 24 | Feb 24 | Mar 24 | CQC Domain |
|---------------------------------------|--------|--------|--------|--------|--------|--------|--------|------------|
| Headcount (no.) | n/a | 1098 | 1090 | 1080 | 1064 | 1056 | 1055 | Responsive |
| Retention/Turnover rate (annual FTE%) | 15 | 18.88 | 17.90 | 18.69 | 18.97 | 19.44 | 18.94 | Well-Led |
| Vacancy rate (%) | 15 | 24.52 | 24.43 | 24.86 | 21.08 | 21.73 | 22.22 | Responsive |
| Training compliance (%) | 100 | N/A* | N/A* | N/A* | 74.80 | 85.50 | 86.35 | Responsive |
| PDR (% completed) | 100 | 65.37 | 66.26 | 67.77 | 68.78 | 70.37 | 68.42 | Caring |
| Absences (% overall) | 4 | 5.45 | 6.57 | 6.0 | 5.92 | 5.34 | 5.08 | Caring |

2a Average number of days for each recruitment stage

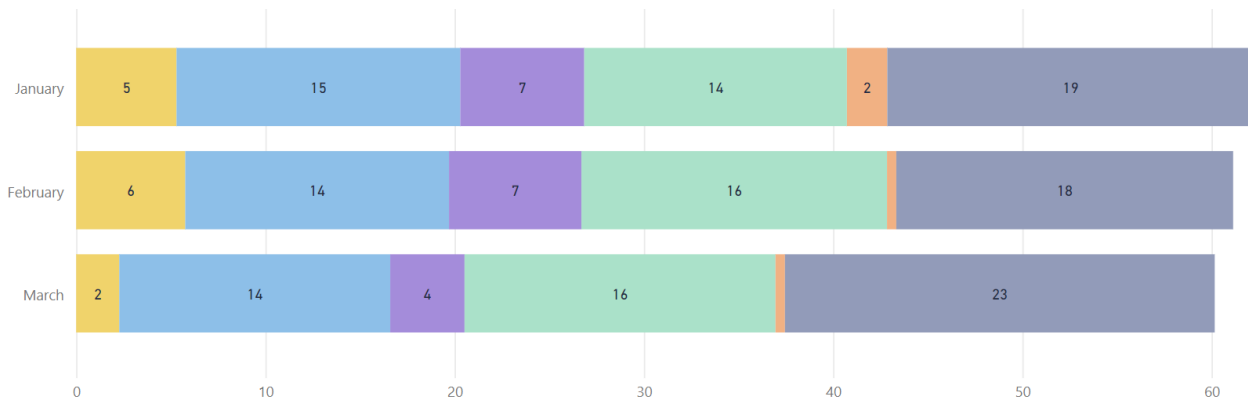
- 2.3 The following table highlights the number of days for each stage of the recruitment process. We are still missing the 'contract sent to start date' data, and are working with digital colleagues on adding this back in; however, it is currently 10.1 days.

RecruitmentStages ● 1. Vacancy approved to published ● 2. Advert published to closed ● 3. Advert closed to shortlisting complete ● 4. Shortlisting complete to interview date ● 5. R5 received to conditional offer sent ● 6. PEC complete to contract sent

2023



2024



2b. Key Performance Indicators - Next steps

2.4 We continue to develop our reporting in line with our agreed KPIs and in due course, this will become part of the Integrated Performance reporting work taking place across CSH.

2c Staff Survey

2.5 The annual staff survey closed on 24 November 2023, and CSH’s final response rate was 57%, a 3% increase from 2022. We received our local data reports and management reports in late December 2023.

2.6 A total of 118 questions were asked in the 2023 survey. Of these, 113 can be compared to 2022 and 100 can be positively scored. Overall, the results were more positive than we were expecting based on the morale of our staff during the survey period and the challenges being faced by the organisation.

2.7 Compared to 2022, 16 questions were significantly worse, 80 no significant difference and 1 was significantly better. Whilst it is disappointing that our positive score ranking has dropped from fourth in the list of similar organisations (social enterprises), to eighth, in real terms that is only a change of 1.1% from 2022 (2023 was 65.1%, 2022 was 66.2%).

2.8 When comparing our data across all organisations that use Picker, we scored significantly higher than external averages across 24 questions and significantly worse across 32 questions.

2.9 The areas where we scored significantly higher were ‘your job’, ‘your team and people in your organisation’ and ‘your managers’; and the areas where we scored significantly worse were across ‘your personal development and your organisation’ and ‘your health, wellbeing and safety at work’.

2.10 The table below highlights where we scored well compared to our acute colleagues across Surrey Heartlands

| Question | CSH | RSCH | ASPH | SABP |
|--|--------|--------|--------|--------|
| Feel trusted to do my job | 93.13% | 90.69% | 90.40% | 91.23% |
| Receive the respect I deserve from my colleagues at work | 82.10% | 76.73% | 71.91% | 81.54% |
| Enjoy working with colleagues in my team | 89.59% | 83.60% | 81.57% | 86.28% |
| Immediate manager encourages me at work | 82.69% | 75.28% | 70.89% | 81.06% |
| Immediate manager values my work | 82.10% | 75.68% | 71.64% | 82.11% |
| Colleagues show appreciation to each other | 79.16% | 72.54% | 69.26% | 78.98% |
| Feel a strong personal attachment to my team | 75.81% | 67.48% | 66.16% | 69.62% |

- 2.11 The first meeting of the CSH staff survey task and finish group took place in early April 2024. Representatives from all directorates of the organisation sit on the task and finish group. A good discussion took place during the meeting about where we need to focus and how we are going to ensure positive change in response to the scores.
- 2.12 A draft action plan is now being developed focussing on areas such as reward and recognition, staff health and wellbeing and recruitment and retention. We are looking to publish the action plan in May 2024, which will include areas where action has already been taken.
- 2.13 We will then focus on a communications campaign over the Summer 2024 to highlight the great work that has been going on in response to this, and last year’s survey and how we can continue to make CSH a great place to work.

2d *Flu/Covid Vaccination Programme*

- 2.14 The 2023/24 flu and covid vaccination period has now ended. The next covid programme will run from 31 March 2024 to 31 August 2024. However, there will be no occupational programme for health workers. Staff may be eligible under the primary care programme and if so, they will be contacted by their GP surgery.
- 2.15 The Government’s guidance for the 2024/25 flu vaccination programme has now been released. As is always the case, eligibility for flu vaccination is based on the advice and recommendations of the Joint Committee on Vaccination and Immunisation (JCVI).
- 2.16 The exact start date of the programme is yet to be confirmed but it will commence in October 2024. The guidance confirms that all *‘frontline health care workers, including both clinical and non-clinical staff who have contact with patients, should be offered flu vaccine from October (exact start date to be confirmed in due course) as a vital part of the organisations’ policy for the prevention of the transmission of flu’*.
- 2.17 We are again linking in with Surrey Heartlands colleagues to ensure that our staff are able to access any local run clinics across Surrey and for eligibility through participating pharmacies. We will also ensure we have a back-up option of a voucher, in the same way we did this year, in case of any issues.

3. Learning and Development

3a *NHSE New CPD Funding / closing date March 21 / Summary*

- 3.1 The final number of “commitment to spend” applications closed at 334 out of a possible 574 eligible colleagues. Emails have been sent to all those colleagues who

have not contacted the learning and development team about the funding available. Any unused funding will be centralised to support training across the organisation.

3b *Unregistered CPD offer*

- 3.2 The learning and development team have set aside £60,000 of residual funding that was accrued from previous project work to ensure that we can support CPD opportunities for those colleagues who are exempt from the NHSE CPD for all registered clinicians.
- 3.3 This is funding provided in addition to the standard yearly funding provided through core routes. At the time of writing, we had 186 applications from 527 eligible colleagues.

3c *Calendar of External Events*

- 3.3 Our careers roadshow is back on the road again and we already have bookings for various universities, schools, and colleges throughout the year. Many are looking for more detail on career progression opportunities such as apprenticeship development roles and the various application processes. Others are more focused upon details around the variety of career options outside of the traditional. Digital and HR roles were popular recently with colleagues attending the roadshows able to share their own career journey to date.
- 3.4 The Director of People and the learning and development team are co-leading on a session at the upcoming Frimley/Surrey Heartlands Long Term Workforce plan summit. The summit will have an emphasis on the NHS Long-Term Plan especially for community providers, and the project work CSH and the community workforce board have achieved in support of the NHS Long Term Plan aspirations.

4. HR Services

4a. *Non-consolidated pay award*

- 4.1 We finally heard from Dept of Health & Social Care that our funding request for the non-consolidated pay award had been approved. Staff were informed of this via the Blink on the same day, and we were able to move quickly to be able to pay to all staff during their April 2024 pay.
- 4.2. Our thanks go out to everyone involved in fighting this campaign and it was great to see that, finally, our voice was heard.
- 4.3 Staff that are in receipt of Universal Credit were able to request that their payment was spread out via instalments to ensure it did not impact their credit payments.

4b. *Equality Impact Group and related staff survey scores*

- 4.4 We have now recommenced the Equality Impact Group (EIG) meetings and meetings took place in February and April 2024. We had varied discussions at the meetings including any feedback received from the staff networks, the plans we are developing for a number of cultural events, and how we can review the equality data that was received through the staff survey.

- 4.5 Worryingly, the national picture has deteriorated in terms of staff experiencing discrimination in the NHS and has reached nearly one in 10. The percentage of staff who had faced discrimination from the public in the past 12 months rose from 8.3% in 2022 to 8.5% in 2023. For CSH, it was 4% which is reassuring that we are below the national average, but we have more to do still, particularly across our adult services teams where the reported scores are the highest.
- 4.6 A discussion took place at the EIG about the scores in children's services as they were very low; however, feedback was that staff do not tend to report their experiences in the same way as they are sympathetic to the plight of the parents and carers of the children in their care. This was an area we agreed we would focus on for our action planning.
- 4.7 The percentage of staff nationally who had faced discrimination from managers and other colleagues was also at its highest in four years, increasing from 9% in 2022 to 9.07% in 2023. For CSH, it was 6%, so again lower than the national average, but we would want this to be 0%. We have the higher scores across our adults services and enabling teams.
- 4.8 As confirmed previously we have specific actions at the EIG to look at this in more detail and how this work can feed into the action planning process. We will keep the Board sighted on this work.

4c *Retention Focus Group*

- 4.9 Following meetings of the Retention Focus Group, an action around long-service awards is being worked through. A sub-group has been created, including representation from the Voice, to develop a proposal for the implementation of the awards and will consider the following key areas,
- Recognition of NHS service as a whole; and /or
 - Recognition of CSH service only.
- 4.10 The subgroup will also reach out to exemplar organisations across the NHS to gather learnings from these organisations. We will keep the Board update as this piece of work progresses.

4d. *NHS Professionals*

- 4.11 NHS Professionals (NHSP) delivered their Q4 update at the Executive meeting on 22 April 2024. Key slides from this meeting are available at Appendix Two. Despite a difficult contract on-boarding period for all, and various start up issues, we have come a long way in developing our relationship with NHSP and have made some really positive progress.
- 4.12 NHSP have helped to transform our governance around temporary staffing which has had a positive impact, most notably in reducing agency spend. Procurement colleagues in CSH have also supported enormously in terms of ensuring all the agencies we use, are, where possible, on an agreed framework provider. This has also had a positive impact on bank fill which in Q4 increased by 12.4%.
- 4.13 A big piece of work has also taken place with regards to retrospective agency bookings that has resulted in big reductions in the number of such bookings taking place. This information is available in the pack at Appendix Two.

5 Communications

5a Children and Family Health Surrey

5.1 We are supporting various communications initiatives across our children's services teams including the following:

- Support with the Children's contract, Children's Continuing Care and UNICEF Baby Friendly reaccréditation
- Developing and implementing a communications plan for the 'Be Your Best' service provided to families with children 0-12 who are above the health weight range.
- Supporting promotional materials for the a number of online parenting courses.
- Support for Allie and Inside Look.

5b CSH Surrey support

5.2 We supported the closure and migration of information following the decision to shut down the intranet and the move over to the Blink Hub. User activity on Blink has continued to increase with 88% of users active during 30 days in March and April 2024. We are also offering and supporting master classes on Blink, including site visits to teams.

5c Star Awards

5.3 The Star Awards nominations opened on 20 March 2024 and closed on 25 April 2024, following a short extension. We received 294 nominations, which is well over last year's figure of 240.

5.4 A panel of judges from The Voice will assess the nominations, and finalists will be invited to an awards ceremony, with afternoon tea, on Friday 21 June 2024 at RHS Wisley where the winners in each category will be announced and receive their prestigious awards. Nominations are for all CSH colleagues including bank and substantive staff.

6 People directorate

6a Financial performance 2023/24

6.1 The People team achieved a £246k positive variance against their budgeted plan for 2023/24 due to a review of all vacancies including freezing vacancies. We were also able to release funding that has been achieved through the year in the learning and development team through their running of projects and programmes across Surrey Heartlands.

6b Training/PDR figures

6.2 In March 2024, the People team had a 95.65% completion rate for our PDRs across the team which is fantastic achievement and the highest rate in over a year. Our statutory and mandatory training completion rates are also at their highest level at 92.98%, with 100% completion of our statutory training and 89.66% in our mandatory training.

6c *Staff Survey scores*

- 6.3 Our staff survey scores are rather disappointing this year and as a result, we need to really focus on how we can improve them for 2024. An action planning group is in place, and we are looking to build on the improvement plan made in 2023.
- 6.4 We need to consider how we look to reduce the gap that the People team scores when it comes to discrimination and, bullying, harassment or abuse from managers and other colleagues, when comparing to other teams across CSH. Both are below the scores for CSH and for harassment, bullying or abuse, it is a difference of 14.4%.
- 6.5 Some notable positive scores compared to the rest of CSH include the following:
- Able to make improvements happen in my area of work (+21.5% to CSH)
 - Involved in deciding changes that affect work (+13.5% to CSH)
 - Opportunities to show initiative frequently in my role (+8.8% to CSH)
 - Able to make suggestions to improve the work of my team/depot (+8.5% to CSH).

7 **Surrey Heartlands**

7a *Long-Term Workforce planning summit*

- 7.1 The Director of People chaired the 'training' session at the Long-Term Workforce planning summit held at Surrey County Council offices in Hatchlands, Reigate.
- 7.2 The purpose of the summit was to bring all relevant stakeholders together to absorb and share the content of the plan and how it relates to Surrey. The day resulted in an action plan for partners across Surrey that will help the region to jointly capitalise on the opportunities presented by the plan.

7b *Scaling People Services*

- 7.3 The first programme board meeting of the Scaling People Services programme took place on 23 April 2024. The programme board is part of the Surrey Heartlands Trust Provider Collaborative governance and leads the delivery of the first portfolio of Corporate Service programmes. CSH is not a formal part of the collaborative but along with other community organisations such as First Community Health & Care, is linking in with the programme in case there is any benefit to us being part of the proposals.
- 7.4 As we are not part of the collaborative any approvals to formally be part of any elements of the programme, would require approval through our own Executive meeting.
- 7.5 The next steps of this programme are for each organisation to meet with colleagues from Royal Surrey NHS Foundation Trust, who are the programme sponsors, to consider which working groups it makes sense for them to be a part of and how they can be involved. These meetings will take place in May 2024.

8. **Other updates**

8a *Bedser Hub GP consultation*

- 8.1 The consultation period for the proposal to change the medical model of care as part of the transformation across the neighbourhood teams launched on 28 March 2024. A

formal meeting took place with all those affected on 18 April 2024 with operational and HR colleagues present.

- 8.2 The proposals also include the creation of substantive salaried GP posts. The consultation period will continue through until at least the 7 May 2024 and colleagues are being supported by the British Medical Association.
- 8.3 A number of actions were proposed during the meeting that are being followed up so progress can be feedback at the next consultation meeting. All colleagues impacted were offered the option of 1-2-1 meetings as well.

8b NorthWest Surrey (NWS) Talent Hub

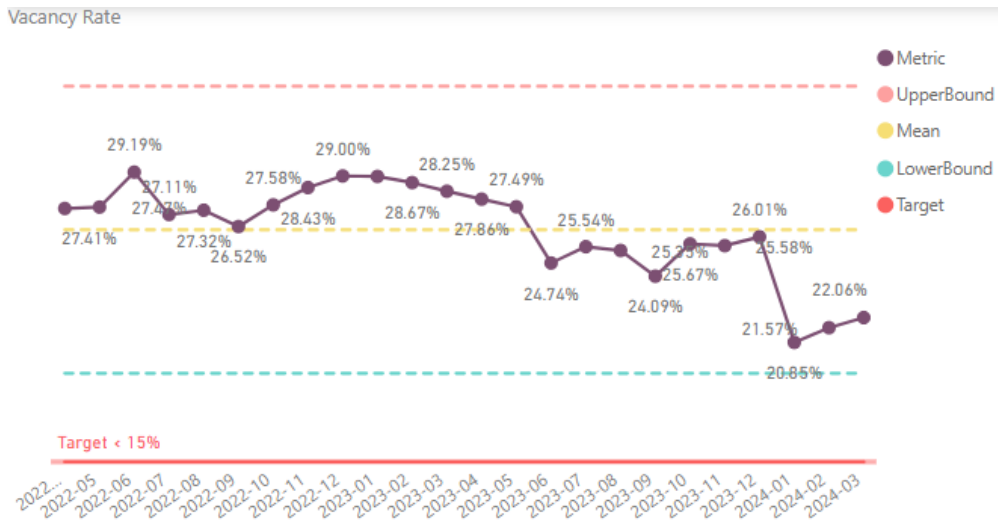
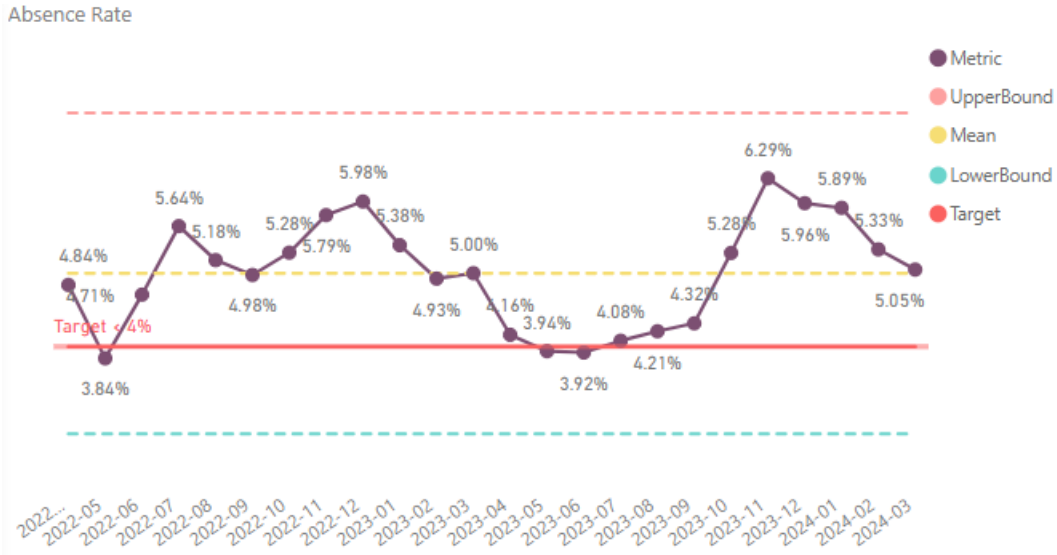
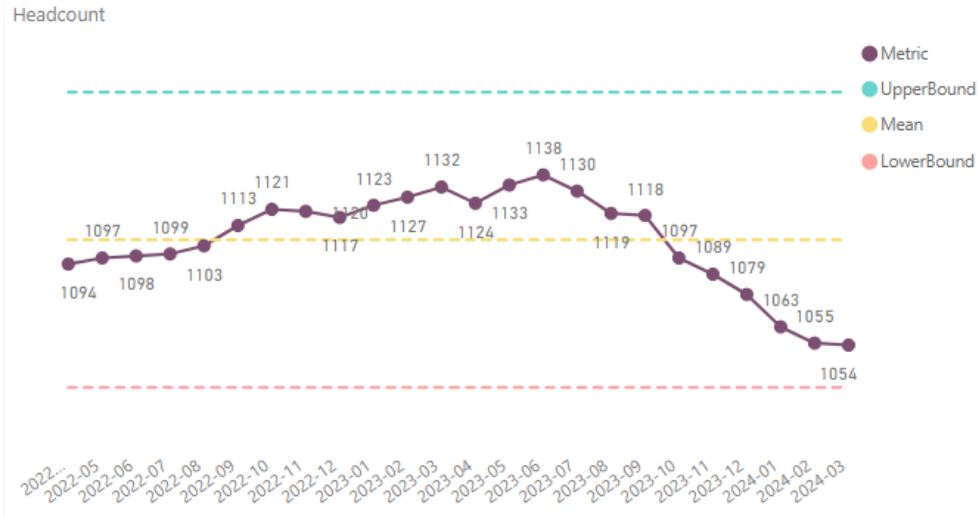
- 8.4 The NWS Talent hub Phase 1 was launched at the end of March 2024. The Talent Hub is a centralised talent sourcing function that supports all the NWS partner organisations with recruiting to some of the most difficult to fill vacancies. As well as providing a dedicated support to recruitment teams for the role which are more difficult to recruit into, the Talent Hub team will be developing a talent pool. The Talent Pool is where people can register themselves onto a digital hub, with a new platform being developed that will be launched in the summer of 2024.
- 8.5 As part of the launch, an email was sent to the recruitment teams of those organisations that have signed to be part of this project, which includes CSH, and have been working closely with the alliance team over the past year in conceptualising and creating this unique offer for NorthWest Surrey.

9. Recommendations

- 8.1 The Board is asked to **receive** the contents of this report for assurance.

End of report

Workforce SPC charts - April 2024





Professionals



CSH
Surrey

Q4 2023/24 Business Review

April 2024

PUTTING PEOPLE IN PLACES TO *care*

2023-2024 – Our Year In Review



124,441 bank hours delivered



Overall Bank Fill Rate 57.3%

Increase of 12.4% (March 2023 v
March 2024)



Agency fill at 35.6%

Reduction of 6.9% (March 2023 v
March 2024)



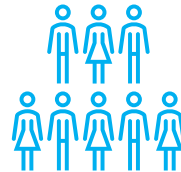
**Agency Cost Reduction of
£368,630**

(March 2023 v March 2024)



Reduced retros by 5.1%

We worked with managers to reduce
retrospective demand from 21.4% to
16.1% (March 2023 v March 2024)



238 new bank members recruited



3 workers migrated from agency

Actively worked via Bank at the same Trust
previously worked via agency – excludes Drs

Key Headlines

1st January – 31st March – All Directorates



Demand Management



Fill Performance



Cost Performance

| | | | | | |
|--|--|--|---|---|--|
| <p>Total Demand Hours</p> <p>56,176! 92,267</p> | <p>WTE</p> <p>1152! 189.3</p> | <p>Total Hours Filled</p> <p>51,317! 80,089</p> | <p>% Total Fill</p> <p>91.3%✓ 86.8%</p> | <p>Total Cost</p> <p>£1,759,316! £2,793,985</p> | <p>% Agency of Total Cost</p> <p>42%✓ 57%</p> |
| <p>Avg Lead Time (Days)</p> <p>101.3✓ 37.5</p> | <p>% Short Notice Request</p> <p>7.3%! 3.8%</p> | <p>Total Bank Hours</p> <p>32,728! 41,592</p> | <p>% Bank Fill</p> <p>58.3%✓ 45.1%</p> | <p>Total Bank Cost</p> <p>£1,013,710! £1,191,441</p> | <p>Avg Bank Hourly Cost</p> <p>£30.97✓ £28.65</p> |
| <p>% Vacancy Requests</p> <p>77%✓ 89%</p> | <p>% Short Notice Vacancy</p> <p>52%✓ 65%</p> | <p>Total Agency Hours</p> <p>18,589✓ 38,497</p> | <p>% Agency Fill</p> <p>33.1%✓ 41.7%</p> | <p>Total Agency Cost</p> <p>£745,607✓ £1,583,934</p> | <p>Avg Agency Hourly Cost</p> <p>£40.11✓ £41.34</p> |

Please note, these KPI cards represents the year on year performance for , i.e. comparing current performance to the same period last year



KPIs

January to March 2024

| | | Central Surrey | | | | | |
|---|---------------------|-------------------------|----------------|---------------|---------------|---------------|-------------|
| Performance Metric | Criteria of Measure | Performance measurement | | Performance | Performance | Performance | Performance |
| 1 FILL RATE | | Target | Stretch Target | Jan 24 Actual | Feb 24 Actual | Mar 24 Actual | Q4 |
| *Overall - ALL staff groups | % NHSP Fill Rate | 58% | 61% | 59.2% | 58.6% | 57.3% | 58.4% |
| All Nursing | % NHSP Fill Rate | 46% | 49% | 48.9% | 48.5% | 46.2% | 47.9% |
| *Adults Nursing | % NHSP Fill Rate | 51% | 54% | 53.7% | 55.3% | 51.1% | 53.4% |
| *Children's Nursing | % NHSP Fill Rate | 42% | 45% | 35.2% | 30.2% | 32.6% | 32.7% |
| All Nursing (minus Agency Direct Booking) | % NHSP Fill Rate | | | 58.7% | 63.3% | 62.8% | 61.6% |
| *Adults Nursing (minus Agency Direct Booking) | % NHSP Fill Rate | | | 68.7% | 70.1% | 69.4% | 69.4% |
| *Children's Nursing (minus Agency Direct Booking) | % NHSP Fill Rate | | | 46.0% | 42.9% | 44.4% | 44.4% |
| Nursing Qualified | % NHSP Fill Rate | 39% | 42% | 37.4% | 36.4% | 35.3% | 36.4% |
| *Adults Qualified | % NHSP Fill Rate | 42% | 45% | 41.2% | 42.1% | 39.4% | 40.9% |
| *Children's Qualified | % NHSP Fill Rate | 40% | 43% | 29.9% | 25.0% | 26.6% | 27.2% |
| Nursing Qualified (minus Agency Direct Booking) | % NHSP Fill Rate | | | 53.5% | 52.4% | 53.3% | 53.1% |
| *Adults Qualified (minus Agency Direct Booking) | % NHSP Fill Rate | | | 60.7% | 60.1% | 61.6% | 60.8% |
| *Children's Qualified (minus Agency Direct Booking) | % NHSP Fill Rate | | | 40.1% | 36.7% | 37.4% | 38.1% |
| Nursing Qualified (Inpatient Units - Alex & Hersham) | % NHSP Fill Rate | 81% | 84% | 89.4% | 81.9% | 93.5% | 88.3% |
| Nursing Qualified (Non-Inpatient Units) | % NHSP Fill Rate | 35% | 38% | 31.8% | 30.8% | 29.3% | 30.6% |
| Nursing Unqualified | % NHSP Fill Rate | 50% | 53% | 79.9% | 86.5% | 81.4% | 82.6% |
| *Nursing Unqualified Adults | % NHSP Fill Rate | 75% | 78% | 78.3% | 85.4% | 79.6% | 81.1% |
| *Nursing Unqualified Children's | % NHSP Fill Rate | 13% | 16% | 100% | 100% | 100% | 100% |
| Nursing Unqualified (minus Agency Direct Booking) | % NHSP Fill Rate | | | 80.9% | 87.4% | 83.7% | 84.0% |
| Nursing Unqualified (Minus Agency DB Inpatient Units - Alex & Hersham) | % NHSP Fill Rate | | | 74.3% | 86.2% | 80.9% | 80.5% |
| Nursing Unqualified (Minus Agency DB Non-Inpatient Units) | % NHSP Fill Rate | | | n/a | n/a | n/a | n/a |
| A&C | % NHSP Fill Rate | 95% | 98% | 97.3% | 96.4% | 98.4% | 97.4% |
| *Adults | % NHSP Fill Rate | 95% | 98% | 99.2% | 96.1% | 98.4% | 97.9% |
| *Children's | % NHSP Fill Rate | 97% | 100% | 100% | 97.2% | 98.6% | 99.0% |
| AHP's & HCS | % NHSP Fill Rate | 80% | 83% | 71.6% | 67.8% | 60.0% | 66.5% |
| *Adults | % NHSP Fill Rate | 80% | 83% | 54.2% | 46.1% | 36.0% | 45.4% |
| *Children's | % NHSP Fill Rate | 75% | 78% | 86.0% | 86.5% | 88.1% | 86.9% |
| Doctors | % NHSP Fill Rate | 54% | 58% | 76.5% | 82.3% | 96.6% | 85.1% |
| Support Services | % NHSP Fill Rate | 93% | 96% | 66.0% | 55.5% | 68.7% | 63.4% |



| CSH Board of Directors | | | | | | | | | |
|------------------------|---|--|------------------------------|------------|------|-------|-------|-------|--------|
| 2 | Monthly Cancellations of shifts (ALL) | Cancellations by NHSP Bank workers | 5% | 7 May 2024 | 4% | 9.5% | 12.3% | 9.2% | 10.3% |
| | | Client cancellation of shifts (bank) | 4% | | 3% | 4.1% | 5.9% | 5.5% | 5.2% |
| | *Adults Directorate | Cancellations by NHSP Bank workers | 5% | | 4% | 12.3% | 15.5% | 12.1% | 13.3% |
| | | Client cancellation of shifts (bank) | 4% | | 3% | 5.3% | 7.2% | 6.1% | 6.2% |
| | *Children's Directorate | Cancellations by NHSP Bank workers | 1% | | 0.5% | 0.9% | 1.7% | 0.3% | 1.0% |
| | | Client cancellation of shifts (bank) | 1% | | 0.5% | 0.8% | 1.9% | 3.5% | 2.1% |
| | | | | | | | | | |
| 3 | Direct Agency Bookings | % of agency shifts being directly-booked | 20% | | 10% | 44.1% | 44.3% | 46.1% | 44.8% |
| | *Adults Directorate (ALL staff groups) | % of agency shifts being directly-booked | 10% | | 5% | 49.1% | 45.2% | 49.7% | 48.0% |
| | *Childrens Directorate (ALL staff groups) | % of agency shifts being directly-booked | 10% | | 5% | 34.5% | 42.6% | 40.9% | 39.3% |
| | | | | | | | | | |
| 4a | Utilisation & Productivity of Active Bank Only Workers | | | | | | | | |
| | Nursing Qualified | Percentage of active Bank Only workers working shifts | 82% | | 85% | 68.2% | 69.8% | 76.9% | 71.6% |
| | *Adults | | 74% | | 78% | 70.6% | 75.0% | 78.6% | 74.7% |
| | *Children's | | 88% | | 91% | 66.7% | 66.7% | 76.0% | 69.8% |
| | Nursing Unqualified | Percentage of active Bank Only workers working shifts | 74% | | 78% | 59.4% | 57.6% | 48.5% | 55.2% |
| | *Adults | | 70% | | 73% | 59.3% | 60.7% | 50.0% | 56.7% |
| | *Children's | | 92% | | 95% | 60.0% | 40.0% | 40.0% | 46.7% |
| | A&C | Percentage of active Bank Only workers working shifts | 70% | | 73% | 87.5% | 78.3% | 87.5% | 84.4% |
| | AHP & HCS | Percentage of active Bank Only workers working shifts | 87% | | 90% | 72.1% | 75.0% | 71.4% | 72.8% |
| | *Adults | | 92% | | 95% | 66.7% | 76.2% | 61.9% | 68.3% |
| | *Children's | | 78% | | 81% | 77.3% | 73.9% | 81.0% | 77.4% |
| | Doctors | Percentage of active Bank Only workers working shifts | 83% | | 85% | 100% | 100% | 100% | 100% |
| | Support Services | | 68% | | 71% | 66.7% | 66.7% | 100% | 77.8% |
| | | | | | | | | | |
| 4b | Nursing Qualified | Average number of shifts worked per month | 6.2 | | | 6.3 | 4.8 | 5.0 | 5.3 |
| | *Adults | | 6.1 | | | 7.5 | 6 | 6.5 | 6.6 |
| | *Children's | | 6.2 | | | 5.7 | 4.1 | 4.3 | 4.7 |
| | Nursing Unqualified | Average number of shifts worked per month | 6 | | | 6.6 | 5.3 | 5.2 | 5.7 |
| | *Adults | | 6 | | | 6.4 | 4.9 | 4.4 | 5.2 |
| | *Childrens | | 5.2 | | | 7.7 | 8.5 | 12.0 | 9.4 |
| | | | | | | | | | |
| 5 | Recruitment | | | | | | | | |
| | | Monthly Recruitment of Bank Only / Bank Introduced Workers - All staffgroups | 8 | | 10 | 7 | 11 | 9 | 9 (27) |
| | | | | | | | | | |
| 6 | Customer Feedback (intervals) | | | | | | | | |
| | | CSAT score- Overall | Survey on Survey improvement | n/a | | | | | |
| | | CSAT score - Service | Survey on Survey improvement | n/a | | | | | |
| | | CSAT score - Expectations | Survey on Survey improvement | n/a | | | | | |
| | | CSAT score - Technical | Survey on Survey improvement | n/a | | | | | |
| | | NPS | Survey on Survey improvement | n/a | | | | | |



Professionals

Client Services Updates

PUTTING PEOPLE IN PLACES TO *care*

Operational Exec Summary Q4

Demand & Fill (All Staff Groups)

- Demand continued a downward trend - YOY decrease of 36K hours & QOQ of 4.5K hours
- We achieved an increase in bank fill (QOQ) of 2k hours taking us to 58.3%
- Bank fill was negatively impacted by the following
 - Direct Agency Booking remains high (44.9% of agency shifts were directly booked / 16.3% of total demand)
 - Limited interested in substantive joining Bank

Local Team Activity

- Drop in clinics across multiple CSH locations.
- Supporting Hersham workers with rejoining bank and identifying opportunities
- Promotion seasonal giveaways
- Attended Substantive Inductions February (limited uptake).
- Worked with the Children's Services team to address concerns/queries about compliance and support workers through process
- Produced reports and presented data to highlight booking behaviours to operational managers

Recruitment & Utilisation

- 45 New Bank Members onboarded (9 MPH, 15 BO, 13 BE and 8 TEBO) 31% have already booked shifts
- 236 Bank Workers booked shifts in Q3 and 241 Booked shifts in Q4 increase of 3
- Long Term Placement Request Form created to help with writing of job ads.
- Sponsored Ads

Agency Migration

- 2 pipeline
- 13 workers have been identified as saving CSH money if they migrate to Bank either on BAU or Mirroring pay. NHSP are working with CSH procurement to achieve this.

Procurement Update

Agency Migration / Reviews and Activities

- Revised mirroring agency pay to support migration to bank with sliding scale and 13 workers identified to contact to migrate
- NTL102 payrates have been agreed with YWR
- DAB and Agency Fill top 3 are Spelthorne Community Nursing, Thames Medical Community Nursing and CCHT
- T&Cs for off framework agencies required / KV is working on this
- Meeting held re: Agency Management... next step if for CSH to confirm whether they would like to use the NHSP Agency Management Service

Operational Focus – Q1

- **Agency Migration**
To drive down agency usage and spend, quality assurance /governance and increase bank fill
- **Booking Behaviours**
To support an increase in bank fill, improve costs, mitigate risks, financial reporting
- **Client CSAT Survey / Bank Survey Interim results are showing that there were 21 respondents**
- **Transformation**
New system implementations and interface upgrade
- **AHP – Education around NHSP and the services we can offer**

Booking Behaviours

Retrospective Bookings/ Direct Agency Bookings



| Ward | Apr 23 | May 23 | Jun 23 | Jul 23 | Aug 23 | Sep 23 | Oct 23 | Nov 23 | Dec 23 | Jan 24 | Feb 24 | Mar 24 | Total |
|---------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|
| CCHT | 531 | 579 | 509 | 480 | 416 | 337 | 321 | 351 | 298 | 190 | 175 | 199 | 4386 |
| Children Services Admin Team | 10 | 22 | 16 | 16 | 14 | 18 | 24 | 32 | 52 | 62 | 52 | 47 | 365 |
| Administration Team (Woking CH) | 25 | 23 | 19 | 39 | 30 | 13 | 46 | 23 | 12 | 51 | 28 | 29 | 338 |
| Thames Medical Comm Nursing | 23 | 23 | 21 | 11 | 17 | 11 | 34 | 41 | 37 | 41 | 29 | 33 | 321 |
| CFHS 0-19 Team North East | 31 | 24 | 6 | 24 | 19 | 33 | 18 | 12 | 8 | 14 | 15 | 8 | 212 |
| CCNT West | 30 | 22 | 20 | 24 | 33 | 23 | 16 | 16 | 9 | 6 | | 9 | 208 |
| Phlebotomy (Woking CH) | 15 | 5 | 12 | 20 | 18 | 6 | 15 | 16 | 17 | 20 | 21 | 24 | 189 |
| Woking Comm Nursing | 3 | 8 | 17 | 17 | 10 | 16 | 12 | 27 | 20 | 19 | 21 | 15 | 185 |
| Inpatient Therapies | 11 | 16 | 15 | 21 | 14 | 14 | 19 | 20 | 24 | 16 | 2 | 5 | 177 |
| L&D - Indirect OH | 10 | 19 | 14 | 17 | 13 | 14 | 11 | 4 | 17 | 17 | 4 | 19 | 159 |
| Immunisations Team West | 8 | 12 | 5 | 3 | | 26 | 10 | 18 | 12 | 4 | 5 | 9 | 112 |
| Admin SPA Team | 10 | | 7 | 7 | 13 | 3 | 9 | 2 | 8 | 13 | 12 | 5 | 89 |
| Out of Hours NWS Team | 8 | 12 | 18 | 4 | 4 | 9 | 8 | 5 | 3 | 3 | 5 | 8 | 87 |
| Ashford Walk in Centre | 5 | 2 | 9 | 8 | 2 | 18 | 15 | 2 | 2 | 8 | 4 | 4 | 79 |
| Spelthorne Comm Nursing Team | 4 | 4 | 7 | 9 | 10 | | 4 | 2 | 2 | 11 | 12 | 9 | 74 |
| Woking Hospital HSS | 3 | 11 | 3 | 1 | 9 | 3 | 8 | 5 | 4 | 13 | 4 | 2 | 66 |
| Urgent Comm Response ICS | 12 | 5 | 9 | 4 | 3 | 7 | 4 | 4 | 3 | 3 | 2 | 3 | 59 |
| Woking Walk in Centre | 8 | 1 | 4 | 9 | 6 | 2 | 7 | 5 | 8 | 4 | 3 | 2 | 59 |
| Immunisations Team East | | 2 | 2 | | | 6 | 2 | 2 | 4 | 11 | 11 | 14 | 54 |
| Alexandra Ward | 10 | | 4 | 8 | 9 | 5 | 2 | 2 | 2 | 1 | 7 | 50 | |
| Governance Mgt (DC) | 2 | 2 | 2 | 3 | 1 | 7 | 3 | 10 | 4 | 4 | 1 | 2 | 41 |
| Walton Hospital HSS | 2 | | 1 | | 1 | 3 | 5 | 7 | 2 | 7 | 10 | 3 | 41 |
| Procurement (DC) | 18 | 16 | | | | | | | | | | | 34 |
| School Nursing NE | 16 | | | 18 | | | | | | | | | 34 |
| Outpatients SD | | | | 1 | | 8 | 14 | 1 | 2 | 4 | | 1 | 31 |
| Woking Porters Service | | 4 | 2 | 3 | 5 | 3 | 1 | | 1 | 2 | 1 | 5 | 27 |
| Urgent Comm Response Admin | | 1 | 12 | 5 | 8 | | | | | | | | 26 |
| Family Nursing Team | 4 | 3 | 2 | 2 | 1 | | | 2 | | 1 | 3 | 1 | 19 |
| SSNT (Brooklands School) | | | | | | | 1 | 3 | 5 | 4 | 2 | | 15 |
| Woking Catering Team | | 2 | | | | 3 | | 3 | 2 | 1 | 2 | 2 | 15 |
| Respiratory Team (Walton HC) | 2 | 2 | 1 | | 1 | 1 | 3 | 1 | | 1 | | 1 | 13 |
| CFHS 0-19 Team South East | 1 | 2 | | | | | | | | | 2 | 4 | 9 |
| Radiology Team (Woking CH) | | 1 | | | 1 | 1 | 2 | | 2 | 2 | | | 9 |
| Estates and Hotel Services Management | | | 4 | | | 2 | 1 | 1 | | | | | 8 |
| Admin Intermediate Care Team | | | 2 | | | | | | | | 1 | | 3 |
| Bedser Hub Team | | | | | | | | | | 1 | 2 | | 3 |
| SSNT (Manor Mead School) | | 1 | | 1 | | | | | | 1 | | | 3 |
| School Nursing SE | 1 | | 1 | | | | | | | | | | 2 |
| Thames Medical Hub Team | 1 | | | | | | | | | 1 | | | 2 |
| White House | | | | | | | | 2 | | | | | 2 |
| CCNT East | | | | | 1 | | | | | | | | 1 |
| CFHS 0-19 Team North West | 1 | | | | | | | | | | | | 1 |
| Safeguarding Children SW | | | | | | | | | | | 1 | | 1 |
| SSNT (Walton Leigh School) | | | | | | | 1 | | | | | | 1 |
| The Grove Community HC | | | 1 | | | | | | | | | | 1 |
| Tissue Viability Team | | 1 | | | | | | | | | | | 1 |
| Urgent Comm Response CRA | | 1 | | | | | | | | | | | 1 |
| Total | 807 | 827 | 747 | 757 | 666 | 592 | 621 | 622 | 562 | 544 | 431 | 472 | 7648 |

| Ward | Apr 23 | May 23 | Jun 23 | Jul 23 | Aug 23 | Sep 23 | Oct 23 | Nov 23 | Dec 23 | Jan 24 | Feb 24 | Mar 24 | Total |
|------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|
| CCHT | 429 | 469 | 398 | 401 | 357 | 261 | 259 | 251 | 235 | 90 | 89 | 94 | 3333 |
| CFHS 0-19 Team North East | 27 | 21 | 6 | 16 | 16 | 16 | 2 | 1 | 2 | 3 | 7 | 2 | 119 |
| Thames Medical Comm Nursing | 1 | 4 | 2 | | 10 | 2 | 8 | 6 | 4 | 4 | 2 | 6 | 49 |
| Out of Hours NWS Team | 2 | 7 | 8 | 2 | 2 | 7 | 4 | | | 3 | | 2 | 37 |
| Spelthorne Comm Nursing Team | 2 | 1 | 6 | 3 | 7 | | 3 | | | 4 | 3 | 6 | 35 |
| Procurement (DC) | 18 | 16 | | | | | | | | | | | 34 |
| School Nursing NE | 6 | | | 17 | | | | | | | | | 23 |
| Alexandra Ward | 8 | | 4 | 3 | 5 | | | | | 1 | | 1 | 22 |
| Woking Hospital HSS | 1 | 4 | | | 2 | | | | 3 | 5 | 3 | 1 | 19 |
| Ashford Walk in Centre | 2 | | 3 | 3 | | 9 | | | | | | | 17 |
| Woking Comm Nursing | 1 | | | | 1 | 1 | | | 2 | | | | 5 |
| Governance Mgt (DC) | 1 | | 2 | | 1 | | | | | | | | 4 |
| Woking Catering Team | | | | | | | | | | | 1 | 2 | 3 |
| Woking Walk in Centre | 1 | | | 1 | | | | | | | | | 2 |
| CFHS 0-19 Team South East | | | 1 | | | | | | | | | | 1 |
| Total | 500 | 523 | 430 | 446 | 404 | 296 | 276 | 262 | 248 | 111 | 105 | 115 | 3716 |

| Outcome | Apr 23 | May 23 | Jun 23 | Jul 23 | Aug 23 | Sep 23 | Oct 23 | Nov 23 | Dec 23 | Jan 24 | Feb 24 | Mar 24 | Total |
|---------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|
| Agency Filled | 500 | 523 | 430 | 446 | 404 | 296 | 276 | 262 | 248 | 111 | 105 | 115 | 3716 |
| Bank Filled | 292 | 299 | 308 | 292 | 249 | 293 | 345 | 358 | 310 | 412 | 313 | 347 | 3818 |
| Unfilled | 15 | 5 | 9 | 19 | 13 | 3 | | 2 | 4 | 21 | 13 | 10 | 114 |
| Total | 807 | 827 | 747 | 757 | 666 | 592 | 621 | 622 | 562 | 544 | 431 | 472 | 7648 |

| Outcome | Total Retros | % Retro | Total Shifts | % Shift Fill |
|---------------|--------------|---------|--------------|--------------|
| Agency Filled | 3716 | 48.6% | 10701 | 41.5% |
| Bank Filled | 3818 | 49.9% | 13811 | 53.6% |
| Unfilled | 114 | 1.5% | 1251 | 4.9% |

Wider Business Updates

Academy Update

NHSP learning and development programmes

The last quarter of 2023 was the busiest yet for the NHSP Academy - delivering training across a wide range of clinical and leadership subjects. This includes our delivery of OSCE training where we currently have a 100% pass rate. All the people trained are now on the NMC register. Other notable developments for this area of NHSP includes:

Delivered New PSIRF Training

The Patient Safety Incident Response Framework (PSIRF) sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents. The NHSP Academy can provide training on how to respond to incidents in line with the new framework.

Management Training and Leadership

The NHSP Academy have been delivering Management and Leadership Training across several Trusts including South East Coast Ambulance Service NHS Foundation Trust and University Hospitals Sussex NHS Foundation Trust. This is an expanding element in our delivery.

Coming soon...

- Virtual Ward Programme
- Modulised Mandatory and Statutory Training that can be delivered flexibly in line with the needs of clinicians

HCSWD Programme

A blended education and training programme



The Long-term Workforce Plan stipulates that the NHS needs more than 204,000 new support workers over the next 15 years



3500 'new to care' HCSW trainees recruited since 2020 with a retention rate of 75%



Continuing to grow to meet demand, projected to recruit 1700 this year across 32 Trusts



Improved attraction, assessment & selection methods for better quality candidates



A blended education and training curriculum combining academic, evidence-based rigour with a competency-based approach delivered by experienced NHS staff



My story

“The hospital placement aspect of the programme is excellent, as this exposes us to real-life experience and the opportunity to learn on the job.”

Lynda Akpan
Healthcare Support Worker - Mental Health
Southern Health Foundation Trust



NHS Professionals

“The team I work with are outstanding as they have an excellent support network throughout whilst giving me space to bring my personality to my job. It is an honour to work with these people.”

Louise Sinicola, HCSW
University Hospital Southampton NHS Foundation Trust

Specialist Programmes



Patient Safety Support



Mental Health



Community



Maternity



Children and Young Persons



Early Years



Central Surrey Health Limited

| | |
|--------------------------|---|
| Title of paper: | NHS Provider Licence – G3 and G5 declarations |
| Meeting: | Board of Directors – meeting in public |
| Meeting date: | 7 May 2024 |
| Agenda Item: | Item 9a |
| Purpose of paper: | For approval |

| | |
|---|---|
| Has this paper been discussed at other meetings or committees? | |
| Executives team meeting | |
| Board assurance framework | - |

| | |
|-----------------------|---|
| Author – Role: | Andrea Goldsmith – Company Secretary |
| Director: | Steve Flanagan – Chief Executive Office |
| Date prepared: | 24 April 2024 |

| |
|--|
| Executive Summary – Items to highlight: |
| <p>The NHS Provider Licence requires annual declarations to be made against the following conditions:</p> <ul style="list-style-type: none"> - G3 - G5 <p>The Board are asked to approve the declarations being signed by Steve Flanagan, and submitted by the deadline of 31 May 2024.</p> |

1. Purpose of report

- 1.1 All NHS Provider Licensees are required to submit annual certificates against Conditions G4 and G6 of their licence.

2. NHS Provider Licence – as published on 31 March 2023

2a. G3 Licence Condition – Fit and Proper Persons as Governors and Directors (also applicable to those performing the functions of, or functions equivalent or similar to the functions of, a director)

- 2.1 The Directors are required to confirm that the Licensee has not, in the financial year most recently ended appointed or had in place any person as a Director who is not fit and proper, within the meaning of licence condition G3.

“The Licensee must ensure that a person may not become or continue as a Governor of the Licensee if that person is:

a. a person who has been made bankrupt or whose estate has been sequestrated and (in either case) has not been discharged;

b. a person in relation to whom a moratorium period under a debt relief order applies (under Part 7A of the Insolvency Act 1986);

c. a person who has made a composition or arrangement with, or granted a trust deed for, that person’s creditors and has not been discharged in respect of it;

d. a person who within the preceding five years has been convicted in the British Islands of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on that person.

2. The Licensee must not appoint or have in place a person as a Director of the Licensee who is not fit and proper.

3. A person is not fit and proper if that person is:

a. an individual who does not satisfy all the requirements as set out in paragraph (3) and referenced in paragraph (4) of regulation 5 (fit and proper persons: directors) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (S.I. 2014/2936); or

b. an organisation which is a body corporate, or a body corporate with a parent body corporate:

i. where one or more of the Directors of the body corporate or of its parent body corporate is an individual who does not meet the requirements referred to in sub-paragraph (a);

ii. in relation to which a voluntary arrangement is proposed, or has effect, under section 1 of the Insolvency Act 1986;

iii. which has a receiver (including an administrative receiver within the meaning of section 29(2) of the 1986 Act) appointed for the whole or any material part of its assets or undertaking;

iv. which has an administrator appointed to manage its affairs, business and property in accordance with Schedule B1 to the 1986 Act;

v. which passes any resolution for winding up

vii. which becomes subject to an order of a Court for winding up; or

vii. the estate of which has been sequestrated under Part 1 of the Bankruptcy (Scotland) Act 1985.”

- 2.2 The policy covering fit and proper persons was strengthened in 2023, and the recommendations from inquiries in recent cases involving NHS staff (LL and DF) will be taken into account when made. The directors are asked to make an annual declaration with any conflicts of interest and to confirm that they are fit and proper persons for the requirements of the Licence.
- 2.3 CSH received a “good” rating from the CQC in November 2022.

2b. *G5 Licence Condition – Systems for compliance with licence conditions and related obligations*

- 2.4 All independent providers are required to certify annually that, following a review for the purposes of paragraph G5(2)(b) of the provider licence, the Directors of the Licensee are or are not satisfied, as the case may be, that in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with condition G5.

“1. The Licensee shall take all reasonable precautions against the risk of failure to comply with:

- a. the Conditions of this Licence,*
- b. any requirements imposed on it under the NHS Acts, and*
- c. the requirement to have regard to the NHS Constitution in providing health care services for the purposes of the NHS.*

2. Without prejudice to the generality of paragraph 1, the steps that the Licensee must take pursuant to that paragraph shall include:

- a. the establishment and implementation of processes and systems to identify risks and guard against their occurrence; and*
- b. regular review of whether those processes and systems have been implemented and of their effectiveness.”*

- 2.5 As part of the 2023-24 budget setting and development of strategic objectives, and throughout the financial year, the executive and non-executive directors reviewed the risks associated with the decisions made and the situation in which CSH operates. Risks, mitigations and gaps in control are discussed frequently.
- 2.6 CSH received a “good” rating from the CQC in November 2022.

3. Recommendations

- 3.1 The Board is asked to **agree** that CSH is compliant with these Licence provisions, and **agree** that Steve Flanagan can sign the declarations on the Board’s behalf for submission before 31 May 2024.

4. Appendices

- 4.1 Appendix 1 – G3 declaration
- 4.2 Appendix 2 – G5 declaration

End of report

OFFICIAL SENSITIVE - COMMERCIAL



Independent Provider Monitoring

System Architecture Directorate

5th Floor, Wellington House
133-155 Waterloo Road
London
SE1 8UG

Email: england.ip-monitoring@nhs.net

1 April 2024

Dear Licensee,

Self-certifications against the G3 Licence condition (Fit and proper persons as Directors)

All independent sector providers of healthcare services who hold an NHS provider licence are required to submit to us an annual certificate of compliance against condition G3 of their licence.

Each Licensee is required to certify annually that, following a review of condition G3 of the provider licence, the Directors of the Licensee are or are not¹ satisfied, as the case may be, that in the Financial Year most recently ended, the Licensee was compliant with condition G3. Please note, only paragraphs G3(2) – G3(4) apply to independent providers.

For any entity licensed during its last financial year, certificates should cover the period from when your entity was licensed to the most recent financial year end which we understand in your case is 31 March 2024.

The certificate must be approved by your board of Directors², signed to that effect and submitted through your licensing portal within two months of the end of the relevant financial year, i.e. **by 31 May 2024**.

The required wording for the certificate is set out on in the Annex to this letter.

¹ If certifying non-compliance please edit the certification accordingly and provide supporting information about noncompliance

² As defined in the Licence. [NHS England » The NHS provider licence](#)

For all queries regarding this requirement please email england.ip-monitoring@nhs.net

Yours sincerely,

A handwritten signature in black ink, appearing to read "Sarah Dorje". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Sarah Dorje - Deputy Director of Independent Providers



Sarah Dorje
Deputy Director of Independent Providers
NHS Improvement
Sent via Licensing Portal

Date

Dear Sarah

Re: self-certification against the G3 Licence Condition (Fit and proper Persons as Governors and Directors) for Central Surrey Health Limited

Following a review of licence condition G3, the Directors of the Licensee confirm that the Licensee has not, in the financial year most recently ended appointed or had in place any person as a Director who is not fit and proper, within the meaning of licence condition G3(3).

'Director' is defined in licence condition D1 (Interpretation and definitions) and includes any person who performs the functions of, or functions equivalent or similar to those of, a director of a company constituted under the Companies Act 2006.

Signed:

Name: Steve Flanagan, Chief Executive Officer

On behalf of the licensed entity's Board of Directors

Better healthcare together

Tel: 020 8394 3860
Web: www.cshsurrey.co.uk

CSH Surrey
Duke's Court, Duke Street
Woking
GU 5BH



Independent Provider Monitoring

System Architecture Directorate

5th Floor, Wellington House
133-155 Waterloo Road
London
SE1 8UG

Email: england.ip-monitoring@nhs.net

1 April 2024

Dear Licensee,

Self-certifications against the G5 Licence condition (Systems for compliance with licence conditions and related obligations)

All independent providers of healthcare services who hold an NHS provider licence are required to submit to us an annual certificate against condition G5 of their licence.

Each Licensee is required to certify annually that, following a review for the purposes of paragraph G5(2)(b) of the provider licence, the Directors of the Licensee are or are not satisfied, as the case may be, that in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with condition G5. We understand the most recent financial year end in your case is 31 March 2024.

The certificate must be approved by your board of Directors, signed to that effect and submitted through your licensing portal within two months of the end of the relevant financial year, i.e. by **31 May 2024**.

The required wording for the certificate is set out on in Annex 1 to this letter.

For all queries regarding this requirement please email england.ip-monitoring@nhs.net.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Sarah Dorje", with a long horizontal flourish extending to the right.

Sarah Dorje - Deputy Director of Independent Providers



Sarah Dorje
Deputy Director of Independent Providers
NHS Improvement
Sent via Licensing Portal

Date

Dear Sarah

Re: self-certification against the G5 Licence Condition (Systems for compliance with licence conditions and related obligations) for Central Surrey Health Limited

Following a review for the purpose of paragraph 2(b) of licence condition G5, the Directors of the Licensee [are/are not*] satisfied that, in the financial year most recently ended, the Licensee took all such precautions as were necessary in order to comply with condition G5.

Signed:

Name: Steve Flanagan, Chief Executive Officer

On behalf of the licensed entity's Board of Directors

Better healthcare together

Tel: 020 8394 3860
Web: www.cshsurrey.co.uk

CSH Surrey
Duke's Court, Duke Street
Woking
GU 5BH



Central Surrey Health Limited

| | |
|--------------------------|---|
| Title of paper: | CSH Board – assessment |
| Meeting: | CSH Board of Directors’ meeting in public |
| Meeting date: | 7 May 2024 |
| Agenda Item: | Item 10 |
| Purpose of paper: | For approval |

| | |
|--|--|
| Has this paper been discussed at other meetings or committees? | |
| <p>Discussed with CSH Chair Nominations Committee Executives’ meeting Audit & Risk Committee – recommending for approval</p> | |
| Board assurance framework | |

| | |
|-----------------------|-------------------|
| Author – Role: | Andrea Goldsmith |
| Director: | Company Secretary |
| Date prepared: | 26 April 2024 |

| |
|---|
| Executive Summary – Items to highlight: |
| <p>At the September 2023 CSH Board meeting, it was agreed that a Board evaluation would be conducted after the end of the financial year.</p> <p>The attached questions were taken from the NHS Leadership Competency Framework for Board-level Leaders, the Pensions’ Regulator and the National Audit Office in combination with the ICAEW and Mazars. These have been discussed and agreed with the CSH Chair.</p> <p>The Audit & Risk Committee reviewed the questions, and are recommending its approval by the CSH Board.</p> <p>The CSH Chair would like this evaluation to be completed by the non-executive and executive directors, and Voice Co-Chairs, and analysed ready for discussion at the Board away-day at the end of June 2024.</p> |

DRAFT Board evaluations questions – NHS Leadership Competency Framework for board-level leaders, Pensions Regulator, National Audit Office/ICAEW NEDs/Mazars

| | | Strongly agree | Agree | Disagree | Strongly Disagree |
|----|---|----------------|-------|----------|-------------------|
| | Strategy | | | | |
| 1. | The CSH Board ensures that there is a clear CSH strategy, with values, aims and objectives, to deliver the best possible care for patients, and to be a partner and employer of choice in Surrey | | | | |
| 2. | The CSH Board regularly reviews progress against CSH’s strategy, making changes where necessary | | | | |
| | Stakeholder relationships | | | | |
| 3. | The CSH Board involves colleagues in the development and delivery of the organisation’s values, strategy, aims and objectives | | | | |
| 4. | The CSH Board takes the time to hear from patients, their families, colleagues, partners, regulators, and the wider public | | | | |
| 5. | The CSH Board ensures that there are sufficient and appropriate ways in place for non-executive and executive directors, and colleagues to speak up about concerns | | | | |
| 6. | The CSH Board has good working relationships with partners, commissioners, and other key parties to be able discuss common items and raise concerns | | | | |
| | Performance management | | | | |
| 7. | The CSH Board assesses, understands, and takes ownership of, the performance of the entire organisation, seeking to continually improve based on accurate information, within the resources available. | | | | |
| | Governance and risk management | | | | |
| 8. | The CSH Board assesses and understands the priorities, risks and opportunities within its environment and all available, relevant information, and is bound to the agreed decisions | | | | |
| 9. | The CSH Board ensures that there is effective governance and risk management arrangements so that all statutory, regulatory, and other duties are met, which is regularly reviewed with changes and actions taken as required | | | | |

| | | Strongly agree | Agree | Disagree | Strongly Disagree |
|-----|--|----------------|-------|----------|-------------------|
| 10. | The CSH Board has a clear risk appetite statement | | | | |
| 11. | Where strategic delivery involves partners, the CSH Board receives regular assurances from them on delivery and effectiveness | | | | |
| 12. | The CSH Board is advised in good time of risks and opportunities that could affect CSH's statutory or regulatory compliance, or delivery of CSH's strategy – e.g. patient incidents, items that could impact CSH's reputation, H&S incidents, cyber-attacks, failings in internal controls, new or loss of services and business | | | | |
| 13. | The CSH Board receives the right level of assurance from the reporting Committee and Groups, and other sources, such as from The Voice, external auditors, partners, patients, and families | | | | |
| 14. | The CSH Board has an effective Scheme of Delegation in place, with arrangements monitored at least annually | | | | |
| | Non-executive and executive directors | | | | |
| 15. | The CSH non-executive and executive directors have a clear understanding of their roles, duties, and responsibilities, and those of other key individuals, in delivering CSH's strategy – e.g. CSH Articles, ensuring they are up to date with CSH's environment, and attending meetings fully prepared | | | | |
| 16. | The CSH non-executive and executive directors have the skills, strengths, and experience to lead, and monitor, the delivery of CSH's strategy, individually and collectively, and in times of crisis | | | | |
| 17. | The CSH non-executive and executive directors have the time and resources to be able to ensure that CSH's meets its statutory and regulatory duties, and strategic aims and objectives | | | | |
| 18. | The CSH Board takes action where gaps are identified for individuals or as a group following an effectiveness review, appraisal or other route – such as coaching and training | | | | |
| 19. | The CSH Board ensures that appropriate appointment and succession plans in place for the non-executive and executive directors, and other key roles – e.g. conflicts of interest, fit and proper persons | | | | |

| | | Strongly agree | Agree | Disagree | Strongly Disagree |
|-----|---|----------------|-------|----------|-------------------|
| | CSH Board logistics | | | | |
| 20. | The CSH Board Chair allows for constructive and respectful working relationships and discussions before a collective decision is made – including asking simple and obvious questions without judgement | | | | |
| 21. | The CSH Board meets frequently enough to discharge its duties and to monitor delivery of CSH’s strategy – e.g. Board meetings, away-days, other briefings and meetings | | | | |
| 22. | The CSH Board papers are timely, relevant and focused on strategic priorities, risks and opportunities | | | | |
| 23. | The CSH Board meeting minutes are accurate for discussions and decisions, and circulated in a timely manner | | | | |
| 24. | Free-text comments | | | | |