CSH
Surrey

NHS

Better healthcare together

Quality Account 2016-2017

Contents

Introduction from CSH Surrey's Chief Executive

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

This report, covering the period 1st April 2016 – 31st March 2017, is for the public and describes the quality of services we deliver and summarises how important we consider quality and safety within our hospitals and community services. Our vision is to create excellent joined-up care both within our hospitals and in partnership with our community and other health system partners, putting patients and families first and at the centre of everything we do.

We are now in year two of our five year Quality Strategy and our quality priorities for 2016/17 have been aligned with this and national guidance including *Hard Truths: the Journey to Putting Patients First*[1]. We want patients, families, carers and visitors to feel assured about the high quality of services we provide and this report sets out our quality priorities for 2017/18 and details how we have performed against key quality measures this past year. This report can only give an overview of the wide range of improvement work we are doing and there are many other initiatives taking place in our hospitals and community services to improve care for our patients and families.

We are committed to continually building on our priorities for improvement and have fully implemented three of our priorities for 2016-17. Our ongoing promise to improve the patient journey has been demonstrated through our successful role within the Clinical Assessment and Treatment Service (CATs). This model provides a single point of access for service users requiring musculoskeletal (MSK) intervention with effective triage into Extended Scope Practitioner (ESP) clinics, community therapies or secondary care.

Our feedback from patients and families remains a priority for us as highlighted by the 2,070 pieces of feedback we gathered in this reporting period.

We are proud of our achievements throughout this year (2016/17).

We have continued to promote the importance of Infection Prevention and Control measures and have had no cases of Bacteraemia MRSA or Clostridium difficile in the reporting period and only one outbreak of Norovirus which was contained very quickly.

We have strengthened our medical leadership with the appointment of a new Medical Director who will be part of our Executive Team.

We will carry forward some quality priorities such as building capacity for undertaking clinical research, improving our compliance with relevant NICE guidance and implementing a Patient Leadership Strategy.

We continue to be exceptionally proud of the quality of our end of life care services, which far exceed those nationally. In addition, this year we have introduced successful innovations to reduce the incidences of falls and pressure ulcer damage with more improvements planned for 2017-18.

Our co-owner experience remains a priority for us. I am really proud of the commitment and dedication shown by individual's contribution to the quality of care delivered on a daily basis. This is evidenced yet again in our annual co-owner survey results, which outperforms the NHS staff survey in almost all areas.

At CSH Surrey we are quite clear on how we will be responding to the challenges set out in *the Five Year Forward View* – from integrating and streamlining our services with partners to delivering better outcomes and greater value through truly empowering, developing and supporting our managers to deliver these changes.

We have recently won several large contracts and are rapidly growing and expanding the range of services we offer.

Fundamental to our past successes and future plans are CSH Surrey's values, social enterprise ethos and commitment to co-ownership. These define our culture and guide our strategies and decision making to ensure we develop the organisation for the benefit of our patients and families but also our co-owners and local communities.

CSH Surrey remains committed to working with partners and to breaking new ground as we continually seek to deliver safer, more effective, integrated and patient focused care.

We look forward to 2017-18 with confidence to continue to improve the quality of the services we provide to our patients and families.

Stephen Cass
Chief Executive

[1] Hard Truths: The Journey to Putting Patients First, Volume One of the Government Response to the Mid Staffordshire NHS Foundation Trust Public Enquiry, Department of Health, January 2014.

About our Quality Account

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

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

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

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

How have we involved our stakeholders in our Quality Account?

At CSH Surrey we welcome the views of our patients and stakeholders in the development of our Quality Account and have consulted widely with a broad range of the public including our co-owners.

What is included in our Quality Account?

Our Quality Account is divided into three sections.

Our Chief Executive introduces or Quality Account for 2016/2017 with an overview of who we are and what we do.

In the section on **Current priorities and future plans** we take a look back at the quality priorities we set for last year and how we have improved our services to patients. We also set out our agreed priorities for the forthcoming year.

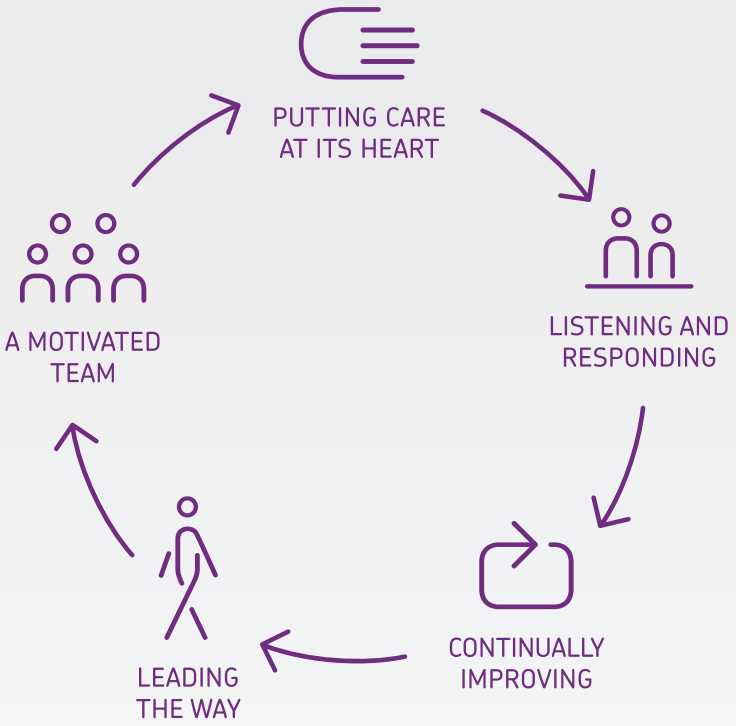
The statutory statements of assurance relates to the quality of the service we have provided during the period 1st April 2016 to 31st March 2017. The content is common to all providers allowing comparison across organisations.

In **Evaluating quality against the CQC requirement** we take the opportunity to review the quality and performance of our services using the five key questions used by our regulators the Care Quality Commission. This approach helps to guide us on what matters to patients:

- Are we safe?
- Are we affective?
- Are we caring?
- Are we responsive to people's needs?
- Are we well led?

The **Feedback** section contains comments from our stakeholders and the statement of our Board Directors' responsibilities.

CSH Surrey is ambitious in the quality of care it delivers – which is at the heart of all it does. To achieve this CSH listens and responds, continually improves, leads the way and employs a motivated team. By listening, responding and working together with partners and each other, CSH Surrey continues to deliver ever better patient care and benefits to its wider community.



A Patient writes:

'To the Best Team I have ever met – such a combination of skills and personality blended together to make the ward such a happy place. Thank you all for the kind care, help and wonderful atmosphere you generate around 'us Old Biddy's'. Hope to come and see you all when recovered. Enjoy life while you can'

About us

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

CSH Surrey provides both Adults and Children's Services to people in Surrey.

Other services include outpatient MSK physiotherapy, inpatient community hospitals, integrated and multi-disciplinary neurological rehabilitation service, and integrated health and care services in partnership with several organisations. This includes the innovative Epsom Health and Care Alliance of which CSH Surrey is a core member.

CSH Surrey also provides all of the therapy services at Epsom General Hospital and the South West London Elective Orthopaedic Centre.

Children and Families services include health visiting, school nursing and paediatric therapies. These are commissioned by Clinical Commissioning Groups and local authorities.

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

As a social enterprise, CSH Surrey re-invests surplus back into the business and supports projects that benefit its local communities. In recent years CSH has donated more than £40,000 to its Community Fund, which directly supports local groups through grants.

Vision & Values

The organisation and its co-owners is recognised nationally for transforming health and care through pioneering innovative and integrated services that deliver exceptional quality for patients and customers.

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

Our four values are best described through everyday behaviours that patients and co-owners came together to define as key to excellent healthcare.

CSH Surrey uses these values and behaviours to recruit, appraise and develop co-owners so we can continue to create a culture that really does put 'People First'.

PEOPLE FIRST	So people feel respected and valued as individuals
INTEGRITY	So people feel listened to and involved
ENTERPRISING	So people feel that CSH Surrey is focused on finding solutions
EXCEPTIONAL DELIVERY	So people feel safe and reassured by CSH Surrey's high standards

Current priorities and future plans

Each year we set out to improve our services setting our targets higher every time and putting in place plans to enable us to reach them. In this section we outline our current priorities and future plans.

Our quality improvements

Last year we set five key priorities for improvement we assess our progress against these priorities before outlining our priorities for the coming year.

Priorities	Objective	How did we do?
Priority 1	Co-owners to continually improve quality of patient and client care	
	1a. Create a stronger research environment to influence patient outcomes	In December 2016 we met with the Clinical Research Network for Kent, Surrey and Sussex to plan training for May 2017 and introduce the concept as part of good clinical practice.
	1b. Continue to develop evidence-led service re-design and efficiency work leading to pathway improvement	**Clinical Assessment and Treatment Signposting Service-CATs** This service was set up in pilot form in October 2016. The aim of the service is to provide a single point of access for service users requiring musculoskeletal (MSK) intervention with effective triage into Extended Scope practitioner (ESP) clinics, community therapies or secondary care. Within the ESP clinics patients are offered an individual assessment with advice and treatment and appropriate diagnostics are arranged if required. The patient is then discharged, referred on for community therapies or referred into secondary care. During 2016/17 the service has been developing and pathways have been improved and embedded. Examples of this are referral pathways with the psychological services to improve care for chronic pain patients and shortened waits for MRI scans. From Nov 2016 to Jan 2017 1,932 cases were triaged and of these 41% were directed to either the ESP clinics or community therapies. In the same period 74% of patients that were redirected from secondary care were successfully treated in ESP clinics or community therapies Of those referred on to secondary care from ESP clinics the patients had had appropriate diagnostics completed so a treatment plan could be established at the first consultant appointment. Since Oct 2016 96.8% of patients who completed the questionnaire reported the service to be very good or excellent. **Patient Quotes** • "First rate service, x-ray, consultation, clear diagnosis, all done within 30 minutes" • "Helpful and professional" • "Highly recommended"

	1c. Improved communication with patients, clients and carers	We recognise the importance of listening and responding to people using our services. Capturing, measuring and acting upon patient/client experience is central to delivering safe, effective and high quality services. CSH Surrey actively seeks the views of the people that use our services to monitor performance and satisfaction. We use our 'Tell Your Story' leaflet to capture feedback about our services which is then used to improve services. During 2016-2017 (1st April 2016 -31st March 2017) we received 2,070 pieces of feedback.
	1d. Improve cleanliness of wards and departments	We continue to work closely with G4S our contracted cleaning service. Monthly inspections of the wards and clinics are supported by the Infection Control Nurse. The scores for the areas remain of a high standard. An annual audit of the Patient-Led Assessment of the Care Environment (PLACE) in 2016 at our Community Hospitals scored 96.49% for cleanliness and was just 1.5% below the national average (98.06%).
	1e. Continue to embed Executive and Non-Executive patient safety walk rounds	This continues to be a regular part of our Executive Programme. All non-executive Directors have a list of questions they use to discuss safety issues in our Community Hospitals and clinical services when they are out on their patient safety rounds. There have been positive outcomes from the walk abouts especially around progressing improvements in our estates work.
	1f. Achieve outstanding CQC Inspection	The organisation was inspected the week commencing the 9th January 2017 and is awaiting the final report from the Care Quality Commission.

Priority 2	**Develop Medical Leadership to strengthen Clinical Effectiveness**	A new Medical Director has joined us in April 2017. Our three Medical Advisors (GPs) continue in their role for one session a week to facilitate improved communication and development between General Practices and CSH Surrey. An example of our strengthening clinical effectiveness is that one of the Medical Advisors now chairs our new Morbidity and Mortality Group where we review all deaths in our community hospitals and unexpected deaths in our community services and act upon any learning there may be.
Priority 3	**Embed compliance with NICE guidance**	All new NICE guidance is reviewed and an action plan implemented and monitored by our Professional Congress. We are aware that further work is required to robustly achieve desired outcomes.
Priority 4	**Continue to embed the Chief Nursing Officer's 6Cs**	The 6Cs remains of high importance which is why we ensure all new co-owners at our corporate induction have an understanding of the 6Cs and how they relate to their work. This is embedded within every day practice and in line with our core values and behaviours evidenced in the "Are we caring?" section of this document
Priority 5	**Develop a Patient Leadership Strategy and focus on the role of patients/clients as patient leaders**	The Patient Leadership Strategy has been developed and there is a plan to implement this between 2017 and 2021. An example of stakeholder engagement has been to support Healthwatch Surrey to hold road-shows at our community hospitals and clinics enabling more direct patient involvement.

Looking forward – our priorities for quality improvements 2018

Patient safety

Reduction in Patient Harms

- Patient falls
- Pressure Ulcers
- Improve compliance with hand hygiene training for all staff groups

Why have we chosen this?

Harm-free care focuses on preventing patients across our hospitals and community services from harm, including pressure ulcers, falls, and hospital-acquired infections. CSH Surrey has a goal to deliver 'harm free care' to at least 95% of our patients.

Patient experience

Implement the Patient Leadership Strategy

Increase responses for the NHS Friends and Family Test.

Why have we chosen this?

The Patient Leadership strategy is ambitious and far reaching. It is intended to be implemented over five years. It enhances CSH Surrey's patient focussed culture, working across the organisation to use the patient voice effectively and in a timely way, improving patient experience and monitoring performance.

Clinical effectiveness

Review and action all appropriate new NICE guidance

Participate in clinical research

Why have we chosen this?

NICE guidelines make evidence-based recommendations on a wide range of topics, from preventing and managing specific conditions, improving health and managing medicines in different settings. These broad interventions are to improve the health of communities. CSH Surrey aims for 100% compliance with the review of all appropriate guidelines with implementation as required.

Why have we chosen this?

Many of the germs causing infections are transferred by hands when healthcare providers or visitors are touching the patient while providing assistance. Using proper hand hygiene to keep hands clean is critical to reducing the risk of healthcare associated infections in patients.

Sir Liam Donaldson, WHO Patient Safety Envoy. *"I urge the healthcare community to take firm and decisive action to save lives from this preventable harm."*

How will we measure this?

Conduct a baseline audit of the three patient harms and set a trajectory to reduce the incidence by 5% by the end of March 2018.

To be monitored through the Quality and Clinical Governance Committee on a quarterly basis.

Why have we chosen this?

While CSH Surrey has a very good FFT score with around 97% of respondents stating that they would recommend our services. We recognise our response rate is low. On average each month 1.27% of all service users submit a response for the NHS England Friends and Family test.

Increasing the response rate means CSH Surrey will have a more representative picture of patient satisfaction.

How will we measure this?

Establish lines of accountability across business units by September 2017.

Complete the volunteer policy with recruitment of volunteers at community hospitals to assist with the collection of service user feedback by October 2017.

How will we measure this?

It is our intention to procure a new FFT software solution in 2017.

CSH Surrey aim to increase the response rate to 3%, for 2017/18 and by an additional 1% each year to meet the national average of 6% of all service users responding during 2020/2021.

Why have we chosen this?

The Secretary of State for Health, NHS England and Clinical Commissioning Groups (CCGs) all have a statutory duty to promote research and the use of evidence obtained through research. Many other NHS organisations also have responsibilities for research and the adoption of innovation.

In the past CSH Surrey has not been actively involved in research but have an ambition to be part of the Clinical Research Network for the region and get involved in research appropriate to our services.

How will we measure this?

Compliance and actions taken following NICE guidance will be monitored and tracked through our Quality and Clinical Governance Committee on a quarterly basis. Any exceptions will be discussed at our Integrated Governance Committee.

How will we measure this?

CSH Surrey aims to be involved in a least 2 Research trials by March 2018. This will be monitored through our Professional Congress on a quarterly basis. Innovation outcomes will be implemented where appropriate.

Statutory statements of assurance

Overview of services

During the period April 2016 and March 2017, CSH Surrey has reviewed data available to them pertaining to NHS services we provide to ensure the quality of care is of a high standard.

Participation in Clinical Audit

Clinical Audit is the process that helps ensure patients and service users receive the right treatment from the right person at the right time. It does this by measuring the care and services provided against evidence based standards and then narrowing the gap between existing practice and what is known to be best practice.

Adult Safeguarding Audit of the understanding of the Mental Capacity Act

The Adult Safeguarding Advisors have continued to focus on and collect data surrounding the Mental Capacity Act (MCA). An annual audit was completed in June 2016 and re-audited in December 2016. The 2015 Mental Capacity Audit evaluated knowledge and understanding dependant on clinical banding, however to provide a more comprehensive overview, the 2016 audit evaluated all clinical co-owners knowledge and understanding regardless of banding. This may have contributed to a reduction of knowledge in some areas.

Clinical Teams were given an individual team breakdown of their audit results and the Adult Safeguarding Team worked with identified teams to increase knowledge and understanding. The table below sets out the percentage compliance from the four questions asked to the clinical co-owners.

The Adult Safeguarding Team will primarily focus on clinical areas where overall knowledge is less than 70%, and support teams to embed knowledge. The results of the audit will be shared with clinical teams so they can review their results and also embed changes.

% of staff responses	2015	June 2016	Dec 2016
What does the term Mental Capacity mean to you?	89%	99%	99%
Have you had training in MCA and DOL's?	93%	80%	82%
Have you completed a Mental Capacity or been involved in the process?	62%	70%	59%
Do you feel confident in completing a Mental Capacity Assessment?	71%	56%	57%

The results of this audit have been **RAG** rated to ensure a clear action plan is implemented.

Red – under 70% Team Knowledge requires improvement.

Amber – 70 – 80% Good knowledge; may have team areas to focus on.

Green – 80% and above, really good team knowledge and understanding.

Deprivation of Liberty Safeguards (DoLS) audit of understanding for co-owners

DoLSs applications are regularly submitted by all our community hospitals. The MCA/DoLS audit has demonstrated that co-owners' confidence in the DoLS process has increased, which is demonstrated on in the table below. However, it is important to note that for the Community Hospital sites who are the teams that make the applications for CSH Surrey, over 75% of co-owners would know what to do if a DoLS was required.

DoLS Questions percentage responses	2015	June 2016	Dec 2016
How do you know if a DOL's is needed?	48%	57%	62%
If you feel a DOL's is required, what should you do?	78%	69%	75%

Sentinel Stroke National Audit Programme (SSNAP)

CSH Surrey contributes to the national SSNAP clinical audit which measures the quality of care received by stroke patients. The data collected covers the whole pathway, including admission to hospital, rehabilitation in the community and at home.

We contribute by providing therapy services including Occupational Therapy, Physiotherapy and Speech & Language Therapy. Our target outcomes this year ranges between A and C shown in the key below.

A	85-100% of target
B	70 – 84.9%
C	60 – 69.9%

Our results from the audit are set out in the table below and give the target score for three therapy groups.

Sentinel Stroke Audit Results		
	Score Aug – Nov 2016	April – July 2016
Occupational Therapy	B	A
Physiotherapy	C	B
Speech and Language therapy	C	C

There is an action plan in place to continually improve the stroke service.

National Diabetes Foot-Care Audit

CSH Surrey contributes to the National Diabetes Foot Care audit but as a small organisation don't receive our own summary as the results are included in the national summary.

National Institute for Health and Care Excellence (NICE)

NICE is an independent organisation responsible for providing national guidance, standards and information. The guidance aims to ensure that the promotion of good health and patient care in local health communities is in line with the best available evidence of effectiveness and cost efficiency.

During last year the organisation reviewed all relevant NICE guidance and this is reviewed through our Professional Congress. The members of this committee provide leadership across CSH Surrey and bring expert professional and clinical perspectives of the development and delivery of services.

The table below gives an example of our compliance risk assessment process for Pressure Ulcer Management.

Statement 1	People admitted to hospital or care home with nursing have a pressure ulcer risk assessment within 6 hours of admission.	We are 100% compliant with patients who have a risk assessment done within 6 hours of admission to our three community hospitals. This standard is included in our Pressure Ulcer Prevention and Management Policy. CSH Surrey does not manage any nursing care homes.
Statement 2	People with a risk factor for developing pressure ulcers who are referred to community nursing services have a pressure ulcer risk assessment at the first-face-to face visit.	We are currently achieving over 90% of patients having a risk assessment at the initial face-to-face contact, when this contact is made by a registered nurse. This standard is included in our Pressure Ulcer Prevention and Management Policy.
Statement 3	People have their risk assessment reassessed after a surgical procedure or interventional procedure, or after a change in their care environment following a transfer.	CSH Surrey is a community care provider; therefore we do not care for patients in the acute phase following a surgical procedure or interventional procedure. Any patient transferred into our care from another care environment has an initial risk assessment. This standard is included in our Pressure Ulcer Prevention and Management Policy.
Statement 4	People have a skin assessment if they are identified as high risk of developing pressure ulcers.	CSH Surrey is currently trialling the Purpose-T risk assessment tool in one community nursing base and one community hospital, this tool clearly evidences a full skin inspection. If the trial shows improvement this tool will be fully implemented across the organisation.
Statement 5	People at risk of developing pressure ulcers receive advice on the benefits and frequency of repositioning.	Our Pressure Ulcer Prevention and Management Policy sets out the standards expected of our co-owners in providing information to patients at risk. CSH Surrey has recently launched a new patient information leaflet for patients, their family and carers.

Statement 6	People at risk of developing pressure ulcers, who are unable to reposition themselves, are helped to change position.	This standard is only fully achievable within our community hospital environments. Patients who are identified at risk are supported with a repositioning schedule. CSH Surrey is in the process of introducing a shared care document for patients at risk in the community, patients in their own homes who have carers or patients within a care facility that CSH Surrey is not responsible for.
Statement 7	People at high risk of developing pressure ulcers, and their carers, receive information on how to prevent them	Our Pressure Ulcer Prevention and Management Policy sets out the standards expected of our co-owners in providing information to patients at risk. CSH Surrey has recently launched a new patient information leaflet for patients, their family and carers.
Statement 8	People at high risk of developing pressure ulcers are provided with pressure redistribution devices.	All patients have a wound assessment and consumables or devices are ordered which cater for their individual needs.
Statement 9	Prevention of medical device-related pressure ulcers.	The prevention of medical device related pressure ulcers is included in our training programme, although this has not been an issue for CSH Surrey.

Reviewing reports of national and local clinical audits

We continue to improve and refine processes for clinical audits and have re-designed our clinical audit registration form and now have an annual plan in place which will be monitored through our Professional Congress for shared learning and challenge.

Review of our Quality CQUINs in 2016/2017

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

CSH Surrey has achieved high compliance rates under the framework for this reporting period. The CQUIN categories are outlined in the table below.

Quality CQUINs 2016/2017	
10% reduction in sickness absence (2015/16 4.87%)	✓
10% reduction in voluntary turnover (15/16 19.6%)	✓
5% increase in positive response to annual survey question - ' CSH Surrey is concerned about my health and well-being' (2015/16 61%)	✓
Flu vaccinations take up - target being 75% for clinical co-owners	Partially
Antimicrobial	
Percentage of prescriptions that have duration/ end date/ review date stated on the Drug Chart	✓
Percentage of prescriptions where the indication is stated on the drug chart or in patient notes	✓
Percentage of prescriptions where the appropriate oral antibiotic has been prescribed as per SDCCG Guidelines or specialist microbiologist advice	✓
Integration	
75% of Hub patients will have their quality of life index measured on assessment and on discharge from the service	✓
Do you know who to contact if you feel you need our services again	✓
Referrals into social care/district and boroughs will increase by 5%	✓
20% of carers on Hub caseload will be referred for a carer's assessment/month.	✓
Referrals for Fire Safety Risk Assessment will increase by 20% quarter by quarter following the initial quarter baseline assessment	✓
80% of Hub patients will report feeling safe on discharge	✓
Do you feel the needs for you, as an individual have been met during your time with our teams	✓
Pressure Ulcer Prevention and Management	
90% of appropriate clinical co-owners trained in pressure ulcer prevention and management (N.B. Clinicians who will be actively involved in the care of patients at risk).	✓
95% of patients to have a pressure ulcer risk assessment completed on first face-to-face contact if community based or initial assessment if community inpatient.	✓
Two case studies to evidence successful interventions	✓

Care Quality Commission (CQC)

The CQC undertook a planned routine inspection of our community services during 9th to 13th January 2017. The CQC visited three of our Community Hospital inpatient services as well as a variety of our adults and children and families services, such as District Nursing, Community Matrons, Health Visiting, School Nursing, Physiotherapy and Podiatry. We are currently awaiting the final report from the CQC.

CSH Surrey

Our quality account is centred on the five key lines of inquiry used by the Care Quality Commission to inspect health care organisations. Reflections on the work we do help us to ensure the services we provide continue to be safe, effective, caring, responsive and well-led.

Information Governance Toolkit achievement level

The Information Governance Toolkit is an online system introduced by the Department of Health which allows organisations to assess themselves against the standards required in relation to the processes in place to protect all patient related information.

The Information Quality and Records Management attainment levels assessed within the Information Governance Toolkit also provide a quality of data systems, standards and processes within an organisation. CSH Surrey's overall score for the Information Governance Assessment was 77% in 2016/17, compared to 76% in 2015/16. This means we achieved a 'green' rating, indicating a satisfactory score.

Satisfactory ✓

Research

Glove Study

CSH Surrey has signed up to a research study approved by the NHS Health Research Authority. This study is being undertaken with two other acute providers and in conjunction with the University of Surrey and Industrial Microbiology Services Ltd looking at the practices of non-sterile glove use to improve hand hygiene and infection control at ward level across three NHS organisations.

Community based rehabilitation after knee arthroplasty

CSH Surrey has also teamed up with Oxford University research and clinical trials team to undertake a study to determine the difference in outcome for people undergoing knee arthroplasty (knee replacement) between a community based rehabilitation programme and usual care. Participants in this study will be randomly assigned to either usual care or a community based rehabilitation programme. The programme will consist of exercises and practice of functional activities. It will be set up by a Physiotherapist and supervised by a Rehabilitation Assistant with occupational therapy involvement. The study will help to inform the way rehabilitation after knee replacement is delivered, determining whether a home based rehabilitation programme is different to the usual care given at physiotherapy.

CSH Surrey has an ambition to be more proactive in conducting clinical research. We are now a member of the Clinical Research Network for Kent, Surrey and Sussex.

Duty of Candour

A statutory Duty of Candour was introduced for NHS Trusts in November 2014 and independent providers in April 2015. There is a requirement under the NHS Standard Contract, issued by the NHS England to ensure that patients and/or their families are told about patient safety incidents that affect them, receive an appropriate apology and are kept informed about investigations.

CSH Surrey is committed to maintaining patient safety and communication with patients and/or family members/carers when a patient is involved in an incident, which includes moderate harm, severe harm or death. CSH Surrey will also ensure that patients, their carers and/or family, where appropriate, are kept informed of the investigation and any outcomes, with the opportunity to ask questions.

Last year Duty of Candour incidents were recorded on a database and these are reported through our monitoring and performance systems. CSH Surrey was 100% compliant with Duty of Candour requirements.

Evaluating quality against the CQC requirements

This year we are evaluating our quality target against the CQC requirements and will provide a measure of where we stand. Each question asks a very simple question and in this section we will answer each one separately.

Are we safe?

Patient safety is such an important part of our health and care system and it helps define quality health. This section gives some examples of our safety initiatives and planned developments for improvement.

Infection Prevention & Control

Good infection prevention including cleanliness and prudent antibiotic usage remain essential to ensure patients and families who use our services receive safe and effective care. As a healthcare provider Infection Prevention & Control (IPC) is a high priority and CSH Surrey continues to take a zero tolerance approach to Healthcare Associated Infections (HCAI). IPC remains a key focus for all co-owners ensuring that it is part of everyday practice for both our clinical and non-clinical staff.

The Specialist Infection Prevention & Control Nurse and Director of Quality / Director of Infection Prevention and Control (DIPC) continue to drive the Infection Prevention and Control Annual Programme forward, along with the underpinning action plan. This is to ensure that our patients are cared for in a clean environment and the risk of healthcare associated infection is kept as low as possible.

The key focus continues to be, recognising that hand hygiene is the single most effective method of reducing HCAIs and this is emphasised at training sessions and during audit.

CSH Surrey Board (Executive and Non-Executive Directors) continue to demonstrate its commitment to improve hand hygiene and knowledge of infection control by undertaking training annually.

During 2016/17 CSH Surrey recorded no cases of MRSA, MSSA, or E Coli Bacteraemia (all nationally reportable to Public Health England).

An outbreak of Norovirus on one of the Community Hospital wards in May 2016 was identified, contained and the ward reopened within a week. No further wards have been affected by Norovirus during the winter period.

During 2016/17 the theme for IPC training continues to be "Back to Basics" helping to reinforce effective care and management in IPC practices especially in regards to cleaning and decontamination and safer sharps management including disposal.

Training compliance rates for clinical co-owners at end of year (March 2017) was 78.76% compared to 66% last year. Non-clinical co-owners were 95% compared to 87% last year. These are an improvement on last year's figures.

Infection control developments

During 2016/2017 Safer Sharps have now been implemented in our CSH Surrey clinical area, which has reduced the risk of needle-stick injuries to our co-owners. However, we still have work to do to address insulin pen usage and the use of safer sharps with these.

The audit and surveillance programme continues and the annual review of clinical areas has shown improvement in both environmental and clinical practices.

All areas now have disposable curtains in place, compliant waste bins and some carpets in clinical areas are being replaced. At ward level redundant bathrooms have been refurbished as store rooms to reduce clutter and improve cleanliness.

In the coming year CSH Surrey will:

- Participate in the approved research study in regards to the practice of non-sterile glove usage starting April 2017
- Continue to raise the importance of hand hygiene and training
- Continue to improve the clinical environment and clinical practice in regards to IPC compliance.

Serious incidents and incident reporting

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

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

By being open and reporting incidents we are able to understand the risks we may have in the organisation. Information around incidents helps us to populate our risk register which is an important aspect of our quality process.

Between April 2016 and March 2017, CSH Surrey has recorded 1,062 patient safety incidents, 10% reduction on the previous year. Out of those five were Serious Incidents (SIs) a 69% reduction on last year.

	2015/16	2016/17
Serious incidents	16	5

CSH Surrey is required to report all Serious Incidents (SIs) to our Clinical Commissioning Group (CCG) in line with the NHS England 'Serious Incident Framework'. CSH Surrey remains compliant with this obligation and consistently met the timeframes for reporting and submission of Serious Incident Reports to the CCG's Serious Incident Scrutiny Panel.

The most frequently reported Serious Incident categories of incidents in 2016/17 were slips, trips and falls (resulting in a fracture) and Pressure Ulcer damage.

All serious incidents are investigated to establish their root cause and contributory factors and to identify actions and learning to reduce, where possible, the likelihood of a re-occurrence. Lessons learned from SIs are communicated across the organisation in a number of different ways to maximise the opportunity for all relevant co-owners to benefit, including:

- Immediate changes to practice implemented in the relevant service.
- Locality governance meetings and cascade of information and knowledge from these meetings to relevant teams.
- Promotion of lessons identified including themes, through information pages on the intranet and CSH Surrey's monthly update newsletter.

Pressure ulcers

One of our key patient safety objectives and local CQUIN this year was to reduce the incidences of avoidable category 2 and 3 pressure ulcers developed in our care by 5%. This means that 95% of our patients have a pressure ulcer risk assessment completed on first face-to-face contact. 90% of appropriate clinical co-owners receive training on pressure ulcer prevention and management.

The Tissue Viability Service has been instrumental in ensuring that CSH Surrey meets our local CQUIN and fully implements NICE CG179 for Pressure Ulcers. To date we have reached a target reduction of 46.5% in category two pressure ulcers acquired in our care, the figures of category 3 pressure ulcers remain the same as the previous year, however the figures were low with only 2 patients acquiring a category 3 pressure ulcers in our care. There have been no category 4 pressure ulcers acquired in our care. We have a lower incidence of pressure ulcers and remain below national figures and similar community providers in the area.

In 2016/17 there have been two serious incidents reported in relation to category 3 pressure ulcers in this fiscal year, which equates to a 71.4% reduction from 2015/16 figures.

Shared learning

The Tissue Viability section on the intranet for co-owners was redeveloped in December 2016 and includes:

- Links to free e-learning resources in all aspects of pressure ulcer and wound management. These e-learning modules are endorsed by The Royal College of Nursing and The European Wound Management Association. The e-learning modules are offered in addition or supplementary to our in-house training and supports co-owners personal objectives and learning needs.
- Best Practice statements on various aspects of wound management, lower limb assessment, skin care and pressure ulcer prevention and management.

Service improvements

Previously, all patients were seen in their home environment by the Tissue Viability Service. Feedback was written in the patient held records or handwritten letters were faxed to the patients GP.

Patients are now seen in conjunction with the qualified nurse who will be providing the on-going care. This has greatly improved relationships and communication between the Tissue Viability Service and the multi-disciplinary team. Feedback from the GPs and Practices Nurses has been very positive.

Assessing patients in conjunction with the nurse providing the on-going care has also allowed for impromptu educational or training opportunities. Letters to GPs are now typed and sent via our health record system.

NHS Safety Thermometer

The NHS Safety Thermometer is a national programme which uses a point prevalence survey to allow ward teams to measure 'harm', from pressure ulcers, falls, urinary tract infections (UTIs) in patients with urethral catheters and venous thromboembolism. Our organisation submits data to this programme once a month and our results are favourable with the national average.

Prevention of falls

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

CSH Surrey has worked hard to reduce the number of falls that patients have while under our care.

As can be seen there has been a reduction of 43% of falls overall compared to 2015/16, and a reduction in all categories of falls.

In Community Hospitals, since introducing the Red/Amber/Green wrist bands (November 2015) an indicator that the patient is at risk of a fall, the number of falls have decreased. In February 2016 the blue wrist band was also introduced for all patients with Dementia, to indicate that they are not able to follow instructions. This has further decreased the number of falls experienced in Community Hospitals.

In January 2016 the Falls Prevention Group was re-established and met monthly to develop and implement the Falls prevention action plan. A gap analysis was carried out against the NICE baseline audit tool for falls. Since implementing the action plan the compliance rate against this tool has risen from 54% to 70%.

Training on slips, trips and falls has been delivered to appropriate co-owners, and all assessments have been adapted to include a falls risk screening question.

Plans for 2017/18 include reviewing the falls sensors used in Community Hospitals, reviewing screening in wellbeing centres to actively identify those at risk of falls, and working with the CCG to increase the resources available within the falls prevention team.

Severity Grade	1 No Harm	2 Low Harm	3 Medium Harm	4 Severe Harm	Total
2016/17	107	26	3	0	136
2015/16	137	64	5	1	207
2014/15	129	63	15	1	208
% Reduction	22%	59%	40%	0	43%

Medicines management

The recruitment of a pharmacist actively involved in clinical governance and strategic decision making has been instrumental in gaining the confidence of Surrey Downs CCG in matters relating to medicines management and has also provided a link with the Surrey Downs CCG medicine management pharmacists. The presence of a pharmacist within the organisation has also given co-owners an easy to access source of information for any pathways or queries involving medicines.

There were a total of 79 incidents reported for this reporting period. The reporting of incidents has remained consistent throughout the year and all incidents are discussed at the Medicines Management group meetings with the learning shared across the organisation via the clinical leads who attend the meetings. The documentation of the investigation and actions taken has also improved enabling clearer visualisation of any trends observed so that policies, processes and procedures can be reviewed to further improve patient safety across the organisation.

The Medication Safety Thermometer is a measurement tool for improvement that focuses on Medication Reconciliation, Allergy Status, Medication Omission, and Identifying harm from high risk medicines in line with Domain 5 of the NHS Outcomes Framework.

As a trial, data has been collected monthly since July 2016 at Dorking Community Hospital using this tool and if it can be shown that practice can be improved using the information gathered, this tool will be rolled out to other CSH services.

The Drug administration chart used at community hospitals has been reviewed in consultation with nurses, doctors and pharmacists and the new chart is now in use. The new chart has a dedicated section for recording medicine reconciliation and optimisation information and should also help to provide better information on discharge. It also has a section where the patient's photographic identity can be attached. Many other changes were made in the chart layout to address lessons learnt from incidents that had been previously reported.

Planned improvements for 2017-18

Investment in modern technology to allow patient referrals, transfer of information, prescribing, record keeping and discharges to be done electronically
Systematic review of the Service Level Agreements (SLA's) with external suppliers for medicines and clinical Pharmacy input is required.
Daily clinical pharmacy input is recommended at the Community Hospitals to further enable improvements in all aspects of medicine management and successfully support vulnerable patients with their medicines post discharge.
Pharmacists also need to be included in the multi-disciplinary teams working with patients in the community where polypharmacy is a common problem that needs to be addressed.

Medication errors reported in the reporting period 1st April 2016 to 31st March 2017

Administration error such as wrong patient, wrong or expired medication, wrong dose, time or route	13
Medication not administered / missed dose	19
Controlled Drug Incidents	15
Missing Drug	3
Documentation/prescription missing or incorrect	7
Dispensing error	4
Wrong Storage	2
Patient allergic or had adverse reaction to dose	1
Wrong method of preparation or supply	1
Other Medication Incident	13
Medication Incorrectly Labelled	1

Safeguarding Adults

The Safeguarding Adults Service has continued to develop over the period of 2016/17. The embedding of national legislation remains a focus for the Adult Safeguarding Team, and CSH Surrey continues to be an active member of the Surrey Safeguarding Adults Board (SSAB); this ensures that legal responsibilities are implemented in line with local procedures. CSH Surrey has active representation (either by the Director of Quality or Safeguarding Advisors) at Surrey Safeguarding Board Level and also within the SSAB subgroups ensuring that CSH Surrey has current information and an opportunity to influence and support changes in policy and procedures relating to Surrey wide safeguarding activity.

Adult Safeguarding Training

All safeguarding training continues to be reviewed and updated regularly to ensure that learning from local, national and internal incidents are shared organisationally wide. The training provides opportunities for co-owners to explore the complexities of adult safeguarding within a multi-disciplinary context.

The Adult Safeguarding Advisors currently provide four statutory and mandatory training sessions for CSH Surrey which include level 1 and level 2 adult safeguarding sessions, Mental Capacity Act and Deprivation of Liberty training and a workshop to raise awareness of PREVENT. Prevent is part of the Government counter-terrorism strategy. It's designed to tackle the problem of terrorism at its roots, preventing people from supporting terrorism or becoming terrorists themselves.

Monthly training statistics have demonstrated a steady increase in compliance levels, and ensures a more widely trained work force. The Adult Safeguarding Team reviews the training feedback for all sessions delivered by them; the re-developed Mental Capacity and Deprivation of Liberty training has been particularly well received.

Key areas for development can be found on page 29.

Key areas for development during 2017/2018

During 2016 the Adult Safeguarding Team has completed quarterly reports for the SSAB which include the identification of key development areas and actions plans. During the 2017/2018 the team will be focusing on the development areas below.

Areas for development:	Plan:
To support the acquisition of the North West Surrey area and Surrey Wide Children and Families service to ensure a safe and smooth transition, and acceptable level of compliance for all safeguarding training.	To work closely with new co-owners to ensure that safeguarding is well embedded across the whole organisation. To ensure all co-owners are clear in the process of raising a safeguarding concern, and in their responsibilities once that concern has been raised. To ensure all new co-owners are clear on where and how to access appropriate support and information to safeguard adults at risk. To work closely with Learning and Development, and individual teams to ensure adequate and appropriately timed training sessions are available to meet the requirements of all new co-owners.
To continue to embed and evaluate learning from Serious Incidents and National Safeguarding Adults Reviews across the organisation.	To continue to monitor CSH Surrey incidents for trends and patterns; continually update training presentations to include internal and external lessons learnt. To use the Safeguarding Champions and organisational communication lines to assist with the facilitation of information.
To maintain a regular and relevant audit schedule and to ensure that the audit results are shared across the organisation.	For Audits to be completed on time and shared with Professional Congress, and individual teams throughout the organisation. For future Mental Capacity Audits to include Children's and Families service.
To ensure that clinicians are evaluating safeguarding knowledge and skills in line with Surrey wide procedures.	To develop a role specific self-assessment and reflection evidencing tool, to demonstrate safe-guarding competencies in line with the SSAB competency framework.

Child Safeguarding

A specialist Safeguarding Children team supports the multi-agency response to safeguarding children, working alongside partner agencies to promote the welfare of children and to minimise their risk of suffering and significant harm.

The team offers expert advice, training and supervision to all co-owners working with children and young people under 18 (including those who are looked after), their families and carers in order to ensure best safeguarding practice.

CSH Surrey practitioners contributes to multi-agency meetings, health assessments and reports to support on-going plans for the children and young people in need or subject to Child Protection interventions. We continue to support a high level of attendance to Child Protection Case Conferences

High quality supervision plays an important role in safeguarding children and this is recognised in the learning from national Serious Case Reviews (HM Gov: 2016 Pathways to harm, pathways to protection: a triennial analysis of serious case reviews)

External training for safeguarding supervisors was repeated in October 2016. Safeguarding supervision for safeguarding leads and supervisors has also been provided by the same accredited provider to support this complex work.

All Safeguarding Supervisors have evidenced Safeguarding competencies to a level approved by the intercollegiate guidance for supervisors and advisors. Supervision is now reflecting the Safer Surrey model being implemented across Surrey in multiagency assessments and plans to support our collaborative work with families.

Learning from incidents and professional practice

Managing risk is complex, dynamic and a necessary part of keeping children and young people safe. Opportunities for learning are uncovered during audit, supervision or following a reported incident. The safeguarding team have considered ways to disseminate learning and developed a Learning from practice tool to help share learning, good practice, and share action plans. Analysis of incidents is supported with timely dissemination of any learning and supervision allows for reflection of responses in practice. Incidents are brought into training as scenarios which enable all co-owners to learn and challenge outcomes.

In 2016 we shared a scenario arising from a serious incident where a member of the public had made a significant contribution to protecting a child from on-going abuse. This method of training has had an impact on co-owners and helped them to understand the relevance of safeguarding training whether they work directly with children or not. The last Serious Case Review involving a child in the care of CSH Surrey was following an incident that took place in 2011.

The Child Safeguarding team will continue to contribute to the national agenda and have planned some improvements for the forthcoming year as outlined below.

Quality Improvements for 2017/2018

Ensure there is a robust programme of training and monitoring for new managers joining the organisation
Conduct an audit to gain assurance that recruiting managers are compliant with safer recruitment training in line with the policy Conduct a baseline assessment on Domestic Abuse following NICE Guidance
Embed Domestic Abuse Awareness Training. Within the Learning and Development mandatory training matrix Expand the Safeguarding Competency Framework to cover all Allied Health Professionals

Looked after Children

Our Safeguarding Children Team has continued, via the Looked after Children Health Team, to support delivery of a high quality health service for Looked after Children, including review health assessments undertaken on behalf of the local authority. All of the health assessments are quality assured and there is a programme of training for all co-owners to support the understanding of the health needs of these children.

The Lead GP for Safeguarding has acknowledged the significantly improved quality of the health assessments, also stating that they are reaching primary care in a timely manner.

In July 2016 our co-owners once again took a major part in the annual "Skills Fest" for care leavers to support the development of independence skills.

The health stands this year promoted healthy food choices. There were 258 Looked after Children in placement within CSH Surrey over the past year 2016/17. This includes children placed by other local authorities with foster carers or schools within CSH Surrey.

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

An appointment card is sent to the children and young people detailing the agreed time and venue and providing information on what a health assessment is and how they can contribute. We will be seeking the views of children and young people regarding this card and how we can improve the service delivered for them.

The delivery of review health assessments to Surrey Looked After Children has been supported by the work of two staff nurses from this team. They have travelled to areas out of Surrey, including Kent, Berkshire and the London boroughs to complete the health assessments with the children and young people, sometimes as a joint visit with a social worker and in conjunction with an interpreter.

The staff nurses have also supported unaccompanied asylum seeking children in meeting their health needs through working with paediatricians at initial health assessments and undertaking review health assessments and continued support in meeting identified health needs. The staff nurses have completed 114 health assessments over the year and attended 20 initial health assessment clinics since July 2016.

Are we effective?

Effective care, treatment and support achieve good outcomes, help you to maintain quality of life and are based on the best available evidence. This section sets out some examples where CSH Surrey can demonstrate effective outcomes for our patients.

Summary of improved patient care and experience resulting from re-structuring the education model in Podiatry

The podiatry service restructured the education model to improve patient care and experience.

The education sessions are run within the CSH Surrey podiatry service to facilitate access for the patients who meet the criteria for general podiatry. Historically it was run as a group style education session for up to 20 patients. This approach included a 30 minute foot care presentation, with time for questions at the end of the group talk and the offer of a short one to one brief assessment with a podiatrist. The patients were screened for eligibility and provided a treatment plan of discharge with personalised foot care advice or advice to access the service.

This model was reviewed and deemed not fit for purpose due to number of factors which reduced uptake and subsequent 'high did not attend' (DNA) rate. Patients preferred to choose a session at their local clinic and this was not always offered as facilities needed to accommodate a large group of patients and break out rooms for screening. The locations were not held equally amongst the geographical locations covered by CSH Surrey hence limiting patient choice. Also, due to demands within the service the scheduling of these sessions were reduced.

Patients who did attend could not always commit to spending three hours at the session, listening to the talk and then wait for screening, with the possible outcome of discharge due to not meeting the criteria. This led to a number of complaints.

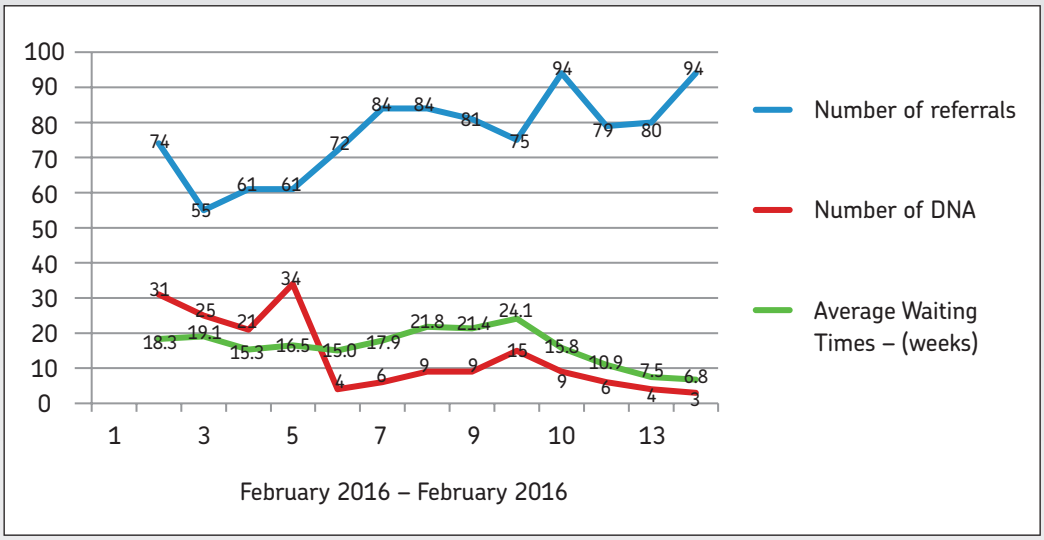
By August 2016, there were over 500 new patients on the waiting list. Previous attempts at running block educations sessions to reduce patient waiting times only worked as short term solutions. At this point, the podiatry service tried a pilot to provide a valid and robust model for education and assessment for new patients.

The new education model was trialled between September 2016 and November 2016 and has now been fully adopted and embedded into the podiatry scheduling. This new model was designed to improve the patient experience and provide a customised education and screening appointment. Patients are sent a 'to make an appointment' (TMA) letter following referral and are required to contact the Referrals Management Centre (RMC) to book an education appointment. The 30 minute education appointment comprises a clinical assessment with personalised education and a treatment depending on clinical need. Patients not currently meeting the criteria, receive information on how to re-refer to the service for any future new episode and access to the emergency podiatry clinic.

The graph on page 33 shows the impact of the revised education model has had from November 2016 when the new education model was permanently augmented into the podiatry schedule with an average of eight sessions per month. The DNA rate has steadily fallen from this time period from 15 to 3. The average waiting time has decreased from 24.1 weeks to 6.8 weeks no longer in breach of our contractual obligations with the CCG.

The new education model has had a positive impact on patient choice evident in the uptake of appointments and reduced DNA rates. Waiting times are shorter for the first appointment and patients receive a customised approach, at a closer clinic and privacy and dignity is maintained.

Impact of revised education model for podiatry patients



Clinical Assessment and Treatment Signposting Service-CATs

This service was set up as a pilot in October 2015 in partnership with our commissioner in Surrey Downs and South West London Elective Orthopaedic Centre (SWLEOC) initially for the Epsom GPs only.

The aim of the service is to provide a single point of access for service users requiring musculoskeletal (MSK) intervention with effective triage into Extended Scope practitioner (ESP) clinics, community therapies or secondary care.

Within the ESP clinics patients are offered an individual assessment with advice and treatment and appropriate diagnostics are arranged if required. The patient is then discharged, referred on for community therapies or referred into secondary care.

During 2016/17 the service has been developing and pathways have been improved and embedded. Examples of this are referral pathways with the psychological services to improve care for chronic pain patients and shortened waits for MRI scans.

The referrals into triage have increased during the year and in October 2016 the CSH Surrey ESPs took over this service from SWLEOC consultant nurses. The CCG funded an additional 1.6 ESPs to support the additional workload.

From November 2016 to January 2017 1,932 were triaged .Of these 41% were directed to either the ESP clinics or community therapies.

In the same time period 74% of patients that were redirected from secondary care were successfully treated in ESP clinics or community therapies.

Of those that were referred on to secondary care from ESP clinics the patients had had appropriate diagnostics completed so a treatment plan could be established at the first consultant appointment.

Since October 2016 96.8% of patients who completed the questionnaire reported the service to be very good or excellent.

Patient quotes

"First rate service, X-ray consultation, clear diagnosis all done within 30 minutes"

"Helpful & Professional"

"Highly recommended"

The future plans are to expand the service to East Elmbridge and Dorking GP practices and to develop the pain management pathway.

Length of stay

The length of stay in CSH Surrey community hospital beds is significantly lower than the national average of 28 days. This is due to the excellence delivered by both the CSH Surrey Nurses and Therapists and the working partnerships with social care colleagues, GP partners and Hubs.

During 2016 the length of stay at the three hospitals ranged from 15.9 days in May to 29.4 days in December. The average, however, across the year is 21.4 days.

The range is effected by a number of challenges but primarily this is twofold; firstly the higher acuity of patients in the whole system during the winter period and secondly, capacity blocks in the social care sector. This means that patients who are more poorly take longer to rehabilitate and when social care lacks capacity discharges are delayed.

Non-elective admissions to acute hospitals for Surrey Downs patients.

CSH Surrey has been delivering three locality, multi-disciplinary Hubs across East Elmbridge, Dorking and Epsom. Whilst the model of hubs has significant variation, they all aim to contribute to the reduction of non-elective rates for older, frail patients by delivering an effective community alternative.

The net reduction in non-elective admissions to Kingston Hospital Trust (KHT) for Surrey Downs patients is minus 6% and to Surrey and Sussex Healthcare it is minus 3%. The ESHUT position demonstrates a significant reduction in the projected growth. As such, all the CSH Surrey Hubs have significantly contributed to both improved patient experience and efficiency across the Surrey Downs health economy. In addition, the East Elmbridge Hub has supported a significant reduction in A&E attendance at KHT and both Dorking and Epsom have contributed to the management of growth.

Stakeholder events for the community hospital review led and conducted by SDCCG

Surrey Downs CCG conducted a comprehensive review of its commissioned community hospital provision. This review was published during 2016 and went to public consultation. During the consultation period CSH Surrey supported a number of CCG led stakeholder events and effectively managed patient and co-owner feedback and viewpoints.

CSH Surrey continued to provide an excellent level of service delivery during this period with positive FFT results, managed co-owner morale and efficient length of stays in the CSH Surrey Community Hospitals. All stakeholder events were attended by a range of co-owners and patients supported to have their say.

The outcome of the review has been shared across the system and CSH Surrey is contributing positively to the resultant action plans.

Virtual Dementia Tour

In 2015 a small group of CSH Surrey's co-owners attended the Virtual Dementia Tour. This is medically and scientifically proven to be the closest that we can get to showing a person with a healthy brain an experience of what dementia might be like. By understanding dementia from the person's point of view we can change practice, reduce issues and improve patient experience.

The Virtual Dementia Tour provided an overwhelming insight into what it feels like to have dementia. It was felt that as many co-owners as possible should have access to this experience as many of us come across patients or carers with dementia in our daily work as well as within own families/ communities.

In November 2016 the Virtual Dementia Tour and bus came to CSH Surrey and 62 co-owners to part in the experience.

"An incredible insight into the world of dementia. Thank you for this thought-provoking experience"

"Although the experience was disturbing, it really opened my eyes to how dementia patients live their everyday life"

"Makes me think about how I will approach dementia patients in future in my clinical practice"

School Nurse Case Study

'Inspector Ted Loves a Dry Bed'

Following an Enuresis (bed wetting) audit by a school nurse in 2015/16 there was a high DNA rate of appointments highlighted as well as a high incidence of discharging children too soon whilst the incidence of bed wetting hadn't been resolved. Although this could be due to several factors as a newly qualified school nurse I wondered how child focused the clinics actually were, for example parents were collecting enuresis alarms without the child, and conversations being adult dominated in the clinic setting. We also found that paperwork such as progress charts weren't coming back to each clinic appointment making it difficult to track progress.

In order to improve the DNA rate and the success rate of the clinic 'Inspector Ted' was born! We created Inspector Ted who attends each clinic and is used as a prop to explain to the children the different reasons why children wet the bed. He is also used to demonstrate the use of the enuresis alarm. The children are also given their own Inspector Ted booklet that they take home which has lots of information regarding bedwetting as well as things like the progress charts, next clinic appointment slips and enuresis alarm loan agreement. This means that all paperwork is in one booklet which is hoped would help parents and children bring paperwork to each appointment.

Verbal feedback during clinic appointments has been positive with the children really engaging with Inspector Ted and it is helping to give them a greater understanding of the reasons why children wet the bed in a fun way.

By using this innovative approach our DNA rate has improved greatly. If the end of year final evaluation from clients suggests that Inspector Ted is a positive method of providing health information to young clients, this approach will be rolled out across all our localities.

Introduction of red walking frames

Back in 2014/15 our Physiotherapists noticed that we were getting repeated referrals stating that clients needed walking aid reviews. When we visited the clients the general theme was that the client was walking and forgetting their walking aid putting them at risk of having a fall. The reasons for poor mobility varied but the common link was the added diagnosis of Dementia.

Knowing that dementia can affect your vision and that certain colours can stand out more in particular the colour red.

Following the successful trial of red walking frames CSH Surrey are now using them successfully in all our community locations.

Life after Stroke

The Stroke Clinical Nurse Specialist role involves providing secondary stroke prevention education and advice to patients, their family and carers. The Stroke specialist Nurse has supported nearly 400 stroke survivors, family, friends and/or carers since 2013.

The service is provided by face-to-face contact, telephone liaison and patient relatives workshops.

The workshops have been particularly successful. Patient carer feedback suggested the workshops were meeting their set objectives. Helping patients, families and carers feel better supported and empowered to deal with life after a stroke:

93% of participants (July-November 2015) found the sessions 'Very useful'

76% better understand how to manage their condition

100% felt able to ask questions

Patients, relatives and caregivers also report:

- Better understanding changes in behaviour
- Feeling supported themselves
- Feeling better able to provide the right care while encouraging their relative or patient to achieve as much as possible

Many participants say they will change behaviours following the workshops, e.g. do more exercise, eat a healthier diet, monitor blood pressure regularly.

Relatives and care givers state information on mood and the psychological effects of stroke is incredibly beneficial.

As a direct result of the workshops, stroke survivors, families and caregivers have set up their own self-help group to promote independence and peer support, this continues independently at a local supermarket café, chosen for its mobility access and good parking, thus creating a wider impact and legacy for CSH Surrey Life After Stroke Workshops work.

The biggest achievement is that patients and carers learnt to recognize lifesaving early signs and symptoms of a TIA (Transient Ischaemic Attack) and been able to get to hospital in time and received a clot busting injection within recommended national target.

Clinical Supervision

Clinical supervision (CS) is a way of using reflective practice and shared experiences as a part of continuing professional development (CPD). It is a formal process of professional support and learning that enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance safety of care in complex clinical situations. All professional bodies require evidence of CPD for professional registration. CS helps in evidencing CPD and supports clinicians to achieve revalidation.

Why is Clinical Supervision important?

CS aims to motivate while being patient centred and focussed on clinical effectiveness, patient safety and patient experience. It provides a structured approach to deeper reflection on clinical practice.

Using Clinical Supervision within CSH Surrey

During 2016 /17 a specialist in Clinical Supervision continued to deliver clinical supervisor training. This specialist also completed monitoring one of our co-owners who, in February 2017, commenced delivering clinical supervisee training sessions independently. This enables more flexibility in the delivery of this training to all clinicians. 77 additional co-owners have been trained in CS since April 2016.

In the summer of 2016 we undertook a clinical audit of CS. The results reassuringly shared that CS is happening in all clinical services in CSH Surrey. However, some aspects of the CS policy have not yet embedded into all clinical services. Some of the common areas for improvement across all clinical services are reported below and will be actioned in the coming year.

1.	Attendance: across all clinical services there was evidence of 1:1 and group CS sessions happening. There were some tensions for co-owners between clinical demand, staffing levels and mandatory attendance at CS
	Recommendation: clinical supervisors to send attendance records to line managers of co-owners for follow up in 1:1 sessions and appraisals.
2.	Record keeping: records of CS were kept, however storage of record keeping was variable with some records being kept electronically and some on paper.
	Recommendation: reiterate record keeping standard alongside the importance of accurate record keeping and storage of records.
3.	The work of clinical supervisors in facilitating CS sessions: all clinical services gave examples of what was working well in CS and what was not working so well and had action plans to address improvements. This section also identified skill development needs of clinical supervisors in facilitating CS sessions.
	Recommendation: attendance at clinical supervisor training
4.	Peer clinical supervision for clinical supervisors: this aspect of the CS policy was new to all clinical services and no clinical service had implemented this.
	Recommendation: to encourage peer clinical supervision. To ensure clinical supervisors have support for their work as a clinical supervisor. We plan to re-audit clinical supervision in the summer of 2017 to identify improvements made and any areas for further development.

Nasal Flu uptake Immunisation Rates for Children

Over an eight week period between September and October 2016 the immunisation team, school nurses and child health department visited 92 state and independent schools to immunise Year 1, 2 and Year 3 children (5 – 9 year olds).

Over 7,500 children received the immunisation, an increase from 4,762 in 2015. This equates to a 66% uptake, an increase of 1% on 2015. The increase is not as large as expected due to the additional year group that was added.

Are we caring?

Caring staff involve and treat you with compassion, kindness, dignity and respect. In this section CSH Surrey shares some examples of our commitment to being a caring organisation.

End of Life Care

Between April 2016 and March 2017 **98%** of patients known to our District Nurses achieved their preferred place of death. Year on year we are making steady progress as demonstrated in the table below.

This is up from 95% in 2015/16
92% in 2014/15
85% in 2013/14
80% in 2012/13

This means our nursing teams are enabling more people than ever to have their desired end of life experience. Our achievements are much higher than the National average.

Actions for End of Life Care 2014-16

NHS England states that the number of people dying in their usual place of residence (i.e. at home or a care home) has risen from under 38% in 2008 to 44.5% in 2016. Research implies that Over 60% of people would prefer to die at home.

This continues to be achieved by our strong partnership working. The Community and Hospice Home Nursing Service (CHHNS) was set up in October 2012 and is a partnership service between CSH Surrey, Princess Alice Hospice and St Catherine's Hospice which supports District Nurses to care for those who wish to die at home, including the provision of night sits. The night response service continues to be provided by Princess Alice Hospice and enables those wishing to die at home to feel supported at night. Below are some quotes from patients relatives.

"All help was excellent, if it was not for your service my husband's wishes would not have been granted to stay at home, Thank you all so much"

"I had never heard of this service but the nurses that came were wonderful, caring and compassionate. They were of great help and support in a difficult situation"

CSH Surrey's Palliative Care Forum (PCF) is chaired by our End of Life Care Lead and has been operational since 2005. Attendance continues to increase year on year and includes external agencies for multi professional working, including a local undertaker.

End of Life Care continues to be given a high priority in CSH Surrey and therefore is still part of our corporate induction for new co-owners, meaning that all co-owners are introduced to the importance of good End of Life Care.

Enhanced learning opportunities are essential in ensuring a highly skilled and knowledgeable workforce in End of Life Care. This year training opportunities have included paramedic practitioners learning event to enable co-owners to have a better understanding of the paramedics' role in End of Life Care. Feedback from some of the training course attendees can be seen below.

"My respect for paramedics has increased tenfold – I think this should be a government education initiative to increase public awareness"

"We were very grateful to have input from the District Nurses for our study day. The day was well evaluated and positive comments were made about hearing things from the community perspective. I do hope that it proved a useful networking opportunity for them too"

#hello my name is…

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

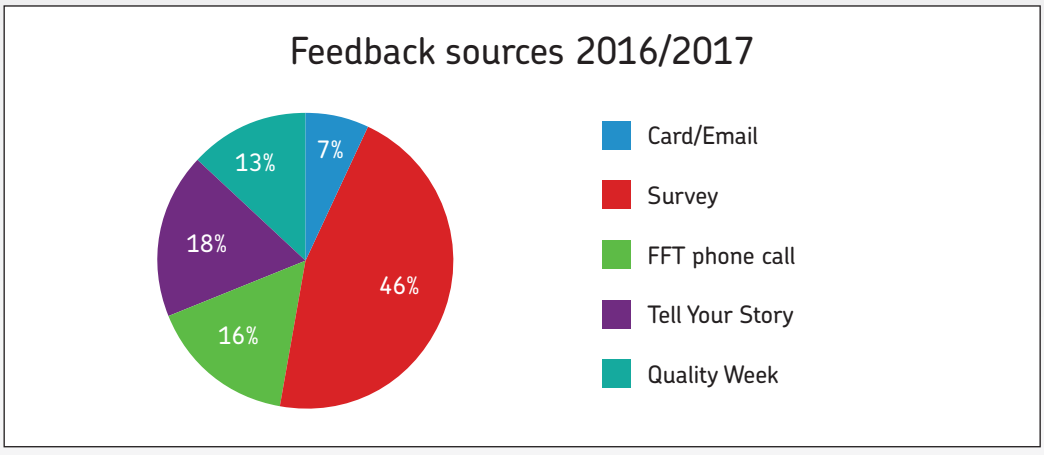
We continue to promote the 'hello my name is…' campaign to remind our staff to introduce themselves to patients properly: because a confidant introduction is the first step to providing compassionate care and is often all it takes to put patients at ease and make them feel relaxed whilst using our services.

Patient experience

We recognise the importance of listening and responding to the voice of the people using our services. Capturing, measuring and acting upon patient/client experience is central to delivering safe, effective and high quality services.

Gathering service user experiences

CSH Surrey actively seeks the views of the people that use our services to monitor performance and satisfaction. We ask about experiences to look for opportunities to improve the services we deliver. 2070 pieces of feedback were gathered in 2016-2017 (1st April 2016 -31st March 2017).



The key methods for listening to the patient voice include:

NHS Friends and Family Test (FFT)

CSH Surrey has used the NHS Friends and Family Test (FFT) to gather patient experience feedback since April 2013, one year ahead of the national requirement for inpatient and urgent care community services. Since then we have received more than 7,000 responses from the people using our services.

FFT results and comments are displayed on the community hospital wards each month; ensuring feedback is visible to patients, relatives and carers, and the ward teams. All other services receive a monthly report of their Friends and Family Test score and the all comments received.

This information is used by teams as a measure of patient satisfaction. Monthly reporting means they can react quickly, sharing examples of best practice and making changes if anything has been unsatisfactory.

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

The average FFT scores for CSH Surrey services in 2016/2017 was 97%. This is the percentage of respondents saying they would be likely or extremely likely to recommend CSH Surrey services to friends and family should they need similar care or treatment. Where service users are unlikely or extremely unlikely to recommend our services, we consider how we can act on the feedback to improve patient experiences.

The FFT is available to all service users and is publicised through posters, the CSH Surrey website, the Tell your story form and is asked in all surveys.

The School nursing service uses their own Friends and Family cards and collection boxes so that pupils can give feedback anonymously and in confidence at their school.

Services that see patients at home for example by district nurses, domiciliary physiotherapy and the new community hubs, have been better engaged with giving out the Tell Your Story leaflets in client information packs to receive valuable feedback about the patient experience.

"They were very caring at the hospital. The nurses were very professional. It was a nice place to be in to recover and very clean. Everything I asked was explained well and easily so I could understand it. I was also given some good advice"

School Nurse Service – March 2017

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

Currently, most service users choose to complete the FFT in paper format. In 2016/17 CSH Surrey has trialled a tablet device to ask the Friends and Family question. The trail started in March 2017; uptake is slow now but we hope to increase awareness of the two trial tablets and encourage more services to use this method.

Following FFT feedback, CSH Surrey inpatient ward teams discuss feedback at hand overs and team meetings, increasing the opportunities to share what is working well for their patients and work out actions to make improvements when needed. Team members are now more confident to share verbal feedback with the team allowing for peer support and the whole team hearing of thank yous and compliments.

Using patient stories

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

Shared at the February 2017 Board meeting: A young person receiving speech and language therapy gave their own written account of the difference their therapy had made to their ability to socialise, form friendships and communicate better with their peers. They learnt social skills, attended friendship skills groups, and learnt memory strategies to help them to remember verbal information in the classroom. In their own words:

"Speech and Language Therapy sessions have made me so much more aware of other people's communication skills and taught me things like tone of voice and eye contact are essential. I've got a big group of friends and I'm now confident, positive and happy."

Involving service users in service developments

We continue to seek patient involvement in developing our services.

'Tell Your Story' leaflets

Tell Your Story leaflets are available at all clinical sites, via the CSH Surrey website and are also given out in all new birth packs, in every inpatient Welcome pack, to domiciliary patients and people seen by our Community Integrated Teams. 375 Tell Your Story leaflets were received across all services during 2016-2017.

A Tell Your Story leaflet is given to each new co-owner at their company induction in a dedicated Patient experience session aimed to engage all new starters with the importance of listening to our service users, introducing how to capture the patient experience and ways to listen and respond through action.

Instilling the importance of experience and how we can all affect the patients' journey has increased awareness of feedback methods and new starters' ability to help patients record their comments. Below is a range of feedback received from grateful patients.

Community Matron:

'My father has been visited by the Community Matron at least once per week for the last few months since returning from a stay in hospital. The care he has received has been excellent. Each visit he receives an extremely thorough check-up which is carried out in a friendly and caring way. The communication with Dad and me has been excellent. We are always kept in the picture. The matron always liaises with the GP when necessary and gives us clear feedback from their discussions and as many changes in medication. As a result of this care my father has continued to improve without needing to see a GP or another hospital stay. An excellent service'

Baby Massage: A small group and informal comfortable setting makes it easier to relax and chat to staff and other attendees. A nice session which babies enjoy and provides an easy and effective massage that's easy to remember and use as home. Lots of enjoyment from members of staff. All very supportive and helpful. A really useful resource and place to get help and talk through problems and concerns.

Health Visitor:

'I attended a baby clinic recently. I arrived upset as I was worried about my 12 week old baby. The Health visitor was fantastic. She was warm, kind, professional, friendly and really managed to help calm me down and reassure me. The way I was treated by her made such a difference as I had no plans that day and so she was the only person I had contact with, and I benefitted hugely from the way she treated me as I was then able to enjoy the rest of the day with my little one. I am very grateful to her and want to say thank you.'

Podiatry:

'I have had a fantastic treatment and care at the CSH Surrey. It was my 15 year old son that was a patient. He was spoken to with respect and not in a 'childish' way healthcare professionals tend to speak to teenagers. Every part of care – from the initial phone call to the surgery and aftercare was absolutely exemplary. I felt my son and I left educated and very much looked after. These are not enough superlatives I can use to describe our experience'

Service user surveys

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

Thirteen services conducted surveys in 2016/17 receiving over 1,200 responses in total. Services use this information to understand the patient journey looking at what has worked well and can be spread to other services, but also looking where improvements can be made to enhance the patient experience in addition to achieving good health outcomes.

The Respiratory Service survey received responses from 30% of their caseload achieving very positive results, and positive feedback with team members singled out for praise for their caring and professional attitude. The team are working to improve number of people (79%) acknowledging that their respiratory nurse has given them a written plan which to follow when unwell with their respiratory condition, by referring to their personal copy at each nurse visit and trailing the use of a folder for the plan to increase its visibility in the patients home.

Are we responsive?

Responsive services are organised so that they meet patient needs. In this section CSH Surrey demonstrates how we continue to seek feedback from our patients and co-owners.

Patient complaints

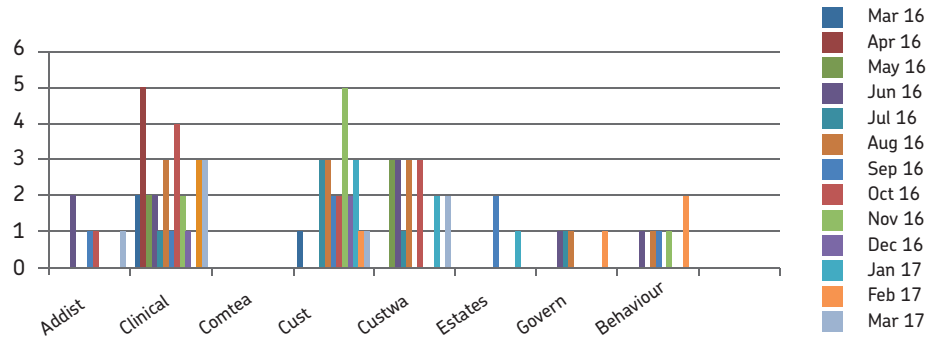
CSH Surrey has an open and approachable culture which encourages patients and their families to comment on their care or treatment. This helps us to deliver safe, effective, high quality services that continue to respond to patients' changing needs.

We continue to see an increase in our activity levels with services therefore under pressure. Despite these increases, the overall number of complaints has reduced by 24% compared to the previous year as shown below.

112 complaints in 2015/2016

85 complaints in 2016/2017

Complaint themes



Addist = Admissions or discharges

Clinical = concerns over care or lack of care

Comtea = Relates to community team

Cust = General service user dissatisfaction

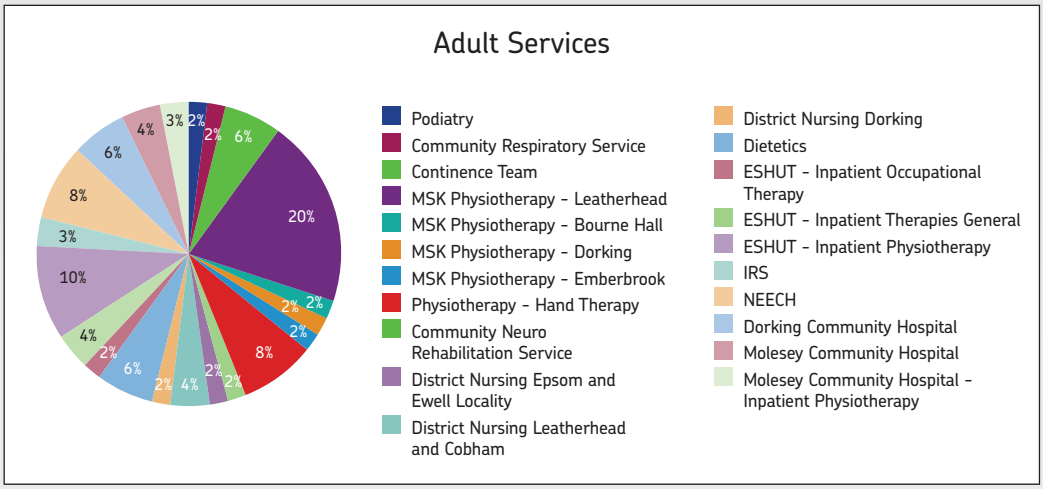
Custwa = Service user waiting for an appointment or other communication from the service

Estates = Issues with facilities

Govern = Information governance

Behaviour = Issues relating to behaviour

Concerns about the care provided is the main reason for patients or their families raising concerns with us. The next frequently cited reasons include waiting time, lack of communication and information often while they are waiting for treatment. The graph below shows the themes by department and services across CSH Surrey.

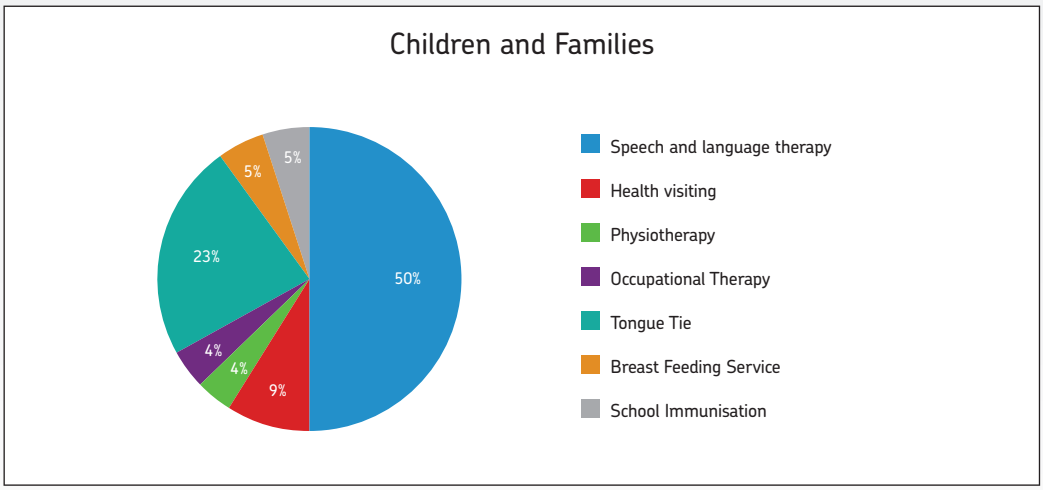


The complaints labelled ESHUT were received by Epsom & St Helier University Hospitals NHS Trust, but some elements also related to CSH Surrey services.

Complaints by service

Broadly by type, CSH Surrey's MSK Physiotherapy, Community Hospitals, and Inpatient Therapies for Epsom General Hospital Inpatients received the largest number of complaints in the period 1st April 2016 to 31st March 2017.

Complaints received by CSH Surrey's Children's Services



Complaints received by Children and Families Services

Speech and Language Therapy (SLT) and Tongue Tie Services have received the highest number of complaints Waiting time for appointments and lack of communication while waiting to be seen have been the most significant factors in complaints.

Complaints referred to the Parliamentary and Health Service Ombudsman

No complaints were referred to the Ombudsman during this period. A final report was received during this period relating to an investigation undertaken by the Ombudsman. The Ombudsman did not uphold the complaint.

Complaints up-held/not upheld

67% of all complaints received were upheld in the complainants favour.

Learning from complaints audit

CSH Surrey carried out an audit of one of its services to understand if co-owners were receiving information about complaints raised in their service and learning as a result. This was successful and showed an effective cascade of information to co-owners. More audits will be carried out during 2017/18 to help provide assurance in relation to learning from complaints.

Review of CSH Surrey's complaints service by Surrey Downs Clinical Commissioning Group

Our commissioner, the Surrey Downs Clinical Commissioning Group (SDCCG) reviewed CSH Surrey's complaints service to understand if it was handling complaints effectively and using best practice to achieve this. While some improvements were noted and actioned, CSH Surrey received a positive comment from the SDCCG which is shown below.

SDCCG writes:

"Dear Graham and Karen,

Thank you for meeting with Dave and Helen before Christmas to discuss your policies and processes around complaints handling. I know that they gave you feedback when they met with you but had committed to send a written report and a copy of the toolkit used to support any changes that they recommended. I have attached both the report and toolkit and hope that this will be helpful for you both as evidence for the imminent CQC inspection and for developing your service going forward. I think that it contains a lot of evidence of good practice and that it's clear that you are focussed on improving patient experience."

Datix Web

CSH Surrey has recently invested in a patient safety software programme, DatixWeb, which will allow on-line reporting of complaints and has the ability to link the incidents module where comparisons and themes can be identified. This system will help management, tracking and responses to complainants.

Learning events

Our Community & Patient Involvement Coordinator, Customer Liaison Officer and Quality Improvement Lead continued to run a number of Learning Events during 2016/17. These events were well received and engaged co-owners in discussion relating to their services. One learning event was attended by a representative of our clinical commissioning group who was pleased with the co-owner engagement and the discussions raised. The table below sets out some of the learning opportunities for our co-owners.

Epsom General Hospital - Inpatient therapies - Improve opportunity for relatives to be able to discuss any concerns they have for their relatives care.
EGH - Inpatient therapies – Conduct training sessions for medical team on how to refer for chest physiotherapy.
MSK Physiotherapy – Ensure patients are as informed as possible as to their likely treatment pathway.
Children and Families – Ensure clinicians receive training with regard to report writing and the future interpretation of those reports.
Children and Families – Where there may be a dispute, review any requests for information so as not to disadvantage one parent over another.
RMC – Ensure the process of checking patient referral information against RiO records is adhered to.
RMC – Extend the period of appointment booking to provide patients with more choice of booking future appointments.
Patient Transport – Identify patients who may need more transport options particularly if they may have problems attending appointments.
Hand Therapy – Provide early referral facility for consultants for those patients who need urgent follow up, typically within five days of their operation.
District Nursing – Ensure patients have a choice of refusing a visit if the clinician has a significant cold / cough.

Dignity Action Week

CSH Surrey recognises that dignity in care is one of the most important issues for patients who come to us for care and treatment. We are committed to maintaining patient privacy and dignity.

When we are ill, we want care, rest and comfort in pleasant hospital surroundings and to know that healthcare staff are doing all they can to protect our privacy and dignity.

As an organisation we expect our co-owners to respect patients' rights to privacy and dignity. We continue to work hard to ensure that there is a culture, in both our hospitals, which values privacy and dignity.

- **Privacy** refers to freedom from intrusion and relates to all information and practice that is personal or sensitive in nature to an individual
- **Dignity** is being worthy of respect

We want our patients to feel that they matter – that their values, beliefs and personal relationships will be respected. This applies to **all** our patients, regardless of their age, gender, ethnicity, social or cultural backgrounds, or their psychological or physical requirements.

This year (2017) dignity action day/week was celebrated by providing each service within CSH Surrey with a 'dignity action pack'. This was delivered to every team at each of CSH Surrey's locations prior to dignity action week and teams were encouraged to use them within teams e.g. during team meetings. The packs contained the 10-Point Dignity Challenge, various pieces of information regarding the 6Cs and some poems around dignity and compassion. Any of these could be laminated to be displayed in public or team areas. In addition, each team received a 'fortune teller' which was created like a quiz, with questions all around privacy and dignity.

There was a display in the reception area at Leatherhead Hospital, a photo of which is above/below.

The Voice

The Voice is a group of nine elected co-owners. The purpose of the Voice is to help make CSH Surrey successful in a sustainable way as an employee-owned 'not for profit' social enterprise. Together they work to support you to support your business - CSH Surrey.

The Voice aims to....

- Represent fully and openly the views and interests of all employees as co-owners
- Act as a channel of communication and to promote discussion between the Board of CSH Surrey and the co-owners of CSH Surrey on strategic issues
- Receive reports from the Board of Directors and to make comments and recommendations as appropriate
- To help build the spirit and practices appropriate to a social enterprise that is owned by YOU, by developing active participation and encouraging individual responsibilities of all co-owners.

Health & Wellbeing for co-owners

Our co-owners do a great job, day in, day out. Our physical and emotional health and wellbeing directly affect the quality of our lives as well as those around us, including our colleagues, families, patients and clients. This is recognised by our Directors and is why the CSH Surrey Board committed £25,000 in 2016, and more in 2017 to better support co-owners to take care of their own health & wellbeing. Each month we focus on one aspect of our health and wellbeing, often linked to national awareness weeks or months from fun competitions and individual/team challenges to providing access to free health checks, on-site exercise and other classes, advice, resources and more. Our 'Taking Care of You' programme also encompasses a greater focus on our occupational health support services, on reward and recognition and on our wider co-owner benefits.

CSH Surrey Health and Wellbeing Calendar April 2016 – March 2017


April 2016: Emotional wellbeing


May 2016: Sun safety


June 2016: Healthy lungs

July 2016: Taking care of you


August 2016: Health & safety


September 2016: Life balance


October 2016: Back care


November 2016: Men's health


December 2016: Active winter


January 2017:
Active Lunch Challenge


February 2017:
Active Lunch Challenge


March 2017: General wellbeing

Are we well-led?

A well-led orgnanisation ensures its leadership, management and governance processes provide high-quality care that is based around your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture. This section sets out how CSH Surrey promotes this culture.

Co-owner survey results

Engagement

The annual co-owner survey provided some excellent results. Whilst the response rate was slightly lower than last year (67% v 71%) the results indicated an increase in nearly all of the responses received.

- 87% of all responses were positive (either agree, strongly agree) compared with 78% in 2015.
- The engagement indicator had also increased to 92% from 86% in 2015

There were a number of responses with a 99% positive response

- I understand the contribution I am expected to make
- I can see how my work relates to patient care (even if I don't have direct patient contact)
- I am motivated to make a difference for patients (even if I don't have direct patient contact)
- I understand how to report near misses and errors
- I would know how to escalate concerns around professional practice, quality or patient safety in CSH

Our lowest responses all saw an improvement on last year's results but remain a priority for the organisation:

- There are enough co-owners in my area of work to get everything done
- I have an acceptable workload
- I am satisfied with co-owner facilities where I work

Co-owner Friends and Family Test

The two questions that we ask regarding recommendations to friends and family were also impressive and had increased on last year:

- How likely are you to recommend CSH Surrey to friends and family if they needed care or treatment – increased by 9% to 90% positively agreeing
- How likely are you to recommend CSH Surrey to friends and family as a place to work – increased by 22% to 70%.

How do we develop our co-owners?

Healthcare Assistant (HCA) Development

In line with the many changes within the nursing workforce structure, combined with a need for consistency and standardisation of our band 2 & 3 HCAs, a development programme was needed by CSH Surrey.

A selection of workshops is currently being offered and these are being added to on a continual basis in response to increased demand for specific skills delivery.

A handbook for all HCA's is almost complete and will be available shortly. This will help individuals identify the direction of travel to take in order to progress within their role or to professional training.

It is linked to the new apprenticeships which provide accredited aims and outcomes to be achieved.

A two week intensive HCA training course took place between 27th March and 7th April 2017 and provided them with additional high level skills. We aim to run another two session during 2017/18.

Nurse Associates (NA)

CSH Surrey has won the bid to be a Fast Follower test site for the NA pilot. The pilot is supported and monitored by the Department of Health (DoH) through Health Education England and the Nursing Midwifery Council (NMC).

The aim is, following the Care Review in 2013 and the recommendations that followed, for all nursing and care staff to have a high level of training and Continuing Professional Development (CPD) to build a highly skilled and consistent standard of care to patients. This fits well with the changes being introduced by Simon Stevens, the CEO of NHS England, which leads the National Health Service's work to improve health and ensure high quality care for all. This programme will have a significant impact on the sharing and integration of services to patients. A need for holistically well trained and regulated band 4 nurses will underpin this structure and help build on the wider remit of patient care within Primary and Community care.

We are the lead partner in the Surrey Heartlands Consortia. Our partners within the group comprise of Ashford & St Peters Hospital, Queen Elizabeth Foundation, Surrey Care Skills including specialist providers of Adult Social & Mental health Care and Dementia specialist & long term conditions. Our education partners are the University of Surrey & Dynamic Training.

This is a two year pilot and we have a cohort of 34 within the consortium, CSH Surrey has five trainees accepted onto the programme.

This training also offer CSH Surrey the opportunity to provide a supply chain of suitably skilled co-owners who are able to move into roles left by those being promoted or moving on. Growing our own talent is essential and to do so we must invest holistically in skills development programmes to equip our workforce effectively and safely.

Degree Nurse Apprenticeship

CSH Surrey are working towards introducing the Level 6 Degree Nurse Apprenticeship and this is under final development and available from September 2017. The requirements are that students are employed ("earn while you learn approach") which offers both employer and apprentice the added value of securing a position on successful completion of the training. The four year model takes into account the apprentices spending more time within the workplace gaining hands on skills linked to the academic curriculum being delivered. The Allied Health Professionals Apprenticeship frameworks for both Occupational Therapy & Physiotherapy are with the development teams and should start come on-line during the next 12 to 18 months, also under development are Master level frameworks.

Co-owner Successes

Maureen Wilson Prize

Angela Partridge, a Family Nurse Partnership (FNP) Nurse, won the prestigious Maureen Wilson prize for MSc Nursing. This is awarded to the student who achieves the highest verified examiners mark for their clinical score. Angela's' systematic review identified that when a parent dies, surviving parents' own grief can impact their ability to effectively respond to the needs of their children (it is estimated that 23,600 children are bereaved of a parent or sibling before the age of 16 -Childhood Bereavement Network 2015). Many felt they needed support to help them navigate their grief in order to be present for their children.

Whilst there is much evidence supporting the needs of the children, with all stating that the primary supportive factor for healthy on-going development of children is having a responsive surviving parent, there was little research about the parents own needs in supporting their children, whilst dealing with their own grief and the secondary problems such as financial, housing or work issues that occur when they found themselves the sole carer for their children.

If these parents are to effectively meet the needs of their children, many will need some extra support. Health visitors and school nurses are in a prime position to support these families however research identified a number of issues with this.

Some professionals in the studies stated that they felt unskilled to support the families and this can be improved with bereavement as part of initial training as well as on-going CPD. It also helps having staff whose speciality is in bereavement care and who feel confident enough to support staff when they are dealing with these families.

Many problems were highlighted regarding staff in the primary care team even being aware that a death had even occurred. This requires improved communication pathways to highlight when there are surviving children.

Angela shares her thoughts below:

Angela recently met a widow who had 2 young children, her husband had died suddenly from an accident and she was struggling to cope with the children, her own grief and the financial burden - when I asked her whether she had seen anyone such as her GP/ HV/SN, she said that she had been to see the GP recently (nine months after the death) and the GP had been unaware of the death, and even the school had not thought to contact the school nurse for the older child. Although the GP had been informed of the death, no-one had connected the family together as a whole.

How have I used this research to improve client care?

I have provided some training within the FNP team and at a Health Visitor forum, as well as supporting a health visitor who is dealing with a family where there has been a significant death. There is a plan to provide further training for staff across the 0-19 team or wider as required.

QuDoS award for multidisciplinary team of the year for Multiple Sclerosis

Liz Wilkinson Multiple Sclerosis (MS) Specialist Nurse and her team won the QuDoS award for multidisciplinary team of the year for multiple Sclerosis. The QuDoS in MS Awards Recognise Quality in the Delivery of Services in Multiple Sclerosis. It is an initiative supported by the MS Trust and sponsored by a number of pharmaceutical companies. This is a national award and the team was up against some well -known MS specialist Centers. These awards highlight innovation and excellence in MS management and service delivery and also recognise the valuable contribution of individuals and teams in improving the quality of life and experience of care for those patients with MS.

The service makes a difference for people affected by MS because it is a local service that meets local people's needs. The team have a wealth of knowledge and are able to work in an interdisciplinary way improving care for people with complex needs.

Co – Co Awards

We also recognise exceptional performance internally. Our 2016 annual Co - Co Awards (Co-owners' Co-ownership awards) received a record-breaking 219 entries, from co-owners keen to recognise their colleagues' work.

This year we had 17 categories (including Outstanding Adults'/Children's Nurse and Therapist of the Year, Unsung Hero and Line Manager of the Year), we added in a new category for 2016 in response to co-owner feedback: Outstanding Bank Worker of the Year. The winner of this category was Anna Seeley, Quality and Governance Administrator. This award was present by Rhona Mason, Director of HR and Communications.

Feedback and responsibility

In this section CSH Surrey invites our commissioners to provide feedback on our quality performance for 2016/17.

Supporting statement from Surrey Downs CCG

Surrey Downs CCG has reviewed the Quality Account for 2016-17 and agree that the document meets the national guidance issued by the Department of Health.

We recognise the significant programmes of work and projects and initiatives undertaken to improve quality and safety for patients and also the considerable effort put into bringing the evidence together into this report.

Once again, we are pleased CSH Surrey has presented a balanced view of their quality achievements in this year's accounts acknowledging areas for further improvement.

We are particularly pleased with the previous work undertaken with the referral pathways for psychological services to improve care for patients with chronic pain and the improved approach to medical leadership to strengthen Clinical Effectiveness. We acknowledge the further work required embedding compliance with NICE guidance and implementing the Patient Leadership Strategy are included in priorities for Quality Improvements. The CCG is confident that CSH Surrey will continue to work closely across the whole health economy to support the drive to deliver 'harm free care' and in particular to reduce the number of all avoidable healthcare associated infections including work to minimise the risk of sepsis occurring in any patient within their care. We acknowledge the work undertaken to improve compliance with infection control training and hand hygiene audits recognising the on-going work to improve clinical environments. The CCG welcomes the planned improvements for medicines management to successfully support vulnerable patients with their patients post discharge.

Integral to these achievements is the clear patient safety, clinical effectiveness and strong patient experience focus and evidence of excellent partnership working and the CCG welcome opportunities to review models of care to ensure patients and their families continue to have the best care delivered by the right person at the right time.

We think that the CSH has shown good engagement with stakeholders, including its local population, resulting in goals that are pertinent and relevant to service users. We welcome the specific priorities for 2017/18 which are highlighted in this report and all are appropriate areas to target for continued improvement and new models of care.

We appreciate the work undertaken in relation to the many workforce challenges ahead such as the availability of clinical staff, particularly community nurses and the work undertaken in relation to recruitment and retention. We value the on-going commitment to share expertise and best practice across diverse care settings to support partner organisations in helping them to have staff who are prepared to care and to continue to support local health economies in providing more co-ordinated care to people in their own homes.

Thank you for sharing your Quality Account with the CCG and giving us the opportunity to comment on this. We look forward to continuing to work with you over the coming year.

Eileen Clark
Acting Director Clinical Performance and Delivery /Chief Nurse
Surrey Downs CCG

Dr C Fuller
Clinical Chair
Surrey Downs CCG

Statement of Directors' responsibilities

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

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

By order of the Board

June 2017

Chair, Bill Chapman

Chief Executive, Stephen Cass

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

Glossary

Language and Terminology

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

6Cs: these are six core values that the Chief Nursing Officer for England introduced in 2012 as part of the Compassion in Practice national nursing strategy. They were extended to cover all healthcare staff working in England in 2014. The 6Cs are: Care, Compassion, Competence, Communication, Courage and Commitment.

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

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

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

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

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

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

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

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

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

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

Escherichia coli or E.Coli: is a type of bacteria that lives in the intestines. It can be harmless or some types can cause infection.

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

Enuresis: Bed wetting in children or young people.

Friends and Family Test (FFT): this test provides people who use NHS services the opportunity to provide feedback on their experiences. The FFT asks people if they would recommend the services they have used and offers a range of responses. When combined with supplementary follow-up questions, the FFT provides a mechanism to highlight both good and poor patient experience. This kind of feedback is vital in transforming NHS services and supporting patient choice.

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

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

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

Knee Arthroplasty/Replacement: Knee replacement, or knee arthroplasty, is a surgical procedure to replace the weight-bearing surfaces of the knee joint to relieve pain and disability.

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

Looked after Children's Rights Apprentices: these are young people who have experienced being 'looked after' by the local authority and who award the Total Respect Quality Mark*.

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

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

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

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

National Safeguarding Adults Reviews: a Safeguarding Adults Review is held when an adult at risk of abuse dies or has experienced serious neglect or abuse, and there is concern that partner agencies could have worked more effectively to protect them.

NHS Standards Contract: The NHS Standard Contract is mandated by NHS England for use by commissioners for all contracts for healthcare services other than primary care.

Polypharmacy: is the use of multiple medications at the same time to manage co-existing health problems.

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

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

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

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

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

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

Safer Sharps EU Directive: This is a Directive to prevent and reduce injury from needles used within the healthcare sector, and to reduce the risk of exposure to an infection from blood borne viruses carried by patients.

Service Level Agreement (SLA): This is a contract between a service provider and the end user that defines the level of service expected from the service provider and specifically defines what the customer, in this case CSH Surrey, will receive.

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

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

Statutory and Mandatory training: training required to meet legislation.

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

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

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

Transient Ischaemic Attack (TIA) or "mini stroke" is caused by a temporary disruption in the blood supply to part of the brain.

CSH Surrey

NHS

CSH Surrey services

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

For adults

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

For children & families

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

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

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Nursing Standard Nurse Awards 2016

Cavell nurses' trust Awards 2016 Finalist

Student Nursing Times Awards 17 Finalist