



**CSH**  
Surrey



Better healthcare together



# Quality Account 2012-2013

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# Introduction and Statement from the CSH Surrey Board

CSH Surrey is ambitious in the quality of care it delivers – it's at the heart of all it does. And CSH Surrey knows that to do this it must listen and respond, continually improve, lead the way and maintain a motivated team. During 2012/13 CSH Surrey has continued to do this.

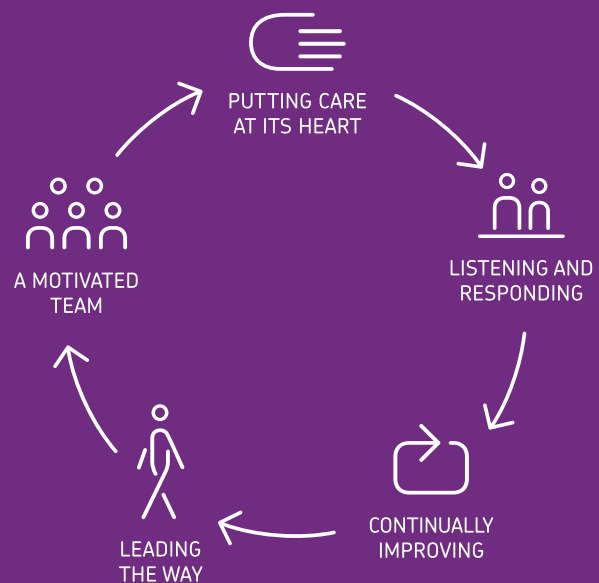
Through listening and responding to patients via its innovative 'Listening Project', CSH Surrey's frontline nurses and therapists heard directly from service users about their experiences. This feedback has now been used to define the behaviours most important to patients. We will be using these to recruit, train and appraise co-owners – meaning the patient voice really is at the heart of delivery.

Working together as co-owners, CSH Surrey has focused on delivering exceptional care by improving its health services and clinical practices, systems and processes. Despite year on year funding reductions, its co-owners (employees) have once again risen to the challenge. Through service re-designs and efficiency work, they have continued to free up clinical time to further improve services and care.

CSH Surrey continues to break new ground. In 2012 it was the first community provider in the country to enable GPs to receive clinical correspondence directly into their electronic patient record systems. Over 20,000 documents have been sent, saving clinical and administration time, both within practices and CSH Surrey – time that can be spent on patients rather than paperwork.

Its 750 co-owners continue to be among the most motivated and productive in the country as a result of its unique and proven co-ownership model. In its 2012 employee survey CSH Surrey outperformed other NHS providers in all key areas, from ethos to effort.

CSH Surrey is proud to share with you the developments in the quality of its services to patients, carers and their families during 2012-2013. This Quality Account has been developed with Surrey Downs Clinical Commissioning Group



(SDCCG) and local patient representatives. It shows how CSH Surrey has met its quality targets and how it has performed well against a number of quality measures over the last year. It also sets out CSH Surrey's quality priorities for 2013/14 and its consideration of the final report of the Mid Staffordshire NHS Foundation Trust Public Inquiry.

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

By listening, responding and working together with partners, and each other the CSH Surrey Board is confident it can continue to deliver ever better patient care and benefits to its wider community.

Better healthcare together.

*Tricia McGregor*

**Tricia McGregor**  
Managing Director

*Jo Pritchard*

**Jo Pritchard**  
Managing Director

*Ian Church*

**Ian Church**  
Chairman

## CSH Surrey's approach to quality

CSH Surrey is an award winning community healthcare provider, where motivated co-owners and strong partnerships drive the delivery of better care. It is a values-led, people business with a passion for quality and innovation. As a social enterprise ('not-for-profit'), it exists to benefit its local communities.

CSH Surrey's co-owners are confident that patient safety and experience and effective care really are the organisation's first priority.

2012 co-owner Survey Question	CSH Surrey	Community Trusts Average score	Social Enterprises Average score
CSH Surrey is genuinely committed to delivering high quality services to patients	97%	60%	69%

Because CSH Surrey is ambitious in the quality of care it delivers, the Board has given detailed consideration to the report from the Francis Inquiry. CSH Surrey's strengths in relation to the findings of the Inquiry include its ownership structure and the engagement this brings, visible and clinical leadership, strong co-owner survey results and patient feedback, clear performance reporting and evidence that co-owners can, and do, discuss concerns.

However, CSH Surrey recognises it must remain vigilant in listening to concerns and monitoring the quality of services being delivered. In the 2012 CSH Surrey co-owner survey, 56% of co-owners said they felt their workload was acceptable. While this is much higher than comparative provider organisations, where Community Trusts scored 27% and social enterprises 28%, it highlights the risk posed by continued pressure on NHS funding and increasing numbers of referrals for more complex patients.

CSH Surrey is also ambitious in the standards it sets itself and will continue to:

- Ensure the culture remains open and that every co-owner feels able to raise concerns
- Provide further leadership development
- Develop the appraisal process with a focus on co-owner development as well as performance
- Develop ways to measure 'compassionate care.'

This ongoing work will be monitored by CSH Surrey's Board.

Having clinical leadership at every level of CSH Surrey is at the heart of Board assurance, with both Managing Directors and a non-executive Board member being clinicians. All Board members regularly see services and patients for themselves on walkabouts at all sites.

The Board has a subcommittee -The Integrated Governance Committee (IGC) - chaired by a clinical non-executive Board member. It receives reports and presentations on all aspects of clinical governance, information governance, corporate risk, health and safety and workforce compliance. The format is based on the Care Quality Commission (CQC) outcomes framework. We are, however, currently reviewing our quality reporting arrangements to create even more robust quality assurance systems and processes in the future.

CSH Surrey's professional leads, representing the different therapy and nursing professions, form its Professional Congress and report into the IGC. This ensures the highest professional standards are maintained. Leads participate in local and national clinical networks and have links to professional bodies to ensure CSH Surrey remains up to date with current research and innovations in clinical practice.

CSH Surrey is delighted that its success has been reflected in a number of national awards and nominations during the year 2012/13:

### Awards Won:

- Sunday Times Non Executive Director awards: Ian Church, CSH Surrey Chairman, Non Executive Director of the Year (Not for profit/public sector)
- BBC Surrey/Sussex - Community Heroes, Local Entrepreneur category
- Philip Baxendale Awards – Employee Engagement Award

### Awards Highly Commended:

- Philip Baxendale Awards – Most successful Cabinet Office public sector mutual

### Awards Shortlisted in:

- Toast of Surrey Business Awards – Social Enterprise category
- Excellence in Change Management – HR Excellence Awards
- Gatwick Diamond Business Awards – People Development for Business success
- HSJ Efficiency Awards – Efficiency in Community Service Re-design
- Lean Healthcare Awards (UK and EU) – Lean Champion of the Year

# Delivery of CSH Surrey's 2012/13 Quality Priorities

CSH Surrey's 2011/12 Quality Account described five priorities for the year 2012/13 and performance against these is described below.



## To improve services for children and families

### What has been done?

In autumn 2013 CSH Surrey will meet its target to increase the number of Health Visitors by 5.7 (full time equivalent) new posts in 2012/13 in line with the national plan called 'Health Visiting Call to Action'.\*

Given national recruitment difficulties, CSH Surrey has worked with the University of Surrey to recruit the highest calibre students for training as Health Visitors. It has ensured they are supported when they join CSH Surrey and during their training, so they choose to stay working for CSH Surrey when they qualify.

In 2012 CSH Surrey was awarded 'Early Implementer Site'\* status for the national Healthy Child Programme. As a result, it is the first provider in Surrey to offer a 28 week antenatal contact with a health visitor to all first time parents. Research shows this will reduce new parents' reliance on GPs post-natally and improve health outcomes and life chances for children and their families.

CSH Surrey's Health Visitors have begun providing families with a programme of screening, immunisation, health and development reviews, all supplemented by advice around health, wellbeing and parenting. This includes using the 'Solihull Approach'\* to support families to better understand their children's behaviours as they develop. CSH Surrey's Health Visitors benefit from using restorative supervision\*, which is designed to develop their capacity to think and make clear decisions around the care experience they offer. The programme enhances the resilience and functioning of professionals and improves the relationships they have within CSH Surrey.

90%

In a survey of 215 parents, 90% said they were "highly satisfied" with their health visitor.

My health visitor has been fantastic and has helped with all my concerns.

Parent



\*See Glossary



## To provide safer hospital care for older people

### What has been done?

During the year CSH Surrey has focussed on a number of safety improvements in its community hospitals.

It has reduced the incidence of falls by 27%, from 171 in 2011/12 to 124 in 2012/13. This is as a result of monitoring where and when falls occur so that nurses can provide more support at the right times. A new 'Slips, trips and falls' training package has been introduced, assessing all patients on admission for their individual risk of falling so that care can be individually tailored to reduce the risk. The use of a 'hi to low' bed so vulnerable patients can more safely get out of bed was trialled successfully, with one now being purchased for each community hospital.

The falls assessment forms part of a comprehensive risk assessment for all patients on admission that includes nutrition, mental capacity and skin integrity, enabling more personalised preventative care to be provided.

CSH Surrey reports and reviews all incidences of pressure ulcers of any grade to ensure that care for patients can be improved. It is launching a new 'Your Skin Matters' programme so that patients, carers and co-owners can work together and effectively to ensure patients' skin is protected.



## To establish the Referrals Management Centre as a single point of referrals to CSH Surrey

### What has been done?

CSH Surrey's Referral Management Centre became fully operational during 2012/13. 95% of all referrals to CSH Surrey are now processed via this single point of access.

Referrals can be received by phone, letter, fax or email (one phone number, one email address). Referrers can call the Referral Management Centre and be assured of a response and GPs are pleased with the extended opening hours from 8am to 6pm. The service is efficient, streamlined and responsive: over 50,000 referrals per year are handled.

Alongside this, Surrey GPs became the first in the country to benefit from receiving clinical correspondence from CSH Surrey's community clinicians directly into their electronic patient record systems – saving clinical and admin time. It's immediate, confidential and paperless and over 20,000 documents have already been sent.

Receiving communication electronically has made the workflow process much more efficient.

Practice administrator, Medwyn Surgery





## To involve patients in the re-design of services

### What has been done?

CSH Surrey involved patients and their carers in re-designing how it provides neuro rehabilitation services by inviting them to take part in focus groups and interviews. Different groups were held according to patients' needs and diagnosis, for example, stroke, Multiple Sclerosis or Parkinson's Disease.

CSH Surrey therapists were pleased to hear that patients rated the service they received very highly and that patients had suggestions for further improvements. While therapists thought patients would like extended appointment hours at evenings and weekends, patients were clear that this was not the case, preferring a better balance between rehabilitation treatments and personal time for social and other activities. Patients also felt that therapists could be more aware of the impact of their illness on their emotional wellbeing. Following this feedback, appointment times have been planned in patient's preferred slots and additional training has been provided for therapists on the impact of neurological illness on wellbeing.



## To deliver our quality targets (CQUIN) set by NHS Surrey

### What has been done?

CSH Surrey has delivered all of the quality targets set by NHS Surrey. This includes a number of targets set nationally and a number set locally by NHS Surrey either for CSH Surrey alone or for Epsom Hospital, Surrey and Borders Partnership Trust and CSH Surrey to deliver together. CSH Surrey provided leadership for the collaborative CQUIN targets and was commended by NHS Surrey for its outstanding leadership in co-ordinating and delivering these challenging targets.

The targets are set out opposite:



CQUIN themes		Target for 2012-2013
<b>National</b>		
1	Venous Thromboembolism (VTE) prevention	90% of patients admitted to community hospitals have a VTE risk assessment
2	Patient experience	Patient surveys demonstrate: 1) Involvement in decisions about treatment/ care 2) Hospital staff being available to talk about worries/concerns 3) Privacy when discussing conditions/treatment 4) Being informed about side effects of medication 5) Being informed who to contact if worried about condition after leaving hospital.
3a	Dementia - improving awareness and diagnosis of dementia using risk assessment in hospital	Dementia screening
3b		Dementia risk assessment
3c		Dementia referral for specialist diagnosis
4a	NHS Safety Thermometer* - improving collection of data about pressure ulcers, falls, urinary tract infection in those with a catheter and VTE	Completion of Safety Thermometer Tool quarterly
4b		Safer Smarter Care submission monthly
<b>Local</b>		
5a	EQ programme - Heart Failure	Heart failure pathway improvement
10	CSH Referrals Management Centre	95% of referrals managed through single point of contact – one email, one telephone number
11	Early Supported Discharge	All eligible stroke patients receiving early supported discharge from hospital with 95% being seen within one day of discharge and 100% receiving the best practice 6 month review.
<b>Whole System targets – CSH Surrey, Epsom Hospital and other Healthcare providers working together</b>		
6	Emergency admissions	10% reduction in patients admitted to hospital for 0 – 1 days
7	Length of stay	10% reduction in length of stay
8	Reducing hospital deaths	10% reduction in hospital deaths and enabling patients to choose where to be at the end of their life
9	Discharge from hospital	20% increase in numbers of patients discharged from Acute Trusts on a Saturday and Sunday

A proportion of CSH Surrey's income in 2012/13 was conditional upon achieving quality improvement and innovation goals agreed between CSH Surrey and NHS Surrey, through the Commissioning for Quality and Innovation payment framework.

\*See Glossary

# National Quality Indicators – CSH Surrey’s performance in 2012/13

During 2012/13 CSH Surrey was commissioned by NHS Surrey to provide 20 services. CSH Surrey has reviewed all the data available on the quality of care in all of these services. The income generated by the NHS services reviewed in 2012/13 represents 100% of the total income generated from the provision of NHS services by CSH Surrey for 2012/13.

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

In line with Department of Health requirements as set out in its letter ‘Quality Accounts: Reporting Arrangements for 2013/14 (Gateway reference 18690)’, CSH Surrey has reported on:

- Three indicators that are required and relevant to the community services it provides
- Three indicators that CSH Surrey is able to supply data on and has chosen to do so
- Required data and statements on audit, research, CQC and Information Governance.

## Re-admissions to a CSH Surrey community hospital within 28 days of discharge

CSH Surrey community hospitals' re-admission rates are detailed below:

Community hospitals	Measure	2010/11	2011/12	2012/13
Re-admission rates	% of patients being re-admitted within 28 days of discharge	6.2%	6.4%	6.0%

## Percentage of staff who would recommend the service to a friend or family member

CSH Surrey's co-owner survey results from July 2012 are significantly higher than the 2012 NHS Staff Survey results for all Trusts, Community Trusts and social enterprises as shown in the table below.

Survey question	CSH Surrey	All NHS organisations Average score	Community Trusts Average score	Social Enterprises Average score
I would recommend my organisation as the provider of choice for a family member/close friend	87%	63%	67%	73%

## The number of patient safety incidents reported and the number and percentage that resulted in severe harm or death

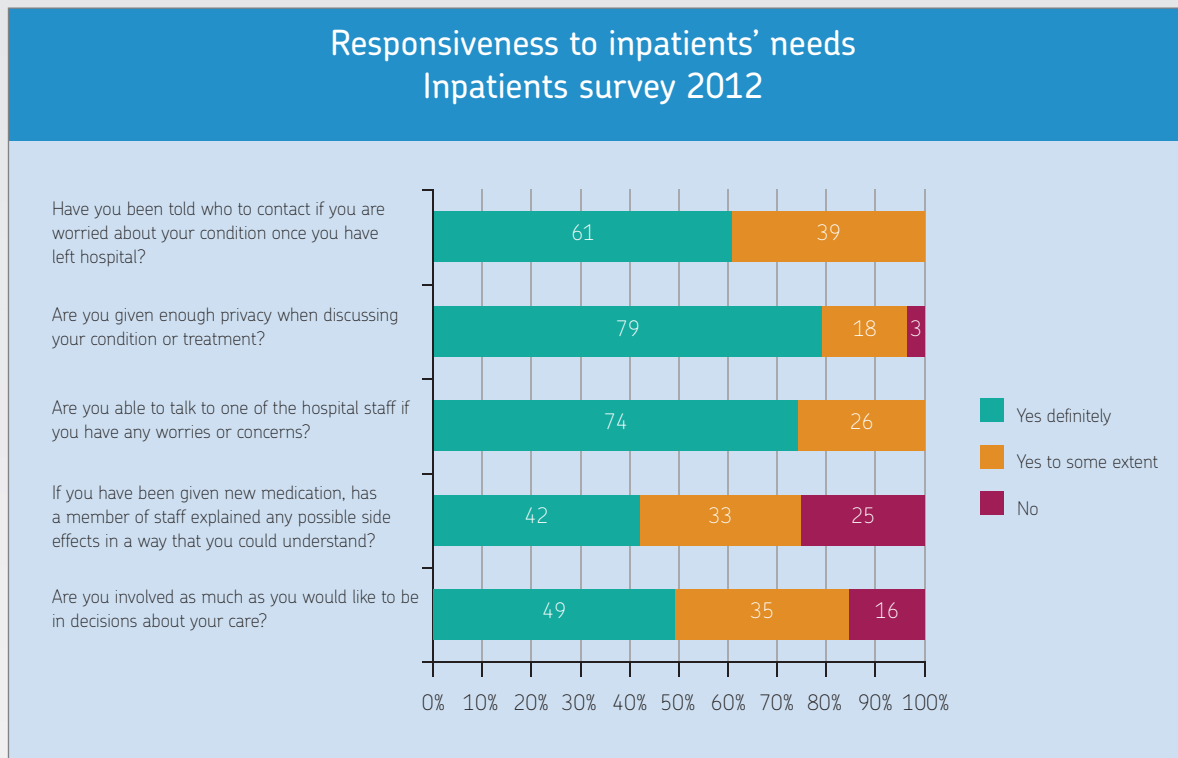
CSH Surrey actively encourages the reporting of any incidents as this enables learning to be identified and preventative measures to be implemented. In the period April 2012 to March 2013 co-owners reported 1007 incidents.

During the same period CSH Surrey reported 18 'Serious Incidents Requiring Investigation' (SIRIs), of which 83% were pressure ulcers. Like all healthcare providers and in line with national policy, CSH Surrey is working hard to reduce the incidence and seriousness of pressure ulcers with the launch of its local programme 'Your Skin Matters'.

No incidents resulted in death or severe harm as defined by the National Patient Safety Agency.

## Responsiveness to the personal needs of patients

CSH Surrey's community hospital inpatients completed this survey to assess satisfaction with the responsiveness of the care to their needs.



In response to this feedback CSH Surrey has:

- Developed a discharge care plan that is kept at the patient's bedside
- Following the weekly discharge planning meetings, a senior nurse spends additional time with each patient discussing the plan and involving them in decisions
- All patients are given a new inpatient booklet containing information patients said they would find helpful, including information about medication, discussions with a named nurse and who to contact after discharge.

## Percentage of patients who were admitted to hospital and risk assessed for venous thrombembolism

This was a new CQUIN target for CSH Surrey in 2012/13. CSH Surrey can confirm that 100% of its inpatients in all four community hospitals were risk assessed.

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

CSH Surrey is funded to provide 54 community hospital beds, which provide a total of 19,710 bed days per year. It is therefore not appropriate to report the rate of C.Diff\* per 100,000 bed days/year. The table below shows the actual number of patients who have acquired C.Diff in a CSH Surrey community hospital.

Community hospitals	Measure	2010/11	2011/12	2012/13
C.Diff rates	Incidence of patients acquiring Clostridium Difficile in CSH Surrey's community hospitals.	Nil	Nil	1 case

## Participation in clinical audits 2012-2013

CSH Surrey completed two large organisation wide audits and identified a number of actions that would improve service delivery.

## Medicines Management Audit

All relevant services were reviewed to check the storage, documentation, training and supervision requirements relating to medication. This is so patients receive their medication in accordance with prescribing guidelines and safety standards are adhered to.

Improvement from the last audit was found in 10 areas of inspection. An action plan is being implemented to improve the capture of data relating to NHS number, ethnicity, language, consent to share and mental capacity to assist in improving the quality of care.

\*See Glossary

## Record Keeping Audit

All CSH Surrey services complete an annual record keeping audit. The 2012 audit results demonstrate high compliance with core standards, such as entries dated (98%), legible notes (98%) and records kept in a chronological order (98%).

Areas previously identified as needing development showed significant improvement. For example, recording of mental capacity needs rose from 10% to 80% and recording how to address a patient (preferred name) rose from 27% to 70%.

An action plan has been completed to further improve compliance in a number of areas, for example, recording ethnicity. In addition, actions have also been completed for specific clinical services, for example:

- Assessment of a nurse's ability to calculate medications forms part of CSH Surrey's recruitment process
- A new template for medication assessment has been introduced to be used by doctors providing care in CSH Surrey's community hospitals and Community Assessment Unit.

During 2012/13 there were no national clinical audits or national confidential enquires that covered NHS services provided by CSH Surrey.

## Participation in clinical research

CSH Surrey actively seeks to participate in research in collaboration with external research institutions, both to enhance the care of its own patients and to contribute to clinical advancement more widely.

CSH Surrey recruited 120 NHS patients during 2012/13 to participate in research approved by a research ethics committee. These were in the following research programmes:

1. The effectiveness of cognitive rehabilitation for people with Multiple Sclerosis - this is researching the clinical and cost effectiveness of this therapy to enhance the cognitive functioning and quality of life of patients
2. The rehabilitation of memory following traumatic brain injury - CSH Surrey is collaborating with Nottingham University in a randomized controlled trial
3. The CSH Surrey physiotherapy team at the Elective Orthopaedic Centre at Epsom Hospital is involved in various research projects.

## The Care Quality Commission (CQC)

During the reporting period 2012/13 CSH Surrey was not required to register with the CQC.

From 1st April 2013 CSH Surrey was required to register with the CQC. It has done so and has declared compliance with CQC standards. Ongoing compliance is assured at CSH Surrey's Integrated Governance Committee where evidence is reviewed against each of the outcomes specified by CQC.

## Data quality and confidentiality

CSH Surrey's Information Governance Assessment Report overall score for 2012/13 was 79% and was graded green.

# Delivery of local quality improvements in 2012/13

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

## Listening to patients and carers

CSH Surrey places a high priority on listening to patients, carers and their families. During 2012/13 it completed a major 'Listening Project' with patients and their carers to find out what makes a great experience at CSH Surrey. Over 50 patients, carers and family members took part in the project, 14 of whom want to stay involved in supporting other projects. Four are already patient assessors on PLACE assessments at the community hospitals.



The experiences of service users were overwhelmingly positive and feedback on the project itself included: "Inspirational"; "Fantastic event"; "Great staff, lovely, thank you!"; "The first time I've been asked how I feel in 20 years of caring for my wife – thank you."

45 co-owners took part in the project and feedback included: "Reminds me that people want to be treated as people with feelings and not just a set of problems to fix"; "It has made me realise how important first impressions are – a warm smile, eye contact, being helpful and polite."

Importantly, the Listening Project has resulted in the production of a clear set of commitments and behaviours for each of CSH Surrey's Values. In patients' and co-owners' own words, CSH Surrey has set out the behaviours that patients can expect from co-owners and how co-owners expect each other to behave. These have been developed directly from what patients, carers and co-owners said makes a great experience.

CSH Surrey's Values and Commitments are:

- **People First** – you will feel **respected and valued as individuals**
- **Integrity** – you will feel **listened to and involved**
- **Enterprising** – you will feel that **CSH Surrey is focused on finding solutions**
- **Exceptional Delivery** – you will be **safe and assured by our high quality standards.**

As well as the Listening project, CSH Surrey completed eight surveys that listened to the experience of over 800 patients during the year.

Examples of the findings include:

93%

### Community Dietetics

A very high satisfaction score of 93% and a better than average response rate of 54%

My dietitian is very good and caring. She treats me as an individual.



94%

### Domiciliary Physiotherapy

94% satisfaction score

My physio and treatment were very good. She kept my family informed of my progress.




85%

### Leatherhead Community Assessment Unit

85% satisfaction score



'Tell Your Story' cards have been introduced throughout CSH Surrey to capture patients' experiences of care. CSH Surrey has also gone a step further, with all service users who complete a story card invited to also fill in the national 'Friends and Family Test.\* This became mandatory for hospital services only, from 1st April 2013, so once again CSH Surrey is leading the way.

**How was your experience today?** 

To help us continue to improve our care to patients, please take a moment to complete this quick questionnaire.

**Q1: How likely are you to recommend our service to friends or family if they needed similar care or treatment?**

Extremely likely      Likely      Neither likely nor unlikely      Unlikely      Extremely unlikely      Don't know

**Q2: Please tell us specifically what happened to make you give this score**

At the time of writing CSH Surrey had received the first official results of the Friends and Family Test for its inpatient and Community Assessment Unit services for April 2013. The average score is a resounding 97%.

## Listening to co-owners

Everyone who works in CSH Surrey is an owner of the company rather like the John Lewis Partnership (but no profit related bonus is paid). Research demonstrates that this improves employees' engagement and motivation at work, resulting in better patient care. And CSH Surrey's co-owner survey results in 2012 proved this once again. Comparisons with the NHS staff survey for community trusts and social enterprises show CSH Surrey outperformed providers of similar services.

Survey question	CSH Surrey score %	Community Trusts Average score %	Social Enterprises Average score %
I enjoy the work I do for CSH	96	66	74
I can cope adequately with stress I experience at work	80	60	65
I see how my work relates to patients (even if I have no direct contact)	100	84	83
My immediate manager is supportive if I have a problem	93	69	79
CSH is a great place to work	85	67	73

\*See Glossary

## Continuous quality improvement

Since 2010 CSH Surrey has utilised its unique methodology called QIC (Quality, Innovation and Change) to project manage service improvements and achieve quality and productivity gains. Involving nurses and therapists in leading change ensures high engagement with projects, thus enabling quality of patient care to be maintained or improved.

Over 200 co-owners are trained to use productivity, efficiency and project management skills to continuously improve services. Projects range from streamlining daily activities to re-designing services or the creation of new services. For example, the musculoskeletal hand therapy team improved its efficiency by reducing wasteful activities by 14.5% and increased productivity (the time to see patients) by 26%. By re-designing how administrative support was provided to clinical teams and by establishing its new Referral Management Centre, CSH Surrey has saved £220,000 and has improved the quality of the service.

## Complaints

CSH Surrey values feedback from its patients and their carers or family members. When complaints are received, complainants are telephoned so their concerns can be fully understood and investigated. CSH Surrey aims to respond fully to complainants by letter within 25 days and this was achieved in 95% of cases. Face to face meetings are also offered.

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

Complaints received by CSH Surrey		
2010/11	2011/12	2012/13
83	93	69

The main theme across the complaints received was around communication skills, and CSH Surrey expects that its new behaviour framework will assist with this.

## Quality improvements in services to adults

CSH Surrey provides a wide range of healthcare services to adult patients (see last page of this Quality Account). Quality highlights include:

- ✓ CSH Surrey Community Assessment Unit (CAU) provides a fast, efficient service for patients with an average 18 minutes from arrival to the completion of treatment. In 2012/13 1,815 patients were treated by the CAU instead of going to A&E and CSH Surrey was able to prevent 553 patients being admitted to hospital
- ✓ CSH Surrey's community hospitals continued their track record of no cases of MRSA\* bacteraemia and no breaches of same sex accommodation. 69.7% of patients were able to return to their own home and PEAT\* assessment scores were all good or excellent
- ✓ The Integrated Rehabilitation Service (IRS) successfully supported 93.8% of its patients at home so they didn't need to be admitted to hospital.

\*See Glossary

During 2012/13 CSH Surrey has implemented its Virtual Ward Plus model, which brings together community matrons with the Integrated health and social care Rehabilitation Teams (IRS) and mental health practitioners. The teams have been working with GP practices to identify patients at high risk of acute admissions and supporting them to manage their own conditions safely at home.

CSH Surrey has also developed a Rapid Response nursing service to respond to patients within two hours, and thus prevent them going to hospital. During the year, 988 patients benefited from this new service.



### Quality improvements in services to children and their families

CSH Surrey provides a wide range of services to children and their families (see last page of this Quality Account). Quality highlights include:

- ✓ Providing 96% of 3,722 new birth visits within the 21 day target
- ✓ Attending 100% of safeguarding case conferences to ensure CSH Surrey plays its part in keeping children safe
- ✓ Promoting the uptake of the HPV vaccine in young girls and achieving an uptake rate of 90%.

\*See Glossary

In 2012 CSH Surrey's school nurses worked with the local Housing Association and local secondary schools to tackle the issue of teenage pregnancy by running 'girls to women' groups. The project supported 29 young women aged 13 to 15 through a 10 week project that explored self esteem, health and well being, peer pressure, substance misuse and the risks associated with teenage pregnancy. Significantly, none of the young people who attended the course has become pregnant and none of the schools has reported any teenage pregnancies this year. The young people themselves reported:

- Increased levels of self esteem and self confidence
- Knowledge of risks associated with sexual behaviour and personal safety
- Better understanding of the risk of using alcohol
- Increased school attendance
- A greater awareness of the adverse effects of peer pressure
- Improved attitudes to learning.

CSH Surrey's school nurses are now providing these courses in other parts of mid Surrey and are planning to run 'boys to men' groups as well.

CSH Surrey's early years' Speech and Language Therapy Team (SLT) wanted to work more closely with local Children's Centres to enable a wider group of young children to access help with their communication skills. In addition to local clinic appointments, the team now provides a service to Children's Centres that includes:

- Direct therapy
- Advice to parents in 'stay and play' sessions
- Support to classes held in the Centre
- Providing activities and resources that promote language skills
- Monitoring the progress of children.

The team has also trained Centre staff and staff at other local early years' settings to enable them to be more effective in their support of children with speech, language and communication needs. They have done this using the Elklan model, which is an established and proven approach to training others.

Getting the link between us and SLT – we knew we had needs and lack of expertise and we needed an easy link to bridge to ensure our needs were met. Having someone physically here is vital.

Head of Centre



Children have benefitted and parents feel safe and secure... It's all about information. I have learnt a lot.

Head of nursery



We feel more confident with helping our son to improve on his speech, which is improving everyday and that is because of the SLT work. We feel more confident with him going to school.

Parent



# CSH Surrey's quality priorities for 2013-2014

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



## To deliver the quality targets

### Why has this priority been chosen?

CSH Surrey has agreed a range of quality targets with Surrey Downs CCG. These include nationally set targets:

- Implementing the Friends and Family Test
- Reduction in pressure ulcers and local targets
- Increasing the number of patients benefitting from the Virtual Ward Plus service
- Responding to urgent admission avoidance referrals within two hrs
- Supporting local hospitals to discharge patients home as early as possible
- Increasing the numbers of patients on the palliative care register so their care can be better co-ordinated
- Screening housebound patients for atrial fibrillation
- Ensuring more CSH Surrey employees are trained in caring for patients with dementia
- Implementing the 'Care, Kindness and Compassion Tool.'<sup>\*</sup>

### How will this be done?

Each target will have an identified lead and will have the support of CSH Surrey's QIC team.

### How will this be monitored?

Progress is monitored in CSH Surrey through the Executive Team and quarterly reports are provided to the CCG.

<sup>\*</sup>See Glossary



**To ensure that CSH Surrey co-owners deliver a great experience for patients by living the values and behaviours that patients have told us matter the most**

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

Patients and carers have said that having a great experience of health care matters to them and that this improves the quality of the care and service we provide.

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

CSH Surrey will be providing training and development on its new behaviour framework throughout the organisation to support co-owners in bringing the values and behaviours into everyday practise. The framework will also form part of recruitment, induction and appraisal processes.

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

Training will be evaluated, questions on the behaviours will be included in the co-owner survey and patients' feedback will be sought specifically on behaviours.



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

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

Patients, their carers and GPs have said that they want to see care that is more person centred and co-ordinated.

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

Multi-disciplinary, cross organisational groups have been established to develop the best model and CSH Surrey will be engaging fully with patients, their carers and GPs.

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

Monitoring will take place through an established Programme Board in CSH Surrey and regular reporting to Surrey Downs CCG and its localities.



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

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

GPs and other referrers have said they would benefit from more assistance in managing the referral process for patients whose needs are complex. The wide range of services available from different organisations can make it difficult to co-ordinate the right referrals that best meet the needs of individual patients.

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

CSH Surrey will continue to develop its Referral Management Centre as the single point of access for all referrals. It plans to enhance this service by providing referrers with the option to discuss referrals with experienced nurses, therapists or doctors who can help ensure patients receive the right services that are co-ordinated between different healthcare providers. CSH Surrey will develop this service with the input of patients, carers, GPs and other referrers.

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

Monitoring will take place through an established Programme Board in CSH Surrey and regular reporting to Surrey Downs CCG and its localities.



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

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

Parents say they want services that are co-ordinated across different agencies and that are centred on the needs of their child and their family.

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

CSH Surrey will work with Surrey County Council Children's services, GPs and other partners to establish the most child/family centred and co-ordinated care. CSH Surrey is part of the Special Educational Needs Surrey Pathfinder programme trialling the implementation of the Education, Health and Care plan. This will support the development of a 'team around the child.'

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

Monitoring will take place through an established Programme Board in CSH Surrey and regular reporting to Surrey Downs CCG and its localities.



# Statements from Surrey Downs CCG and Patient reps



## Surrey Downs Clinical Commissioning Group

"NHS Surrey was the lead commissioner of services from CSH Surrey during 2012-13, transferring this to Surrey Downs Clinical Commissioning Group (SDCCG) on 1st April 2013. However, as a developing CCG, Surrey Downs was closely involved in the procurement process that resulted in CSH Surrey being awarded a five year contract in 2012 to provide services to the population residing in the Surrey Downs area. As part of that process, SDCCG worked with CSH Surrey to create a Service Development Improvement Plan (SDIP) that we are confident will support us in delivering a range of services to meet the needs of our population.

We have reviewed the Quality Account for 2012-13 and believe that following the inclusion of our comments, it reflects the achievements of CSH Surrey during the year. We look forward to working closely with CSH Surrey during 2013 and beyond to successfully develop services closer to home."



## Patient representatives

"I'm really impressed with CSH Surrey's can do approach and flexibility and I applaud them for their work in developing services."

Cliff Bush OBE, Lay Member for Patient and Public Involvement

"As a patient representative on Surrey Downs Clinical Commissioning Group, for me one of the most encouraging areas of work undertaken by CSH Surrey this year has been the increased use of the Community Assessment Unit. This has reduced the number of local people needing to go to Accident and Emergency or being admitted to acute hospital beds unnecessarily and results in better outcomes for patients."

Denise Crone Patient Representative

# Glossary

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

**Care, Quality and Compassion tool** – A tool to measure care and compassion in care settings. It captures evidence of care and compassion, in a simple way with agreed standard descriptors. The tool records positive examples of care as well as passive or poor examples through observation sessions of between 20 minutes and 50 minutes.

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

**Early Implementer Site** – Organisations chosen by the Department of Health to be at the forefront of delivering the new health visiting service model, with a focus on innovation and improvement in quality.

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

**Health Visitor ‘Call to action’ programme** – The government has made the challenging commitment to recruit an extra 4,200 health visitors by 2015. This programme sets out what ‘call to action’ means for families, health visitors, and others such as Sure Start Children’s Centres.

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

**NHS Surrey** – Primary Care Trust, known as NHS Surrey, was formed on 1st October 2006. They were CSH Surrey’s commissioners for the year ending March 2013. Their role in planning, buying and monitoring health services from hospital, community and mental health providers is now undertaken by Surrey Downs Clinical Commissioning Group (SDCCG), which is formed of representatives of local GPs. Their job is to help the residents of Surrey stay healthy and make sure they can get the healthcare they need, when they need it.

**PEAT** – Patient Environment Action Teams (PEAT) was an annual assessment of inpatient healthcare sites in England that have more than 10 beds. It is a benchmarking tool to ensure improvements are made in the non-clinical aspects of patient care including environment, food, privacy and dignity. The assessment results help to highlight areas for improvement and share best practice across healthcare organisations in England.

**PLACE** – Patient-Led Assessments of the Care Environment (PLACE) were introduced in April 2013 to assess the quality of the patient environment and replace PEAT inspections. The assessments apply to hospitals, hospices and day treatment centres providing NHS funded care. The assessments involve local people who go into hospitals as part of teams to assess how the environment supports patients’ privacy and dignity, food, cleanliness and general building maintenance. It focuses entirely on the care environment and does not cover clinical care provision or how well staff are doing their job. The assessments take place every year, and results are reported publicly to help drive improvements and show how hospitals are performing nationally and locally.

**Restorative Supervision** – The model of Restorative Clinical Supervision was first developed and piloted in 2007 by Sonya Wallbank, Associate Professor of Child Health working with Midwives, Doctors and Nurses working in gynaecology settings. The pilot programme was designed to address the emotional demands of the staff working in these areas and support them to build resilience levels to reduce their stress and burnout.

The results showed restorative supervision increased compassion satisfaction (the pleasure derived from doing their job) as well as reducing burnout and stress by over 40%. Since the first pilot programme, restorative supervision has been commissioned and delivered to over 2000 Health Professionals including Health Visitors, School Nurses, Doctors, Community Children's Nurses, Service Managers, Midwives and many more across the United Kingdom.

**Safety Thermometer** - The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care. It enables recording and analysis of pressure ulcers, falls, catheters, Urinary Tract Infections and Venous Thrombosis Embolism.

**Safer, Smarter Care** - This is an Improvement Programme developed by the South East Coast Strategic Health Authority to deliver the national safe care programme.

**Solihull Approach** - The Solihull Approach is a research based model to support parents in bringing up children through better understanding and management of their behaviour.

**Surrey Downs Clinical Commissioning Group (SDCCG)** - under the new NHS structural arrangements this group representing all GPs in the area has responsibility for commissioning and contracting with providers of NHS services.

## Further information/Feedback

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

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

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# Better healthcare together

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



## For adults

- **Community Assessment Unit**  
Leatherhead Hospital (GP referral only)
- **Community Dietetics**  
in clinics and homes
- **Community Hospitals**  
Dorking, Leatherhead, Molesey, New Epsom and Ewell Community Hospital (NEECH)
- **Falls Service**  
for nursing home residents and group classes for mobile patients
- **Community nursing services**  
District Nursing, Community Matrons (Virtual Ward Plus), End-of-Life-Care
- **Integrated Rehabilitation Services (IRS)**  
Home-based, with Surrey County Council
- **Hand Therapy**  
on Epsom Hospital site
- **Inpatient Therapies**  
within Epsom Hospital  
within the Elective Orthopaedic Centre (EOC), Epsom Hospital
- **Musculoskeletal (MSK) Physiotherapy**  
outpatient and home-based
- **Community Neuro Rehabilitation Service**  
at Poplars, includes Multiple Sclerosis and Parkinson's Disease nurses
- **Outpatient Appointment Services**  
Leatherhead and Molesey
- **Podiatry Service**
- **Specialist Nursing Services**  
Continence, Respiratory
- **Wheelchair Service**



## For children and families

- **0-19 years services**  
health visiting, child health and development reviews, building parenting skills and supporting families, breastfeeding workshops, bed wetting clinics, school nursing, immunisations, confidential drop-in clinics in schools ('Open door')
- **Therapies for children, including those with additional needs**  
community, hospital and school based

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