Quality Account

2023-2024

About our Quality Account

Each year, providers of National Health Service (NHS) healthcare are required to produce a Quality Account to inform the public about the quality of the services they provide.

Quality Accounts follow a standard format to allow direct comparison with other organisations.

This allows CSH to share with the public and other stakeholders:

- How well we have done in the past year at achieving our goals

- Where we can make improvements in the quality of the services we provide

- How we have involved our service users and other stakeholders in evaluation of the quality of our services

- What our priorities for quality improvements will be in the coming months and how we expect to achieve and monitor them.

What is included in our Quality Account?

1 **Chief Executive Officer Statement**

A statement from our Chief Executive about the quality of CSH Surrey's (CSH) services.

2 **About us**

Information about CSH, including its values.

3 **Quality Priorities**

A review of the quality improvement priorities for 2023/24 and future plans for 2024/25.

4 **Celebrating quality work at CSH**

A series of case studies from CSH services to showcase work carried out in 2023/24 that contributed to the quality of care in the organisation.

5 **Statutory Statements of Assurance and other statements**

This section also includes the statutory statements of assurance that relate to the quality of the services provided during the period 1 April 2023 to 31 March 2024. This content is common to all providers to allow comparison across organisations and is accessible to the public. It also includes other statements which are not statutory but are relevant to the quality accounts.

6 **Stakeholder Feedback**

CSH's Quality Account concludes with feedback received from our key stakeholders and a statement of CSH Board of Directors' responsibilities.

Efforts have been made to ensure this Quality Account has been written using terminology that can be understood by all who read it.

1. Introduction from our Chief Executive Officer

I am proud to introduce our 2023/24 Quality Account and to share our achievements, challenges and celebrations from what has been another remarkable year.

The report highlights the importance we place on our users' experience and how we use learning to improve both the quality of care and safety for the people we serve, our own people and our partner organisations.

The report sets out the plans and initiatives we have put in place to make sure our priorities are taken forward and turned into measurable improvements for the people who use our services as well as our workforce.

We have made real improvements in a number of areas. Using innovation, technology and by working ever more closely with our partners in health and social care to break down organisational boundaries, we are helping our community live the healthiest lives possible. We are also enabling our colleagues, who are experts in their areas, to develop the best services for the people they care for.

However, we also know there is more work to do in a number of areas, which we remain committed to tackle.

Every day we touch the lives of hundreds of people who need our care, visiting them in their homes, in schools, as well as at many sites across Surrey where we run services. These people, along with their families, place their trust in us and we take this responsibility extremely seriously. This report details the systems and checks we have in place to keep these service users and our colleagues safe and deliver high quality care through a programme of ongoing improvement and transformation.

Everything we have achieved this year is testament to the hard work and dedication of our colleagues and I am incredibly grateful for their unrelenting dedication and professionalism, especially in the face of all the challenges we are managing. I would like to take this opportunity to thank them as well as our system partners for their continued support.

Best wishes

Steve Flanagan
Chief Executive Officer

2. About us

CSH Surrey (CSH) is an employee-owned, not-for-profit organisation with a passion for helping people live the healthiest lives they can in their communities. We focus every day on making a difference for the people we care for – adults, children, and their families.

Since 2006, we have worked in partnership with the NHS and social care and other providers in homes, clinics, hospitals, and schools to transform local community health services. We have designed these services that provide flexible, responsive care, with an emphasis on integrating and coordinating clinical services for the benefit of those we care for. We ensure our colleagues have all the skills needed to care for people in community settings and, wherever possible, in their own homes.

Our organisation belongs to our people: employees have a voice. They can, and do, influence the decisions we make, the services we provide and the outcomes we deliver.

Vision and Values

CSH exists to help people live the healthiest lives they can in their communities.

Our vision is to transform community healthcare in the United Kingdom (UK) and to be the organisation every partner aspires to work with.

Everything we do, we do with our core value of CARE – because we care about our patients and clients, our colleagues and our partners.

care

Because we care about our patients and clients, our colleagues and our partners

Compassion	We look after each other, speak kindly and work collaboratively
Accountability	We take responsibility, act with integrity and speak with honesty
Respect	We listen, value, trust and empower people and treat them with dignity
Excellence	We are professional, aim high, value challenge and never stop learning or innovating

Our Clinical Services

Children Services	Adults Services
Continence	Community Hospitals
Children's Community Nursing	Community Nursing
Community Health Early Support	Community Rehabilitation
Continuing Health Care	Continence Service
Dietetics	Diabetes Specialist Nursing
Family Nurse Partnership	Dietetics
Health visiting	Frailty Hubs and Community Matrons
Immunisations	Heart Failure
Looked After Children	Hospital@Home (Virtual Wards)
Occupational Therapy	Insulin Administration
Physiotherapy	Outpatient Nursing
Safeguarding Children	Phlebotomy
School Nursing	Podiatry
Special School Nursing	Radiology
Speech and Language Therapy	Respiratory
Tongue Tie Service	Safeguarding Adults
Infection Prevention and Control (Adult and Children's Services)	Single Point of Access
Medicines Management (Adult and Children's Services)	Speech and Language Therapy
	Tissue Viability/Wound Care
	Urgent Community Response
	Walk-In Centres

2. About Us

3. Quality Priorities

Quality Improvements 2023/24 – Status – Outcomes

Priority One	Design an organisation-wide patient safety plan
What	To design an organisation-wide patient safety plan which includes key areas to focus quality improvement work.
Why	Currently there is not a systematic process to identify key patient safety priorities. CSH should have a patient safety plan which details key areas of work with timeframes.
Measures	• Data and trend analysis methodology aligned to national standards and guidance whilst engaging with operational teams • Deep dives which are triangulated to the number of incidents and common themes • Identification of key areas of work • Timeline for delivery of the identified areas in a quality improvement methodology
Target	Patient safety plan including identification of key areas of work in place by 31st December 2023.
Outcome	Achieved.
Explanation	CSH has designed and implemented a quality improvement plan as part of the Patient Safety Incident Response Framework (PSIRF) implementation based on information drawn from multiple datasets/points. This includes information from deep dives such as, violence and aggression towards colleagues, and an insulin deep dive. Outcomes of these deep dives have also informed detailed reviews of our processes and our services. In the case of deteriorating patients, quality improvement projects have been implemented with a significant reduction in deteriorating patient episodes and at risk patients being identified earlier. The patient safety plan has been shared widely with partners from Surrey, Sussex and Kent and was discussed and approved on 13th March 2024 at a stakeholder panel meeting. The patient safety plan is a living document which will continuously evolve for the next 12-18 months informed by patient safety incidents, complaints and concerns reported on our incident reporting system. The plan will also be informed by intelligence gathered from other sources, such as regulatory bodies (Care Quality Commission, Nursing and Midwifery Council). This was not a one-off exercise; as a learning organisation, there will be continuous development going forward.

Priority Two	Colleague Wellbeing – NHS People Promise (we are safe and healthy)
What	All our workforce to have access to, and awareness of, the mental well-being support available to them as part of their one-to-ones and individual development plans. All employees with a sickness reason of anxiety, stress, depression or other mental health reason, to be provided with information on relevant support available to them.
Why	• Staff survey outcomes • Staff burnout and fatigue • Sickness absence reports • Employee Assistance Programme (EAP) and Occupational Health reports
Measures	**Questions 11c and 12b of the NHS Staff Survey 2023:** 11c. During the last 12 months have you felt unwell as a result of work-related stress? 12b. How often, if at all, do you feel burnt out because of your work? **How will we achieve this?** We have started working on the objectives already by sharing information about our health and wellbeing offer on Blink (our internal social network) at regular intervals. We will also be looking to discuss this at the Health and Wellbeing Forum to gather feedback in terms of how best to achieve the overall reduction. And finally, the people partners will be reinforcing the support mechanism at sickness meetings and suggest referrals where appropriate.
Target	At least a 10% reduction in the percentage of employees feeling unwell as a result of work-related stress (2022 organisational baseline of 35%). At least a 10% reduction in the percentage of employees feeling burnt out because of their work (2022 organisational baseline of 27%).
Outcome	11c. Colleagues reporting sickness due to work related stress has remained at approximately 35%. 12b. We have seen an increase in this measure to 34%.
Explanation	Work-related stress remains one of the key reasons for employee sickness and numbers reported last year have remained consistent with that of the previous year. The challenges presented across the organisation may have been a key contributing factor. In addition to discussing concerns and measures at the Health and Wellbeing forum, the stress risk assessment and details of the 24/7 counselling service have been circulated across the business both via Blink and at key meetings / forums. This has resulted in an increase in colleagues using these services for support. Staff burnout and fatigue has been a key area of focus at the Retention Focus Group where considerations have been given to embedding a 'no blame' culture and implementing the Just Culture principles within key policies and processes.

3. Quality Priorities

Priority Three	Design an organisation-wide patient safety plan
What	To improve timeliness of Education Health and Care Plans (EHCP) assessment. An EHCP is a legally binding document outlining a child or teenager's special educational, health, and social care needs. The document has to list all of the child's special educational needs, provision to meet each of the needs and that provision has to be specific, detailed, and quantified. EHCPs are for those children (0-16) or young people (16-19) or adults (19-25) with special educational needs, who require support beyond that which an educational setting can provide.
Why	The statutory timeframe is six weeks. There is a system's approach to achieving 60% by May 2023 and 80% by October 2023.
Measures	Compliance percentage report. Reported at the Performance Oversight Group and the Additional Needs Board.
Target	60% compliance by 31st May 2023 80% compliance by 31st October 2023
Outcome	Partially Achieved
Explanation	Speech and Language Therapy and Physiotherapy achieved the target of 80% of Education, Health and Care (EHC) assessment reports being submitted to the Local Authority within the statutory time frame of six weeks. Occupational Therapy achieved 47% of reports being submitted within timescale. A number of process issues have been identified which impact on Occupational Therapy timeliness and these are being addressed with the Local Authority. This work will be taken forward as part of the Special Educational Needs and Disabilities (SEND) Improvement plan.

Priority Four	PSIRF
What	CSH will implement the Patient Safety Incident Response Framework (PSIRF) as outlined in the National Patient Safety Strategy (2019) by embedding the safety systems and processes to be compliant with the framework.
Why	The PSIRF supports the development and maintenance of an effective patient safety incident response system and brings about improvement in patient safety culture. It is a contractual requirement under the NHS Standard Contract and is mandatory for the provision of services under this contract.
Measures	We will produce a PSIRF compliance plan signed off by our Board and the Integrated Care Board (ICB) and use the system to respond to patient safety incidents. Staff and senior management will assess the necessary training to understand and support the implementation of PSIRF.
Target	• At least 50% of our staff will undertake the Level one (Essentials of Patient Safety or Essentials of Patient Safety for Boards and Senior Leadership Teams) eLearning training by March 2024 and incremental quarterly increases to include all staff by the end of Quarter 3 of 2024/25 financial year. • All managers (Bands 7 and above) will undertake the training for supporting teams. • All divisional directors to undertake the oversight of learning from patient safety incident training (2x3.5 hours) by March 2024. • Train two patient safety partners by March 2024 either independently or in collaboration with local partners and with the support of the ICB.
Outcome	Achieved
Explanation	The initial stages of implementing PSIRF have been achieved with the presentation to stakeholders and signoff from the ICB. There is positive evidence of training uptake as follows:

Organisational Role	Training Required	Format and Review	Progress
Oversight, board and senior leadership	a) Level 1: Essentials of patient safety for boards and senior leadership teams b) Systems approach to learning from patient safety incidents	a) eLearning – 3 yearly b) Health Services Safety Investigations Body (HSSIB) in House	a) 70.67% b) 98%
Engagement and involvement leads	Involving those affected by a patient safety incident – (in-house)	HSSIB and in-house	All Patient Safety Team (5) in-house training April 2024
Learning response leads	a) Systems approach to learning from patient safety incidents (in-house and HSSIB) b) After Action Review (AAR)	a) HSSIB b) In-house - ITS-AAR (Train the trainer)	a) Patient Safety Team b) 16 members trained with ongoing additional training
All staff: Clinical	a) Level 1: Essentials for patient safety b) Level 2	eLearning eLearning	83.15% 49.57%
All staff: Clinical & Non-clinical	Human factors / ergonomics (safety science) for patient safety level 1	eLearning	
Patient Safety Syllabus	Patient Safety Specialist	eLearning and face to face	In progress with completed modules

There are also other elements of PSIRF implementation which are not quantifiable, where CSH has made great strides. These include the implementation of Just Culture which has now been adopted into most of the Human Resources policies and procedures. These are aimed at propagating a psychologically safe environment that fosters compassionate engagement and involvement of those affected by patient safety incidents.

New Quality Improvements 2024/25

We have set ourselves the following four Quality Improvement (QI) priorities for 2024/25:

Priority One	Reduce timed medication incidents
What	To reduce timed medication incidents (insulin) within the community nursing teams.
Why	As a learning organisation, this theme was identified through section 42s and medicine management incidents. Insulin administration presented with incidents of omitted or wrong doses administered: thus causing patient safety concerns. For critical medicines (insulin), it is imperative that the correct dose is administered in a timely fashion. This will prioritise patient safety, improve patient experience and ensure continuous improvement.
Measures	The current service or administration process will be reviewed in line with themes identified from the reported incidents. Proportionality will be applied in benchmarking our insulin management processes and incidents to organisations of similar size or experiencing similar challenges.
Target	To reduce insulin medication incidents.
Senior Lead	Eileen Clark
Assurance Route	Quality and Clinical Governance and Medicines' Management Oversight Group.

Priority Two	Develop and implement a Quality Management Framework
What	For CSH to develop and implement a Quality Management Framework (this priority will be over two years).
Why	Effective implementation of a quality management framework will cultivate and promote the cultures and behaviours that are seen in other high performing organisations. These are: • *Robust quality control systems that provide one version of the truth about what is and isn't working and where the risks are.* • *Providing effective governance and management processes so all improvement activities are aligned to the trust vision and strategy.* • *Fostering a culture we all want to work in and re-empower staff.* • *Enhancing our effectiveness in identifying and implementing shared learning opportunities.* • *Encouraging us to embrace the opportunity of internal and external quality assurance processes – to learn and value the mirror held up to us.* • *Providing time and permission to test and learn.* • *Ensuring we investigate and learn – don't suppress bad news as it won't get better on its own, be honest when something goes wrong and don't ever think it can't happen here.* • *Empowering ownership at every level of the organisation and encouraging bottom-up change.* • *Ensuring we listen and respond to staff/patients/families and understand what matters to whom – they are telling us the diagnosis - what the organisation is really like, and co-produce from the start.*
Measures	We will develop a Quality Management Framework that is agreed and signed off by the Executive and the Board. Staff and senior management will assess the necessary training to understand and support the implementation of a Quality Management Framework.
Target	Quality Management Framework developed by December 2024
Senior Lead	Sarajane Poole
Assurance Route	Quality and Clinical Governance

Priority Three	Improve how we communicate and manage people who are waiting to be seen
What	We will improve how we communicate and manage patients who are waiting to be seen, including identifying if they require urgent support.
Why	We have developed this priority as we have identified from staff and patients a theme around waiting times within key services. For various reasons related to service provision, we have a number of patients waiting to access our services.
Measures	We will conduct a baseline assessment of waiting times, use of the Standard Operating Procedure, a review of incidents, patient feedback and complaints.
Target	We will develop an improvement plan to determine how patients can wait well and identify deterioration early.
Senior Lead	Eileen Clark
Assurance Route	Quality and Clinical Governance and Operational governance meetings.

Priority Four	Implement a digital wound monitoring and management system
What	We will pilot an NHS-compliant mobile digital wound management technology within Community Nursing and Tissue Viability teams at CSH. This initiative seeks to enhance wound care management, improve patient outcomes and explore the potential long-term benefits of digitising wound management practices.
Why	We have developed this priority in response to CQC and NHS England requirements that all providers must have an electronic patient record by March 2025. Clinically this deployment will enable data connectivity for research and development, prevention and elimination of unwarranted variation in clinical standards and outcomes. Some of the benefits are, but not limited to: • Our patients will receive better, more joined up care • The care we provide will be more consistent • We will operate more efficiently • Our staff will be empowered to make better decisions • Our clinicians will have more time for clinical tasks • Our staff will be empowered to broaden their skillsets • Our access to patient data will be safer and more secure.
Measures	Wound dashboard development used within teams who are undertaking the pilot, highlighting improving and deteriorating wounds, gaining full oversight of wound management. All wounds within the pilot will be holistically assessed and documented. Time released through the pilot.
Target	We will develop a monitoring process to review pilot impact against national minimum datasets provided by the National Wound Care Strategy.
Senior Lead	Eileen Clark
Assurance Route	Quality and Clinical Governance and Operational Governance meetings

4. Celebrating Quality Work at CSH

Continence Team – Trial Without Catheter (TWOC) Case Studies

Case Study 1 – Mr RS

The patient was referred to the CSH Continence Team in December 2022 with a history of acute urinary retention. Past medical history also included a knee replacement, Chronic Obstructive Pulmonary Disease (COPD), asthma, Chronic Kidney Disease (CKD) and ischaemic heart disease.

The patient was independently mobile and was referred for a TWOC in the community. First TWOC was unsuccessful at a local acute hospital.

The patient was booked for a second TWOC with the CSH Continence Team in January 2023 at Woking Community Hospital. Catheter was removed at 09:15 and the patient was monitored periodically. Fluid intake was 1,100ml, fluid output was 700ml, bladder scan showed the patient voided good amount of urine over 4-5 hour window and residual urine was 73ml.

TWOC was successful and the patient left satisfied with information leaflet and contact numbers given.

A review in January 2024 found that TWOC remains successful and that the patient remains catheter free.

Case Study 2 – Mr JW

The patient was referred to the CSH Continence Team in January 2023 with a history of acute urinary retention. Past medical history also included spinal surgery, diabetes, enlarged prostate and ischaemic heart disease.

The patient was independently mobile and was referred for a catheter change by the Community Nursing Team. The patient had had a TWOC previously during a hospital stay, which was unsuccessful, and was keen to try again.

The patient was booked for a TWOC in the community in February 2023 at Woking Community Hospital. The catheter was removed, and the patient stayed on site and was monitored periodically. Fluid intake was 800ml, total output was 600ml and bladder scan showed 320ml residual volume after four hours.

TWOC was successful and the patient left comfortable and satisfied with an information leaflet, contact numbers and advice.

A review in February 2024 found that TWOC remains successful and that the patient remains catheter free.

Safeguarding Team – Case Study

A family was discussed with a member of the safeguarding team, which involved the older child with complex needs and challenging behaviour attending a special education needs school. The mother of the child said she had locked the other children in their room "to keep them safe" from the sibling. It was noted that the mother had also had a baby a few months prior and there was a decline in both her mental health and parenting capacity. Disclosures were made to the health visitor that she wished for the children to be taken into care, the children were not being fed and there were concerns with regards to her finances.

In their assessment the health visitor did not observe a loving or reciprocal relationship between the mother and the new baby. A safety plan was put in place for the mother and children to stay with the maternal grandmother and a consent was gained from the mother to complete a request for support. The mother was open and honest with the health visitor. The GP had completed a referral to mental health services for the mother's mental health.

Discussions with the local authority were held by the health visitor who raised the concerns shared within supervision and a strategy discussion was requested. The strategy meeting was held and the threshold was met for a Section 47 assessment. It was agreed that a support agency could provide four hours of support daily for the child with complex needs. A family support worker was allocated to the family to support with finances. Perinatal mental health allocated a worker for the mother to support her mental health and the relationship between her and the new baby. The case progressed to a child protection plan and a graded care Profile 2 was deemed beneficial to identify areas of strengths for the family and areas that could be worked on.

This is a positive example of the professional acting appropriately and promptly in escalating concerns. Good practice was evidenced through multi-agency working and practitioners having used their knowledge of the relevant referral pathways. This resulted in the child and family being safeguarded, mitigating further risks and ensuring the appropriate support was in place.

Enhancing Patient Engagement: A Case Study on SMS Appointment Reminders Implementation in CSH

Introduction:

CSH is a cornerstone of healthcare delivery in Surrey, providing essential community services and supplying over 460,000 appointments each year. In an effort to improve patient engagement and reduce missed appointments, CSH embarked on a transformative journey by implementing Short Message Service (SMS) appointment reminders. This case study explores the challenges faced, the implementation process and the outcomes achieved through the adoption of SMS appointment reminders.

Background:

Historically, CSH faced the issue of high rates of missed appointments especially within Children's services, leading to inefficiencies, wasted resources and potential delays in patient care. Recognising the need for a proactive approach to address this challenge, CSH decided to leverage technology to enhance communication with patients and reduce the occurrence of missed appointments.

Objectives:

The primary objectives of implementing SMS appointment reminders in CSH were:

- Reduce the number of missed appointments.
- Improve patient engagement and satisfaction.
- Enhance overall operational efficiency.
- Optimise resource allocation and utilisation.

Implementation Process:

The implementation of SMS appointment reminders involved several key steps:

- Technology selection: CSH conducted thorough research to identify a secure and reliable SMS platform. Considerations included data security, integration capabilities with existing systems and scalability to accommodate the vast number of appointments across various community services.

- Patient engagement: A patient focus group was held with volunteers from Healthwatch Surrey to gain a better understanding of patients' perspectives and experiences with SMS messages in relation to their healthcare. This helped model our SMS delivery.

- Patient Consent and Data Privacy: Ensuring patient privacy and compliance with data protection regulations was a top priority. CSH developed a comprehensive consent process, allowing patients to easily opt-out of SMS reminders and ensuring the secure handling of personal information.

- Integration with existing systems: Seamless integration with the EMIS Web clinic appointment system was crucial for the success of the initiative. The digital services team worked collaboratively to establish a connection between the SMS platform, the data warehouse and the EMIS Web digital platform to ensure accurate messaging.

- Customisation and Personalisation: The SMS reminders were designed to be informative yet concise. Personalisation features allowed for the inclusion of appointment details, relevant instructions and contact information, creating a user-friendly experience for patients.

4. Celebrating Quality Work at CSH

Enhancing Patient Engagement:
A Case Study on SMS Appointment Reminders (continued)

Outcomes:

The implementation of SMS appointment reminders yielded significant positive outcomes for CSH:

- Reduction in missed appointments: The implementation led to a notable decrease in the number of missed appointments, contributing to improved operational efficiency and resource utilisation.

DNA rate comparison

	22/23	23/24
Childrens	10.10%	8.70%
Adults	3.68%	3.57%
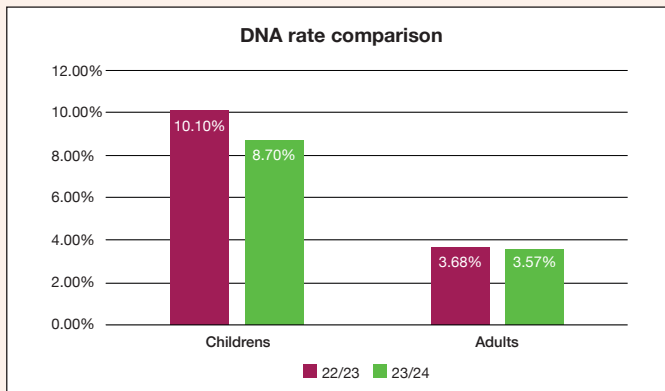
- Enhanced Patient Engagement: Patients reported increased satisfaction with the proactive communication approach, feeling more engaged in their healthcare journey. The reminders served as valuable tools for fostering a sense of responsibility among patients.
- Operational Efficiency: The automated nature of SMS reminders reduced the administrative burden on healthcare staff, allowing them to focus on more critical tasks. This efficiency gain translated into cost savings and improved overall healthcare service delivery.
- Cost Savings: By minimising the occurrence of missed appointments, CSH experienced cost savings associated with reduced administrative overhead, improved resource allocation, and enhanced productivity.

Feedback:

'Parents have commented that SMS texting is a useful and quick reminder of a child's appointment. It's great to see the impact it has had on decreasing the number of missed appointments and improving efficiency. As a result, we can offer parents more timely appointments as our waiting times for assessments have also reduced'.

Sandra Pycock, Interim Director of Children's Services

Conclusion:

The implementation of SMS appointment reminders in CSH stands as a testament to the organisation's commitment to leveraging technology for better patient outcomes and operational efficiency. The successful integration of this communication tool not only contributed to the reduction of missed appointments but also improved patient engagement, satisfaction and overall healthcare service delivery. As technology continues to play a pivotal role in healthcare, CSH's experience with SMS appointment reminders serves as a valuable case study for other healthcare organisations seeking innovative solutions to similar challenges.

Enhancing End-of-Life Care: Implementing a Digital Patient Record System in Woking and Sam Beare Hospice and Wellbeing Care (WSBH) Community Services

Background:

WSBH, a patient-led charity delivering palliative and end-of-life care, recognised the need to modernise its patient record-keeping system to improve efficiency, accuracy, and overall patient care. In response to this need, the Hospice embarked on a journey to implement a state-of-the-art digital patient record system.

At CSH, our core belief and a strategic objective is social purpose, and ensuring we can support our local colleagues and communities. We were given the opportunity to provide a deployment and support platform for a clinical system into the Hospice, which reduced the potential financial impact of delivering a digital solution into the Hospice.

Objective:

The primary objective of this initiative was to transition from a paper-based patient record system to a comprehensive digital platform, enabling seamless information sharing, reducing administrative burdens and enhancing the quality of care provided to patients and their families.

Implementation:

The implementation process began with a thorough assessment of the existing workflows, documentation processes and staff training needs. A cross-functional team, consisting of clinicians, digital specialists, and administrative staff, collaborated to identify the most suitable digital patient record system for WSBH.

After careful evaluation, the Hospice selected a CSH-hosted, and fully supported, EMIS Web platform. EMIS Web offers features such as real-time data access, secure communication channels, and data sharing with GP practices on EMIS Web throughout Surrey.

The implementation plan was executed in several phases:

- Needs Assessment and Planning: CSH worked closely with clinical leads and identified specific requirements, customised the system to meet the Hospice's unique needs and established a timeline for implementation.

- Technical Deployment: CSH supported the Hospice's IT team on infrastructure assessment and application deployment in readiness for training, user acceptance testing and full deployment of the EMIS Web platform.

- Staff Training: Comprehensive training sessions were conducted to ensure that all staff members were proficient in using the new digital patient record system.

- User Acceptance Testing (UAT): A UAT phase was initiated in a controlled environment, allowing staff to familiarise themselves with the new system and provide valuable feedback for further optimisation before going live.

- Full-Scale Rollout: Once the pilot phase proved successful, the digital patient record system was implemented across all Hospice community facilities. Continuous support and training sessions were provided to address any challenges or concerns during this transition.

Enhancing End-of-Life Care: Implementing a Digital Patient Record System in Woking and Sam Beare Hospice and Wellbeing Care (WSBH) Community Services (continued)

Outcomes:

The implementation of the digital patient record system at WSBH resulted in numerous positive outcomes:

- Improved efficiency: Streamlined workflows and real-time data access significantly reduced administrative burdens, allowing clinicians to focus more on direct patient care.

- Accuracy and compliance: The system's standardised documentation processes enhanced the accuracy of patient records, ensuring compliance with regulatory requirements and reducing the risk of errors.

- Data analytics for continuous improvement: The system's analytics continue to be developed for the Hospice to gather insights into patient outcomes, identify trends and continually enhance the quality of care provided.

- CSH remains a digital partner with the Hospice, providing support and development on EMIS Web.

- Data sharing with GPs and vice versa is in deployment to give a full and holistic view of the patient's clinical record.

Feedback

"We're thrilled to recognise CSH for their vital role in implementing EMIS into our community services. Thanks to the exceptional support and expertise provided by the CSH team, the deployment was a testament to great teamwork, staying under budget, and completing within the designated timeframe. CSH's commitment to excellence played a pivotal role in ensuring the success of this initiative, empowering our community teams with an efficient and innovative system that aligns with our organisational goals, enabling us to better care for our patients. We look forward to continued collaboration in introducing EMIS into our in-patient unit, further expanding the positive impact the new system has on our operations and the communities we serve."

Tammy Stracey, Director of Clinical Services. Woking & Sam Beare Hospices

Conclusion:

The successful implementation of a digital patient record system at Woking and Sam Beare Hospice and Wellbeing Care modernised their approach to digitally capturing patient care. The integration of technology not only improved operational efficiency but also enhanced the overall patient experience, making a meaningful impact on the lives of those receiving end-of-life care and their families.

Enhancing Patient Experience: A Case Study on the CSH Walk-In Centres (WICs) Transition to EMIS Web

Introduction

The CSH Walk-In Centres (WICs), are a crucial component of the North West Surrey healthcare system and provide accessible and timely healthcare services to the public. In response to the evolving landscape of healthcare and the growing need for streamlined processes, the CSH WICs embarked on a transformative journey to transition through two different Electronic Patient Records (EPR) solutions until moving onto EMIS Web. This case study explores the motivations, challenges and outcomes of this significant shift in the pursuit of improving patient experience and operational efficiency.

Background

Before the implementation of EMIS Web, the CSH Woking and Ashford WICs relied on the Adastra EPR platform for patient registration, appointment scheduling, and record-keeping. The staff of the WICs have had a turbulent digital change pathway over the last four years. This culminated in two changes to EPR solutions: a cyber-attack crippled the Adastra platform nationally forcing them to operate in business continuity mode for over three months on paper-based methods, and then a final transition to a new EMIS Web digital patient record.

Objectives

The primary objectives of transitioning to an EMIS Web were:

- Enhance Operational Efficiency: Streamline administrative processes, reduce paperwork and minimise errors to improve overall efficiency in the delivery of healthcare services.

- Access to a shared patient record across North West Surrey GP EMIS Web systems.

- Ensure Data Security and Compliance: Implement robust security measures to protect patient data and adhere to data protection regulations, ensuring the confidentiality and integrity of healthcare information.

Implementation Process

The transition to the digital patient system involved the following key steps:

- Needs Assessment: Conducted a comprehensive assessment of the existing processes and identified the specific requirements for the new digital system.

- Vendor Selection: Engaged EMIS Web to review modules best suited for the CSH WICs' goals and requirements.

- Training and Integration: Provided extensive training to staff on EMIS Web Patient Administration.

- Patient Engagement: Launched awareness campaigns to inform patients about the upcoming changes, encourage digital engagement, and address any concerns or queries.

Enhancing Patient Experience: A Case Study on the CSH Walk-In Centres (WICs) Transition to EMIS Web (continued)

Challenges

The transition to a digital patient system was not without its challenges. Some of the key obstacles faced included:

- Resistance to change: Staff initially faced challenges adapting to the new system especially after using Adastra for a long time and having to revert to paper following the cyber-attack. This had knocked their confidence in digital solutions, requiring effective change management strategies and support.
- Technical issues: Implementation hurdles, such as system glitches and connectivity issues, were addressed promptly to minimise disruptions in service delivery.
- Privacy concerns: Ensuring the security of patient data and addressing privacy concerns was a top priority to build and maintain trust.

Outcomes

The implementation of the digital patient system at the CSH WICs yielded several positive outcomes:

- Increased operational efficiency: Administrative tasks were streamlined, reducing paperwork and allowing staff to focus more on patient care.
- Data sharing with GPs: With the majority of patients attending coming from Surrey, the clinicians have the ability to see the patients' fuller holistic record with visibility of all GP and Community clinical interactions.
- Enhanced data security: Robust security measures were implemented, ensuring the confidentiality and integrity of patient information.

Feedback

"Following the cyber-attack with the Adastra EPR system in August 2022, staff were cautious of moving from Adastra to the proposed EMIS system. From the offset of this proposal through to the end of transition, it has been a very positive experience for the whole team, with the project management of this being executed efficiently, professionally and in a timely fashion.

The Digital team delivering this transition were informative from start to finish, with continuous support for the team.

EMIS works well, with the added benefit of shared patient records with NWSurrey. There have been some challenges with reporting, which have always been responded to quickly, with good results. Any issues reported on EMIS continue to be dealt with in a timely manner."

Tina Willis, NWS Walk in Centres Service Manager

Conclusion

The WICs' transition to a digital patient system exemplifies CSH's commitment to innovation and improvement. By overcoming challenges and embracing digital transformation, the WICs have enhanced the overall patient experience as well as set a precedent for other services to follow suit. The success of this initiative underscores the importance of adaptability and technology in shaping the future of healthcare delivery. Further, it shows the ultimate in human resilience after facing such adversity following a prolonged loss of a digital system from the Adastra suppliers and the transition to a new one.

Promoting improved patient care and experience through environmental change

It has long been recognised that the physical environment of hospital wards can have a detrimental effect on patients who have dementia. Not only is going into hospital a potentially bewildering experience for anyone, let alone people with dementia, but this experience can be exacerbated by perceptual and visuospatial problems associated with dementia which, in turn, can lead to increased agitation, disorientation and distress.

Alexandra Ward at Woking Community Hospital is a 22-bedded ward which specialises in rehabilitation. By the nature of the specialty, patients can often be elderly with multiple pathologies. These can include confusion and disorientation, be it on a short-term basis or due to a diagnosis of inherent cognitive impairment.

The ward environment was recognised as being 'well worn' with no adaptations in place for the ever-growing numbers of confused patients who access the services. Clinical audit, such as the annual Environmental audit and the PLACE audit (Patient-Led Assessments of the Care Environment) have also highlighted the lack of 'dementia friendly' aspects of the ward. This did not stop the service from looking to enhance the care and management of such patients in other ways, but it always served as a visual reminder of what the environment lacked, whilst national environmental dementia guidance developed further.

In 2023 we were delighted to hear that our Hospital League of Friends at Woking had agreed to financially support the improvement of the environment to enhance the care experience, for both our dementia patients and all other patients coming into our service.

This included the general decorating and repair of the ward environment, as well as the supply of features which have proven to assist in the orientation and safety of all of our patients. These included:

- Colour-coordinated door panels, to define which rooms are bedrooms, toilets, offices and the dayroom.

- Additional signage, including 'flag signage' to further orientate patients to the ward facilities.

- New handrails which are infection control compliant and assist in the maintenance of patient safety when they are receiving their therapy relating to improving mobility.

- Colour-coordinated bathroom handrails and toilet seats.

- Infection control compliant bumper rails in the corridor.

- The addition of 'White Rock' wall covering (a hygienic alternative to ceramic tiles) to patient bedded areas.

- Refurbishment of the nurses' station to aesthetically enhance the environment and maintain infection prevention and control regulations.

- The addition of brightly coloured wall art in the patient dayroom to enhance the environment and provide a focal point for patients to sit.

The ward also used this opportunity to cleanse the walls of random information which was on display and ensure that what is displayed is up to date and relevant to its audience.

The in-patient service is delighted with the outcome of this environmental improvement and are indebted to the League of Friends for their support on this project. Not only has this investment cosmetically enhanced our care environment, which in turn brings benefit to our patients, but it has also increased our compliance percentage as shown by the recent PLACE results.

We continue to strive to improve our care of patients who present with cognitive related issues, knowing that we now have an environment that can truly be described as 'dementia friendly'.

Community Rehabilitation Hub and Spoke Delivery Project

CSH NWS Community Rehabilitation Team (CRT) and CSH Adult Speech and Language Therapy Team (ASLT) have been successful in securing Catalyst funding from the National Stroke Programme Team for a joint quality improvement project, supported by Stroke Quality Improvement for Rehabilitation (SQuIRe).

Project start date: 1st November 2023
Project end date: 31st October 2024

Contract: NWS Adult Services
Services: CRT (Occupational Therapy and Physiotherapy) and ASLT

Background:

Our services have been aware of the delays and impact in providing the necessary community multidisciplinary stroke rehabilitation for patients in our area, due to the length of the waiting lists.

Stroke referral rates per year:

CRT: approx 180
SLT: approx 80 (up to 150 when including those with stroke as a secondary diagnosis)

Typical waiting times for stroke patients (varies according to clinical urgency):

CRT: 6 weeks to 8 months
SLT: 6 months to 2 years

The project:

A team of CRT and SLT members have protected time to design and pilot a multi-disciplinary screening clinic that provides early contact and assessment to stroke survivors. This will identify their holistic needs and link them in with local agencies, charities and services so that they can manage their health condition and 'wait well' for therapies. The aim is for the clinic and any follow-up training or workshop packages to be deliverable by CRT/SLT within existing staffing after the project ends.

Progress to date:

- Developed a database of local services.
- Baseline project measures taken (waiting times, patient and clinician experiences).
- Developed information resources for patients (stroke education, condition management, useful apps, secondary prevention).
- Held open engagement sessions and 1:1 meetings with third sector, social care, GPs and stroke pathway clinicians.
- Planning with local stroke charities on collaborative working.
- Sought the views of stroke survivors through questionnaires and a focus group.
- Started developing the screening assessment and clinical structure and pathway.

Next steps:

- Start delivery of screening clinic (target: May 2024).
- Set up training/resources/workshops for stroke survivors, carers and volunteers.
- Continue building links with the third sector to support stroke survivors and their families.

SEND Report

Local Area Special Educational Needs and Disabilities (SEND) Inspection

Children and Family Health Surrey (CFHS) fully engaged and participated in the Joint Care Quality Commission (CQC) and Ofsted Local Area SEND Inspection in September 2023. The inspection examines services provided by education, health and care. The aim is to hold the Local Area to account, by reviewing how the Local Area meets their responsibilities for children and young people aged 0-25 who have additional needs and disabilities.

Inspection outcome

The overall outcome was that *"The local area partnership's arrangements lead to inconsistent experiences and outcomes for children and young people with special educational needs and/or disabilities (SEND). The local area partnership must work jointly to make improvements."*

The report makes several clear recommendations for improvement, but also notes areas of good practice.

Improvement Plan

The Local Area SEND Partnership has developed an improvement plan based on the recommendations of improvement from the inspection which covers four key areas:

1. Impact and Outcomes – to improve the Partnership's ability to monitor impact of projects, intervention and outcomes.
2. Communication and Relational Working - improving communication with families and across the Partnership.
3. Waiting Times and Quality – continuing to improve waiting lists and timeliness of needs assessment.
4. Alternative Provision – to review Local Area offer.

Team's involvement with the inspection

The inspection followed the new SEND inspection framework and included a three-week timetable of activities. Week One was predominately focussed on data collection and identification and detailed analysis of six identified children. Three of the identified children were known to community health services and practitioners were involved in collating detailed chronologies and discussions facilitated by inspectors.

Week Two focussed on exploration of the Local Area Strategy and Self Evaluation Framework with area leaders, clinical teams, families and children. Inspectors were particularly interested to hear about the evidence of impact for children and their families. An intensive timetable of site visits, further case analysis and focus groups on key lines of enquiry were conducted in the final week.

Inspectors gave positive feedback following engagement with our clinicians, with one inspector stating it was the best day so far as the enthusiasm, family focus and commitment of teams was clearly evident in their work.

The final report highlighted areas of good practice, including improving joint working across education, health and care. The Youth Justice team, which includes our CFHS School Nurse, was cited as a good example, as was the effective multi-agency working in Early Years, including our health visiting and children's therapy services.

Equality, Diversity and Inclusion (EDI)
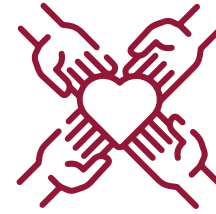
Wellbeing Workshop and Staff Networks at CSH

At CSH, we offer Wellbeing workshops to support and encourage teams with their self-care and to support one another. In 2023 there were 37 Wellbeing workshop sessions, and 737 colleagues were supported with a Wellbeing workshop. We also offer staff networks and there are three networks: Disabilities, Carers and Allies; LGBTQ+ and Allies; and Cultural and Ethnic Minorities and Allies, with meetings every six weeks and running for the last 18 months.

Case Study 1 – How the Staff Networks helped me

In September 2022, my personal circumstances changed significantly due to a relationship breakdown which left me with sole responsibility for my teenage daughter who has extreme anxiety and autism. The anxiety means that I cannot leave her alone at home and combined with her other challenges, she also relies on me for all her transport needs and most day-to-day tasks.

I am fortunate that I can work from home for most of the time, but the isolation from the rest of the team has also affected my mental health and feeling of self-worth.

It was a few months after the breakup, when a friend pointed out that my circumstances meant that I had now become a "Carer."

When I saw a link to the Disabilities, Carers and Allies network in the Buzz a few months ago, I decided to join a meeting. This has helped me tremendously in so many areas, but I have also enjoyed the opportunity to help others by sharing my own experiences and passing on information. For example, I was given details of a local Carers' organisation who then advised me that I could register as a Carer with my GP. I have also been able to attend some online events about aspects of parenting a child with autism and an in-person event for Carers. These provided useful information such as joining the Priority Services Register for utility companies; how to get financial support; and making an Emergency Plan for my daughter.

The network has given me a new outlet and opportunity to meet other colleagues virtually and learn from their experiences, through the signposting to other support services for some of my daughter's challenges. I would not have been aware of these otherwise.

The meetings are a safe space, and no personal details are divulged outside of them. You also become, in effect, allies to each other in the process. Like any support group, it's helpful to talk to people in a similar situation, as often you don't want to burden your own friends or family. They may find it hard to relate to what you are saying, or you may not have that outlet anyway.

The CSH Health & Wellbeing worker gave me advice regarding managing my situation at work and made me aware of the Health Passport and Flexible Working Policy. These are also good introductions to discuss your situation with your Line Manager and find what works best for you and your colleagues.

Case Study 1 – How the Staff Networks helped me

(continued)

The network has really helped with my feelings of isolation and I know that if nothing else, I have a monthly meeting where I can catch up with a variety of colleagues and exchange information and experiences. Having that insight into other peoples' situations also helps promote empathy within the workplace, which I hope means that we are all a little kinder to each other as a result. It's a great leveller, across the organisation.

I would urge anyone who is affected by any of the circumstances covered by the Staff Networks, either directly or indirectly or would like to become an ally, to join the next meeting and experience the supportive environment and exchange of information for themselves.

Case Study 2 – How the Wellbeing workshop helped me

In 2023, I had been facing several challenges in my personal life. Due to the stress of things at home and the constant worry of these issues, it was extremely helpful to have a Wellbeing practitioner around to discuss things with and get advice on how to maintain good mental health and wellbeing.

I had found it hard to leave personal issues at the door when entering work. Having regular check-ins and conversations, when needed, were something that helped massively.

Our Wellbeing and Inclusion Practitioner led a session for our team on Wellbeing. The session was on reflection and goal setting. This helped incredibly as it showed me what I had done in this year both at work and personally. I was then able to set time aside to set goals to achieve for the future year too.

The Wellbeing Practitioner closed off our session with a relaxing breathing exercise, I found that this helped with the rest of the working day as this gave me a positive mindset. I think having these sessions at work are crucial to maintain the constant wellbeing of the team.

Being able to have a session to focus on something that is going on within the wider organisation or personally can give anyone an opening to raise issues and flag any feelings that need to be raised.

Wellbeing is key for anyone in any organisation, and I could not fault the session with anything. The delivery was compassionate and caring and able to help anyone that needs it!

Others shared:

"Thank you so much for delivering the health and wellbeing session last week for the team. It was great to have the time and opportunity to self-reflect. The strategies we worked through I found very helpful and can use in everyday life. It was also good to have the grounding session at the end. I found the session invaluable, your calm and approachable manner and explaining in laymen's terms helpful, thank you,"

"Everyone has enjoyed the session, and we are looking forward to the next one. You bring so much positivity and the training was presented in a very friendly manner where everyone was comfortable sharing and bringing ideas to the discussions."

Capturing the Voice of Children and Young People with Learning Disabilities – Peter Penguin

Children Family Health Surrey (CFHS) use IWantGreatCare for gaining patient feedback but there was no option for children and young people (CYP) with severe learning disability (SLD) to give feedback and have their voice heard. The '**capturing the voice**' survey was created to give an opportunity for children and young people to have their voice heard within a supportive environment.

Contract: CFHS

Service Name: Specialist School Nursing

Project Lead: Avril Bembridge, Clinical Team Lead for Specialist School Nursing Service

Background to the pilot project: We worked in partnership with the digital team and schools to introduce our 'capturing the voice' surveys. Three surveys were created: a standard version, an easier version, and a body language version so that we could be fully inclusive to children and young people with severe learning disabilities.

- CYP with SLD have a right to have their say, therefore, we took it upon ourselves to explore ways to enable these children to have their say on the care they receive.
- We also have a responsibility to act on their feedback.

Methodology:

- Last year the Specialist School Nursing service launched a pilot project across our eight SLD schools. It yielded 10 responses, and these responses were to make minor changes to accessing the feedback template used to capture the voice of CYP with SLD.

Pilot Outcomes.

- Tested the surveys across eight SLD schools.
- 10 responses
- Easy to use.
- Reviewed and changes made – one access point into three surveys.
- Data reviewed.
- Added free text to capture quotes.

Methodology:

- A survey accessed digitally via an iPad was created that used communication symbols familiar to the children and young people so they can share their feedback about the service they receive in a language that they understand and can be understood by others.

Next steps:

The data collection to date gives us feedback to evidence what we are doing well, what we could be doing better and to increase quality of care.

Creation of two new Roles for Children's Community Nursing

To provide specialist advice via two new Children's Community Nursing (CCN) Services.

These are Specialist Lead posts supporting the delivery of quality, and evidence-based care, via a professional point of contact for:

New specialist leads Lisa and Emma (Megan – who job shares not in photo)

- children and their families who require complex care.

- families who choose to be at home for their child's end-of-life care.

Contract: CFHS

Service name: Children's Community Nursing

Project Aims:

To embed the role of a **Specialist Lead Nurse for Complex Care** to:

- Be a point of contact for both East and West CCN teams to support and guide staff to deliver latest evidence-based care.

- Have a knowledge of local current services offered across their geographical areas to support children, young people, and their families.

- Work alongside the lead nurse for palliative care and end-of-life with the CCN role.

- To develop a transition pathway for children moving to adult services.

- To ensure staff are competent in the use of medical devices that these children may need.

To embed the role of a **Specialist Lead Nurse for Palliative and End of Life Care** to:

- Be a point of contact for both East and West CCN teams to support and guide staff to deliver latest evidence-based care.

- Have a knowledge of local current services offered across their geographical areas to support children, young people, and their families.

- Work alongside the lead nurse for palliative care and end-of-life with the CCN role.

- To develop a transition pathway for children moving to adult services.

- To ensure staff are competent in the use of medical devices that these children may need.

Ihsaan is cared for by nurses and carers from the Children's Continuing Care Team. He has a symptom management plan in place and following a period of worsening respiratory symptoms he required a morphine infusion for five days. The Children's Continuing Care team worked alongside both the Children's Community Nursing team and Shooting Star Chase community and Symptom Management teams to manage Ihsaan's symptom at home and provide 24-hour support if needed.

"I forgot to say thanks so much for looking after him while he was poorly and had to have morphine. The support we received was overwhelming, thanks again."
Parent

*Consent gained from parents to use Ihsaan's details.

Raising Awareness for Child Safety across Surrey

Delivering a sustainable campaign to raise awareness following a safeguarding request in October 2023 to address increasing numbers of childhood accidents seen in Surrey A&E, as well as Surrey child deaths from safety; such as incidents including car seats and bath safety.

Contract: CFHS

Service Name: 0-19 Team.

A 0-19 team task group led by Katie Kirk, Health Visitor, was convened in early November 2023.

Incident themes: falling off high surfaces, (eg: window locks), burns (eg: hot drinks, candles) incidents involving toy safety (eg: button batteries), fire, safer sleep, access to alcohol, road safety.

Outputs for parents and professionals: By 28th November 2023 **themed safety awareness resources** were shared across CFHS, external community events and with parent agencies including Festive Safety, with Winter Safety following in January 2024. Requests came from foodbanks, schools, charities and early years to share with parents.

These are all available from the **newly launched (January 2024)** CFHS child safety webpage created by the task group, to further raise awareness with linked safety messages for all ages across the CFHS website.

"Thank you so much for sending the slides. It is great to find out more about the amazing job that you are doing to support families."

Manor Mead School

"Thank you I will add to family centre news bulletin."

Family Centre Advisor

Safety awareness resource sets have been collated and shared across teams to display within community venues.

Additional antenatal safety information including car safety has been added to the virtual antenatal Bump and Beyond presentation.

"I just wanted to share with you about the posters. They look great in clinic!! They are bright and catch the attention."

Speech and Language Therapy (SLT)

Surrey Social Communication and Interaction Pre-School Support (SCIPS)

SCIPS is a support programme commenced in September 2023 as a gradual rollout that aims to develop a child's social communication and interaction using a parent-mediated approach.

Contract: CFHS

Service Name: Early Years Speech and Language Therapy

Project Aim: To offer a consistent and evidence-based Surrey-wide approach to supporting pre-school children, and their families, with social communication difficulties.

Children with social communication difficulties take up approximately 70% of Early Years Speech and Language Therapy caseloads across Surrey. (CFHS 2023 data). Prior to SCIPS, intervention for this cohort was inconsistent across Surrey due to limited workforce. The Surrey SCIPS pathway will help to support a clinical research project initially developed at Reading University by transferring a successful intervention into community-based services.

The 5 Stages of SCIPS:

JOIN	**JOIN your child's world** You will learn about ways you can join your child's play.
COPY	**COPY your child** You will learn about how copying and mirroring lets you share your child's play.
MORE	**MORE of the same** You will learn about ways to keep play with your child going for longer.
PLAY	**PLAY a game with your child** You will learn about how play routines allow you to support your child to engage in balanced, to-and-fro play.
TALK	**TALK with your child** You will learn to support your child's understanding and spoken language.

Parent-mediated approaches are an effective way of enhancing a child's social communication recommended by national clinical guidelines (NICE 2013)

Parents are best placed to support their child because they can then experience support with the people they usually communicate with in ordinary, everyday settings. The child can have their 'therapist' with them all the time increasing opportunities to practice skills in different settings.

Support sessions enable parents to practice strategies with their child while being coached and supported by a Speech and Language Therapist (SLT).

We work together offering a personalised approach with parents to develop their skills so they can support their child's development.

Early Evaluation

For some children we are already seeing progress in the targeted social communication areas.

Being actively involved with a service improvement project and supporting a clinical research project feels like a good boost for team morale.

Positive, informal feedback from the families involved.

Positive feedback from SLTs; sessions are enjoyable, feel like able to engage with families and make a difference.

Speech and Language Therapy Early Years Primary Care Pilot

Speech and language difficulties are one of the most common developmental issues seen in pre-school children. This pilot tested the delivery of an innovative clinical pathway for children by situating an SLT within primary care to deliver early intervention through advice and support for children presenting with Speech, Language and Communication Needs (SLCN).

Contract: CFHS

Service Name: Early Years Speech and Language Therapy

Project Aim: To increase awareness of the identification and management of SLCN in children within primary care; deliver early intervention to offer timely support; triage referrals to the most appropriate services; and improve the quality of referrals from general practice to community Speech and Language Therapy (SLT) Services in order to support the best utilisation of services.

Identified need

Waiting times from Referral

Results and Findings:

- 72 children referred (123.5% increase from previous year) out of which 50 were male and 22 were female. This in line with well documented evidence that SLCN is more prevalent in boys than girls. 64 children were seen:
    - 13 presented as Within Normal Limits (WNL); 14 presented with mild difficulties;
    - 9 required onwards referrals.
- 53% of the children were aged between 2-4 years old - in line with normal and expected development.
- 96.6% of patients were seen within three weeks.
- GP practice with a significantly higher referral rate covered an area that is classified as a Lower Layer Super Output Area (LSOA) that is acknowledged as falling within the most deprived 30% of all small areas in England. This is an important finding and is consistent with the recognised higher prevalence of SLCN in areas of deprivation.
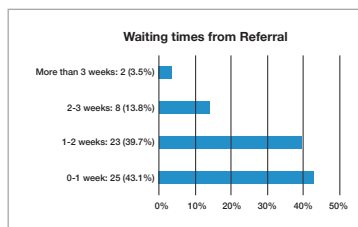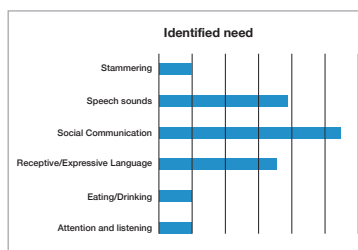
Feedback received:

- Parental feedback: 4.87/5 (based on 45 responses, rated as excellent)
- GP feedback:
    - Very easy to access service (4.57 out of 5)
    - Quality of service rated as excellent (4.86 out of 5)
    - Increase in confidence from 2.5 to 3.4 out of 5

Finalist for Chief Allied Health Professional Awards 2023

Conclusion: The project facilitated increased collaborative and integrated ways of working between primary care and community services, resulting in better utilisation of services and a streamlined patient-centred approach to the management of children's speech, language, and communication needs.

School Nursing Parent Drop In: Eastwood Leisure Centre Super Clinic

Aim: To offer a monthly local opportunity for parents to access support and advice from the school nurse service.

Contract: CFHS

Service Name: 0-19 School Nursing NorthWest Quadrant Team

Project Aim: For parents to understand that once their child reaches five years old and leaves the health visiting system, they still have the school nurse service to provide support and advice.

- Offer prebooked appointments to meet school nurse.
- Improve take up of Reception Year National Child Measurement Programme (NCMP) by supporting parents to understand offer.
- To offer parents referral support, advice, resources, and signposting: Sleep / Healthy Eating / Toileting / Readiness for school / Behaviour / Mental Health / Eating Disorders / Dental Health.

Parents shared that they were previously unaware they had a school nurse service.

Father shared: *heard about stand and came the following week to meet the school nurse to discuss teenager concerns.*

Outcomes and Themes shared to date:

- Offer commenced in Spring 2023 and has now expanded across CFHS Northwest Quadrant to include Runnymede and Surrey Heath localities.
- Parents have gained the opportunity to directly liaise with the school nurse team.
- Provided access for referral to specialist dentist.
- Opportunity to provide support with language barriers.

Themes shared: behavioural support / sleep advice / mental health advice/ parenting teenagers / internet safety / social communication concerns / toileting/ enuresis - nighttime wetting.

Examples of how parents are aware of service:

- Leisure Centre poster
- School newsletter
- Health visitors signposting
- Other parents

"So glad to have had the opportunity to speak with the school nurse and appreciate advice given."

"I will share this with other parents."

Feedback:

- Microsoft Forms QR code for parental feedback and QR poster created.
- Anecdotal feedback at the time of contact is very positive so far.

Future:

Partnership with immunisation team to offer school age immunisations.

Further promote, including GP surgeries.

Continue to be present at Woking, Runnymede and Surrey Heath.

School Aged Immunisation Service (SAIS) Equality Project

Project 1

To deliver an equitable immunisation service offer to the electively home educated (EHE) children.

Contract: CFHS

Service Name: Immunisation Team

Project Aim: To find the most effective method of reaching the EHE cohort and increase consents.

Group of focus: Children who have off-rolled / not registered with school and identify as home educated by choice.

Methodology:

- Leaflet drop via Surrey County Council (SCC).
- The EHE team supported the creation of a CFHS list of EHE children for future engagement.
- Created surveys for professionals and parents / carers.
- In person outreach work: at identified settings e.g. Technical College / leisure venues.
- Gained ability to contact parents from school off-rolling (not in school) process to share vaccine offer information.
- Flu consents via SCC EHE team.

Project 2

Targeting school children who missed vaccinations.

Project Aim: To identify accessible venues within low uptake areas / settings to deliver a pop-up service on rotation across Surrey and increase vaccine update.

Focus group:

- Children not seen due to COVID school closures
- Unregistered children
- Gypsy, Roma and Traveller (GRT) children
- Migrant children
- Not in school – school aversion/anxiety
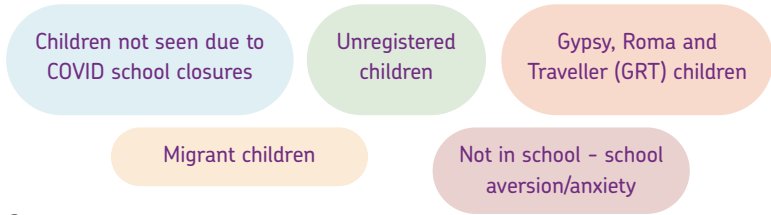
Outcome:

- Combined projects.
- Created CFHS list of home educated children to support future engagement.
- Children who originally missed immunisations during pandemic now vaccinated.

Future:

- Work with inclusion health team for GRT families.
- Scope further targeted schools and communities to offer drop-in clinic.

Targeted young people ages 16–18 now vaccinated.

- 20 Meningitis (Men ACWY)
- 16 diphtheria, tetanus, pertussis (DTP)
- 43 Human Papillomavirus (HPV)
- 6 Measle, Mumps, Rubella MMR

All of whom had previously missed vaccine opportunity.

Increasing Influenza Immunisation Uptake in Low Uptake Schools

The influenza immunisation programme is a school-based offer. This includes catch-up clinics and intramuscular vaccination offer in schools to support accessibility to gain immunisation consents.

Contract: CFHS

Service Name: Immunisation Team

Project Aim: To increase uptake of flu immunisation and increase awareness of the two options (nasal spray or injections) for influenza vaccination to support those families who may decline due to porcine gelatine content.

Group Focus: Children from Reception to Year 11.

Target: Currently Surrey above national average at 62.9% (Surrey). National uptake 47.5% (January 25th, 2024).

Methodology:

- Re-visited schools with low uptake if target not met.
- Missed appointments, offered clinic appointments.
- Clinic links automated on consent system.
- Scoped primary and secondary schools where there is a low uptake.
- Created local community opportunities in targeted areas e.g., school assemblies / drop-in coffee mornings.
- Engaged with interpreter to address health inequalities within community drop-in to support understanding and uptake.

Outcome:

- Increased vaccine uptake in the three targeted schools engaged with.
- 30% vaccine increase where coffee and afternoon drop-in is offered alongside school nurse and interpreter: e.g., Woking Muslim community.

Future:

- Immunisation team to attend introductory days for reception children to raise awareness of vaccine and consent process.
- Increase the number of colleagues available to support at coffee mornings as potential for further increase in uptake if more parents are offered one to one support for consent process.
- Investigate further engagement with faith leaders to extend community opportunities.

Partnership project. Offered Muslim community coffee morning in school of low immunisation uptake. Increase 22 to 94 children vaccinated.

Parents stated happy to have had vaccine information shared with them.

Parent stated pleased to have had professional to support consent process so their child can have vaccine.
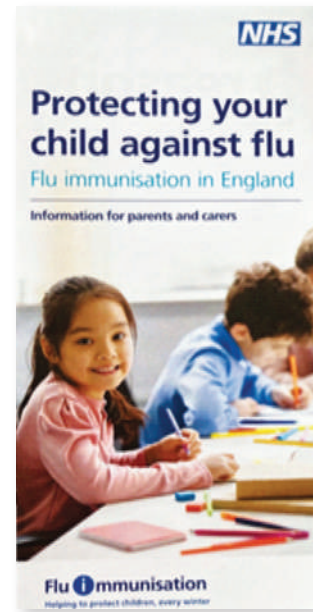
Surrey Sleep Awareness Campaign

Collaborative project to support sleep awareness for all children across Surrey following the success and positive parental feedback of the original work by the Specialist School Nursing Team.

Sleep is essential for children's growth and development, and important for our mental, emotional, and physical wellbeing. A lack of sleep can affect our wellbeing and can cause depression, anxiety and difficulties regulating our emotions.

If a child or young person is struggling to sleep, it can be exhausting for them and for the whole family.

More than half of all children may have difficulties settling or sleeping at some point in childhood. Children with additional needs and learning disabilities can be more likely to experience sleep difficulties.

Contract: CFHS / Surrey & Borders Partnership (SABP) / Surrey County Council

Service Name: Developmental Paediatrics, 0-19 Team, Therapies, Specialist School Nursing Team, SABP Mind Works, Surrey County Council

Project Aim: To understand and reduce the increasing use of melatonin to support sleep for children with additional needs and learning disabilities.

Objectives:

- SEND Survey to special schools to understand melatonin use and diagnosis. Only children who have learning difficulties.

- Create a professional sleep pathway and aide memoir when assessing sleep issues for children.

- Scope and create a sleep resource of latest evidence-based resources. Presented at partnership sleep events.

- Create and deliver a sleep training programme, recorded, and adapted for different services.

- Create CFHS sleep webpage with accessible and translatable resources offering early intervention for all children to prevent, where possible, the need for melatonin in future.

- Create a series of sleep support videos.

Survey Results

Is your child prescribed medication to help them sleep?

- 46% of children surveyed are prescribed melatonin.

Does your child have autism or ADHD?

- 52% had autism 23% had both autism and ADHD.

Would you be interested in attending a sleep workshop?

- 73% said yes.

Do you feel that the sleep medication works?

- Only 16% answered always.

Outcomes to date:

- Sleep Management Training delivered. Available as a recording from **Allie**

- Professionals' resources scoped and sleep pathway created available from **Allie** and shared across services.

- **CFHS sleep webpage** and sleep resources for parents to access in different languages created.

- Video created and launched at sleep campaign event in October 2023.

- New sleep practitioner role created and commenced in January 2024 to support developmental paediatricians' melatonin reviews.

183 professionals attended

Knowledge of sleep management before session: **2.97 / 5**

Knowledge of sleep management after session: **4.30 / 5**

Session rated at: **4.56 / 5**

Video 1: Introduction to supporting your child's sleep

Lisa
Schoolteacher & Sleep Counsellor
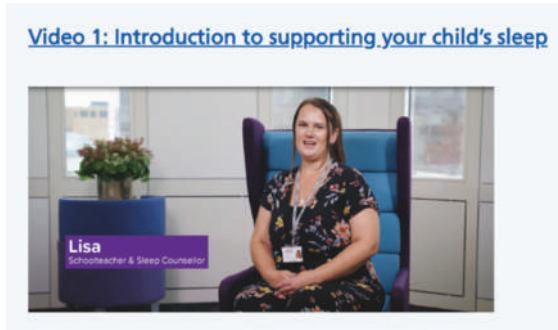
"Video is easy to follow and very informative."
Survey feedback

Continuing request for resources and bespoke training from external partners e.g. special schools, family centres, social workers, Home Start.

"This is a great website!"
Godson Special School

Integrated Neighbourhood Teams

Working in partnership with partners from across North West Surrey Alliance, CSH is taking the lead in developing multidisciplinary teams who are working together within a "Neighbourhood" to support their local populations to live a healthier life. By working in these Integrated Neighbourhood Teams (INTs), a broad range of professionals with different skills will take a proactive and preventative approach to giving local people the support they need, as close to their home as possible.

There are twelve neighbourhoods that have been agreed across North West Surrey, and they follow natural footprints and communities rather than being drawn up within organisational boundaries. Residents within these neighbourhoods can expect to receive care and support from a range of local services that meet their individual needs. They will be linked in with support that can help with everything from diet and mental health to housing and community support.

The aim of the Integrated Neighbourhood Team approach is:

- To improve outcomes for patients, service users and carers, particularly those with possible multi-morbidities and complex long-term health conditions. This is to be done by overcoming issues of fragmentation in their care through seamless care pathways and better coordination of care.
- To remove referrals between primary and community care, reducing repeat primary care appointments.
- To ensure residents with long-term conditions are aware of the name of the individual that is coordinating their care and knows how to contact someone for advice.
- To develop better connections to the local voluntary and community sector, giving people a wider range of support.

Each Integrated Neighbourhood Team will include the following professionals:

- Community nurses
- Social prescribers
- Dieticians
- Phlebotomy (blood testing)
- Physiotherapists
- Social services
- Frailty care professionals
- Health and wellbeing professionals from district and boroughs
- Occupational therapists
- Podiatrists
- Speech and language therapists, plus others over time.

Implementation is being undertaken using a Plan Do Study Act (PDSA) approach with three early implementer INTs having gone live in September 2023. They have been testing and refining the new ways of working, including in areas such as the triage of referrals into community services to ensure that each individual receives a timely assessment of their needs and care is provided by the most appropriate service or professional. They will also make use of holistic assessment and multi-disciplinary discussions to work with individuals to develop personal care plans for more complex individuals. There is also a programme of work focussing on clinical systems and the secure sharing of information across the INT to ensure fully joined up care.

There is a programme of Organisational Development in place focusing on the coming together of different professional and organisational cultures and the development of a more integrated approach to the delivery of services.

5. Statutory Statements of Assurance

Patient and Stakeholder Involvement

Stakeholders involved:

- Quality and Clinical Governance Senior Leadership Team

- Adult Services Senior Leadership Team

- Children Services Senior Leadership Team

- Patient Safety Managers

Methodology:

- Review of risk register

- Review of incidents from Datix

- Review of patient experience feedback data

Review of Services

During the period 1 April 2023 to 31 March 2024, CSH provided NHS services. CSH has reviewed all the data available to it on the quality of care in all these NHS services.

The income generated by the relevant health services reviewed in the reporting period (1 April 2023 to 31 March 2024) represents 99.6% of the total income generated from the provision of relevant health services by CSH for the reporting period.

CSH Clinical Audits Plan

The CSH clinical audit plan is dynamic and responsive to learning, organisational change and clinical priorities. CSH also reviews updated national guidance and provides audit plan/strategy for any updates by the relevant institutes as required, throughout the year.

CSH supports its clinical audit plan by utilising the Datix risk management database to assist monitoring the audit outcomes, completion and compliance. The yearly clinical audit schedule is approved and reported through the Audit and Risk Committee (ARC) and the Quality and Safety Committee (QSC).

Participation in Clinical Audits

CSH undertakes a range of clinical audits which are reported to the Board through ARC. As a business, we believe that a good audit schedule supports clinical staff, managers, service users, carers, the wider community, and commissioners, in understanding the current state and position of the business in relation to the recommended quality standards. Locally, audits also provide useful intelligence to support continuous quality improvement and facilitate the closure of any identified gaps in practice. Our audit schedule for 2023/24 included:

1. National audits

2. CSH corporate audits

3. Local clinical audits

The National Clinical Audit Programme

Throughout 2023/24, CSH was eligible for and participated in three national clinical audits. A list of these audits is provided below, along with the organisation which relevant data was submitted to.

Description of National Audit/Inquiry	Submitted to
National Respiratory Audit Programme (NRAP)	Royal College of Physicians
National Diabetes in Footcare Audit (NDFA)	CSH participated under the umbrella of Ashford and St Peter's Hospitals NHS Foundation Trust. The data is collected by NHS Digital.
Sentinel Stroke National Audit Programme (SSNAP)	King's College

All three audits will have their reports published later in 2024.

Other National Audits

CSH participated in the 2023/24 Commissioning for Quality and Innovation (CQUIN) Scheme. The progress and compliance were monitored throughout the year by a dedicated CSH group. The data was submitted to NHS Digital:

CQUIN13 Assessment, Diagnosis, and Treatment of Lower Legs Wounds
CQUIN14 Malnutrition Screening in the Community (Inpatients)
CQUIN12 Assessment and Documentation of Pressure Ulcer Risk (Inpatients)
CQUIN01 Flu Vaccinations for Frontline Healthcare Workers

CSH Corporate and Local Clinical Audit Activity

Throughout 2023/24, the Quality Directorate has continued to facilitate a business-wide CSH Audit Schedule. The clinical audit schedule consists of a mixture of pharmacy-related audits, infection control audits and directorate-specific audits. In the last year, CSH conducted seven corporate and nine local clinical audits. All the audits are listed below, along with a breakdown of where they are reported to and which directorates they apply to.

CSH is improving its processes to support learning and improvement from clinical audits. All audit results are communicated to clinical leads and discussed at different governance forums. Local audit leads disseminate results after each cycle and once teams have discussed their audit results, the expectation is that they agree priorities for improvement and associated actions.

Agreed priorities and associated actions are expected to be logged on an audit action tracker. Each action has an allocated owner who is responsible for completing the action and updating the tracker accordingly.

Corporate Clinical Audits in 2023/24

Audit Title	Responsible Group
Annual Environmental Infection Control Audit	Strategic Infection Prevention and Control Group
Hand Hygiene and Bare Below the Elbows Audit	Strategic Infection Prevention and Control Group
Healthcare Record Keeping Audit – Adult Services	Quality and Clinical Governance Group
Healthcare Record Keeping Audit – Children Services	Quality and Clinical Governance Group
Making Safeguarding Personal at the Referral Audit	Safeguarding Working Group
Medicines Management Policy Compliance Audit	Medicines Management Governance Group
NW Surrey – Musculoskeletal (MSK) Podiatry Audit - PASCOM-10 23/24	Adults Senior Management Team

Local (Service-Level) Clinical Audits in 2023/24:

Name	Responsible group
Adult Inpatient Drug Chart Audit	Medicines' Management Governance Group
Do Not Attempt Cardiopulmonary Resuscitation Decisions - Community Hospitals	Mortality and Morbidity Group
Education Health and Care Plans (EHCP) Therapies Advice CFHS Audit	CFHS Senior Management Team
PGD Annual Audit - Walk-in Centres	Walk-in Centre Operational Governance Group
Quality of the Looked After Children Health Assessments (known as Review Health Assessments RHS) Audit	Safeguarding Working Group
Quarterly Audit of Cleanliness Standards	Strategic Infection Prevention and Control Group
Safeguarding Adults Annual Audit – Walk-in Centres	Walk-in Centre Operational Governance Group
Safeguarding Children Annual Audit – Walk-in Centres	Walk-in Centre Operational Governance Group
Speech and Language Therapy Team Standards Audit	Quality and Clinical Governance Group

Research

During the period from 1st April 2023 to 31st March 2024, no patients receiving NHS services provided or sub-contracted by CSH, were recruited to participate in any research that had been approved by a research ethics committee within the National Research Ethics Service.

Although, no patients have been recruited during this period, the RESILIENT study being led by Surrey and Borders Partnership NHS FT has been approved to recruit patients receiving care from CSH services. The study will be evaluating the feasibility of using in-home devices to remotely monitor the health of individuals aged 75 years and over (who have two or more long-term conditions), at risk of developing dementia.

In support of students' research, CSH has approved a study being undertaken by a student Health Visitor. The study aims at uncovering potential barriers that may be preventing Health Visitors or those working with health visiting teams from delivering education and advice to parents about accident prevention, such as training resources.

Review of our Quality CQUINS in 2023/2024

Following the suspension of Commissioning for Quality and Innovation (CQUINs) during the pandemic, they were resumed in 2022/23. During the last commissioning cycle CSH, as a provider, was expected to deliver against four domains. The target areas were flu vaccinations for all frontline staff; in-patient malnutrition assessments; pressure ulcer assessments and lower leg wound assessments.

In 2023/24 the same CQUIN measures continued. As a business, our performance against these domains has met or exceeded the recommended threshold in three key areas. We have had a challenge in meeting the flu CQUIN for the past few years and therefore, reviewed our engagement methodology for 2023/24. Despite considerable efforts with staff engagement, the uptake remained below the CQUIN target, with 221/828 clinically facing staff being vaccinated.

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

Measures		Q1	Q2	Q3	Q4
Flu vaccination	Threshold	70-90%	70-90%	70-90%	70-90%
		N/A	N/A	N/A	26.7%
Inpatient malnutrition	Threshold	50-70%	50-70%	50-70%	50-70%
		95.7%	96.9%	93.7%	96.3%
Pressure Ulcers	Threshold	40-60%	40-60%	40-60%	40-60%
		97%	96.9%	88.9%	91.9%
Lower Leg wounds	Threshold	25-50%	25-50%	25-50%	25-50%
		76.8%	46.2%	25%	29%

Care Quality Commission (CQC)

In accordance with requirements, CSH is registered with the CQC as an independent organisation that provides healthcare. During 2023/24, the CQC has not taken any enforcement action against CSH nor imposed any registration or special reviews. CSH has deregistered the 22-bedded rehabilitation unit at Walton Hospital in favour of rehabilitation at home, in-line with national drivers of providing care closer to home. CSH is in the process of designing and approving its CQC strategy to outstanding. The strategy will be informed by the new CQC Single Assessment Framework, guided by its 34 "We Statements".

Independent providers (registered) are required to submit notifications to the CQC about certain changes, events and incidents. During 2023/24, we submitted 13 notifications meeting CQC criteria: six relating to safeguarding; five relating to expected death of service users; two relating to service safety and serious injuries.

The CQC carried out a planned inspection of our core services during summer 2022 under the well led framework, where we were rated as 'good' overall and 'good' in all the Key Lines of Enquiry (KLOEs).

CSH also received 'outstanding' for caring in community health services for children and young people.

Community health services for adults	9 November 2022	Good ●
Community health services for children, young people and families	9 November 2022	Good ●
Community health inpatient services	9 November 2022	Good ●
Community urgent care services	9 November 2022	Good ●
Safe		Good ●
Effective		Good ●
Caring		Good ●
Responsive		Good ●
Well-led		Good ●

Clinical Coding

CSH submitted records during 2023/24 to the secondary users' service for inclusion in the hospital episodes statistics, which are included in the latest published data.

Data validity was as follows:

- Patients with valid NHS numbers: (a) inpatient 100% (b) outpatients 99.92% (data as of 21/05/24).

- Total patients on system for 2023/24 were 852,164, with 691 who did not have a valid NHS number 0.08% (data as of 21/05/24).

- In 2023/24 a total of 110,693 patients had an individual appointment at CSH. Out of this figure 109,117 had a GP linked to their medical record, compared to 1,576 who did not have a GP link. Inpatient units had a 100% link compared to 98.56% of outpatients.

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

Mortality Review

Learning from Deaths

CSH's Morbidity and Mortality Review Group meets quarterly, is chaired by CSH's Medical Director and reports to the Quality & Safety Committee. This multi-disciplinary group has representation from all services across the organisation and is responsible for overseeing the review of all patient deaths that occur in our services. Every other meeting, i.e. every six months, the meeting is focussed on End-of-Life issues. The Terms of Reference of this Morbidity and Mortality and End of Life group meeting were reviewed in February 2024.

The Learning from Deaths policy was reviewed in February 2024, with significant changes to incorporate PSIRF that will be signed off by the end of March 2024. A flow chart mapping the process following patient deaths at the community hospital or patients under the care of the Frailty hubs, was also agreed and signed off in February 2024. The significant change is the involvement of the Medical Examiner's Office (MEO), based at Ashford & St Peter's Hospital (ASPH). All deaths are now reviewed by the MEO, who also supports onward communication with the bereaved family and discussions around whether the coroner needs to be involved.

The new agreed flow chart is particularly helpful for deaths occurring out of regular working hours because it provides a pathway that does not require the police to be called, as happened routinely in the past.

The Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) policy and also the Competency Framework policy for ReSPECT completion process was discussed and agreed in July 2023. ReSPECT encourages discussion about resuscitation and advanced care planning for patients who may be approaching the end of life. Ideally, these conversations occur before the risk of death is imminent.

Part of our Learning from Deaths policy is to record all deaths on Datix for our community hospitals and all unexpected deaths that involve our teams in the community outside of the community hospitals, so that learning and any actions can be captured. We now also record all deaths occurring

within thirty days of discharge from our community wards or Frailty hubs. This data is captured on the BI portal. These deaths are reviewed by the patient safety team and Dr Richard Williams (consultant geriatrician), to identify themes that can be taken forward through learning. The recent policy review has also incorporated PSIRF to aid learning outcomes. At the last review there were a number of topics, including: gaining reassurance around venous thromboembolic (VTE) risk (we have received reassurance through regular monitoring of the VTE process on the wards); the risk of Covid being acquired in hospital (we had one death of a patient where Covid acquired whilst in hospital may have contributed); and taking the opportunity to have advanced care planning discussions with patients whilst under our in-patient care.

All adult in-patient deaths are reviewed by the ward consultant, who carries out an initial screening of "avoidability" (Part 1 of Mortality Review Form (MRF) within 48 hours: any deaths where avoidability is identified will undergo either a structured judgement review by the Medical Examiner (ASPH), or through PSIRF if considered a serious incident. Part 2 of the MRF is completed by the Patient Safety team or independently by the Medical Examiner at ASPH. Statutory reporting of all in-patient deaths to CQC is required within 24 hours of death.

The death rate within our adult services remains low.

There were six adult deaths recorded on Datix over 2023/24 from our in-patient units:

Q1 – two deaths at our community hospital as an in-patient – both expected and at end of life.

Q2 – two deaths at our community hospital as an in-patient – both expected and at end of life.

Q3 – one death at our community hospital as an in-patient – expected and at end of life.

Q4 – one unexpected death at our community hospital as an in-patient – occurred in February 2024 and is under review by MEO.

Learning from mortality reviews is presented and discussed at the monthly Community Hospitals Multi-Disciplinary Operational Group meeting, and a summary of the themes and learning is presented to the Morbidity and Mortality Group quarterly.

Children's Deaths

All child deaths in Surrey are reviewed by the Surrey Child Death Overview Panel (CDOP), which has responsibility for the process of reviewing child deaths. Working Together to Safeguard Children (2018) sets a clear remit for the work of the panel and incorporates requirements from the Health and Social Care Act 2012. Learning and information from the CDOP is shared via the Local Safeguarding Children's Partnership to inform Partnership members in respect of preventable child deaths and risk factors that impact on safeguarding children and young people, to ensure organisations take appropriate and timely action. The CDOP also produce newsletters, which are disseminated widely within Surrey care services.

There were 25 children's deaths reported on Datix during the 2023/24 period:

Q1: 7 unexpected and 1 expected deaths.

Q2: 4 unexpected and 1 expected deaths.

Q3: 7 unexpected and 1 expected death.

Q4: 3 unexpected deaths.

These deaths were of children for whom CSH was not principally responsible for, but who did receive some services from CSH. None have initiated any internal CSH serious incident reviews.

Other statements

National Patient Safety Alerts (NPSA)/ CAS Alerts 2023/24

The Central Alerting System (CAS) is a cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to the NHS and independent providers of health and social care.

In 2020 the system of cascading Alerts changed such that CAS issues only National Patient Safety alerts on patient safety issues that are more likely than not to cause death or disability in a year (these will be issued as NPSAs). Other safety communications are issued via different routes and monitored through those routes.

Organisations were issued advice and alerts on managing National Patient Safety Alerts (NPSA).

Summary of actions taken by CSH to improve National Patient Safety Alerts (NPSAs) handling for the 2023/24 Year:

1. Centralised Actioning with Senior Oversight: Following recommendations from NHS England, CSH has transitioned to centrally actioning alerts with senior oversight. This aligns with the requirement for executive-level oversight outlined in the introduction of National Patient Safety Alerts.

2. Summary of Alerts for the Year

NatPSA Received	Alerts Relevant	Alerts Completed	Delay /ongoing
16	5	4	1

One alert (Medical beds, trolleys, bed rails, bed grab handles and lateral turning devices: risk of death from entrapment or falls - NatPSA/2023/010/MHRA) issued in August 2023 is still ongoing.

Inquests and Coroner Requests

An Inquest is an investigation into a death which appears to be due to unknown, violent, or unnatural causes. It is designed to find out who the deceased was and where, when and how they died. CSH receives requests for information following the death of patients in our care. Sometimes we may be required to attend the inquest of deceased patients. In the year 2023/24, 11 requests were made for information about the deaths of patients. For all 11 requests we did not have to attend any inquests as the requests were confirmed as patients not treated by CSH. One was a request from a doctor to certify the cause of death. 10 out of the 11 information requests were provided on time with one ongoing information request. This year sees a downward trend on the number of requests for information on inquests.

Inquest Participation by year of death
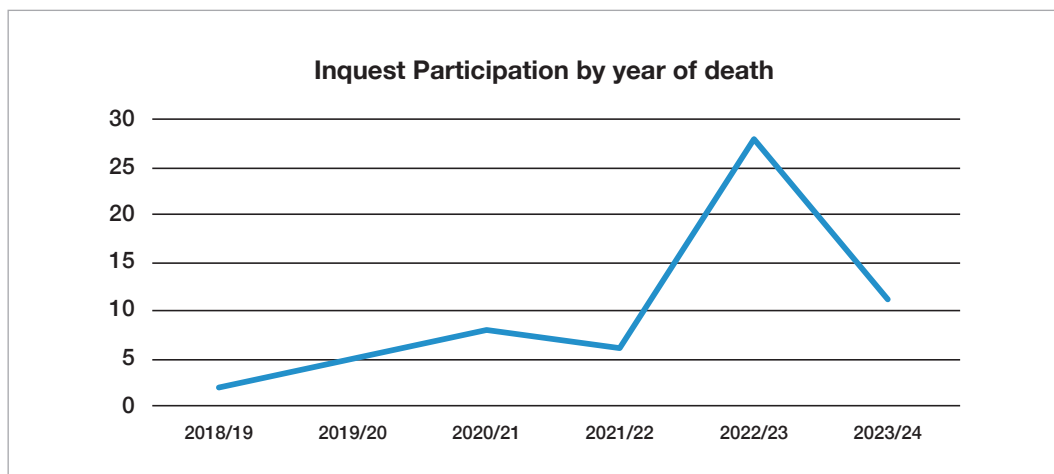
Infection Prevention & Control (IPC) and Healthcare Associated Infections (HCAIs)

The IPC service within CSH provides specialist advice and support throughout the organisation across both the Adult and Children's service contracts. The governance of the IPC service is underpinned by compliance with Regulation 12 of the Health and Social Care Act 2008 and provides assurance with the 10 compliance criteria of the Code of Practice.

The CSH Strategic IPC Group (SIPCG) is comprised of key stakeholders and chaired by the CSH Director of Infection Prevention and Control (DIPC), the CSH Director of Quality & Chief Nurse. The group meets quarterly to review assurance against the 10 compliance criteria which is agreed within a quarterly report by the DIPC and provides the evidence for the DIPC Annual IPC Report. The CSH DIPC reports directly to the CSH Board and is a member of the Executive Committee.

The CSH IPC service ensures that staff are compliant with national and local IPC policy through a structured programme of surveillance, audit and training. Key and topical aspects of IPC advice are circulated to colleagues across the organisation through an established and engaged IPC Link Practitioner network, as well as through attendance at corporate, operational, service and team meetings. The notes for these meetings are on file. Additionally, a centralised IPC information and guidance offering has been strengthened for communicating with colleagues on our internal Blink Hub (staff app) site, alongside a regular IPC Bulletin providing topical IPC advice for all colleagues. This is circulated via the CSH SIPCG and IPC Links networks.

Key achievements 2022/23

- Our North West Surrey Alliance (NWSA) IPC team continue to develop the specialist offer to the 130+ care homes within NW Surrey. This includes monthly informal drop-in sessions for care home managers, clinical leads and where identified, by the homes and their IPC Champions, to ask questions and discuss relevant guidance and precautions with the team. This also provides an opportunity for peer support from other care homes.

- Our integrated IPC team was nominated and shortlisted for the 2023 Nursing Times IPC Team of the Year Award. This was recognition for the hard work the team are putting in to continually develop and provide a consistent service across PLACE and to ensure the care homes and wrap around community services are included within their support framework. This work has benefitted the flow of patients through the health and social care system in NW Surrey.

- The team initiated two new Quality Improvement projects during 2023. The first project is looking at the benefits of improving oral hygiene for patients to reduce healthcare associated pneumonia (HAP) infections. We work with colleagues from across the MDT, including doctors, and speech and language therapy to raise awareness of the issue, with a projected goal of developing a universal oral hygiene assessment tool within our adults and children's services. The second and most recently initiated project has begun with the aim of reducing unnecessary indwelling urinary catheters of patients on the community nursing caseload. This project includes actions to train staff in the appropriate indications for having a catheter; to develop multi-disciplinary meetings to discuss complex cases; and to ensure collaboration between our CSH specialist continence team and relevant adults services for support.

- Our Band 7 IPC Nurse Specialist has now begun her final year of the MSc IPC pathway and will be implementing her service improvement project within CSH through 2024. Our Band 7 IPC Specialist Practitioner is now halfway through her second year of the MSc IPC pathway, following successful completion of Year 1. The upskilling of these specialists serves to provide an ongoing local IPC expert workforce for NWS, retaining these specialists for our future.

- CSH have reported 2 x *Clostridium difficile* cases for 2023-24. 1 x C. *diff* infection during 2023-24 with internal investigation finding no contributory lapses in care for CSH as documented in the RCA. A huddle and review of the second case has commenced. Zero *Escherichia coli* and zero methicillin-resistant *Staphylococcus aureus* bloodstream infections during 2023-24.
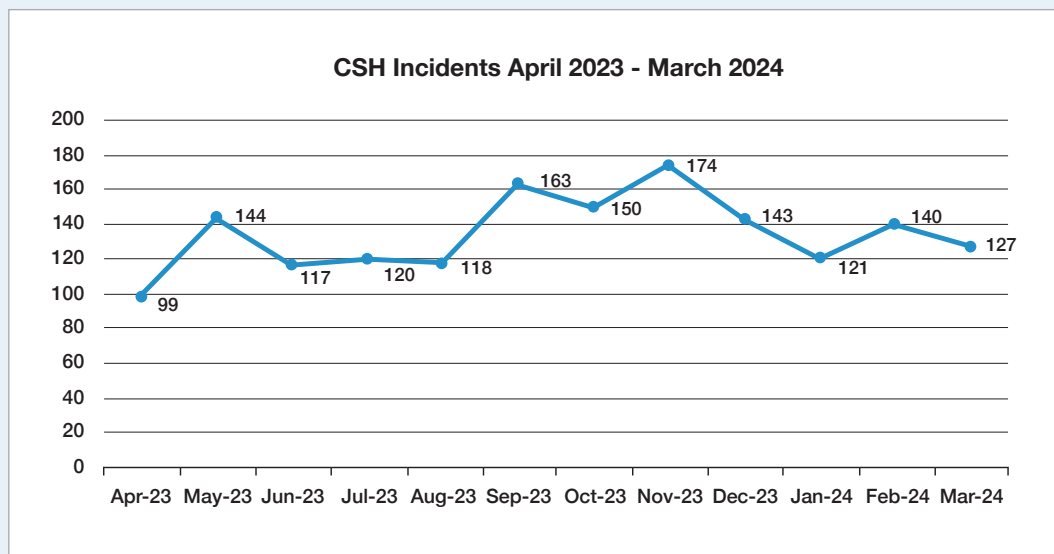
Incident Reporting/Serious Incidents

A patient safety incident encompasses any event that could potentially harm or has resulted in unexpected or unavoidable harm, to one or more patients under our care. At CSH, we take great pride in fostering a culture of openness among our staff, encouraging transparency regarding incidents and near misses. We ensure thorough reporting of all incidents, including patient safety incidents, through our web-based risk management system, Datix. Our primary objective is to investigate these incidents meticulously to extract valuable lessons when things go awry and pinpoint areas for enhancement.

As an integral part of our quality assurance process, trend analysis and incident monitoring are deliberated upon at the Quality and Clinical Governance Group (QCGG). Any pertinent escalation or feedback concerning these matters is subsequently relayed to the Quality and Safety Committee (QSC).

The year 2023/24 has witnessed significant alterations in governance processes, not only within CSH, but also across the NHS at large. CSH has successfully concluded its internal governance procedures, culminating in the formulation of a plan and policy to transition to the Patient Safety Incident Response Framework (PSIRF) at the onset of the financial year. Throughout this period, we have meticulously reviewed our processes and identified local incident investigation priorities alongside national ones.

In October 2023, as one of the first NHS service providers, we embraced the transition to the Learn from Patient Safety Events (LFPSE) platform, marking a significant shift in our incident reporting system to facilitate nationwide incident sharing. As we proceed towards full integration with PSIRF, we are committed to closely monitoring reporting trends and placing a stronger emphasis on nurturing a just culture within our organisation.

CSH Incidents April 2023 - March 2024

Data points: Apr-23: 99, May-23: 144, Jun-23: 117, Jul-23: 120, Aug-23: 118, Sep-23: 163, Oct-23: 150, Nov-23: 174, Dec-23: 143, Jan-24: 121, Feb-24: 140, Mar-24: 127

Duty of Candour

We strive to cultivate an environment and culture that prioritises the safety of our patients, our staff and visitors. We achieve this by promoting open and honest communication with patients, their families and/or carers, and all other individuals that use our services.

We always apply the statutory Duty of Candour (DoC) for incidents that could potentially result in moderate harm, severe harm, death, or prolonged psychological harm due to our care provision or omission of care. This is communicated within ten days of the incident or as soon as reasonably possible and appropriate to the needs of those affected.

In 2023/24 eight incidents meet the criteria for Duty of Candour as follows:

Total incidents that met the Duty of candour Criteria	Initial Duty of candour letters completed	Final duty of candour + report completed	Status
8	6	4	Completed
	2	2	Late but completed
	0	3	DOC not completed/ ongoing investigation

The initial DoC was completed on time for six incidents (verbal information plus letter). The initial DoC was completed late for two of the incidents. All incidents had DoC.

The final DoC letter with investigation report was sent to the patient for four of the incidents, two of the patients received final DoC letters with reports, but late. The other two incidents are ongoing investigations.

Learning from safety themes identified – Examples

Over the past year, we have been proactive in identifying and addressing areas of concern, to inform our Patient Safety Incident Review Framework (PSIRF) for a plan and policy. These priority areas have been identified and documented in our PSIRF plan and policy, which serve as guiding documents for our patient safety initiatives in the next 18 months.

Our approach to investigation and review will be comprehensive, focusing not only on incidents outlined in our PSIRF plan and policy but also on conducting deep dives into thematic areas of concern. Through methods such as patient safety incident investigations; after-action reviews and thematic reviews, we strive to gain deeper insights into potential areas for improvement.

During this period, our team has conducted deep dives into several key areas, including:

1. Insulin Administration Deep Dive

This deep dive aimed to enhance our understanding of insulin-related incidents and identify opportunities for improvement in insulin administration, monitoring, and management protocols.

2. Violence and Aggression towards Colleagues

Understanding the complex dynamics of violence and aggression in healthcare settings is crucial for ensuring the safety of both patients and staff. Our deep dive into this area focused on identifying root causes, improving risk assessment strategies, and implementing measures to prevent and manage violent incidents against our co-owners effectively. Concerns resulting in this deep dive were raised by The Voice, our staff representative group.

3. Pressure Ulcer Prevention and Management

Our ongoing deep dive into pressure ulcer prevention and management aims to identify areas of improvement for pressure ulcer in our inpatient setting. This will be linked to our PSIRF plan and policy.

Throughout these deep dives, our team has employed a triangulation approach, gathering data from multiple sources to gain a comprehensive understanding of each area under investigation. By analysing incident reports, conducting interviews and reviewing clinical records, we aim to identify systemic issues and implement targeted interventions to improve patient safety and quality of care.

Moving forward, we remain committed to continuously monitoring and addressing areas of concern, leveraging the insights gained from our deep dives to drive ongoing improvement initiatives across our organisation.

Stakeholders' Engagement

Throughout the implementation and delivery of PSIRF, we have engaged external and internal stakeholders for various aspects of the implementation of the patient safety strategy. This involves engagement in the following areas:

1. Implementation and embedding "Just Culture"

2. Deployment of patient safety partners

3. Implementation of PSIRF

The safety incident profile, which has informed the PSIRF plan, was developed in collaboration with both external partners and internal stakeholders.

We engaged directly and indirectly with our external partners, including the Surrey Heartlands Integrated Care Board (ICB); regional and national patient safety groups; the Care Quality Commission (CQC); local coroners; Healthwatch Surrey; and members of our local networks, including acute trusts and other community services. Data was collected from these sources to inform our incident profile and engagement with our stakeholders.

All internal stakeholders from our gap analysis were part of the implementation team or became involved in the implementation from the early stages. The Quality and Clinical Governance Group (Q&CGG), comprising key internal stakeholders, became the core of the PSIRF implementation team.

The Q&CGG includes representatives from all CSH clinical services (Adults and Children); Human Resources; the Communications team; Digital and other stakeholders. Initial stages and the implementation process were agreed upon at the Q&CGG meeting, followed by monthly updates of PSIRF as a standing agenda.

In addition to engaging stakeholders in Q&CGG meetings, a stakeholder engagement and PSIRF awareness drive was launched throughout the organisation, involving all clinical teams in adult and children's services. As part of our engagement strategy, we discussed the risk to patients relevant to each area.

We made presentations to the CSH Board and Quality & Safety Committee; departmental teams; senior leadership groups; and specialist practitioners. These included safeguarding; infection prevention and control (IPC); falls lead; lead pharmacist; tissue viability; information governance specialists; Digital; children services to understand the risks better; and need for improvement in specialist areas.

Although patient safety incidents may result in harm to patients, as a business we are keen to learn from incidents as a way of service improvement, targeted at better patient and staff outcomes. The following examples set out how we learn from incidents at CSH:

- Learning from the delayed DoC, the Quality and Clinical Governance Directorate as a learning organisation commissioned a deep dive into incidents reported between 2020 and 2022 that required a DoC. The findings from the deep dive indicate that our organisation had not been consistently applying the DoC policy. We have accepted this as a learning opportunity and are currently implementing remedial actions.

- Between April and December 2022, the Quality and Clinical Governance Directorate identified a consistent theme of incidents related to the transfer of care between external stakeholders and CSH in-patient units. As a result, a deep dive was commissioned to investigate the root cause. A total of 88 incidents relating to the transfer of care were identified, ranging from 2 to 16 incidents per month. This deep dive has led to the adoption of system-wide approaches and recommendations with stakeholders to address this issue, which has far-reaching implications beyond CSH. Some of the actions from this interrogation have been recommended to be addressed as quality improvement projects, taking an approach of deep dive, design, deliver and evolve.

- As an organisation, safety and accountability are not limited to the Quality and Clinical Governance Directorate and extends beyond our patients to our staff. For instance, The Voice (co-owner representatives), reported numerous cases of violence and aggression towards staff and asked what actions were taken as a result. The Quality and Clinical Governance Directorate escalated the issue and commissioned a detailed investigation of reported incidents to identify trends, specific teams, patient groups, and geographical areas. This was presented back to the Voice and Putting People First Committee. The interrogation uncovered a total of 107 incidents related to violence and aggression, linked to different themes. Consequently, the Quality and Clinical Governance Directorate is collaborating with the Health and Safety and People teams to provide safety recommendations for specific areas or themes.

Safeguarding

Partnership Working

CSH works alongside Surrey Safeguarding Children Partnerships and Safeguarding Adult Boards in both the northwest and northeast localities. The Safeguarding Team attend partnership meetings on behalf of CSH, contributing statutory reviews such as Safeguarding Practice Reviews; Safeguarding Adult Reviews; and Domestic Homicide Reviews. Working in partnership with agencies in Surrey has enabled learning to be identified and shared, allowing a safe and effective service to those who use our service.

The Safeguarding Children contributed to a range of statutory safeguarding investigations, including four child Safeguarding Practice Reviews and four Domestic Homicide Reviews (DHR). The Safeguarding Team provide support to practitioners who have worked with the family or child who are subject to the case review. To evidence learning from cases, the named nurses for children attend relevant subgroups on behalf of CSH in Surrey, where learning objectives are reviewed and monitored through the learning and development forum. At a local level, action plans are devised and shared within the panels that reflect all the identified learning and plans.

The Safeguarding Team across children and adults support staff working within CSH who are working with patients that are vulnerable to radicalisation. The Children's team also actively participate in other multi-agency safeguarding process, such as the multi-agency risk assessment conference (MARAC – Domestic Abuse) and the multi-agency child exploitation meeting (MACE), both of which are showing increasing numbers of referrals and children, young people and adults being discussed.

Supervision

Safeguarding supervision provides a safe environment for clinicians to actively engage with each other to critically reflect on difficult cases. Safeguarding supervision continues to firmly be embedded across the children's services within CSH, with various models of *ad hoc*, 1:1 and group supervision. Safeguarding supervision requires the appropriate skills to facilitate the sessions. To increase the number of sessions delivered across the organisation, Surrey commissioned an experienced and knowledgeable external trainer to deliver a three-day supervisors' training course for 13 new safeguarding children's supervisors. To ensure, the Safeguarding Children and Adult teams are also supported within the daily challenges, they receive restorative supervision, every 12 weeks, externally.

Children

The Safeguarding Children team has continued to work hard and provide support to the 0-19 service, by attending strategy meetings on behalf of clinicians. One of the key themes from the strategy meetings has been identified as neglect. Neglect is the highest reason for child protection referrals nationally. The Safeguarding team have promoted the theme of neglect and abuse across CSH ensuring this remains a high priority and is not missed. There is representation from CSH at the Surrey Safeguarding Children's Partnership (SSCP), Neglect subgroup and at the Graded Care Profile 2 (GCP2) board meetings, and relevant information from these is disseminated across the organisation. The Safeguarding Children's team has worked in close partnership with the Graded

Care Profile 2 (GCP2) Project Manager within Surrey Children's Services, to continue to deliver regular multi-agency GCP2 training. Several CSH staff, including Health Visitors and School Nurses have completed this training and are now licensed to use the tool. CSH Children Safeguarding Advisors have and continue to attend workshops to enable them to encourage and support practitioners to use the tool.

Adults

The Safeguarding Adult Team at CSH provide support to clinical so that staff feel both informed and confident in accessing safeguarding advice, when raising concerns where an adult may potentially be at risk of abuse or deliberately harmed following an act of omission. The common themes of safeguarding referrals completed by staff at CSH highlighted neglect and self-neglect as key themes over the reporting year.

Section 42 of the Care act 2014 requires local authorities to make enquiries in cases where they reasonably suspect that an adult with care and support needs is experiencing or is at risk of abuse or neglect. The aim of the enquiry is to decide what, if any, action is needed to help and protect the adult. Themes from Section 42s include insulin administration. This has included late administration/missed visits, incorrect dose, no documentation within the home. A deep dive into insulin medication Section 42s and incidents was undertaken by the Deputy Director of Quality and Deputy Chief Nurse. This looked at data over a 12 month period. The deep dive findings concurred with the themes emerging through the Section 42 inquiries. A wider piece of work is underway to look at ways of working and to bring improvements within the service. This is being supported by colleagues in other organisations who have experienced similar challenges.

Mental Capacity Act (2005; MCA) training remains in place. The Change from Deprivation of Liberty Safeguards (DoLS) to the new system - Liberty Protection Safeguards (LPS) - under the MCA Amendment Act 2019 is still set for national implementation, but has been delayed further with no confirmation date yet. CSH remains on the membership of the Surrey LPS provider network meeting.

Looked After Children

Over the reporting year the Looked After Children (LAC) Team have continued to deliver a high-quality service putting LAC at the forefront of everything they do, with key focuses on Unaccompanied Asylum-Seeking Children; Children with Additional Needs and Care Leavers at the centre of their everyday practice, ensuring that the voice of the child and their health needs are prioritised. Children in care have often experienced trauma, the LAC team have continuously ensured that effective systems are in place to meet safeguarding statutory and strategic objectives for looked after children. There has been positive partnership working with the local authority to increase compliance with timescales and to develop training and support for staff completing Review Health Assessments for children with additional needs.

It is also pleasing to report that there was a positive Joint Targeted Area Inspection (JTAI) over the reporting year, where the feedback and learning included that Early Help Services in Surrey are making a "positive difference". Families can access support and there is also consistent partnership working.

Patient Experience

CSH uses various methods to gather feedback to help inform ongoing service improvements.

Examples of this include:

- Complaints, concerns, and patient advice and liaison service (PALS) enquiries

- Compliments

- CSH Surrey website

- Informal conversations with service users and their carers

- Online reviews (NHS website, Google reviews, Care Opinion)

- NHS Friends and Family Test (FFT) and patient-reported experience measures (PREMs)

- Patient-led assessments of the care environment (PLACE)

- Patient stories (including those shared at the public meetings of the board of directors)

- Patient surveys

- Patient and public engagement events

Complaints and concerns

There were 152 complaints received in 2023/24. Of these, 37 complaints were managed through the formal complaints process. This means a senior manager investigated the complaint and a formal written response was provided. In addition, in some cases, a meeting was held with the person raising the complaint depending on their preference. The other 115 complaints were managed through early resolution with the service. There was an overall reduction from 201 complaints in 2022/23, of which 41 were managed as formal complaints.

Of the formal complaints that were closed during the reporting period, 67% were assessed as well-founded (either fully or partially upheld). That means our investigation found that some, or all, aspects of the service received did not meet the expected standard. The remaining 33% were not upheld. This is in line with national averages for 2022/23 of 67.3% fully or partially upheld[1].

The most common subject of complaints (41%) during the year was access to, or discharge from, services including waiting times. 21% of complaints were about communication issues, 14% of complaints were about attitude and behaviour of staff, and the fourth most common complaint subject was clinical care (10%). These have been the top four themes for the last few years, although there has been a slight reduction in the proportion of complaints about interpersonal behaviour and communication. The new patient experience strategy includes a target to reduce this further through training and development, in line with the CSH Behaviours Framework introduced in 2022/23.

[1]https://digital.nhs.uk/data-and-information/publications/statistical/data-on-written-complaints-in-the-nhs/2022-23

Some of the changes made in response to complaints are:

- Arranging additional weekly clinics to meet additional demand for our Peripherally Inserted Central Catheter (PICC) line clinics following a change of venue.

- Improving communication with patients and system partners about changes to our services.

- Improvements to the information provided to patients who attend the walk-in centres with dental problems, including improved signposting and contact information.

- Improved guidance for walk-in centres to support decision-making for tendon or ligament injuries.

- Further training to improve communication with patients and system partners around advanced care planning.

- Introduction of training for trauma-informed care for urgent community response staff and increased awareness when supporting patients with mental health needs.

- Improved consideration and communication with families when planning discharge from hospital.

- Improvements to the way appointments are managed for podiatry patients.

Compliments

Compliments are unsolicited positive feedback given by patients, relatives or carers. Compliments are logged on our central Datix reporting system. 208 compliments were recorded on Datix during 2023/2024, a reduction from the 297 that were recorded in 2022/23.

The chart below shows the number of compliments received during the last two years by month.
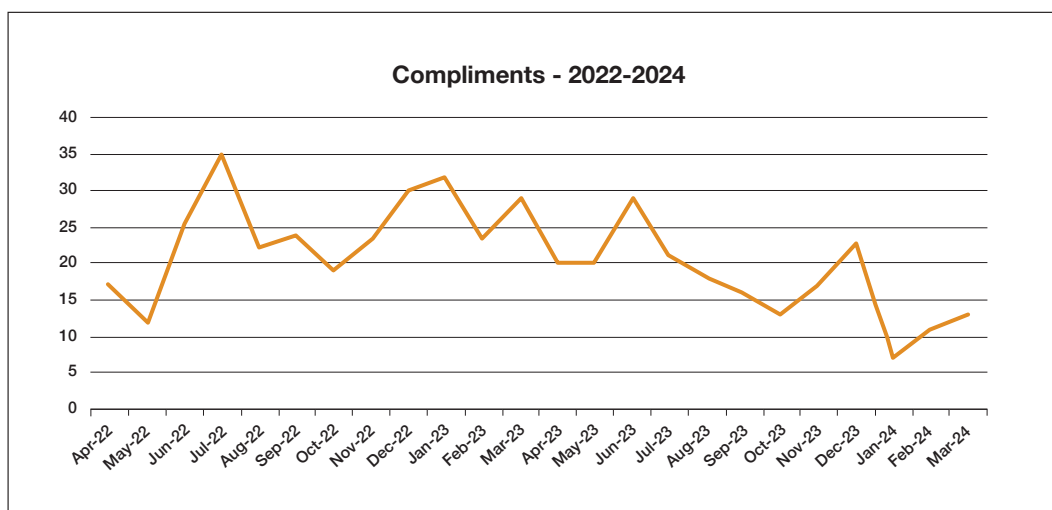
There has been a reduction in the number of compliments logged by teams in 2023/24 and we will continue to remind teams to log positive feedback, which gives valuable insight into what matters to our patients, families and carers.

Compliment examples

Adults services

> I wanted to write and thank her for her fabulous visit. She handled my brother with empathy, sensitivity, and kindness which we both appreciated. Can you pass on our thanks? She is an asset to your team with her cheerful demeanour and professionalism. Thank you from the bottom of my heart.

(Thames Medical Hub)

> On Monday I was advised by 111 after having 2 nose bleeds, to go to the above which I did and after waiting for 2 hours and nearly giving up I was seen by a lovely nurse.
>
> After giving her my symptoms she calmly took my blood pressure and told me that it was dangerously high and I should see a doctor immediately or go to A & E. It was done in such a calm and reassuring way I felt quite safe and went immediately to my doctor. She was so kind and gentle I didn't feel any need to panic. Thank goodness I waited all that time to see her otherwise I might have walked out and had a stroke or heart attack apparently. I am extremely grateful to her for help and advice and the manner in which she dealt with me. Please pass on my thanks to her.

(Woking Walk-in Centre)

> Just a quick note to say I am extremely grateful for all the help and support you, especially, and the rest of the nurses on your team have provided me since I was diagnosed with heart failure. Having been admitted to Royal Surrey with covid it was a huge shock to find out that I had heart disease, but the support I have received from doctors, technicians and nurses has been outstanding. You and your team provide a wonderful service for the community; it is easy to see you are passionate about what you do, know your jobs and have a wonderful attitude towards us patients, putting us at ease and giving the opportunity and time to ask questions. Again, thank you!

(Heart Failure Team)

> Thanks again for all your Occupational Therapy support and work we did together, it's definitely helped me a lot.

(Community Rehabilitation Team)

Children services

"
My daughter received her MMR booster in clinic today and I wanted to say what a brilliant service your team runs. Highly efficient and informative. Thank you.

(Immunisations team – South West)

"
It is hard to express in an email how highly I regard L and how much she helped us during this extremely difficult time. She had a wonderful manner, very relaxed and calm and I could tell that A felt immediately at ease in her presence. She was always reassuring and smiley and was extremely patient, taking an interest in whatever A was doing at the time she arrived and then slowly and gently leading him into the treatment required. I always felt confident that L was extremely competent and changed the dressings efficiently and with ease. Likewise, she had a very calm manner when removing A's stitches and her pleasant down-to-earth/matter-of-fact way made us all feel comfortable and assured.

(Children's community nursing team – West)

"
Thank you for everything; you have been instrumental in not only improving his communication, confidence in expressing his needs & language use but also gaining him the support he needs at school. For that – we cannot thank you enough.

(Children's speech and language team – North West)

iWantGreatCare

Question	Score – overall	National average – community (January 2024)
Friends and Family Test – the proportion of patients rating their overall experience as very good or good	90.56%	94%
The proportion of patients who were treated with dignity and respect	95.72%	
The proportion of patients who were treated with kindness and compassion by the staff looking after them	94.71%	
The proportion of patients who were involved as much as they wanted to be in their care and treatment	92.50%	
The proportion of patients who received timely information about their care and treatment	90.37%	

Statistical Process Control (SPC) chart on review count

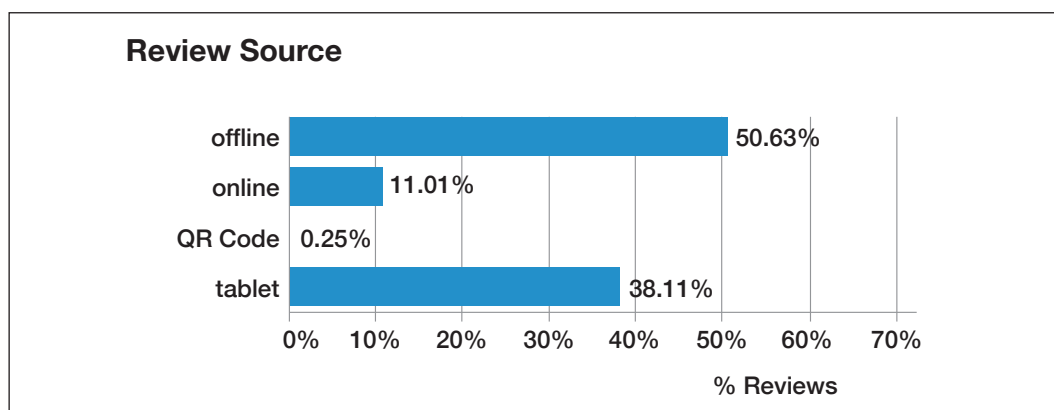FFT reviews - Patient Experience starting 01/04/22
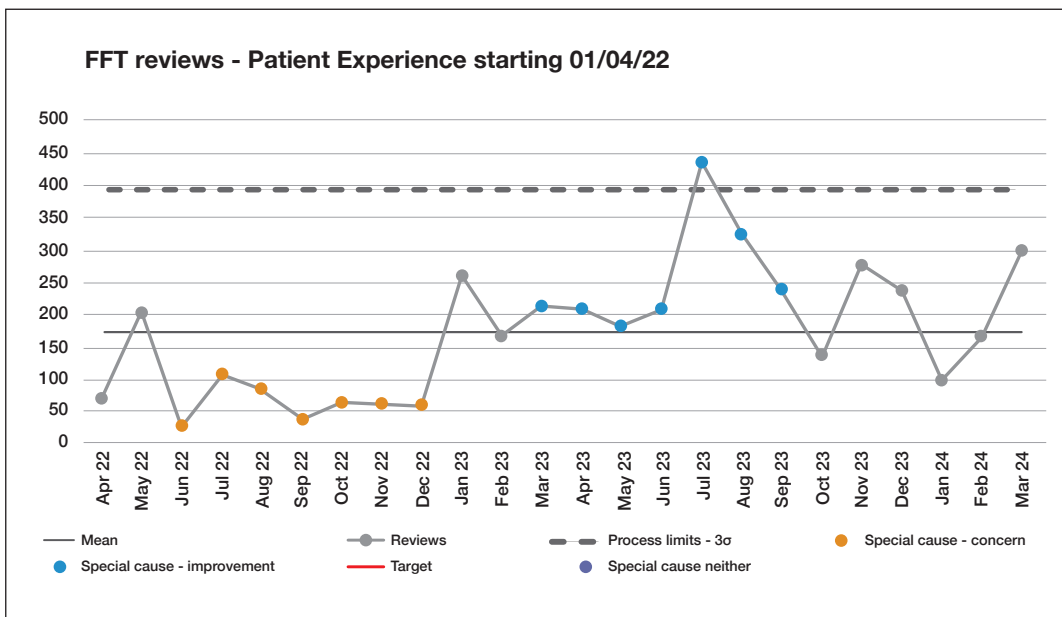
Since December 2022 we have carried out targeted quality improvement work to increase the volume of Friends and Family Test patient feedback collected using iWantGreatCare. This work has involved engagement with teams (including service managers and individual staff); sharing positive feedback and learning in our internal communication channels; creating concise content on Blink on how to collect feedback, and exploring issues and barriers and how to overcome these.
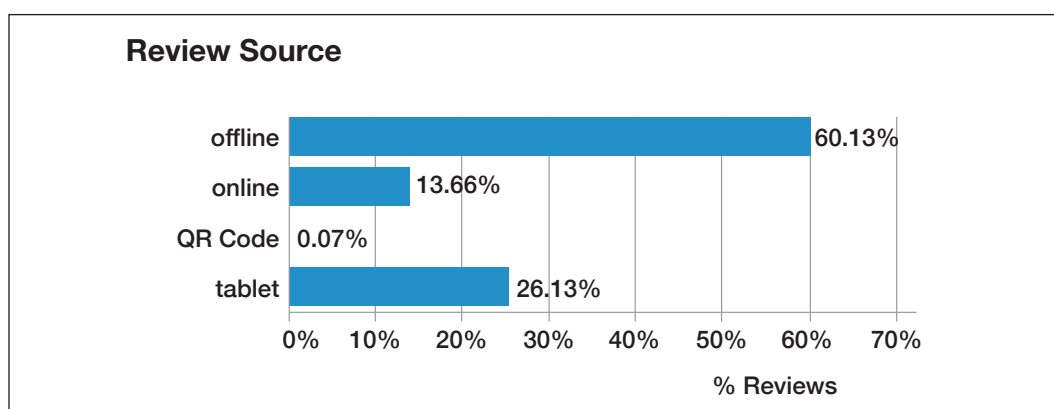
This has shown a positive impact on the volume of feedback being collected. A new quarterly high-level report from iWantGreatCare which includes thematic and sentiment analysis was introduced in April 2023 and has helped us to identify themes and specific areas for improvement.

The new patient and carer experience strategy for 2024-2027 was introduced in February 2024 and includes several targets to support monitoring and assurance around patient experience and quality improvement at CSH Surrey.

Review source 2023-2024

Review Source

Source	% Reviews
offline	50.63%
online	11.01%
QR Code	0.25%
tablet	38.11%

Review source 2022-2023

Review Source

Source	% Reviews
offline	60.13%
online	13.66%
QR Code	0.07%
tablet	26.13%

As demonstrated above, the use of digital methods (online surveys completed on own device or a CSH tablet) to collect patient feedback continues to gain in popularity and the use of paper forms (shown above as 'offline') is decreasing. People must be given the option of completing the questionnaire on paper if that is their preference.

Positive feedback examples iWantGreatCare (March 2024)

Adults services

> *Couldn't be happier with the care I received from Hannah at the wound clinic, her skill and attentiveness to my health has genuinely improved my quality of life.*
>
> (Wound Clinic – Spelthorne)

> *The care I received was first-class, I couldn't fault it at all. Care and attention was excellent, food was good, staff very kind, caring, understanding, and nothing too much trouble.*
>
> (Inpatient Services – Alexandra Ward)

> *It has been interesting and helpful to learn more about anatomy and the problems of living with Parkinson's, particularly oral. Help has been available to learn to communicate better and to use my throat muscles in a stronger way to help with swallowing. The future has been pointed out to us, with potential difficulties, problems, and dangers, and most importantly what we can do to avoid these. We are also now aware of how to cope with the problems as they may arise. Staff have been very kind, patient, calm, encouraging and helpful along this journey.*
>
> (Heart Failure Team)

> *I was well informed and felt very encouraged to express any concerns or ask any questions I felt were needed.*
>
> (Respiratory Service)

Children services

> *C completed a visit with our daughter very promptly and the difference in her following visit was significant. Our daughter did not want to share all the details of the visit but was much happier after the visit and said she looks forward to seeing C again. C also offered us support, showed us where to go for further information and gave us some advice of things we can do at home.*
>
> (School Nursing – North West)

> *Made me feel calm and reassured I would be ok.*
>
> (Immunisation Service)

> *We are extremely satisfied with the service provided by the team. While our children have also received sessions from Jane and Fiona, Lucy is our primary therapist. She constantly makes time for the parents' queries and assists in suggesting appropriate procedures to be followed for the children, ensures that every referral has been made on time. I must state that their compassion for the children is truly remarkable. We express our sincere gratitude to the entire team for the continuous support throughout the children's journey. Moreover, Lucy is without a doubt my children's bestie.*
>
> (Physiotherapy, South West)

> *My health visitor was superb. She was so encouraging and supportive, and gave really helpful guidance and tips regarding breastfeeding, she helped me massively. She was always professional and calm, and listened really well, she clearly cares a lot about her patients. Having a drop-in weigh-in I could attend each week in my town without an appointment was also a huge help. The nurses there were also extremely helpful answering any questions I had.*
>
> (Health Visitor Mole Valley)

Positive feedback themes include a high level of cleanliness of patient environments; information and communication provided to patients and between services; and staff being friendly, kind, helpful and supportive towards patients.

Opportunities for improvement include facilities, waiting times and some aspects of treatment.

Some of the actions that we have taken in response to feedback include:

- Environmental improvements at the walk-in centre waiting areas to accommodate people with additional needs.

- Environmental improvements to inpatient facilities, including soft-closing bins to reduce noise at night and new televisions for patient areas.

- Environmental improvements to external areas at Woking Community Hospital including new garden furniture.

- Changes to improve continuity for patients with our complex wound clinics so that when re-booking appointments they are allocated to the same healthcare practitioner unless a review by a senior practitioner is needed.

- Review of waiting lists for rehabilitation services to identify where more support could be provided to patients while they are waiting for an initial appointment for therapy or rehabilitation, following discharge from hospital.

Reviews from other sources

CSH has had five Care Opinion and NHS website reviews in the past year regarding services at Leatherhead Hospital, which CSH does not provide. Responses were posted informing that another organisation provided the service and the feedback was shared with that organisation. Work is being undertaken to update the information but this has been delayed due to changes to the NHS website.

There were no issues highlighted by Healthwatch that related directly to CSH services.

CSH Surrey has received no Google reviews. However, the Woking and Ashford Walk-in Centres receive reviews, which are reviewed regularly by the services.
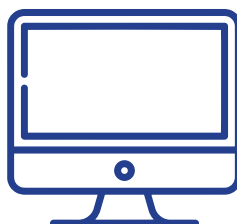
Place Based Assessment

North West Surrey Alliance

A co-designed, whole-system approach to timely, patient-centred, co-ordinated care, which maximises independence for people living with frailty.

These are just some examples of services that CSH has been involved with or run:

- Multi-disciplinary teams in Frailty Hubs

- Hospital at Home – hospital level care with remote monitoring

- Urgent Community Response Team – supporting people at risk of admission within two hours of the event.

Ambition

North West Surrey (NWS) Health and Care Alliance is one of the most mature place-based partnerships in the country. Our 11 health, care and local government partners facilitate our innovative, evidence-based approach, with the goal of helping people living with frailty through:

- Early identification and intervention at multiple touchpoints.

- Avoiding admissions and reducing length of stay.

- Rapid response to frailty crisis through comprehensive geriatric assessments done by community multidisciplinary teams (MDT) and Surrey A&E front door teams.

- Reducing duplication and simplifying processes to improve staff and patient/carer experience.

- Supporting wellbeing and independence of patients and empowering them and their loved ones/carers.

- Delivering integrated care closer to home through our specialist frailty MDTs.

In NWS, there are currently circa 40,000 people estimated to be living with frailty and this is increasing. To support the complex healthcare needs of this population effectively, we had to avoid the silo working that can often be a consequence of changing services to operate at scale.

By introducing the wide range of measurable initiatives, we could track our impact, adapt our approach where necessary, capture, and build on our successes. We standardised personal care plans and templates, supported digital integration and co-created information leaflets and videos for patients.

Business Units have been developed across the Alliance in order to bring organisations together and to meet the strategic vision. The five business units are:

- Complex care Business Unit

- Integrated Urgent Care Business Units

- Rehab and Hospital Flow Business Unit

- End of Life Care Business Unit

- Integrated Neighbourhood Teams

Each Business Unit is at a different level of maturity. Underpinning each of the business units has been an Integrated Governance model. This brings together principles across finance, digital solutions, quality governance and people services.

The Business Unit Principles include:

- Single resident journey

- Single leadership structure, managing colleagues across organisations

- Single team brand and identity

- Single outcome measures and key performance indicators

- Single systems and principles

- Collective accountability

- Reduced duplication and waste

- Development of resident co-design environment.

Freedom to Speak Up

CSH is committed to promoting an open and transparent culture across the organisation, so that all employees feel safe and confident to speak up about any concerns that they may have about patient care and organisational culture.

This commitment is supported by modelling the behaviours to promote a positive culture in the organisation; providing the resources required to deliver an effective Freedom to Speak Up function and having oversight to ensure the policy and procedures are being effectively implemented, such as a pre-recorded talk about Freedom to Speak Up providing awareness training for all new employees.

The Freedom to Speak Up Guardian reports key themes and findings to the executive team and the CSH Board, as well as bi-annual board reports to the Putting People First Committee. They also communicate any relevant findings to the service leads, as well as those who can directly influence the situation, as appropriate. CSH has participated in the NHS Staff Survey, so that the issues that colleagues are dealing with can be assessed, understood and addressed where possible. A CSH staff survey action planning group has been created to ensure representation, feedback and feedforward from all staff.

During 2023/24 we updated our policy in line with NHS England's national template which 'focuses on the importance of inclusive and consistent speaking up arrangements and driving learning through listening'.

We also carried out a look back exercise during the financial year and as part of this work, proactively contacted colleagues who had raised concerns previously to discuss their experience and how we might improve our approaches. Feedback from this exercise was positive and a number of actions, such as improved support during investigations, were embedded into our practice.

In 2023/2024 we have recorded six cases formally into the National Guardian's office.

Staff Survey

CSH runs an employee survey on a yearly basis that mirrors the NHS staff survey. The survey allows staff to comment on a number of areas such as their job; their team; their managers and other areas such as their health, wellbeing and safety at work. In 2023 our response rate was 57%, an increase of 3% from 2022.

A total of 118 questions were asked in 2023: 113 of those can be compared to 2022 and out of those 100 have been positively scored.

- 76% feel a strong attachment to their team.
- 83% believe that their immediate management encourages them at work.
- 74% of our colleagues feel valued by their team.
- 83% said that they received the respect they deserve from their colleagues at work.

Work is underway on our local action plans, as well as a wider CSH plan of action, in response to the survey. This work is being led by a task and finish group consisting of colleagues from across the organisation. We have been communicating our results to our staff. Progress against the action plan will be published through some 'we said, we did' campaigns over Summer 2024, so that colleagues across CSH are aware of the action that is being undertaken in response to our results, ready for the next annual staff survey.

The Voice – Employee Ownership

2023 saw a change in chair of The Voice with co-chairs being appointed to the role following an amendment to the Voice Constitution.

A review of the Voice constituents supported by the Voice representatives has taken place as three members have stepped down. Given the unknown circumstances regarding the Children & Family Health Surrey contract these vacancies are not currently being recruited to but all constituents have allocated representatives.

Alongside the change to the chair, the nominated CSH non-executive director (NED) who acts as a valuable link between the Voice and the CSH Board stood down from their role at the beginning of 2024, with one of the existing NEDs stepping into the role.

The Voice continues to hold monthly meetings, followed by a separate meeting where the representatives are joined by the CEO and an Executive, who rotate. Additionally, every other month the CSH Chair is in attendance, with other non-executive directors.

The Voice also has the opportunity to meet with the CSH Board every six months where the most significant concerns are brought forward for more detailed discussion.

Additionally, the Voice Co-chairs attend various groups including the Putting People First Committee, Partnership Forum and Retention Focus Group as well as non-voting attendees at the CSH Board meetings in public and private.

The Voice representatives continue to attend six-monthly training days to support their role which have included a look at behaviours and culture and how to support these across the organisation, the governance of the organisation and staff survey results.

The focus of 2024 will be to support co-owners through changes as they occur and review constituents' needs with appropriate representatives.
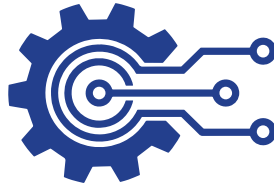
Digital

Digital Services provides, maintains, and delivers the systems and services that CSH and the wider health and social care sector need to deliver better care.

Digital Roadmap

The CSH digital roadmap is a strategic plan that outlines our approach to leveraging digital technologies to achieve CSH's business objectives. It serves as a guiding document to navigate the evolving digital landscape and adapt to technological advancements. Our digital roadmap is a dynamic guide, helping CSH navigate the complexities of digital transformation and stay competitive in an ever-changing business environment.
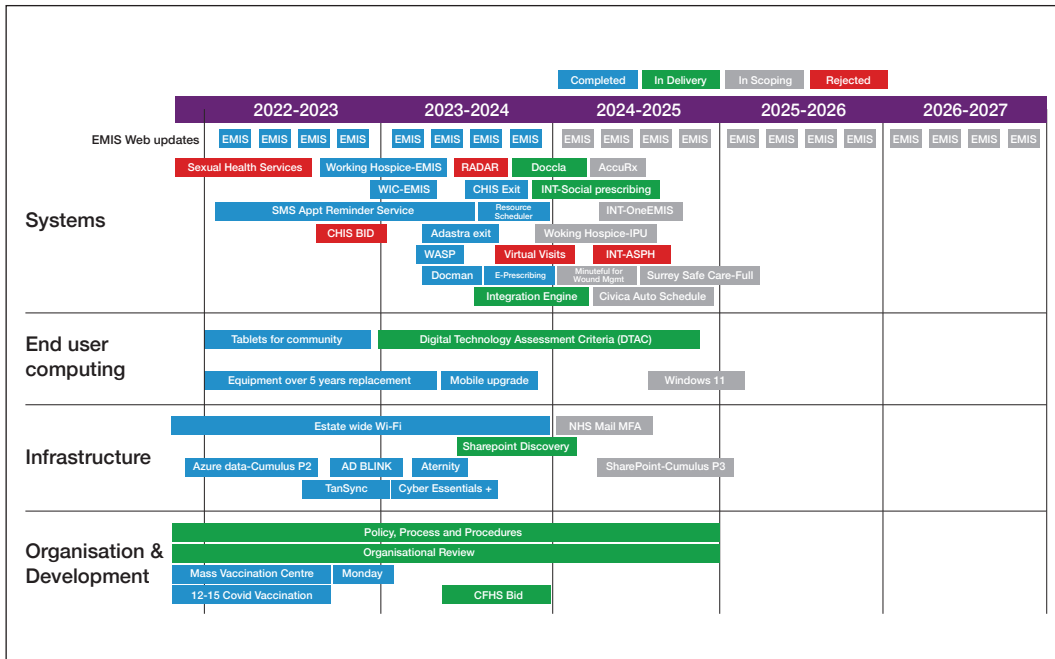
SMS appointment service

The importance of an SMS reminder service for patient appointments in CSH cannot be overstated. The service has offered several benefits for both clinicians and patients. Maximising the power of the CSH Data Warehouse (deployed in 2022/23), we internally manage content and timing of messaging with the final message delivery being conducted by our digital partnership with British Telecom.

One of the primary advantages of SMS reminders is a significant reduction in the number of missed appointments. Patients often forget or overlook scheduled appointments, leading to did not attend (DNA) outcomes. Reminders sent via SMS serve as a prompt, helping patients remember to attend their appointments, reducing DNA rates. CSH has seen a significant reduction in DNAs since the introduction of SMS appointment reminders, with the Children's service dropping from 10.10% (22/23) to 8.70% (23/24).

SMS reminders contribute to improved patient engagement. By keeping patients informed about upcoming appointments, CSH is demonstrating its commitment to communication and patient care. This can enhance the overall patient experience and satisfaction.

The CSH SMS reminder service for patient appointments plays a crucial role in improving patient attendance, engagement, and overall healthcare operational efficiency. It benefits both clinicians and patients by reducing DNA rates, enhancing communication and optimising resource allocation.

Equipment over five years old, replacement programme and Tablets for Community colleagues

Supported through the NHS Digital Unified Technology funding, CSH were given the ability to level up our laptops and desktop devices to meet Windows 11 requirements. Deploying over 900 new laptops to CSH colleagues involved a systematic process to ensure a smooth transition and optimal functionality. The process included the following steps:

- Clinically-led needs' assessment
- Procurement
- Configuration and imaging
- Data migration
- Security measures
- Training and support
- Integration with NHS Systems
- Monitoring and maintenance
- Feedback and evaluation

Throughout the entire deployment process, it was crucial to prioritise data security, user training and a well-organised coordination plan, to minimise disruptions and ensure that CSH colleagues can effectively carry out their responsibilities with the new equipment.

Azure Data-Cumulus Phase 2

Migrating to Microsoft Azure offered a range of benefits to CSH who looked to leverage cloud computing solutions with a total migration from a physical on-premises data centre. Here is a brief overview of some key advantages we are now seeing:

- Scalability: Azure provides elastic scalability, allowing organisations to easily scale resources up or down based on demand. This flexibility ensures optimal performance and cost efficiency.

- Cost Savings: Azure's pay-as-you-go pricing model allows CSH to pay only for the resources we use. This led to significant cost avoidance on replacing our traditional and end of life on-premise infrastructure.

- Security and Compliance: Azure employs robust security measures, including encryption, identity management, and compliance certifications. This helped CSH meet regulatory requirements and ensures the protection of sensitive data.

- Integration with Microsoft Ecosystem: With CSH already using Microsoft technologies such as Windows Server, Active Directory, and Office 365, Azure provides seamless integration, making it easier to transition and leverage existing skills and tools.

- Reliability and Redundancy: Azure's data centres are designed for high availability and redundancy. This ensures that applications and services hosted on Azure are resilient and can withstand failures, minimising downtime. CSH has full and comprehensive disaster recovery and business continuity plans in place.

- Sustainability: Our move to Azure supports our green plan and will be powered 100% by renewable energy by 2025.

Migrating to Azure was a strategic move for CSH allowing a flexible and feature-rich cloud computing environment. However, the success of migration depended on careful planning; a clear understanding of business requirements; and effective implementation strategies, which allowed us to conduct a seamless transition.

Walk-In Centres' Transition to EMIS Web

The Walk-In Centres (WICs) are a crucial component of the NorthWest Surrey Alliance healthcare system and provide accessible and timely healthcare services to the public. In response to the evolving landscape of healthcare and the growing need for streamlined processes, the CSH WICs embarked on a transformative journey to transition through two different EPR solutions until moving onto EMIS Web, supported by the Digital Services teams.

The move to EMIS Web enabled:

- A significant reduction in costs for Adult Services.

- WIC clinicians to view any patient data record in the NorthWest Surrey community and GP setting.

- The WICs into the Surrey-wide EMIS Web eco system.

The WICs' transition to a digital patient system exemplifies CSH's commitment to innovation and improvement. It onboarded additional systems such as WASP, a Surrey wide initiative linking into NHS111 and DocMan, for the use of sending patient discharge letters directly to their GP.

Aternity

The deployment of the Alluvio Aternity platform allows digital services to monitor digital systems, networks and applications from the perspective of the user. It allows us to see the level of performance as the user sees it, rather than from a top-down overview. Here are some common advantages that monitoring tools can provide as proactive tools for CSH colleagues:

- Identify and address performance bottlenecks to ensure optimal system and application performance.

- Detect and address issues before they impact users, helping to minimise downtime and disruptions.

- Monitor resource usage (CPU, memory, disk, etc.) to ensure efficient utilisation and plan for scaling as needed.

- Analyse end-user experience to enhance usability and satisfaction.

- Monitor for security incidents, detect unusual patterns, and provide insights into potential threats.

- Facilitate quick identification and resolution of issues by providing detailed insights into the root causes.

- Gain real-time insights into the health and performance of IT infrastructure, applications, and services.

Aternity brings a powerful tool to the digital arsenal on proactive device management.

E-prescribing

Digital services have deployed e-prescribing to the Woking and Ashford WICs which enables prescribing colleagues to create, transmit, and process prescriptions, replacing traditional paper-based methods.

E-prescribing enhances patient safety, improves efficiency, and streamlines the prescription process.

- E-prescribing is integrated with EMIS Web, enabling seamless access to patient information and medical history. This integration helps healthcare clinicians make informed decisions when prescribing medications.

- Audit Trails and Reporting: E-prescribing systems maintain comprehensive audit trails, allowing healthcare providers to track and review prescription history. This can be valuable for quality assurance, accountability, and identifying potential issues.

Cyber Essentials Plus accreditation

As in 2022/23, CSH have once again demonstrated excellence in its digital infrastructure coupled with the deliverables achieved on the digital roadmap to ensure it obtains Cyber Essentials Plus accreditation for 2023/24.

Cyber Essentials Plus is a cybersecurity certification scheme developed by the UK government to help organisations protect themselves against common online threats. It is particularly crucial in the healthcare sector, for several reasons:

- Data Protection and Patient Privacy: CSH deals with vast amounts of sensitive patient information. Cyber Essentials Plus helps ensure that robust measures are in place to protect this data from unauthorised access, maintaining patient privacy and complying with data protection regulations such as the UK General Data Protection Regulation (GDPR).

- Prevention of Cyber Attacks: Cyber Essentials Plus focuses on addressing common cybersecurity vulnerabilities and threats. By implementing the required security controls, CSH can significantly reduce the risk of cyber-attacks, including ransomware, which can have severe consequences for healthcare organisations.

- Operational Resilience: CSH plays a critical role in the delivery of community-based healthcare within Surrey, and any disruption to its services can have profound consequences. Cyber Essentials Plus helps enhance the overall cybersecurity posture, making the NHS more resilient to cyber threats and ensuring continuity of operations.

- Trust and Reputation: Patients and the public trust healthcare providers to keep their sensitive information secure. Achieving Cyber Essentials Plus certification demonstrates a commitment to cybersecurity best practices, instilling confidence in patients and stakeholders that their data is being managed with the utmost care.

- Network Security: The interconnected nature of healthcare systems makes them susceptible to cyber threats. Cyber Essentials Plus focuses on network security, ensuring that CSH has measures in place to protect its Digital infrastructure and prevent unauthorised access.

- Continuous Improvement: The certification process involves regular assessments, encouraging a culture of continuous improvement in cybersecurity practices within the NHS. This proactive approach helps the organisation stay ahead of emerging threats and vulnerabilities.

In summary, Cyber Essentials Plus plays a vital role in enhancing the cybersecurity resilience of CSH; safeguarding patient data; ensuring regulatory compliance; and maintaining the trust of patients and stakeholders.

Data Quality

Patient data quality is a critical aspect of EMIS Web. Ensuring high-quality patient data is essential for several reasons, including patient care, and overall healthcare management. The key considerations related to patient data quality and how the data quality team supports teams in CSH are as follows:

- Completeness: Complete patient records include all relevant information about a patient's demographics. Incomplete data can result in gaps in patient care and hinder the ability to make well-informed decisions.

- Security and Privacy: Protecting patient data from unauthorised access and maintaining patient privacy are fundamental principles in healthcare. CSH adheres to strict data protection regulations to safeguard patient information and maintain public trust. The Digital Privacy Officer carries out proactive monitoring of access to CSH clinical systems, following escalation protocols if breaches are identified.

- Data Governance: Implementing robust data governance practices helps establish accountability, responsibility and clear processes for managing patient data. This includes defining roles, responsibilities and procedures for data quality assurance.

- Continuous Monitoring and Improvement: Regularly monitoring data quality metrics and implementing continuous improvement processes are essential for maintaining exacting standards over time. This includes feedback loops, data audits, and data quality training programs for healthcare professionals.

- Timeliness: Timely recording and updating of patient information are vital for real-time decision-making and coordination of care among healthcare professionals. Delayed or outdated data can compromise the effectiveness of healthcare interventions to safeguarding of children and adults.

The Data Quality Team has been working on various initiatives and technologies to enhance patient data quality, such as ethnicity flags, ongoing monitoring of appointment outcome status and work closely with clinical teams and Business Intelligence analysts.

The capture of ethnicity has seen a marked increase in completeness dropping from 52.5% missing in April 2023 to 30.05% in March 2024.

Health Informatics

With over 130 report portals available on Illuminate, health informatics plays a crucial role in modern healthcare by leveraging information technology to manage, analyse, and optimising health-related data. Here are some key aspects highlighting the importance of the health informatics team:

- Improved Patient Care:

  - Health informatics facilitates the integration and analysis of patient data, enabling CSH clinicians to make more informed decisions about patient care.

  - Electronic Health Records (EHRs) centralise patient information, allowing for more coordinated and comprehensive care such as EMIS Web and the Surrey Care Record.

- Efficient Data Management:

  - Digital health systems enhance the efficiency of data sharing among healthcare professionals, leading to faster and more accurate diagnoses and treatment plans.

- Enhanced Clinical Decision-Making:

  - Decision support systems help clinicians by providing relevant information, evidence-based guidelines and alerts, leading to better-informed decisions.

  - Advanced analytics and data mining techniques can identify patterns and trends in large datasets, assisting healthcare professionals in making more accurate diagnoses and predicting patient outcomes.

- Cost Efficiency:

  - Electronic systems reduce the costs associated with paper-based record-keeping and administrative tasks.

  - Health informatics helps in optimising resource allocation, reducing errors and improving overall operational efficiency, contributing to cost savings in healthcare delivery.

- Interoperability and Data Exchange:

  - Standardised health information systems promote interoperability, allowing different healthcare systems to share data seamlessly.

  - Interconnected systems enhance communication among healthcare providers, leading to better-coordinated care and improved patient outcomes.

In summary, health informatics is essential for optimising healthcare delivery, improving patient outcomes in an increasingly data-driven and interconnected healthcare landscape.

Risk Management

The Digital leadership team actively identify and manage risks on Datix with monthly reviews in place and updated in the monthly Digital reports. These are reviewed under the governing bodies of the Finance, Digital & Innovation Committee and the CSH Executive Team.

Unified Communications as a Service (UCaaS)

Unified Communications as a Service (UCaaS) is a cloud-based telephony communication and collaboration solution that integrates various communication tools and services into a single, unified platform. Deployed by digital services during 2021/22 period, it has provided a stable and flexible telephony solution with over 322,000 inbound calls received and over 244,000 outbound calls made during the 2023/24 period.

UCaaS is delivered through the cloud with our digital partners, 8x8, eliminating the need for CSH to invest in and maintain on-premises hardware and infrastructure. This makes it more scalable, flexible, and cost-effective and supports both on site and work from home models providing the maximum of flexibility to the CSH workforce.

By adopting UCaaS, CSH has created a more connected, cost effective and efficient work environment, improving communication and collaboration among employees, partners, and patients.

Strategic Programme Management Office

The purpose of a Strategic Programme Management Office (SPMO) is to provide CSH with a centralised and coordinated approach to managing projects. During 2023/24 the SPMO has overseen the delivery of over 22 major projects supporting both clinical and clinical support areas and governed by the Strategic Delivery Group. Here are some key purposes and functions of the SPMO:

- Success on delivery: The success of the SPMO framework is reflective of those projects delivered within the quality account report.

- Alignment with Organisational Strategy: SPMO ensures that project portfolios align with the overall strategic goals and objectives of CSH under the Strategic Delivery Plan. It helps in selecting and prioritising projects that contribute the most to CSH's success.

- Governance and Oversight: SPMO establishes project management governance structures and provides oversight to ensure that projects are executed in accordance with established processes, standards, and policies. This helps in maintaining consistency and reducing risks.

- Resource Management: SPMO assists in optimising resource allocation across various projects. It helps in identifying and managing resource constraints, ensuring that projects have the necessary human, financial, and technological resources.

- Risk Management: SPMO plays a crucial role in identifying, assessing, and managing risks associated with projects. It helps CSH anticipate and address potential issues before they become major problems.

- Knowledge Management: SPMO facilitates the sharing and management of project management knowledge and best practices within CSH. This helps in improving project outcomes and fostering a culture of continuous improvement.

- Performance Monitoring and Reporting: SPMO monitors the performance of projects and provides regular reports to stakeholders. This includes tracking key performance indicators (KPIs) to assess the progress and success of projects using Monday.com as its digital project tool.
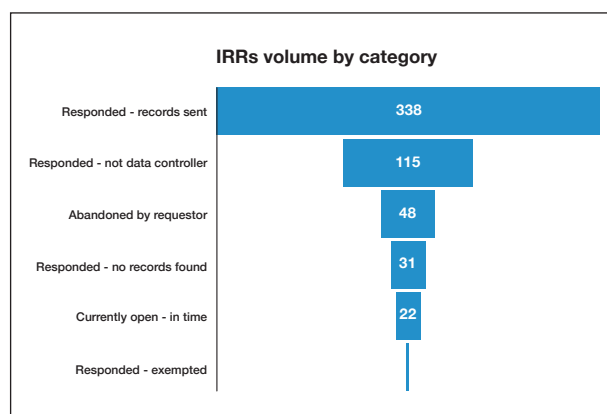
- Communication and Stakeholder Management: SPMO supports effective communication among project teams, stakeholders and leadership. It ensures that information is disseminated appropriately and that stakeholders are engaged throughout the project lifecycle.

- Standardisation of Processes: SPMO establishes and maintains standardised project management processes, methodologies, and tools. This consistency helps in improving efficiency and effectiveness across projects.

- Training and Development: SPMO are involved in training and developing project management skills within CSH. This ensures that project teams have the necessary competencies to successfully execute their projects. This emphasises the commitment to building a skilled project management workforce.

- Industry standard delivery: SPMO adheres to recognised project management standards/ frameworks (e.g., PRINCE2). This highlights the professionalism and industry alignment of the SPMO.

In summary, the purpose of an SPMO is to enhance the overall project management capabilities of CSH, ensuring that projects are strategically aligned, well-governed, and effectively executed to achieve desired outcomes.

Individual Rights Requests (IRRs)

A recently added service to the Digital portfolio, IRRs (also known as Subject Access Requests (SARs)) are crucial mechanisms in ensuring individuals' rights to access their personal data under data protection laws, such as the UK General Data Protection Regulation (GDPR). The importance of IRRs can be understood through several key points:

- Empowerment of individuals

- Data privacy and control

- Accountability and compliance

- Identification and correction of inaccurate data

- Building trust and confidence

- Legal compliance and risk mitigation

- Facilitating data portability

IRRs volume by category

Category	Volume
Responded - records sent	338
Responded - not data controller	115
Abandoned by requestor	48
Responded - no records found	31
Currently open - in time	22
Responded - exempted	

During 2023/24, CSH has handled 556 requests, all of which were responded to within the statutory timeframe.

Overall, IRRs are essential for upholding individuals' data protection rights, promoting transparency and accountability in data processing activities and fostering trust between CSH and individuals. Compliance with IRR obligations is not only a legal requirement but also a fundamental aspect of responsible data management and privacy protection.

Information Governance (IG)

Working with our partners NHS South, Central and West Commissioning Support Unit, IG adheres to the framework of principles and practices that govern how CSH manages and handles information. This includes data protection, privacy, security, and compliance with relevant laws and regulations.

Key components of information governance for CSH include:

- Data Protection: CSH strictly follows the General Data Protection Regulation (GDPR), known as the UK GDPR. These regulations govern the processing of personal data and impose obligations which CSH follows to ensure the privacy and security of such data. During this period, there have been a total of 139 incidents; three of those being reported to the Information Commissioner's Office.

- Information Security: CSH is required to implement measures to protect information from unauthorised access, disclosure, alteration or destruction. This includes implementing technical and organisational measures such as encryption, access controls, and staff training. CSH has a deeply embedded culture of ensuring Data Protection Impact Assessments (DPIA) and Digital Technology Assessment Criteria (DTAC) are completed and approved through our governance structure.

- Records Management: Effective records management ensures that information is properly organised, retained, and disposed of in accordance with legal and regulatory requirements. This includes policies and procedures for document retention, archival, and disposal.

- Cybersecurity: With the increasing threat of cyber-attacks, CSH implements robust cybersecurity measures to protect against data breaches and other cyber threats. This includes measures such as network security, threat monitoring, and incident response planning. This is strengthened by our Cyber Essentials Plus accreditation and evidenced in our Data Security and Protection Toolkit (DSPT) submission which is shown as 'standards exceeded'.

- Compliance and Governance Frameworks: CSH adheres to various compliance and governance frameworks, such as ISO 27001 for information security management or BS 10008 for electronic information management. These frameworks provide guidelines and best practices for managing information effectively.

- Training and Awareness: IG requires a culture of compliance and awareness among employees. CSH provides training and awareness programs to educate employees about their responsibilities regarding information handling and data protection and we have achieved 98% against a target of 95% for compliance of staff training. This requirement includes temporary colleagues, contractors, interim, apprentices and anyone with any access to the organisation's systems, files, and premises.

In summary, information governance in CSH is crucial for ensuring the confidentiality, integrity, and the availability of information while complying with legal and regulatory requirements.

Green Plan/Sustainability

CSH launched its Green Plan in February 2023. It was written with the support of 'Care without Carbon' (framework for delivering Net Zero Carbon healthcare across Sussex NHS and the SE).

Our Green Plan consists of eight elements that address the key areas of work across the business that will help us deliver our vision and key aims. These will help CSH deliver more sustainable healthcare and integrate sustainable principles into how we operate as a business to help us, and the NHS, achieve our Net Zero ambition.

CSH has been delivering the Green Plan with several initiatives across the organization. This includes supporting the development of a Royal Horticultural Society (RHS) Community Outreach team - Wisley and NHS Property Services garden at one of our sites, for patients and colleagues to enjoy. The Community Outreach team - Wisley also delivered a nature and wellbeing session for our school nursing team. Other projects include introducing e-prescribing and introducing DocMan, a cloud-based software platform that manages clinical correspondence.

Further initiatives and projects are planned for the upcoming financial year. The Green Plan is led by CSH's Chief Executive and overseen by the Director for Digital Services.

6. Stakeholder Feedback

Central Surrey Health Surrey Quality Account 2023/24

Commissioner Statement from NHS Surrey Heartlands Integrated Care System (ICS).

Surrey Heartlands ICS welcomes the opportunity to comment on the Central Surrey Health - CSH - Quality Account for 2023/24. The ICS is satisfied that the Quality Account has been developed in line with national guidance and gives an overall accurate account and analysis of the quality of services provided.

2023/24 has remained a challenging year across the system, with continued workforce challenges across the health and social care systems. Throughout this period CSH are acknowledged for their efforts to support work as integral partners in the system.

It is good to note that despite workforce and resource challenges, CSH have been running several improvement projects looking at improving oral hygiene to assist in the reduction of healthcare associated pneumonia with the second and most recent improvement programme focusing on the reduction of unnecessary indwelling urinary catheters of patients on the community nursing caseload.

CSH have also been the lead organisation in coordinating the North West Surrey Alliance 'Neighbourhood' model, spanning 12 neighbourhoods in the NWS patch. Reflecting over the 2023/24 CSH priorities, Surrey Heartlands ICS would like to commend CSH for achieving their goals for the following two priorities:

- Designing an organisation-wide patient safety plan.
- Implementation of the Patient Safety Incident Response Framework (PSIRF), to include a concise plan and policy and the associated organisational governance changes and training requirements.

Surrey Heartlands ICS welcomes CSH's stated priorities for 2024/25, including:

- Reducing timed medication incidents.
- Developing and implementing a Quality Management Framework.
- Improving how CSH communicates and manages people who are waiting to be seen.
- Implement an NHS-Compliant digital wound monitoring and management system within the Community Nursing and Tissue Viability Teams.

Surrey Heartlands ICS would like to thank CSH for sharing their 2023/24 Quality Account with us and would like to commend you for your achievements and successes over the previous financial year, whilst acknowledging the challenges faced.

We look forward to working with you as a system partner in the coming year on your continued quality improvement journey and progress with your 2024/25 quality priorities.

Clare Stone
ICS Director of Multi-Professional Leadership and Chief Nursing Officer
NHS Surrey Heartlands Integrated Care System

healthwatch Surrey

Thank you for the opportunity to comment on Central Surrey Health Limited's Quality Account 2023 –24.

Over the past year, we have maintained a collaborative working relationship with CSH Surrey. We have continued to share the voice of local people in the form of themes arising from our collection of insight. We look forward to continuing this relationship and working on improving ways in which the trust can learn from the insight that we share.

At Healthwatch Surrey, we are committed to obtaining the views of Surrey residents about their needs and experience of local health and social care services. In order to make these views known, we have consulted with our volunteers to provide comments on the Quality Account and have included their compliments:

"The use of patient/staff stories and examples is an excellent idea and really enhances the accounts."

"This is a well written and readable document."

Healthwatch Surrey will continue to gather experiences from service users and share these with CSH to ensure people are given a voice to shape, improve and get the best from local health and care services. As an independent statutory body, we are always happy to help CSH access lived experiences that can inform service development for improved patient outcomes.

Healthwatch Surrey

6. Stakeholder Feedback

Statement of Director's Responsibility

In preparing our quality account, our Board has taken steps to assure themselves that:

- The quality account presents a balanced picture of CSH's performance over the reporting period.

- The performance information reported in the quality account is reliable and accurate.

- There are proper internal controls over the collection and reporting of the measures of performance included in the quality account, and these controls are subject to review to confirm the work effectively in practice.

- The data underpinning the measure of performance reported in the quality account is robust and reliable, conforms to the specified data quality standards and prescribed definitions, and this subject to appropriate scrutiny and review.

- The quality account has been prepared in accordance with Department of Health and Social Care 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

Steve Flanagan
Chief Executive Officer
30 June 2024