

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

<b>Date:</b>	Tuesday, 2 <sup>nd</sup> July 2024
<b>Venue:</b>	Attendees – Walton Community Hospital, 1 Rodney Road, KT12 3LD Observers – MS Teams
<b>Time:</b>	09:30

**AGENDA**

Time	Item	Agenda Item	Lead	Outcome	Paper / Verbal
09:30	1.	<b>Patient / Staff Story</b> – Apprentices at CSH	CB	Note	Verbal
10:00	2.	<b>Chair’s welcome, opening remarks, and apologies for absence</b> Apologies – Sandra Pyccock, Paula Matthew-Watts	AF		
10:05	3.	<b>Declarations of interest – annual review of register</b>	AG	Approve	[Att A]
10:10	4.	<b>Minutes of the last meeting – held on 7 May 2024</b>	AF	Approve	Att B
	a.	Matters arising from previous meetings / action tracker	AF		Att C
10:15	5.	<b>Chief Executive’s report</b>	SF	Note	Att D
10:25	6.	<b>Committee Chair’s reports</b>			
	a.	Audit & Risk Committee (ARC)	JM	Assurance	Att E
10:35	7.	<b>The Voice</b>	SG	Assurance	Verbal
	a.	Star awards			
10:45		<b>BREAK (20mins)</b>			
	8.	<b>Operational reports and strategic implications</b>		Assurance	
11:05	a.	Integrated Report – Quality, Nursing, Medical	SJP, MW		Att F
11:20	b.	Children & Family Health Surrey (CFHS)	HC		
11:30	c.	NorthWest Surrey Alliance (NWSA)	EC, CA		
11:40	d.	HR & People	CB		Att G



Time	Item	Agenda Item	Lead	Outcome	Paper / Verbal
11:50	e.	Digital & Strategic Delivery Plan	KW		Att H
12:00	<b>9.</b>	<b>Any other business</b>	AF	Note	Verbal
12:05	<b>10.</b>	<b>Questions from the floor in relation to today's agenda</b>	AF	Note	Verbal
12:25	<b>11.</b>	<b>Date, time and location of next meetings</b> - Tuesday, 10 <sup>th</sup> September 2024 - Tuesday, 5 <sup>th</sup> November 2024	AF	Note	Verbal
12:30		<b>CLOSE</b>			

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

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



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

<b>Date:</b>	Tuesday, 7 <sup>th</sup> May 2024
<b>Time:</b>	09:30
<b>Venue:</b>	Duke’s Court, Woking, GU21 5BH / MS Teams

Directors		In attendance	
Andy Field – CSH Chair	AF	Christine Armitage – Transformation Director	CA
Fran Davies – Non-Executive Director	FD	Eileen Clark – Director of Adults Services	EC
Steve Flanagan – Chief Executive Officer	SF	Helen Cook – Director of Children & Family Services	HC
Jhn Machin – Non-Executive Director	JM	Sharon Gosling – Voice Co-Chair	SG
Rasheed Meeran – Non-Executive Director	RM	Robert Hudson – Director of Finance	RH
		Amy Jhnsn-Corser – Director of System Flow	AJC
		Sandra Pycok – Int Dir of Children & Family Services	SP
<b>Patient Story [Item 1]</b>		Sarajane Poole – Dir of Quality & Chief Nurse	SJP
N & J		Dr Michael Wood – Medical Director	MW
Carol Gibson – Patient Experience & Complaints Manager	CG	Keith Woollard – Director of Digital Services	KW
Carol Sacker – Talk Surrey	CS	Andrea Goldsmith – Company Secretary [minutes]	AG

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

Minute	Discussion	Action
<b>1.</b>	<b>Patient story – Aphasia and access to therapy</b>	
1.1	AF welcomed N, J and CS to the meeting, and thanked them for coming to talk about N’s care and experiences.	
1.2	N stated that he had had a stroke in August 2020, which had affected the right side of his body and his speech. This was during the Covid pandemic which had impacted the stroke service on his admittance to Ashford & St Peter’s Hospitals NHS FT (ASPH). N was then transferred to the Bradley Unit for physical and speech therapy, making steady progress.	
1.3	When N was then discharged, he worked on his speech by reading aloud and using the Let’s Talk app, and on his physical recovery with writing and illustrating. However, with no other support and guidance, his recovery plateaued. In November 2021, they joined the Walton Stroke Society and were able to meet and talk to other people and their families about having a stroke. This had been followed by support from Talk Surrey via zoom sessions, and a small grant to have private speech therapy. They had joined a gym to support both their health, and to talk to people there.	
1.4	The CSH support had been delayed, to allow for the work with the private therapist to finish. Since March 2024, N has been working with the CSH team,	

	who had set him tasks to support his speech, as well as answering questions and giving him insight into his condition.	
1.5	JM advised that he was also Deputy Chair of ASPH and so could take details from N's experience back there too. JM asked what N's aim was, and N advised that it was to speak fluently, but also to recover his accent.	
1.6	FD asked whether N and his family had received any communication during his wait from CSH. N advised that they had received a handbook and a set of topic cards to help his recovery on leaving the Bradley Unit. J added that they had had a call to tell them that N was on the waiting list for therapy.	
1.7	SP asked what support had been given to J and the wider family. J advised that the Let's Talk topic cards and information provided by the Bradley Unit had been very useful, and they still used them every day to practice, as well as doing their own research. Initially, N had been reluctant to speak outside of the family while his speech recovered. They had moved to the area following N's stroke to be nearer family, and so it had taken time to get settled, especially with the pandemic restrictions.	
1.8	EC thanked N and J for sharing their story, and noted that there would be people waiting for therapy who were not as motivated as N to recover, and this showed the importance of the work on the waiting lists currently underway. EC apologised that there had been such a gap between leaving the Bradley Unit and speech therapy being provided, and asked N and J to consider being involved in improving CSH's services and pathways from their experiences.	
1.9	HC noted that there had been some significant changes to the stroke pathway, but there were always opportunities to learn from other parts of the country and other countries. CS noted that the voluntary sector had an important role in providing long-term support, but cannot provide therapy, which was acknowledged by the directors. Some people were not as motivated or computer literate as N and his family, and so their recovery could be impacted by such delays. SP added that the new partnerships should ensure that the person received the right care from the best team or person to do that.	
1.10	MW acknowledged that the Covid pandemic and restrictions had made it very difficult to recover from a stroke. Acute care tended to focus on the physical consequences, such as recovering the use of one side of the body. However, for someone who could not speak and may also have lost the ability to write, being able to communicate could be more important. CS agreed, although the timing of physical and speech therapy was different for different people.	
1.11	AF thanked N, J and CS for talking to the Board, and wished N well for his recovery which was echoed by those present.	
<b>2.</b>	<b>Chair's welcome, opening remarks, and apologies for absence</b>	
2.1	AF welcomed those present to the meeting, and advised that apologies had been received from Camilla Bellamy (CB) and Paula Matthew-Watts (PMW). AF welcomed AJC to her first CSH Board meeting.	

<b>3.</b>	<b>Declarations of Interest</b>	
3.1	There were no declarations of interest in relation to the agenda.	
<b>4.</b>	<b>Minutes of the previous meeting held on 5 March 2024</b>	
4.1	The minutes were <b>approved</b> with no changes required.	
<b>a.</b>	<b>Matters arising from the minutes – action log</b>	
4.2	The Board <b>noted</b> the closed actions, and those to be taken under later items on the agenda or at future meetings.	
<b>5.</b>	<b>Chief Executive's report</b>	
5.1	SF presented his report, noting that the end-of-year, pre-tax financial position was a small surplus, and thanked all those involved, adding that very few organisations in Surrey were in this position. The funding for the non-consolidated pay award had been received and paid to colleagues in April 2024. SF thanked all those who had campaigned and lobbied for this payment. Social Enterprise UK were now working to ensure that there were no other areas of inequality, and that any future pay included all those on Agenda for Change terms and conditions	
5.2	Hersham Ward at Walton Hospital had been successfully closed. Nearly all colleagues had found new roles, or moved to the new Alexandra Ward.	
5.3	There were a number of exciting projects underway at CSH, such as a wound management app, and the catheter reduction project which had been so successful that it was now being rolled out in other parts of Surrey.	
5.4	Unfortunately, CSH colleagues had been mistakenly contacted by the preferred bidder for the Children & Family Health Surrey (CFHS) services, and an apology had been received for this. This meant that, while the outcome of the tender had not been officially published, people were aware of who the preferred bidder was. The CFHS Partnership had set aside the previous legal challenge, but reserved the right to resume this once the tender was formally released. CSH had been as open with colleagues as possible about the process and delays, which was endorsed by the directors.	
5.5	Surrey Heartlands integrated care board (SH ICB) had published their new operating model, with reference to a community collaborative called Surrey Community Care.	
<b>6.</b>	<b>Committee Chair's reports</b>	
<b>a.</b>	<b>Audit &amp; Risk Committee (ARC) – six-monthly Chair's report</b>	
6.1	JM advised that due to the timing of the last ARC meeting, it had not been possible to prepare a written report for the Board. Over the last six months, the Committee had discussed CSH's key strategic and operational risks, some of which were not within CSH's control, and changes to UK legislation and codes of practice as they impact CSH. The CSH charitable funds held by Surrey & Borders Partnership NHS FT (SABP) had been discussed, their investment	

	performance and use. AF added that he would be meeting the new SABP Chair soon, and this would be one of the items for discussion.	
6.2	With the Finance, Digital & Innovation Committee (FDIC), there had been discussions on the risks associated with the reduction in office space at Duke's Court, especially fire-related risks. Assurance had been received about the contractors and the mitigations put in place. KW added that with the move to Azure cloud-based storage, colleagues could still access CSH data in case of such an emergency.	
6.3	RM asked for the current levels of overpayments, which RH advised had been reported at the last ARC meeting. There were currently 45 cases, totalling approx. £50k. This was a significant reduction from 81 cases and £100k the previous year, showing that the changes put in place had worked, which was welcomed by the directors.	
<b>b.</b>	<b>Quality &amp; Safety Committee (QSC) – six-monthly Chair's report</b>	
6.4	FD reported on the key items discussed by the Committee in the last six months, with the impact of the uncertainty of the CFHS contract on children, their families, and colleagues. For the NorthWest Surrey Alliance (NWSA), the governance arrangements across the partnership had been presented, as well as updates on the closure of Hersham Ward and move to Alexandra Ward. The waiting lists for both CFHS and NWSA had been discussed, and the new focus on this from NHS England (NHSE)	
6.5	SP had advised the Committee on the consequences of the CFHS affordable budget, presenting the impacts log and capacity management framework. HC added that these had also been shared with commissioners. It was important to acknowledge that colleagues were continuing to provide the best service they could within the constraints of the affordable budget, and that turnover and hours worked needed to be monitored to ensure people were not burning out. SJP stated that some of the support and escalation processes in place had been initiated by CFHS colleagues, and were being adapted by them as necessary.	
6.6	The integrated performance report included in the meeting papers was being reviewed and adjusted at each meeting, and was already generating good discussions: FD thanked all those who had been involved in its production. AG added that the report for the private session of the Board would include items that could not be reported in public, such as commercial, patient or employee-identifiable data.	
6.7	The Committee had also received assurance reports on safer staffing, the production of the Quality Account, information governance incidents, and estates items that could impact patient safety and experience.	
6.8	AF asked for more detail on the plans to review the Adults waiting lists. EC replied that one of the managers in the Adults Team had been given dedicated time to look at this, with an interim report coming to the executive team meeting on 20 May 2024 before reporting through QSC and the Board. FD added that	

	with the additional focus on community lists by NHSE, there may be additional resources and support available for CSH.	
<b>7.</b>	<b>The Voice</b>	
7.1	SG reported that a very positive Voice-to-Board meeting had been held the previous week, which had discussed issues already raised such as the ongoing uncertainty with CFHS, the NWSA programme, and the impact on colleagues. The Voice had raised feedback on violence and aggression from patients and families, and a new message would be added to say that calls will be recorded, and that abusive language will not be tolerated.	
7.2	AF thanked the Voice for their questions, which had been challenging and thought-provoking. There had also been a good discussion on how positive stories, projects and achievements were communicated throughout CSH and wider. JM added that there had been a very good presentation in the FDIC meeting later that day on significant benefits the Digital Team had achieved through a trial with one clinical team.	
7.3	There had been 292 nominations for the Star awards, with a much higher standard compared to previous years. The invitations to the event on 21 June 2024 would be sent to all finalists soon.	
7.4	FD, as the new Voice-appointed NED, advised that she, SG and PMW were holding regular meetings to discuss key items coming from the Voice and the Board.	
<b>a.</b>	<b>Changes to Voice Constitution</b>	
7.5	AG presented the proposed changes to the Constitution being recommended for approval by the Voice, including new role descriptions, reference to the new Voice Code of Conduct, and changes to constituencies.	
7.6	The Board <b>approved</b> the changes to the Voice Constitution, subject to typographical errors being corrected.	
	<b>BREAK: 10:54-11:10</b>	
<b>8.</b>	<b>Operational reports and strategic implications</b>	
<b>a.</b>	<b>Integrated Performance report – Quality, Nursing, Medical</b>	
8.1	SJP presented the report, advising that there still measures to be added, and information from both CFHS and NWSA. Organisations which had implemented the new Learn from Patient Safety Events (LFPSE) framework had reported a dip in reporting, which CSH was also seeing. The Quality Team were working with teams to help them with the new reporting process.	
8.2	SJP was pleased to report that the results of the hand hygiene audit had greatly improved, and thanked everyone involved for their hard work. The results had not been available to include in this report but would be in future papers.	
8.3	The children's safeguarding team had attended 760 strategic meetings during Quarter 3, which would have considered families with more than one child. This	

	showed the significant increase in work for the team, and the knock-on impacts on the wider CFHS services. This had meant that colleagues had less time for other aspects of their work, which had been raised with the Safeguarding Board.	
8.4	An unsuccessful bid had been made for emotional health resilience work in schools, with funds seeming to be focussed on reactive rather than pro-active work, which was disappointing as early intervention had been shown to be better for patients and to save money in the longer term. SP agreed to circulate a Bernado's report on the reduction of early help services across the country: <b>ACTION.</b> MW advised that the clinical strategy for the SHICB was being finalised, and should include early intervention, and that comments and suggestions would be welcomed for inclusion.	<b>SP</b>
8.5	EC advised that the NWSA business units were looking at flow within, and across, the units. Following the closure of Hersham Ward, it was easier to focus on out of hours transfers to Alexandra Ward, and their appropriateness.	
8.6	Unfortunately, following a review of the data for the commissioning and quality and innovation (CQUIN) thresholds, CSH's performance had been reduced but was still above the threshold for three of the four targets. FD added that the QSC would discuss pressure ulcers in detail at their next meeting. SJP noted that it was unusual to not have any pressure ulcer incidents in the community or on a ward, and this needed to be validated and then celebrated if accurate.	
8.7	MW noted that the low flu vaccination take up had been discussed at the QSC, with the suggestion to survey colleagues on whether they had had a vaccine but not reported, or why they had not had a flu vaccination. SJP added that this would part of earlier planning and encouraging people to have their vaccination.	
8.8	AF asked for more details on the urgent care response timeframes. CA replied that these were set nationally as two hours, two days, and seven days.	
8.9	SP advised that the commissioners had agreed that new birth visits could be held up to 21 days, rather than 14 days after birth. The next visit had also been extended to 10 weeks, rather than 6-8 weeks. This was still a process for urgent visits to be made as required.	
8.10	The waiting lists for therapies had reduced from over 600 to only 16; however, given the affordable budget, this was likely to increase again which colleagues would find difficult given the work they had already done. There had been a significant increase to the CFHS continence service, with the associated cost of products. EC added that there was work to be done when children move up to the adults service, but that the reasons for the continence referral were usually very different with different ages.	
8.11	The UNICEF baby-friendly team would be visiting CSH over the next couple of days to do their reassessment. There had been a slight decrease in the breastfeeding prevalence, but this was not enough to impact the reaccreditation process. HC advised that this was likely due to changes from the drop-in	



	children's centres to the by-appointment family centres, as well as the affordable budget.	
8.12	The Board <b>agreed</b> to delegate the approval of the 2023-24 CSH Quality Account to the Quality & Safety Committee.	
8.13	RH presented the finance data, noting the £2.4m reduction in the use of agency staff, thanking all those involved, and its contribution to CSH's year-end position. The NHS target for agency cover had been lowered to 3.2%, which the CFHS service was very close to. With the closure of Hersham Ward and colleagues moving to other teams, this should reduce the need for agency cover in adults. EC advised that there had been a slight increase in agency bookings due to sickness, and vacancies being held until the transfer to Alexandra Ward was complete. The walk-in centres (WICs) were almost fully recruited to, with the NWSA Talent Hub helping recruitment in those areas with the most vacancies.	
<b>b.</b>	<b>Children &amp; Family Health Surrey (CFHS)</b>	
8.14	There were no other items not already covered.	
<b>c.</b>	<b>NorthWest Surrey Alliance (NWSA)</b>	
8.15	CA confirmed that all the directors were in place for the business units, with the consultations for the senior teams finished. There was learning from these on timeframes and the impacts on the wider team. Projects were underway on the high users of acute and primary care services. The final nine neighbourhood teams were now being set up. Unfortunately, due to estate constraints, it was not possible for members of these new teams to be co-located, but they were still working well. A new complex condition navigator role would be advertised soon to help people with conditions such as motor neurone or Huntington's disease.	
8.16	There were projects with the SouthEast Coast Ambulance Service (SECAMB) and the urgent care response team, and for the new community diagnostic centre models. However, the information governance (IG) issues have not been solved, with the new chief digital information office at ASPH working on proposals for the next NWSA Board.	
8.17	The change of the WICs to urgent treatment centres (UTCs) had been confirmed by the SH ICB, and new models needed to be in place for the 2025-26 year. From UTCs elsewhere in the country, some are specifically set up for treating the under-2s, which would be looked at for the new NWSA models.	
8.18	AF noted that from a recent visit to the WICs, there had been some inappropriate referrals, with patients and their families upset that they had been sent to the wrong place. EC advised that this was one of the areas that the new neighbourhood teams should be able to reduce by triaging, and by understanding each Partner's role and services. Senior managers were also working with GPs and surgeries to help direct to the most appropriate service. CA added that the GP Federation was on the NWSA Board and was taking this back to members.	
8.19	SJP advised that the new integrated oversight committee had met and was developing its terms of reference and reporting arrangements. It was important	

	not to duplicate other meetings and groups, while aligning with the governance arrangements of each Partner.	
<b>d.</b>	<b>Digital &amp; Strategic Development Plan (SDP)</b>	
8.20	KW presented the digital report, noting that the wound management app was the first artificial intelligence (AI) project within CSH, with clinicians being very enthusiastic about it. This was a one-year pilot, with recommendations to made at the end of the project on further use.	
8.21	The strategic delivery group had approved Project Cumulous, which was Phase 3 of the changes to CSH data management. This would move data to SharePoint, which would need some changes to working practices, but will help with security and collaboration, as well as saving money.	
8.22	Unfortunately, there had been another delay with Surrey Safe Care and so Cerner was unlikely to be installed in CSH before early 2025, compared to the original date of November 2022. An options' paper on Cerner, EMIS or other possibilities had been shared with EC and team for review of the clinical risks. There were two open risks on this, with MW owning one. These had not moved for some time, and the options' paper should allow for them to be reviewed.	
8.23	JM noted that this had been discussed at the FDIC, and the change-freeze periods. KW added that the clinical sign-off and risks had been raised with CA and Jack Wagstaff for discussion by the NWSA.	
8.24	At the last Board meeting, the level of IG training in CSH had been noted as needing to improve for the data security and protection toolkit submission (DSPT). KW was pleased to report that this was now at 98% compliance, putting CSH in a good place for reaccreditation, which was welcomed.	
8.25	RM noted the high levels of subject access requests (SARs) and asked how these were being managed. KW replied that short term Bank cover had been agreed, but there were some being answered that should be requested via a different route as they were not true SARs.	
8.26	RM also noted the increased number of IG incidents compared to the previous year, and asked whether there were any trends. KW replied that they were mostly simple mistakes due to pressures of work, and not deliberate acts: they had been reviewed in detail, with no themes or trends. An incident had been reported to the Information Commissioner's Office the previous week, which was similar to a previous incident, and was due to high volumes of work. FD assured the Board that IG incidents were reported and discussed at the QSC.	
<b>e.</b>	<b>HR &amp; People</b>	
8.27	In CB's absence, SF presented the people report. The flu vaccination rates, non-consolidated pay award and Star Awards had been covered already.	
8.28	The compliance for statutory and mandatory training had increased to 97.6%, and performance and development review (PDR) completion rate was now at 80.4%, which was welcomed by the Board. HC noted that previously there had	

	been a rolling PDR programme across the year, rather than a focus between April-June which had helped with the numbers. AF noted that there was a Board away-day at the end of June 2024, which was likely to lead to new objectives for the directors.	
8.29	The action plans in response to the staff survey were being finalised and should be ready for the next Board. However, in comparison to other providers across Surrey, CSH colleagues were more positive about their line manager and team.	
<b>9.</b>	<b>NHS England Provider Licence – annual declarations</b>	
9.1	AG advised that this was an annual declaration against two Provider Licence conditions that the Board was required to consider. The paper contained the specific licences and assurance for the Board to consider.	
9.2	The Board <b>agreed</b> that the declarations could be signed by SF and submitted to NHS England.	
<b>10.</b>	<b>CSH Board Governance – annual self-assessment</b>	
10.1	AG reminded the Board that there had been an action to develop a Board assessment, which if approved, would be circulated and answers collated ready for discussion at the away-day at the end of June 2024, with the Committee and Voice self-assessments. JM added that the ARC had reviewed these questions and were recommending their use to the Board.	
10.2	The Board <b>approved</b> the self-assessment questions.	
<b>11.</b>	<b>Any other business</b>	
11.1	There were no items of any other business.	
<b>12.</b>	<b>Questions from the floor in relation to today's agenda</b>	
12.1	There were no questions from the floor.	
<b>13.</b>	<b>Date, time and location of the next meeting</b>	
13.1	The Board's next meeting is scheduled for: <ul style="list-style-type: none"> <li>- Tuesday, 2<sup>nd</sup> July 2024 (venue to be confirmed)</li> <li>- Tuesday, 10<sup>th</sup> September 2024</li> <li>- Tuesday, 5<sup>th</sup> November 2024</li> </ul>	

There being no other items of business, the Chair thanked everyone for their contribution and closed the meeting at 12:23.

Signed: .....

Date: .....

Chair of the Board



## CSH Board of Directors – action tracker (May 2024)

Min	Action Required	By whom	Update	Due Date	Status	Completion date
7 May 2024 – open session						
8.4	To share the Barnardo’s report on early help services across the country	<b>SP</b>	Circulated by email	2 Jul 2024	CLOSED	7 May 2024
5 March 2024 – open session						
6.3	To bring a staff story on apprentices to a future Board meeting	<b>CB, AG</b>	Set for 2 July 2024 meeting	2 Jul 2024	CLOSED	2 July 2024
9.25	To include exit interview information in the next PPFC report from the Retention Focus Group	<b>CB</b>	2023-24 report presented to June 2024 PPFC meeting – data will not be ready for April meeting	13 Jun 2024	CLOSED	13 Jun 2024

## Central Surrey Health Limited

<b>Title of paper:</b>	Chief Executive's report
<b>Meeting:</b>	Board of directors' meeting in public
<b>Meeting date:</b>	Tuesday 2 July 2024
<b>Agenda Item:</b>	Item 5
<b>Purpose of paper:</b>	For information

### Has this paper been discussed at other meetings or committees?

Executive team meeting – 29 April 2024

### Board assurance framework

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**Author – Role:** Steve Flanagan

**Director:** Chief Executive

**Date prepared:** 24 June 2024

### Executive Summary – Items to highlight:

To advise the Board of Directors' meeting in public on the key items within CSH:

- Finances
- People
- North West Surrey Alliance
- Children & Family Health Surrey
- Surrey Heartlands Integrated Care Board

The Board is asked to **note** this report for information.

## 1. Purpose of report

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

## 2. Finances

- 2.1 The results for the first two months show us being on track for this budget year. Robert Hudson, our Director of Finance, will brief the Board on the financial information that we share publicly.

## 3. People

- 3.1 This Board meeting will be the last before retirement for Helen Cook, who is our Director of Children. Helen has had a long and distinguished career in the NHS and Local Authority, prior to joining CSH and was appointed our Director of Children in 2019. In addition to her role in CSH, she also led the Mass Vaccination programme for Surrey, opening initially at Epsom Downs racecourse, moving on to Sandown, before taking us to Guildford.
- 3.2 Although this directorship is a shared role with Sandra Pycock, who works up to two days a week, the role will have to be formally advertised within CSH, to enable us to have the role accepted for both Pension and TUPE purposes, if we lose the CFHS contract.
- 3.3 We held our staff awards at RHS Wisley last Friday, with 124 people in attendance. The awards this year came after we received over 290 nominations and our thanks go to the Voice for managing this on our behalf. The feedback has been fabulous, the venue was very special and a big step up on the two previous years.
- 3.4 Camilla Bellamy, Director of People, very kindly spoke to Mike Thieke, the CEO at the Children's Trust, on the benefits of having a Freedom To Speak Up Guardian and also the benefits we see from working with the Voice as representatives of our people.

## 4. North West Surrey Alliance (NWSA)

- 4.1 The bedded capacity at Alexandra Ward in Woking Community Hospital is now operating with a fully integrated team and we are planning a thank you event in late July 2024 to thank all the team for coming together to make this a success.
- 4.2 We are working through the waiting lists with some early successes, particularly in speech and language therapy, where the multi-disciplinary approach has been successful in identifying patients who have already been picked up elsewhere in our services or can in fact be released from our lists. This work will continue and will have added focus under dedicated leadership.
- 4.3 The roll-out of the neighbourhood teams has continued but slowly with issues being identified with buy-in and acceptance in some areas. This is being addressed and we need to gather pace to reach out to the other nine localities to start to have a consistent approach across NWSA.
- 4.4 Woking & Sam Beare Hospice have appointed Mark Byrne as their Interim CEO. Mark is also the Chair of the NWS Alliance and although there is a potential conflict, partners agreed for Mark to stay on in this role and Jack Wagstaff can step into the role in the event of any conflict issues at Board meetings.

- 4.5 Following on from Mark's appointment and with CSH already having an established relationship with the Hospice, following our work on EMIS implementation, conversations are being held as to where else we may be able to support them with their back-office teams.

## 5. Children & Family Health Surrey (CFHS)

- 5.1 Despite being awarded the extension on the CFHS contract for 2024/25, Surrey & Borders Partnership NHS FT (SABP) have only just received confirmation of the financial envelope that the integrated care board (ICB) have proposed for this year. Further analysis is still required to ensure that this covers all the expected and agreed costs, to ensure that the expectations for delivery are realistic.
- 5.2 Given the likelihood of a provider change from 1 April 2025, the CFHS Partnership is looking at how we manage any change in the interim period before we hand over the contract to the new provider.
- 5.3 For CSH, this will be a radical change, with almost half of our organisation being subject to a TUPE transfer to the new provider. In addition, this will force us to downsize our operation to ensure financial viability as a single contract (NWS Adults) provider.

## 6. Surrey Heartlands Integrated Care System

- 6.1 The consultation process for the reduction in staffing numbers for the ICB has been delayed further with some key positions not yet agreed.
- 6.2 The Surrey Heartland clinical strategy has been published and will be presented at the private Board meeting, where they are looking for our Board's support.

## 7. Recommendations

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

End of report

## CSH Surrey Limited

<b>Title of paper:</b>	Audit & Risk Committee (A&RC) report 2023/2024
<b>Meeting:</b>	CSH Board of Directors – meeting in public
<b>Meeting Date:</b>	Tuesday 2 July 2024
<b>Agenda Item:</b>	Item 8
<b>Purpose of paper:</b>	For assurance / information

### Has this paper been discussed at other meetings or Committees?

This paper is submitted by the Chair of the A&RC as the second written report of the 2023-24 year on audit and risk matters for Board consideration.

<b>Board Assurance Framework</b>	This is the second of two written submissions from the A&RC to the Board covering the year 2022/23.
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<b>Author – Role:</b>	Chair of A&RC
<b>Director:</b>	John Machin – Non-executive director
<b>Date prepared:</b>	3 June 2024

### Executive Summary:

As a formal sub-committee of the CSH Board the Audit and Risk Committee (A&RC) is required to present its bi-annual report to the Board. These are scheduled to be presented in May and November of every year. However, due to the lack of time to prepare for the 7 May 2024 Board meeting, it was agreed that this second report could be delayed until the July Board meeting.

This report summarises the A&RC's key areas of focus and activity over the six months to April 2024 in discharging its responsibilities under its approved Terms of Reference and covers the following:

**General:** The A&RC's Terms of Reference and committee self-assessment.

**Risks:** Assessing risks and continuous refinement of our Risk Management Strategy, Risk Register and Board Assurance Framework.

**Audit:** Review of the scope, coverage and results of our programme of internal audit work.

**Specific feedback:** From the root cause analysis style report on the NHS Professionals contract award and other HR matters (salary overpayment, IPC team funding and NWSA Business Unit creation).

The Board is asked to **receive** the contents of this report as providing appropriate assurance, oversight and governance of audit and risk matters within CSH.



## 1. Purpose of report

- 1.1 The A&RC holds delegated Board responsibility for ongoing review of CSH's assurance and risk management processes. This report is an update to the Board on the work of the A&RC for 2023/24 with focus on the activity for the period November 2023 to April 2024 (Sec2 below).
- 1.2 The report summarises the current Risk Management Strategy and Framework (Sec3 below) and the Board Assurance Framework (Sec4 below), and looks to how these frameworks are evolving. This includes focus on key risks and how performance against strategic objectives is being monitored.
- 1.3 In addition, the report touches upon the interaction with, and the hard work of, other Board sub-committees, The Voice and Operational Reports (Sec5 below).
- 1.4 The work of "Internal Audit" (Sec6) and our independent auditors BDO (Sec7).
- 1.5 Summarises further independent feedback pertinent to the 2022/23 year (Sec8).
- 1.6 New and updated policies are detailed (Sec9 below).
- 1.7 The report also looks to the future work of the committee (Sec10 below).
- 1.8 The Board is asked for confirmation that it is assured by the scrutiny of the A&RC over its delegated responsibility for ongoing review of CSH's assurance and risk management processes, advising the Board of any areas of material concern through AAA reporting (Sec11 below).

## 2. Work of the A&RC

### 2a. *Meetings held, Board reporting, membership and attendance*

- 2.1 The AR&C normally meets quarterly. In 2023/24 meetings have been held in April, July and October 2023 and February and April 2024. All meetings have been quorate and are attended by at least two NED members, the Director of Quality and Chief Nurse, the Deputy Director of Quality & Nursing, Director of Finance (and/or delegates), our Chief Executive and Company Secretary.
- 2.2 Meetings are a hybrid of MS Teams and physical presence in Duke's Court.
- 2.3 Strategic Risk Reports, Executive Risk Registers, the Business Assurance Framework (BAF) and Audit Summaries were presented at every meeting for consideration and positive challenge by members and attendees.
- 2.4 All meetings were formally minuted, with Action Points noted and followed up for current status of action taken, including any further information requirements or additional action.
- 2.5 Terms of Reference for the A&RC were reviewed and refreshed in our October 2023 meeting.
- 2.6 Self-assessments of the effectiveness of the A&RC have been completed and will be presented to the Board as further assurance on the A&RC's effectiveness in discharging its responsibilities.

### 2b. *Special presentations to the A&RC*

- 2.7 **A review of the NHS Professionals (NHSP) contract award** and learnings to be drawn therefrom were established following a root cause analysis type approach. The final report was presented to the April 2023 A&RC by the then Director of Quality & Chief Nurse. The report concluded that the decision had been made in the best interests of CSH, whilst acknowledging that there had been operational and reputational impact. An Action Plan had been developed from the learning.
- 2.8 The report concluded that communication and adherence to behaviour, in line with CARE values, could have been better. Learnings for future decision making and recording, included clarity of individuals' roles and responsibilities and the need to bring to bear the right level of commercial skills and experience to effectively review such contracts. These matters are now considered to fall to be dealt with as business as usual, and have helped to focus commercial attention on our own responses to tenders throughout the year.
- 2.9 The review also highlighted poor quality data regarding active Bank members, which has subsequently been improved. Oversight of the NHSP relationship, and how this is developing, is a focus of attention for HR services and Putting People First Committee.
- 2.10 **Other important HR matters** have been considered by the A&RC.
- 2.11 The challenges of salary overpayments, including late notification of leavers was considered in some detail at the April 2023 A&RC and relative options for changes in processes evaluated. As a result, a new process was introduced to help ensure that all salary payments and deductions, including salary sacrifice balances, are reviewed. In addition, HR services absorbed responsibility for the full leavers' process, including monitoring returns of exit interviews, whilst a new unified leavers' process was determined and introduced. Our Director of People provided assurance that the language and tone of letters used to advise and chase on overpayments was being worked on with SBS, following feedback from the Voice. This matter has again now become business as usual.
- 2.12 **NWSA and ICB matters including the risk and other working implications of the introduction of the business units.** There are approximately 18 professional groups working across the new business units and a professional council had been established to develop appropriate working protocols. The objective is to avoid duplication whilst being mindful of any potential gaps and ensuring that processes and systems are capable of adequately supporting and controlling the work of the business units across organisational boundaries as seamlessly as possible. A Talent Hub has been established to aid recruitment, especially where the areas or roles had been hard to recruit to.
- 2.13 The committee considered the **implications of public reports that had been published** including Countess of Chester Hospitals NHS FT, Francis, Kirkup and other reports. Assurance was received that the right procedures were in place for people to raise concerns and speak up, working with the Putting People First Committee. A gap analysis was developed to look at the recommendations from these reports and to help determine any actions considered necessary.
- 2.14 **The current status of the actions arising out of the Deloitte shadow report (June 2022) and CQC well-led report (November 2022) (Sec8)** were presented at the April 2024 A&RC and sufficient assurance was received that this could now be considered to be handled as business as usual, rather than requiring specific further oversight from the A&RC.

### 3. Risk Management Strategy and Framework

#### 3a. Risk register

- 3.1 Our Risk Management Strategy continues to be aligned to the evolving Surrey Heartlands strategy with its focus on partnering, co-operation and collaboration, whilst also reflecting our own unique employee ownership model.
- 3.2 At the heart of our Risk Management Framework is a central repository of all risks that may threaten the success of CSH achieving its declared aims and objectives.
- 3.3 Our Risk Register is divided into sections: Strategic and Corporate Risks which are owned by the Executive; and the Operational and Local Risks which are owned by Senior Management. The Strategic Delivery Group with their continuous review of the Strategic Delivery Plan help to maintain focus on our five strategic ambitions, being mindful of risk tolerance and appetite levels.
- 3.4 The Executive Team review all Strategic and Operational Risks (with a current score of 15 or above) regularly, with directors being sent reminders from Datix. A rolling exceptions narrative is agreed against each strategic ambition and presented within a Quarterly Board Assurance Report that also includes a current statement on the Strategic Risks.
- 3.5 All risks are assigned to a primary Board committee for formal review (as a standing agenda item) as evidenced in the Finance, Digital and Innovation, Putting People First and Quality and Safety Committees' agendas. Reports give assurance over the risks to achieving our five strategic ambitions, as well as details of all risks on the Risk Register that are pertinent to that committee that are scored at a level of 15 or over (or appear to be trending to 15 over time). All Board sub-committees are now **Advising**, **Alerting** and **Assuring** the Board of any areas of material concern.
- 3.6 This work is resulting in the Risk Register being regularly updated, with risks de-duplicated, and new risks opened or closed where necessary.
- 3.7 Our financial and external environment risks remain unchanged, particularly with the uncertainty of the CFHS contract and also the uncertainty of the non-consolidated pay award settlement (subsequently honoured). This financial uncertainty has given understandable increased focus on cash flow forecasts and also "going concern" assessments by BDO our external auditors (Sec7).
- 3.8 A new strategic risk related to cyber security had been considered and highlighted for focus and oversight in the Finance, Digital and Innovation Committee.

### 4. Board Assurance Framework (BAF)

- 4.1 The BAF records the principal risks to delivery of CSH strategic objectives and maps the main sources of assurance that give the Board and Senior Management confidence that controls and mitigations are applied and effective.
- 4.2 Three Lines of Assurance have been defined.
  - 4.2.1 First – Systems/functions that own/manage risks. (e.g. policies, process, training, specialist roles, management structures, checklists, clinical assessment tools etc.)
  - 4.2.2 Second – Systems/functions that oversee risk management and compliance. (e.g. committees, specialist forums, audit and assurance schedules)

- 4.3.3 Third – Systems/functions that provide independent assurance (e.g. independent auditors, stakeholder feedback, CGC, CCG, NHSI etc.)
- 4.4 The BAF now gives greater focus on risks potentially impeding delivery against priority strategic objectives, defined as:
- Creating a sense of belonging – ensuring people are listened to, valued and empowered
  - Delivering excellence in quality care
  - Fitting seamlessly into the Health and Care System
  - Transforming and improving community services through digital technology, innovation, collaboration and learning
  - Maximising the benefits of our organisational structure
- 4.5 The integrated performance report and strategic delivery plan is presented to the Board and its sub-committees (with evolving metrics and key performance indicators). This is being extended to help setting individuals' objectives. Proposals for how the BAF can be used to communicate to the wider public, external partners (including NWSA, new business units with the neighbourhood teams and CFHS Board etc.) as well as internal communications (with Voice and via Blink) are being further considered.
- 4.6 The CSH Organisational Assurance Framework captures the total lines of assurance (including Business-As-Usual), the accountable leads and oversight committees.

## **5. The Assurance and Risk oversight activities undertaken by other Board Committees, The Voice and other Operational Reports**

- 5.1 It should be noted that Audit (Assurance) and Risk matters are not the sole purview of the A&RC and therefore it is important to acknowledge the work and support of other Board committees, the Voice and various Operational Reports in this regard.
- 5.2 Key committees include the Quality and Safety Committee, the Finance, Digital and Innovation Committee, Remuneration and Nominations Committees, and the Putting People First Committee. Each of these committees reports directly to the Board, including via their Chair's verbal and written reports (including AAA reports). A smaller number of NEDs and the mutual cross membership of each committee helps information to naturally flow so that it can be considered by those qualified and experienced to do so.
- 5.3 Certain matters are referred from these committees to the A&RC for consideration and approval. For example, from the Finance, Digital and Innovation Committee with respect to the presentation of financial results and oversight of the work of our independent financial auditors – BDO.
- 5.4 The Voice is key to holding the Board to account for strategy and performance on behalf of our employee owners and for surfacing potential areas for further discussion. It is a positive development that the Voice provides broad organisation coverage as well as feedback on strategic matters, as well as the Voice Co-Chairs now attending both sessions of the Board and away-days. Our Freedom to Speak Up Guardian (FTSUG) arrangements were impacted by FTSUG's long-term absence and therefore alternative arrangements were put in place with our People Director and the NED Chair of our Putting People First Committee.

- 5.5 The detailed Operational Reports that are submitted regularly to various sub-committees and the Board are a rich source of information and provide certain assurance to help paint the overall evolving Risk and Assurance landscape for 2023/24. These reports are often early indicators of potential risk trends or issues that require further investigation or calls for supporting information in the appropriate Committees.

## 6. “Internal Audit”

- 6.1 The proposed Audit Schedule for 2023/24 was presented to and approved by the April 2023 A&RC, prior to presenting it to the Quality & Safety Committee, and progress against this plan has been considered in each subsequent A&RC meeting through the year.
- 6.2 In the absence of a dedicated Internal Audit function the time taken to follow up outstanding audits and reports is determined by the capacity and business continuity in operational services and the quality team. There is also a need to balance the ownership and leadership of audits between the central quality team and operational services. However, the internal audits are a vital source of assurance and the time taken by the CSH staff to undertake this work is valued and appreciated.
- 6.3 For certain environmental audits, it is recognised that our ability to respond to issues arising may be limited as buildings and infrastructure can be owned by NHS Property Services, GP practices or be community venues.
- 6.4 The number of audits planned for 2023/24 was 27, weighted equally over Level 1, 2 and 3 audits to give broad assurance; six audits from the 2023/24 schedule were discontinued in Q4; two audits, because of alternative sources of assurance being available, two audits, because the data collection needed was not possible due to changes in IT systems; and one was discontinued due to miscommunication with the team carrying out the audit which will be carried forward to 2024/25. And the last regarding an Adult Inpatient Drug Chart Audit 23/24 which was postponed.
- 6.5 At the February 2024 A&RC, the Internal Audit Plan for 2024/25 was presented and approved for the year ahead.

## 7. The work of our Independent Auditors – BDO

- 7.1 The primary role of our independent auditors BDO is to audit our systems of internal control and financial records and results for the year ended 31 March 2024. The A&RC reviewed the performance of BDO at our February 2024 meeting with no material concerns and considered an outline desired timetable for the audit. BDO’s audit planning approach (including submission of audit evidence to BDO’s online portal) will be presented in June 2024. Their audit is designed to provide reasonable assurance whether our financial statements, as a whole, are free from material misstatement, whether due to fraud or error. Also, if there is any evidence of irregularities, including non-compliance with laws and regulations.

- 7.2 As well as the A&RC Chair having short quarterly update meetings with BDO, meetings are held with all NEDs without management present, such as consideration of the final audit report before submission to the A&RC and Board.

## 8. Independent Feedback related to governance and risk management

- 8.1 The Deloitte “well led” review concluded that “The Board and committee governance structure has gone through a series of improvements, is aligned with good practice and appears to be working effectively”. Deloitte “observed generally well-run meetings, good quality chairing, balanced agendas, and active discussion”.
- 8.2 Deloitte also noted that our Risk Management Strategy was “comprehensive” and that “there is good awareness of risk among board members”. However, that there was “a recognised need to cleanse the risk register, to consolidate risks, improve articulation, and differentiate incidents and events from risks”: this work is ongoing.
- 8.3 The regular Executive, Board and Board sub-committees’ review of CSH’s Risk Register shows that our risk landscape is dynamic and as the Deloitte report stated “being actively managed at local level” with our management and assurance processes continuously evolving and maturing.
- 8.4 In the CQC review carried out during June and August 2022, it was particularly gratifying to see that they had concluded in their report that “There were robust governance systems in place that involved staff from all levels of the organisation. Colleagues of all levels identified risks, mitigated them, and highlighted them across the organisation and wider health community. There were clear pathways for escalating issues to more senior staff including the board. Any identified risk that could not be mitigated by the committee was escalated directly to the board.”
- 8.5 With an overall (draft) rating of “Good”, and the same rating across each Key Lines of Enquiry (KLOEs), the Board should take assurance over the direction of travel of our overall governance and risk management systems.
- 8.6 In a subsequent review of the outstanding actions from the Deloitte and CQC reports it has been determined that these matters can now be handled as business as usual (Sec2.17).

## 9. New and updated policies

- 9.1 *CSH Policy for the Development and Management of Policy & Procedural Documents*  
This policy which covers both clinical and non-clinical documents was reviewed and approved at the October 2023 A&RC.

## 10 Work of the Committee going forward

- 10.1 A&RC has responsibility for formally reviewing the following on an annual basis:
- Insurance arrangements including Directors and Officers insurance
  - Anti-Bribery and Corruption measures
  - Business Continuity and emergency planning arrangements
  - External Audit – review of arrangements
  - Internal Audit – review of arrangements
  - Counter Fraud – review of arrangements

- Whistleblowing – review of arrangements
- Conflicts of Interest – policy and register
- Gifts and Hospitality Register
- Single tenders (in conjunction with Finance, Digital and Innovation Committee)

## 11. **Board Confirmation**

- 11.1 The Board is asked for confirmation that is assured by the scrutiny of the A&RC over its delegated responsibility for ongoing review of CSH's assurance and risk management processes, advising the Board of any areas of material concern.

End of Report

# CSH Surrey

## Integrated Performance Report

### June 2024





No.	Metric	Target	2023-05	2023-06	2023-07	2023-08	2023-09	2023-10	2023-11	2023-12	2024-01	2024-02	2024-03	2024-04
1	Adult Referrals		5136	5304	4958	5089	4946	5060	5282	4798	5597	5049	4773	4953
2	Adult 1st Appointments		3870	4017	4078	3772	3648	4093	4365	3565	4271	3799	3328	3706
3	Adult FU Appointments		21887	21371	20551	21106	21084	22011	22815	20574	23275	21022	20964	22455
4	Adult DNA Rate	4%	3.08%	3.46%	3.70%	3.31%	3.69%	3.77%	3.66%	3.64%	4.13%	3.46%	3.53%	3.45%
5	Adult Appts Cancelled by Service		4183	4556	4348	3571	3829	4092	4612	4161	4764	3970	4140	4280
6	Adult 18+ Week Wait	8%	31.5%	30.8%	31.1%	32.6%	33.4%	31.5%	31.6%	32.1%	32.4%	33.6%	33.0%	32.9%
7	Adult 52+ Week Wait	0%	10.2%	9.5%	8.3%	8.2%	8.5%	8.9%	9.8%	9.6%	10.2%	9.0%	8.9%	9.2%
8	Children Referrals		3795	3701	3595	3605	3374	3728	3765	3024	4168	3454	3283	3973
9	Children 1st Appointments		3488	3402	3054	3269	3097	3234	3273	2600	3174	2872	2694	3131
10	Children FU Appointments		11960	11998	10822	10604	11217	10978	11825	8240	12238	11022	10490	10824
11	Children DNA Rate	10%	9.40%	8.55%	8.38%	8.93%	8.25%	8.66%	8.22%	9.34%	8.46%	9.15%	9.01%	8.32%
12	Children Appts Cancelled by Service		1933	1902	1838	1764	2036	1974	2050	1526	1890	1832	1830	1894
13	NBV Within 14 Days	82%	83.8%	86.6%	77.8%	80.0%	80.2%	66.5%	55.6%	57.0%	67.9%	56.6%	49.7%	50.9%
14	NBV B/Feed Prevalence	78%	79.3%	77.9%	75.2%	79.1%	75.3%	76.2%	76.4%	77.0%	77.7%	78.7%	76.3%	76.7%
15	WIC Attendances Ashford		2608	2607	2634	2416	2456	2522	2499	2493	2355	2371	2659	2476
16	WIC Attendances Woking		2891	2794	2834	2580	2729	2756	2429	2588	2598	2410	2649	2460
17	Incidents - Total (Internal)		144	117	120	118	163	150	174	143	121	140	128	131
18	Incidents - Adult		121	84	91	95	120	125	142	113	92	110	89	98
19	Incidents - Children		21	29	28	23	43	23	25	27	23	27	36	29
20	Incidents - Enabling		2	4	1	0	0	2	7	3	6	3	3	4
21	Formal Complaints		2	3	5	1	1	3	4	2	5	3	6	2
22	Compliments		20	29	21	18	16	13	17	23	7	11	13	6
23	FFT Patient Satisfaction	90%	93.4%	93.8%	90.7%	90.3%	92.9%	83.8%	86.9%	92.3%	87.9%	92.7%	89.5%	88.7%
24	Staff Headcount		1133	1138	1130	1119	1118	1097	1089	1079	1063	1055	1054	1045
25	Vacancy Rate	15%	27.49%	24.74%	25.54%	25.35%	24.09%	25.67%	25.58%	26.01%	20.85%	21.57%	22.06%	22.25%
26	Absence Rate	4%	3.94%	3.92%	4.08%	4.21%	4.32%	5.28%	6.26%	5.89%	5.83%	5.26%	5.07%	4.81%
27	Training Compliance	90%	92.30%	92.15%							95.73%	96.41%	96.50%	96.82%
28	PDR Compliance	90%	61.35%	58.71%	58.89%	60.87%	61.36%	65.30%	66.19%	67.70%	68.89%	70.46%	68.44%	80.30%
29	Service Desk Contacts		1030	1386	1127	962	1332	1121	1019	698	1303	1065	1095	
30	Service Desk CSAT Score	90%	96.11%	99.04%	93.24%	100.00%	95.60%	100.00%	92.39%	94.90%	98.30%	97.75%	97.85%	
31	% of PO Invoices	70%	71.63%	77.72%	69.02%	73.48%	77.18%	73.53%	67.05%	70.27%	68.60%	65.34%	51.30%	69.92%
32	Agency Costs	3.7%	8.20%	7.04%	5.37%	5.81%	4.12%	4.32%	5.48%	5.04%	6.63%	3.83%	5.86%	4.96%
33	Agency Costs - Adult Services	3.7%	11.98%	9.08%	6.85%	7.98%	6.72%	5.34%	6.89%	6.17%	9.15%	4.32%	7.22%	6.77%
34	Agency Costs - Children Services	3.7%	3.71%	4.70%	3.68%	3.34%	1.12%	3.14%	3.72%	3.64%	3.43%	3.28%	3.72%	2.78%

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

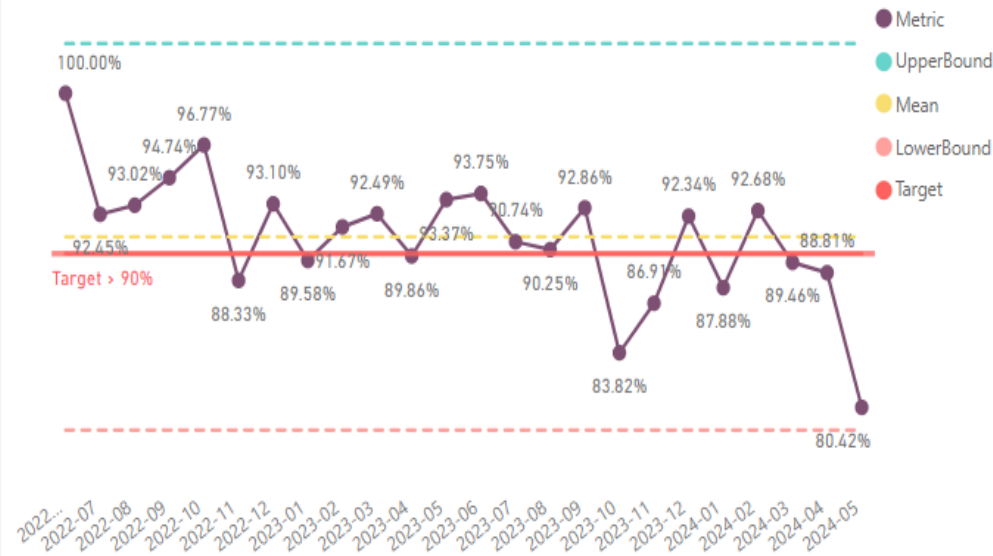
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# Quality & Clinical Governance

## Patient Experience

Friends & Family Test - Patient Satisfaction



### Summary

564 Friends and Family Tests (FFT) reviews were received during April/March 2024; of these 326 (57.8%) were for the walk-in-centres (WICs) at Ashford and Woking.

During April 2024, Ashford WIC saw 2476 patients, received 50 reviews, where 11 (22%) were negative about waiting times. Woking WIC saw 2482 patients, received 146 reviews, 15 (10%) were negative again citing waiting times. Car parking issues at Woking Community Hospital are also within the feedback.

The WICs target is to see, treat and discharge patients within 4 hours. In April 2024, 96% were seen at Woking and 97% of patients at Ashford WIC. One of the challenges for the service is the volume of patients arriving within the first four hours of opening when 60% of patients can arrive.

Implementation of the patient experience strategy is a priority; this will drive up the number of FFT reviews that the organisation receives.

### Actions

The Same Day Urgent Care (SDUC) business unit who oversees the WICs are implementing the following actions:

- Streaming to be undertaken every day.
- Direct referrals to Pharmacy First.
- Looking to introduce live waiting times in order to support expectations of patients.
- Prioritisation of 111 patients with the expectation that more patients will use this service as it gives them an arrival time.
- Implementation and monitoring of the patient experience strategy.

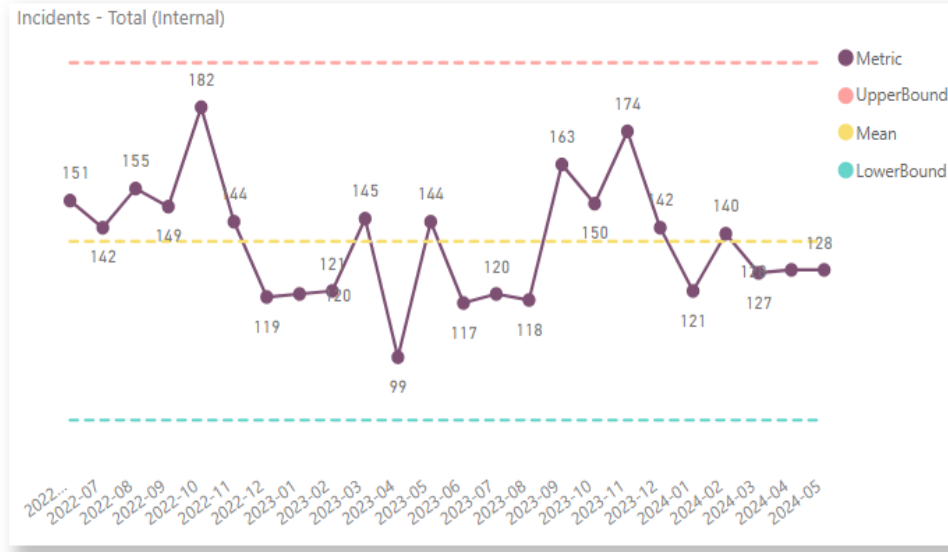
### Expected outcomes and timelines

- Streaming trials begin week beginning 10/6/24. Streaming is to be undertaken every day this ensures safety within the department and

	<p>signposts patients to alternative appropriate services quickly – pharmacy/GP/ED.</p> <ul style="list-style-type: none"><li>- Pharmacy First – training within the department has started.</li><li>- Live wait times – this proposal is being worked up.</li><li>- 111 prioritisation – this proposal is being worked up.</li><li>- Implementation plan for the patient experience strategy to be shared at July 2024's Quality and Clinical Governance group and to then report quarterly to the group.</li></ul>
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# Quality & Clinical Governance

## Patient Safety



### Summary

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

Adult's top three reported incidents remains, pressure ulcers, falls and medicines' management. There is an expected reduction in reporting for adult services following Walton hospital ward closure and this will affect the average incidents reported.

### Actions

Childrens – all parents were written to immediately relating to the ICO reported breach, detailing the error and apologising. No clinical information was shared, just email details of other parents. No further action taken by ICO. Further work is required to understand how this happened as this is the second incident of this kind in the last six months.

Actions from Medicines' incident – all special school nursing to repeat Medicines' Management training and Medicines' audit completed at schools by Pharmacist and Senior Nurse.

Adults – As part of our patient safety incident response framework (PSIRF) plan CSH has an oversight on pressure ulcers, untoward clinical events, access, admission, discharge, medicines, falls, information governance and violence/abuse of patients. As part of the plan, there will be quality improvement plans set up for each domain. For example, with pressure ulcer management the tissue viability service is exploring the use of digital capabilities and AI. The tissue viability team delivered a deep dive to QSC with recommendations on how to improve pressure ulcer care. For insulin administration, which makes a significant

	<p>number of our medicine-related incidents, there is planned work with an external organisation to review the service.</p>
	<p><b>Expected outcomes and timelines</b></p> <p>Weekly patient safety huddles will continue to explore reported patient safety incidents through the week to identify areas of shared learning.</p> <p>Quality Improvement (QI) groups have been set up as part of the QI efforts targeted at implementing the PSIRF plan.</p> <p>The woundcare digital app will be rolled out in July 2024 as a pilot for a year, then further reviewed.</p>

# Quality & Clinical Governance

## Infection Prevention and Control (IPC)

Severity	Number of incidents
Low harm	18
No harm	19
<b>Total</b>	<b>37</b>

		No. cases in Q1	No. cases in Q2	No. cases in Q3	No. cases in Q4
MRSA B	CSH Attributed	0	0	0	0
	Non CSH attributed	0	0	0	0
Ecoli B	CSH Attributed	0	0	0	0
	Non CSH attributed	0	0	0	0
Covid19	Probable or Definite	1	6	10	4
	Indeterminate	0	4	8	5
CDI	CSH Attributed	0	0	1	1
	Non CSH attributed	0	0	0	0

### Outbreaks:

- Three outbreaks identified and managed across Alexandra and Hersham Wards: 1 x Flu and 2 x Covid-related. Total of nine patients affected. Outbreak meeting notes on file.

### Incidents:

- RCA for *C. diff* infection case - 2 on Alexandra Ward (4.3.24). Initial huddle 6.3.24. RCA currently in final draft
- 2 x Covid patients (no outbreak), recorded for national reporting
- 5 x sharps injuries

### Actions

- Measles communication - Comms and IPC have developed a Blink info page for measles, everyone to access as needed. CFHS to consider using or similar for Allie
- Asepsis training now available on ESR. L&D to ensure the asepsis competency assessment on Datix is up to date
- 2024-25 IPC report to be updated. Covid to be removed as no longer required to be reported to NHSE/UKHSA.
- Update to the quarterly IPC assurance template for managers to include patient facing establishment in each team completing the audit, to ensure all staff are compliant with completion of the audit.
- National Cleanliness Scores repeatedly noted as below compliance in some locations.

### Expected outcomes and timelines

All actions are monitored through the Strategic IPC Group.

# Quality & Clinical Governance

## Duty of Candour (DOC)

DOC incidents reported March – April.

Notifiable Safety Incidents Reported	2
Initial DOC Completed	2
Final DOC Completed	1
DOC Breached	0
DOC in Progress (not due)	1

### Summary

Two notifiable safety incidents were reported in March and April 2024: both have had duty of candour completed. The final report has been shared for one incident; the second incident is on target to be shared within time scale.

There is one open duty of candour incident (Reported 17/11/2023). DOC due on 23/03/2024. Report approved by ICB on 28/05/2024 DOC in progress.

### Actions

Complete DOC for outstanding incident report.

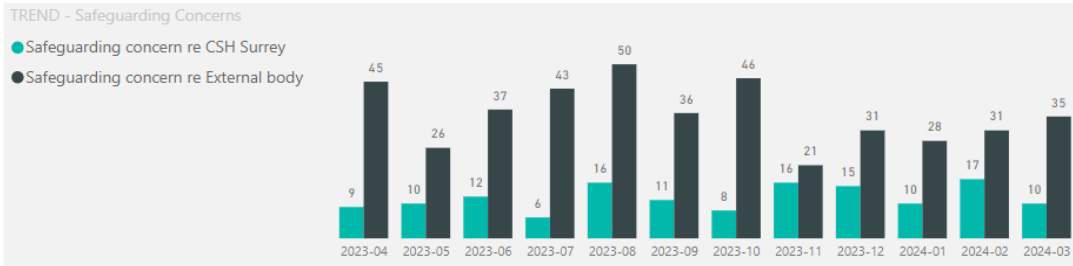
### Expected outcomes and timelines

DOC to be monitored by the Quality & Clinical Governance Group moving forward.



# Quality & Clinical Governance

## Safeguarding – Adults



### Summary

The table provides an overview of the safeguarding adult concerns raised both by CSH members of staff and by referrals to social care from other providers regarding the care provided by CSH. 429 safeguarding of these concerns were raised externally, whilst 149 of safeguarding referrals were raised from CSH: a total of 578. These numbers are an increase in comparison to 2022/2023 where there were a total of 536 concerns raised. The increase in the referrals being raised reflects increasing knowledge and awareness of safeguarding responsibilities.

Weekly safety huddles led by patient safety ensure learning in practice on how we manage and respond to abuse, and allegations of not meeting the care needs of a patient. PSIRF as it becomes embedded will help teams work together to look at how we can learn from incidents to safeguard our patients, when providing care and treatment and whilst embedding a Just Culture. This will help minimise the number of incidents occurring and concerns being raised.

### Actions

The Safeguarding Nurse Consultant is working with the Interim Head of Safeguarding and other safeguarding leads within Surrey to look at a framework/threshold for Section 42s.

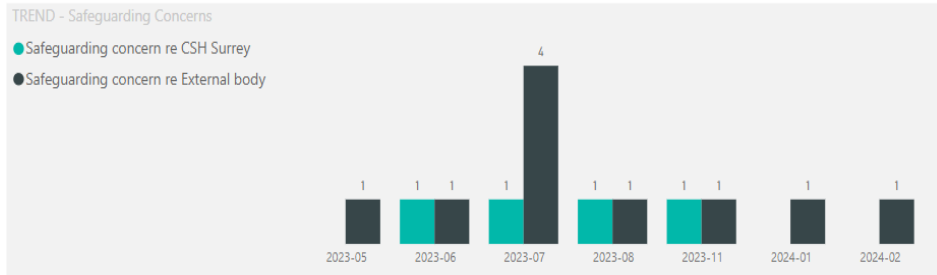
Strengthening multi-agency working between the local authority and the safeguarding team at CSH, by arranging a meeting to review the S42s.

For the safeguarding team within CSH to work in partnership with the patient safety team, through the PSIRF plan which will help to explore how to respond to patient safety incidents for the purposes of learning and improving, with a compassionate engagement and involvement of those affected by patient safety incidents.

	<p><b>Expected outcomes and timelines</b></p> <p>By working together as a partnership and developing a framework will streamlined process across Surrey.</p>
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# Quality & Clinical Governance

## Safeguarding – Children & Family Health Surrey (CFHS)



### Summary

Over the reporting year there were a total of 14 safeguarding concerns raised: four of these were raised from CSH Surrey, and 10 of these were raised externally. Neglect, physical abuse and domestic abuse continue to be the highest categories of concern. These have been raised from safeguarding supervision or from staff attending external meetings such as MARAC (multi-agency risk assessment conferences).

There has been an increase in domestic homicide reviews which the safeguarding team are contributing to. The domestic abuse agenda is a key focus, where policies and training are being reviewed to incorporate wider learning within CSH.

There were a total of 3,426 strategy meetings attended over the reporting year, compared to 2022/23 of 3,749. Whilst the numbers reflect a reduction, these numbers demonstrate the significant impact on the safeguarding team of attending these meetings

### Actions

A strategy has been developed and shared at director-level, so strategy meetings can be moved to 0–19 services.

Review safeguarding children's training.

Children's data continues to be a focus this reporting year to ensure the data being captured is aligned.

### Expected outcomes and timelines

The HCP and Community nurses to shadow and attend strategy meetings with the view to start attending representing health.

If the training reflects on the learning from partnership reviews which are key to CSH this will help mitigate further risks.

Having an aligned data set will help with trends, themes and highlighting gaps areas which need to a strong focus.

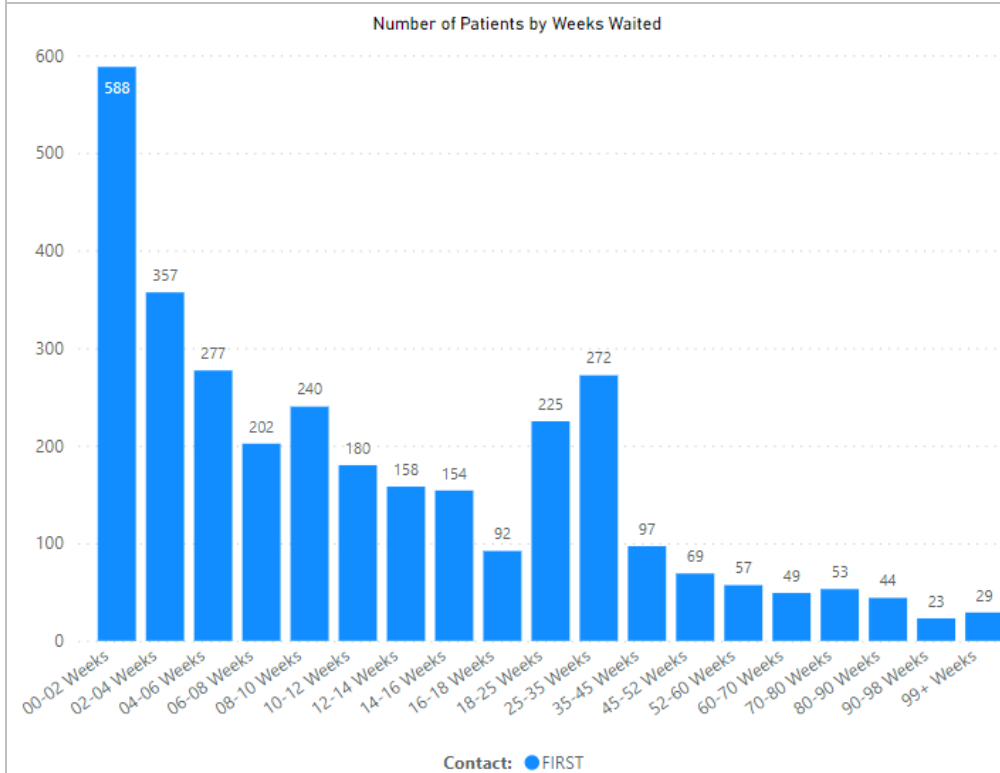
# Clinical Services – Adults

## Urgent Waiting Times

TopLevelService	No of Patients	Longest Waiting Weeks	Average Weeks Wait	Median Weeks Wait	Summary
Adult Speech & Language Therapy	493	107	44.12	41	<p><b>Summary</b></p> <p>Waiting times continue to be a concern for the organisation. Targeted work within CRT and SLT is being undertaken. A specific action plan is due to be taken to the Executives on 17/06/24.</p> <hr/> <p><b>Actions</b></p> <p>2 x Band 6 agency staff within CRT are supporting and undertaking triage.</p> <p>The integrated neighbourhood team within Spelthorne undertook a waiting list triage review for two days in May 2024 which is anticipated to have a positive impact on waiting list.</p> <hr/> <p><b>Expected outcomes and timelines</b></p> <p>CRT - the impact of the two agency nurses should be shown in the data</p> <p>To update the Board on the impact of the total triage days and the agreed actions following review of the waiting lists with actions in June 2024.</p>
Diet - Care Home ONS	74	118	39.47	40	
Diet - Domicillary	53	87	26.85	21	
Podiatry	21	25	9.19	5	
RCT (Respiratory Care Team)	16	22	7.75	7	
Continence	11	12	7.36	9	
CRT (Community Rehab Team)	10	25	11.20	11	
Complex Wound Clinic - Spelthorne	4	3	1.25	1	
Heart Failure	3	8	3.67	2	
Complex Wound Clinic - Thames Medical	2	2	1.50	2	
Complex Wound Clinic - Woking	1	1	1.00	1	
<b>Total</b>	<b>688</b>	<b>118</b>	<b>38.70</b>	<b>34</b>	

# Clinical Services – Adults

## Waiting times



### Summary

Waiting times, particularly in a number of services such as SLT and CRT, have increased and this, when coupled with long standing backlogs, has led to poor patient experience and outcomes and an increase risk of patient harm.

### Actions

CSH is taking action and has commissioned a piece of work which is being undertaken by a CSH clinician with experience in planned care and the management of waiting lists. To date, the following has been completed:

- Cleansing of waiting list data with a particular focus on those waiting the longest through review of records and contact with individuals.
- There have been meetings with relevant service/team leaders and clinical and administrative staff within SLT and CRT and a review of a range of performance data held by the teams and the organisation.
- Observational visits including patient referral meetings and initial appointment in SLT to map the referral pathways.
- Review of anonymised case of patients with a Long-Term Condition, tracking service interventions/input over the period since referral
- Further telephone contact with longest waiters to ascertain whether referral is still needed – individuals may have already received treatment through another service.

### Expected outcomes and timelines

Next Steps during June 2024.

- Ongoing review of waiting list data and also sample of cases to ascertain whether patients could be discharged with information on Patient Initiated Follow up (PIFU) who are waiting for CSH services
- Further work on the consistent use of productivity metrics which will also support benchmarking.

	<ul style="list-style-type: none"><li>• Reaching out to exemplar sites to discuss innovations that may support practice across the system.</li><li>• Implementation of initiatives that will increase capacity and improve access for patients.</li><li>• Ongoing support of colleagues in managing change</li><li>• Embedding the use of PIFU across all CSH services.</li><li>• This work and progress to date will be presented and discussed with the CSH Executive Team and the NWSA Board in June / July 2024.</li></ul>
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# Clinical Services – Adults

## Commissioning for Quality & Innovation (CQUIN)

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%	85.7%
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%

**Summary**

Investigation is being undertaken to understand our CQUIN data. CSH is currently an outlier when compared to other organisations, due to the high achievement in numbers. It is known that each organisation has reported in different ways when looking at these CQUINs and this has affected the datasets submitted.

The lower leg wound assessment data is now as would be expected, work to cleanse the data and ensure that the data capture is correct has been completed. Work is required for inpatient malnutrition and pressure ulcers.

CQUINs are unlikely to be reported this financial year, it is expected that they will become Local Quality Requirements (LQRs). The Quality directorate is working with the ICB and other providers to define what these will be. It is anticipated that the current CQUINs will transfer to LQRs.

**Actions**

To ensure that all assessments are standardised and that templates are completed as opposed to writing in the main body of the clinical record, training is required to complete this – time line not defined.

To continue to review the data and ensure that we are reporting the correct data.

To understand how the wound care app pilot could support this data collection.

**Expected outcomes and timelines**

Time lines have not been defined.

# Clinical Services – Adults

## Pressure Ulcers (PU)

See separate QSC paper

### Summary

There were 13 pressure-related injuries across the wards in March and April 2024: 10 were inherited, and 3 were acquired. Appropriate steps were taken with care planning. 1 acquired injury escalated to MASH (multi-agency safeguarding hub) as indicated, and outcome closed with no further action required.

Community acquired/ inherited PU remain significantly high. Following a review by the Tissue Viability Nurse, causative factors that will be addressed internally include:

1. Not completing risk assessments
2. Limited holistic assessments
3. No individualised care planning
4. Delay in ordering equipment
5. Poor dressing selection – Duoderm and Softpore, Adaptic touch, Aquacel Ag, Biatain Silicone. Overuse of antimicrobials
6. Not using aSSKING framework (surface, skin inspection, keep moving, incontinence / moisture, nutrition / hydration)
7. Poor recording keeping – having to search for information.

### Actions

Robust, holistic assessment of patients for their risk of PU formation – as evidenced by our previous CQUIN percentages. Also keeping evidence of any skin lesions/PUs (ie photos) to illustrate the result of the patients plan of care. This then demonstrates if the care plan is working or not.

Actions/outcomes shared with staff monthly.

### Expected outcomes and timelines



# Clinical Services – Adults

## Out-of-Hours (OOH) Acute Patient Transfers

Information not provided

### Summary

March 2024 – OOH GP activity (2 wards) 10 ward visits and 18 calls

April 2024 – OOH GP activity (1 ward) 1 ward visit 10 calls.

22 untoward clinical incidents (11 per month), 20/22 OOHs. 12/22 were re-admitted for intervention, 6/22 returned following review +/- advice/medical intervention, 3/22 passed away after return to acute, awaiting mortality review.

### Actions

We are now all on one site, which enables us to provide better medical continuity without having split medical cover between two distantly located sites and we are currently reviewing the medical model for the ward – to be in place by July 2024

We have improved access to POC testing at Woking, with POC testing being based in UCR, and will explore getting more of the ward staff trained for this – May 2025

Potential opportunities with diagnostic centre to improve access to imaging on site at Woking (CT etc) which would help reduce transfers – May 2025

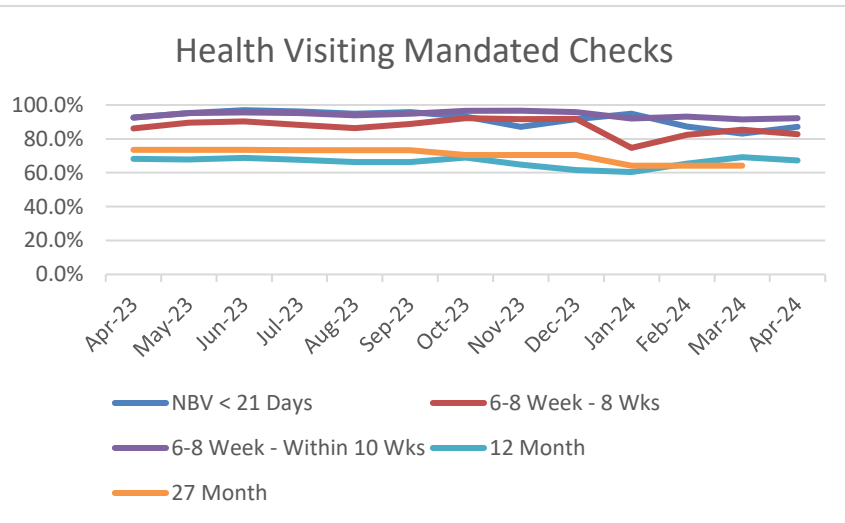
Currently have two specialty doctors working on ward, focus on advanced care planning, personalised care planning with appropriate training being put in place.

### Expected outcomes and timelines

As above.

# Clinical Services – Children & Family Health Surrey (CFHS)

## Health Visiting Mandated Checks



### Summary

The affordable establishment continues to impact compliance with mandated checks, although the offer remains 100%. Children with complex needs are prioritised and so the impact is on universal families. New service offer and tolerance levels for compliance has been agreed with commissioners.

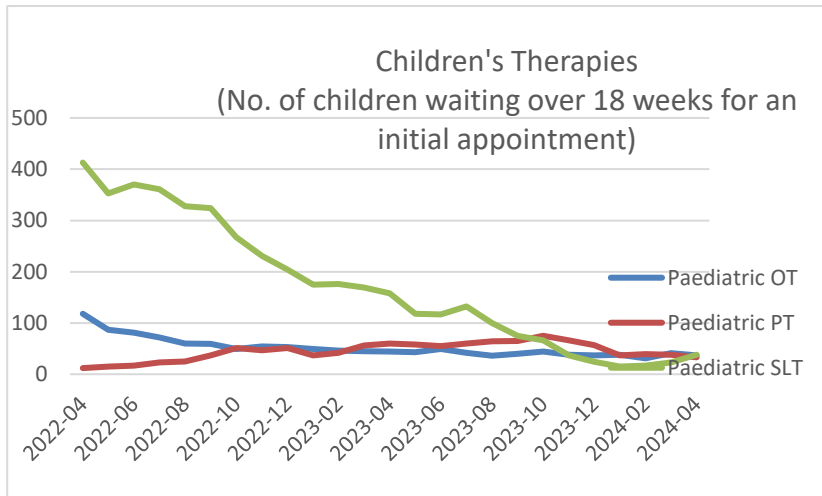
### Actions

A New Birth Visit at home for all families continues to remain the service's top priority above all other contacts. Reporting of New Birth Visits up to 21 days as per commissioner agreement is in place and within this tolerance level we achieve 83.3% compliance. This has dipped in the last month and we are reviewing this with service manager.

### Expected outcomes and timelines

# Clinical Services – Children & Family Health Surrey (CFHS)

## Waiting Times – Therapies



**Summary**

Therapy waiting times for an initial assessment continue to reduce or have stabilised, as clinical services are prioritising this initial contact. The impact of affordable establishment is that waiting times for intervention are increasing.

**Actions**

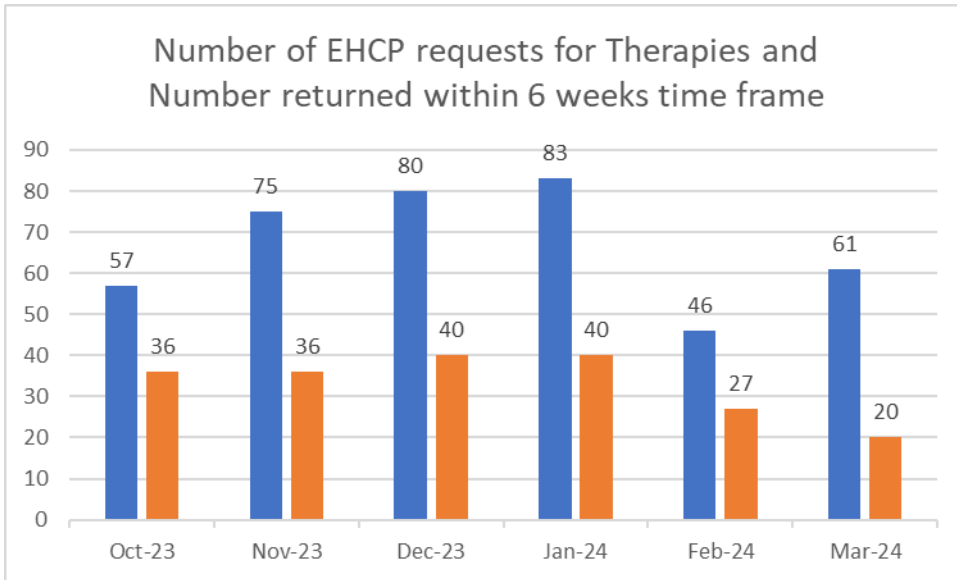
Services are continuing to monitor impact and report to commissioners on a monthly basis.

Services continue to prioritise based on clinical need (ie EHCPs – education health care plans), with the agreement of commissioners.

**Expected outcomes and timelines**

# Clinical Services – Children & Family Health Surrey (CFHS)

## Education, health care plan (EHCP) compliance



### Summary

The table shows the number of therapy requests for information as part of the EHCP assessment process and the second figure is the number of reports returned within the statutory six-week time frame. Currently, our overall compliance is 33%.

### Actions

EHCP assessment is impacted by the affordable establishment and prioritisation based on clinical need as some EHCP are low clinical needs.

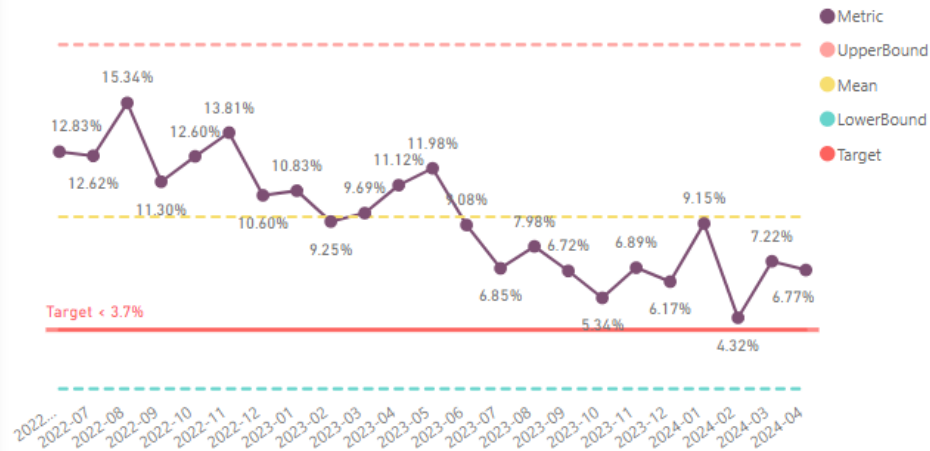
This information is reported monthly to the Surrey County Council EHCP Task and Finish Group which is aiming to increase % compliance with reporting.

### Expected outcomes and timelines

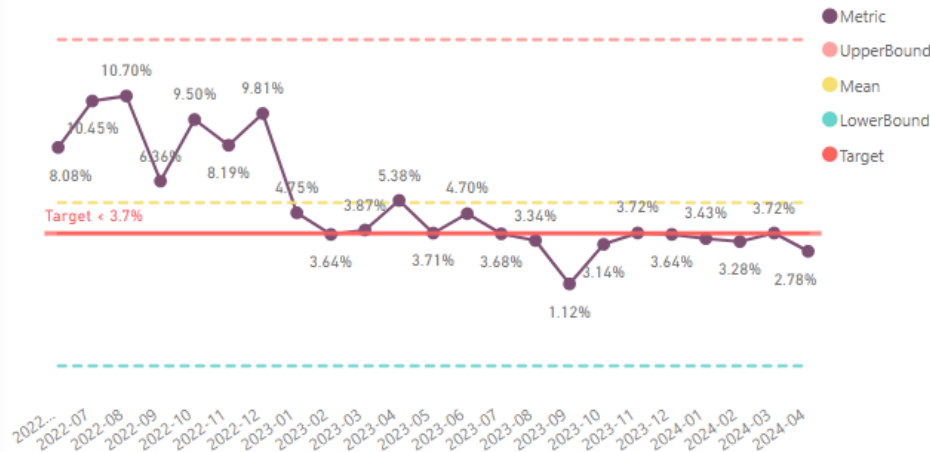
# Finance

## Agency Costs

Agency Cost - Adult Services



Agency Cost - Children Services (Excl. CHC)



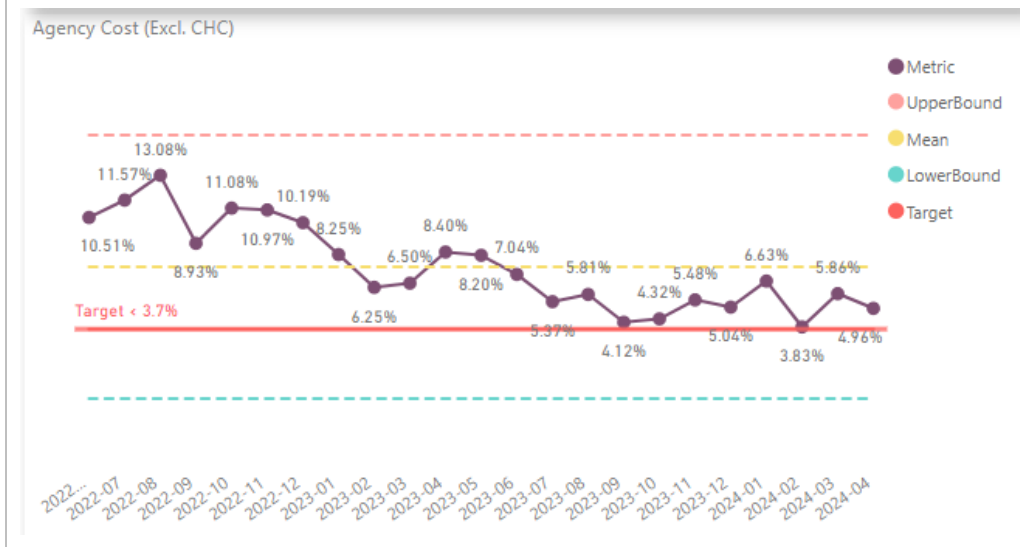
**Summary** (Please provide a summary of activity)

**Actions** (Please outline actions taken or required. Please indicate where any actions require partner involvement or are outside of CSH's control)

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

# Finance

## Agency Cost – excluding continuing health care



**Summary** (Please provide a summary of activity)

**Actions** (Please outline actions taken or required. Please indicate where any actions require partner involvement or are outside of CSH's control)

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

# Estates

## Estates rationalisation

### Summary

Estates rationalisation, specifically within the NW Alliance and Dukes Court.

### Actions

Works commenced at Dukes Court to surrender 50% of leased space. This will reduce CSH non-funded costs. Space to be released will be legally handed back to Woking Borough Council at midnight on 2<sup>nd</sup> July 2024.

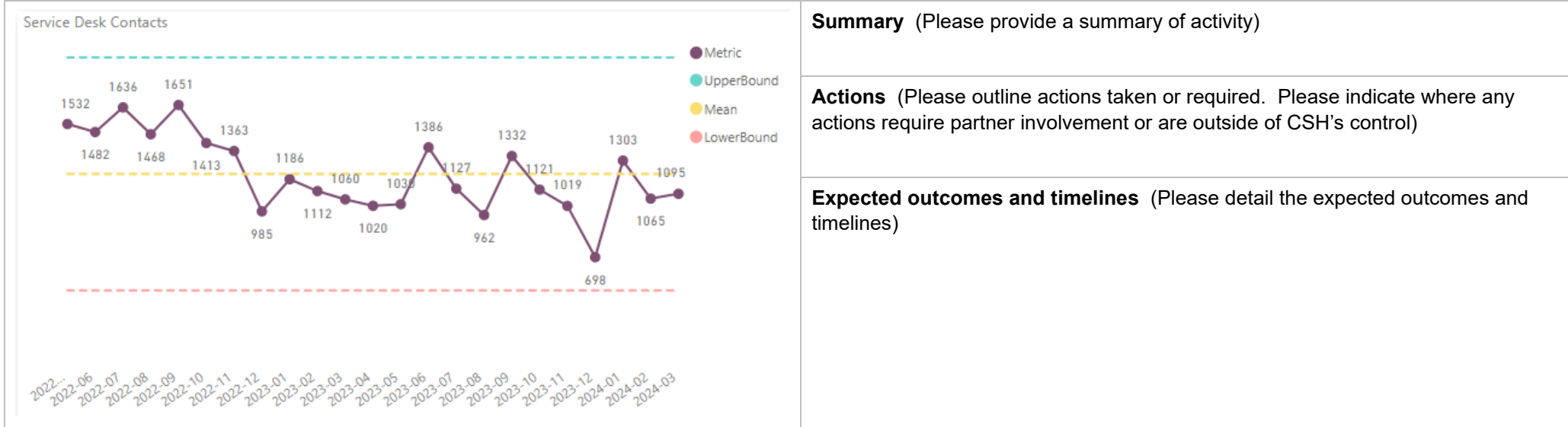
Teams to relocate from Walton Health Centre to Hospital. This will save a further £102k over a full fiscal year.

Children's continence team have now been relocated to Leatherhead Clinic from the main hospital, with space assigned to Surrey Downs.

### Expected outcomes and timelines

# Digital

## Service Desk Contacts and Satisfaction Scores



**Summary** (Please provide a summary of activity)

**Actions** (Please outline actions taken or required. Please indicate where any actions require partner involvement or are outside of CSH's control)

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



# Digital

## Information Governance (IG) incidents

Information in Digital report	<b>Summary</b> (Please provide a summary of activity)
	<b>Actions</b> (Please outline actions taken or required. Please indicate where any actions require partner involvement or are outside of CSH's control)
	<b>Expected outcomes and timelines</b> (Please detail the expected outcomes and timelines)

# Digital

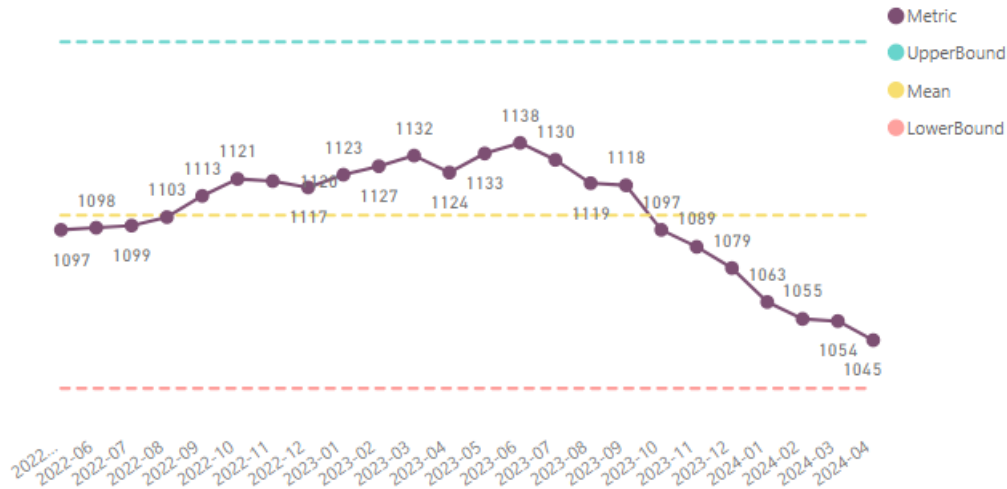
## Subject Access Requests (SARs)

Information in Digital report	<b>Summary</b> (Please provide a summary of activity)
	<b>Actions</b> (Please outline actions taken or required. Please indicate where any actions require partner involvement or are outside of CSH's control)
	<b>Expected outcomes and timelines</b> (Please detail the expected outcomes and timelines)

# People & HR

## Headcount

Headcount



### Summary

Headcount figures continue their downward trajectory with a reduction from the last report of 10.

Children’s services have increase by one since the last report in February 2024, adults services have decreased by nine and enabling teams have reduced by three.

### Actions

Inpatient wards – there has been an overall reduction in headcount relating to the ward consolidation from 40.51 across the two wards to 36.08 at end of April 2024

The reduction in enabling teams will be as a result of holding vacancies to ensure we can meet efficiency taregts for 2024/25.

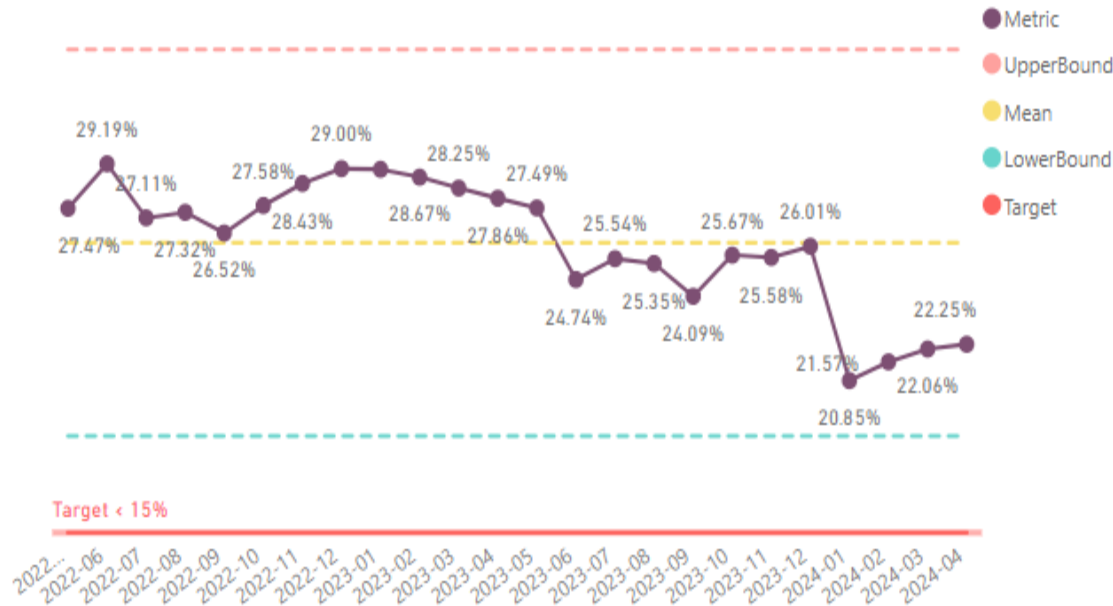
### Expected outcomes and timelines

We expect the trend in enabling to continue and to see further reductions whilst we look to deliver the workforce expectations of 2025/26.

# People & HR

## Vacancies

Vacancy Rate



### Summary

Vacancy rates have increased slightly since the last report from 21.57% to 22.25%. This increase is due to increase in children’s and enabling teams.

Children’s services have increased from 16.93% in February 2024 to 17.78% in April 2024.

Adults services have decreased from 27.07% in February 2024 to 26.85% in April 2024.

Enabling teams have increase from 18.51% in February 2024 to 21.25% in April 2024.

### Actions

For enabling teams, it is expected that the vacancy rate will continue to trend upwards as we plan for the workforce targets for 2025/26.

Inpatient wards – the new ward model for nursing resulted in only a 3.8% vacancy factor within the new establishment. There remains a vacancy factor within inpatient therapies for qualified positions, with ongoing vacancy review and recruitment at 40%.

RCT – challenging recruitment ongoing into qualified posts but looking for alternative solutions by reviewing establishment posts, vacancy 23%.

Community Nursing recruitment is being supported from an Alliance perspective which has provided added value.

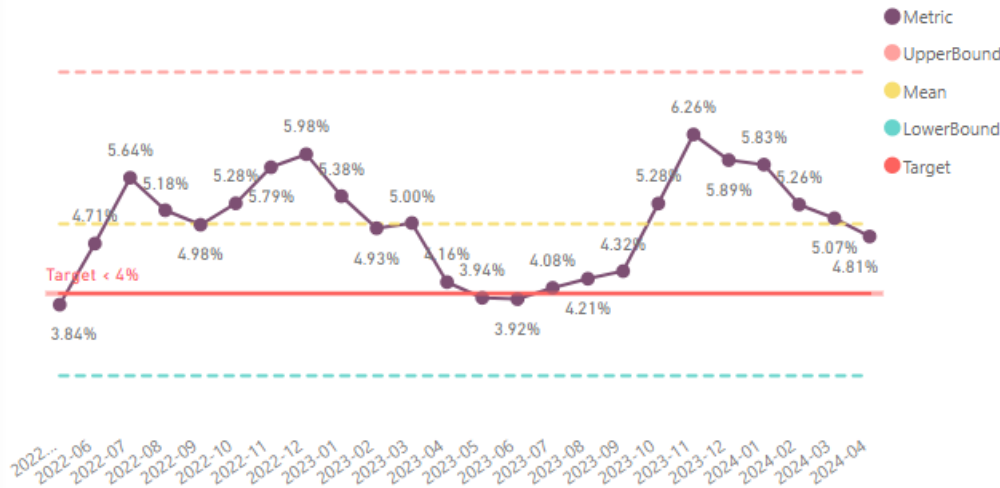
Vacancy rate in UCR remains high (25%) with the biggest gaps in Band 6 therapies and out of hours nursing. Good use of Bank across the 24hr period and minimal agency (used to cover out of hours shifts) however there are still gaps in the rota which impacts capacity. Skill mix being reviewed and new Band 6 paramedic practitioner role started in May 2024. Active recruitment ongoing.

	<p><b>Expected outcomes and timelines</b></p> <p>For enabling teams, it is expected that the vacancy rate will continue to trend upwards as we plan for the workforce targets for 2025/26.</p> <p>Inpatient wards – further internal recruitment to deliver the Band 3 and 6 roles against the new model will alleviate this vacancy. This is likely to be delivered within four weeks. There has also been a 4.71 resignations at Band 2 across March/April 2024 with some projected leavers by mid-June 2024. Resulting vacancies in the establishment will be recruited to. One member of agency staff converted to substantive in inpatient therapies with one further potential subject to application and interview.</p> <p>UCR – Demand and capacity review in progress and review of bank useage. Aim to reduce vacancy rate with substantive staff and continue skill mix review.</p>
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# People & HR

## Absence Rates

Absence Rate



### Summary (Please provide a summary of activity)

Absence rates fluctuated as expected through the year, and continue to fall as we approach the spring/summer months. There has been a reduction of 0.45% since February 2024 and we are heading back towards our target of 4%.

Childrens services have reduced by 0.25% since February 2024 and enabling teams have reduced by 0.97% since February 2024 and are now below the target of 4%, at 2.90% in April 2024.

Adults services rate have increased slightly by 0.21% in April 2024 but are still down by 0.46% since February 2024.

### Actions

Absence rates for enabling teams are below the target now; however, we will continue to monitor as necessary and provide interventions as appropriate.

Sickness absence in community nursing has shifted from high long-term sickness (LTS) and low short-term sickness (STS) to low LTS and higher STS over the past two months.

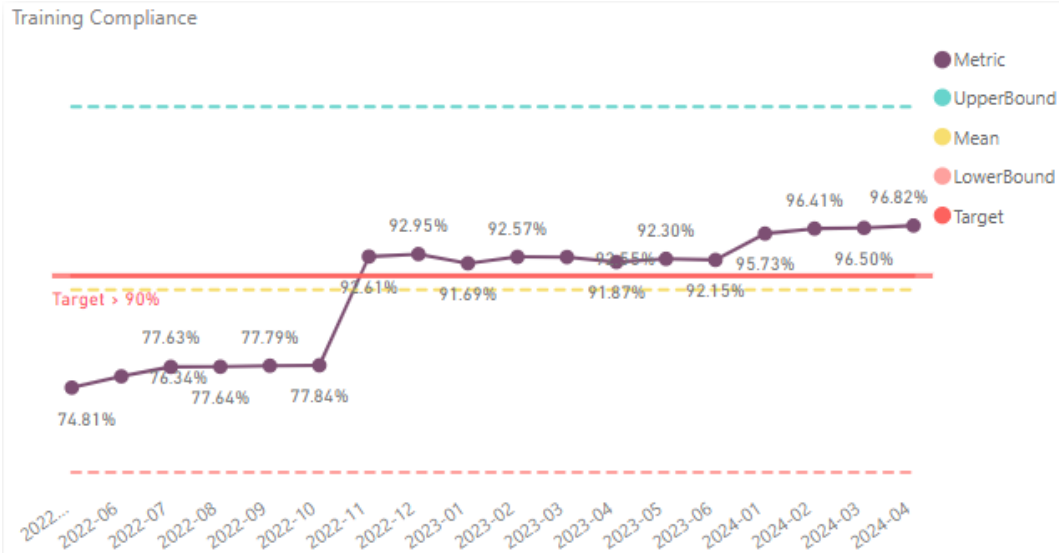
### Expected outcomes and timelines

In Quarter 4, the highest reasons for management referrals to occupational health (OH) were for mental health and MSK concerns.

As confirmed in the last PPFC meeting, we are working to support staff in a number of ways and have various interventions available through OH and Vivup. These include a physio service for any work related MSK concerns, an organisational stress assessment toolkit, and lots of services linked with staff health and wellbeing.

# People & HR

## Learning & Development – training compliance



### Summary

Following a six-month deep dive of all statutory and mandatory requirements undertaken by the L&D team, a new organisational training needs analysis document was created. This new version reflects all statutory, mandatory and local training requirements across all roles within the organisation. The new list aligns to Core Skills Training Framework which is a legal requirement requiring all providers to ensure full compliance with latest version controls.

The new document also included the introduction of new training mandated by NHS England (NHSE) following government recommendations, an example being the full Oliver McGowan training package for all employees working with any aspect of the care system.

The latest stat and mand training requirements went live 1<sup>st</sup> March 2024, with an amnesty of three months for all new training to be completed before including in the June 2024 compliance report.

Reminders to colleagues are shared frequently to help ensure compliance does not reduce at the end of the amnesty period.

The above work has been extremely timely as it has recently been announced that NHSE are going to bring under their training & education department responsibility for the governance of all sector skill bodies such as the National Resus Council, Skills for Care etc. The ambition of which is to ensure all organisations are aligned to latest version control, promote consistency & quality of training, and reduce duplication by the introduction of the Digital Training Passport.

CSH L&D are signed up to be involved in the roll out of this initiative and will provide PFFC, QSC and the Board updates on progress.

### Actions

L&D are working along with Surrey Heartlands ICB to create a system approach to the roll out of the Oliver McGowan training package. The

steering group have come up with an agreed approach including funding to sustain provision centrally for two years.

CSH are currently sitting at 91.86% compliant for the first stage (online e-learning), with Tiers 1 & 2 are now planned to begin within the next three months.

The detail for the rollout of the Oliver McGowan training package will be included in the PPFC papers. Board & Executive-level agreement will be required to support the implementation of Tiers 1 & 2 due to impact on capacity within BAU.

**Expected outcomes and timelines**

It is our intention that all stat and mand training compliance remains above 95%. The work involved to ensure all ESR functions responsible for mapping training to position codes & recording compliance has been stripped back and fully reloaded against new training needs analysis.

We hope that following this extensive work, colleagues will feel confident in undertaking their training which is an accurate reflection of all role requirements.

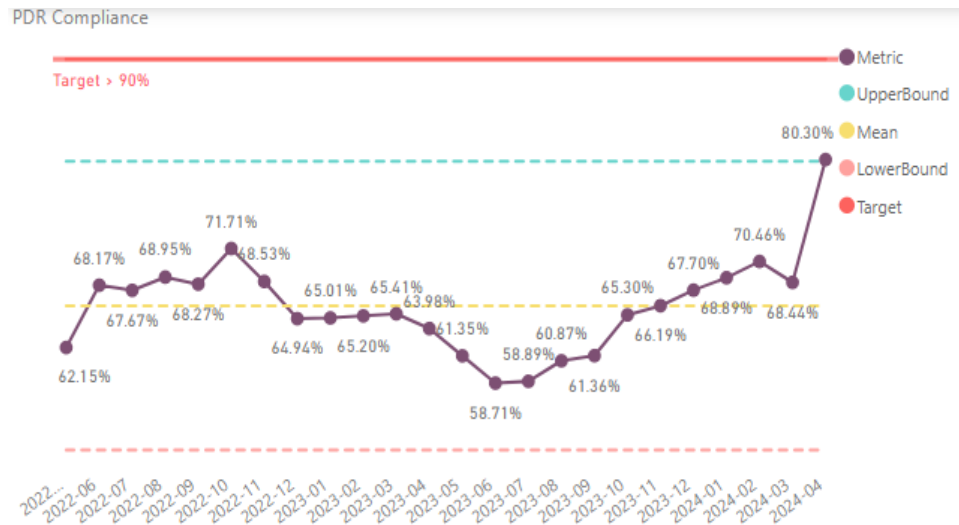
**Timelines**

Monthly review is undertaken of all new positions and compliance against all training listed. This will continue to ensure reporting remains live, accurate and organic to any new changes or recommendations.



# People & HR

## Learning & Development – PDR (performance & development reviews) compliance



### Summary

Following the implementation of a new PDR / Career Conversation document alongside 1-2-1 support provided by L&D to line managers, PDR compliance has started to increase which is welcomed by all.

The new template reflects similar touch points as those included within the NHSE Scope for Growth version, but with a more user-friendly approach, we felt. We did share our draft with NHSE representative and they were happy we along with other providers took on responsibility for creating our own version.

ESR is still used to capture the dates for PDRs. However line managers and their direct reports are now able to enjoy the benefit of less stress around trying to combine a PDR/appraisal conversation with navigating ESR to capture the details.

This has been achieved by the creation of a new word template which includes all aspects for a rich PDR/appraisal conversation such as health & wellbeing, behaviours framework, objective setting, career aspirations, training requirements and much more.

Compliance and feedback suggests that line managers are now feeling happier in undertaking the type of PDR/appraisal they are more confident with, in the knowledge that ESR can be used solely to capture the dates etc required for compliance reporting. Documentation for PDR/appraisal can be uploaded if required to ESR, but most documents are held locally in direct reports e-files.

### Actions

All actions undertaken by L&D have been included in the above narrative.

### Expected outcomes and timelines

Timelines: Monthly monitoring will continue along side line manager support sessions to help ensure PDR compliance continues on the current trajectory which is to reach above 95% .

## Central Surrey Health Limited

<b>Title of paper:</b>	People Report
<b>Meeting:</b>	Board of Directors' meeting in public
<b>Meeting date:</b>	2 July 2024
<b>Agenda Item:</b>	Item 8
<b>Purpose of paper:</b>	For assurance

### Has this paper been discussed at other meetings or committees?

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

### Board assurance framework

<b>Author – Role:</b>	Director of People
<b>Director:</b>	Camilla Bellamy
<b>Date prepared:</b>	20 June 2024

### Executive Summary – Items to highlight:

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

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

## 1. Purpose of report

- 1.1 This paper aims to provide the Board with assurance on key People-related activity and the Putting People First Committee (PPFC) report supplements to this paper. The PPFC focuses on the five pillars of the People Strategy.
- 1.2 This paper and the People agenda are implicitly linked with the CARE values.

## 2. People Strategy

### 2a. Core Key Performance Indicators (KPI)

- 2.1 The table below provides an update on the core people related KPIs.

Measure	Target	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	CQC Domain
Headcount (no.)	n/a	1119	1098	1090	1080	1064	1056	1055	1046	1036	Responsive
Retention/ Turnover rate (annual FTE%)	15	19.96	21.04	17.90	17.93	17.71	18.26	17.92	17.68	19.44	Well-Led
Vacancy rate (%)	15	24.36	25.95	24.43	24.86	21.08	21.73	22.22	22.40	23.21	Responsive
Statutory Training compliance (%)	100	N/A*	N/A*	N/A*	N/A*	98.42	98.80	98.80	98.99	98.75	Responsive
PDR (% completed)	100	61.36	65.39	66.26	67.77	68.78	70.37	68.42	80.33	61.64	Caring
Absences – Sickness (% overall)	4	4.27	5.45	6.48	6.12	5.80	5.26	5.10	4.97	4.77	Caring

### 2a Enhanced KPIs

- 2.2 We have now finalised our new KPIs following the work we undertook with the health informatics team and are reporting them through to the PPFC. The KPI metrics can be seen at Appendix One, with the current KPI narrative for May 2024 available at Appendix Two.

### 2b Staff Survey Action plan

- 2.3 The draft staff survey action plan is attached at Appendix Three and has been developed following a number of engagement sessions. The action plan is thematic with four key areas which were chosen specifically for areas where we decreased by 3% or more in the RAG rating from 2023, and our top and bottom five scores. There is also some focus on key areas such as bullying and harassment, discrimination and speaking up.
- 2.4 A number of these actions are already underway and through August and September 2024 we will work on the 'we said, we did' campaign in preparation for the 2024 survey, run in October 2024.
- 2.5 We are again aiming for a 5% increase in responses rates in 2024 and hope to improve on our RAG rating scores from 2023.

## 2c *Flu/Covid Vaccination Programme*

- 2.6 As confirmed at the previous Board meeting, the government guidance for the 2024/25 flu vaccination programme has now been released and flu vaccination is based on the advice and recommendations of the Joint Committee on Vaccination and Immunisation (JCVI).
- 2.7 We had understood that there would not be a covid vaccination programme for healthcare workers during the 24/25 winter season. However, we understand from Surrey Heartlands colleagues that they have been told to prepare for frontline Health and Social Care Workers to be offered a Covid-19 Vaccination this Autumn/Winter 2024. This is just subject to final confirmation from the JCVI. We will therefore need to prepare for both as well.
- 2.8 A meeting of the flu vaccination project team took place in June 2024, and we discussed how we might look improve on our rates from 2023/24. Surrey Heartlands ICB have confirmed they will be happy for CSH staff to attend their vaccination clinics, and they will share a list of all participating pharmacies across Surrey. We are looking into the possibility of running clinics across CSH this year and the immunisation team are kindly looking at how they can provide additional support. We will also ensure we have a voucher scheme as back up to other options.
- 2.9 The hope is that with these different options, along with the simpler reporting process that we had in place last year, that our figures will improve.

## 3. **Learning and Development**

### 3a *Oliver Mc Gowan Training*

- 3.1 The learning and development team are working along with Surrey Heartlands ICB to implement a system approach to the roll-out the Oliver Mc Gowan training package. The steering group have come up with an agreed approach including NHSE funding for ICB to sustain administrative provision centrally for two years.
- 3.2 CSH are currently sitting at 91.86% compliant for the first stage (online e-learning) with Tiers one and two planned to begin within the next three months. Tier One is a 90-minute interactive webinar, that needs to be undertaken by all non-patient facing colleagues.
- 3.3 Tier Two is a one-day, face-to-face training session that all patient facing colleagues including non-clinical colleagues, are required to undertake.

## 4. **HR Services**

### 4a. *Exit interviews*

- 4.1 The Exit Interview report for 2023/24 is included at Appendix Four. In the last financial year, 266 colleagues left CSH Surrey and 88 of these colleagues shared feedback as part of the leavers process.
- 4.2 According to ESR data, the overall findings show that for voluntary resignations, the top four reasons for leaving CSH were:
- Other / not known (70 people at 30.93%)
  - Retirement (23 people at 10.17%)

- Employee transfer (TUPE) (20 people at 8.84%)
- Relocation (20 people at 8.84%)

4.3 By contrast, the top three reasons for voluntary leavers according to 88 responses (online and paper exit questionnaires) were:

- Organisation – policies, culture, etc. (26 people at 29.54%)
- Career progression (23 people out of 88 respondents 26.13%)
- Location and travel (14 people at 15.90%)

4.4 We are looking to implement a revised leavers process in 2024/2025 to help address the data quality issue (blanks/ unknowns) which will provide us with greater intelligence around why people are leaving. A monthly review of the exit interview information will also be undertaken as part of the monthly reporting of the HR KPI information which will help address any arising issues in a timelier manner.

4.5 The percentage of colleagues expressing an interest to return to CSH for employment has seen a reduction by 2%, to 54% from 56% in 2023. The organisation has seen a decline in this percentage year on year, which remains a cause for concern. The concerns around the NHS pay award, the uncertainty around the Children's contract and the transformation across NWS Alliance may have been a contributing factor.

4.6 As reflected within the staff survey results, the qualitative feedback gathered suggested that the sense of belonging at a team level remained positive, including support from managers. Training opportunities offered as part of continuous professional development has also been positively received. Staffing shortages remains a key area of concern.

#### 4c *Non-consolidated pay award – impact on benefits*

4.7 As confirmed in the previous paper, we were successful in our bid to received funding for the 2023/24 non-consolidated pay award and this was paid to staff in April 2024. Following a number of requests from individuals and via the Voice, we developed a process for colleagues to request that non-consolidated pay award payments to be spread out into instalments, which would avoid an impact on any benefits that they are receiving.

4.8 15 colleagues chose to spread their payments and the majority of those colleagues had their payments spread over 12 months, either by choice or default if we did not hear back on a payment schedule.

#### 4d. *Freedom to Speak Up Champions*

4.9 Following approval at the PPFC, we are now looking to further develop our Freedom to Speak Guardian offer by developing a network of Freedom to Speak Up Champions. These champions will help to pick up some of the proactive work of the service, including highlighting the work of the Speak Up service, effective signposting for colleagues, promoting a positive speak up culture and keeping up to date with national update and initiatives.

4.10 These champions will be supported by our joint FTSU Guardians, who due to their backgrounds are able to provide professional support on a clinical and non-clinical basis. We believe this will provide the best possible service for the organisation with senior oversight from the Chief Executive.

- 4.11 At CSH, we are unique in our constitution in that we have the Voice representatives who play a vital role in ensuring that co-owners' views are known and taken into account as part of any decision-making process. We are therefore working with the Co-Chairs of the Voice to enable the Voice representatives to pick up the role of FTSU champions. The reason for this, would be that another network of colleagues doing what is a similar type of role, might cause confusion and being able to find volunteers with the time and relevant skills to carry out the role would be difficult.

## 5 Communications

### 5a Internal communications

- 5.1 The team supported preparations for the annual Star Awards which this year were held at RHS Wisley Gardens on Friday 21 June 2024 – Employee Ownership Day. The team have also supported with a number of projects including the bed-base reduction at Hersham Ward, community diagnostic centre at Woking Community Hospital and Dukes Court transformation.
- 5.2 A week-long programme of events and activities took place in the run up to International Nurses Day, on Sunday 12 May. Four video clips of colleagues recorded at the Jarvis Centre, Guildford, were each viewed by approximately 40% of our workforce.
- 5.3 Now that Blink has replaced the intranet, activity and engagement has increased. 97% of colleagues are registered on Blink with 90% of these active in the past 30 days.

### 5b Children and Family Health Surrey (CFHS)

- 5.4 The Unicef Baby Friendly reaccreditation process was supported by communications including production of new posters ahead of the Unicef Assessors' visit.
- 5.5 The CFHS website and Extranet Allie continue to be regularly updated including new tongue-tie referral information that also appear in the Surrey Heartlands Primary Care newsletter.
- 5.6 Inside Look readership ranged between 56% and 65% open rates from the end of March to May, with Trudy Mills's resignation all staff email being opened by 70%.

## 6 System, regional and national items

### 6a Industrial Action

- 6.1 The BMA have announced that Junior doctors will hold a five-day "full walkout" ending just 48 hours before the general election. The strike will start at 7am on Thursday 27 June and end at 7am on Tuesday 2 July 2024. It will be the eleventh strike by juniors since March 2023.

### 6b Agenda for Change non-pay commitments

- 6.2 The Agenda for Change (AfC) pay deal, agreed last year between government and the NHS Staff Council, included a number of non-pay commitments. The ten non-pay commitments complement the ambitions that are set out in the NHS Long Term Workforce Plan and include looking at ways to improve retention and career development of the NHS workforce. The ten agreed commitments are:

1. Identifying measures to improve support for **newly qualified healthcare professionals**.
2. Amendments to the AfC terms and conditions to support existing NHS staff to develop their careers through **apprenticeships**.
3. Identifying ways that **career progression** could be improved for nurses.
4. Reviewing the **process that is used to set pay** for AfC staff, to ensure that this operates effectively.
5. Developing recommendations to support the fair and consistent application of the NHS job evaluation scheme, helping staff to be confident that they are in the **appropriate pay band** for the work they are asked to do.
6. Reviewing and developing arrangements for **safe staffing** drawing on comparative best practice evidence from across different healthcare systems and settings
7. Identifying ways to tackle and **reduce violence** against staff.
8. Amending the NHS Pension Scheme to ensure that staff with 'special class status' can **retire and return to work in the NHS** without the previous limits on how much work they can do when they return.
9. Identifying changes that could be made to the AfC terms and conditions to help reduce reliance on **agency workers**.
10. Considering the introduction of a cap so that **redundancy payments** would not exceed £99,999.

6.3 Work will continue to progress over the coming months, and we will continue to keep the board update as matters progress.

## 7. Other updates

### 7a *Frailty Hub GP consultation*

7.1 The consultation with the Hub GPs closed 14 June 2024. One-to-one meetings are currently taking place and we are moving into the implementation stage. We will be looking to fill the roles in the new model on a permanent basis.

### 7b *NorthWest Surrey (NWS) Alliance consultation*

7.2 We are continuing with the NWSA consultation process. At the moment, the focus is on the integrated neighbourhood teams and the move to develop 12 teams in line with the service needs. The urgent care response and walk-in centres (UCR/WICs) are not affected by the changes as they are part of the Same Day Urgent care business unit, and those staff will be informed of this in writing. Similarly, the X-ray teams are not affected by the changes either as they aligned to the Borough-wide services. The manager of Xray services will have a change of line manager and will report to the new Community Diagnostic Manager that is currently being recruited too. The process is currently facing a delay of between two and four months before going live, which is now likely to be in the Autumn 2024.

### 7c *Multi-agency partnership team (MAP)*

7.3 The purpose of this consultation is to implement the relocation of team members in CSH's Childrens MAP services from their current base in Quadrant Court to the new base in Victoria Gate. Quadrant Court is an old building and needs many repairs, this is an opportunity to co-locate several Surrey children social care services which includes the MAP.

### 7d *Insurance renewal*

7.4 We have renewed our Directors and Officers policy for 2024/25. This is the policy that provides us access to legal advice on employee relations matters. This contract will continue through until end of March 2025 and as part of the contract, we have access to legal Hub for queries. This supports the team, especially when dealing with complex casework.

### 7e *Occupational Health contract*

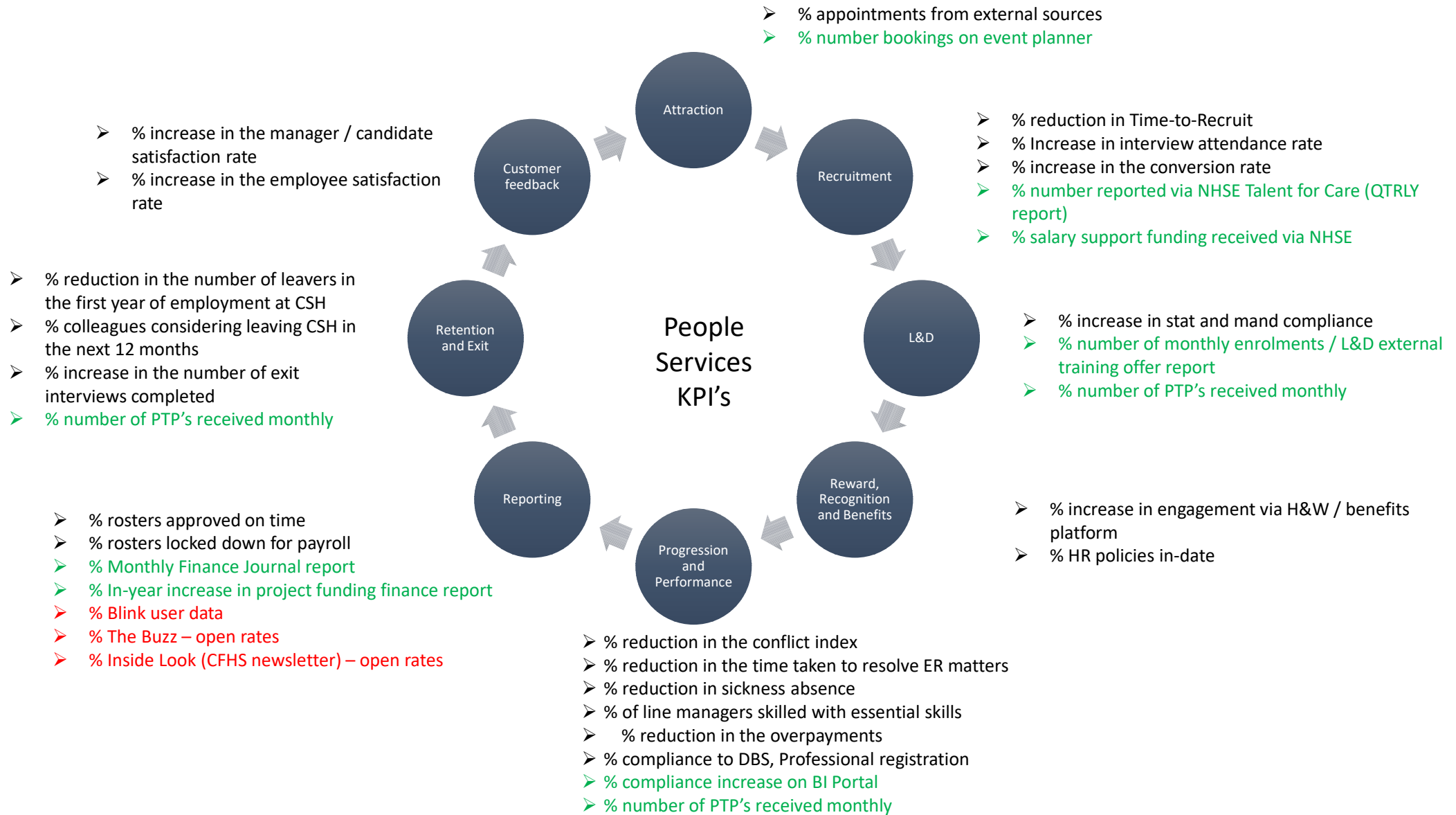
7.5 The contract we have with Epsom and St Helier NHS Hospital NHS Trust has been extended for 2024/25 on a 12-month basis. This allows us to consider what service we will need through 2025/26, once we have clarity on our children's services contract.

## 8. Recommendations













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

End of report





Area	KPI	Target	Previous month	Current month	Trend	Comments / Action	Note
Attraction	% appointments from external sources (non- NHS jobs)	10%	0%	0%		Monthly meeting set up with the NWS Alliance recruitment hub to collaboratively on projects. The team will also be working with NHSP on a joint recruitment event.	
Recruitment	% reduction in Time-to-Recruit	60 days	60	64		The main increase is from vacancy to publish, from 2 days in March to 9 days in April. Break it down to service, we understand that Children and adult are normal around 2-4 days, but enabling took 20 days to complete this stage, which has huge impact to the time to hire KPI.  However, the pre-employment check, we have reduced the average 3 days, from 23 days to 20 days which is big progress for the team. Increase due to one vacancy in enabling which took 20 days to approve due to the manager going on annual leave.  If the vacancy is not affected the time to hire this month, we should at least bring the KPI down to 60 days.	
	% Increase in interview attendance rate	95%	one interviewee arrived at the incorrect address.	no reports of unattended interviews		The team are calling all applicants 2 working days before interview to confirm attendance, and venue.	
	% increase in the conversion rate (applicant to appointment)	1:4 from interview	35/83/79/13 (new vacancies/applications/interviews/appointments)	39/148/162/23. (New Vacancies/applications/interviews/appointment)		39 new vacancies open in April, resulted in 148 applications and 162 booked interviews. It is important to note that the data represents when the interview is booked, not when the interview took place. So interviews can take place in April or May.	
Rewards and Recognition	70 % increase in engagement via H&W / benefits platform  % HR policies in-date	70%	70.00%	72%		Recent cleanse took place and Vivup engagement figures slight increase.  HR policies : Maternity, Paternity & Adoption (April 24) & Disciplinary Policy (Feb 24) were approved at staffside, these need further updating therefore below target and the aim to update in May 2024, Kate needs to make the necessary changes as there were formatting issues and missing information. Q&G team aware.  Domestic Abuse Support for Staff Workforce Policy - expired in Dec 2023 - Q&G team advised of delays Gurpreet aware.  5.2% HR policies not upto date (in April 2024), 95% HR policies in date.  <i>(since KPI meeting 21/05/2024, both Maternity, Paternity &amp; Adoption (April 24) &amp; Disciplinary Policy (Feb 24) were published with the additional amendments w/c 20/05 - hyperlinks - therefore 1.75% HR policy is not in date. 98.25% HR policies are in date effective May 24)***</i>	Planned to promote the vivup for signing up.
	% reduction in the conflict index		2.77%	0.83%		Conflict index - 0.83% 9 open cases 2 x org. change (adults), 2 grievance (adults and CFHS) 3 capability (adults and CFHS, 2 x disciplinary (adults) . This is positive change as number of open cases has reduced.	
	% reduction in the time taken to resolve ER matters	Resolve ER cases within 56 days (8 weeks)	160 days (Enabling), 105 days (Adults), 73 days (Adults) 197 days (Adults)	X 1 (357) days Enabling		Open cases: (April) 2 x Org change (Adults) 2 x Grievance (Adults and CFHS ) 3 x Capability (Adults & CFHS) 3 x Disciplinary (Adults)  1 closed cases in April 2024 x1 capability (underlying health reasons) (Enabling 357 days)  This is positive change as the number of formal employee relations cases have decreased from 4 in March to 1 in April 2024. Please be advised that the formal case relates to sickness absence, where closure time to 8 weeks is not possible to achieve (unlike a formal disciplinary or grievance) as has to go through the attendance management policy and manage and support staff on long term in line with the policy	

Progression and Performance	% reduction in sickness absence	Reduce the organisation sickness absence rate by 1% across the year (4% organisation)	5.26%	4.83%		<p>For three contracts, sickness absence has decreased to 4.83% in April. This has reduced by 0.27%). The main reasons for sickness absences across the contracts are due to; anxiety and depression 16 % Cold, cough, flu 15%, other known causes 11%.</p> <p>Adults – STS 2.39% in April (2.21% March) - increased by 0.18%. LTS in April 3.53% (3.42% March) - increased by 0.11%. There has been an increase in of 23% absences related to stress/ anxiety. Main areas affected adult's services admin, community hospital, community nursing)</p> <p>CFHS – STS 1.18% in April, decreased from March by 0.6%. LTS in April 3.47%, increased by 0.6% The main reason for sickness is anxiety, stress and depression at 21.88%, cold,cough, flu 18.75% and other known causes 12.5%. Main departmental areas are health visiting, occupational therapy, and continuing health care, immunisations teams Enabling - STS April 0.77% in April , reduced by 0.25% in March LTS – April 0.84% reduced by 3.05% from March. The main reasons for sickness are 25% other known causes, 25% unknown. Therefore achieved target of 1% reduction in sickness absence.</p>	<p><b>Recommendation :</b> General themes are that there is an increase in stress, anxiety and depression across children's and adults' contracts for both short (sickness under 4 weeks absence) and long-term sickness absence. The People Partners continue to link in with the Health and Well-being Practitioner to run well-being sessions. Staff continue to be supported by line management and signposting to external services ie. Vivup. The Health, Wellbeing and inclusion practitioner has rolled out 50 sessions and seen over 737 staff over in group sessions over the last 12 months. (this data will need to be updated when back from leave). Working with the people partners to deliver these sessions.</p>
	% of line managers skilled with essential skills	100% of line managers to have undertaken HR essentials and case management training	1 x Training sessions in March, 1) HR cases	X1 Investigation training (7 attendees)		1 x HR Investigation training sessions were delivered in April, as this is rotated every other month, with 7 attendees. This equates to <b>2.47%</b> of band 7 and above managers. No HR cases managers training delivered in April.	
Reporting	% reduction in the overpayments (data provide retrospectively)	30% reduction over 12 months	58 open cases Total value £82,867	£92,945		Significant crease due to overpayment of £10k pulling through. This is currently being discussed and will be partly paid with owed annual leave with the remainder being written off.	
	% compliance to DBS	100%	90%	100%		100% compliance for DBS's due in March (12)	
	% compliance Professional registration	100%	100%	100%		100% compliance for professional reg (24)	
	% rosters locked down for payroll	% rosters locked down for payroll	14.85%	22.44%		Unfinalised rosters has increased compared to the previous month, due to unavailabilities of roster approvers after the Easter Bank Holiday period, this led to a increase in unfilased rosters. Direct communications and designated training is offered by the Healthroster team to support staff with rostering.	
Retention and Exit	% reduction in the number of leavers in the first year of employment at CSH	To reduce number of leavers first 12months	0	0%		No figures for Oct for % of people looking to leave within 12 months. Not currently an area for concern.	
	% colleagues considering leaving CSH in the next 12 months		0%	0%		5 reponds and no one consider to leave within 12 months	
	35% to increase in the number of exit interviews completed	35%	23%	53%		Better levels of feedback on exit report this month- April 24. New system in place online only but can be completed with People Partners or manager.	
Customer Feedback	% increase in the manager satisfaction rate (recruitment survey)	>4.5	5	3		The communication with manager for the process and the purpose of pre-employment check will need to eudcate more, we don't currently have a steamline process for new starter including recruitment, people service and L&D etc.. Managers are satisfied for the internal move in general but still need to work on the understanding of process for managers.	
	% increase in the candidate satisfaction rate (recruitment survey)	>4.5	3.4	4.75		only one person to complete the survey, however, the experience is overall satisfied.	
	% increase in the candidate satisfaction rate (4 week survey)	>4.5	4.6	5		(Mar) the respond rate is decreased and only one person completed the survey so far.	
	% increase in the employee satisfaction rate (6 month survey)	>4.5	4.5	4.9		the responses and satisfactions are also increased. 6 responded but no comments.	

Staff Survey Action plan						
Feedback themes	Areas for improvement	Initiatives	How will this be achieved	Timeframes	Responsible owner(s)	What does success look like / how will we measure this
<b>Reward and Recognition</b>	Colleagues feeling undervalued and having to cope with a lot of change, which is unsettling. This also means that some staff aren't feeling any sense of loyalty or attachment to CSH and are looking to leave the organisation.	<ol style="list-style-type: none"> <li>1. Encourage the use of Blink to thank colleagues</li> <li>2. Consider implementing long service awards</li> <li>3. Run a number of OD sessions aimed at supporting colleagues during transition and working in a changing environment.</li> <li>4. Ensure that we have a regular flow of positive news stories circulating across the organisation and making sure we continually promote success stories.</li> </ol>	<ol style="list-style-type: none"> <li>1. We will ensure the initiative is readvertised on Blink and will share via Steve's Buzz. We will also place a reminder about the 'recognise a colleague' feature in the People Partner updates that are shared at SLTs across the organisation. A session will also be run at the SLT and we will look to ensure it is mentioned at induction for new starters.</li> <li>2. A sub-group of the recruitment and retention focus group has been formed to review and implement long service awards for CSH staff. The aim of the group is to put forward recommendations and initiatives from across the organisation to recognise staff who have worked at CSH for 5 years+ , for consideration to the Board for implementation.</li> <li>3. The OD resource in the People services team will work on a programme of change sessions across the clinical services and enabling teams.</li> <li>4. The internal communications team will continue with highlighting good news stories across the organisation and will further promote the use of the recognise a colleague process.</li> </ol>	<ol style="list-style-type: none"> <li>1. By end of July 2024</li> <li>2. By end of October 2024</li> <li>3. By end of December 2024</li> <li>4. By end of March 2025</li> </ol>	<ol style="list-style-type: none"> <li>1. Camilla Bellamy</li> <li>2. Deputy Directors</li> <li>3. Camilla Bellamy</li> <li>4. Will Flower</li> </ol>	<ol style="list-style-type: none"> <li>1. An increase in the number of recognise a colleague notices on Blink. An increase in the RAG ratings in the Your Organisation scores in the 2024/25 staff survey.</li> <li>2. An increase in the RAG ratings in the Your Organisation scores in the 2024/25 staff survey.</li> <li>3. An increase in the RAG rating for involving colleagues in changes in the workplace.</li> <li>4. An increase in the RAG ratings in the Your Organisation scores in the 2024/25 staff survey.</li> </ol>
<b>Staff Health, Safety and Wellbeing</b>	Some colleagues feel they have a poor/work life balance with bullying and harassment taking place in some teams.  Physical and verbal abuse from patients being experienced by some colleagues	<ol style="list-style-type: none"> <li>1. Encourage colleagues to take regular breaks during the working day</li> <li>2. Encourage colleagues to plan their annual leave, maybe taking some time off in each quarter</li> <li>3. Encourage the use of the lone work app</li> <li>4. Remind staff to report incidents on Datix, so they can be investigated</li> <li>5. Encourage wellbeing conversations during 1:1s and PDRs.</li> <li>6. Highlight the existing CSH staff networks (they meet every six weeks)</li> <li>7. Ensure colleagues are aware of the Wellbeing Champions (they meet every three months)</li> <li>8. Encourage colleagues to request a wellbeing/inclusion support visit</li> <li>9. Ensure the weekly posts for colleagues continue (wellbeing/diversity topics)</li> <li>10. Help staff to feel supported at work and that they are able to bring their wholeness to work and be safe from bullying, harassment and discrimination.</li> </ol>	<ol style="list-style-type: none"> <li>1. We will work to ensure all managers are supporting their teams to be able to take their lunchbreak and will suggest the blocking out of the relevant time in their diaries on a daily basis to protect the time.</li> <li>2. Ensure managers are reminded through the monthly workforce report presented at SLTs as well as scheduled reminders on Blink through the year. We will also present data to the PFFC to ensure the time taken and to be taken is monitored.</li> <li>3. Managers will be reminded to promote the lone worker app and a review will take place through the Health and Safety Committee of the support available and it's effectiveness.</li> <li>4. The Quality and Safety team will ensure regular reminders are given via their various meetings as well as regular updates and reminders through Blink.</li> <li>5. Equip all leaders with the knowledge, skills, and tools to have effective wellbeing conversations, one-to-ones, and PDRs to support individuals.</li> <li>6. Ensure the networks are promoted through all team meetings, the Senior Leadership Group meeting, The Equality Impact Group, the Voice and other forums. The networks will also continue to be promoted through Blink.</li> <li>7. Ensure the wellbeing champions are promoted through all team meetings, the Senior Leadership Group meeting, The Voice and other forums. The champions will also continue to be promoted through Blink.</li> <li>8. Continue to promote all H&amp;W being services via all routes including Blink and at management forums.</li> <li>9. Through regular posts on Blink and via the Equality Impact Group.</li> <li>10. Expand membership of our staff networks to provide safe spaces for supported conversations, and the sharing of ideas, concerns, and feedback. We should also continue to embed the behaviours framework, and our CARE values, in everything that we do</li> </ol>	<ol style="list-style-type: none"> <li>1. By end of December 2024</li> <li>2. By end of December 2024</li> <li>3. By end of December 2024</li> <li>4. By end of September 2024</li> <li>5. By end of March 2025</li> <li>6. By end of March 2025</li> <li>7. By end of March 2025</li> <li>8. By end of March 2025</li> <li>9. By end of March 2025</li> <li>10. By end of September 2025.</li> </ol>	<ol style="list-style-type: none"> <li>1. All line managers</li> <li>2. People and Internal Comms colleagues</li> <li>3. Gregg Hayman and Health and Safety reps</li> <li>4. Rado Dobransky</li> <li>5. Learning and Development colleagues</li> <li>6. Zareena Linney-Waine</li> <li>7. Zareena Linney-Waine</li> <li>8. Zareena Linney-Waine</li> <li>9. Zareena Linney-Waine</li> <li>10. Zareena Linney-Waine</li> </ol>	<ol style="list-style-type: none"> <li>1. An increase in the RAG scores for various questions in the Health, Wellbeing and Safety at Work scores in the staff survey</li> <li>2. Better balances for annual leave usage through the year.</li> <li>3. An uptake in the number of users of the app</li> <li>4. An increase in the number of finalised action plans on Datix with incidents followed up and closed with the learning outcomes clearly stated.</li> <li>5. An increase in PDR rates and an increase in the RAG rating for the Health, Wellbeing and Safety at Work scores in the staff survey</li> <li>6. An increase in the number of attendees at our staff networks.</li> <li>7. An increase in number of colleagues reaching out to our wellbeing champions.</li> <li>8. An increase in the number of colleagues accessing Vivup benefits and support from Occupational Health and an increase in the health and wellbeing indicators in the 2024 survey.</li> <li>9. Continued presence on Blink for health and wellbeing initiatives.</li> <li>10. An increase in the number of colleagues attending the staff networks.</li> </ol>
<b>Speaking up and raising concerns</b>	Colleagues need to feel safe when raising issues and concerns.	<ol style="list-style-type: none"> <li>1. Once Freedom to speak up guardian appointed, they will organise a "call out" campaign to encourage colleagues to speak up when they see inappropriate behaviour/language.</li> <li>2. Socialise the new Freedom to speak up policy; to ensure all colleagues are aware of the new policy</li> <li>3. Training to be provided so they know how to handle difficult situations</li> <li>4. Behaviour framework to be republished and promoted</li> </ol>	<ol style="list-style-type: none"> <li>1. We have plans to create a network of FTSU champions that can help to raise awareness of the FTSU process, support with signposting staff as well as helping to promote a positive speak up culture. We also want to help raise awareness of the FTSU process through the telling of stories from those who have spoken up and have had a positive experience.</li> <li>2. The socialisation of the new policy will be undertaken via internal meetings such as the Senior Leadership group, directorate senior leadership teams meetings and other fora such as through the Voice and our Trade Union colleagues.</li> <li>3. We will continue to offer various training for those needing to manage difficult conversations.</li> <li>4. The behaviours framework will have a new focus and will be promoted across the organisation via Blink and other Organisational Development interventions. Presentations will be given at SLTs across CSH and the Voice meetings.</li> </ol>	<ol style="list-style-type: none"> <li>1. By end of August 2024</li> <li>2. By end of August 2024</li> <li>3. By end of March 2025</li> <li>4. By End of July 2024</li> </ol>	<ol style="list-style-type: none"> <li>1. Camilla Bellamy / Sarajane Poole</li> <li>2. Camilla Bellamy / Sarajane Poole</li> <li>3. Camilla Bellamy / Sarajane Poole</li> <li>4. Camilla Bellamy / Sarajane Poole</li> </ol>	<ol style="list-style-type: none"> <li>1. The introduction of a network for FTSU champions and an increase in the RAG scoring for feeling safe to speak up.</li> <li>2. The policy being published on the intranet along with an associated article speaking about the importance of FTSU.</li> <li>3. An increase in the number of session being run on managing difficult conversations.</li> <li>4. Delivery of the session at the various meetings as well as a reduction in the RAG ratings for the discrimination and bullying and harassment scores in the staff survey.</li> </ol>
<b>Recruitment and Retention</b>	Reduced staffing levels and unfilled vacancies have impacted staff Make CSH a safe and inclusive workplace where colleagues feel they can bring their whole self to work.	<ol style="list-style-type: none"> <li>1. Review the methods used to advertise vacant posts – consider using social media more to advertise posts</li> <li>2. Ensure that we work to deliver a more engaging career path for colleagues across the organisation and to provide individual career conversations to support individuals.</li> <li>3. Ensure that staff are making best use of the training available to them and that the personal development plans developed during PDR conversations are being delivered.</li> <li>4. Enhance the recruitment process for all those involved.</li> <li>5. Ensure that we listen to feedback from colleagues across the organisation on their onboarding and offboarding experience.</li> <li>6. Work to improve the use of, and understanding of, the benefits package that comes with working at CSH including all our supporting family friendly and inclusive policies.</li> <li>7. Improve our staff health and wellbeing offer, specifically linked to sustainability.</li> </ol>	<ol style="list-style-type: none"> <li>1. Managers to engage in the Recruitment and Retention focus group and CSH to work closely with partners with regards to the NWS Talent Hub. Internal Communications will also support and provide training for better use and engagement with social media channels.</li> <li>2. Career discussion and career pathways to be discussed during 1:1s and PDRs and support provided to obtain necessary training and development to aid career progression. We will also ensure that we enable colleagues to work shadow in order to gain experience in other roles.</li> <li>3. Encourage managers to work with their staff to access CPD (continuing professional development) funds, when available.</li> <li>4. Continue to digitise the process and make forms and processes smarter and more user friendly.</li> <li>5. We will develop new People Services KPIs and will monitor trends and feedback from exit interview report on a regular basis.</li> <li>6. Run engagement session on Blink and increase awareness through our workforce reporting channels.</li> <li>7. Work with our wellbeing champions and other internal and external people, teams, and organisations, to successfully deliver our Green Plan promises in relation to wellbeing. This includes developing green spaces, engaging in local and national health and wellbeing challenges, and helping colleagues reduce their fuel and energy use to support financial wellbeing as well as the environment.</li> </ol>	<ol style="list-style-type: none"> <li>1. By end of December 2024</li> <li>2. By end of March 2025</li> <li>3. By end of March 2025</li> <li>4. By end of December 2024</li> <li>5. By end of June 2024</li> <li>6. By end of December 2024</li> <li>7. By end of March 2025</li> </ol>	<ol style="list-style-type: none"> <li>1. Alastair Edwards</li> <li>2. All line Manager with learning and development</li> <li>3. All line Manager with learning and development</li> <li>4. People Services team</li> <li>5. People Services team</li> <li>6. All line managers and the people services team</li> <li>7. Zareena Linney-Waine</li> </ol>	<ol style="list-style-type: none"> <li>1. An increase in the number of recruitment posts on social media and a stabilisation of turnover rates.</li> <li>2. A stabilisation of turnover rates, a reduction in vacancy rates and an increase in the RAG scores across the Personal Development category in the staff survey</li> <li>3. A stabilisation of turnover rates, a reduction in vacancy rates and an increase in the RAG scores across the Personal Development category in the staff survey</li> <li>4. An increase in our People Services customer satisfaction scores.</li> <li>5. An increase in our People Services customer satisfaction scores.</li> <li>6. An increase in the RAG ratings on the staff survey in the your organisation category</li> <li>7. A reduction in sickness absence and an increase in the your health, wellbeing and safety at work category in the staff survey.</li> </ol>

Title of document	<b>Exit Report for leavers between 1 April 2023 – 31 March 2024</b>
Date	April 2024
Expected outcomes	This report is for information, supporting the People Plan, recruitment and retention strategies and other related plans including health and wellbeing, EDI, WRES and WDES action plans.
Recommendation	The Executive team are asked to note the findings and approve the report for further circulation with the newly merged Recruitment & Retention Focus group, to draft an action plan that incorporates the findings from this report, as well as 2024 Gender Pay Gap, Workforce Race Equality Standard (WRES), and Workforce Disability Equality Standard (WDES) reports. Once approved, this action plan will be incorporated into business plans to improve turnover and retention.
Executive Summary	<p>This report provides an analysis of the feedback received from leavers between 1 April 2023 – 31 March 2024.</p> <p>Data extracted from ESR, which shows that the total number of voluntary leavers in this period was 226 leavers and 88 people responded to the exit questionnaire, representing 38.93% who responded. This is an increase from respondents of 4.28% of exit interview completions in comparison to 1 April 2022- 31 March 2023.</p> <p>According to ESR data, the overall findings show that for voluntary resignations, the top four reasons for leaving CSH were:</p> <ul style="list-style-type: none"> <li>• Other / not known (70 people at 30.93%)</li> <li>• Retirement (23 people at 10.17%)</li> <li>• Employee transfer (TUPE) (20 people at 8.84%) and Relocation (20 people at 8.84%)</li> </ul> <p>By contrast, the top three reasons for voluntary leavers according to 88 responses (online and paper exit questionnaires) were:</p> <ul style="list-style-type: none"> <li>• Organisation – policies, culture, etc. (26 people at 29.54%)</li> <li>• Career progression (23 people out of 88 respondents 26.13%)</li> <li>• Location and travel (14 people at 15.90%)</li> </ul> <p>The report outlines the actions identified to address the comments raised by leavers and measures introduced to address the high percentage identified as other/ no known</p> <p>The Executive team are asked to note the findings and approve the report for further circulation with the newly merged Recruitment &amp; Retention Focus group.</p>

Lead/Author	Sayma Salik, Zareena Linney-Waine, Kate Blackman, Alastair Edwards.
Lead Exec	Camilla Bellamy, Director of People
Produced for	Executive Meeting

## 1. Introduction

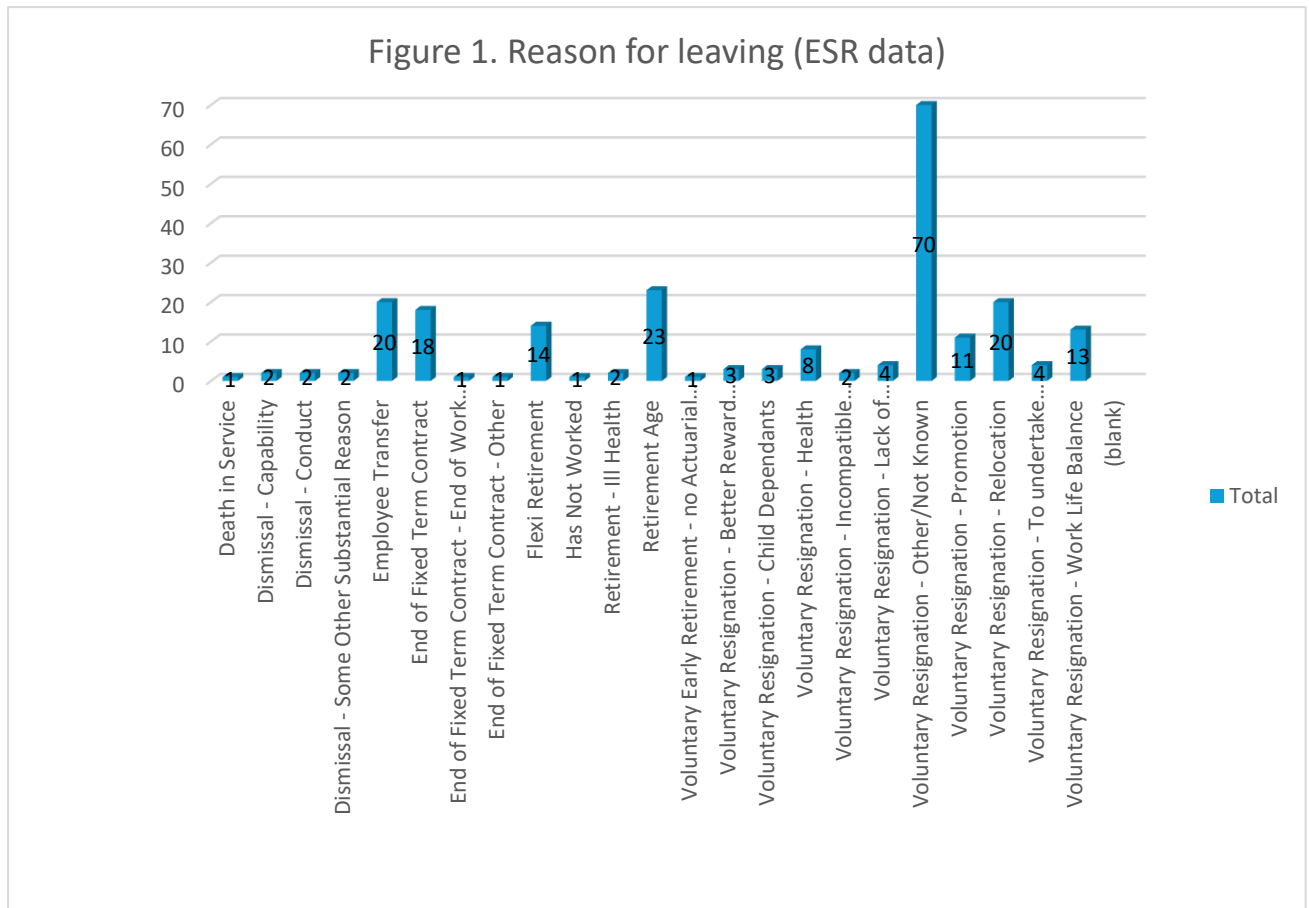
- 1.1 Exit interviews identify the reasons why employees voluntarily choose to leave CSH Surrey and provide an opportunity for the organisation to learn from the experience of leavers, assisting in the formulation and adjustment of people strategies that ensure CSH Surrey continues to live and breathe the CARE values.
- 1.2 All employees who voluntarily choose to leave CSH Surrey are given the opportunity to have an exit interview with their line manager or People Partner. The exit interview process consisted of three different processes (online/ paper exit interviews/ ESR), which did not have correlating questions. Since January 2024, the leavers process has been streamlined whereby the People Services team send out an email with a link to an exit interview survey online. Therefore, there is only one process to monitor exit interviews to ensure consistency of data has meaningful comparisons.
- 1.3 Between 1 April 2023 – 31 March 2024, 226 employees voluntarily chose to leave CSH Surrey. This report analyses the feedback provided by the 88 respondents who completed the questionnaire or interview (a response rate of 38.93%).

## 2. Reasons for leaving CSH Surrey

The top four reasons for leaving according to ESR were:

- Voluntary resignation – Other / Not Known (70 people, or 30.97% of leavers)
- Retirement age (23 people, or 10.17% of leavers)
- Employee transfer (20 people at 8.84%)
- Voluntary resignation/ relocation (20 people at 8.84%)

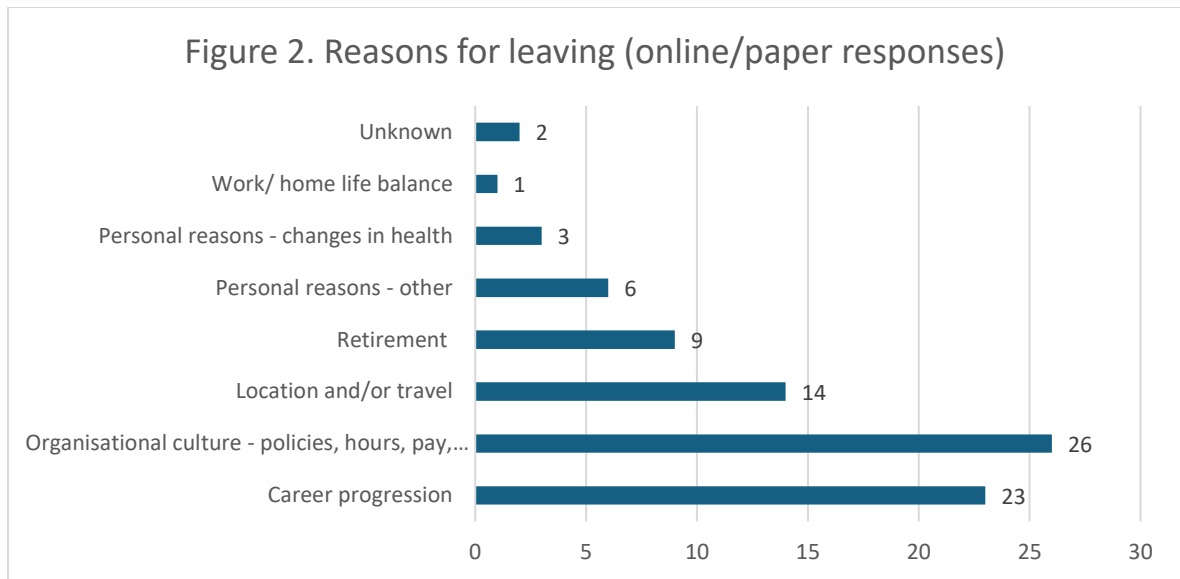
*It is important to note that over 30% of respondents had recorded voluntary resignation as 'Other / Not Known'. There are limited list of options on ESR for selection when recording leaving reasons and it is understood that this may have contributed to the large percentage under this section. This is an area to address going forward and recommendations have been suggested in the conclusion section.*



By contrast, the top four reasons for voluntary leavers according to 88 responses (online and paper exit questionnaires) were:

- Organisational culture (policies, hours and pay and conditions, management conflict etc) 26 people at 29.54%)
- Career progression (23 people out of 88 respondents 26.13%)
- Location and travel (14 people at 15.90%)
- Retirement (9 people at 10.22%) (which includes 3 people who chose to retire and return to CSH. This is taking into consideration flexibility with early retirement options, which allow employees to continue to work post-retirement age)

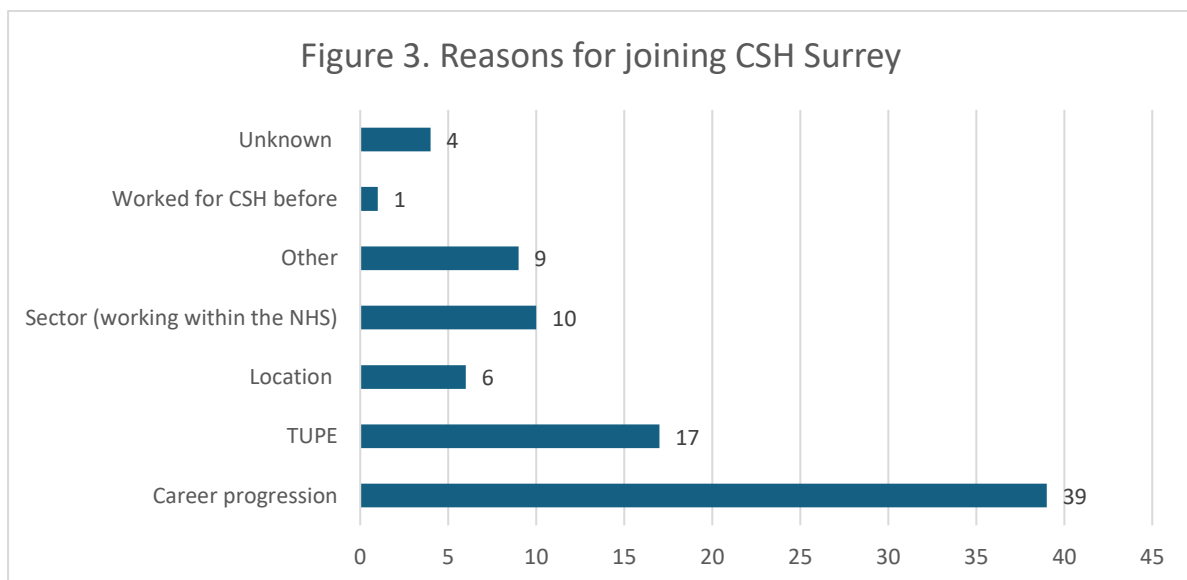




### 3. Reasons for joining CSH Surrey

Leavers are asked why they initially chose to join CSH Surrey. Below shows the reasons provided by the 88 respondents.

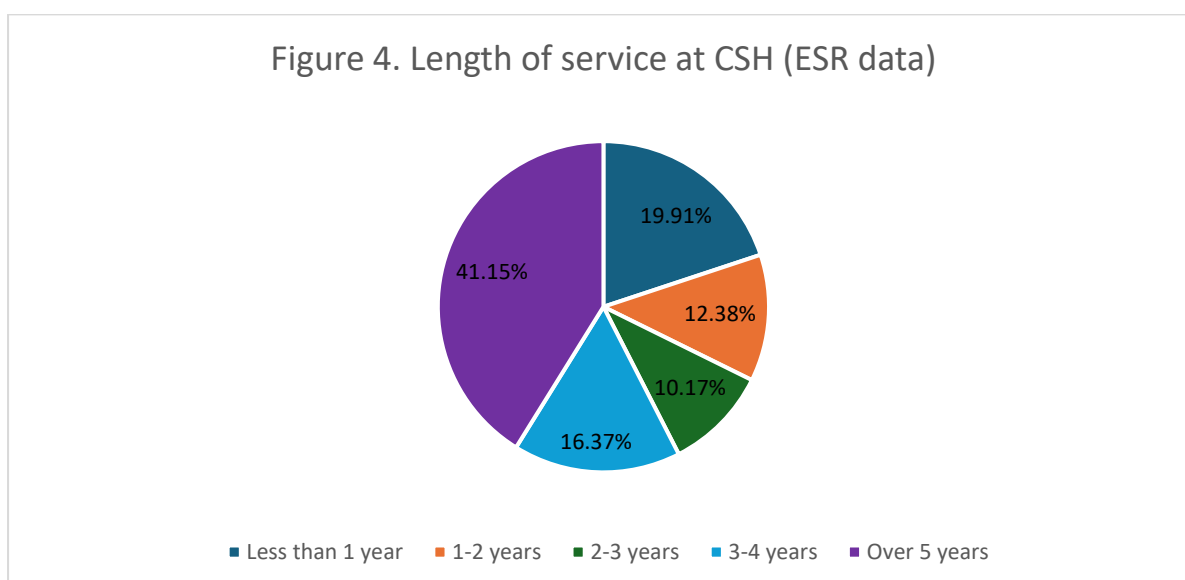
- 39 people at 44.31% stated that career opportunity was one of the main reasons for joining CSH.
- 17 people at 19.31% were TUPE (Virgin Care & Greenbrook)
- 10 people 11.36% wanted to continue working in the NHS sector.



### 3.1 Length of service

According to ESR data, the highest number of leavers had over 5 years' service (41.15%) and followed by almost 20% with less than 1 years' service. There was a high percentage of staff that have not completed their 1-year service at CSH and we have long standing service colleagues with over 5 year's service that have left. These are the two groups that require further development, as the themes from the feedback received are that organisational culture and career progression are the main contributors for leaving CSH.

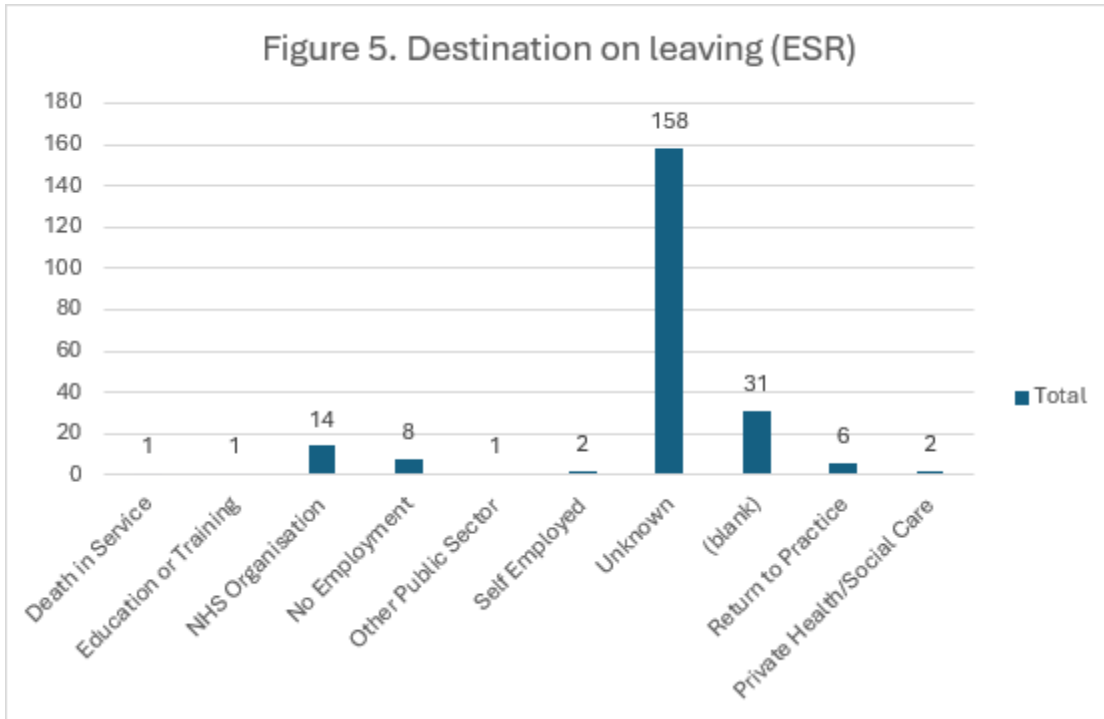
We are currently introducing measures to address the issues by introducing Long Service Awards, employee touchpoints, career development support via PDR and behavioural frameworks in line with CARE values. People Services are currently in the process of implementing a more robust system of 'employee touch points', this requires a check in with the new starters within the first 12 months of employment at CSH. Feedback from the employee's will be presented at the Recruitment & Retention Focus Group monthly meeting, to develop and implement measures in addressing any retention concerns.



### 3.2 Destination on leaving (ESR)

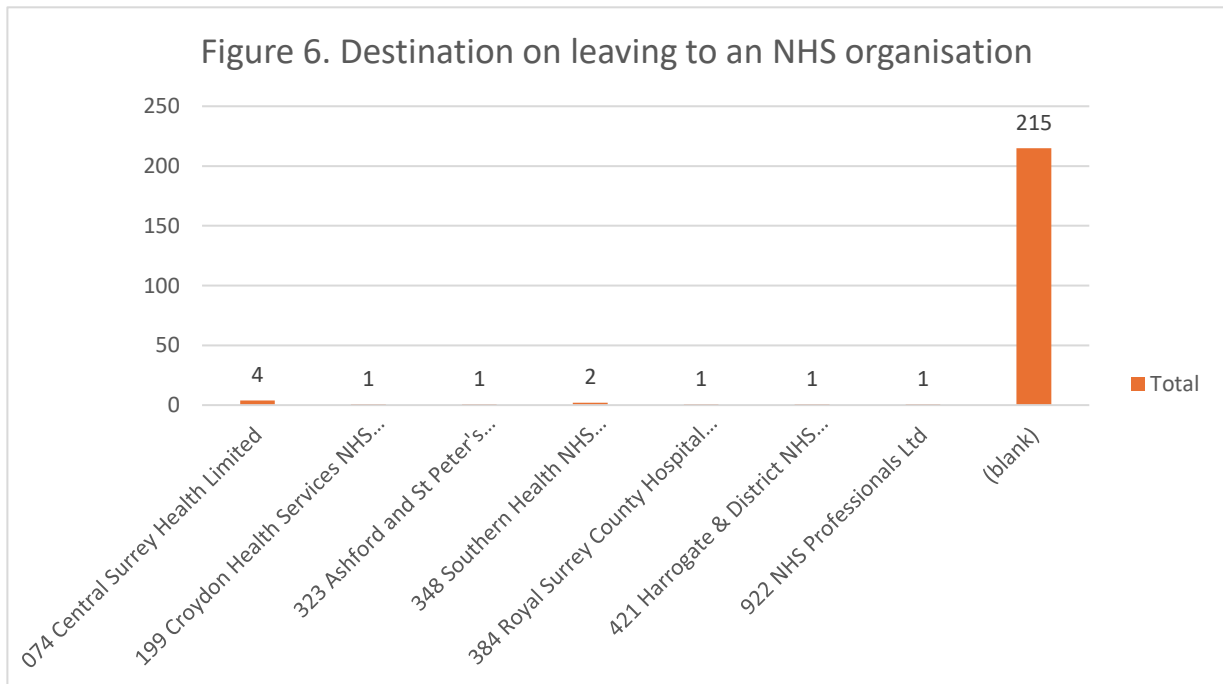
When leaver notifications are processed on ESR, the destination upon leaving should be recorded to obtain an accurate reflection of where people are attracted to work. Of the 226 voluntary leavers, 160 (70.79%) people were recorded as 'unknown', this means that individuals have chosen not to share the destination on leaving. There were 31 (13.71%) people recorded as blank, also chose not to share. In comparison, this figure has decreased from last year 2022-2023, which was over 60 (38.46%) people that recorded destination leaving as 'blank'. 14 (6.19%) people moved to another NHS organisation.

A review of the leavers process is planned for Q1 of 2024/25, with the intention of making the destination on leaving mandatory field.



**3.3 Destination on leaving to an NHS organisation**

Of the 14 leavers moving to another NHS organisation, the top two NHS organisations were CSH as 4 people had returned through a retire and return process and 2 people went to Southern Health NHS Foundation Trust. The 'blank' category refers to respondents that chose not to share their destination upon leaving CSH.

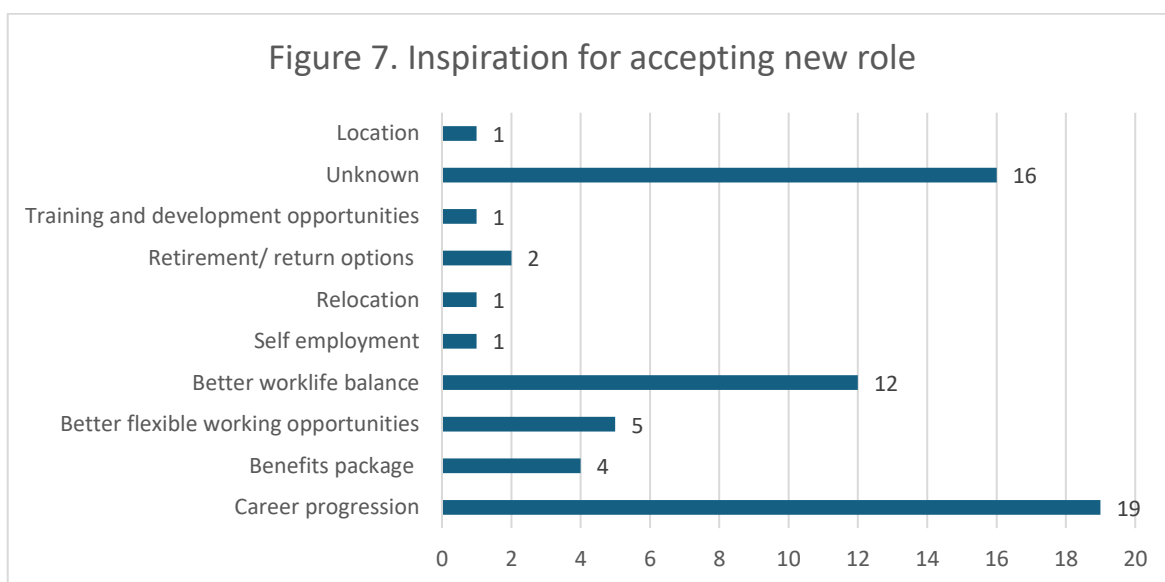


### 3.4 Inspiration for accepting a new role

In the exit questionnaire (online), respondents are asked what inspired them to apply and accept their new role. The top three reasons provided were:

- Better career opportunities (19 people, or 29.23%)
- Unknown (respondents chose not to disclose) (16 people, or 24.61%)
- Better work-life balance (12 people, or 18.46%)

These responses highlight dissatisfaction in terms of better career opportunities internally at CSH. Given this is a consistent theme, our L&D team having been working to enhance the career development opportunities available across CSH. This includes supporting all staff with continuous professional development (CPD) and apprenticeship funding in line with service needs. It should be noted that 52% of 586 clinical employees (band 4 and above) took up the opportunity to fund their CPD opportunities.



## 4. Experiences at CSH Surrey

The exit questionnaire breaks down feedback into three sections (experience within the team, job role, and organisation) to gain deeper insights into employee experience.

### 4.1 Team / Work Area

Respondents to the exit interview were mostly satisfied with the experience of their department, with 185 (81.8%) reporting feeling very or somewhat satisfied. By contrast, 101 (44.7%) reported feeling very or somewhat dissatisfied with staffing levels. Both these themes were clear in the qualitative feedback provided. These are the same themes that came out of last year’s exit interview report. Satisfaction within the department has remained like last year when the figure was 80%. Conversely, dissatisfaction with staffing levels has decreased from 54% to 45%. This aligns with the results from the October 2023 staff survey.

### Team Working/Staffing Levels

*'The teams & mentors are excellent to work with – very supportive and willing to teach students. I felt included as part of the team'*

*'Great team, colleagues and mgr. very supportive'*

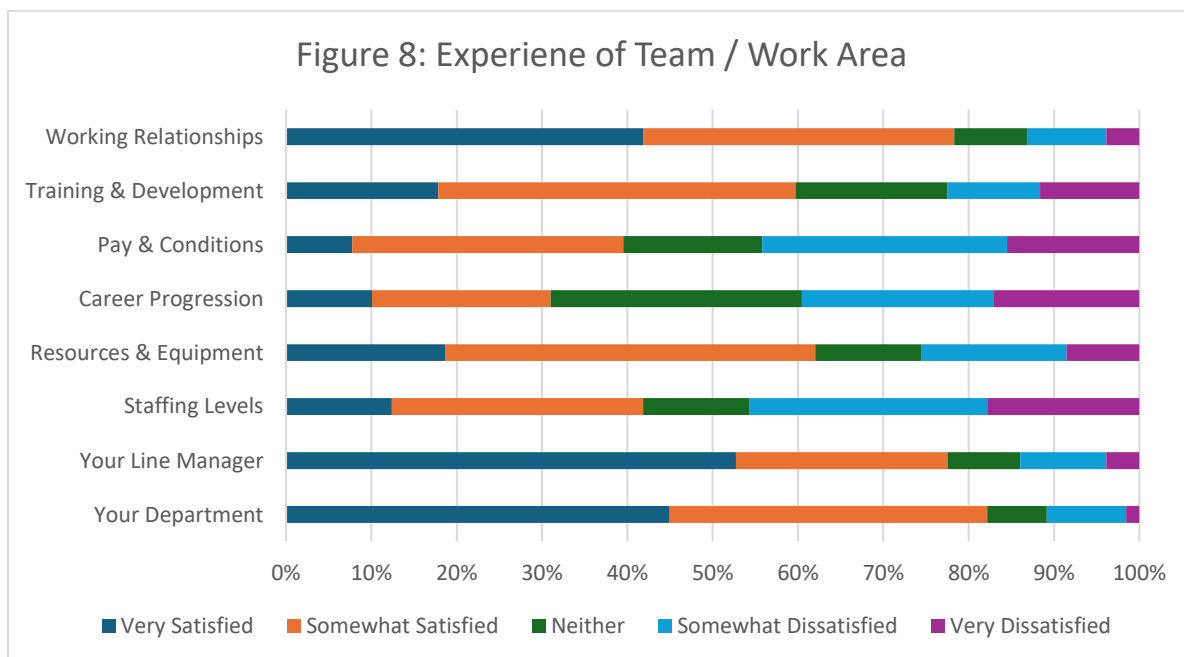
*'Team are fantastic, are committed, caring and professional people that work over and beyond every day and work to support each other'*

*'If there had been more staff in the team, I would probably have stayed in spite of the commute'*

*'Unfortunately, due to staffing/ caseload the HV role can be extremely stressful and in health we can sometimes struggle to get our voices heard where there is safeguarding concerns'*

*'The job role itself is enjoyable especially when you have worked with families who have achieved what you have been doing with them. Enjoyed most aspects but the expectation to keep taking on more work with no extra staff'*

*'Lack of staffing & funding which impacts on staff morale and service delivery.'*



## 4.2 Job Role

The majority of respondents enjoyed their role, which is highlighted in the feedback below:

*“I love the variety of the job and the training support offered.”*

*“Really enjoyed working with my team.”*

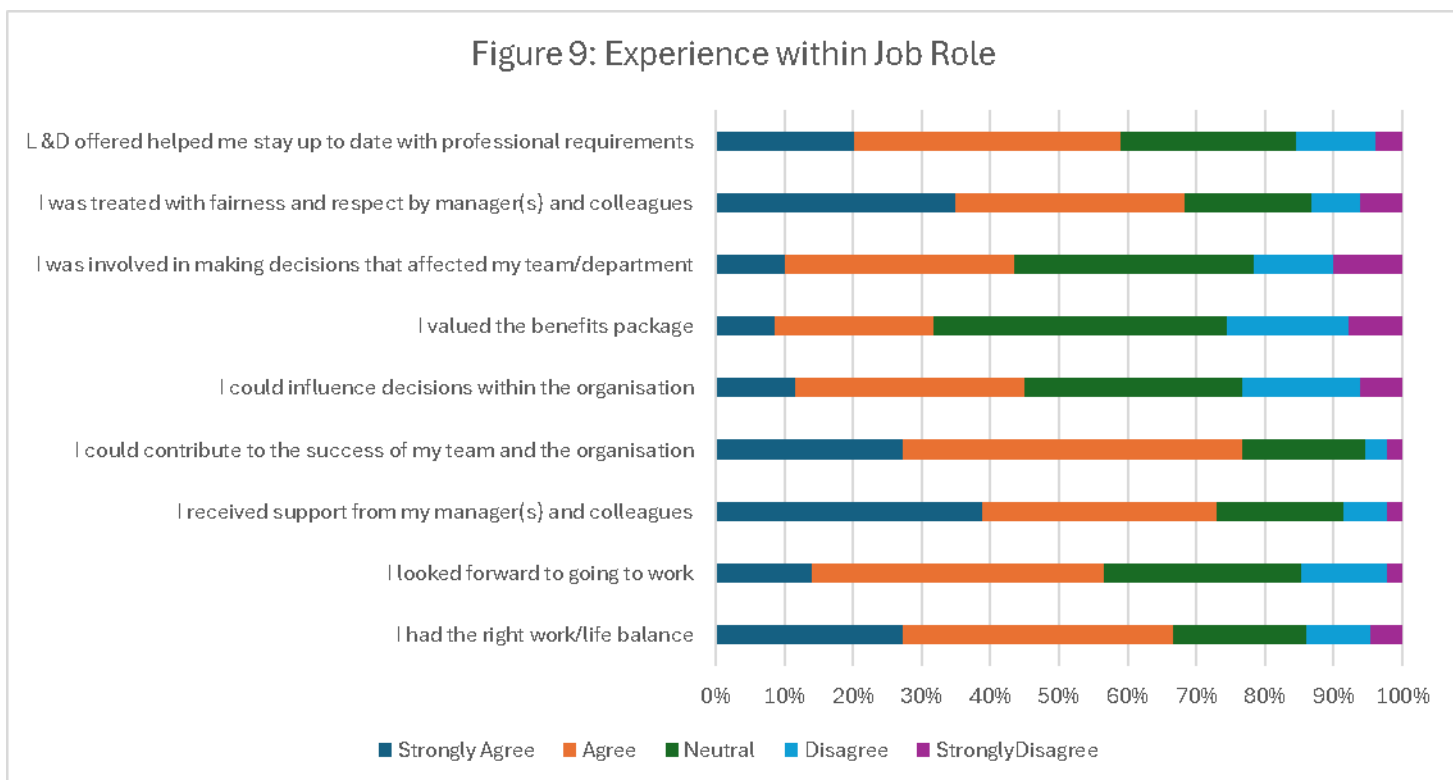
*“My roles within the children's services was throughout enjoyable that is because I enjoyed the work I was doing, I could see the difference I was making and my team and line manager were fantastic.”*

However, a big impact that appears to have influenced their current satisfaction with their role was a lack of staff and expectations of taking on more work with less staff. This in turn had a negative impact on staff satisfaction, to do their role. Also, feedback suggests that colleagues didn't feel listened to by senior management.

### Staffing and workload issues

*“It has been a role that has been ever growing but I have enjoyed the autonomy and responsibility the role has given me. Sometimes as there is so few of us it makes it hard to achieve what we could achieve.”*

*“I felt decisions about service delivery were made by high up management who did not fully understand the service or the value to families. They did not consult us on which areas we felt would be best to be cut when needing to save money/time.”*

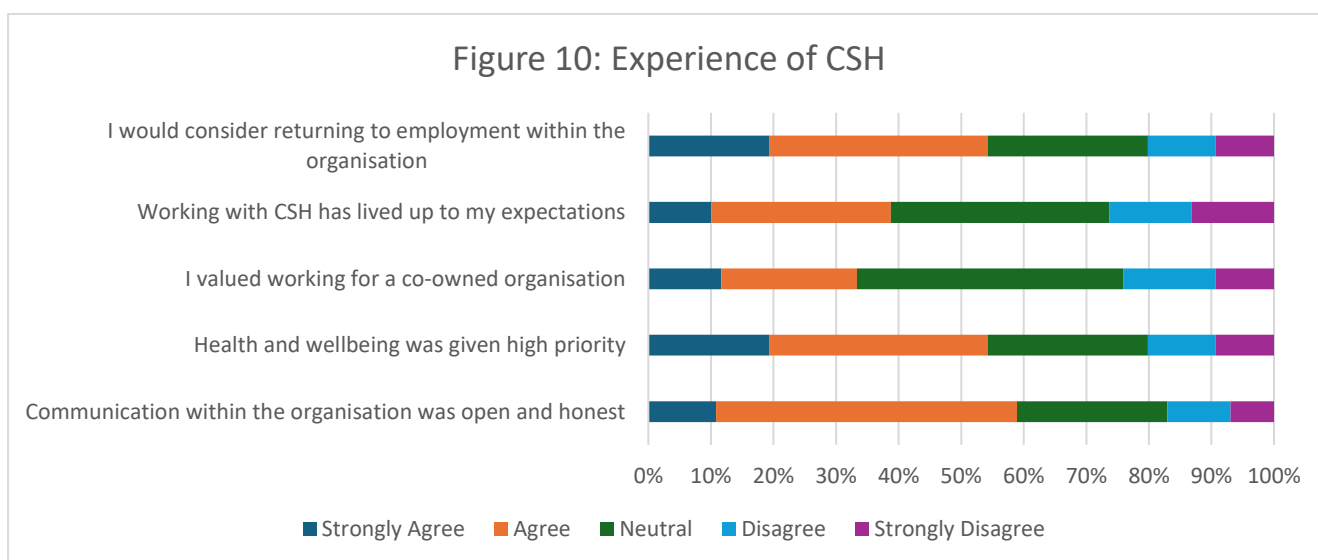


Respondents were overall satisfied with the training and development offered (66%) which

helped aid and support their continuous professional development (CPD). 67% of staff felt that they were treated with fairness and respect by their managers and colleagues. 72% of respondents either agreed or strongly agreed that they received support from their manager and colleagues. 66% either agreed or strongly agreed they had the right work/life balance.

### 4.3 Experience of working within CSH Surrey

During 2023-24 fewer leavers have said they would return to the organisation. While 56% were interested in returning in 2023, only 54% said the same this year. Additionally, only 38% of employees agreed that working at CSH met their expectations. The data suggests that CSH needs to better promote the health and well-being programs, and the advantages of being a co-owned organisation



## 5. Demographics of leavers and respondents

The demographics of both the 226 voluntary leavers on ESR, demonstrated that we had 23 manual questionnaire respondents and 65 completed an online exit interview. These interviews have been analysed to identify any further retention concerns and to ensure that a diverse range of voices are being captured through the exit questionnaire and interviews.

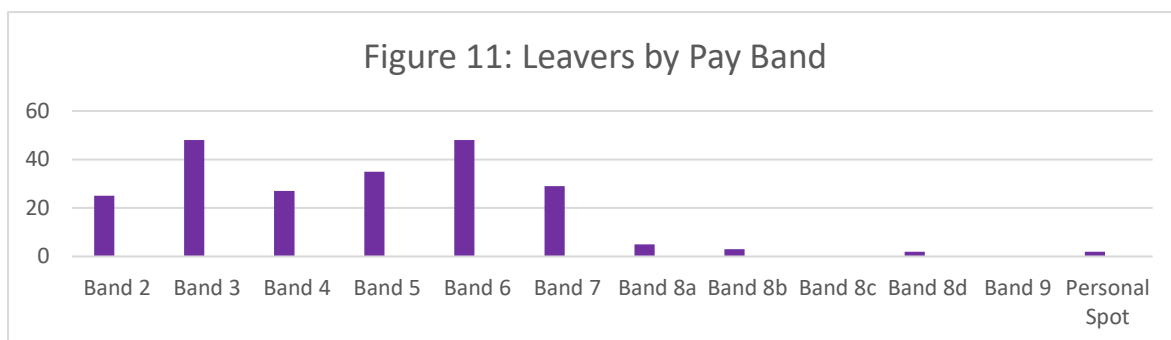
Pay Band Figure 11 shows that of the 226 voluntary leavers, almost a quarter were band 3 (21%) and a further quarter were band 6 (21%). 15% of voluntary leavers were band 5 and 13% were band 7. Qualitative feedback from these band groups shows that for band 3 the reasons for leaving were mixed and included workload, career progression and work/life balance. For band 5 and 6 the common theme for leaving was career progression.

The comments from the exit interviews support the data and demonstrate common themes for leaving centred around workload, work life balance and career progression:

*"The work is stressful, and the staffing levels meant i would often not have any breaks or finish on time."*

*"No work life balance; knew I would be unable to sustain workload".*

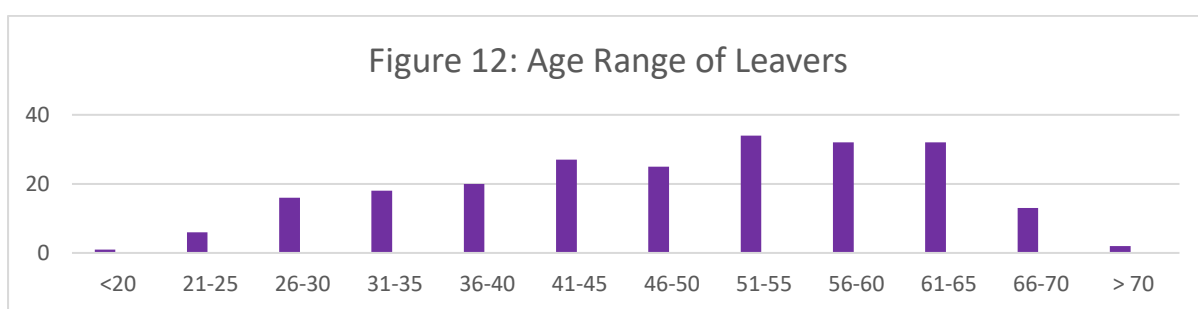
*"Lack of staffing & funding which impacts on staff morale and service delivery."*



### 5.1 Age

Last year, the highest number of employees who left the organisation were aged between 51 and 55, with 34 individuals in this age group. There were also notable numbers of leavers in the 56-60 and 61-65 age groups, with 32 people leaving in each of those ranges.

It is important to note that although the data shows that there is a higher percentage of leavers in the age range 41-45 which is incrementally as age increases, this is due to the age demographic of the organisation. There is higher representation of ages ranges as follows, 41-45 13.45%, 46-50 14.3%, 51-55 14.3%, 56-60 14.77% and 61-65 is 9.85%.

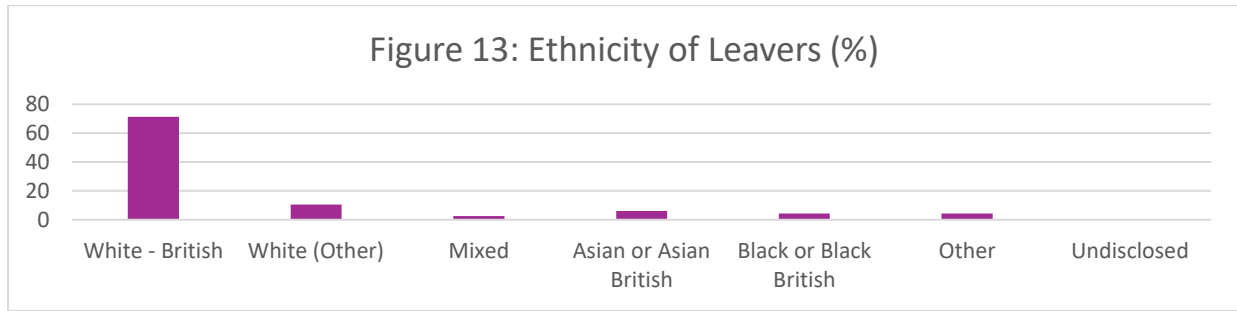


### 5.2 Ethnicity

The majority of leavers (71%) were White, which is in line with the ethnic breakdown of the overall workforce. The percentage of Asian or Asian British leavers has decreased from 12% during 2022-23 to 6% in 2023-24. This correlates with the latest staff survey results, that shows colleagues from either Asian or Asian British have a greater level of engagement with the

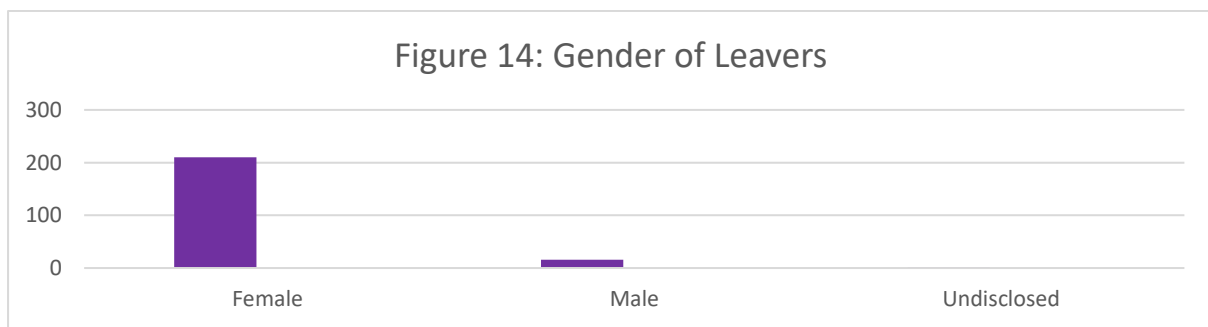


Organisation. This supports the data that shows that Asian or Asian British colleagues are less likely to leave as reflected in figure 13 below.



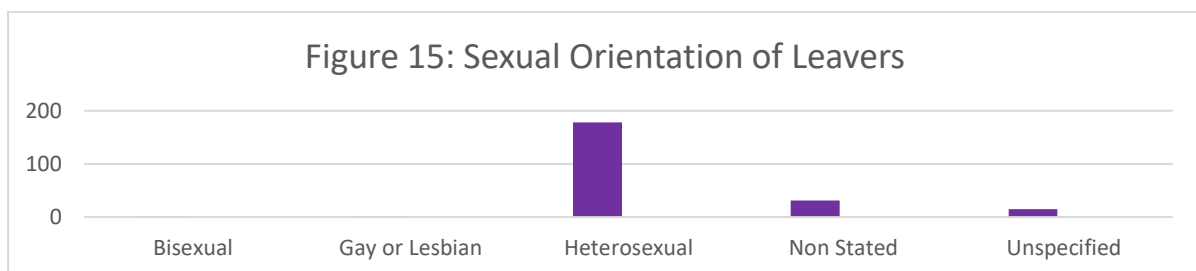
### 5.3 Gender

In 2023-2024, female employees comprised 92.5% (210) of total leavers. This statistic aligns with the broader workforce composition.



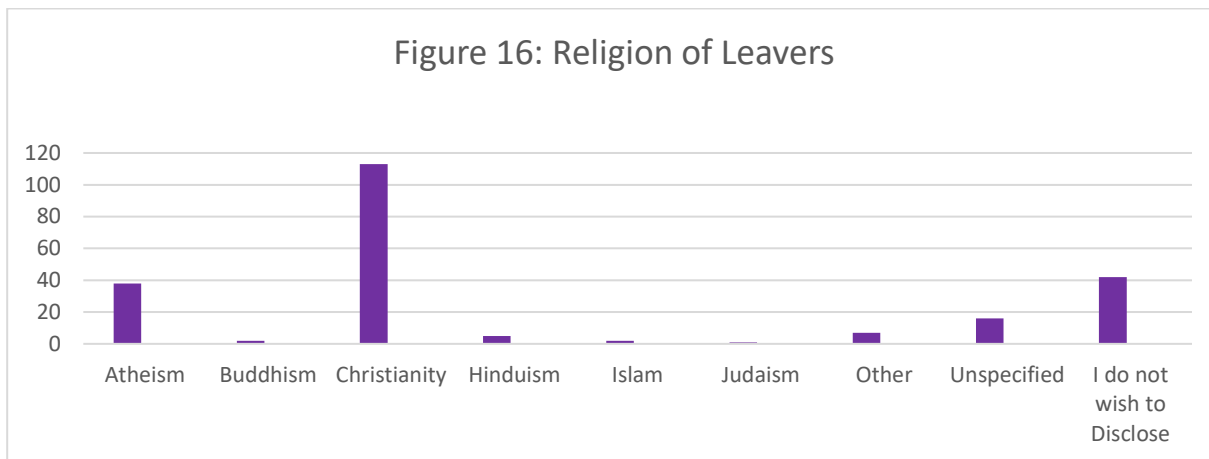
### 5.4 Sexual Orientation

The data shows that 79% (178) of leavers identified as heterosexual. This aligns with the overall sexual orientation distribution of the workforce. It is however important to note that 46 leavers (20.4%) chose not to disclose their sexual orientation, this is categorised below as non stated and unspecified.



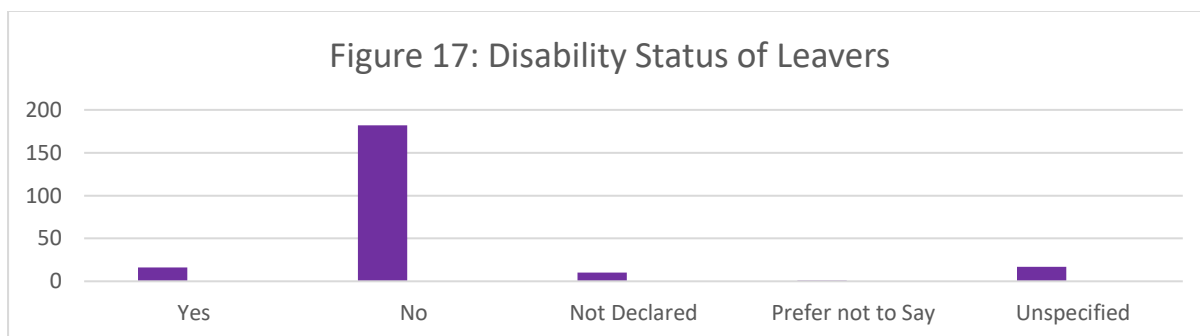
### 5.5 Religion

The top three religious beliefs across CSH Surrey’s workforce (in order) are Christianity, I do not wish to disclose, and Atheism. All are represented within the exit feedback. This data is representative of the current workforce which is supported by the current staff in post reports.



### 5.6 Disability Status

Data shows that 7% of leavers reported having a disability, which aligns with the overall disability breakdown of the workforce. There is also an additional 7.5% of leavers who did not disclose their disability status.



## 6. Conclusion and recommendations

In 2023/24, of the 88 respondents, 39.77% stated that they would consider returning to CSH Surrey in the future and 22.72% would not consider returning. In comparison to 2022/23 of the 54 respondents, 55.55% stated that they would consider returning to CSH Surrey in the future and 18.52% would not consider returning

Whilst respondents provided a range of reasons for their departure and acceptance of their new role, the three most frequent themes were personal reasons, organisational reasons relating to the culture within CSH and career progression. This year has been challenging for a number of reasons, including the delay in the non-consolidated pay award, challenges around staffing and

workload, uncertainty within Childrens service and the transformational change across Adults and Enabling services. The total number of leavers includes colleagues (22) who TUPE'd from the Child Health Information Services and colleagues who chose to leave CSH (7) following the closure of the Hersham ward.

It should be noted that some of the equality data has been recorded as 'unspecified', 'not known' or 'I do not wish to disclose'. It is recognised that these areas are sensitive topics, and that some colleagues choose not to disclose.

Whilst we have seen a positive increase in the overall exit interview completion rates by 4.28%, Work continues to ensure this continues within the people services team to promote and raise awareness of the importance of this feedback so the organisation can learn from the experiences of our leavers to inform our retention strategies. In 24/25, a revised leavers process is proposed to be introduced with the main aim of addressing the data quality issue (blanks/unknowns). This will provide us with greater intelligence around why people are leaving. Our leavers process is just one aspect of the employee journey, with our learning and understanding also being enhanced with the re-refresh of our employee experience touch-points, providing a holistic understanding of the experience and employment journeys of our new starters.

As identified in this report, career progression and organisational culture were highlighted as the main reasons for leaving CSH. To address some of these factors, our L&D department has done some further work to address career development opportunities by introducing a more streamlined PDR process and development support. The apprenticeship offering is strong and CSH has been proactive in introducing the apprenticeship levy, inclusive from Band 2 to Masters to all staff. Continuous Professional Development (CPD) falls under 2 categories 1) traditional business as usual following PDR and 2) new CPD- clinical-only NHSE funding. This includes supporting all staff with career development via CPD and apprenticeship funding in line with service needs. There has been some further funding released for Individual Personal Development (IPD), to support personal development opportunities from April 2024.

Furthermore, to address organisational culture challenges, CSH colleagues are encouraged to demonstrate our CARE values and adhere to the CSH behaviours framework, by ensuring this is embedded in all that we do. Considerations are currently in place to hold a 'Behaviours month' – the main aim of this would be to raise the profile of our Behaviours Framework.

The Executive team are asked to note the findings and approve the report for further circulation with the newly merged Recruitment & Retention Focus group to draft an action plan that incorporates the findings from this report. Once approved, this action plan will be incorporated into business plans to improve turnover and retention

**Table 1 – Breakdown of Work Area of Voluntary Leavers according to ESR**

ESR Org Level 2	ESR Org Level 3 (if applicable)	Leavers
074 Central Surrey Health Limited		226
074 Children Services Admin L2		22
074 Children Services L2 (Total 63)	074 Children Services North East Quadrant L3	17
	074 Children Services North West Quadrant L3	13
	074 Children Services South East Quadrant L3	7
	074 Children Services South West Quadrant L3	20
	074 Childrens Services Additional To Establishment L3	0
	074 Specialist Children Services L3	45
074 Executive Team L2		3
074 Finance L2		1
074 Information Management & Technology L2		5
074 NWS Administration Service L2		4
074 NWS Adult Services L2 (Total 58)	074 Hotel Support Services L3	8
	074 NWS Adults Phlebotomy L3	2
	074 NWS Walk in Centres L3	5
	074 Rapid Response L3	3
	074 Runnymede & Elmbridge Community Hub L3	14
	074 Spelthorne Hub Community L3	4
	074 Woking Community Hub L3	18
	Other (Continence, Podiatry, Specialist Services, Speech Language therapy, Pharmacy, Tissue Viability)	14
074 People Centre L3		10
074 Quality L3		11
074 Strategic Programme Management office L2		0

## Central Surrey Health Limited

<b>Title of paper:</b>	Digital report
<b>Meeting:</b>	Board of Directors – meeting in public
<b>Meeting date:</b>	02 July 2024
<b>Agenda Item:</b>	8e
<b>Purpose of paper:</b>	For assurance

### Has this paper been discussed at other meetings or committees?

This paper was considered at the Executive meeting on 24 June 2024 and is recommended to the Board for approval.

### Board assurance framework

-

**Author – Role:** Director of Digital Services

**Director:** Keith Woollard

**Date prepared:** 20 June 2024

### Executive Summary – Items to highlight:

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

- Operational Performance
- Systems and Information
- Digital Delivery
- Information Governance
- People
- Technology Roadmap
- Risks
- Strategic Delivery Plan

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

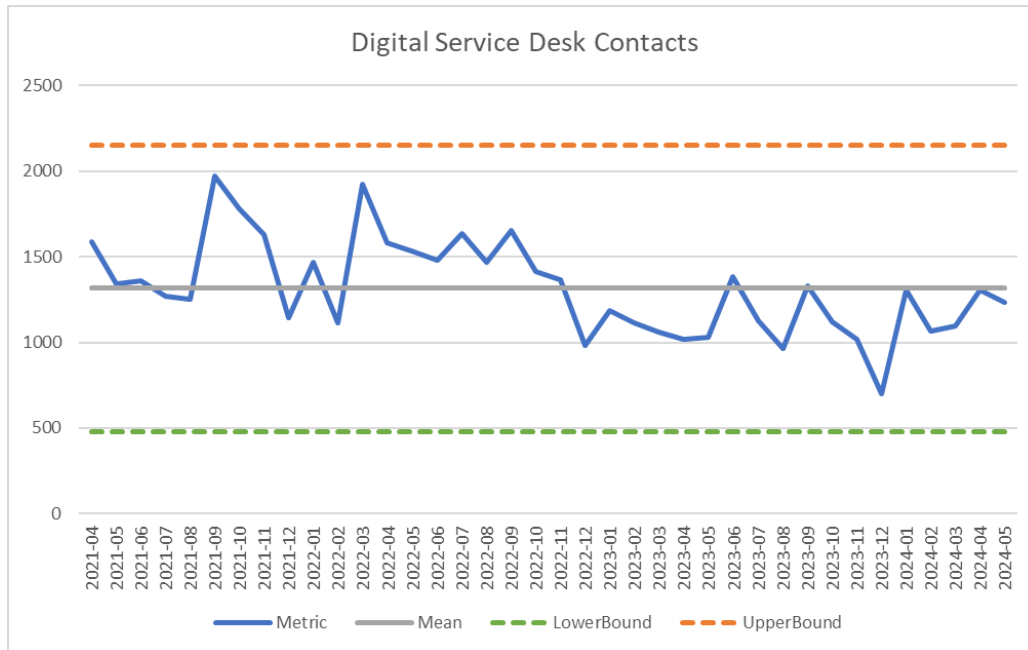
**1. Purpose of report**

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

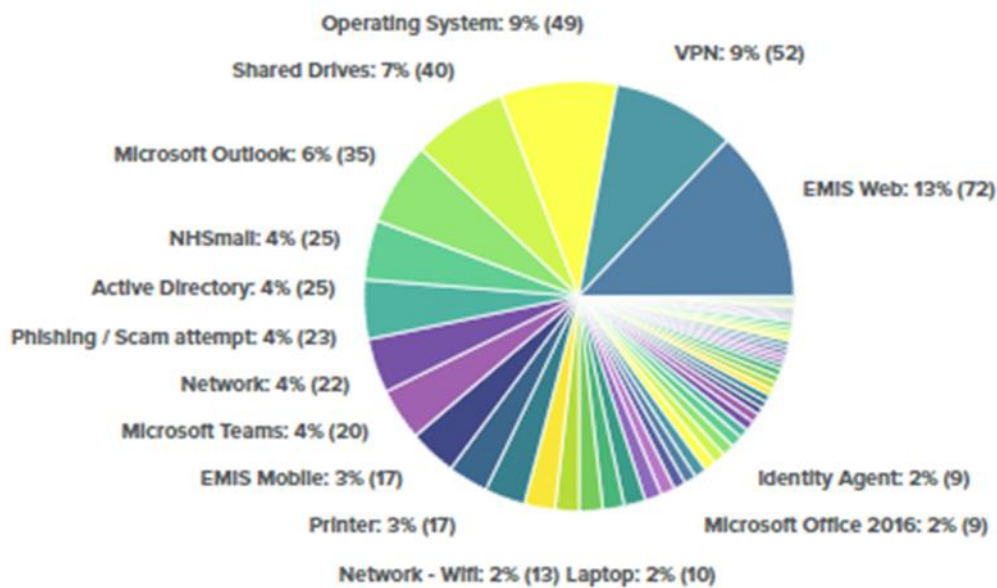
**2. Operational Performance**

**2a. Service Desk Contacts**

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

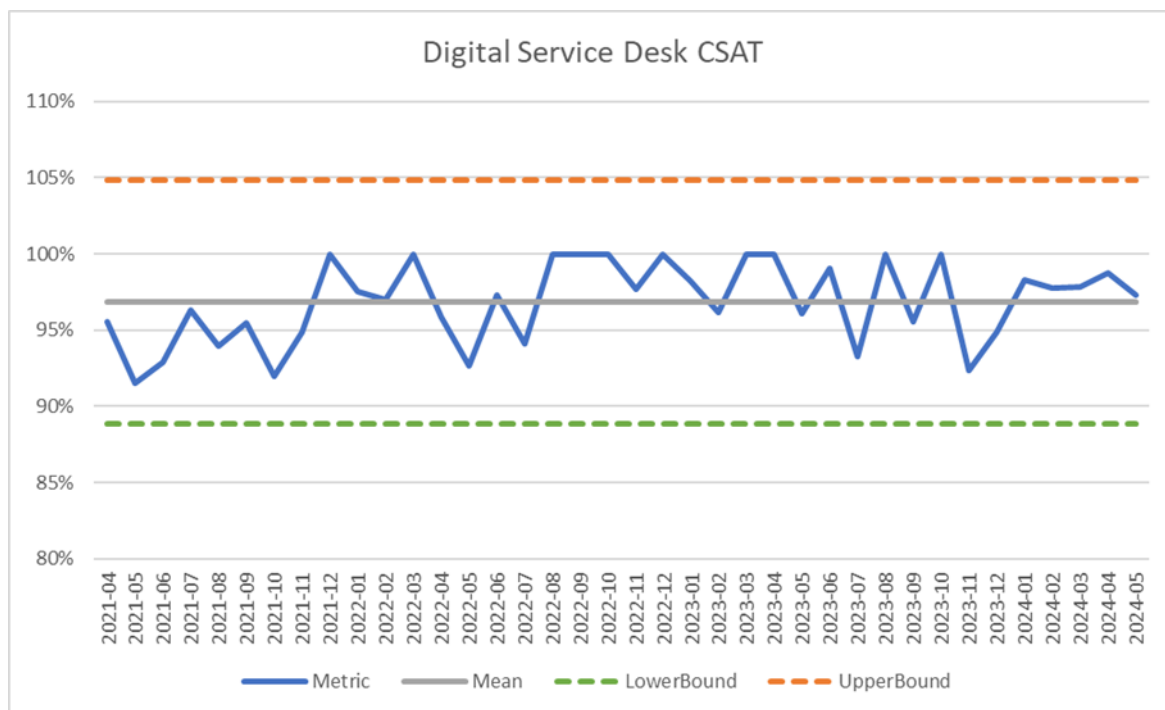


**2b. Service desk incidents by digital service**



2c. *Customer Satisfaction (CSAT)*

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



3. **Systems & Information**

- 3.1 The long awaited EMIS upgrade has been installed (20th May 2024) and in my previous report to the Board we were hoping that this would resolve our memory issues and Surrey Care Record issues both relating to opening documents. I am pleased to report that it has fixed the issue and we have been able to close our long-standing problem ticket.
- 3.2 The team are working with the AI wound project and the integration tests from health IO App to EMIS have been completed successfully and data seamlessly transferred to the patient record.
- 3.3 The national upgrade of Care Identity Management for smartcards has been rolled out nationally and there have been some issues to contend with. The team have worked closely with Ashford & St Peters Hospitals NHS FT (ASHP) our contract provider for smartcards, who have been able to support and provide solutions. We are hopeful that the recent changes implemented will be a permanent solution.
- 3.4 The go-live for the inpatients ward at Woking & Sam Beare Hospice is 16<sup>th</sup> July 2024, and the teams are getting ready for this major change. The inpatients are currently paper based and this change to a digital system will transform their working. It will also mean that all clinical services within the hospice will be using EMIS. Training is about to commence, and the clinical systems team will be floor walking and supporting the team on site.
- 3.5 Friends and Family Test text messages are now being sent to Respiratory and Walk in Centre patients for adult services and for children services in the southeast speech and language therapy team. There will be an initial review period by the patient experience team before rolling out to other services.

- 3.6 The new Thames Valley & Surrey (TVS) care record, which replaces the Surrey Care Record and combines Buckinghamshire, Berkshire and Surrey data under a regional care record has not met its May 2024 deadline for merging. We are still waiting on communications for a go live date.
- 3.7 Faster Data Flows (FDF) is a new initiative from NHS England (NHSE) a requirement for data to be sent daily from community service providers. NHSE have set up webinars which we have attended, and it is noticeably clear that providers are not happy about these new proposals. I am supportive of that view given that we send monthly Community Services Data Sets to NHS England and these new daily feeds will be in addition to those and therefore will impact the team's workload. There are no go-live dates set for when providers must submit via FDF we are in the initial stages of the project and project managers will be assigned to providers.
- 3.8 Subject Access Requests (SARS) numbers have fallen over the past number of weeks however the complexity of requests has increased. We currently have some cases which require mailboxes to be reviewed and data extracted. This is an extremely lengthy process with no initial filtering being provided by NHS mail.

#### **4. Digital Delivery**

##### *4a. Microsoft SharePoint migration*

- 4.1 Owing to NHSE cutting our funding on this project at the end of June 2024, we have had to rework our project plan to complete within four weeks instead of the original three months. However, we do believe that we can manage the risks associated with such a very tight timescale.

##### *4b. Doccla deployment*

- 4.2 As part of an overarching integrated care board (ICB) procurement, Doccla has been awarded the contract to provide a digital platform to record remote monitoring statistics by patients to support virtual wards. In conjunction with the NWS Alliance (NWSA), we will be deploying this to the CSH and ASPH virtual ward clinical teams.

##### *4c. Integrated Neighbourhood Teams*

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

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

- 4.4 Following an options appraisal review focused on a clinical risk review, clinical leads have opted to wait it out for Cerner availability. CSH await confirmation from the ASPH chief digital information officer (CDIO) to confirm the timeline this would be delivered in.

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

- 4.5 We have begun work on deploying EMIS Web to the Hospice in Patient Unit (IPU), building on the deployment completed in 2023 for the community services. We have a go-live currently planned for 16 July 2024.



4f. *Civica Auto Scheduler*

- 4.6 Following a meeting with Bromley Health care who have Civica deployed, we are awaiting feedback from the clinical leads, but colleagues from Enabling feel the product is fully mature enough to invest time in what will be a resource challenging project.

4g. *Accurx*

- 4.7 In the final stages of review, however Surrey Heartlands ICB have covered the contract costs saving CSH circa £30k p.a. for 2024/25 and 2025/26 period, with Elsie Manners taking on the project lead role during June.

## 5. Information Governance (IG)

- 5.1 For the last full financial year, CSH reported 153 IG incidents. Three incidents were reported to the Information Commissioner's Office (ICO) via data security & protection toolkit (DSPT) concerning two linked serious data breaches and a third separate breach – the ICO confirmed that no further action will be taken.
- 5.2 CSH has a legal responsibility to comply with Individual Rights Requests (IRRs) made under Data Protection Legislation, in relation to personal information that the organisation holds.
- 5.3 For the financial year to date, we processed a total of 530 SARS – all of which were completed within the statutory timeframe.
- 5.4 Activity in relation to requests processed from 2023 – 2024 (ytd) are set out below. To date all completed requests have been fulfilled within the statutory time limit.

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

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

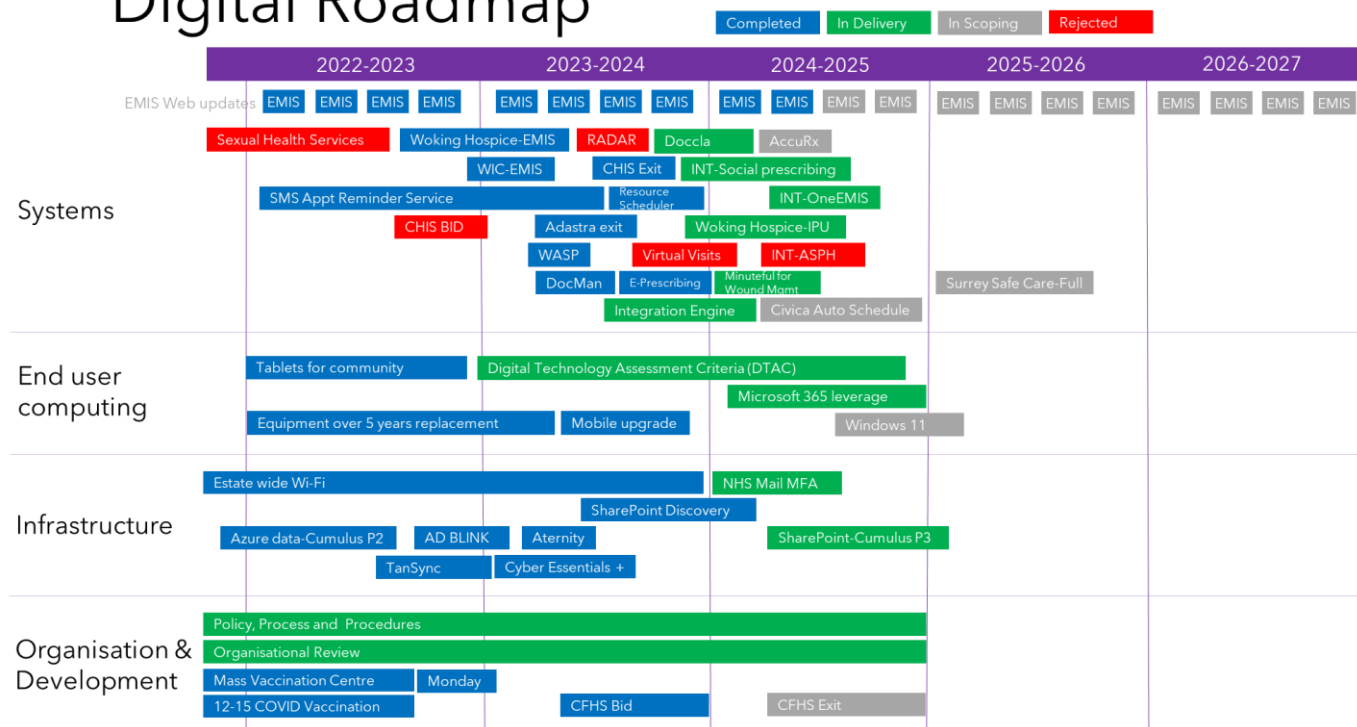
**6. People**

- 6.1 The “Meet with Keith” meetings where different members of the Digital team meet with Keith over coffee and have a catch up will be rescheduled.
- 6.2 Following the staff survey results, the team have created a focus group to work through the Digital results. The group is currently reviewing the results and comparing with last year's scores as well as digital scores in relation to the organisational ones.
- 6.3 PDRs are underway within the teams and new objectives being set for the new PDR year.
- 6.4 Our next digital team meeting is scheduled for 22<sup>nd</sup> August 2024

**7. Technology Roadmap**

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

# Digital Roadmap

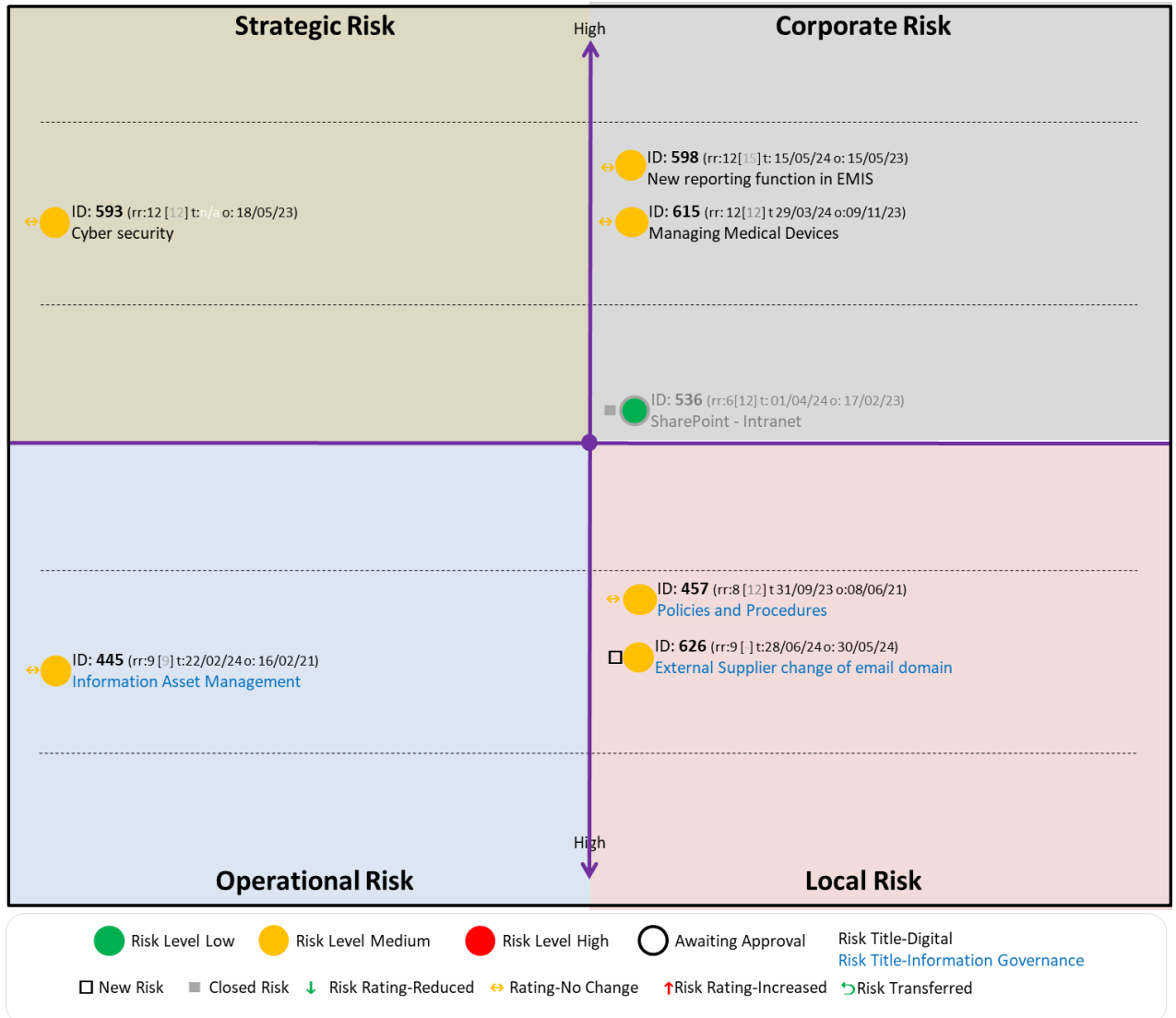


**8. Risks**

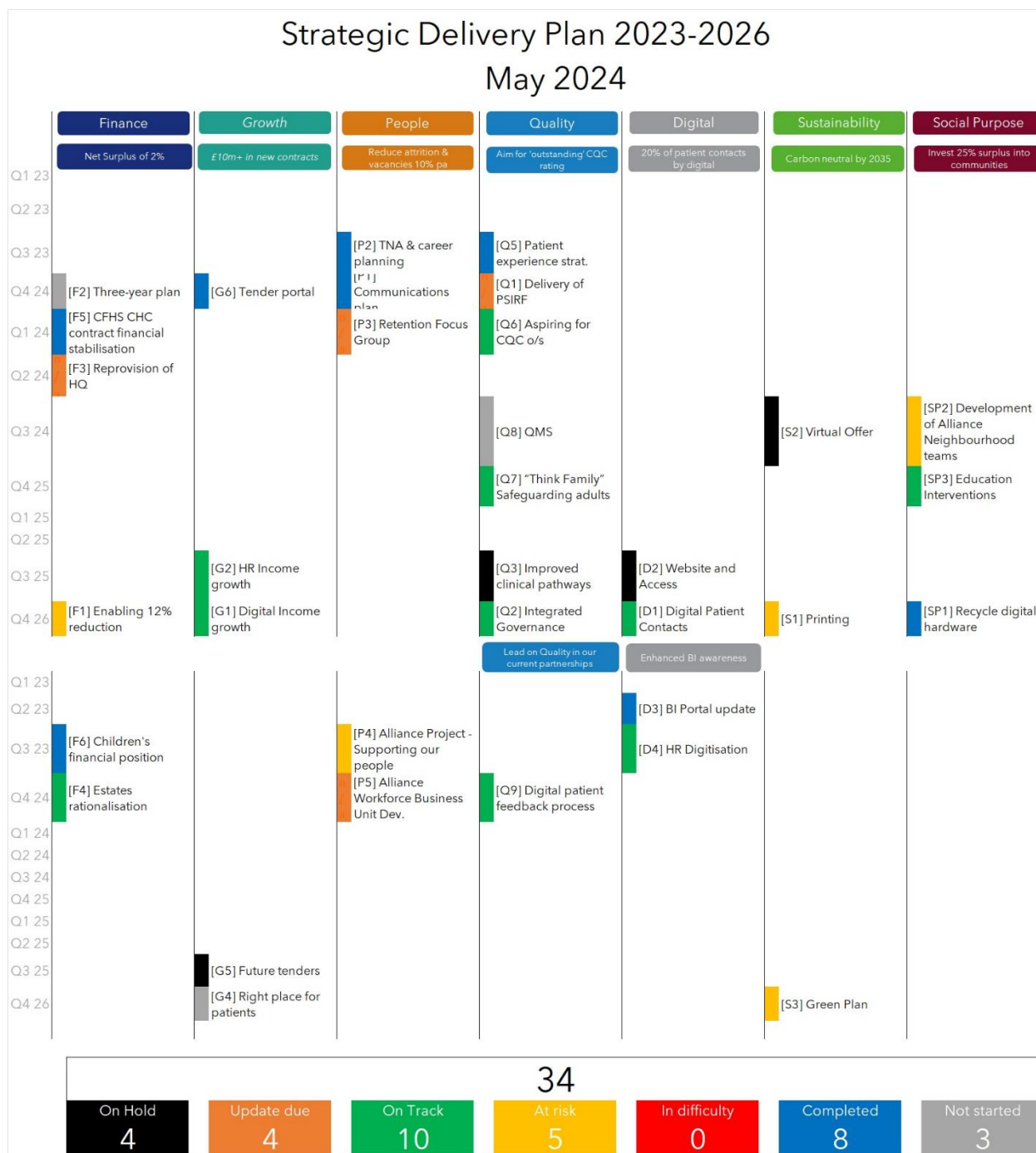
8.1 Digital Services review all associated risks to business operations on a regular basis with a core aim to mitigate and close all given target closure dates.

8.2 Overall, there are now six risks on the Digital risk register – three IT and three IG (in blue)

**Digital DATIX Risk Register**



### 9. Strategic Delivery Plan (SDP)



- 9.1 The organisation’s strategy is delivered through the Strategic Delivery Plan which has been approved by the CSH Executive.
- 9.2 The Strategic Delivery Group (SDG) meets monthly to provide assurance of progress and delivery against the plan enabling identification and monitoring of risks through the board assurance framework. From August 2024, SDG meetings will be held bi-monthly to align with CSH Board reporting periods.
- 9.3 The highlight report sets out a summary of where we currently are at the time of writing this report and how progress against the plan stands at the end of May 2024. A reporting

mechanism is in place where progress updates are requested from objective owners by the 27<sup>th</sup> of each month.

- 9.4 We are tracking a total of 34 planned strategic projects/initiatives – 4 are on hold, 4 are awaiting updates, 10 are on track, 5 are at risk, 0 are in difficulty, 8 have been completed and 3 have not yet started.

## 10. Recommendations

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

End of report