

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

Date:	Tuesday, 10 th September 2024
Venue:	Duke’s Court, Woking, GU21 5BH / MS Teams
Time:	09:30-12:45

AGENDA

Time	Item	Agenda Item	Lead	Outcome	Paper / Verbal
09:30	1.	Patient / Staff Story – Catheter QI project	SJP	Note	Verbal
10:00	2.	Chair’s welcome, opening remarks, and apologies for absence	AF		
10:05	3.	Declarations of interest – annual review of register of interests	AG	Approve	Att A
10:10	4.	Minutes of the last meetings – held on 27th June and 2nd July 2024	AF	Approve	Att B i Att B ii
	a.	Matters arising from previous meetings / action tracker	AF		Att C
10:15	5.	Chief Executive’s report	SF	Note	Att D
10:30	6.	The Voice	SG, PMW	Assurance	Att E
	a.	Annual self-assessment			
10:40		BREAK (20mins)			
11:00	7.	Putting People First Committee – six-monthly Chair’s report	RM	Assurance	Verbal
11:10	8.	Operational reports and strategic implications		Assurance	
	a.	Integrated Report – Quality, Nursing, Medical i. Doctors’ revalidation	SJP, MW		Att F Verbal
	b.	Children & Family Health Surrey (CFHS)	SP		Verbal
	c.	NorthWest Surrey Alliance (NWSA)	EC, CA, AJC		Verbal
	d.	Digital & Strategic Delivery Plan	KW		Att G
	e.	HR & People	CB		Att H



Time	Item	Agenda Item	Lead	Outcome	Paper / Verbal
12:05	9.	CSH Governance	AG	Assurance	
	a.	Committees' annual self-assessment			Att I
	b.	CSH Board's annual self-assessment			Att J
12:15	10.	Any other business	AF		
12:20	11.	Questions from the floor in relation to today's agenda	AF		
12:40	12.	Date, time and location of next meetings - Tuesday, 5 th November 2024 - 2025 dates to be confirmed	AF		
12:45		CLOSE			

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

In attendance	
Christine Armitage – Transformation Director	CA
Camilla Bellamy – Director of People	CB
Eileen Clark – Director of Adults Services	EC
Sharon Gosling – Voice Co-Chair	SG
Robert Hudson – Director of Finance	RH
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

Title of paper:	CSH Board – annual review of declarations of interest and fit & proper persons
Meeting:	Board of Directors' meeting in public
Meeting Date:	10 th September 2024
Agenda Item:	Item 3
Purpose of paper:	For approval

Has this paper been discussed at other meetings or Committees?

Executive team meeting – 2 September 2024

Board Assurance Framework

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Author – Role:	Andrea Goldsmith – Company Secretary
Director:	Andrea Goldsmith – Company Secretary
Date prepared:	27 August 2024

Executive Summary:

The annual review of the directors' interests and fit & proper persons declarations has been undertaken in advance of the audit of the annual accounts.

The Board is asked to **approve** the register of directors' interests

Name	Role	Current employment, and previous employment where you continue to have a financial interest	Current appointments – voluntary, trustee, local authorities, NHS, tribunals etc	Membership of professional bodies, special interest groups, mutual support organisations	Beneficial interests / major investments in unlisted companies, partnerships or other forms of business	Gifts or hospitality to you by external bodies whether this was declined or accepted within the last 12months	Do you or a related party have any contractual relationship with CSH Surrey	Do you or a related party have any conflicts of interest not covered by the above	Fit & Proper Persons' declaration
Andrew Field	CSH Chair	None	CSH Chair Think Associates (t/a Think Learning) – Honorary NED and board advisor Wychwood Baptist Church – Trustee (not remunerated) Bourne Education Trust – Chair of Trustees	Deloitte Academy member as retired partner	All investments and pensions are through financial advisors with no intervention with individual companies Legacy investment of 10,000 shares in Tribal Group	None	None	None	Signed (2 July 2024)
Frances Margaret Davies	Non-executive director	None	NED at Accelerate CIC Exec member of the Barts' League of Nurses Court member of Worshipful Company of Nurses	Nursing & Midwifery Council Royal College of Nursing Freeman of the Worshipful Company of Nurses (livery company)	None	None	None	None	Signed (2 Jul 2024)
Rasheed Ahamed Mohammed Meeran	Non-executive director	Consultancy work as a healthcare management consultant (working with CHD care at Home).	Volunteer at Brain Injury is BIG charity (unpaid) Steering Committee member of Surrey Acquired Brain Injury Network (SABIN) – Unpaid Conference and Education Committee member for Posture and Mobility Group – unpaid	Chartered Society of Physiotherapy Posture and Mobility Group Association of Chartered Physiotherapists in Neurology (ACPIN) Physiotherapy Research Society (PRS)	RVSK developments limited (Property development, rentals, sales) – Owner, Director East Wittering Developments Ltd (Property development, rentals, sales) – Major Shareholder, Director CloudCare Solutions – Healthcare services including recruitment – Ex Shareholder, Director. New company being formed – Directorship in CHD Complex Home care Ltd. Started role as Registered Manager / Named Individual for CHD Complex Care from 1 Apr 2024	None	None	CHD Living, a sister concern of CHD Care at Home has some business dealings with CSH – I am not aware of the details. Wife has started and runs Hope Rehab Neuro Physiotherapy (www.hoperehab.co.uk). I assist her in running this business and I am listed as a Neuro Physiotherapist in that company website. I provide Physiotherapy services through this company and I host specialist courses/ conferences related to Neuro rehabilitation and complex neuro disability. Some CSH therapy staff may be interested in these courses and may attend.	Signed (04 July 2024)
John Machin	Non-executive director Chair of Audit & Risk Committee	None	Deputy Chair – Ashford and St Peter's Hospitals NHS FT President – NHS Retirement Fellowship NW Surrey Branch Chair – Puttenham Golf Club	Fellow of Inst of Chartered Accountants in England & Wales Fellow of Royal Society of Arts Chartered Accountants Livery Company	None	KPMG former partner events – various accepted	None	Daughter is the Global Forecasting lead for NovoNordisk in Copenhagen	Signed (2 July 2024)

Name	Role	Current employment, and previous employment where you continue to have a financial interest	Current appointments – voluntary, trustee, local authorities, NHS, tribunals etc	Membership of professional bodies, special interest groups, mutual support organisations	Beneficial interests / major investments in unlisted companies, partnerships or other forms of business	Gifts or hospitality to you by external bodies whether this was declined or accepted within the last 12months	Do you or a related party have any contractual relationship with CSH Surrey	Do you or a related party have any conflicts of interest not covered by the above	Fit & Proper Persons' declaration
Stephen Flanagan	Chief Executive	CSH Surrey	Niblicks Consulting Ltd – director CSH Trustee Ltd – director Chair – Children's Trust (from 24 Sept 2023)	None	Orthopaedic Surgical Centre, Bristol – seed investor	None	None	None	Signed (4 June 2024)
Christine Armitage	Director of Transformation	Employed via ASPH in joint role as Director of Transformation for NWS Alliance	None	Chartered Society of Physiotherapists	None	None	None	None	Signed (2 July 2024)
Camilla Bellamy	Director of People	CSH Surrey	Treasurer and Child Welfare Officer for son's football club – Ash United Youth FC	Chartered Fellow of the Institute of Personnel and Development	None	None	None	Long-standing friend is married to Director of Fundraising at Woking and Sam Beare Hospices who are supporting CSH in an innovation bid to Surrey Heartlands ICB	Signed (3 June 2024)
Eileen Clark	Director of Adult Services	CSH Surrey	Secretary to Burgh Heath Residents' Association	Royal College of Nursing Nursing & Midwifery Council	None	None	None	None	Signed (27 June 2024)
Helen Cook (retired 31 July 2024)	Director	CSH Surrey	None	Nursing & Midwifery Council	None	None	None	None	Signed (16 Jun 2023)
Robert Hudson	Director of Finance	CSH Surrey	CSH Trustee Ltd – director	Inst of Chartered Accountants of Scotland Chartered Inst of Public Finance and Accountancy	None	None	None	None	Signed (26 June 2024)
Amy Johnson-Corser	Director of System Flow, NWS Alliance	CSH Surrey	Volunteer at Frimley Health NHS FT as breast feeding peer supporter	None	None	None	None	None	Signed (5 June 2024)
Sandra Pycock	Interim Director of Children's Services	CSH Surrey	None	Member of the Royal College of Speech and Language Therapists (MRCSLT) Member of Health & Care Professionals Council (HCPC) Member of Chartered Management Institute	None	None	None	None	Signed (8 July 2024)
Sarajane Poole	Director of Quality & Chief Nurse	CSH Surrey	None	Member of Royal College of Nursing Registered with Nursing & Midwifery Council	None	None	None	None	Signed (2 Jul 2024)

Name	Role	Current employment, and previous employment where you continue to have a financial interest	Current appointments – voluntary, trustee, local authorities, NHS, tribunals etc	Membership of professional bodies, special interest groups, mutual support organisations	Beneficial interests / major investments in unlisted companies, partnerships or other forms of business	Gifts or hospitality to you by external bodies whether this was declined or accepted within the last 12months	Do you or a related party have any contractual relationship with CSH Surrey	Do you or a related party have any conflicts of interest not covered by the above	Fit & Proper Persons' declaration
Keith Woollard	Director of Digital Services	CSH Surrey	None	None	None	None	None	None	Signed (16 May 2023)
Dr Michael Wood	Medical Director	CSH Surrey – part-time, medical director (0.4wte) Ashford & St Peter's Hospital NHS FT – part-time, respiratory consultant (0.6wte) Dr Michael Wood Ltd – private practice business	HEE Kent, Surrey & Sussex – Dep Head of School for Medicine	General Medical Council Fellow of the Royal College of Physicians Medical Protection Society British Thoracic Society British Medical Association	Private Practice – Dr Michael Wood Ltd	None	None	None	Signed (30 May 2024)

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

Date:	Thursday, 27 th June 2024
Time:	09:30
Venue:	Walton Community Hospital, 1 Rodney Road, KT12 3LD

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

In attendance	
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
Sarajane Poole – Dir of Quality & Chief Nurse	SJP
Dr Michael Wood – Medical Director	MW
Andrea Goldsmith – Company Secretary [minutes]	AG

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

Minute	Discussion	Action
1.	Chair’s welcome, opening remarks, and apologies for absence	
1.1	AF welcomed those present to the meeting, and advised that apologies had been received from Sandra Pycok (SP) and Paula Matthew-Watts (PMW)	
2.	Declarations of Interest	
2.1	There were no declarations of interest in relation to the agenda.	
3.	2023-24 CSH Quality Account	
3.1	FD, as Chair of the Quality & Safety Committee (QSC) advised that the QSC had reviewed the report at their last meeting, and had congratulated all those involved with the amazing work showcased in such challenging times. The QSC were recommending the approval of the CSH Quality Account by the Board. FD added that the process had gone much smoother than previous years, which SJP advised was due to her EA, Lauren Smith (LS), who was congratulated by those present, which SJP agreed to pass on. SF stated that he had also thanked LS for her hard work.	
3.2	AF asked what the plan was to share this more widely, and use it as a marketing document. SF replied that it would be shared with all Partners. CB added that anyone who was happy to be part of a short video which was being planned to promote the work that CSH staff were doing.	

3.3	The Board approved the 2023-24 CSH Quality Account for publication, subject to the photo on the front page being amended. AG stated that this would form the foundation of the CSH Annual Report and Accounts for submission to Companies House.	
3.4	The Board's next meeting is scheduled for: <ul style="list-style-type: none"> - Tuesday, 2nd July 2024 - Tuesday, 10th September 2024 	

There being no other items of business, the Chair thanked everyone for their contribution and closed the meeting at 09:48.

Signed: Date:

Chair of the Board

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

Date:	Tuesday, 2 July 2024
Time:	09:30
Venue:	Walton Community Hospital, 1 Rodney Road, KT1 3LD / MS Teams

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

In attendance	
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 – Co-Chair of the Voice	SG
Robert Hudson – Director of Finance	RH
Sarajane Poole – Dir of Quality & Chief Nurse	SJP
Dr Michael Wood – Medical Director	MW
Keith Woollard – Director of Digital Services	KW
Lois Marsh – CFHS OT	LM
Constantin Toma – Learning & Development	CT
21 CSH Co-owners	
Andrea Goldsmith – Company Secretary [minutes]	AG

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

Minute	Discussion	Action
1.	Patient / Staff Story – Apprentices at CSH	
1.1	CB introduced LM and CT to the meeting following a request at a previous Board meeting to hear more about apprentices in CSH.	
1.2	LM advised that her line manager had initially mentioned the apprenticeship programme and encouraged her to apply. There had been a short interview before starting the programme, which had involved some travel for the class-based parts of the apprenticeship. However, the first 1.5 years had been virtual due to the pandemic, which had been challenging. It had been the first apprenticeship course of its kind, and so there had been some problems which had been taken into account for the following year’s course.	
1.3	LM had had four placements, including adult social care and an acute hospital, and been able to bring ideas from all four into her CFHS role and team. LM advised on the benefits to her as an individual and as a member of the team. The placements had also been useful for her to decide on future clinical focus, such as using therapies to help neurological recovery in children’s services.	
1.4	LM advised that apprenticeships allow her to develop her career, while still working and fitting round her personal life, which going to university would not have allowed her to do. She was now able to have her own caseload and use	

	her own clinical judgement, while having the support of the wider team. As next steps, LM was now able to access training as a qualified OT that previously she was not able to, and may consider a Master's course in the future. SG added that she worked with LM, and seen her progress while doing her apprenticeship.	
1.5	JM thanked LM for sharing her story, and asked whether this could be publicised more widely, and followed-up with whether she would have seen the opportunity or taken it without her manager mentioning it. LM stated that she probably would not have applied without her manager's encouragement. AF noted that the Surrey Heartlands Integrated Care Board (SH ICB) also had patient and staff stories, and suggested that this could be one for them to, which CB agreed to follow-up with the communications team: ACTION.	CB
1.6	RM asked whether LM would make any changes to the programme from her experiences. LM replied that it was a four-year course, so maybe shortening it, and having somewhere closer to home for the classroom part of the programme.	
1.7	CT stated that he had joined CSH three years ago in the temporary staffing team, and had heard about the levy before joining CSH and had asked about opportunities when he had completed his probation. As with LM, there was a short interview before his apprenticeship was confirmed. CT had moved across to NHS Professionals when they took over the temporary staffing administration, and his apprenticeship had moved with him. Unfortunately, the move had not been successful, and he had secured a role back in CSH with the staff health, wellbeing and inclusion team, before moving to his current role in learning & development (L&D).	
1.8	CT had worked through modules on culture, analytics, core behaviours and fundamentals of people practice. He had had to do English and mathematics courses, as his qualifications were not transferable, and had passed these.	
1.9	CT added that his teaching had mostly been online with his tutor easy to contact and ask for advice. Colleagues within the People team had also been very supportive and allowed him to shadow them when appropriate. CT confirmed that there was also a CSH apprentices' forum to share and support each other.	
1.10	FD welcomed the support apprentices had within CSH, which was echoed by those present. From the previous Board story, and LM and CT's experiences today, apprentices were open to people at different stages of their life and career, and covered a wide range of professions. CB advised that in 2023/24, CSH had 32 apprentices across clinical and support services, such as physio, admin, systems thinking, and system leaders, which was welcomed. This was also becoming more popular as people did not want the debts of going to university, and with them being more flexible for people's work-life balance. HC added that it was very helpful in children and family services to have colleagues with lived experience who could empathise and support the families they worked with.	
1.11	AF thanked LM and CT for sharing their stories, and wished them well for the future, which was echoed by those present.	

1.12	RM asked whether CSH used all the apprenticeship levy available, and what links CSH had with local higher education providers and potential partners for placements. CB advised that the team tried to use all the levy, and that Angie Denyer (AD), Head of L&D, was working with local universities and colleges for the full range of apprenticeships within CSH. HC added that discussions had been held with The Children's Trust, but no placements had been arranged yet.	
2.	Chair's welcome, opening remarks, and apologies for absence	
2.1	AF welcomed those present to the meeting, and advised that apologies had been received from Sandra Pycok (SP), Amy Johnson-Corser (AJC), and Paula Matthew-Watts (PMW).	
2.2	AF noted that this would be HC's last Board meeting before her retirement, and thanked her for all her hard work across her career and CSH, especially with the mass vaccination programme during the pandemic, which was echoed by all those present. HC thanked everyone for their kind words, and paid tribute to her colleagues who were working in very difficult circumstances.	
3.	Declarations of Interest	
3.1	There were no additional declarations in relation to the agenda. AG advised that the annual review of the register of interests was underway in preparation for the external audit.	
4.	Minutes of the previous meeting held on 7 May 2024	
4.1	The minutes were approved with a minor typographical change to correct.	
a.	Matters arising from the minutes – action log	
4.2	The Board noted the closed actions.	
5.	Chief Executive's report	
5.1	SF presented his report, noting that CSH was on track to meet its financial year-end target, with more details in the following private Board meeting.	
5.2	SF thanked SG, PMW and all those involved in the Star Awards for such as special event and the positive feedback from attendees, which was echoed by those present. AF added that he had visited the urgent community response team who had their Star proudly on display.	
5.3	The executives had agreed that more focussed work was required to look at the adults waiting lists, with additional dedicated resources agreed. A two-day review by the Spelthorne team had been very successful and brought to light a number of factors to share with other teams. EC added that the early implementer sites for the integrated neighbourhood teams were going well, and learning was being taken across to the final nine teams. Meetings and workshops were being held, especially with the smaller, specialist teams and how they can work with the neighbourhood teams.	
5.4	SF advised that with CSH hosting some of the NorthWest Surrey Alliance (NWSA) business units, there may be some impact on brand and reputation of	

	items outside of CSH's control which needs to be managed carefully, with appropriate actions being taken.	
5.5	Unfortunately, there was no decision on the tender for the Children and Family Health Surrey (CFHS) contract. If the service did transfer out of CSH, there needed to be enough time to be able to do the TUPE of colleagues properly, and giving notice on contracts. AF added that the Board had had a strategy day the previous week which had looked at options, risks and opportunities given the continued uncertainty with the CFHS contract.	
5.6	SF noted that key roles within Surrey Heartlands integrated care system (SH ICS) had been appointed to recently, and that the clinical strategy would be discussed in the private Board session.	
6.	Committee Chair's report	
6.1	JM presented the six-month report for the Audit & Risk Committee, with many items having been discussed at previous Board meetings. The external auditors were approved every year at the CSH General Meeting, and discussions had been held regarding the potential reduction in size of CSH. JH thanked all those involved with the Committee.	
6.2	The Board received the report for assurance.	
7.	The Voice	
7.1	SG reported that the Voice had received lots of positive feedback about the Star Awards, with people taking the opportunity to walk round RHS Wisley, and SG added her thanks to all those involved in making it such a success. There had been an increase in the number and standard of nominations since previous years, which had made the judging very difficult.	
7.2	The Voice has been discussing with CB becoming Freedom to Speak Up champions across CSH. CB added that such networks worked well elsewhere and fitted the role of the Voice representatives.	
	BREAK: 10:34-10:56	
8.	Operational reports and strategic implications	
a.	Integrated Performance Report – Quality, Nursing & Medical	
8.1	SJP presented the integrated performance report, reminding those present that this was not the final version, and there were some metrics to be added. For the patient experience comments about the walk-in centres (WICs), SJP advised that actions were being taken in response, but that the number of negative comments was very small compared to the total number of contacts within the WICs. Both WICs were above 95% for the four-hour target, but the majority of people were coming to the WICs when they first opened, and so shifts had been reviewed.	
8.2	The number of information governance incidents were again very small compared to the total CSH caseload, but there had been a recent incident that was very similar to a previous one. This was being looked at, but as reported	

	previously, incidents continue to be mostly due to pressures of work and are simple mistakes.	
8.3	AF asked for more information on the medicine incident, and whether there was any harm as a result. SJP confirmed that no patients had been harmed as a result of the incident, with actions in place and audits planned.	
8.4	For infection prevention and control (IPC), the assurance template had been amended following comments from operational colleagues. The results of the audits should be available for the Strategic IPC Group at the end of the month.	
8.5	The number of Section 42 concerns about care raised in Surrey was high compared to other areas of the country. CSH was working with the Local Authorities to look at thresholds, which should ensure that the process is more meaningful. HC noted that there had been a substantial increase during the pandemic, and so it may be more useful to compare numbers to 2019, which SJP agreed to investigate: ACTION .	SJP
8.6	SJP added that the safeguarding team could be asked to attend up to 10 strategy meetings per day, some at short notice, with some lasting up to three hours, even when there was very little contact between CSH and the individual being discussed. Given that safeguarding was everyone's responsibility, options for the 0-19 service attending strategy meetings where they had been involved in the person's care were being looked at, as well as whether it was necessary to attend every meeting. The 0-19 service taking some of these meetings will have a knock-on impact on other services given the affordable budget. HC cautioned that it was not always easy to judge if CFHS should attend in advance of a meeting as the discussions could easily move into health-related areas.	
8.7	SJP advised that the collation of safeguarding data from patient records was currently manual, as it was usually in the narrative part of the record. The aim was to have the same processes across both adults and CFHS. KW added that the Digital team were looking at options to automate this, and benchmarking against other organisations for this and other metrics. HC noted that different areas of the country worked in different ways and so it was not always possible to make true comparisons.	
b.	Children & Family Health Surrey (CFHS)	
8.8	HC reminded those present that 50 whole-time equivalent posts had been lost with the affordable budget, and the team were continuing to focus on the new birth visits as agreed with commissioners. Across the country, these were being extended to 21 days from birth, in part due to the overlap with the midwifery service. In Surrey, new parents were given details for the advice line, and calls had increased. CSH was offering these visits to all new parents, with 83% of visits done within the agreed timeframes against the target of 82%: CSH was achieving 90%+ before the affordable establishment. The 27-month school readiness checks were also being impacted by the affordable establishment.	

8.9	The affordable establishment had also affected the team's ability to complete education health care plans (EHCPs) with requests increasing, with those with the highest clinical need being prioritised. However, there could now be a wait between initial assessment and the start of treatment. As these were specific to the child, the support could be provided as part of a group or as an individual.	
8.10	HC advised that when a new specialist school was established, there was only additional funding for occupational therapy, not school nursing or physiotherapy for example. SJP added that this was a national problem, as the standard contract only stated services to be provided, without listing the individual schools or sites themselves.	
8.11	HC was pleased to report that CSH had been reaccredited by the UNICEF baby friendly initiative, with all those present congratulating all those involved.	
8.12	HC paid tribute to the CFHS teams who were providing services to children and families during such difficult times, which was echoed by those present.	
c.	NorthWest Surrey Alliance (NWSA)	
8.13	EC presented the adults metrics, noting that the speech and language therapy and community rehabilitation teams were the focus of the waiting list work as they had the longest waiters. As mentioned, a two-day review of the Spelthorne lists had been very useful, with people on the list reviewed to see if they would be more appropriately seen by someone else or needed specialist CSH services to give the patient the best outcome. The individual would be communicated with to advise on the outcome of their review. The aim was to regularly work through the lists to bring the wait back under 18 weeks.	
8.14	FD advised that the Quality & Safety Committee had discussed the work on waiting lists, and the importance of having accurate data. From experience, people did start to feel more in control once they were confident of the data. EC agreed, adding this was the feedback from the teams following the work on the lists, with the support of the health informatics team.	
8.15	The commissioning for quality and innovation (CQUINs) targets had been reviewed to ensure that they were being assessed in the right way. The lower leg wound percentages had been restated as a result. With the reduction in beds to one ward, the in-patient malnutrition should be easy to comply with. The tissue viability lead nurse had undertaken a deep dive on pressure ulcers and found areas for improvement, as well as areas of good practice. The new Minuteful app was already showing benefits, with teams very enthusiastic about it. This was a pilot, and so the outcomes will need to be reviewed before a long-term decision was made.	
8.16	As mentioned, the integrated neighbourhood teams were coming together to ensure that the patient received the right care from the right NWSA partner. There would also be a co-ordination role so patients and families could get the information they needed about their care. CA added that NWSA was looking at having a single phone number for people to call. The new chief digital	

	information office (CDIO) at Ashford & St Peters Hospitals NHS FT (ASPH) was leading on a review of patient documentation to ensure consent to share their data across all partners was given.	
8.17	CA confirmed that all the business unit directors were now in post, and that workshops were being arranged to look at opportunities with the new models. AF asked if there would be standard operating procedures across all business units. CA confirmed that this was being done through the Integrated Performance Oversight Group, which reported to the NWSA Board and each Partner. EC added that there were also regular meetings of all the business unit directors.	
d.	HR & People	
8.18	CB presented the people report, noting that turnover and vacancies had increased slightly, with the establishment being checked to ensure the vacancy figures were accurate. Sickness absence had fallen, but there was still lots of respiratory illnesses about. Statutory and mandatory training compliance continued to be very good. The performance and development review (PDR) completion rate was lower than hoped and the team were working with line managers on this. The exit interview report was included to give the main themes why people were leaving CSH, and demographic breakdown of leavers.	
8.19	The NWSA Talent Hub was developing a CV library with information for potential applicants in a variety of different media. CB confirmed that if people could provide evidence of training from a recognised provider, this could be accepted by CSH when they started.	
8.20	The action plan following the last staff survey had been included, following discussion at the Putting People First Committee (PPFC). There would be a series of pulse surveys and posts on Blink in preparation for the next survey.	
8.21	The Joint Committee on Vaccination and Immunisation (JCVI) has confirmed the guidance for flu vaccinations, but the covid vaccinations for front-line health and social care staff had not been confirmed. Following a survey of colleagues, more clinics will be set up and SH ICS has confirmed that CSH colleagues can use SH ICS clinics as well. There was still a reliance on colleagues advising the People team that they had had their vaccine, with the MS Form being well received.	
8.22	FD added that the PPFC had received a presentation on the new key performance indicators by Shwetha Rao, Deputy Director of People, which covered the entire employee journey. CB noted that these new metrics could be part of the integrated performance report, with the standalone people report giving the more qualitative information.	
8.23	JM asked for more details on the ten Agenda for Change non-pay commitments, which CB added were being looked at by separate working groups as well as being out for consultation. As more details become available, these would be shared with the PPFC and Board.	

8.24	RM noted that the PPFC had also considered the next phase of the Oliver McGowan training, and the number of CSH colleagues that would have to do the one-day, face-to-face course. CB stated that due to the requirements of the course and the maximum number per training group, it will take a long time for everyone who needed to at CSH to do the course. The executives had approved the plan presented to the PPFC to ensure that the courses could start soon.	
8.25	RM asked whether the overpayment mentioned was a new one, which CB confirmed that it was not, and was being worked through.	
e.	Digital & Strategic Delivery Plan	
8.26	KW presented the Digital report, noting the number and topics of service desk calls, and the satisfaction rates following those calls. EMIS had recently released a new upgrade, which should resolve some of the long-standing issues that colleagues had been dealing with. The report on the audit of medical devices was expected at the end of July 2024.	
8.27	Following a review by the adult clinical team, they would prefer to wait for the Cerner implementation rather than having EMIS. KW had contacted the ASPH CDIO for a timeline, but had not had a definite time yet, but they had acknowledged that it was already significantly delayed from the original plan. JM added that he had challenged some of the project timelines and change freezes, as a ASPH NED, for both ASPH and CSH. SF added that he would also be meeting with the new interim chief executive for ASPH soon, and could discuss this too. The new Thames Valley & Surrey care record was planned to start in May 2024, but this had also been delayed.	
8.28	The introduction of EMIS to the in-patient areas of the Woking & Sam Beare Hospices would start from 16 July 2024, with training for their staff about to start.	
8.29	Given the recent ransomware on the London-based pathology provide and NHS trusts, KW advised that CSH's recent data security protection and toolkit (DSPT) had been rated as exceeds expectations. The team were not being complacent though, with a new cyber incident response plan being drafted to be taken through the Audit & Risk Committee. SH ICS were convening a system-level workshop in July 2024 for all providers to look at cyber security, which CSH would be attending.	
8.30	The updates to the strategic development plan had been reviewed to make sure that it lined up with the Board meetings, and there were currently no objectives that were in difficulty, with five at risk. The plan will need to be reviewed dependent on the outcome of the CFHS tender.	
9.	Any other business	
9.1	There were no items of any other business.	
10.	Questions from the floor in relation to today's agenda	
10.1	There were no questions from the floor.	
11.	Date, time and location of the next meeting	

11.1	The Board's next meeting is scheduled for: <ul style="list-style-type: none">- Tuesday, 10th September 2024- Tuesday, 5th November 2024	
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There being no other items of business, the Chair thanked everyone for their contribution and closed the meeting at 12:24.

Signed: Date:

Chair of the Board

draft



CSH Board of Directors – action tracker (July 2024)

Min	Action Required	By whom	Update	Due Date	Status	Completion date
2 July 2024 – open session						
1.5	To arrange for CSH apprentices to Surrey Heartlands ICB meeting	CB	Discussing with ICB colleagues	10 Sept 2024	IN PROGRESS	
8.5	To compare the current Section 42 numbers to 2019 (pre-pandemic) numbers	SJP	On agenda	10 Sept 2024	ONGOING	10 Sept 2024
27 June 2024 – open session						
	No actions					

Central Surrey Health Limited

Title of paper:	Chief Executive's report
Meeting:	Board of Directors' meeting in public
Meeting date:	Tuesday 10 September 2024
Agenda Item:	Item 5
Purpose of paper:	For information

Has this paper been discussed at other meetings or committees?

Executive team meeting – 2 September 2024

Board assurance framework

-

Author – Role: Steve Flanagan

Director: Chief Executive

Date prepared: 30 August 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 so far for this year will be presented by Robert Hudson (RH), our Finance Director, in detail in our closed session.
- 2.2 We are currently on budget although we have had variance across the business, but these mostly have balanced out, helping us achieve an on-budget performance.

3. People

- 3.1 Helen Cook officially retired from CSH at the end of July 2024. She had a number of send offs including a dinner with Exec colleagues and an event at Cobham rugby club, where a number of colleagues from her past also joined us for the celebration.
- 3.2 I am delighted to advise that after a thorough selection process and interview, Sandra Pycock has been selected to take on the role of Director of Children, with effect from 2 September 2024.
- 3.3 The Board will be aware that following the general election, the new Government agreed to the funding for a 5.5% increase for all staff on Agenda for Change, with some additional rises for those in Band 8&9. We are currently awaiting the full details of this and how this will be funded within our contracts. The increase comes into effect from 1 April 2024 and therefore will be back dated, once we know the expected payment date.
- 3.4 Very Senior Managers (VSM) salaries will also be increased but at only 5%, which is likely to cause further issues across the NHS as upper-level Band 9 roles exceed the entry points for VSM levels, making recruitment difficult for some roles.

4. NorthWest Surrey Alliance (NWSA)

- 4.1 The work on waiting lists has continued and with some success, although this has been slow to progress and will need more attention.
- 4.2 The Board will also be aware of the challenges we have faced with ever increasing costs for our continence service, due to increases in demand, along with the basic raw cost of the consumables. This has come under significant focus recently and thanks to some excellent work by Louise Bassani, Head of Financial Strategy, we can see a way of having a more effective approach to the management of costs in this area.
- 4.3 We have continued to face challenges with the roll-out of the Integrated Neighbourhood Teams and despite some excellent localised work, this is still proving to be challenging. We are currently looking at the work required to get this back on track and ensure we can deliver on our promise to our partners.
- 4.4 We have started a project across NWSA which will create a more joined-up, out-of-hospital business, bringing together elements of the integrated care board (ICB), CSH and the GP Federation (NICS – NW Surrey Integrated Care Services)

5. Children & Family Health Surrey (CFHS)

- 5.1 In my last Board report, I advised that Surrey and Borders Partnership NHS FT (SABP) had only just received the formal CFHS financial offer from the ICB for the year we are currently in. RH will be able to update the Board in our closed meeting.
- 5.2 The formal notification on the outcome of the children & family health services tender is likely to be sent to us by the end of the month, giving us a stretching timeline in which to achieve the demobilisation if required.

6. Surrey Heartlands Integrated Care System

- 6.1 The consultation process for the reduction in staffing numbers for the ICB has been completed, with lots of movement but lack of clarity on a reduction of numbers.
- 6.2 The Surrey Heartland clinical strategy was presented at the last private Board meeting, Surrey Heartlands ICB are now asking for a letter of support from the Board re the direction of travel. Are you happy to endorse this?

7. Recommendations

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

End of report

Central Surrey Health Limited

Title of paper:	Voice 2023-24 self-assessment
Meeting:	CSH Board of Directors' meeting in public
Meeting date:	10 September 2024
Agenda Item:	Item 6
Purpose of paper:	For discussion

Has this paper been discussed at other meetings or committees?	
<p>The Voice – 18 June 2024 Ausit & Risk Committee – 6 August 2024 Executive Team – 2 September 2024</p>	
Board assurance framework	-

Author – Role:	Andrea Goldsmith
Director:	Company Secretary
Date prepared:	27 August 2024

Executive Summary – Items to highlight:
<p>At the February 2024 Voice meeting, the questions for the 2023-24 survey were approved. The replies are appended to this report, with a comparison to the 2022-23 replies, and the free-text comments. There were no “strongly disagree” replies, compared to three in 2022-23 across two questions. There were, however, 18 “disagree” responses across 11 questions.</p> <p>The Voice considered the responses to the annual survey and any actions required, and approved it being shared with the directors and at the September 2024 Board meeting.</p> <p>The Board is asked to receive the annual survey for assurance.</p>

1. Purpose of report

- 1.1 The Voice self-assessment questionnaire was approved for circulation to the Voice representatives and usual attendees, with one of the questions being split as requested after the last annual assessment.

2. Survey results

- 2.1 The survey was sent out via MS Forms to 13 people, with 12 replies received (Appendix I). The new Voice-appointed NED, Fran Davies, had only just taken up her role, and so she is not included in this survey, but will be sent the 2024-25 survey.
- 2.2 The Voice is asked to note that the 2022-23 survey had 16 replies, with the 2023-24 having 12, and so comparisons are difficult.
- 2.3 In the 2022-23 survey, there had been “strongly disagree” replies to the following questions:
 - 2.3.1 *The frequency and scheduling of Voice meetings is sufficient to carry out its functions and responsibilities*
 - 2.3.2 *The meeting length is appropriate with issues getting the time and attention proportionate to their importance (2x replies)*
- 2.4 There were no “strongly disagree” replies in the 2023-24, but the following had “disagree” replies, showing a general move to more positive responses to questions:
 - 2.4.1 *The frequency and scheduling of Voice meetings is sufficient to carry out its functions and responsibilities*
 - 2.4.2 *The Voice has established and follows a comprehensive, agreed plan of work for the year based on the key areas within its Constitution*
 - 2.4.3 *The Voice receives sufficient and timely information (verbal and written) to review, understand and assess the issues for discussion and assurance on which to base its decisions*
 - 2.4.4 *The work of the Voice culminates in appropriate items being escalated*
 - 2.4.5 *The Voice is aware of the work of the relevant regulatory authorities and external bodies, and implications for CSH*
 - 2.4.6 *The Voice identifies where there is good practice to share or publicise*
 - 2.4.7 *The meeting length is appropriate with issues getting the time and attention proportionate to their importance*
 - 2.4.8 *Voice representatives have the collective skills, knowledge and expertise to fulfil its Constitution*
 - 2.4.9 *Voice representatives have the collective skills, knowledge and expertise to advise the Board*
 - 2.4.10 *Voice representatives have the collective skills, knowledge and expertise to hold the Board to account*
 - 2.4.11 *Voice representatives come to meetings prepared and ready to contribute*

2.5 There were three, free-text comments:

- 2.5.1 *I do hope the Voice is getting what it wants from us. I am concerned that commitment and involvement is not uniform and needs to be managed more effectively.*
- 2.5.2 *I would prefer a separate longer meeting a day or two before the meeting with Steve, instead of the two following each other. Or another Voice-only meeting, and then a shorter meeting before the meeting with Voice, just to assigned the topics for discussion.*
- 2.5.3 *Moving forward we need clear action planning what to ask staff to enable us to bring issues to the voice meeting. Also how to tackle issue of non engagement from some teams.*

3. Themes for discussion

- 3.1 The Voice were asked by the Chief Executive at their March 2024 meeting if reporting and attendance at meetings was meeting their needs, as well as being noted in one of the free-text comments, with no suggestions made. However, the question on whether appropriate items are escalated has improved from six “disagree” replies in 2022-23 to only one in 2023-24, with more positive replies about information being received in a timely manner for representatives to consider.
- 3.2 As noted in one of the free-text comments as well as with the “disagree” areas, there had been a discussion on having the representatives’ meeting on a different day before the meeting with the non-executive and executive directors. When setting the 2024 meeting dates, it was felt that this would be too difficult to fit into diaries, and so the format of having the representatives’ meeting immediately before the meeting with the non-executive and executive directors was continued. This would also make having in-person meetings across the two sessions very difficult if they were held on different days.
- 3.3 As has been discussed at previous meetings, as well as being raised at the recent Voice-to-Board meeting, sharing good practice and learning is an area for improvement. The free-text comment on tackling non-engagement from some teams could be an example where representatives could share ideas and approaches, and so consideration was given as to how this could be strengthened inside and outside of meetings.
- 3.4 There has been a lot of work over the last year on the representatives’ roles and responsibilities, and so it is disappointing that there were some “disagree” replies to people having the skills, knowledge, and commitment to the role, especially given this role is remunerated. There has also been a lot of work on the role of the Voice as a whole, which is coming through on the reduction of “disagree” replies from 2022-23. At the Voice meeting where the responses were discussed, the Voice Co-Chairs reminded the representatives that if they have any questions, these could be directed to them, the Voice-appointed NED or Company Secretary.
- 3.5 Given the changes if CFHS does transfer out of CSH, the Voice will have a key role to play with colleagues, and so may want to think about changes required, such as the proposal to recruit more representatives, and the need to look at constituencies, discussed at the last meeting. Expressions of interest for two new representatives to balance the numbers across the Adults and CFHS services were opened on Monday, 2nd September 2024.

4. Recommendations

- 4.1 The Board is asked to **receive** the results of this survey for assurance on the work of the Voice.

End of report

		Overall	Strongly agree		Agree		Disagree		Strongly disagree		Not applicable	
			2023-24 [12]	2022-23 [16]	2023-24 [12]	2022-23 [16]	2023-24 [12]	2022-23 [16]	2023-24 [12]	2022-23 [16]	2023-24 [12]	2022-23 [16]
Role and purpose of the Committee												
1	The role of the Voice and its members are understood, and clearly defined in its Constitution		6	4	6	11		1				
			50%	25%	50%	67%		6%				
2	The frequency and scheduling of Voice meetings is sufficient to carry out its functions and responsibilities		7	5	4	10	1			1		
			58%	31%	33%	63%	8%			6%		
3	The Voice has established and follows a comprehensive, agreed plan of work for the year based on the key areas within its Constitution		1		10	11	1	5				
			8%		83%	67%	8%	31%				
Scope of work and assurance												
4	The Voice receives sufficient and timely information (verbal and written) to review, understand and assess the issues for discussion and assurance on which to base its decisions		4	2	6	9	2	4				1
			33%	13%	50%	56%	17%	25%				6%
5	The work of the Voice culminates in appropriate items being escalated		3	5	8	5	1	6				
			25%	31%	67%	31%	8%	38%				
6	The Voice is aware of the work of the relevant regulatory authorities and external bodies, and implications for CSH		2		9	8	1	6				2
			17%		75%	50%	8%	38%				13%
7	The Voice identifies where there is good practice to share or publicise		2	1	6	8	4	6				1
			17%	6%	67%	50%	33%	38%				6%
Meetings												
8	The Voice meeting dynamic encourages full participation and open communication and is well-managed		5	3	7	11		2				
			42%	19%	58%	67%		13%				
9	The meeting length is appropriate with issues getting the time and attention proportionate to their importance		6	3	4	9	2	2		2		
			50%	19%	33%	56%	17%	13%		13%		

	Overall	Strongly agree		Agree		Disagree		Strongly disagree		Not applicable	
		2023-24 [12]	2022-23 [16]	2023-24 [12]	2022-23 [16]	2023-24 [12]	2022-23 [16]	2023-24 [12]	2022-23 [16]	2023-24 [12]	2022-23 [16]
Membership											
Voice representatives have the collective skills, knowledge and expertise to fulfil its Constitution, and to advise the Board, and to hold it to account			1		9		5		1		
10 Voice representatives have the collective skills, knowledge and expertise to fulfil its Constitution		2		9		1					
11 Voice representatives have the collective skills, knowledge and expertise to advise the Board		2		9		1					
12 Voice representatives have the collective skills, knowledge and expertise to hold the Board to account		3		8		1					
13 Voice representatives come to meetings prepared and ready to contribute		0	1	9	12	3	3				
			1%	75%	75%	25%	19%				

Support for the Committee											
14 The agenda and papers are received in a timely manner in advance of the meetings to allow for appropriate review and preparation		7	6	5	10						
		58%	38%	42%	63%						
15 The Voice enjoys a good working relationship with management and other key individuals, and significant issues are reviewed with the Lead Executives or CEO		6	4	6	10					2	
		50%	25%	50%	63%					13%	
16 The minutes of the meetings are accurate and reflect the discussion, decisions, nextsteps and actions for members and attendees		8	7	4	9						
		67%	44%	33%	56%						

Free-text comments

I do hope the Voice is getting what it wants from us. I am concerned that commitment and involvement is not uniform and needs to be managed more effectively.

I would prefer a separate longer meeting a day or two before the meeting with Steve, instead of the two following each other. Or another Voice-only meeting, and then a shorter meeting before the meeting with Voice, just to assigned the topics for discussion.

Moving forward we need clear action planning what to ask staff to enable us to bring issues to the voice meeting

Also how to tackle issue of non engagement from some teams

CSH Surrey

Integrated Performance Report

[April - June 2024]



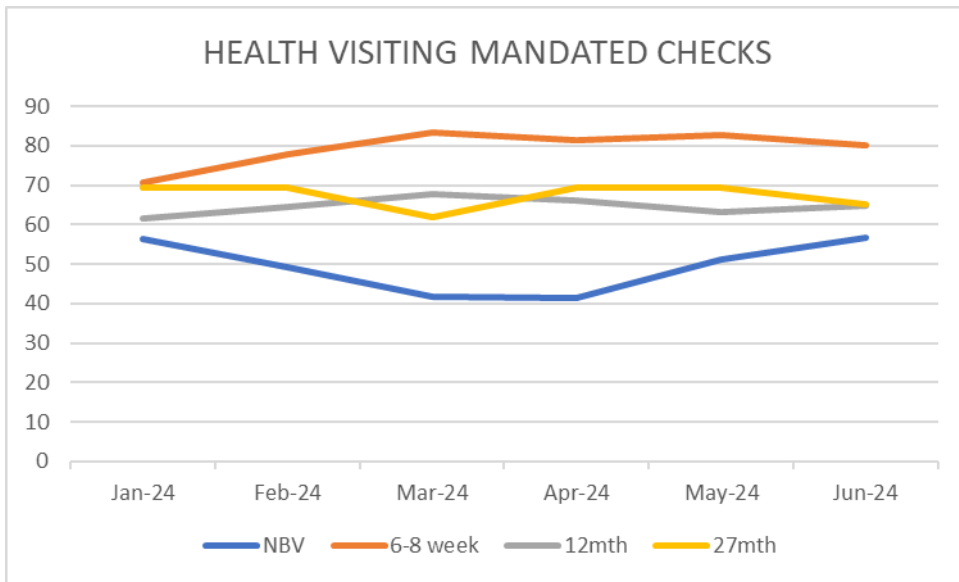
Children's Performance Metrics

No.	Metric	Target	2023-07	2023-08	2023-09	2023-10	2023-11	2023-12	2024-01	2024-02	2024-03	2024-04	2024-05	2024-06
12	Children Referrals		3598	3604	3378	3733	3768	3025	4169	3456	3289	3987	3579	3275
13	Children 1st Appintments		3054	3266	3095	3234	3273	2600	3174	2872	2695	3134	3026	2960
14	Children FU Appintments		10822	10603	11214	10978	11824	8240	12236	11023	10492	10839	11421	10662
15	Children DNA Rate	10%	8.38%	8.93%	8.24%	8.66%	8.22%	9.34%	8.45%	9.15%	9.02%	8.33%	8.62%	8.87%
16	Children Appts Cancelled by Service		1838	1762	2035	1974	2050	1526	1890	1832	1831	1915	1997	1899
17	Children Continence Referrals		26	22	23	29	21	35	35	36	41	35	30	27
18	Children Continence Caseload		812	823	832	841	848	854	847	868	888	887	904	910
19	Children Continence Discharges							3	1				1	
20	NBV Within 14 Days	82%	77.8%	80.0%	80.2%	66.5%	55.6%	57.1%	67.9%	56.6%	49.8%	51.0%	59.2%	66.4%
21	NBV Within 21 Days	82%	96.1%	94.8%	95.7%	93.1%	87.1%	91.6%	94.9%	87.6%	83.6%	87.4%	87.0%	90.5%
22	NBV B/Feed Prevalence	78%	75.2%	79.1%	75.3%	76.2%	76.4%	77.0%	77.7%	78.7%	76.4%	77.3%	80.6%	78.3%
23	6-8 Week Review Within 8 Weeks	90%	88.2%	86.3%	88.7%	92.2%	91.6%	91.8%	74.6%	82.4%	85.5%	83.1%	88.7%	86.7%
24	6-8 Week Review Within 10 Weeks	90%	95.3%	93.9%	94.8%	96.5%	96.6%	95.8%	91.9%	93.0%	91.5%	92.6%	94.1%	95.1%
25	12 Month Review Within 12 months	69%	68.2%	67.7%	66.2%	68.9%	64.8%	61.6%	60.4%	65.2%	69.2%	67.3%	63.9%	66.1%
26	27 Month Review Within 30 months	69%	78.0%	71.8%	70.2%	71.0%	70.9%	69.8%	64.2%	64.7%	63.6%	63.2%	68.0%	69.4%
27	Incidents - Children		28	23	43	23	25	27	23	27	36	28	36	31
28	Agency Costs - Children Services	3.7%	3.68%	3.34%	1.12%	3.14%	3.72%	3.64%	3.43%	3.28%	3.72%	2.78%	3.29%	2.96%

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**

Clinical Services – Children & Family Health Surrey (CFHS)

Mandated Checks – Health Visitors



Summary

The Health Visiting Service continues to offer 100% of mandated checks to families and uptake has remained fairly constant. Commissioners agreed to extend the timescales of the New Birth Visit to 21 days for universal families; the 6-8 week review has been extended up to the first day of Week 10. A clinical business continuity plan is in place to manage mandated checks when workforce is below affordable establishment. A face-to-face home visit for new birth reviews, and supporting families with complex and / or safeguarding needs continues to be the highest priority

Actions

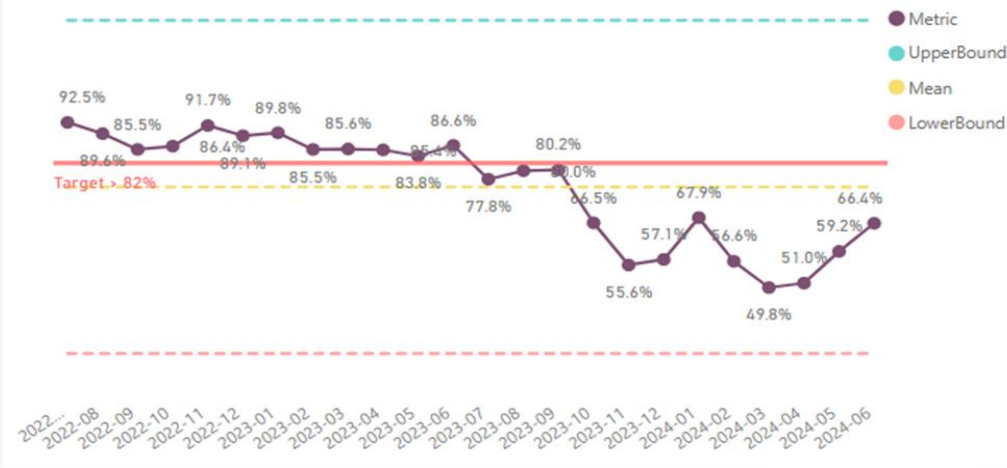
Health Visiting staffing in our South East quadrant is of current concern with workforce below 49%. Mitigation plans are in place to provide additional resources and support from other areas in order to maintain service delivery. The situation is being regularly monitored through the SMT and up to the executive.

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

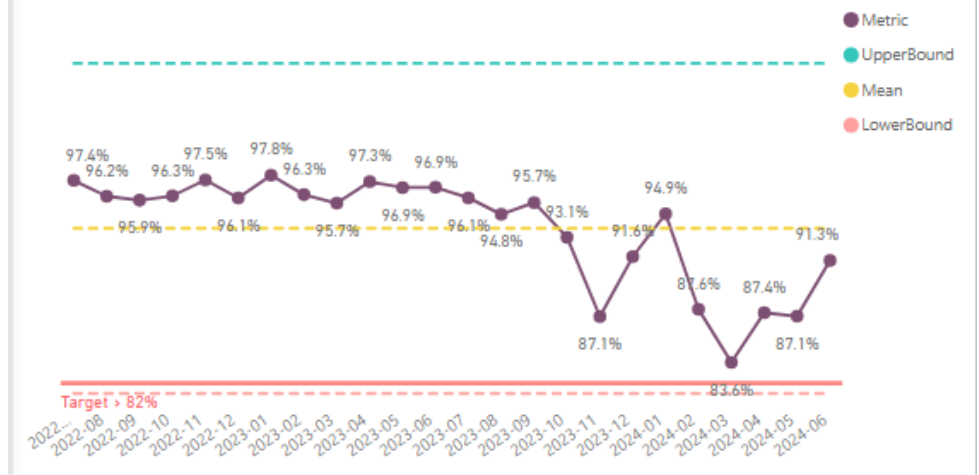
Clinical Services – Children & Family Health Surrey (CFHS)

New Birth Visits within 14 days

NBV with 14 days



NBV with 21 days



Summary

Services are achieving 91.3% of new birth visits within 21 days and 66.4% within 14 days.

Fifteen Mothers did not receive a new birth visit in June 2024 – 6 families have either moved out of area or were staying out of area when the visit was due; 5 babies were in NICU; and a data entry error accounted for the remaining 4. These families had received a new birth visit.

Actions

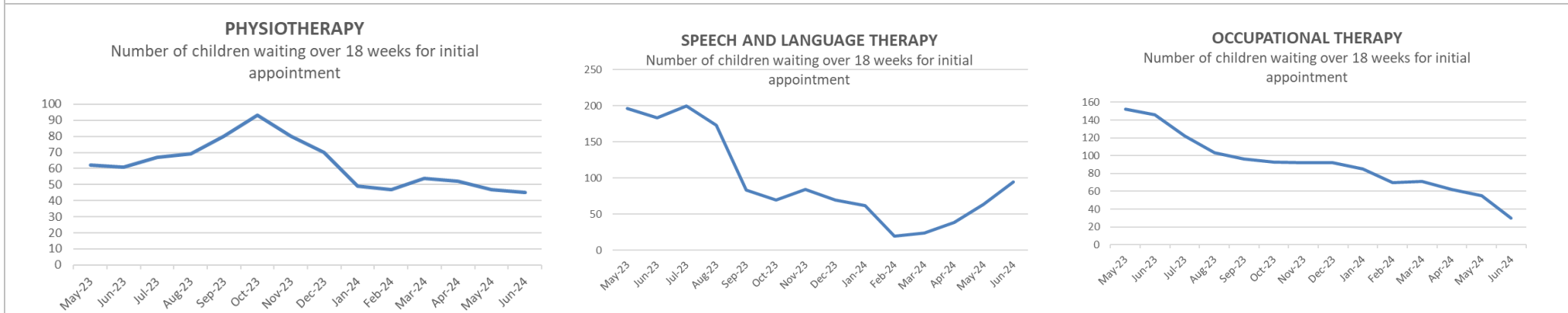
Continue to review and ensure that the correct EMIS templates are completed to reduce data entry error.

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

A reduction in data entry errors.

Clinical Services – Children & Family Health Surrey (CFHS)

Paediatric Therapies - Waiting for FIRST Appointment



Summary

Waiting times have been agreed to have a 25-week tolerance as opposed to 18.

Physiotherapy – 52 children are waiting over 18 weeks for an initial appointment. 16 children are waiting 25 weeks. All children waiting over 25 weeks have been reviewed and re-triaged, including harm reviews with no harm identified.

SLT – 102 children are waiting over 18 weeks for an initial appointment. 12 children have been waiting over 25 weeks; all 12 are booked for an initial appointment over the summer holidays. Waiting times are impacted by children deferring a school placement; this may be through choice or due to a lack of specialist provision.

OT – 56 children are waiting over 18 weeks for initial appointments. 38 children waiting over 25 weeks; these children were re-triaged, and harm reviewed.

Actions

Continue to review and re-triage any child waiting over 25 weeks. As part of the triage each child’s level of harm due to the wait is reviewed.

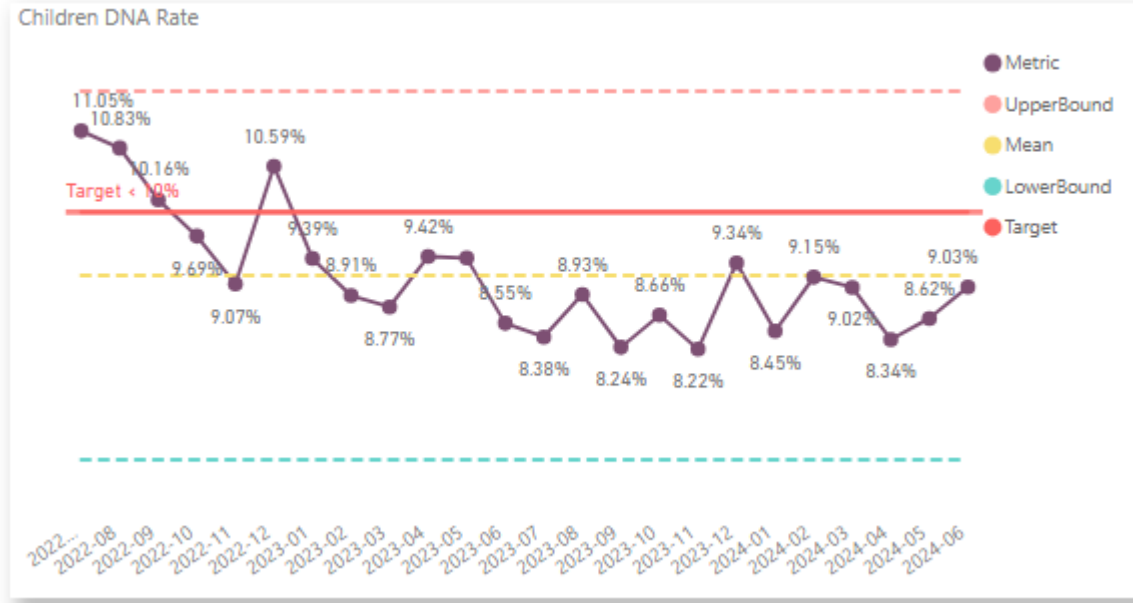
Speech and Language Therapy waiting times escalated to commissioner during the July 2024 Quality and Performance Group. The children whose parents have deferred their school places have complex packages of intervention required. Commissioners to escalate within the local authority.

Expected outcomes and timelines

Quality and Performance Group with the ICB on 20th August 2024

Clinical Services – Children & Family Health Surrey (CFHS)

Was-Not-Brought



Summary

Was-not-brought percentages have consistently remained under target for the last few years and are subject to the normal seasonal variation due to school holidays.

Actions

Individual services with high Was-Not-Brought rates ie Dietetics are using SMS texting to support appointment reminders. (Dietetics DNA : April 2024 11.1%, May 21% and June 12%)

Some services are using admin support to ring to confirm appointments which is also improving attendance.

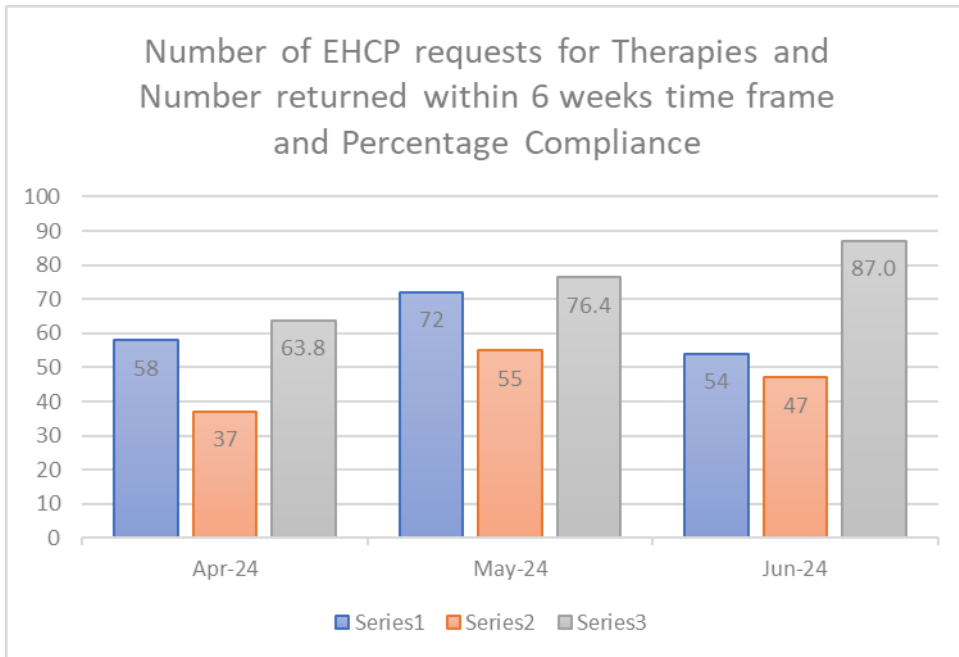
To review the upper and lower limits and adapt the limits based on the new trend.

To review the Surrey Heartlands adult and child Was-Not-Brought policy and to adopt across the organisation.

Expected outcomes and timelines (Please detail the 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 has increased to 87%.

Actions

EHCP assessment is impacted by 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 percentage compliance with reporting.

Expected outcomes and timelines

Health Visiting and School Nursing

Clinical Business Continuing Status

	NW	NE	SW	SE - CSH
School Nursing	Yellow	Yellow	Yellow	Green
Health visiting	Yellow	Yellow	Yellow	Black

Green 80-100%
 Yellow 70-79%
 Amber 60-69%
 Red 50-59%
 Black below 49%

CSH Health Visiting and School Nursing services are continuing to operate under the affordable establishment and are working to a clinical business continuity plan. A face-to-face home visit for a New Birth review remains the highest priority checks.

Most teams are on AMBER which impacts universal families, who will receive a phone contact for 6-8 week review. At this level, antenatal contact is focussed on Universal Partnership Plus families.

The Southeast Quadrant Health Visiting is at greatest risk with workforce being below 49%. Here the focus is on the New Birth review and Safeguarding, with the majority of management team from team lead and professional advisor being used for clinical work. Plans are in place to support the team over the summer, with support from other quadrants, clinical support from Transformation lead and some staffing returning from long term leave. The Northwest Quadrant have had a few resignations. Recruitment has been actively commenced but there may start to experience an impact from September 2024.

The clinical Business Continuing Plan has been reviewed and updated, as planned, by the teams and further detail added to give clarity on Community Nursery Nurse roles.

Quality Improvements Within Children's Services.

- **Promotion of Flu vaccination** - Services have worked with Communications team to record a video explaining the nasal flu process for children and for parents/ professions. This will be promoted in schools and on social media platforms

For parents – <https://youtu.be/TKSL5UWg4yg>

For children – <https://www.youtube.com/shorts/2fX0Fg3zZoE>

- **Non-responder Immunisation work – improving immunisation uptake** - The CFHS Immunisations team have been supporting Surrey County Councils vaccine bus pilot project. April 2024-March 2025.

Scope:

- To deliver an opportunity to catch up on the MMR vaccine and school-age vaccinations in areas of low uptake across Surrey.
- To engage with local community to promote mobile vaccine bus clinic, address any vaccine hesitancies, feedback on any localised barriers.

Outcome:

Three Saturday sessions have run in Redhill, Woking, and Cobham. 15 sessions have been funded and if the bus proves to be a successful way of reaching those who have not taken up their vaccine offer, Surrey County Council will consider a permanent offer and look to extend to work in partnership with practice nurses to support.

- **Surrey PINS Project** - Partnership for Inclusion of Neurodiversity in Schools (PINS) is a new national programme that aims to support the education and health needs of neurodiverse children in schools through partnership-approach working with local authorities and parent carer forums.

Surrey County Council has been the lead partner in developing a transparent needs-based approach to the identification and selection of Surrey's local schools. Two quadrants in the Northwest and Southeast of Surrey were identified, followed by a process where schools submitted an expression of interest, and the successful schools then went on to complete a national self-evaluation process. The PINS project delivery team is chaired by the PINS Transformational Lead within SCC and a CFHS Clinical Services Manager for Therapies part of the team. The current programme has 43 primary schools registered. This provides a measurable starting point so that the progress made by Schools in March 2025 can be compared and measured.

The aim is to support identified schools in partnership with students to review their physical, social, and learning environments, supported by Occupational Therapists (OT) to deliver work around school environment and sensory differences.

- **Presentation at National conference** – Transformation Leads and Community Health Early Support (CHES) presented at a national government association conference with 400+ attendees. Feedback was excellent and contributions continues to raise our profile nationally.

Adult Performance Metrics

No.	Metric	Target	2023-07	2023-08	2023-09	2023-10	2023-11	2023-12	2024-01	2024-02	2024-03	2024-04	2024-05	2024-06
1	Adult Referrals		4958	5089	4947	5060	5282	4801	5600	5051	4774	4961	5047	4782
2	Adult 1st Appointments		4078	3772	3648	4093	4365	3565	4271	3799	3328	3705	3747	3584
3	Adult FU Appointments		20551	21106	21084	22011	22815	20574	23275	21022	20964	22455	22829	21005
4	Adult DNA Rate	4%	3.70%	3.31%	3.69%	3.77%	3.66%	3.64%	4.13%	3.46%	3.53%	3.45%	3.55%	3.70%
5	Adult Appts Cancelled by Service		4348	3571	3829	4092	4612	4161	4764	3970	4139	4285	4305	4131
6	Adult 18+ Week Wait	8%	31.2%	32.7%	33.5%	31.6%	31.7%	32.2%	32.5%	33.6%	33.1%	32.8%	30.7%	29.0%
7	Adult 52+ Week Wait	0%	8.4%	8.2%	8.5%	9.0%	10.0%	9.7%	10.3%	9.1%	9.1%	9.3%	8.2%	7.3%
8	WIC Attendances Ashford		2634	2416	2456	2522	2499	2493	2355	2371	2660	2476	2432	2399
9	WIC Attendances Woking		2834	2580	2729	2756	2429	2588	2598	2410	2649	2460	2492	2337
10	Incidents - Adult		91	95	120	125	142	112	92	110	88	96	87	83
11	Agency Costs - Adult Services	3.7%	6.00%	7.24%	6.39%	5.02%	6.47%	5.71%	9.50%	4.63%	6.98%	6.37%	5.99%	7.11%

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**

Urgent Waiting Times

TopLevelService	No of Patients	Longest Waiting Weeks	Average Weeks Wait	Median Weeks Wait
Adult Speech & Language Therapy	450	114	46.36	43
Diet - Domicillary	54	94	26.19	22
Diet - Care Home ONS	49	129	27.53	22
Podiatry	30	28	8.23	5
Heart Failure	10	5	2.00	1
Continence	9	17	7.44	4
CRT (Community Rehab Team)	9	20	10.44	10
RCT (Respiratory Care Team)	8	28	10.63	11
Complex Wound Clinic - Spelthorne	4	2	1.25	2
Complex Wound Clinic - Woking	3	4	2.00	2
Complex Wound Clinic - Thames Medical	1	3	3.00	3
Total	627	129	38.52	33

Summary

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

Spelthorne intergrated neighbourhood team (INT) undertook a pilot to move to total triage that started at the end of May 2024. The team focused on the SLT and CRT waiting lists. The MDT reviewed all patients waiting over 52 weeks, focusing on whether the referred patients required the service or whether their health needs could be met via alternative services. 72 patients on the SLT caseload were reviewed who were waiting between 52 – 99 weeks. 59 patients (82%) were safely discharged as the patient was either receiving the care that they required via a different service or no longer required the service; this was during the first day of this work.

24 patients were triaged from the CRT caseload who had been waiting above 35 weeks. All 35 patients were discharged as they either were receiving the care that they required from another service or they no longer required the service, again completed on the first day of this work.

Actions:

To continue the MDT approach to reviewing patients currently waiting for a further 6 weeks. To share the learning from the work and use the principles across the other INTs. For this to become business-as-usual as part of the total triage method.

Demand and capacity tools to be trialled across services to understand the demand within teams and introduce effective ways of working.

Operating models to be reviewed, improved and adapted during a 6-week review to be undertaken from mid-September 2024.

Expected outcomes and timelines

Proposal for service provision to be developed after the 6 week operating model review to start from September and be completed by mid October 2024. Waiting lists will align to the operating model in order to give projects time frames to reduce the lists. Fortnightly updates to be presented to the executive from Septmeber, with a final paper at the end of October. An interim paper detailing the weekly waiting list cleansing exercise is to be presented at the September Quality and Clinical Governance Group and then Quality and Safety Committee on 10/10/24.

Routine Waiting Times

TopLevelService	No of Patients	Longest Waiting Weeks	Average Weeks Wait	Median Weeks Wait
Podiatry	634	38	7.76	6
CRT (Community Rehab Team)	536	39	11.18	9
Continence	410	18	6.21	5
Adult Speech & Language Therapy	212	107	21.01	13
RCT (Respiratory Care Team)	202	36	10.71	10
Palliative Care	129	91	20.60	16
Diet - Domicillary	61	142	23.16	20
Diet - Care Home ONS	60	66	26.78	27
Heart Failure	58	11	3.72	2
Complex Wound Clinic - Spelthorne	15	6	2.27	2
Complex Wound Clinic - Woking	12	5	2.17	2
Tissue Viability Nursing Specialists	11	2	0.36	0
Complex Wound Clinic - Thames Medical	6	7	2.00	1
Diet - Community Hospitals	1	5	5.00	5
Total	2347	142	11.10	7

Summary (Please provide a summary of activity)

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

Spelthorne integrated neighbourhood team undertook a pilot to cleansing waiting lists for one day during May 2024. The team focused on the SLT and CRT waiting lists. The MDT reviewed all patients waiting over 52 weeks, focusing on whether the referred patients required the service or whether their health needs could be met via alternative services. 72 patients on the SLT caseload were reviewed who were waiting between 52 – 99 weeks. 59 patients (82%) were safely discharged as the patient was either receiving the care that they required via a different service or no longer required the service.

24 patients were triaged from the CRT caseload who had been waiting above 35 weeks. All 35 patients were discharged as they either were receiving the care that they required from another service or they no longer required the service.

Actions; To continue the MDT approach to reviewing patients currently waiting for a further 6 weeks, anticipate that this will be complete by mid August 2024.

Demand and capacity tools to be trialled across services to understand the demand within teams and introduce effective ways of working.

Operating models to be reviewed, improved and adapted during a 6-week review to be undertaken from mid September.

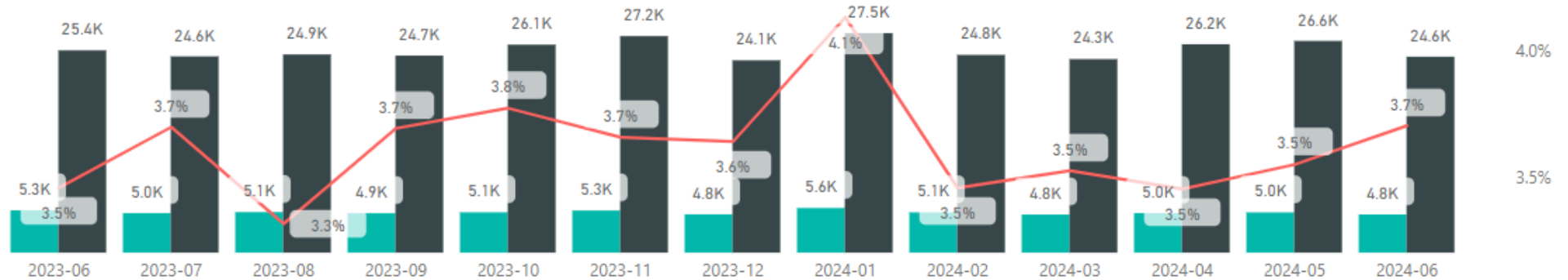
Expected outcomes and timelines

Proposal for service provision to be developed post the 6 week operating model review. – operating model review to start from September and be completed by mid October. Waiting lists will align to the operating model in order to give projects time frames to reduce the lists. Fortnightly updates to be presented to the executive from Septmeber, with a final paper at the end of October. An interim paper detailing the weekly waiting list cleansing exercise is to be presented at the September Quality and Clinical Governance Group and then Quality and Safety Committee on 10/10/24.

DNA Trend – Appointment by Year Month

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

● Referral_Count ● Appointment_Count ● DNA Rate



Summary

This chart shows the number of appointments per month and the percentage of DNAs that occur over this time indicating trends. Although there has been a slight increase in DNAs over the quarter, trends remain within national guidelines but are monitored on a monthly basis to identify any spikes in numbers and take action. Attendance at appointments is supported by SMS messaging that reminds individuals of their appointment.

Actions

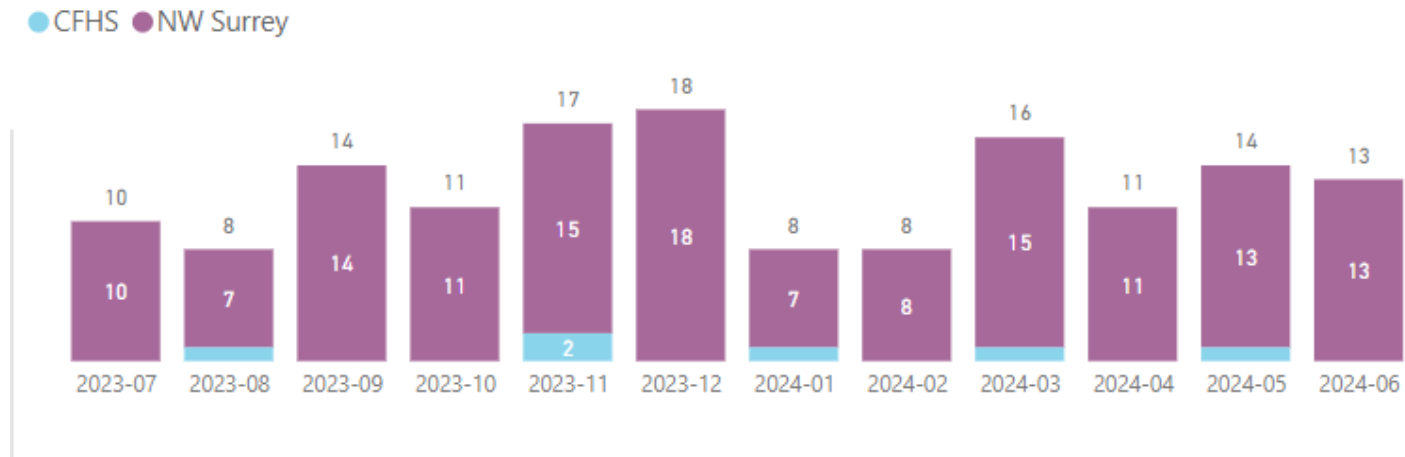
Trends remain within national guidelines but are monitored on a monthly basis to identify any spikes in numbers and take action.

To develop Was-Not-Brought for adult services and to move away from DNA. To review and adopt the Surrey Heartlands Was Not Brought policy for adults and children within CSH and across CFHS.

Expected outcomes and timelines

Review of Surrey Heartlands Was Not Brought policy by 31/8/24. To be reviewed and discussed as part of the Safeguarding Working Group. Following this to start work to understand why patients are not attending appointments.

Falls



Summary of Activity:

From April 24 to June 24, there have been a total of 38 falls reported for adult and children’s services. 24 falls were classified as internal (Adults =24; CFHS = 0) and 14 as external (Adults= 13; CFHS = 1)

- There were 10 unwitnessed and 14 witnessed incidents reported over the period.
- 13 incidents were reported as no harm; 6 as low harm; 1 as moderate harm upgraded to serious harm.
- Community hospital (15) remains the highest reporting service with a small uptick in the numbers compared to the same period last year. This service reported 2 incidents (fracture as a consequence of a fall), where further learning and action plans were initiated above the initial lower-level investigation. Both incidents required Duty of Candour.
- Main type of falls reported across all services - Fall from standing/ walking (9), assisted falls (3) and falls from sitting / commode (6)
- Themes – it has been noted through the Incident Review Group that some falls have occurred when a patient has been close to discharge from the ward. Currently thinking relates to footwear, and patient’s expectation on their own abilities.
- Falls are a PSIRF priority for CSH.

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

- As part of the PSIRF falls priority, a QI group will be established to look at what improvements we can make to reduce the number of falls.
- Embedding of the Falls Prevention and Management Policy across the organisation.

- QI group will be implemented during the next phase of PSIRF implementation.

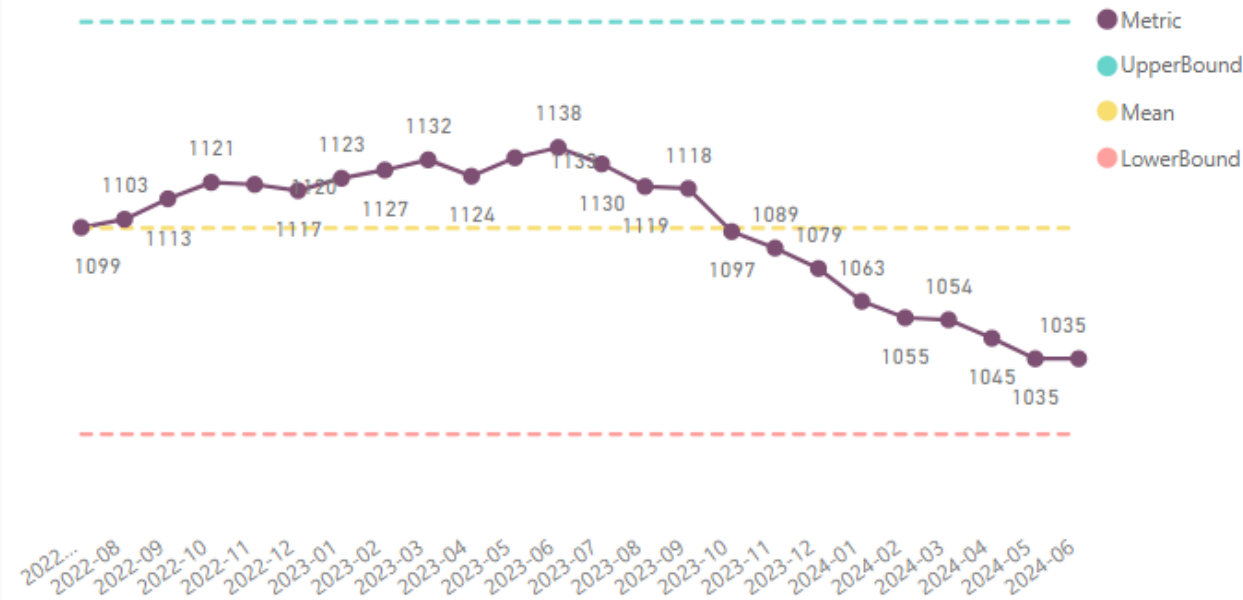
Business Performance Metrics

No.	Metric	Target	2023-07	2023-08	2023-09	2023-10	2023-11	2023-12	2024-01	2024-02	2024-03	2024-04	2024-05	2024-06
29	Incidents - Total (Internal)		120	118	163	150	174	142	121	140	127	127	128	116
30	Incidents - Enabling		1	0	0	2	7	3	6	3	3	3	5	2
31	Formal Complaints		5	1	1	3	4	2	5	3	6	3	4	2
32	Compliments		21	18	16	13	17	23	7	11	13	8	24	19
33	FFT Patient Satisfaction	90%	90.7%	90.3%	92.9%	83.8%	86.9%	92.3%	87.9%	92.7%	89.5%	88.8%	82.8%	88.5%
34	Staff Headcount		1130	1119	1118	1097	1089	1079	1063	1055	1054	1045	1035	1035
35	Vacancy Rate	15%	25.45%	25.27%	24.01%	25.59%	25.50%	25.93%	20.86%	21.58%	22.07%	22.33%	23.07%	21.66%
36	Absence Rate	4%	4.08%	4.21%	4.32%	5.28%	6.26%	5.89%	5.89%	5.26%	5.07%	4.87%	4.75%	4.67%
37	Training Compliance	90%							87.35%	89.19%	89.99%	90.85%	91.46%	92.24%
38	PDR Compliance	90%	58.89%	60.87%	61.36%	65.30%	66.19%	67.70%	68.89%	70.46%	68.44%	80.30%	61.66%	58.79%
39	Service Desk Contacts		1127	962	1332	1121	1019	698	1303	1065	1095	1303	1236	
40	Service Desk CSAT Score	90%	93.24%	100.00%	95.60%	100.00%	92.39%	94.90%	98.30%	97.75%	97.85%	98.78%	97.31%	
41	% of PO Invoices	70%	69.02%	73.48%	77.18%	73.53%	67.05%	70.27%	68.60%	65.34%	51.30%	69.92%	82.51%	76.38%
42	Agency Costs	3.7%	4.88%	5.36%	3.84%	4.12%	5.21%	4.75%	6.76%	3.98%	5.69%	4.80%	4.78%	5.23%

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**

Headcount

Headcount



Summary

Headcount figures have remained the same across May and June 2024.

Actions

For our children’s teams, there has been a slight reduction in posts filled.

For our adult’s teams, there has been a slight reduction in posts filled

For our enabling teams, the movement is in line with a requirement to meet the year-on-year efficiency targets so no actions required.

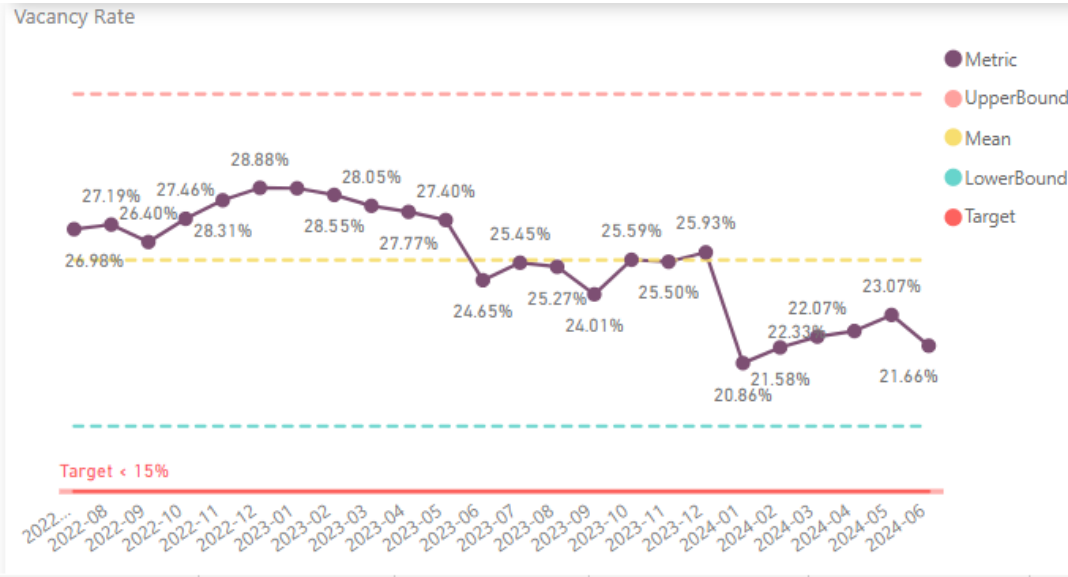
Expected outcomes and timelines (Please detail the expected outcomes and timelines)

For our children’s teams, this is lower than affordable budget in some areas.

For our adult’s teams, recruitment is variable with some specialist posts attracting more candidates. The recent changes to the pensions rules are seeing more staff retire or reduce their hours.

For enabling teams, projected headcount will remain stable, and if anything reduce further into 2024/25 through natural turnover.

Vacancies



Summary

Our vacancy rate is reducing back to the lower levels recorded at the beginning of 2024.

The highest vacancy rate is recorded in adults at 25.82%, with the childrens services' vacancy rate at 18.17%. The enabling teams have a vacancy rate of 21.22%.

Community nursing, impatient therapies, out of hours nursing, the SPA and UCR have the highest vacancy rates.

Actions

In adults, we continue to review all vacancies for potential opportunities for skill mix or the development of alternative roles that support new ways of working. For example, an increase in care co-ordinator/wellbeing co-ordinator roles to support individuals who are part of the Integrated Neighbourhood team caseloads.

There has been successful recruitment in the Spelthorne area with a Band 7 District Nurse and 3 Community Nurses recruited who will take up their roles from September 2024.

Recruitment has been held in the SPA whilst there is a review of the current administrative support across CSH. This review will start in August 2024 and will make recommendations around the future model of provision. In the meantime, vacancies have been filled with temporary staff.

Children's services are actively recruiting to affordable establishment and vacant posts with higher clinical risks. There is a dedicated project working on recruitment in Spelthorne and teams are exploring recruitment premiums.

In June 2024, enabling teams have the following vacancy rates: Digital 33.41%; Estates and Facilities 0%; Finance 18.3%; People

15.18%; and Quality and Clinical Governance-14.01%. Enabling teams continue to monitor vacancy rates and will be filling roles on an exceptional basis only.

Expected outcomes and timelines

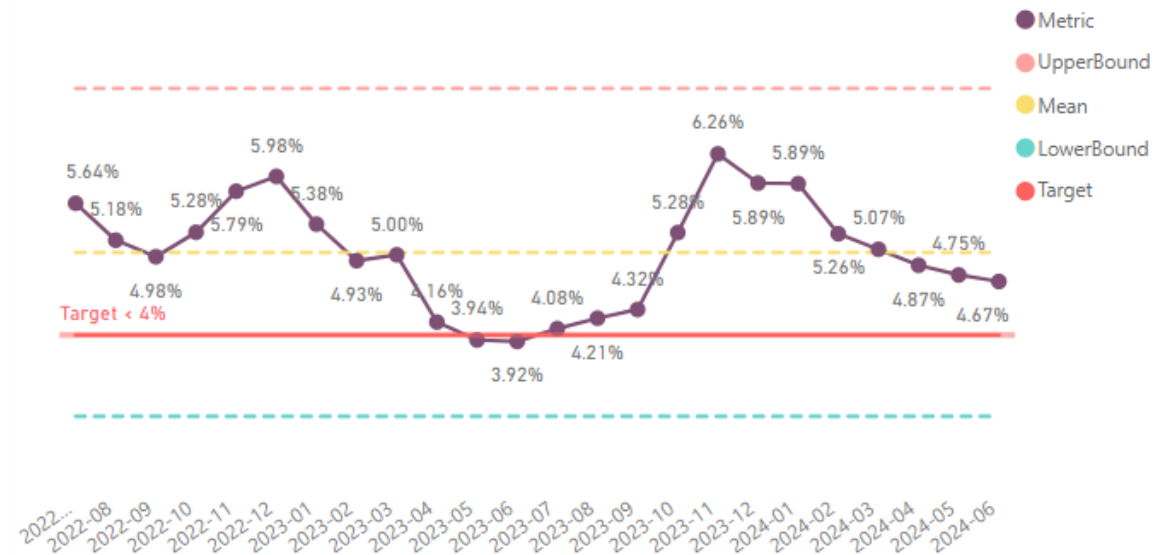
In adults, vacancies will be continually reviewed and recruitment is ongoing.

Children's services are actively recruited to vacancy.

For enabling teams, the vacancy rates will remain stable and will be continually reviewed.

Absence Rates

Absence Rate



Summary

Our sickness absence rate is reducing back to the lower levels recorded at the beginning of 2024.

The highest absence rate is recorded in children’s services at 5.64%, with the adult’s absence rate at 5.23%. The enabling teams have an absence rate of 1.17%.

In childrens the highest number of absences are in the health visiting team, with community health care and occupational therapy also quite high.

In adults, the highest number of abences are in community nursing, with the WICs and the rapid response/UCR teams also high.

Respiratory illness has increased over the summer months with COVID-type symptoms.

The enabling teams had very few absences in May and June 2024.

Actions

Sickness is managed as per the CSH policy.

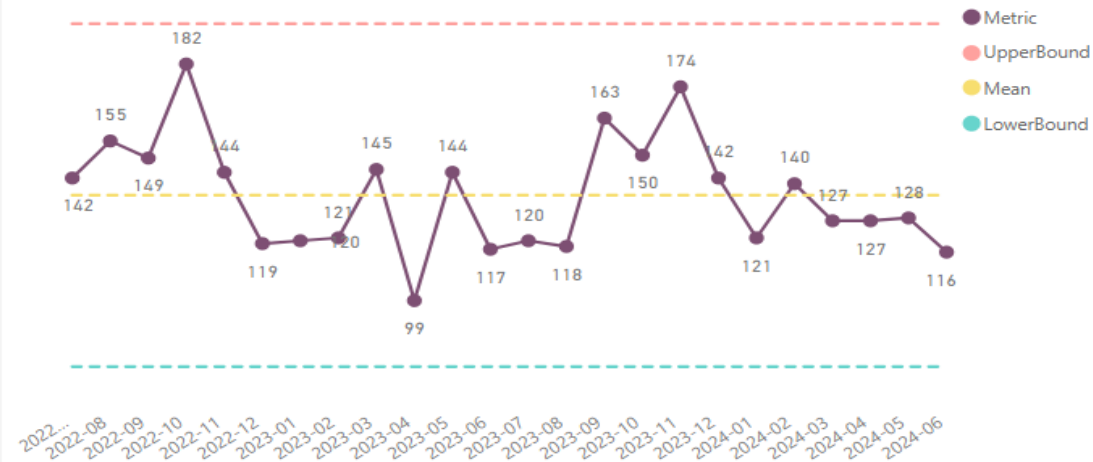
Promotion of the flu vaccination and keeping well information.

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

Flu vaccination program will commence in the Autumn.

Patient Safety

Incidents - Total (Internal)



Summary

Highest reporting areas:

Community Nursing,
 Community Hospitals,
 Rapid Response Urgent Care,
 Locality Hubs,
 Specialist School Nursing,
 TVN,

The highest reporting category is pressure ulcers on admission at 49.

Incident reporting is on a downward trend, the closure of Hersham Ward will account for a small proportion of this. Work is required to understand the reduction in incident reporting.

Actions

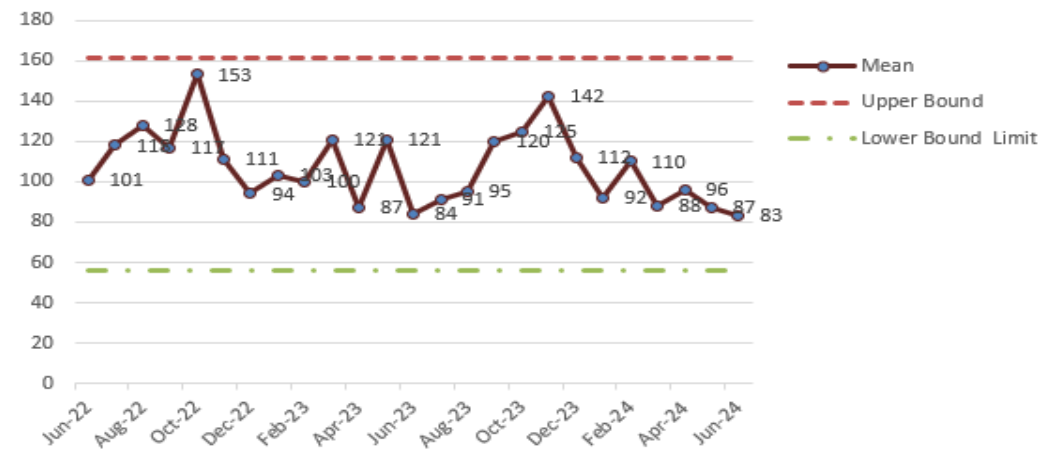
Team to identify areas where incident reporting has reduced and understand the reasons for this.

Expected outcomes and timelines

To understand the changes in incident reporting, promote a culture of reporting, feedback and learning, to complete by October 2024.

Patient Safety

Incidents -Adult Services



Adult services

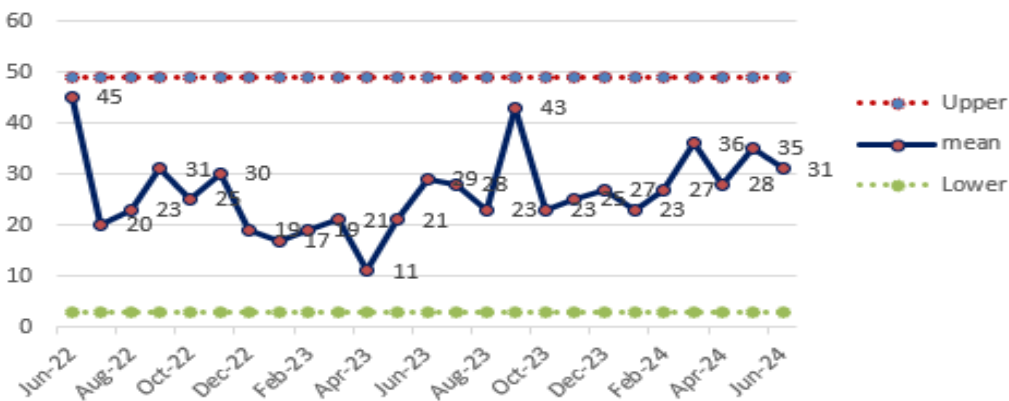
Community hospitals, Walk In Centres and UCR have seen a decrease in the number of incidents reported. This requires further analysis and understanding from the teams. The closure of Walton Ward would account for the decline in reporting from Woking Community Hospital.

Trends in Children Services

The type of incidents reported within children’s services has changed during June. Information Governance incidents have reduced from 11 in April 2024 to 1 in June 2024. Work is underway to understand whether this is due to the learning from previous IG incidents or whether we will see an increase in July 2024.

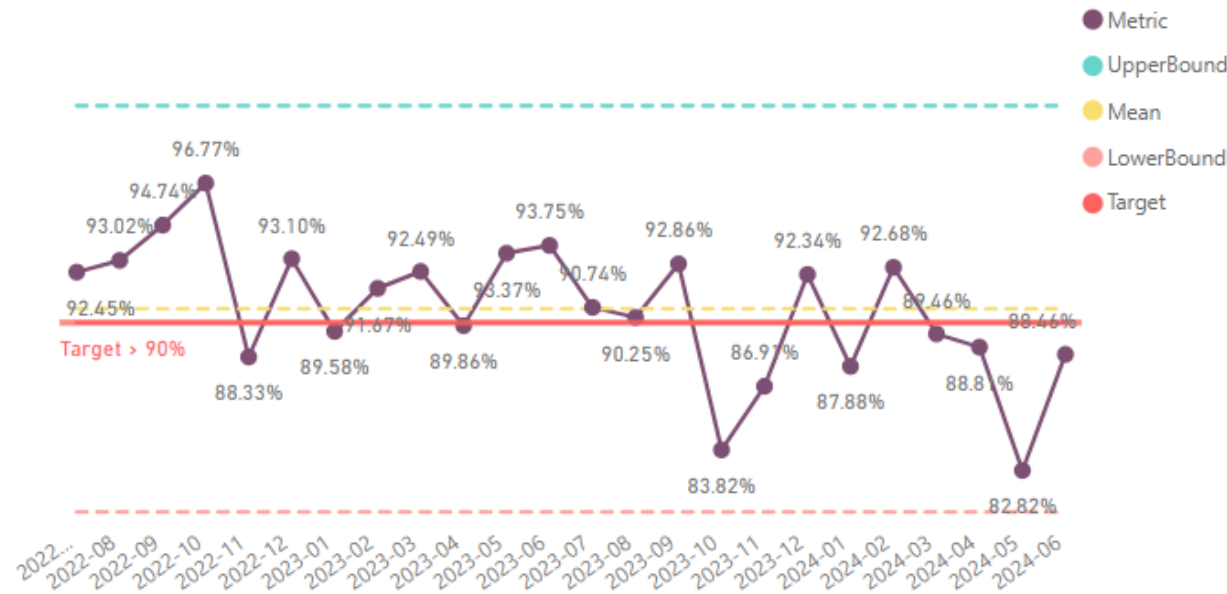
4 incidents related to violence and aggression, the increase in this type of incident is being monitored and linked with the work that is being undertaken with the lone working app and violence and aggression across the organisation.

Incidents Children Services



Patient Experience - Friends and Family Test

Friends & Family Test - Patient Satisfaction



Summary

This chart summarises the positive FFT ratings across services. Patient satisfaction is 88.44% for June 2024: our target is for 90%. Whilst our FFT remains within the 80s, the number of returns has been diminishing to 167 returns for June 2024. 167 is not a representation of the numbers of contacts that services undertake per day, month and year. Targeted work is required to understand if the feedback received is representative of the experience that patients are having.

Actions

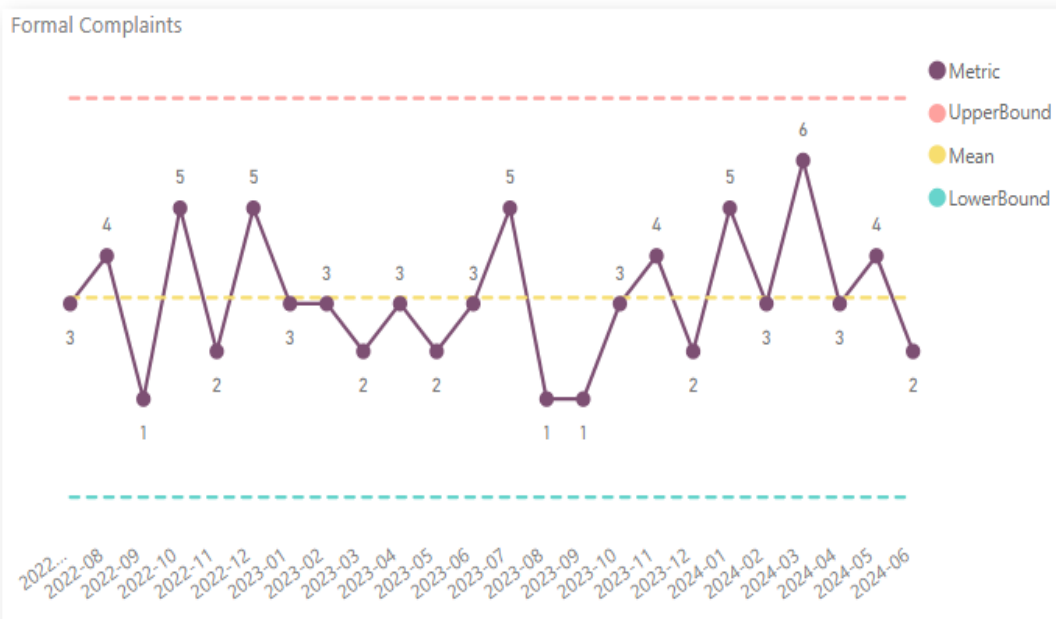
To operationalise the the Patient Experience Strategy and begin reporting via the Quality and Clinical Governance group.

To develop an understanding of why we are not receiving FFT returns.

Expected outcomes and timelines

To work to the time frames within the Patient Experience strategy.

Patient Experience- Formal Complaints



Summary

The number of complaints received by CSH remains low. Within the last quarter there have been no more than 4 complaints per month. Themes identified – 3 complaints relating to the management of ear infections for children when presenting at the WICs. Of the 9 complaints received over the past 3 months, 3 were received regarding the WICs, 4 received regarding adult community nursing, 1 to SLT and 2 to Children’s Occupational Therapy. No complaints in relation to waiting times. All investigations and responses have met the timeline for complaint responses.

1 case remains with the Ombudsman, this complaint was originally received in 2021, and closed by CSH in November 2021. Case re-opened following contact from the Local Authority who had received a complaint from the family. Awaiting the outcome from the PHSO (Parliamentary & Health Service Ombudsman).

The complaint is in relation to the OT provision not meeting the expectation within the child’s EHCP.

Actions

Review of the complaint process underway to ensure that services own complaints and take improvements forward.

Expected outcomes and timelines

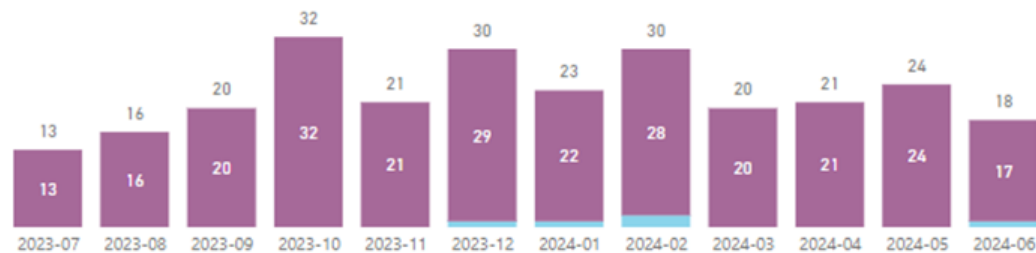
Revised complaints process to be shared with the Chief Nurse and Deputy Chief Nurse mid-July 2024.

Revised process to be shared with operational teams for comment and agreement – September 2024 QCCG.

Pressure Ulcers

TREND - Incidents by Year Month

● CFHS ● NW Surrey



Incidents Reported

A 36.9% (n=680 compared to n=429) reduction in external pressure ulcer incidents were reported in the previous financial year with a 4.5% (n=254 compared to n=243) reduction in pressure ulcer incidents reported as internal.

With the introduction of the Patient Safety Incident Response Framework (PSIRF), there was an issue reporting external incidents and this had an impact on the results (that were reported into Datix). Therefore, the data does not represent a true reflection of the significant reduction of external pressure ulcer incidents. The pressure ulcer deep dive (2024) looked in more detail at the incidents in DATIX (during January 2024) and one of the findings identified was under reporting within CSH services. This makes the data analysis and reporting complex and the lack of granular detail make validation difficult.

The BI Portal showed on average 131 referrals a month for pressure ulcers were received by CSH (2023/24 data).

In descending order, the primary source of referrals are:

1. GPs,
2. Care Homes,
3. Community Health Services,
4. Carer Relative and
5. Acute hospitals.

This identifies that the majority of pressure ulcers develop in the community.

Actions
The introduction of the Minuteful Wound Care App pilot will give much more granular detail, as well as project management support for team. The Minuteful Wound Care App pilot is running for a 12-month period.

This will support data analysis as well as quality improvement initiatives, such healing rates, against pressure categorisation, cost analysis of a patient journey.

The Integrated Neighbourhood Teams are now focussing on “High Risk” cohorts of patients and by undertaking a more holistic approach to assessment and provision of care, vulnerable individuals such as this patient will be supported more effectively.

Expected outcomes and timelines

Project management support is in place to aid data collection, training and application over a fixed timeline of 12 months with a number of KPIs agreed. To be reported through the Strategic Delivery Group and updates shared at the Quality and Clinical Governance meeting.

Duty of Candour – April-June 2024

Over view of DOC

	On time	Breached	declined	Other reasons for breach	Total
Initial DOC and letter	2	1	0	0	3
Final DOC and report to patient	0	1	0	1 (ongoing investigation)	1
Ongoing investigation	1	N/A	N/a	N/a	1

Three notifiable safety incidents were recorded between April 2024 and June 2024. Initial duty of candor were completed for two incidents. The DOC for one incident was delayed and is being assessed to confirm whether DoC applies.

1 incident has been re-opened following the family receiving the incident report and querying the content. The incident requires further investigation and the final Duty of Candour will be completed once the investigation has been completed with the families input.

Actions

To continue to implement Duty of Candour.

Expected outcomes and timelines

All notifiable safety incidents should comply with the Duty of Candour requirements.

Infection Prevention and Control (IPC)

		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

Summary Q4:

The CSH Strategic Infection Prevention and Control Group (SIPCG) met on 24th April 2024 to review and agree the SIPCG Q4 2023-24. The meeting was chaired by the CSH Director of Infection Prevention and Control.

Outbreaks:

- 3 outbreaks identified and managed across Alexandra and Hersham Wards: 1 x Flu and 2 x Covid-related. Total of 9 patients affected. Outbreak meeting notes on file.

Incidents:

- RCA for CDI case 2 on Alexandra Ward (04.03.24). Initial huddle 06.03.24. RCA currently in final draft
- 2 x Covid patients (no outbreak), recorded for national reporting
- 5 x sharps injuries

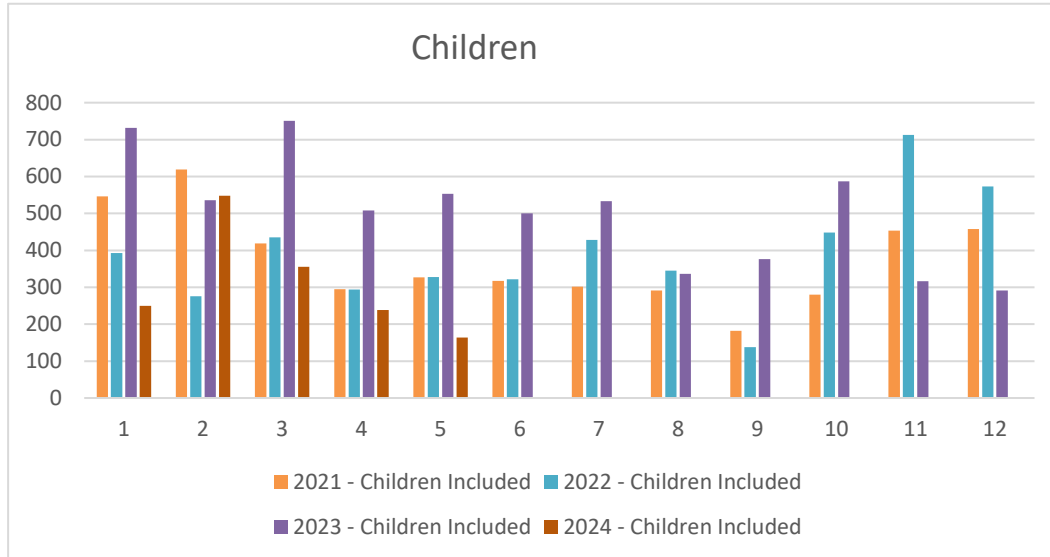
Actions noted during CSH Strategic IPC meeting 24.04.2024:

- 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:

Next Strategic IPC Group meeting 24.07.2024, including action log and SIPCG Report 2024-25 Q1 for review and agreement.

Safeguarding – Children & Family Health Surrey (CFHS)



Safeguarding Children

Strategy meetings continue to take up a lot of the safeguarding children’s teams time meaning the team are working to a business continuity plan. Strategy meetings will be transferred to operational services, this will begin in October 2024.

Multi agency planning – practitioners share information regarding MAPE (mutli-agency protection and exploitation) when safeguarding concerns arise. The table opposite provides an overview of the information shared pertaining to concerns around children from 2021/2024. Highlighting that in 2023/2024 the numbers have increased. The work demand is under review as the volume of work has risen.

NHS England have directed that CP-IS (child protection information system) should be implemented across NHS health systems that provide primary care to children by 2024 to improve information sharing across the health and social care partnership.

The compliance for children’s safeguarding training Level 3 is below the agreed KPI of 85% at 61.94%. Level 1 training has not been recorded.

The Looked After Children’s team have been working to an affordable budget which has resulted in a reduction in administrative support. The service requires enhanced administrative support in order to manage the IHA and RHA assessment process and meet the timeframes within the Intercollegiate document. The service is reviewing the administrative function and looking at how they can work differently in order to manage the reduction in administrative support. Any unintended consequences are captured via Datix.

Actions

Audit plan being developed for 2024/25.

Strategy meeting handover plan to be shared with operational services.

SOP developed re CPIS this requires operationalising and raising the profile or understanding.

Review of children's safeguarding training, incorporate the national e-learning for health e-modules. Level 1 training will be covered during induction.

The safeguarding compliance has been shared as a risk and is being monitored.

The Looked After Children's named nurse has implemented an Nurse's Aide Memoire traffic light system (RAG rating) has been implemented to support the management and prioritisation of the team inbox.

Expected outcomes and timelines

With the HCPs attending strategy meetings, we will meet our Section 11 requirements, increase confidence within operational teams. Implementation from October 2024.

The Looked After Children's named nurse and safeguarding nurse consultant are undertaking an admin review to explore how we are working which will be completed in Q2.

Safeguarding – Adults

Safeguarding Referral Themes



S42 comparisson Q4 and Q1



Summary

85 referrals were completed in Q1, self neglect accounted for the largest proportion of referrals.

There has been a decrease in the number of Section 42 inquires in comparisson to the last quarter. In Q4, the safeguarding team actioned 25 in Q4 in comparison to 7 on Q1. Targeted work has been undertaken with social care to understand the threshold for a Section 42. The risk enablement meeting held by the Local Authority is attended by the CSH Nurse consultant for Safeguarding, a review of the framework and threshold for a Section 42 enquiry is underway. Medication errors are being looked at.

Safeguarding Training is below the agreed KPI of 85%, and has been reported as 43.89%. Q1 data showed a 65.15% compliance. The present training offer is bi-monthly, face-to-face sessions delivered by the safeguarding team.

Think Family is part of the strategic delivery plan; this is firmly embedded across children’s services but requires development within adult services. Think Family is key as it aims to identify the needs for the whole family. The impact on children/siblings, through vulnerabilities faced through the adult/carer can have an impact and it is vital health care professionals are aware of this so the risk can be identified. The profile for Think Family within adults has been raised across CSH within safeguarding adults’ week, with safeguarding adults’ training, within safeguarding champions’ meetings and with the safeguarding children team, devising 7-minute briefings and adults team working integrated the work is ongoing.

Actions

The Section 42 meeting meeting has been discussed and dates are being arranged for Q2.

The safeguarding nurse consultant has reviewed the current provision of the safeguarding training offer for adults, and explored an alternative option

where staff can access training. Implementing an e-learning package specific for safeguarding training which will allow staff to access it more frequently. The safeguarding adult team have met with learning and development to increase their offer of delivering training from bimonthly to monthly.

The safeguarding nurse consultant has arranged an away day with the safeguarding adults and children's teams for Q2 to focus on Think Family and integrated work.

Expected outcomes and timelines

By working together as a partnership and developing a framework, it is hoped that this will streamline processes across Surrey.

The monthly S42 meetings to review S42s as a trial looking at themes and trends and outstanding regular meetings to review S42s at a senior level will help to look at themes and trends and whether the inquiry substantiates to a S42 inquiry.

The Think Family agenda will help to create awareness where there is a vulnerable child, for staff to think about the adult and where there is a vulnerable adult to consider the impact on children.



Central Surrey Health Limited

Title of paper:	Digital report
Meeting:	Board of Directors – meeting in public
Meeting date:	10 September 2024
Agenda Item:	Item 9d
Purpose of paper:	For assurance

Has this paper been discussed at other meetings or committees?	
This paper was considered at the Executive meeting on 02 September 2024 and is recommended to the Board for approval.	
Board assurance framework	-

Author – Role:	Director of Digital Services
Director:	Keith Woollard
Date prepared:	27 August 2024

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

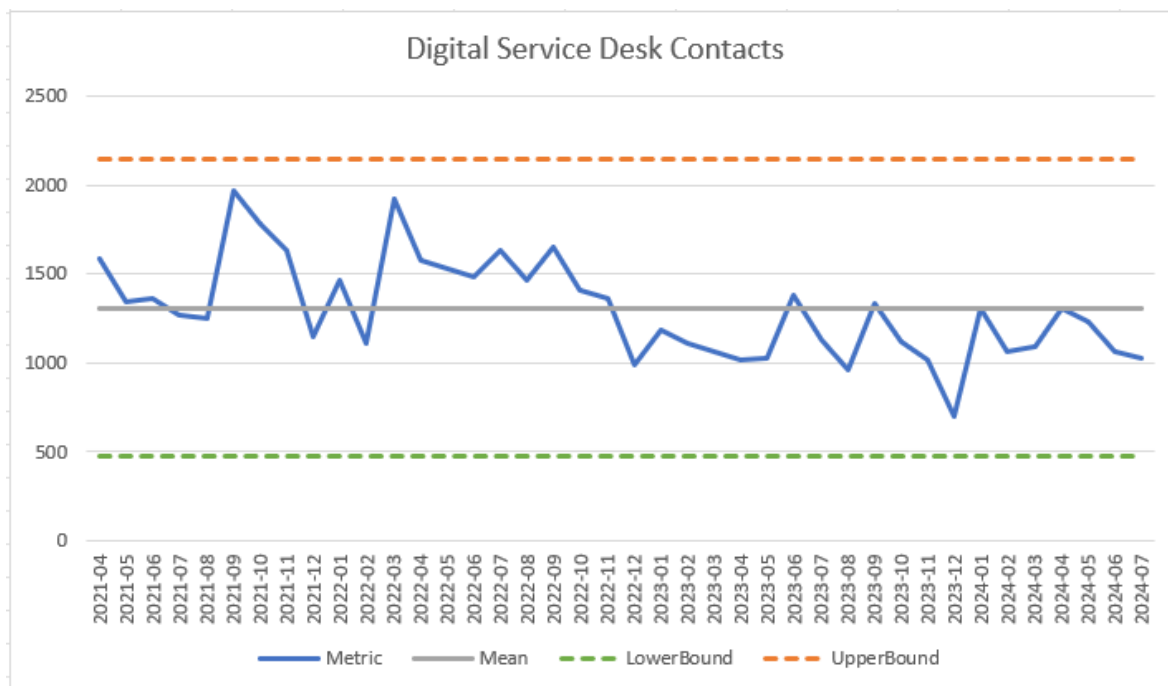
1. Purpose of report

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

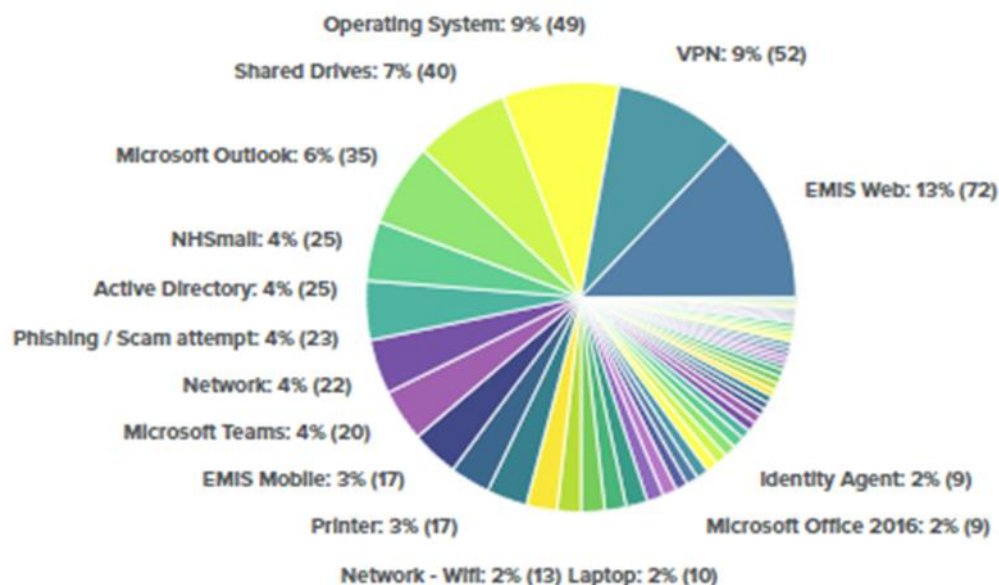
2. Operational Performance

2a. Service Desk Contacts

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

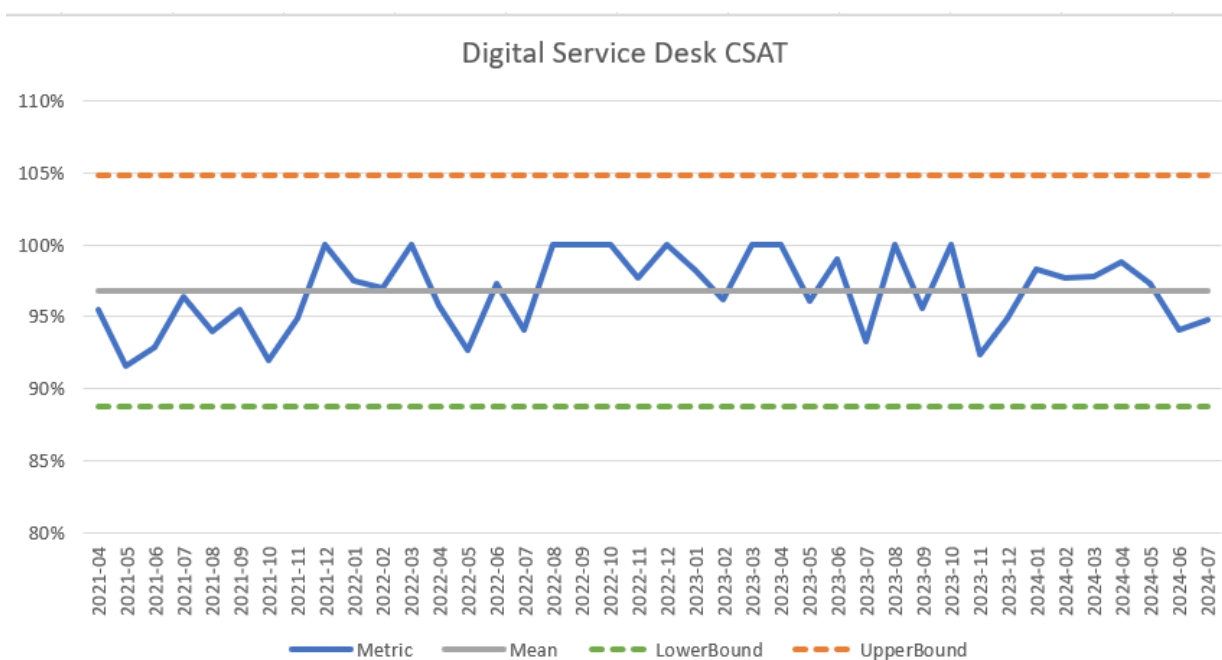


2b. Service desk incidents by digital service



2c. *Customer Satisfaction (CSAT)*

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



3. **Systems & Information**

- 3.1 We rolled out a new EMIS Mobile version on 20th August 2024. This upgrade was mainly for software fixes with no new functionality and has gone smoothly with the community nursing teams.
- 3.2 EMIS have been working towards one mobile platform for all users rather than having separate platforms with specific updates, i.e. window/IOS and Android. The new platform will be called Mobile X and will replace the App we currently have installed. Mobile X has now been released and will be deployed later this year.
- 3.3 The project relating to EMIS Insights, formally known as EMIS EXA, which is the replacement of the free data IQ extract that we receive from EMIS, has finally started. This will take several weeks to complete and is being managed in-house by the BI Team. There will be no charge for this service in year however, we will need to budget for this from April next year.
- 3.4 The EMIS in-patient project for Sam Beare Hospice has gone extremely well with a real team effort from the clinical systems team who have supported this project. The project has now transferred to business as usual, and we look forward to continuing to work and support the hospice team.
- 3.5 Friends and Family test text messages have proven successful in the three trial sites, and this will now be rolled out service-by-service, due to the variance in how the service configurations operate within EMIS.
- 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 went live on 14th August 2024. We had a few teething issues however these have been resolved and it is now fully functional within EMIS.

- 3.7 Faster Data Flows (FDF) as mentioned in the last report, is a new initiative from NHS England relating to a requirement for data to be sent on a daily basis from community service providers. This will not replace community service data sets (CSDS) but will be in addition to them. All organisations have been given a cohort number and start date. We are in Cohort 2 starting on 30th September to the end of October 2024. This project will be handled in-house by our BI team.

4. Digital Delivery

4a. Microsoft SharePoint migration

- 4.1 Due to challenges with the user experience migration, we have delayed the migration until we have tested alternative options. The new project go live has reverted to the original date of September 2024.

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 NorthWest Surrey Alliance (NWSA), we will be deploying this to the CSH and Ashford & St Peters Hospitals NHS FT (ASPH) virtual ward clinical teams.

4c. Integrated Neighbourhood Teams

- 4.3 One EMIS: As part of the Integrated Neighbourhoods Business Unit, we have been approved funding from NWSA to support the migration of data from the Bedser Hub into our core 139601 EMIS CDB
- 4.4 Social Prescribing: Social prescribers work closely with GPs, and we will give them an EMIS Web platform to work on and support. This is currently on hold due to an infrastructure blocker by the District Borough Council.

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

- 4.5 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 owner (CDIO) to confirm the timeline this would be expected to be delivered in.

4e. Woking and Sam Beare Hospice (WSBH) In-patients Unit

- 4.6 The project has now completed with a successful go live and came in under budget, saving WSBH on the deployment costs.

4f. Civica Auto Scheduler

- 4.7 Following extensive due diligence, including linking with Bromley Healthcare who are using the product, this platform has been rejected at this time as it is not suitable for CSH.

4g. Accurx

- 4.8 The business case was approved to proceed at the Strategic Delivery Group and mobilising the project team for delivery will now commence.

5. Information Governance (IG)

- 5.1 In the 2024-25 year to date, a total of 38 IG incidents have been raised. One serious incident has been reported to the Information Commissioner's Office (ICO) who have confirmed they are satisfied with the actions undertaken by CSH and will take no further action.
- 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. Activity in relation to requests processed in 2024-25 (year to date) are set out below – to date all completed requests have been fulfilled within the statutory timeframe.

Subject Access Requests (SARs) by Outcome and Initial Request Date

	Apr 2024	May 2024	Jun 2024	Jul 2024	Total
Responded - records sent	25	17	19	18	79
Responded - not data controller	26	2	0	3	31
Responded - no records found	11	11	7	6	35
Abandoned by requestor	7	0	1	2	10
Currently open - in time	0	0	0	2	2
Responded – exempted	1	1	1	2	5
Total	70	31	28	33	162

- 5.3 The Data Security and Protection Toolkit (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 Current CSH IG training compliance is showing a very slight increase to 88.76% (last report 88.37%); however, as the DSPT assertion has been met for 2023/24 there are no concerns at this time. The L&D team are continuously encouraging colleagues to complete their mandatory training to reach 100% compliance.

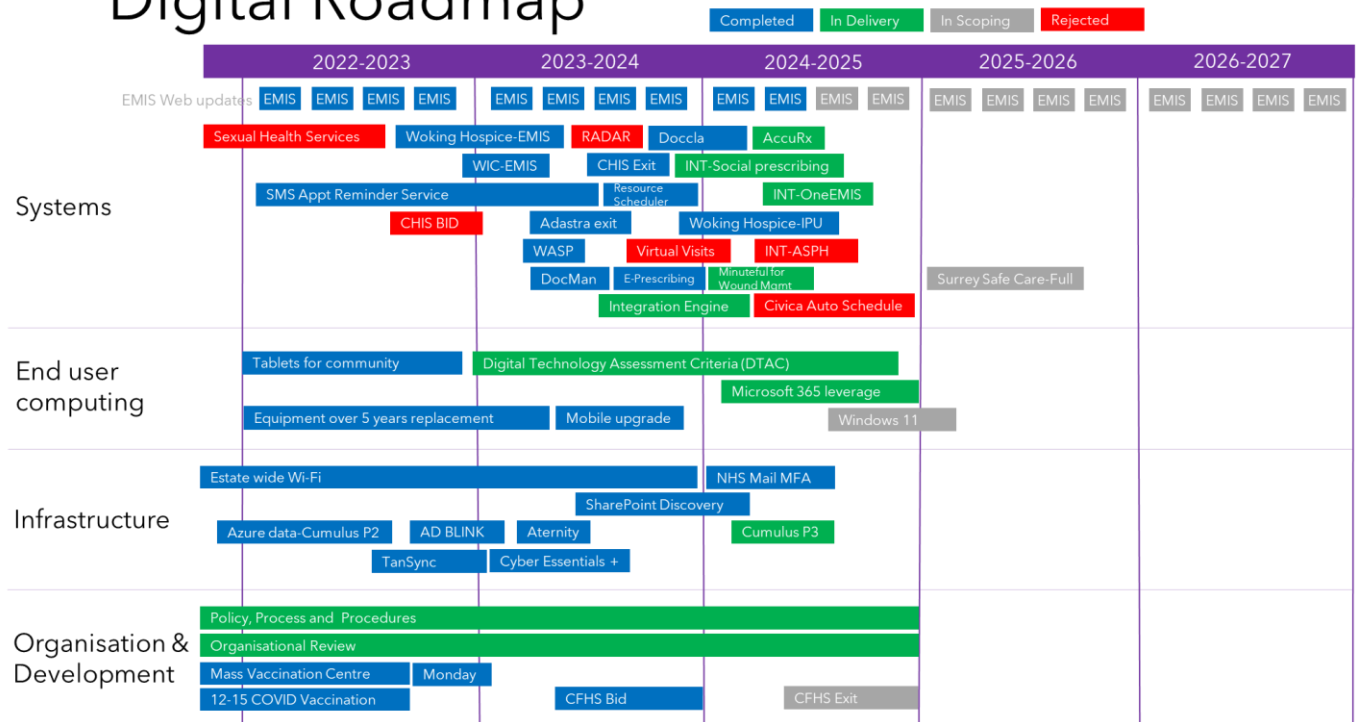
6. People

- 6.1 The "Meet with Keith" meetings where different members of the Digital team meet with Keith over coffee and have a catch up have restarted, with the second session having taken place in August 2024. These sessions give everyone the opportunity to ask Keith questions and to keep dialogue open between teams.
- 6.2 Following the staff survey results, the team created a focus group to work through the Digital results and these were shared and discussed at the last Digital team meeting on 22nd August 2024.
- 6.3 PDRs are underway within the teams and new objectives are being set for the new PDR year.
- 6.4 Our next digital team meeting is scheduled for 17th October 2024

7. Technology Roadmap

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

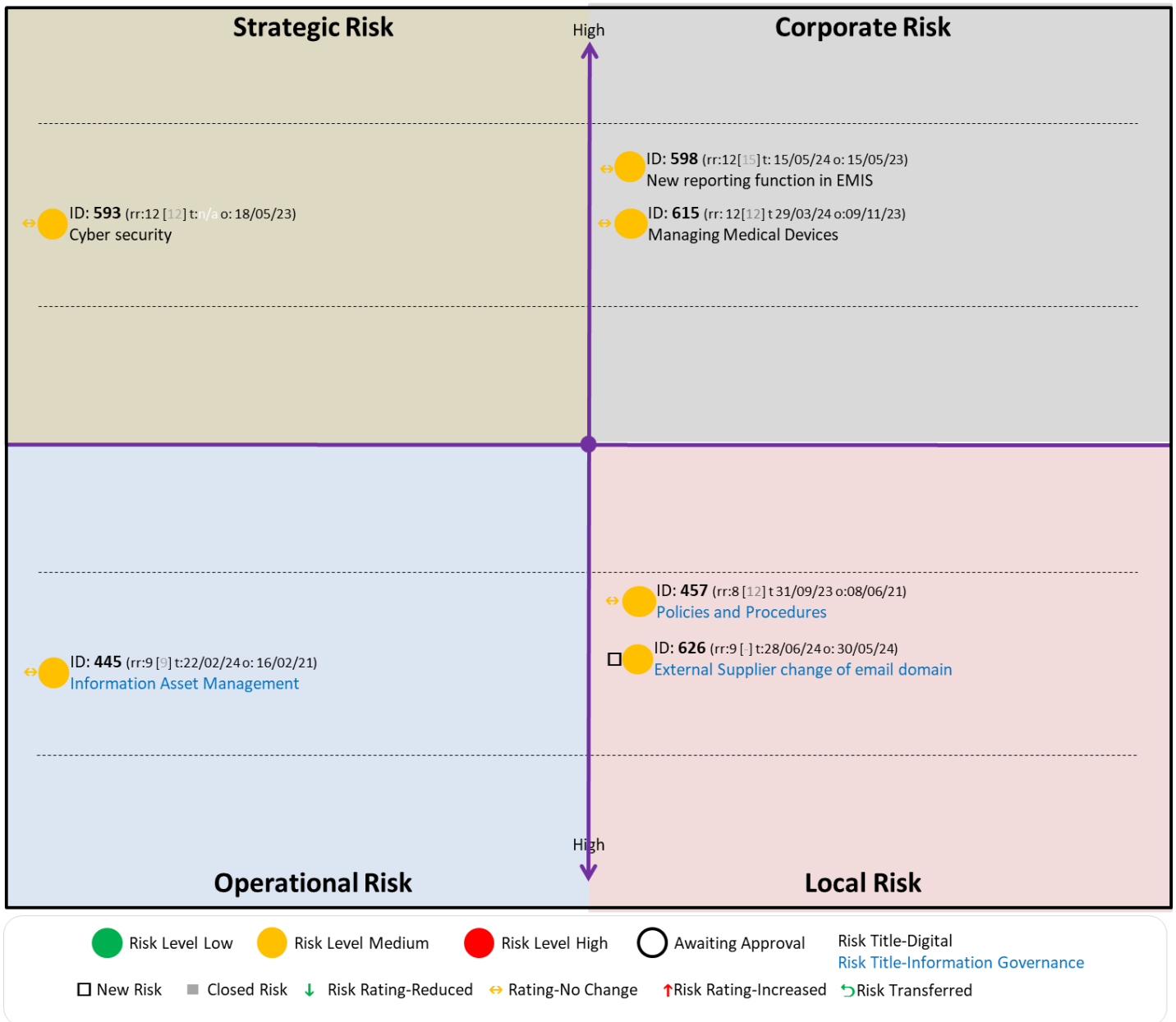
Digital Roadmap



8. Risks

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

Digital DATIX Risk Register



9. Strategic Delivery Plan (SDP)

Strategic Delivery Plan 2023-2026

August 2024



- 9.1 The organisation’s strategy is delivered through the Strategic Delivery Plan which has been approved by the CSH Executive in line with CSH 2023-2026 business objectives and managed by the Strategic Delivery Group (SDG).
- 9.2 The SDG meets every two months, in alignment with CSH Board reporting timeframes, to provide assurance of progress and delivery against the plan enabling identification and monitoring of risks through the board assurance framework.
- 9.3 The highlight report above 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 August 2024. A reporting mechanism is in place where progress updates are requested from objective

owners to align with reporting deadlines. The next update submission deadline is 8th October 024

- 9.4 We are tracking a total of 34 planned strategic projects/initiatives – 3 are on hold, 15 are on track, 6 are at risk, 0 are in difficulty, 7 have been completed and 2 have not yet started. 1 item is awaiting a progress update and requiring clarity of ownership.

10. Recommendations

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

End of report

Central Surrey Health Limited

Title of paper:	People Report
Meeting:	Board of Directors' meeting in public
Meeting date:	10 September 2024
Agenda Item:	Item 8e
Purpose of paper:	For assurance

Has this paper been discussed at other meetings or committees?

This paper was discussed with the Executive team on 2 September 2024 and is recommended to the Board for approval.

Board assurance framework

Author – Role:	Director of People
Director:	Camilla Bellamy
Date prepared:	16 August 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 this paper.
- 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	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	June 2024	July 2024	CQC Domain
Headcount (no.)	1098	1090	1080	1064	1056	1055	1046	1036	1036	1033	Responsive
Retention/ Turnover rate (annual FTE%)	21.04	17.90	17.93	17.71	18.26	17.92	17.68	20.58	19.25	18.83	Well-Led
Vacancy rate (%)	25.95	24.43	24.86	21.08	21.73	22.22	22.40	23.29	21.90	22.27	Responsive
Statutory Training compliance (%)	N/A*	N/A*	N/A*	98.42	98.80	98.80	98.99	93.75	94.48	95	Responsive
PDR (% completed)	65.39	66.26	67.77	68.78	70.37	68.42	80.33	61.54	58.65	58.37	Caring
Absences – Sickness (% overall)	5.45	6.48	6.12	5.80	5.26	5.10	4.97	4.77	4.69	4.49	Caring

2b Enhanced KPIs – key performance indicators

- 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 narrative for June 2024 available at Appendix One.

2c Staff Survey action plan – pulse checks

- 2.3 Throughout July 2024, we ran a short 'pulse check' as a direct action from the Staff Survey and the Recruitment and Retention Focus Group, and linked it to the four themes in the staff survey action plan. The survey received 153 responses which is circa 14% of our workforce which is a good response, considering the short time we ran the survey. The CSH results were posted on [Blink](#) along with what we are doing in response to the survey.
- 2.4 We also have a Pulse Check for August 2024 live on [Blink](#) and would encourage colleagues to fill this out so we can make further enhancements to our benefits offer at CSH.
- 2.5 A further action from the staff survey action plan was ensuring that colleagues were able to take their leave through the year to avoid a bottle neck at the end of the year that puts pressure on those staff covering. A review of leave booked on health roster was undertaken and the results were reported through to the Putting People First Committee.
- 2.6 The results showed that both the clinical services directorates had good figures for the booking of annual leave to date, however, we need to ensure that managers across our enabling teams continue to encourage their teams to book their leave for the year.

- 2.7 Finally, the annual Staff Survey for 2024 will be launching in October, and we are hoping for another increase in the number of colleagues filling out the survey which enables us to take direct action on the feedback received.

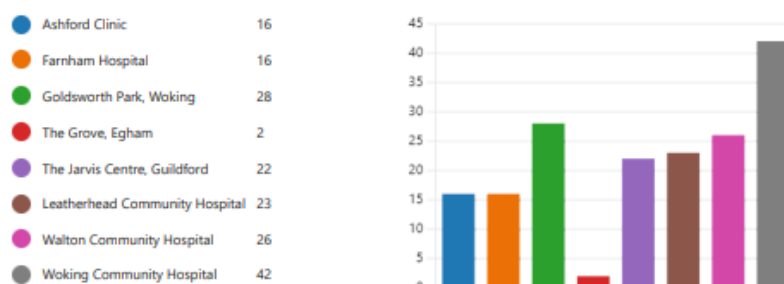
2d *Flu / Covid Vaccination Programme*

- 2.8 In May 2024, we ran a poll on Blink asking colleagues what would encourage them to have their flu vaccination in 2024. The highest majority confirmed that it would be via more drop in-clinics.
- 2.9 With the support from the immunisation team in Children’s services, we subsequently ran a poll on Blink to identify which sites across the CSH estate would be best for colleagues to attend a clinic. The results from that poll are available below:

Flu vaccination location poll

175 Responses 00:15 Average time to complete Active Status

1. Given the option, which CSH location would be your preference to get your flu jab.



- 2.10 As a result of these responses we will be running a small number of clinics across the above CSH sites apart from The Grove, as there was very little support from the survey for clinics being held there, and we have added in The White House, in Chertsey.
- 2.11 Surrey Heartlands integrated care board (ICB) have confirmed that our colleagues can attend any clinics they run as appropriate and that we will be included in the list of healthcare organisations able to attend for their vaccine at participating pharmacies across Surrey. An agreement has also been signed again with a voucher provider, should this option be required.
- 2.12 Project meetings continue, and we are hopeful this will increase the return rates for 2024/25 flu season.

3. **Learning and Development**

3a *NHS England (NHSE) Statutory & Mandatory National Alignment Programme*

- 3.1 We continue to engage with this piece of working to improve the experience of Statutory and Mandatory as referenced in the 2024/25 priorities and operational planning guidance. The programme aims to improve overall quality and safety of our health care services, build a competent workforce whilst improving the experience and working lives of staff; and enable staff to move more easily from one NHS employer to another without unnecessary repetition of training.

3b *Corporate Induction*

- 3.2 We have undertaken a refresh of our corporate Induction programme which included introducing an interactive health and wellbeing slot which we hope will create awareness at this early stage for our new colleagues. We have also recently seen a rise in the number of volunteers into the organisation, so the morning session has been re-designed to ensure they have all the relevant information in the morning, rather than having to stay for the full day session.

3c *NHSE Education Contract Annual Self-Assessment*

- 3.3 We have now received our annual self-assessment and are currently working to complete the return by the deadline, 28 Oct 2024.

3d *Responsive Leadership & Development Training - "Equipping our people with leadership tools for the future"*

- 3.4 The changing landscape for delivering patient care is shaping the different development needs of our managers and workforce alike. To support our colleagues, we have secured 200 licenses for a suite of online leadership development sessions. This offer enables individual managers to have more autonomy to access training at the touch of a button.
- 3.5 This user-friendly option combined with our traditional face to face training should enable a qualitative and convenient method of learning for our colleagues. The sessions are cost effective, with each licence at £1.75 per person per topic. The course duration is flexible and can be a short bite size session through to slightly longer sessions, supporting capacity challenges.

4. **People Services**

4a *Pay award*

- 4.1 On 29 July, the government announced the [2024/25 pay award](#) for staff under the remit of the NHS Pay Review Body (NHS PRB).
- 4.2 The award is with effect from 1 April 2024, a 5.5 per cent consolidated uplift for all Agenda for Change (AfC) staff on NHS terms and conditions. All pay uplifts, when implemented, will be backdated to 1 April 2024.
- 4.3 We are currently working towards being able to pay the award in October 2024 and will keep colleagues updated via Blink.

4b. *Freedom to Speak Up (FTSU) Champions*

- 4.4 We have discussed with our colleagues from the Voice about becoming Freedom to Speak Up (FTSU) champions. A meeting has been arranged with the Co-chairs of the Voice so that it can be discussed and agreed how to best support the Voice reps to take on this role.
- 4.5 The National Guardian's office has published a guide (Appendix Two) that sets out the principles for the development and support of FTSU champion/ambassador networks. It is aimed at FTSU guardians to inform the work they do in partnership with their organisation to consider the needs of workers and how to meet them.

- 4.6 We will update the committee at the next meeting on this initiative and how it is progressing along with our plans for the FTSU service through 2024 to 2025.

5. Communications

5a *Children Family Health Surrey*

- 5.1 Amy Brett Schneider has left the senior communications manager post after six years in the role, and has been replaced by Lucy Ing. Lucy joins us from Surrey Heartlands ICB and is employed on a part-time basis over four days a week.
- 5.2 Views of the Children and Family Health Surrey website for the previous three complete months: April (29,533); May (32,4779); June (28,133). Inside Look readership ranged between 52% and 58% open rates from the end of May to July 2024.
- 5.3 The Sleep Campaign and videos were promoted during June 2024 with a paid for Facebook promotion reaching an estimated 7,265 parents, as well as promotion in partner newsletters and across social channels.
- 5.4 A new summer safety tips for keeping children safe webpage was created and promoted across the website, in partner newsletters and social channels.

5b. *CSH Surrey*

- 5.5 Views of the CSH Surrey website for the previous three complete months: April (23,009); May (22,254); June 2024 (21,528). The number of active users on Blink has remained at 90%, over the past 30 days, out of the 96% of colleagues registered. Individual and group chats are used extensively with more than 5,000 messages sent in the past 30-day period.
- 5.6 Following video training sessions held in May and June 2024, which were open to all colleagues, the communications team have been producing more video content for internal and external use, as well as supporting other colleagues to develop their own content.
- 5.7 For National Healthcare Estates and Facilities Day, a video message featuring colleagues at various sites was viewed more than 2,500 times. A video from the Star Awards event was also viewed more than 2,500 times with both receiving lots of likes and comments on Blink. Videos highlighting apprenticeship opportunities are currently in development.

6 System, regional and national items

6a *Industrial Action*

- 6.1 GPs: 98% of GP members backed a British Medical Association (BMA) ballot leading to collective action taking place. The dispute was entered into over the changes to the service GMS contract for 2024/25 that the Government has with GPs in England. The contract changes, which will be imposed by the Government and NHS England from the 1 April 2024, included a funding uplift of 1.9%.

- 6.2 Colleagues have been linking in with ICB colleagues in terms of the resulting impact across CSH and we are supporting with the business continuity impacts across the system. All the feedback thus far from the ICB is that as present there has not been much impact across Surrey; however, it is expected this will change going forward.

6b NHS three key strategic priorities

- 6.4 Amanda Pritchard, NHS Chief Executive, highlighted the three key strategic shifts that the new Government are keen to make and those are:

- moving more care out of hospital into primary and community
- better utilising technology and data
- and boosting prevention.

- 6.5 Reassuringly, it has been made clear through the Chief People Officers' and HR Directors' networks the importance of the [Long Term Workforce plan](#) (LTWP) in helping to tackle these delivery challenges. HR colleagues at NHS England have also confirmed they are working closely with Dept of Health & Social Care on how to contribute to the rapid assessment of the issues being faced by the NHS that Lord Ara Dharzi is undertaking on behalf of the new Government.

6c Adult Social Care Workforce Strategy

- 6.6 For the first time ever, the adult social care sector has come together, led by Skills for Care, to develop a [Workforce Strategy](#). The strategy is needed to ensure the social care sector has enough of the right people with the right skills to provide the best possible care and support for the people who draw on it.

- 6.7 The strategy focussed on three core themes, similar to those in the NHS LTWP. Those themes and their key priorities are noted below.

- **Attract and Retain:** Pay/terms and conditions for workers/improving wellbeing/promoting race equality and enhancing recruitment and leadership.
- **Train:** Simpler statutory and mandatory training/improving apprenticeships/focussing on the important role of registered managers/new skills and job roles and dementia training for all.
- **Transform** – increase the of regulated professionals/providing more development opportunities/innovating with data, technology and AI both now and in future/making sure that the infrastructure is in place nationally to implement the strategy effectively.

7. Other updates

7a Bedser Hub – GP consultation

- 7.1 The consultation process has now closed, and we are in the implementation phase. We are pleased that we have had a number of expressions of interest from the staff who have been working for CSH through the Bank and are now finalising those through to an offer of permanent employment.

7b *Recruitment and Retention Focus Group*

- 7.2 Long Service Awards: Following feedback via the Recruitment and Retention Focus Group, a subgroup group was formed with representatives across adults, children's and enabling and the Voice, as an 'employee-led' initiative has been launched to gather feedback from colleagues and present options for further consideration.
- 7.3 A survey via Blink sought feedback from colleagues (209 respondents) on how they would like to be recognised for long service. The questions detailed various options responses and participants had the opportunity to include more than one choice.
- 7.4 As a result of this survey, an options paper is due to go to the Executive for consideration in September 2024.

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
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. Initial area of focus will be Spelthorne.
Recruitment	% reduction in Time-to-Recruit	60 days	91 days	88 days	↓	The pre-employment checks day decreased for June; however, . The leading case for the DBS check took a long time and affected the KPI for this month. Updated BI portal now shows total time to hire, which is 88 days for June. While has decreased from May, it is still above the 60 days target. Currently taking 29 days to complete pre employment checks. The team are currently aiming to decrease this by sending out the OH, references and DBS earlier.
	% Increase in interview attendance rate	95%	1 person unattended interview	91.30%	↓	We have total interview for 81 applicants arrange and 7 applicants not attend the interview during checking point via call or email if the call was not answered.
	% increase in the conversion rate (applicant to appointment)	1:4 from interview	42/165/57/14 (New Vacancies/applications/interviews/appointment)	48/217/73/16(New Vacancies/applications/interviews/appointment)	→	48 new vacancies open in June, resulted in 217 applications and 73 booked interviews resulting in 16 appointments
Rewards and Recognition	70 % increase in engagement via H&W / benefits platform	70%	73% (May)	74% (June)	↑	Vivup engagement figures slight increase. Promoted at induction.
	100% HR policies in-date	100%	98.24% (May)	87% (June)	↑	HR policies: 87% upto date (June), decreased by 11.24% from May 24. This is taking into consideration that there were several policies due for renewal in June: 1. Domestic Abuse policy (December 23) 2. Supplementary Guidance for Employees and Managers in Support of Flexible Working Policy - Toolkit 3. Management of Organisational Change Policy 4. 'How to' Guide for Managers (1) - How to Plan Effectively for Organisational Change 5. 'How to' Guide for Managers (2) - How to Conduct Meaningful Consultation with Staffside and Co-owners 6. 'How to' Guide for Managers (3) - Implementation 7. 'How to' Guide for Managers (4) - The Consultation Process when Employee(s) Waive Their Right to a 30 Day Consultation (The above policies have been ratified and approved at Staffside 4th July, therefore the percentage of policies upto date will have increased by July 24)
	% reduction in the conflict index	<2%	1.03%	0.28%	↓	Conflict index @ 0.28% (June 24) Adults (x2 grievances, x1 Disciplinary) CFHS (1 x grievance) open cases have reduced, this is positive, cosndiering the target is at 2%. (decreased by 0.75% since May 24)
	% reduction in the time taken to resolve ER matters	Resolve ER cases within 56 days (8 weeks)	0	1	↓	1059 employees (SIP report) June 24 0 closed cases (CFHS) as cases are ongoing. 1 closed case (Adults) 65 days to resolve (disciplinary case +9 days over the target), small delay due to staffs' annual leave commitments. However, this is going in the right direction in terms of target level.

Area	KPI	Target	Previous month	Current month	Trend	Comments / Action
Progression and Performance	% reduction in sickness absence	Reduce the organisation sickness absence rate by 1% across the year (<4% organisation)	4.77%	4.69%		<p>For three contracts (4.69%), sickness absence has decreased to 0.8% since May 24. This is a positive reduction overall, this will be expected as we move into the Summer months, whereas, Winter/ Spring season absences tend to be higher. Above 4% rate for sickness absences across three contracts, below target line.</p> <p>Adults contract: STS 2.31% in June (2.56% May) - decreased by 0.25% (May). (reasons: gastro 21% cold/ flu, chest/ resp 15%, cold/ flu 14%) LTS 2.74% in June (2.86% May) - decreased by 0.12%. (reasons: 28% stress/ anxiety, 14% benign tumour, 7% back problem) Main areas affected: adult's services admin, rapid response UCR, community hospital positive decrease in absence rates across Adults division *</p> <p>CFHS contract: STS 1.61% in June (1.33% in May), increased by 0.30%. (reasons: gastro 23%, chest resp 19%, cold/ flu 14%) LTS 3.90% in June (3.88% May) increased by 0.02% (reasons: 36% stress/ anxiety, 12% other known muscular causes, 12% cold/ flu, 12% unknown causes) Main areas affecting: health visiting, continuing health care, occupational therapy Stress and anxiety increased by over 10% since May 24. However short term sickness absences have increased by 0.30%. This is substantially higher than previous month in May 24. It should be noted that there is some uncertainty with CFHS contract re. TUPE and CSH are due to be updated in August 24 on this matter.</p> <p>Enabling contract - STS 0.34% in June (0.80% in May) reduced by 0.46% (reasons: 50% gastro, 16% stress/ anxiety, 16% cold/ flu, 16% ENT) LTS 0% in June (0%) (May 0%) this is positive, there are no long term sickness absences in June 2024. Main areas affected: Clinical teams system team (need to review 50% gastro - does not seem like an accurate reflection)</p>
	% of line managers skilled with essential skills	100% of line managers to have undertaken HR essentials and case management training	x1 Investigation training (7 attendees) 2.5% @band 7 and above x1 HR cases training (x11 attendees) 1.21% band 4 and above	x1 HR cases training (x7 attendees) % band 4 and above		<p>HR investigation training - 0 (this is scheduled every other month)</p> <p>HR cases training - 7 attendees @0.66%</p>
Reporting	% reduction in the overpayments (data provide retrospectively)	30% reduction over 12 months	£81,664	£69,941		58 open cases, an increase in 4 from last month. However due to debt recovery, overall value has decreased by £11,713. This is data for May 2024.
	% compliance to DBS	100%	100%	100%		20 DBS's due. All renewed in June
	% compliance Professional registration	100%	100%	100%		100% compliance for professional reg (14)
	% rosters locked down for payroll	% rosters locked down for payroll	72.45%	96.94%		Finalised rosters has increased compared to the previous month, many roster approvers were off the previous month on term time which impacted finalising of shifts. However reminders and communications especially concerning BH were communicated to ensure rosters were approved for the following deadline. 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%		4 responses and no one consider to leave within 12 months
	35% increase in the number of exit interviews completed	35%	16%	17%		Decrease of uptake levels of feedback on exit report this month- May/June 24. New system in place online only can be completed with People Partners or manager. continue to monitor. Themes to be taken from ESR and exit data.
Customer Feedback	% increase in the manager satisfaction rate (recruitment survey)	>4.5	3.2	0		no manager respond in Jun 2024. will check further if there is any other element that affects the lack of response from June, but there are some responses from July already.
	% increase in the candidate satisfaction rate (recruitment survey)	>4.5	3.8	0		no candidate respond in Jun 2024. will check further if there is any other element that affects the lack of response from June, but there are some responses from July already. Alastair propose to link L&D to see if we can ask employee to complete the survey during induciton session.
	% increase in the candidate satisfaction rate (4 week survey)	>4.5	4.8	5		1 person completed the feedback but it is not the true reflection.
	% increase in the employee satisfaction rate (6 month survey)	>4.5	4.5	4.25		4 respondants in June scoring 4,5,4 and 4. two have requested to be contacted by the team. Will update next month,



National Guardian's Office Guidance

Freedom to Speak Up Champions and Ambassadors

Guidance for Freedom to Speak Up Guardians



Introduction

The role of Freedom to Speak Up guardians and the National Guardian for the NHS were established in 2016 following recommendations from Sir Robert Francis' Freedom to Speak Up Inquiry. Freedom to Speak Up Guardians support workers to speak up when they feel that they are unable to do so by other routes. They ensure that people who speak up are thanked, the issues they raise are responded to and that the person speaking up receives feedback on the actions taken.

Freedom to Speak Up guardians are appointed by the organisation they support and abide by the guidance issued by the National Guardian's Office. They work proactively to support their organisation to tackle barriers to speaking up. Guardians come from a wide range of professional backgrounds and seniorities.

Freedom to Speak Up guardians cannot be effective in isolation. Their role requires them to work in partnership throughout their organisation to support speaking up and translate this learning to improve the safety and experience of all. This requires the time, commitment and support of everyone responsible for fostering a speak up, listen up, follow up culture.

Many organisations have developed internal networks of Freedom to Speak Up champions/ambassadors to raise awareness and promote the value of speaking up, listening up and following up. Many guardians rely on these networks to address challenges posed by organisation size, geography and the nature of their work and to help them support workers, especially those who may face barriers to speaking up.

This guidance sets out principles for the development and support of Freedom to Speak Up champion/ambassador networks. It is aimed at Freedom to Speak Up guardians to inform the work they do in partnership with their organisation to consider the needs of workers and how to meet them.



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Acknowledgements

The National Guardian’s Office would like to express our gratitude to the guardians and organisations who kindly shared their learning and experience with us, allowing us to observe and ask questions. That learning has informed this guidance and the accompanying materials.

We hope that you find them useful whether you are looking to refresh your approach or are just starting on your Freedom to Speak Up journey.

If you have any questions or would like to provide feedback, please contact us at enquiries@nationalguardianoffice.org.uk

What is the role called?

The terms Freedom to Speak Up 'Champion' or 'Ambassador' should be used to describe the role which is designed to raise awareness and play a key part in making speaking up business as usual. We do not recommend using term 'advocate', as this can create confusion and a false expectation that there is a personal representative element to the role.

Using either 'champion' or 'ambassador' helps to create a clear distinction between these roles and that of the Freedom to Speak up Guardian.

We use the term 'champion' throughout this guidance for ease of reference.

The purpose of the Freedom to Speak Up Champion role

Freedom to Speak Up Champions have a vital role in:

- Awareness raising – Ensuring workers understand the importance of speaking up, listening up and following up.
- Signposting – Discussing concerns with workers and providing details of speaking up routes as stated in their organisation's Freedom to Speak Up Policy.
- Promoting a positive speaking up culture- Supporting their organisation to welcome and celebrate speaking up.

The National Guardian's Office recommends a clear distinction between the roles of champion and guardian.

Only Freedom to Speak Up guardians, having received National Guardian's Office training and registered on the NGO's public directory, should handle speaking up cases. This ensures quality and consistency in how workers are supported when speaking up.

Principles

We expect the following principles to be applied:

Awareness raising

- Being visible and accessible
- Promoting speaking up within groups, departments and locations – particularly those that may be remote from other parts of the organisation.
- Role modelling the values and behaviours associated with speaking up, listening up, and following up ([See Freedom to Speak Up e-learning here](#))

Outcome

Workers are reminded of the importance of speaking up and encouraged to make it 'business as usual'.

Signposting

Detailed knowledge of local speaking up policy and process including escalation routes and useful contacts including the Freedom to Speak Up Guardian and providing information on options to the worker to speak up.

However, if it is identified that there is a patient safety or safeguarding risk, the Champion should follow their organisational Safeguarding policy.

Outcome

Workers are thanked and informed about the options available and feel empowered to act themselves.

Feedback

Share themes of any feedback from workers with the Freedom to Speak Up Guardian

Outcome

Workers' feedback helps improve the support offered to everyone. Workers feel listened to and that their voice counts.

Learning

A Champion network is formed locally to ensure that issues/themes are captured and communicated sensitively with the Freedom to Speak Up Guardian for wider learning.

Champions may wish to use the template Activity Log in annex 1 to share themes and details of any awareness raising activity with their Freedom to Speak Up Guardian.

Freedom to Speak Up Guardians should determine the frequency that themes are shared with them. The NGO recommends a minimum of quarterly.

Speaking up is an opportunity to learn and improve.

Outcome

Freedom to Speak Up Guardians and senior leaders have a better understanding of barriers that may prevent workers speaking up within their organisation, an understanding of which routes to speak up are being used and their effectiveness.

Communication

It is vital that workers understand the purpose of the champion role. Clear, regular communications to workers about the role expectations of Freedom to Speak Up champions will help to avoid confusion between the guardian and champion roles.

Appointment

As with Freedom to Speak Up guardians, champions should be appointed in a fair and open way to ensure confidence of workers within their organisation.

Freedom to Speak up Champions should have agreement from their line manager to undertake the role who should also be aware of the role expectations and the potential time commitment to carry it out.

Local processes must offer assurance that there are no real or perceived barriers to anyone applying for or being appointed to the champion role

We recommend encouraging applications from groups who may face additional barriers to speaking up. Examples include workers with a disability, those from minority ethnic backgrounds, agency or shift workers, junior doctors and trainees.

Looking at existing speaking up data and canvassing views of workers, existing networks and diversity groups will help inform your approach. Engaging with human resource, equality, diversity and inclusion and union colleagues as well as Workforce Race Equality/Disability Standards Teams, if your organisation has them, may encourage wider participation.

Training

We expect all champions to complete the [Freedom to Speak Up e-learning modules co-produced by the NGO and Health Education England for workers and managers](#). This will ensure that champions understand speaking up and the expectations about responding well when someone speaks up.

This should be supplemented with an information session delivered by their Freedom to Speak Up Guardian to ensure they are fully aware of the role expectations, the escalation routes available to workers as stated in the organisations Freedom to Speak Up Policy, safeguarding training to help champions identify any safeguarding concerns discussed with them and to know where and when to escalate these concerns to. To help with this, the National Guardian's Office has produced [a presentation template](#) which can be adapted locally.

Training needs are an ongoing conversation which should happen regularly to ensure that the needs of the champions are being met.

Support

Speaking up roles are not easy and require regular support. Whilst champions will not be handling cases, they are still likely to be contacted about and affected by difficult and distressing issues.

Champions should therefore be given appropriate support and as a minimum, there should be regular opportunities for:

- Buddying
- Organisational champion network meetings

- Regular meetings with the Freedom to Speak Up Guardian
- Training
- Access to an employee assistance programme

This [case study](#) highlights examples of how one organisation has supported their network of champions.

Confidentiality

Workers may approach champions wanting to speak up, so it is important that everyone understands the extent of the champion role and that they do not handle cases. Their role is to thank and signpost people to available routes to speak up, including, where appropriate, the Freedom to Speak Up Guardian.

Champions must not record or report identifying details of the workers who contact them unless legally obliged to disclose information shared with them, for example a Subject Access Request (SAR) of an email trail with a worker exploring speaking up routes.

In exceptional circumstances, confidentiality may need to be broken, for example, if there is an immediate risk of harm to an individual. However, there may be other ways to protect confidentiality, even in situations when the champion must take action to safeguard an individual, for example, if the person contacting them does not take that action themselves.

Champions will share numbers of contacts and thematic information with the Freedom to Speak Up Guardian to enable wider learning.

Monitoring the use and effectiveness of champion networks

We encourage Freedom to Speak Up Guardians to regularly review their local champion networks to ensure they continue to meet the needs of workers and members of the network, taking action to address any issues that arise. This could include:

- Regular opportunities for champions to feedback how well it works for them and for workers.
- Review of speaking up data and survey data/ feedback from workers so that the needs of all workers are met.
- Decisions about network size and composition and how regularly this is refreshed.
- Decisions about frequency and format of meetings.
- How information and learning is shared.

If the champion is not adhering to guidance or their circumstances have changed and they no longer wish to undertake the role, the Freedom to speak Up Guardian may arrange a conversation to offer support or step them down from the role.

Summary of Principles

- Use the term 'Champion' or 'Ambassador'.
- Distinguish between the role of guardian and champion.
- Champions do not record identifying information.
- Champions and their line managers understand the role expectations and potential time commitment of the role.
- Champions are appointed in a fair and open way and barriers to appointment are identified and addressed.
- Champion networks should reflect the diversity of your workforce.
- Champions undertake NGO/Health Education England [Speak Up, Listen Up, Follow Up](#) training.
- Champions are provided with regular training and support.
- The use and effectiveness of local Freedom to Speak Up networks are regularly reviewed.

Your Questions Answered

Q. Do we have to have people called Freedom to Speak Up ambassadors or champions or can organisations have champions named something else that helps to promote good culture?

A. Our guidance indicates that the term 'advocate' should not be used. It recommends the use of the term 'champion' or 'ambassador' to promote consistency and enable workers who may transfer across organisations to quickly understand local speaking up arrangements.

Q. We have a Champion who is also a Union rep, would the two roles conflict with each other?

A. It is important to have a diverse network of champions, each have unique insight of barriers that may prevent workers from speaking up.

We are clear within this guidance on the role expectations of the champion, it is important the champion understands in which role the worker is contacting them. For example, a champion should not attend a meeting with a worker to escalate concerns, if they were attending such a meeting, they would need to be clear with all present that they are attending in the capacity of their union role.

Q. Some of our Champions are also line managers, what should they do if they receive concerns?

A. If the worker speaking up is line managed by the champion, then they would receive concerns as stated in the organisations Freedom to Speak Up Policy. If a worker is not line managed by the champion, then the champion would explain their role and remit as a champion and adhere to this guidance.

Q. We approached colleagues in specific groups such as the LGBTQ+ network to ensure the network was diverse and inclusive but those who volunteered have not been through a formal appointment process. Does that mean they have to stand down?

A. No, however, Freedom to Speak Up Guardians should ensure that those who are already in champion / ambassador roles have the confidence of workers in their organisation. This may mean that guardians will want to regularly review the membership of the champion network to ensure it reflects the diversity of the workforce. Our guidance states that champions are appointed in a fair and open way and encourages representation from people in groups who may face additional barriers to speaking up.

Q. As the sole guardian in a large organisation, I do not have the capacity to deal with all the cases on my own, and I have a network of champions who DO handle cases. What should I do?

A. Champions should not handle speaking up cases. If guardians are overstretched with handling cases and carrying out other aspects of their role as set out in the [Universal Job Description](#), leaders need to understand why. Senior Leaders need to assure themselves that they have effective speaking up arrangements in their organisation, including a properly resourced Freedom to Speak Up Guardian function. Support for you as the guardian should be an ongoing conversation with senior leaders to ensure that sufficient time and resource is given to you and everyone in a speaking up role.

Your organisation should complete the [Freedom to Speak Up Reflection and Planning Tool](#) to demonstrate the strength of your organisations Freedom to Speak Up arrangements and identify any gaps that need addressing.

Q. What about cases brought to champions that guardians might have to follow up on?

A. Champions can play a positive role in modelling good speaking up behaviours and empowering workers to act themselves (subject to safety caveats mentioned in the guidance). They can signpost individuals to speak up to guardians – if that is the right route for them and those individuals choose to do so.

Champions do not handle speaking up cases, due to potential complex and sensitive issues, only Freedom to Speak Up guardians who have completed NGO training are recommended to receive cases. The nature of the champion role is to “thank, and signpost to...including, where appropriate, the Freedom to Speak Up Guardian.”

Q. Can champions pass on contact details to the guardian if asked to do so by the people who approach them?

A. Wherever possible we would advise that champions encourage the person who contacts them to contact the guardian directly themselves. This will avoid blurring the lines between ‘signposting’ and ‘escalating’. There is a risk that even what seems like a simple action could result in a champion being seen as part of the escalation route or even being drawn into a case.

Q. Can a Freedom to Speak Up Champion attend my Freedom to Speak Up Guardian network in my absence?

A. No, the networks are open to Freedom to Speak Up Guardians registered on the National Guardian Office’s directory. Champions are not eligible to attend unless they are there to present specific items agreed with their Freedom to Speak Up Guardian and the Network Chair.

Annexe 1

Activity Log for Freedom to Speak Up Champions and Ambassadors

Date period		
No. of contacts		
Themes	Bullying & harassment	
	Patient safety	
	Worker well being	
	Inappropriate attitudes or behaviours	
	Disadvantages, demeaning treatment as result of speaking up	
Signposted to	(e.g. Freedom to Speak Up Guardian, HR, Occupational health, Departmental lead)	
Details of Proactive work	(e.g. 10 th Jan attended staff induction.)	
Feedback received	(e.g. Worker spoke to HR – thanked me for signposting, worker thanked me and felt reassured. Worker found the speaking up policy confusing.)	

Document History

Authors	Senior Freedom to Speak Up Support Manager
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Central Surrey Health Limited

Title of paper:	Board Committees – 2023-24 self-assessment results
Meeting:	CSH Board of Directors' meeting in public
Meeting date:	10 September 2024
Agenda Item:	Item 9 a
Purpose of paper:	For assurance

Has this paper been discussed at other meetings or committees?	
<p>Shared with non-executive and executive directors Considered by each Board Committee Executive Team – 2 September 2024</p>	
Board assurance framework	-

Author – Role:	Andrea Goldsmith – Company Secretary
Director:	Andrea Goldsmith – Company Secretary
Date prepared:	27 August 2024

Executive Summary – Items to highlight:
<p>The 2023-24 surveys were sent out in March 2024 to all Committee members and usual attendees. The results were considered by each Committee, and then by the Audit & Risk Committee for oversight across CSH's high-level governance arrangements (including all Committees, the Board, and the Voice). A comparison of results across the four main Board Committees is also included for discussion on common themes.</p> <p>The Board is asked to receive the results of the self-assessments and common themes across the four main committees, and consider any actions that are needed following the responses received.</p>

1. Purpose of report

- 1.1 For the last three years, a self-assessment questionnaire was sent out to the members and usual attendees for the four main CSH Board Committees: Audit & Risk (ARC), Finance, Digital & Innovation (FDIC), Putting People First (PPFC) and Quality & Safety Committee (QSC). The ARC-specific questions used in 2021-22 were reviewed, and some were removed or merged for the 2022-23 survey.

2. FDIC survey results

- 2.1 Of the nine requests sent out via MS Teams, eight responses were received (Appendix I). The responses were all “strongly agree” or “agree”, with no “disagree”, no “strongly disagree” or “not applicable” replies. This shows a move to more positive responses compared to previous years, with some “disagree” replies in both 2021-22 and 2022-23.
- 2.2 It should be noted that the Chair and NED membership of the FDIC changed in January 2024, with the resignation of the former Committee Chair from the CSH Board.
- 2.3 There were also four, free-text comments:
 - 2.3.1 *The committee works well, fulfilling the role we have identified, we just need to ensure we have relevant skills in the board to ensure ongoing support*
 - 2.3.2 *If I was commenting 6 months ago some of the answers would not have been so positive. However, the committee is well run and does its job very effectively including relationships with the executives.*
 - 2.3.3 *I believe that the Committee is fit for purpose but given the current challenges facing CSH it could potentially benefit from exploring other potential commercial opportunities for growth, including leverage of innovation and transformation.*
 - 2.3.4 *The recent change of Chair for this committee will really help moving forward.*
- 2.4 Overall, the responses to the 2023-24 survey were more positive than the 2022-23 survey, with changes in meeting logistics, relationship between the Committee and management, and ensuring full participation in meetings.
- 2.5 The innovation aspect of the Committee’s remit was again commented on as needing more work. Progress is being made, such as streamlining admin processes with help from the Digital Team, with a presentation given to the FDIC and the Voice, and scheduled for the January 2025 Board. The Quality & Safety Committee looked at research at their June 2024 meeting, and so consideration should be given to widening the innovation discussion beyond the technology focus of the FDIC.

3. PPFC survey results

- 3.1 Of the 14 requests sent out via MS Teams, 12 responses were received (Appendix II). The responses were all “strongly agree” or “agree”: there were no “strongly disagree”, “disagree” or “not applicable” replies.
- 3.2 In comparison to the 2022-23 responses, the majority of responses were more positive, with some questions having more “strongly agree” responses to last year, and there being no negative responses to any questions.
- 3.3 There were also four, free-text comments:

- 3.3.1 *I believe there has been a step forward this year with the work carried out in the committee. I would like to see this continue and really challenge as we go through what will be a difficult year coming up.*
 - 3.3.2 *The Committee usually generates good and thoughtful discussion. The information presented is usually of a high standard and highlights the key issues.*
 - 3.3.3 *PPFC is an excellent forum for members to focus solely on our people. As our best asset, it is important that any issue or organisational change that impacts upon our people, has a dedicated/transparent forum to raise concerns, support resolution and celebrate positive outcomes. The rigour and governance of PPFC enables us to achieve that ambition.*
 - 3.3.4 *The committee has seen a change in chairing arrangements and Executive lead over the past year but having attended during that time, I can really appreciate how the Chair has become more confident and the relationship between the Non-Execs and the Exec team has developed making the discussions and actions more focused with effective actions taken as a result.*
- 3.4 In comparison to the other four main Board Committees, the PPFC saw the most positive movement of replies compared to previous years. In the 2022-23 survey, there were “disagree” replies to seven questions, with none to any question this year.
- 3.5 There had also been a change in Chair and Lead Executive for this Committee, which is reflected in the free-text comments.

4. QSC survey results

- 4.1 Of the 11 requests sent out via MS Forms, 11 responses were received (Appendix III). The responses were all “strongly agree” or “agree”, with no “strongly disagree”, “disagree” or “not applicable” replies. In the 2022-23 survey, there had been six “disagree” replies across four questions.
- 4.2 There were also five, free-text comments:
- 4.2.1 *The year ahead will be challenging with a different focus on the future of our two streams of activity, it is important that this committee continues to focus on quality and good governance as a supportive way as people will be in stressful positions*
 - 4.2.2 *The Q&S committee has had some challenging topics to discuss this past year and the members have contributed to the discussions around these issues in a considered and supportive way. There is recognition about the issue of assurance versus reassurance. The work that has taken place towards creating an integrated performance report has been excellent.*
 - 4.2.3 *The change of Chair has had a very positive impact.*
 - 4.2.4 *I think that the committee has really developed over the past year and that it takes more of a risk based approach to items that are highlighted, discussed and escalated. Good practice is noted and acknowledged more widely and I feel that the approach is balanced. The Integrated report is still work in progress but I believe that this will give a really useful oversight and basis for meaningful discussion going forward.*

- 4.2.5 *I personally think this committee adds great value, as I am the CQC registered manager for the adult service I value the transparency of the conversations and the challenges raised. It is imperative that all the CQC Registered Managers attend this Committee as a priority.*
- 4.3 One of the 2022-23 comments was about meetings being too long with too much detail. The question on frequency and scheduling of meetings this year had only “strongly agree” and “agree” replies, with the free-text comments being positive about the discussions being held at meetings.
- 4.4 The responses all moved to “strongly agree” or “agree”, with no negative or “not applicable” replies. There were some questions with similar scores to the last survey. There were also improvements to role of the Committee, working relationship between the NEDs and management, meeting dynamic and participation, both with the ratings and in the free-text comments. There had been changes to the Committee Chair and Executive Lead since the last assessment.

5. ARC survey results

- 5.1 The survey was sent out via MS Forms, with five responses received (Appendix IV) and comparisons made to the 2022-23 and 2023-24 responses.
- 5.2 The responses to the first section, common to all Board committees, were all “strongly agree” or “agree”, with no “disagree” or “strongly disagree” replies. In the 2022-23 survey there had only been one “disagree” reply.
- 5.3 Given the small numbers, it is difficult to make comparisons to previous years. There were however a few questions where the move from “agree” to “strongly agree” was clearer than with others. The responses hopefully reflect the work that the Director of Quality & Chief Nurse, Deputy Director of Quality, and Company Secretary have done over the last year to improve the logistics of the Committee.
- 5.4 For the ARC-specific questions, there were some “no” responses. However, some of these responses may have been answered as “don’t know” if the option was available. For example, the NEDs do meet with the external auditors without the executives present, but the “no” respondent may not have known that. The question on putting the audit service out to tender was effectively answered by one of the free-text comments below. The ARC agreed that a “don’t know” option would be included in next year’s surveys.
- 5.5 There were also three, free-text comments:
- 5.5.1 *Being the 'senior' committee, I believe we discharge our responsibilities well. That said, more challenge around internal processes could be an opportunity to be looked at but overall, I think we perform well*
- 5.5.2 *Regarding the potential for External Audit rotation CSH needs to weigh the availability/credibility of an acceptable alternative firm and their willingness to respond to a tender. The transition to BDO (on their takeover of our then incumbent firm Moore Stephens in November 2018) effectively introduced a new team and methodology to the audit (thus, in theory at least, resetting the clock, with 2 consecutive terms of 5 years appointment deemed acceptable). There are no identified issues/weaknesses with our current independent external audit relationship. And no current appetite for or perceived benefits seen from a re-tender.*

5.5.3 *ARC fulfils the requirements of its ToRs and provides assurance to the Board in a proactive way.*

5.6 In both the ARC-specific questions and one of the free-text questions, the risk management system and internal controls framework was felt could be strengthened. The Director of Quality & Chief Nurse is working on the risk management strategy, with drafts and updates given at the last two ARC meetings. There is an acknowledgement that a reset of risk management within CSH is needed, and the plan for this was reported to the NEDs and at the last meeting of the ARC.

6. Common themes across the four main Board Committees.

6.1 The detailed reports have been taken to each Committee, and the overall position of whether the responses to the questions were more positive, more negative or no change compared to the 2023-24 survey are included in Appendix V. The comparison was then taken to the ARC, as the committee with oversight of CSH's governance on behalf of the CSH Board.

6.2 There were no "disagree" or "strongly disagree" responses across any of the four main committees, which shows a positive movement compared to last year.

6.3 There were three questions in 2022-23 where three of the four committees had more negative responses than the 2021-22 survey, with improvements or similar responses in the 2023-24 survey, which should be welcomed:

6.3.1 *"The frequency and scheduling of Committee meetings are sufficient to carry out its functions and responsibilities".*

6.3.2 *"The Committee receives sufficient and timely information (verbal and written) to review, understand and assess the issues for discussion and assurance on which to base its decisions".*

6.3.3 *"The Committee meeting dynamic encourages full participation and open communication and is well-managed".*

6.4 Given the discussions at the Voice-to-Board, Board and other committees, it is interesting to see that respondents across all four Committee think that there have been improvements, or at least no reduction, in identifying good practice to share or publicise.

6.5 The Committees will have a key role should CFHS transfer out of CSH. While the questions about risk management and internal controls were in the ARC-specific section and Board questions, these will be important areas for the Board, the Voice and other Board Committees to consider and make sure that they have sufficient oversight and assurance on any transfer, and impact on colleagues, services to patients and their families, and the wider system.

7. Recommendations

7.1 The Board is asked to receive the **results** of this surveys, and **note** the themes across all the four, main Board Committees, and **consider** any actions that need to be taken as a result of these surveys.

End of report

	Overall	Strongly agree			Agree			Disagree			Strongly disagree			Not applicable			No reply		
		2023-24 [7]	2022-23 [9]	2021-22 [9]	2023-24 [7]	2022-23 [9]	2021-22 [9]	2023-24 [7]	2022-23 [9]	2021-22 [9]	2023-24 [7]	2022-23 [9]	2021-22 [9]	2023-24 [7]	2022-23 [9]	2021-22 [9]	2023-24 [7]	2022-23 [9]	2021-22 [9]
Role and purpose of the Committee																			
1		6	3	7	1	6	2												
2		5	3	5	2	6	4												
3		3	4	3	4	5	5	0	1										
Scope of work and assurance																			
4		5	2	3	2	5	5	2	0										1
5		4	1	5	3	8	3												1
6		3	3	1	4	6	7												1
7		3	3	0	4	6	9												
Meetings																			
8		6	3	5	1	5	3	1	0										1
9		6	2	4	1	7	5												
Membership																			
10		5	3	5	2	6	3												1
11		5	4	5	2	5	4												
Support for the Committee																			
12		6	3	4	1	5	5	1	0										
13		6	2	4	1	7	4												1
14		7	5	5	0	4	4												

Comments (2023-24)

The committee works well, fulfilling the role we have identified, we just need to ensure we have relevant skills in the board to ensure ongoing support

If I was commenting 6 months ago some of the answers would not have been so positive. However, the committee is well run and does its job very effectively including relationships with the executives.

I believe that the Committee is fit for purpose but given the current challenges facing CSH it could potentially benefit from exploring other potential commercial opportunities for growth, including leverage of innovation and transformation.

The recent change of Chair for this committee will really help moving forward.

Comments (2022-23)

Finance papers always seem late....are the meeting dates too early?

I think the Committee is generally effective at managing day to day business as usual but probably hasn't really fully explored the innovation/transformation agenda and could do better on better considering the people, commercial and contractual risks associated with different business relationships (e.g NHSP). The recent disappointing result of the Surrey and TV CHIS tender would suggest that we need to better articulate the Material Added Value that we undoubtedly can contribute to services and relationships. Our current financial environment and ICS pressure will no doubt, through necessity, encourage us further down an innovation/transformation journey.

Thank you to all executive and non-executive colleagues for their contribution over the year. Committee has provided good focus / assurance on the financial aspects of CSH - I would like this to continue. Committee has provided good focus on some aspects of the Digital agenda [partic the implementation of new IT systems and infrastructure]; I would like it to strengthen its focus on assuring that CSH is maximising the (consistent) usage of these tools, and getting the intended benefits from the investment. I would like the Committee to take a more holistic approach to assuring CSH's approach to Innovation - now included in the business calendar for 23-24.

I believe this committee works well, with good participation from all, supported by the right level of challenge from the NEDs

Comments (2021-22)

It's a well-managed group and the progress made is well documented since its conception. This input from NEDs is a vital role in keeping CSH accountable and I really enjoy attending meetings as it is good to see the measurable progress being made

I believe the committee works well, is focussed, drives action, makes recommendations, and provides assurance to the Board

Like all other Committee meetings, this one will benefit from being face-to-face in due course

	Overall	Strongly agree			Agree			Disagree			Strongly disagree			Not applicable			No reply		
		2023-24 [13]	2022-23 [12]	2021-22 [13]	2023-24 [13]	2022-23 [12]	2021-22 [13]	2023-24 [13]	2022-23 [12]	2021-22 [13]	2023-24 [13]	2022-23 [12]	2021-22 [13]	2023-24 [13]	2022-23 [12]	2021-22 [13]	2023-24 [13]	2022-23 [12]	2021-22 [13]
Role and purpose of the Committee																			
1		6	8	2	6	3	10	1	0					0	1				
2		8	6	4	5	6	8							0	1				
3		7	7	4	6	4	8	1	0					0	1				
Scope of work and assurance																			
4		8	4	3	5	7	9	1	0										1
5		7	4	4	6	8	8												1
6		7	7	4	6	4	8	1	1										
7		4	5	3	9	6	10	1	0										
Meetings																			
8		8	5	6	5	6	7	1	0										
9		6	3	3	6	9	10												
Membership																			
10		7	6	4	6	6	9												
11		5	5	4	8	5	9	2	0										
Support for the Committee																			
12		10	9	6	3	3	7												
13		8	7	3	5	5	10												
14		12	11	8	1	1	5												

Comments (2023-24)

I believe there has been a step forward this year with the work carried out in the committee. I would like to see this continue and really challenge as we go through what will be a difficult year coming up.

The Committee usually generates good and thoughtful discussion. The information presented is usually of a high standard and highlights the key issues.

PPFC is an excellent forum for members to focus solely on our people. As our best asset, it is important that any issue or organisational change that impacts upon our people, has a dedicated/transparent forum to raise concerns, support resolution and celebrate positive outcomes. The rigor and governance of PPFC enables us to achieve that ambition.

The committee has seen a change in Chairing arrangements and Executive lead over the past year but having attended during that time, I can really appreciate how the Chair has become more confident and the relationship between the Non Execs and the Exec team has developed making the discussions and actions more focused with effective actions taken as a result.

Comments (2022-23)

The committee covers the agenda well and enables a good discussion about key points. It is important to focus on the impact and actions taken as a result of any key issues

The committee's work is extremely important for CSH which relies totally on the quality and experience of its workforce. I think its disappointing that the implications and consequences of the transition to NHSP were not sufficiently debated before we committed to this relationship. The "Route Cause Analysis and Learnings From report" are still to be published. It's good that the Voice and FTSUG are contributors to the Committee and I would hope that going forward NHSP will also be present. I remain sceptical on the value to CSH participating in the broader staff survey due to its length/complexity and the time taken to publish results.

This meeting is well managed, supported and provides an excellent forum for providing assurance to and seeking support from our NED and Executive colleagues

With the changes of leadership and chair, I expect to see the role of this committee to become relevant to the organisation

Comments (2021-22)

The Committee runs well with good papers submitted on time with thanks to the Board Secretariat and the Director of People. The Committee has evolved and in the future I believe we should now be more challenging to each other within the meeting

Like all other Committee meetings, this one will benefit from being face-to-face in due course

Well organised and supported by all participants. Very effective and supportive forum

A material input to the work of this Committee is the Annual Survey of Staff, the publication of the results of which are delayed by tying our survey to the overall NHS staff survey for comparisons, trends and benchmarking. Consideration should be given to an alternative approach to make this reporting (and the actions arising) more timely, if at all possible

	Overall	Strongly agree			Agree			Disagree			Strongly disagree			Not applicable			No reply		
		2023-24 [11]	2022-23 [12]	2021-22 [13]	2023-24 [11]	2022-23 [12]	2021-22 [13]	2023-24 [11]	2022-23 [12]	2021-22 [13]	2023-24 [11]	2022-23 [12]	2021-22 [13]	2023-24 [11]	2022-23 [12]	2021-22 [13]	2023-24 [11]	2022-23 [12]	2021-22 [13]
Role and purpose of the Committee																			
1		7	4	3	4	8	10												
2		6	6	2	5	5	10	1											
3		4	5	1	7	7	11												
Scope of work and assurance																			
4		5	3	1	6	9	11												
5		6	4	1	5	8	12												
6		6	6	1	5	6	12												
7		4	4	0	7	8	12												
Meetings																			
8		8	5	2	3	5	10	2											
9		4	3	1	7	8	11												
Membership																			
10		7	4	4	4	8	9												
11		5	4	3	6	6	10	2											
Support for the Committee																			
12		8	5	1	3	6	11	1											1
13		8	3	1	3	9	12												
14		10	10	5	1	2	7												1

Comments (2023-24)

The year ahead will be challenging with a different focus on the future of our two streams of activity, it is important that this committee continues to focus on quality and good governance in a supportive way as people will be in stressful positions

The Q&S committee has had some challenging topics to discuss this past year and the members have contributed to the discussions around these issues in a considered and supportive way. There is recognition about the issue of assurance versus reassurance. The work that has taken place towards creating an integrated performance report has been excellent.

The change of Chair has had a very positive impact.

I think that the committee has really developed over the past year and that it takes more of a risk based approach to items that are highlighted, discussed and escalated. Good practice is noted and acknowledged more widely and I feel that the approach is balanced. The Integrated report is still work in progress but I believe that this will give a really useful oversight and basis for meaningful discussion going forward.

I personally think this committee adds great value, as I am the CQC registered manager for the adult service I value the transparency of the conversations and the challenges raised. It is imperative that all the CQC Registered Managers attend this Committee as a priority.

Comments (2022-23)

There are still areas for development which are not reflected in my answers but are encapsulated in the annual report from the Committee to the February Board meeting. And Andrea, thank you your organisation and for such excellent minutes- you have no idea how much work I had to put into them before your arrival- you wrought wonders!

Meetings are too long and go into too much detail

The committee has gone through some change over the past year but functions very well, I believe. I would like to see it move to quarterly meetings, reflecting the cycle of other committees and aligning data for more effective reporting

The committee functions well and would be improved with the inclusion of improved data and analysis. The introduction of SPC charts will support this as will focus on the "so what" and what are we doing about any issue raised

The work of the Committee is extremely important and its influence has helped to shape successful outcomes to the CQC inspection and also to help better focus the Quality Account/Report

The papers for this meeting would benefit with further statistical analysis in line with NHSE 'Join the Dots'. This would focus discussions to exception reporting and thematic analysis. The frequency of this meeting might benefit with being quarterly

Comments (2021-22)

The papers are improving and more focused towards the agenda. There is generally a good debate about topics

Where I have omitted an answer, it is because as Chair I think its for other to say. Also the timeliness of papers and quality of minutes has improved markedly, which is great. We really need to stick to timely and complete submission of papers otherwise it impairs members' chances of good preparation – thank you

The membership and work of the committee is constantly evolving and there is some rich discussion and fair challenge from the non-executives during meetings

	Overall	Strongly agree			Agree			Disagree			Strongly disagree			Not applicable			No reply		
		2023-24 [5]	2022-23 [7]	2021-22 [8]	2023-24 [5]	2022-23 [7]	2021-22 [8]	2023-24 [5]	2022-23 [7]	2021-22 [8]	2023-24 [5]	2022-23 [7]	2021-22 [8]	2023-24 [5]	2022-23 [7]	2021-22 [8]	2023-24 [5]	2022-23 [7]	2021-22 [8]
Role and purpose of the Committee																			
1		4	3	4	1	4	4												
2		4	2	4	1	5	4												
3		4	1	1	1	6	7												
Scope of work and assurance																			
4		3	1	0	2	5	8	1	0										
5		3	3	2	2	4	6												
6		4	3	1	1	4	7												
7		3	0	1	2	7	6						0	1					
Meetings																			
8		3	2	2	2	5	6												
9		3	1	2	2	6	6												
Membership																			
10		3	1	3	2	6	5												
11		4	0	3	1	7	5												
Support for the Committee																			
12		5	0	1	0	7	7												
13		4	1	2	1	6	5											1	
14		4	3	2	1	4	6												

	Overall	Yes			No			Not applicable		
		2023-24 [5]	2022-23 [7]	2021-22 [9]	2023-24 [5]	2022-23 [7]	2021-22 [9]	2023-24 [5]	2022-23 [7]	2021-22 [9]
ARC-specific questions										
15		5	7	9						
16		5	7	9						
17		4	6	8				1	1	1
18		5	7	9						
19		5	6	8					1	1
20		5	5	8		1			1	1
21		4	6	7	1	1	1			1
22		4	6	7	1	1				2

2021-22 - BDO completed second part

23	Does the Audit & Risk Committee take the lead in the company's relationship with the external auditors?		5	6	9						1	
24	Does the Audit & Risk Committee meet with the external auditors without the executives present?		3	5	6	1	1	2		1	1	1
25	Does the Audit & Risk Committee actively monitor the resources, effectiveness and the independence of the external auditors, and the quality of the audit work?		5	6	9						1	
26	Does the Audit & Risk Committee have the lead role in the appointment of new external auditors		5	7	8							1
27	Does the Audit & Risk Committee have plans for putting the audit out to tender at the appropriate time in the future?		2	4	3	2	2	4		1	1	2
28	Is the company required to comply with rules on when to put the external audit out to tender?		2	5	6	1	1	3		2	1	
29	Does the Audit & Risk Committee have a point of contact with the external auditors for regular communication as needed?		5	7	9							
30	Is there a positive relationship between the Audit & Risk Committee and the external auditor?		4	7	8	1		1				
31	Does the Audit & Risk Committee review company policy on giving non-audit work to the auditors, and is it satisfied that this policy remains appropriate?		4	5	6		1	1		1	1	2
32	Can the Audit & Risk Committee justify to the Voice / Guardian Shareholders / co-owners its opinions that the external auditors are independent?		5	7	9							
33	Does the Audit & Risk Committee discuss the annual audit with the external auditors at the planning stage?		5	7	8			1				
34	Does the Audit & Risk Committee review the findings of the external audit, and does it have meetings with the auditors without executives managers present?		5	7	6			2				1

Comments (2023-24)

Being the 'senior' committee, I believe we discharge our responsibilities well. That said, more challenge around internal processes could be an opportunity to be looked at but overall I think we perform well

Regarding the potential for External Audit rotation CSH needs to weigh the availability/credibility of an acceptable alternative firm and their willingness to respond to a tender. The transition to BDO (on their takeover of our then incumbent firm Moore Stephens in November 2018) effectively introduced a new team and methodology to the audit (thus, in theory at least, resetting the clock, with 2 consecutive terms of 5 years appointment deemed acceptable). There are no identified issues/weaknesses with our current independent external audit relationship. And no current appetite for or perceived benefits seen from a re-tender.

ARC fulfils the requirements of its ToRs and provides assurance to the Board in a proactive way.

Comments (2022-23)

The answers above of "n/a" reflect the fact that I don't know

This is one of the most well run committees. members clearly understand roles and responsibilities. where there are issues this is escalated effectively to the Board and mitigation taken

I believe the Committee is generally effective in carrying out its ToR and reporting into the Board given the scale and nature of CSH, and its risk landscape. The absence of an internal audit function is something that the Committee have formally examined recently, but it not considered to be cost justified at the moment. The longevity of our external audit appointment is also considered on an annual basis, conscious of the time nad effort required to carry out an effective re-tender exercise and the likelihood of acceptable firms responding to such a request

Comments (2021-22)

I believe the ARC is effective in its role and fulfils its purpose professionally

I have put "yes" to for several answers about the committee's engagement with the external auditors, but much of this is undertaken by the chair rather than the committee as a whole – we might consider reviewing this

I have used the N/A option for areas where I do not know the answer (rather than the question being not applicable)

Because there have been no major concerns raised by BDO, our external auditor, the Chair of A&RC has held meetings with them (on behalf of the A&RC) without members of the executive team or other NEDs being present. Consideration should be given to the A&RC meeting with the external auditor without members of the executive team being present

ARC Overall FDIC Overall PPFC Overall QSC Overall

Role and purpose of the Committee

1	The role of the Committee and its members are understood and clearly defined in its Terms of Reference				
2	The frequency and scheduling of Committee meetings are sufficient to carry out its functions and responsibilities				
3	The Committee has established and follows a comprehensive, agreed plan of work for the year based on the key areas within the Committee's Terms of Reference				

Scope of work and assurance

4	The Committee receives sufficient and timely information (verbal and written) to review, understand and assess the issues for discussion and assurance on which to base its decisions				
5	The work of the Committee culminates in appropriate recommendations to the Board				
6	The Committee is aware of the work of the relevant regulatory authorities and external bodies, including the outcomes of their work				
7	The Committee identifies where there is good practice to share or publicise				

Meetings

8	The Committee meeting dynamic encourages full participation and open communication and is well-managed				
9	The meeting length is appropriate with issues getting the time and attention proportionate to their importance				

Membership

10	Committee members have the collective skills, knowledge and expertise to fulfil its Terms of Reference and to advise and assure the Board				
11	Committee members come to meetings prepared and ready to contribute				

Support for the Committee

12	The agenda and papers are received in a timely manner in advance of the meetings to allow for appropriate review and preparation				
13	The Committee enjoys a good working relationship with management and other key individuals, and significant issues are reviewed with the Lead Executive or CEO				
14	The minutes of the meetings are accurate and reflect the discussion, decisions, next steps and actions for members and attendees				

Central Surrey Health Limited

Title of paper:	CSH Board of Directors – self-assessment (2023-24)
Meeting:	Board of Directors' meeting in public
Meeting date:	6 August 2024
Agenda Item:	Item 11
Purpose of paper:	For assurance

Has this paper been discussed at other meetings or committees?	
<p>Shared with non-executive and executive directors Audit & Risk Committee – 6 August 2024 Executive Team – 2 September 2024</p>	
Board assurance framework	-

Author – Role:	Andrea Goldsmith – Company Secretary
Director:	Andrea Goldsmith – Company Secretary
Date prepared:	27 August 2024

Executive Summary – Items to highlight:
<p>At the May 2024 Board meeting, the questions for this Board survey were agreed, and a MS Forms link was sent out to the non-executive and executive directors, and the usual attendees at Board meetings.</p> <p>The results are attached to this report (Appendix I) and show a generally positive response to the questions and from the free-text comments. There were no “strongly disagree” responses; however, there were some “disagree” and “don’t know” responses. The area with the most negative responses was in the governance and risk management section, which links with replies received for the ARC-specific questions in their self-assessment.</p> <p>These results were originally planned to be taken to the Board away-day in June 2024; however, there were more urgent items for discussion and so the results were submitted to the ARC for consideration before bringing to this September 2024 Board meeting.</p> <p>The Board is asked to consider the survey, and whether any actions should be taken following the survey.</p>

1. Purpose of report

- 1.1 At a previous Board meeting, a self-assessment questionnaire was approved for circulation to the directors and usual attendees. The Audit & Risk Committee has oversight of the governance arrangements within CSH, and so the results were submitted to the Committee to consider before bringing to the Board in September 2024.

2. Survey results

- 2.1 Of the 16 requests sent out via MS Forms, 15 responses were received (Appendix I). There were no “strongly disagree” replies; however, there were some “disagree” and “don’t know” replies to the following questions:
- 2.1.1 *The CSH Board involves colleagues in the development and delivery of the organisation’s values, strategy, aims and objectives* (1x “don’t know”)
 - 2.1.2 *The CSH Board has good working relationships with partners, commissioners, and other key parties to be able discuss common items and raise concerns* (1x “disagree” and 1x “don’t know”)
 - 2.1.3 *The CSH Board assesses, understands, and takes ownership of, the performance of the entire organisation, seeking to continually improve based on accurate information, within the resources available* (1x “don’t know”)
 - 2.1.4 *The CSH Board has a clear risk appetite statement* (3x “disagree” and 2x “don’t know”)
 - 2.1.5 *Where strategic delivery involves partners, the CSH Board receives regular assurances from them on delivery and effectiveness* (2x “disagree” and 2x “don’t know”)
 - 2.1.6 *The CSH Board is advised in good time of risks and opportunities that could affect CSH’s statutory or regulatory compliance, or delivery of CSH’s strategy* (1x “disagree”)
 - 2.1.7 *The CSH Board has an effective Scheme of Delegation in place, with arrangements monitored at least annually* (1x “don’t know”)
 - 2.1.8 *The CSH non-executive and executive directors have the time and resources to be able to ensure that CSH’s meets its statutory and regulatory duties, and strategic aims and objectives* (1x “don’t know”)
 - 2.1.9 *The CSH Board takes action where gaps are identified for individuals or as a group following an effectiveness review, appraisal or other route* (3x “don’t know”)
 - 2.1.10 *The CSH Board ensures that appropriate appointment and succession plans in place for the non-executive and executive directors, and other key roles* (1x “don’t know”)
 - 2.1.11 *The CSH Board Chair allows for constructive and respectful working relationships and discussions before a collective decision is made – including asking simple and obvious questions without judgement* (1x “disagree”)

- 2.2 There were also four, free-text comments:

- 2.2.1 *None*

- 2.2.2 *The CSH board is a place of psychological safety where all are encouraged to speak up. It respects the formalities necessary whilst having the necessary informality to encourage inclusion.*
- 2.2.3 *The CSH Board has matured over the last few years and papers and content are generally on time and of good quality. The patient and staff stories at the beginning of the open Board add much to the value of the meeting and stimulate good discussion. The Board does enable valuable discussion of the agenda items and members of the Board are respectful to each other*
- 2.2.4 *CSH Board is a positive working environment with members free to speak up. The public board is a good step forward with openness with CSH colleagues in particular.*

3. Themes for discussion

3a. Strategy

- 3.1 There were only positive replies to this section, which will need to be maintained given the potential changes within CSH.

3b. Stakeholder relationships

- 3.2 There was one “don’t know” reply to whether colleagues are involved in the development and delivery of the CSH strategy, with the majority of replies being “agree”. Given the Voice Co-Chairs now attend both sessions of the Board, and away-days, this should ensure colleagues’ views are included. Keith Woollard, Director of Digital Services, now attends Voice meetings to report on the progress of the strategic delivery plan following feedback last year, which ensures representatives, and through them colleagues, are aware of developments.
- 3.3 Given the delays to the awarding of the 2024-25 CFHS contract and confirmation of who will be providing the service from 1 April 2025, it is perhaps not surprising that the answers to this question were less positive than others. Updates from both CFHS and NWSA are standing items at Board and Committee meetings, and have also been discussed at recent Voice meetings.

3c. Performance Management

- 3.4 A new integrated performance report is being developed, and this should strengthen information and assurance across the whole organisation.

3d. Governance & Risk Management

- 3.5 This is the section where there were the most “disagree” and “don’t know” responses.
- 3.6 A third of replies were “disagree” or “don’t know” for whether there is a clear risk appetite statement, and one “don’t know” for the Board being advised in good time of risks and opportunities that could impact compliance. A reviewed risk management strategy to strengthen CSH’s processes has been discussed at the last couple of ARC meetings. Risk and opportunities will also be a key area of discussion at the away-days in relation to changes to the CSH strategy. The results from the ARC survey also highlight areas for improvement as being in risk management and internal controls, and so links with these Board replies.

- 3.7 There were also “disagree” and “don’t know” replies for assurances from partners, which links to the stakeholder relationship and risk management arrangements replies above (Para 3.3 and 3.6). There are standing items for updates from NWSA and CFHS in both sessions of the Board meetings, but the Board may want to consider how this can be strengthened.
- 3.8 The CSH scheme of delegation is reviewed annually by both the ARC and FDIC, with changes made where necessary, before submission to the Board for approval (Qu14).

3e. *Non-executive and executive directors*

- 3.9 The Nominations Committee would consider whether the NEDs and executives have the time, resources, and skills to be able to deliver CSH’s strategy as part of their annual consideration of objectives and appraisals, with any actions for improvement or change where necessary. The Nominations Committee is also responsible for appointment, termination, and succession planning for non-executive and executive directors.
- 3.10 Along with the Remuneration Committee, the Nominations Committee is a very small group that only meets a couple of times a year, with their Chair’s Reports taken to the Closed Board meetings. The Terms of Reference for both Committees, outlining their role and remit, are taken to the Open Board for approval with the other Board Committees.
- 3.11 For the Board as a whole taking action when necessary to address gaps (Qu18), this also links with the recommendations of the Deloitte and CQC reviews and action plans which have been worked through over the last couple of years, and were signed off at the ARC meeting in April 2024, and reported to the Board in May 2024. Actions from this survey will need to be considered, and how these will be monitored before the 2024-25 survey.

3f. *CSH Board logistics*

- 3.12 There was one “disagree” reply for how the CSH Board Chair manages the Board, which should be considered with the positive free-text comments that people are encouraged to speak-up and are respectful of others. This is for the CSH Board Chair and Senior Independent Director to consider if any actions are required as part of the Chair’s appraisal process.

4. **Recommendations**

- 4.1 The Board is asked to **consider** the results of this survey, in light of the other survey results presented to this meeting, and any actions that should be taken.
- 4.2 The ARC considered how induction and ongoing support for non-executive and executive directors could help the areas with the “don’t know” replies. There were also discussions on how additional assurance could be received in relation to the NWSA and CFHS services, such as reports from the new NWSA Integrated Oversight Committee.

End of report

	Overall	Strongly agree 2023-24 [15]	Agree 2023-24 [15]	Disagree 2023-24 [15]	Strongly disagree 2023-24 [15]	Don't know 2023-24 [15]
Strategy						
1	The CSH Board ensures that there is a clear CSH strategy, with values, aims and objectives, to deliver the best possible care for patients, and to be a partner and employer of choice in Surrey	5	10			
2	The CSH Board regularly reviews progress against CSH's strategy, making changes where necessary	3	12			
Stakeholder relationships						
3	The CSH Board involves colleagues in the development and delivery of the organisation's values, strategy, aims and objectives	3	11			1
4	The CSH Board takes the time to hear from patients, their families, colleagues, partners, regulators, and the wider public	9	6			
5	The CSH Board ensures that there are sufficient and appropriate ways in place for non-executive and executive directors, and colleagues to speak up about concerns	9	6			
6	The CSH Board has good working relationships with partners, commissioners, and other key parties to be able discuss common items and raise concerns	1	12	1		1
Performance management						
7	The CSH Board assesses, understands, and takes ownership of, the performance of the entire organisation, seeking to continually improve based on accurate information, within the resources available.	3	11			1
Governance & risk management						
8	The CSH Board assesses and understands the priorities, risks and opportunities within its environment and all available, relevant information, and is bound to the agreed decisions	4	11			
9	The CSH Board ensures that there is effective governance and risk management arrangements so that all statutory, regulatory, and other duties are met, which is regularly reviewed with changes and actions taken as required	4	11			
10	The CSH Board has a clear risk appetite statement	1	9	3		2
11	Where strategic delivery involves partners, the CSH Board receives regular assurances from them on delivery and effectiveness		11	2		2
12	The CSH Board is advised in good time of risks and opportunities that could affect CSH's statutory or regulatory compliance, or delivery of CSH's strategy – e.g. patient incidents, items that could impact CSH's reputation, H&S incidents, cyber-attacks, failings in internal controls, new or loss of services and business	7	7	1		
13	The CSH Board receives the right level of assurance from the reporting Committee and Groups, and other sources, such as from The Voice, external auditors, partners, patients, and families	6	9			
14	The CSH Board has an effective Scheme of Delegation in place, with arrangements monitored at least annually	7	7			1

Overall	Strongly agree 2023-24 [15]	Agree 2023-24 [15]	Disagree 2023-24 [15]	Strongly disagree 2023-24 [15]	Don't know 2023-24 [15]
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Non-executive & executive directors

15	The CSH non-executive and executive directors have a clear understanding of their roles, duties, and responsibilities, and those of other key individuals, in delivering CSH's strategy – e.g. CSH Articles, ensuring they are up to date with CSH's environment, and attending meetings fully prepared	9	6			
16	The CSH non-executive and executive directors have the skills, strengths, and experience to lead, and monitor, the delivery of CSH's strategy, individually and collectively, and in times of crisis	6	9			
17	The CSH non-executive and executive directors have the time and resources to be able to ensure that CSH's meets its statutory and regulatory duties, and strategic aims and objectives	6	8			1
18	The CSH Board takes action where gaps are identified for individuals or as a group following an effectiveness review, appraisal or other route – such as coaching and training	1	11			3
19	The CSH Board ensures that appropriate appointment and succession plans in place for the non-executive and executive directors, and other key roles – e.g. conflicts of interest, fit and proper persons	1	13			1

CSH Board logistics

20	The CSH Board Chair allows for constructive and respectful working relationships and discussions before a collective decision is made – including asking simple and obvious questions without judgement	4	10	1		
21	The CSH Board meets frequently enough to discharge its duties and to monitor delivery of CSH's strategy – e.g. Board meetings, away-days, other briefings and meetings	6	9			
22	The CSH Board papers are timely, relevant and focused on strategic priorities, risks and opportunities	9	6			
23	The CSH Board meeting minutes are accurate for discussions and decisions, and circulated in a timely manner	11	4			

Comments (2023-24)

None

The CSH board is a place of psychological safety where all are encouraged to speak up. It respects the formalities necessary whilst having the necessary informality to encourage inclusion.

The CSH Board has matured over the last few years and papers and content are generally on time and of good quality. The patient and staff stories at the beginning of the open Board add much to the value of the meeting and stimulate good discussion. The Board does enable valuable discussion of the agenda items and members of the Board are respectful to each other

CSH Board is a positive working environment with members free to speak up. The public board is a good step forward with openness with CSH colleagues in particular.