

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

<b>Date:</b>	Tuesday, 12 <sup>th</sup> November 2024
<b>Venue:</b>	Duke’s Court, Woking, GU21 5BH / MS Teams
<b>Time:</b>	09:30-12:20

**AGENDA**

Time	Item	Agenda Item	Lead	Outcome	Paper / Verbal
09:30	1.	<b>Patient / Staff Story</b> – Immunisation service (CFHS)	SP	Note	Verbal
10:00	2.	<b>Chair’s welcome, opening remarks, and apologies for absence</b> Apologies – Dr Michael Wood	AF		
10:05	3.	<b>Declarations of interest</b>	AF	Note	Verbal
10:10	4.	<b>Minutes of the last meeting – held on 10 September 2024</b>	AF	Approve	Att A
	a.	Matters arising from previous meetings / action tracker	AF		Att B
10:15	5.	<b>Chief Executive’s report</b>	SF	Note	Att C
10:25	6.	<b>Committee Chair’s reports</b>		Assurance	
	a.	Quality & Safety Committee – six-monthly report	FD		Att D
10:35	7.	<b>The Voice</b>	SG, PMW	Assurance	
10:45		<b>BREAK (15mins)</b>			
	8.	<b>Operational reports and strategic implications</b>		Assurance	
11:00	a.	Integrated Report – Quality, Nursing, Medical	SJP		Att E
11:10	b.	Children & Family Health Surrey (CFHS)	SP		
11:20	c.	NorthWest Surrey Alliance (NWSA)	SJP, CA		
11:30	d.	HR & People	CB		Att F
11:40	e.	Digital & Strategic Delivery Plan	KW		Att G
11:50	9.	<b>CSH Governance</b>			



Time	Item	Agenda Item	Lead	Outcome	Paper / Verbal
	a.	Confirmation Statement – annual filing to Companies House by 14 December 2024	AG	Approve	Att H
11:55	<b>10.</b>	<b>Any other business</b>	AF	Note	Verbal
12:00	<b>11.</b>	<b>Questions from the floor in relation to today's agenda</b>	AF	Note	Verbal
12:15	<b>12.</b>	<b>Dates, time and location of next meetings – 09:30 start, Duke's Court (MS Teams for observers)</b> <ul style="list-style-type: none"> <li>- Tuesday, 21<sup>st</sup> January 2025</li> <li>- Tuesday, 4<sup>th</sup> March 2025</li> <li>- Tuesday, 6<sup>th</sup> May 2025</li> <li>- Tuesday, 1<sup>st</sup> July 2025</li> <li>- Tuesday, 9<sup>th</sup> September 2025</li> <li>- Tuesday, 4<sup>th</sup> November 2025</li> <li>-</li> </ul>	AF	Approve	Verbal
12:20		<b>CLOSE</b>			

<b>Directors</b>	
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

<b>In attendance</b>	
Christine Armitage – Transformation Director	CA
Camilla Bellamy – Director of People	CB
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 Pycok – Dir of Children & Family Services	SP
Sarajane Poole – Dir of Quality & Chief Nurse	SJP
Keith Woollard – Director of Digital Services	KW
Andrea Goldsmith – Company Secretary (minutes)	AG



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

<b>Date:</b>	Tuesday, 10 <sup>th</sup> September 2024
<b>Time:</b>	09:30
<b>Venue:</b>	Duke’s Court, Woking, GU21 5BH / 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
Sharon Gosling – Voice Co-Chair	SG
Robert Hudson – Director of Finance	RH
Amy Johnson-Corser – Director of System Flow	AJC
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
Rebecca Nash – Infection Prevention & Control (IPC) Nurse [Item 1]	RN
14 colleagues	
Andrea Goldsmith – Company Secretary [minutes]	AG

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

Minute	Discussion	Action
<b>1.</b>	<b>Patient / Staff Story – Catheter QI project</b>	
1.1	SJP introduced RN to the meeting, and stated that the project had been nominated for a Nursing Times award because of the improvements seen to patient care and experience, with the announcements due the following week.	
1.2	RN gave the background to the project, with catheters accounting for approx. 40% of urinary tract infections (UTIs). UTIs are usually seen as a minor problem, but there are major risks such as antibiotic resistance, psychological impacts, and pressure sores, which may not be appreciated by health care staff and patients. There was also not always a clear clinical indication as to why a patient has one. Catheters were a significant part of the community team’s workload, as well as out of hours calls and A&E attendances.	
1.3	The aim had been to assess 50% of the catheterised patients on the Woking caseload within six months, and work with patients to have inappropriate catheters removed. The secondary aim had been to improve management of those catheters that could not be removed. This would be achieved through various approaches, such as additional training for the district nursing teams, and information on the HOUDINI assessments and plans for removal. All healthcare staff should be able to review, and remove a catheter, but some colleagues felt that this was for the GP or urologist to do in a clinic, not at home. Clear	

	communication with patients and their families on the risks of continued catheterisation, and the benefits of having it removed, was also key.	
1.4	The project had achieved its first aim within three months. Approx half of patients were found to have no clear clinical indication as to why they had a catheter on referral or in their records. Their removal had resulted in a 25% reduction in caseload, and a drop in out-of-hour appointments for catheter care. There had been concerns that the project would lead to an increase in the use of continence pads, but most of the patients were already using pads. The key benefits were from reduction of antibiotics, freeing up of clinical time, but most importantly the positive impact on patients.	
1.5	The project had shown that patients who had had catheters for a long time could have a successful removal. Some information had to be recorded in two different places which was not helped by the battery life of some of the tablets used. Datix was not being used to record all inappropriate catheters, and so it was difficult to set the baseline.	
1.6	Since the initial project, other teams across CSH were now looking at their catheter patients. The Surrey Heartlands integrated care board (SH ICB) were also interested in this for the system. Ashford & St Peters Hospitals NHS FT (ASPH) were holding a catheter day before their own project started. SJP added that this would be one of the Local Quality Requirements (LQRs) for the next year. The ICB should also be able to link with local authorities for the public health messages.	
1.7	To ensure the ongoing success of the project, the IPC team had made changes to their audits, and continued to discuss inappropriate catheters with colleagues. A new referral template had been developed, with processes reviewed to reduce duplication and improve record-keeping. The Learning & Development team were looking at training and frequency of that training.	
1.8	JM congratulated RN on the work done, and noted his concerns about record-keeping and battery life, which was echoed by others present. SJP noted that this was one aspect of work required to improve care planning and recording across CSH, which was being raised with teams.	
1.9	RM asked whether a full cost-benefit analysis had been completed for the work. RN replied that it had not been possible within the time for the project, and with the lack of Datix recording it would be difficult to compare before and after.	
1.10	AJC noted that the reluctance to record inappropriate catheter usage on Datix may be part of wider cultural issue, and that the importance of recording any incidents should be reiterated. RN added that people did not always see the impact of learning from such reports in their own areas, and so more needed to be done on highlighting the benefits of recording for the whole organisation.	
1.11	AF asked whether there was any learning for the children's services. SP replied that there were not as many catheters used with children, but the findings for record keeping and care planning could also apply.	

1.12	AF thanked RN for her presentation, and wished her luck with the Nursing Times award, which was echoed by those present. There were items for the executive team to follow-up on, and suggested that this project to taken to the SH ICB for one of their meetings in public.	
<b>2.</b>	<b>Chair's welcome, opening remarks, and apologies for absence</b>	
2.1	AF welcomed those present to the meeting, and advised that apologies had been received from Eileen Clark (EC) and Paula Matthew-Watts (PMW). AF noted his thanks to all those involved in reducing CSH's footprint at Duke's Court, and setting up the new meeting rooms, which was echoed by those present.	
<b>3.</b>	<b>Declarations of Interest – annual review of register of interests</b>	
3.1	AF advised that he had been appointed as the Chair of North Hampshire Urgent Care from 2 September 2024. FD requested that "freeman" be changed to "liveryman" of the Worshipful Company of Nurses.	
3.2	The Board <b>approved</b> the annual review of the register, subject to the above changes being made.	
<b>4.</b>	<b>Minutes of the previous meetings held on 27<sup>th</sup> June and 2<sup>nd</sup> July 2024</b>	
4.1	The minutes for both meetings were <b>approved</b> with no changes required.	
<b>a.</b>	<b>Matters arising from the minutes – action log</b>	
4.2	The Board <b>noted</b> the closed actions, and those to be taken under later items on the agenda or at future meetings.	
4.3	2024.07/1.5 – Suggestion for CSH apprentices to be ICB Board story – IN PROGRESS: CB advised that she would be raising this at an ICB meeting later in the week, and would mention the QI catheter project as well.	
<b>5.</b>	<b>Chief Executive's report</b>	
5.1	SF presented his report, congratulating SP on her appointment as Director of Children & Family Services, which was echoed by those present.	
5.2	The funding for the recently agreed national uplift for all staff on Agenda for Change had not been received yet, but organisations across SH ICB were looking to pay the new rates in October 2024, backdated to 1 April 2024. Given the pay award agreed with junior doctors recently, other professional groups were now looking for similar agreements.	
5.3	Unfortunately, there was still no formal announcement on the outcome of the children and family services tender. A recommendation was expected to go to the ICB Board for announcement at the end of the month. There was also now some disagreement on the funding for the current financial year, which RH advised was being discussed at a meeting later in the week.	
5.4	SF reminded the Board that the SH ICB clinical strategy had been discussed at the last closed meeting, and the ICB were now looking for formal support for the strategy. AF noted that while the Board had welcomed the clinical aspects, there had been concerns about the funding of the change to community-based	

	services. The Board <b>agreed</b> to endorse the clinical aims, with concerns about the funding, which SF agreed to include in the letter of support.	
<b>6.</b>	<b>The Voice</b>	
6.1	SG advised that the Voice had not met in August 2024, and so the main focus was the recruitment of two new representatives to balance the membership from the Adults and CFHS service. It was hoped that they would be recruited ready for the in-person Voice away-day in October 2024.	
6.2	AF noted that with the potential changes to CSH if CFHS did transfer out, as well as the changes in the Adults services, the Voice had a key role in engaging and reporting back to colleagues. FD added that this would be suggested as a topic for the next Voice away-day	
<b>a.</b>	<b>Annual self-assessment</b>	
6.3	SG presented the annual self-assessment, and while there were still areas to work on, the responses were more positive than the previous year.	
<b>7.</b>	<b>Putting People First Committee (PPFC) – six-monthly Chair’s report</b>	
7.1	RM advised that a written report would follow this verbal update. The PPFC had met three times since the last six-monthly report, and received reports from CB, NHS Professionals (NHSP) and other colleagues. New key performance indicators (KPIs) had been developed and welcomed. The raising concerns policy had been reviewed, with CB and SJP continuing to act as Freedom to Speak Up Guardians reporting to the National Guardian’s Office. FD advised that the Voice representatives were also looking at becoming FTSU Champions.	
7.2	It had been agreed that NHSP’s performance would now be included in CB’s usual report. There had been a deep dive on retrospective bookings, with an acknowledgement that these cannot be eliminated completely. There had been a reduction in agency spend compared to the previous year.	
7.3	From the Learning & Development team, reports had been received on the Oliver McGowan training, how CSH was ahead of other organisations with its training needs analysis and PDR tracking. The Communications team had been involved with the Star Awards, CFHS and the UNICEF award, and messages and surveys covering Hershaw Ward, long service awards and flu vaccines.	
7.4	RM thanked all those involved with the Committee for their reports, and support to him as Committee Chair. The Board <b>noted</b> the PPFC Chair’s report.	
7.5	AF asked whether the CSH corporate induction would be returning to Duke’s Court, which CB confirmed it would be.	
	<b>BREAK: 10:40-11:00</b>	
<b>8.</b>	<b>Operational reports and strategic implications</b>	
<b>a.</b>	<b>Integrated Report – Quality, Nursing &amp; Medical</b>	
8.1	SJP advised that following discussions with KW, digital metrics would be included in the next iteration, and the flow of the report was also being looked at.	

	FD added that this while this was primarily used at the Quality & Safety Committee (QSC), it would be useful for other groups too, once the metrics from across CSH's clinical and non-clinical services were included. SP noted that it was also important to have a narrative section for the more qualitative areas.	
8.2	There had been a decrease in incidents being reported, and work was underway to understand why. This will be partly due to the closure of Hersham Ward.	
8.3	The Friends and Family Test responses continued to be positive, but from very small numbers of responses. The patient experience team were working with digital colleagues on how numbers could be increased, and why colleagues were reluctant to ask for feedback.	
8.4	The Level 3 safeguarding training had been developed specifically for Surrey, but was no longer meeting all partners' needs. The safeguarding team were looking at the national modules, and where Surrey-specific training needed to be added. This will take time for people to work through the new modules when launched in October 2024, and so compliance will be low while people work through the new training modules.	
8.5	AF asked for more details on the agency spend, and why this had increased. RH replied that the spend was still less than the same time 12 months ago. For CFHS, this cover had been risk assessed as being required for patient care, but was still close to the NHS target for agency use. For Adults, this was mostly in the Spelthorne area with the reasons for vacancies and agency cover discussed in the previous meeting.	
8.6	JM asked about the decision from the Parliamentary and Health Service Ombudsman. SJP advised that the team regularly contacted the Ombudsman's office for a reply, but the timing for the decision was outside of CSH's control.	
8.7	AF asked about CSH's relationship with the CQC given the recent report into the CQC's effectiveness. SJP advised that there had been changes with CSH's key contacts in the CQC to cover local knowledge and regional oversight, with a meeting arranged with them the following week. The CQC strategy had been endorsed at the recent QSC meeting. SJP added that the next in-person regional Directors of Nursing meeting will have a CQC attendee. Directors of Nursing networks had also discussed how to hold the CQC and the professional groups to account, such as the recommendations from the recent independent culture review at the Royal College, as well as the CQC report. Given the recent change from Ofsted to their one-word assessments, the CQC may also look at their assessment reporting.	
8.8	MW advised that the doctors' revalidation submission would be done through ASPH as in previous years, and that there were no areas of concern. The Board <b>agreed</b> that SF could sign the submission for CSH.	
8.9	MW reported that the consultation with the Hub GPs had concluded, with the final arrangements being seven GPs covering the 4.2 whole-time equivalent roles, which was <b>noted</b> by the Board.	
<b>b.</b>	<b>Children &amp; Family Health Surrey (CFHS)</b>	

8.10	<p>SP expressed her thanks to CFHS colleagues for their continued work and resilience with the contract uncertainty and the affordable budget. KPIs were being maintained within the thresholds agreed with commissioners. Colleagues also continued to work on transformation and QI projects, as well as presenting to national groups, such as the Local Government Association. AF asked SP to pass on the Board's thanks and congratulations to colleagues, which SP agreed to do.</p>	
8.11	<p>FD asked about the capacity within the SE Quadrant, and knock-on impacts on other areas. SP advised that solutions had been put in place for that team, with the NE Quadrant being the area of concern since the report was written due to resignations. With the affordable budget, there was very little buffer within the service now. SJP added that this process did give the senior teams early indication of areas of concern, and supported the clinical teams.</p>	
8.12	<p>JM asked about the review of waiting times and potential harm caused. SP advised that processes are in place for re-triaging and use of the harm-review policy. As part of the review, there had been reductions from data cleansing, and that some people were waiting at their or their family's request.</p>	
8.13	<p>RM asked for more details on why not all new birth visits (NBV) were taken up, and the reported data error. SP advised that 91% of visits were done within the timeframes agreed with commissioners, with those families with higher need being seen within 14 days. Where visits are not taken up, it may be that the baby is in hospital, or the family has moved or was staying outside of Surrey. The NBV template had been amended to ensure that the data errors were resolved.</p>	
8.14	<p>AF asked why the waiting list for speech and language therapy (SLT) was increasing, where other therapies were reducing. SP advised that there had been a previous focus on SLT waits, but 30 posts had been lost with the affordable budget. The potential impacts of this reduction had been in the risk assessments prepared for commissioners. There had also been an increase in specialist school places in response to Surrey County Council's SEND inspection, but the impact on other partners of these new places had not been fully considered or funded. There had only been additional funding for occupational therapy, not other therapies: this had been raised with the Council. This was a problem nationally with the wording of these contracts, and the funding of additional activity.</p>	
c.	<p><b>NorthWest Surrey Alliance (NWSA)</b></p>	
8.15	<p>In EC's absence, SJP advised that falls were now included in the report. The "did not attend" section would be changed to "was not brought" in future reports. The ICB were looking at this for both children and adults' services, and what could be done to reduce these figures.</p>	
8.16	<p>CA reported that a NWSA planning day had been held in July 2024, with the slides circulated to the Board for information. These plans had then been reviewed in light of the discussions held, and would be taken to the Alliance Board at the end of September 2024. There were some challenges with the roll-</p>	



	<p>out of the integrated neighbourhood teams, with a refocus for the key aims over the coming winter. The project with the SouthEast Ambulance Service NHS FT (SECAmb) would be starting in October 2024, with the urgent care team looking to have the vacancies filled ready for the launch.</p>	
8.17	<p>AF advised that he had a regular meeting with the Chair and CEO of SH ICB the following week and would be able to raise items with them if necessary.</p>	
<b>d.</b>	<p><b>Digital &amp; Strategic Delivery Plan (SDP)</b></p>	
8.18	<p>KW presented the digital report, noting that CSH had retained its Cyber Essentials accreditation, which was welcomed. The submission for the “plus” accreditation will be made in October 2024, with the team were confident that this would be maintained as well. Given recent cyberattacks, a new cyber response plan was being developed, and this was with CSH’s business continuity partners to build into the wider emergency response plans.</p>	
8.19	<p>AF followed-up on the comments about battery life mentioned in the catheter project presentation. KW advised that the warranty on batteries was only one year, and that issues needed to be reported to the service desk for the engineers to look at solutions, such as changing out the batteries. KW suggested that he work with the communications team on this, and that digital colleagues when going to other sites could ask people about batteries.</p>	
8.20	<p>JM advised that he had raised the continuing lack of information about the Cerner implementation in his role as a ASPH NED and Vice Chair. KW advised that the clinical teams had preferred to wait for Cerner rather than implement EMIS, but that this decision may need to be reviewed, which was supported by the Board.</p>	
8.21	<p>KW presented the update to the Strategic Delivery Plan (SDP), reminding those present that this was a three-year strategy to 31 March 2026. The update cycle was aligned to the Board meetings, and reports also presented to the Finance, Digital &amp; Innovation Committee and QSC. There were 34 objectives with two on hold, one update overdue, 19 on track, two at risk, none in difficulty, six completed and two not started. New objectives were being looked at, and so the next report will have some changes.</p>	
8.22	<p>The on-hold objectives could not be started until a formal announcement on the children &amp; family services tender was made. The HR income growth target was at risk, with some activity underway, but below the target. As mentioned, the NWSA was looking at the integrated neighbourhood teams, and so the Alliance workforce business unit objective should see progress soon. The target for digital patient contacts was 20%, with capacity constraints impacting this project. Additional external support had been secured to help with the sustainability plan. For the printing objective, only recycled paper was being purchased and printers had been defaulted to black and white printing.</p>	
8.23	<p>The digital team had hoped to donate hardware that was no longer fit for CSH’s needs to support the social purpose objective, but this had not been possible. Instead, the hardware had been sold and the funds donated to a local school for</p>	

	them to buy digital equipment. KW noted that this had not been publicised yet, and would work with the communications team on this: <b>ACTION.</b>	<b>KW</b>
8.24	AF asked whether CSH's services were connected to the NHS app. KW replied that this was difficult with EMIS, but the implementation of AccuRX should improve links with the GPs who also use it. AccuRX will also replace three systems that CSH currently uses, and so there would be financial savings as well as clinical benefits. AF stated that the ICB and NHS England should be raising this lack of connectivity between the NHS app and EMIS.	
<b>e.</b>	<b>HR &amp; People</b>	
8.25	CB noted that some of this update had been covered during the PFFC Chair's report. CB was pleased to report that every team had a training compliance of over 90%, which was welcomed by those present. The video which had been presented as part of the catheter project earlier in the meeting had been viewed over 1200 times within CSH and over 1000 times externally.	
8.26	There had a short pulse check survey put out through Blink as part of the staff survey action plan and work of the Recruitment & Retention Focus Group. This had had 153 responses, with the results and actions taken also released on Blink. The results of a survey on long-service awards would be presented to the executive team for consideration.	
8.27	There had also been a survey on the flu vaccinations, with clinics being set up in CSH's main sites. CB thanked the immunisation team for their support with these clinics. It had been confirmed that health and social care staff would be eligible for covid vaccinations this year. There would be a form again on Blink for people to report their vaccinations. MW advised that the two vaccinations could be given at the same time, or a couple of weeks apart.	
8.28	CSH was working with ICB and partners on the potential impact of GPs taking collective action following the dispute on contract changes.	
8.29	The new Government had confirmed the shift to community and primary care, and the importance of the Long-Term Workforce Plan (LTWP) to service delivery. The first ever adult social care workforce strategy had been developed, which focused on similar themes to the NHS LTWP.	
8.30	AF asked if the LTWP included overseas recruitment. CB replied that the support and pastoral care for such individuals needed to be in place for them to stay, and from experience elsewhere in the country, this was usually underestimated. The plan did include working with schools and colleges to highlight the variety of roles that were available within health and social care.	
8.31	MW advised that he had a meeting with the new Dean of Surrey University about medical placements, and potential SIFT funding. Community health care was not usually well covered in medical courses, which would need to change to support national and SH ICB strategies.	
<b>9.</b>	<b>CSH Governance</b>	
<b>a.</b>	<b>Committees' annual self-assessments</b>	

9.1	AG presented the annual self-assessments which had been considered by the individual committees, and the Audit & Risk Committee (ARC). The responses for the committees were all more positive than the previous year, but AG cautioned that the numbers were very small. Across both the ARC and Board responses, there was more to be done with risk management, with work underway presented by SJP to the last ARC meetings. There was also more to be done on sharing good stories and learning from reports.	
<b>b.</b>	<b>CSH Board’s annual self-assessment</b>	
9.2	AG reminded those present that this the first of the annual Board self-assessments, with the most negative responses being risk management, as noted with the ARC report. There were also some “don’t know” replies, which would need to be discussed by the Nominations Committee for inductions and ongoing training and development. AF added that given the discussions with the children’s tender and the transformation work with the NWSA, stakeholder and partner relationships were important areas for the Board.	
9.3	The Board <b>noted</b> the committee and Board self-assessments, and thanked AG for collating and analysing the results.	
<b>10.</b>	<b>Any other business</b>	
10.1	There were no items of any other business.	
<b>11.</b>	<b>Questions from the floor in relation to today’s agenda</b>	
11.1	There were no questions from the floor.	
<b>12.</b>	<b>Date, time and location of the next meeting</b>	
12.1	The Board’s next meeting is scheduled for: <ul style="list-style-type: none"> <li>- Tuesday, 5<sup>th</sup> November 2024</li> <li>- 2025 dates to be confirmed</li> </ul>	

There being no other items of business, the Chair thanked everyone for their contribution and closed the meeting at 12:31.

Signed: .....

Date: .....

Chair of the Board



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

Min	Action Required	By whom	Update	Due Date	Status	Completion date
10 September 2024 – open session						
8.23	To work with the communications team on possible donation to a local school	<b>KW</b>		12 Nov 2024	IN PROGRESS	
2 July 2024 – open session						
1.5	To arrange for CSH apprentices to Surrey Heartlands ICB meeting	<b>CB</b>	Sept2024 – taking to next ICB HRD meeting (with QI catheter project)	12 Nov 2024	CLOSED	4 Nov 2024



## Central Surrey Health Limited

<b>Title of paper:</b>	Chief Executive's report
<b>Meeting:</b>	Board of Directors' meeting in public
<b>Meeting date:</b>	Tuesday 12 November 2024
<b>Agenda Item:</b>	Item 5
<b>Purpose of paper:</b>	For information

<b>Has this paper been discussed at other meetings or committees?</b>	
Executive team meeting – 4 November 2024	
<b>Board assurance framework</b>	-

<b>Author – Role:</b>	Steve Flanagan
<b>Director:</b>	Chief Executive
<b>Date prepared:</b>	1 November 2024

<b>Executive Summary – Items to highlight:</b>
<p>To advise the Board of Directors' meeting in public on the key items within CSH:</p> <ul style="list-style-type: none"> <li>- Finances</li> <li>- People</li> <li>- North West Surrey Alliance</li> <li>- Children &amp; Family Health Surrey</li> <li>- Surrey Heartlands Integrated Care Board</li> </ul> <p>The Board is asked to <b>note</b> this report for information.</p>

## 1. Purpose of report

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

## 2. Finances

- 2.1 Rob Hudson, our Finance Director, will update the Board in more detail in our closed session later.
- 2.2 For the first six months of the year, we are performing well and our key service lines, although with some individual challenges, have come together well. Support for the NHS pay deal and a good settlement for our adults' contract have also helped with the results so far.

## 3. People

- 3.1 Following the Surrey Heartlands' decision to award the Children and Families contract to the HCRG with effect of 1 April 2025, a number of key actions and activities have commenced.
- 3.2 On confirmation of the decision, we called an all-staff meeting for all CFHS teams and followed that up with a CSH-only call for all our staff, where we communicated the decision and advised what we believed were going to be the next steps.
- 3.3 We are in the process of setting up work groups between ourselves, partners and HCRG, to help manage the transition.
- 3.4 Today, 1 November 2024, we held the first senior leaders joint meeting with HCRG, chaired by Jack Wagstaff in his lead role for this contract.
- 3.5 There is a knock-on effect with the rest of CSH, in particular our Executive and enabling teams as we will need to right size, given the reduction in contribution that results from the loss of this contract. To that aim, CSH announced a consultation process, which will take place during November with decisions in place for the new year to take into account any notice periods who may find themselves without roles.
- 3.6 In more positive news, our people received their back-dated salary uplifts in October 2024, which was fully funded by the NHS.

## 4. NorthWest Surrey Alliance (NWSA)

- 4.1 Following the decision of Eileen Clarke to retire, Christine Armitage and Sarajane Poole have stepped in to manage the adults' team as an interim measure.
- 4.2 The Board will be aware of the concerns we have raised regarding this work, and following an expression of interest, Ruth McCarthy and Deborah Matthew-Watts have taken on key leadership roles within the Integrated Neighbourhood structure.
- 4.3 Jane Harrison has stepped out of her deputy role and is assisting Amy Johnson-Corser with the Rehab and Flow business unit.
- 4.4 It is early days but it appears that the structure is giving the direction and consistency of approach that we have needed.

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

- 5.1 We are now planning the handover of this contract to HCRG with effect of 1 April 2025.
- 5.2 As previously stated, a number of workstreams are being created to work with HCRG on this process.
- 5.3 A preliminary anonymous TUPE list, excluding enabling colleagues, has been shared with HCRG.
- 5.4 Jack Wagstaff is taking on the lead director role for Surrey Heartlands and has set up a working group of leaders, where any issues can be raised as part of the transfer activity.
- 5.5 Day-to-day work carries on as we deliver on our responsibility to the contract and most importantly, to the children and families of Surrey.

## 6. Surrey Heartlands Integrated Care System

- 6.1 I hosted a visit to Walton Community Hospital with Karen McDowell, the CEO of Surrey Heartlands. It was a great opportunity to showcase some of the work of our teams based there and she was also able to sit through a live podiatry treatment, which I am sure was the 'highlight' of her day!

## 7. External

- 7.1 The budget, delivered by our new chancellor, Rachel Reed, delivered an expected increase in employer's national insurance contributions. For CSH, the likely increase in costs for us will be in excess of £500k. The initial announcement stated that this will be exempt for government departments including NHS organisations.
- 7.2 Hugh Pymm, the BBC Health editor contacted us and others regarding our views on this, expressing concern that this could be another situation similar to the funding issues regarding the non-consolidated pay award of last year, which we eventually resolved.
- 7.3 The British Medical Association have taken this issue up on behalf of the GP community and SE:UK is also liaising with them on a joint challenge.
- 7.4 In addition, leaders of charities, hospices and other voluntary organisations, also affected by this increase, have joined the call to the chancellor, to extend the exemption to those offering services on behalf of the NHS.

## 8. Recommendations

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

End of report



## Central Surrey Health Limited

<b>Title of paper:</b>	Quality and Safety Committee – six monthly report 2024
<b>Meeting:</b>	CSH Board of Directors
<b>Meeting date:</b>	12 November 2024
<b>Agenda Item:</b>	Item 6
<b>Purpose of paper:</b>	For information and assurance

<b>Has this paper been discussed at other meetings or committees?</b>	
Reviewed by Director of Quality & Chief Nurse Executive Team – 4 Nov 2024	
<b>Board assurance framework</b>	

<b>Author – Role:</b>	Fran Davies, Committee Chair
<b>Director:</b>	Fran Davies, Non-Executive Director
<b>Date prepared:</b>	27 October 2024

<b>Executive Summary – Items to highlight:</b>
<p>This is one of two bi-annual reports presented to the Board over the period of June-October 2024.</p> <p>The key priorities for the Committee are to ensure that the strategic objectives of the Quality and Safety strategy are met, and that ongoing monitoring of key performance indicators is undertaken. Several key operational reports are overseen at this committee including Infection Prevention and Control, Safeguarding, Safer Staffing, and the Quality Account.</p> <p>The key areas of concern that the Committee has focussed on in the period this report covers are:</p> <ul style="list-style-type: none"> <li>• The impact of the uncertainty surrounding the Children &amp; Family Health Surrey (CFHS) contract including the affordable budgets and the risks to service delivery.</li> <li>• Waiting lists and the potential for harm to occur.</li> <li>• Adult service delivery concerns including staffing, development of the integrated neighbourhood teams and loss of confidence by partners.</li> <li>• Some key clinical areas such as the insulin service, pressure ulcer care and falls.</li> <li>• Un-outcome appointments remains an issue.</li> </ul> <p>The QSC has been assured by the development of the integrated performance report and the use of statistical process control (SPC) charts. The QSC has advised and assured the Board on several areas that the Committee discusses at the meeting such as the Quality Account, CQC (care quality commission) strategy, development of PSIRF (patient safety incident response framework) and various annual reports. The QSC also receives regular Digital and Information Governance reports with the focus on issues that may affect patient safety and quality of service.</p> <p>The Board is asked to <b>receive</b> this report for assurance on the work of the Quality &amp; Safety Committee.</p>



## 1. Purpose of report

- 1.1 This report is the six-monthly summary from the Quality and Safety Committee (QSC) covering the period since the last report in May 2024. The Committee has met three times in June, August and October 2024.
- 1.2 The purpose of this report is to provide assurance to the Board on the key actions of the QSC and ensure that the Committee supports the CSH ambition of “outstanding care every time”.

## 2. Strategic Risk Register

- 2.1 The risk register is reviewed at each meeting with reference to those relevant to the Committee. The main strategic risk for QSC is concerned with regulatory compliance and quality improvement which has a score of 12 with a target rating of 8. This rating is reviewed at each meeting and has remained at 12; however, it is noted that CSH is compliant with regulatory issues and the Director of Quality & Chief Nurse is currently working through the process to demonstrate this which may reduce the rating.
- 2.2 The five strategic risks are:
  - People – safe, skilled, and supported workforce
  - Regulatory compliance and quality improvement
  - External impacts
  - Financial viability and contracts
  - Sustainability – green plan, estates, and wider environment
- 2.3 In addition to the strategic risks there are currently 15 corporate risks. The Audit and Risk Committee review these risks; however, there are nine of these that are specific to quality and safety which are monitored at the QSC.

## 3. Integrated Quality Report

### 3a. *Business cycle*

- 3.1 The Committee meets six times a year, four of which match with quarterly reporting to ensure that the data is the most current. The other two meetings receive updates on areas that arise requiring a greater in-depth analysis. At every meeting, the Committee review key risks for patient safety, clinical effectiveness, and patient experience.
- 3.2 The development of the integrated performance report continues and at each meeting it has included new areas. The teams are becoming more confident with using it, and it now includes People and Digital metrics.
- 3.3 Some indicators still require targets and some refinement is needed; however, the quality of reporting continues to improve and the SPC charts are very helpful in noticing trends. Work is progressing on developing the report as a fully integrated performance report for CSH to include all areas of performance.
- 3.4 The business cycle is agreed each year and shapes the agenda for each meeting.
- 3.5 Some of the key topics that this paper wishes to highlight are in the following sections.

3b. *Children and Family Health Services (CFHS)*

- 3.6 The main area of concern in the last six months has been the delay in hearing the outcome of the tender. This was finally received at the end of September 2024 with confirmation that the CFHS contract had been awarded to a new provider. This therefore gives the service just six months to prepare for transition whilst maintaining high quality and safe services.
- 3.7 Services have continued to adapt to the affordable budgets and negotiations regarding service delivery targets took place with the commissioners to ensure there was a more realistic opportunity to meet them.
- 3.8 The team have been achieving the revised targets for new birth visits.
- 3.9 The impact log recording any issues because of working within the affordable budgets was maintained and became business as usual with no major issues flagged.
- 3.10 The continuing health care (CHC) service had been a particular concern due to timeliness of information coming from the ICB on changes to the CHC packages that CSH was involved with. Monthly meetings were set up to facilitate improved communication and to monitor any safeguarding concerns raised.
- 3.11 The 0-19 continue to use the capacity management framework which is RAG rated and helps to identify where the gaps in staffing are and how they might manage them.
- 3.12 CFHS have been reaccredited as a UNICEF baby-friendly service Level 3 and have recently been assessed for Achieving Sustainability Gold award.
- 3.13 Waiting lists for CFHS have improved considerably and management of them is now more robust. Variations do occur due to school holidays and parental choice, but overall the waits have reduced.
- 3.14 EHCP (education, health and care plan) assessment is affected by the affordable budgets and therapy requests for information as part of the EHCP assessment process must be prioritised on clinical needs.
- 3.15 Considering the uncertainty and service reductions due to the affordable budgets, CFHS should be congratulated on continuing to provide quality services to the children and families of Surrey.

3c. *North West Surrey Alliance (NWSA)*

- 3.16 A recovery plan has been instigated and is being led by the Director of Quality & Chief Nurse and NWSA Transformation Director due to concerns with staffing, waiting times and general perception and reputation within colleagues in NW Surrey. The development of the Integrated Neighbourhood Teams also requires more support focus.
- 3.17 A restructure within the senior leadership team has taken place on an interim basis to provide the necessary support to achieving the recovery plan.
- 3.18 Waiting list work is progressing with a focus on the 52+ week waits, but there is still much work to be done. Cleansing of the lists within a pilot has had some success, but concerns remain regarding the number of long waits particularly within speech and language and rehabilitation.
- 3.19 The Committee will continue to monitor waiting times and the potential for harm as a high priority. Work regarding capacity and demand is key alongside the management of the lists and ensuring that they are accurate.

- 3.20 The previous QSC six monthly report highlighted the concerns with the insulin service and the number of incidents recorded and a deep dive was presented at the meeting in February 2024. However, the number of incidents continued, and it was reported that a review was commenced in August 2024. The QSC will receive a report from this review at the meeting in December 2024.
- 3.21 At the October 2024 meeting a discussion paper on the continence service was presented. Issues with this service in terms of cost and performance have been noted for some time. The paper highlighted some issues such as an increase of approximately 25% since 2022, increased waiting lists and an increase in complaints and concerns. The paper was welcomed by the Committee with the actions noted. The supply of the products varies across providers in Surrey and there is a lack of clarity within the contract about the delivery costs and type of products. The QSC will be following up this paper to ensure that progress is made, while the service costs will be considered by the Finance, Digital & Innovation Committee (FDIC).
- 3.22 The meeting in October 2024 reported an increase in the volume of feedback for the Family and Friends Test. This is attributed to the implementation of the SMS feedback service to the walk-in centres, and it is hoped that this will be rolled out to the rest of the adult services.

#### 3d *Patient Safety Incidents*

- 3.23 There has been a slight reduction in reporting of incidents most likely due to the closure of Hersham Ward.
- 3.24 The Committee is now receiving reports from the Investigation Review Group which provides assurance on the investigations and the outcomes and actions. Further assurance is required on the dissemination of the learning from these reviews across the wider organisation.

#### 4. **Digital Services and Information Governance (IG) Report**

- 4.1 At each meeting the Committee receives a report on digital services and information governance and focuses on the quality and safety issues that may arise within the report.
- 4.2 A continuing quality issue is the number of un-outcome appointments reported and it is disappointing that this has not materially improved this year. This will impact on the accuracy of the waiting lists. The digital team monitor this and have enabled easy access to the reports for the clinical managers, but more effort needs to be made in reducing the numbers. Assurance was given at the meeting that this would be a priority, especially to ensure that the data up to date when CFHS transition takes place to HCRG.
- 4.3 Cyber security is becoming more of an issue, and it was positive to hear that CSH had achieved “standards exceeded” in the recent Data Security & Protection Toolkit and had received the Cyber Essentials re-accreditation. Since the meeting, CSH has also achieved accreditation for Cyber Essentials Plus.
- 4.4 IG incidents are reported to the Committee, with details of any that are reported to the Information Commissioner’s Office. The number of incidents has risen since the previous year which could be due to better understanding and reporting.
- 4.5 The Committee heard about the introduction of AccuRX which will reduce the need for letters to be printed as they can be shared digitally with GPs and patients. This resulted in a discussion about the innovation that takes place across the organisation that often is

under reported. The Committee agreed that CSH should be better at this both within and outside of the organisation.

- 4.6 The Committee also considers throughout the meeting how the Green Plan might be impacted by developments and the introduction of AccuRX would be an example of supporting a reduction in paper use.
- 4.7 The introduction of the wound care application is also an example of innovation and the use of technology to advance clinical practice. The pilot is going well and the QSC looks forward to receiving an update on the results of its introduction during the next six-month period.

## 5. Reports and Deep Dives

- 5.1 The Committee receives regular reports for approval and assurance and those that were presented during this six-month period are:
  - Quality Account
  - Clinical Audit quarterly report
  - Infection Prevention and Control Annual Report
  - Caldicott Guardian Annual Report
- 5.2 The Committee receives significant papers to discuss or note:
  - Covid 19 Inquiry Module 1.
  - Darzi Report-key points relating to community and primary care.
  - CQC readiness strategy for CHS
  - Research-Self Assessment or readiness tool
  - Catheter project
- 5.3 There are also deep dives presented to the committee on topics of interest or concern that require a deeper discussion:
  - Pressure ulcers – rates and severity with actions on improvement.
  - Continence service

## 6. Recommendations

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

End of report

# CSH Surrey

## Integrated Performance Report

### [April – August 2024]



## Business Performance Metrics

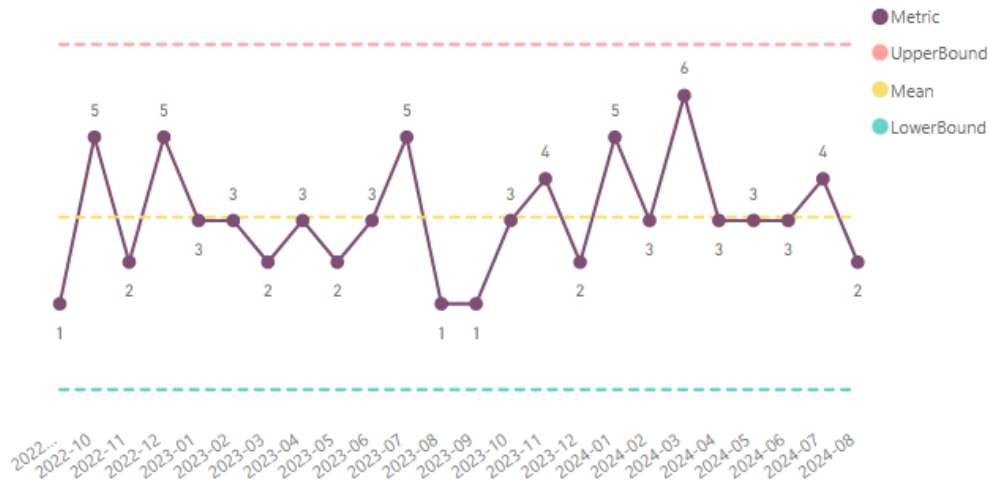
No.	Metric	Target	2023-09	2023-10	2023-11	2023-12	2024-01	2024-02	2024-03	2024-04	2024-05	2024-06	2024-07	2024-08
29	Incidents - Total (Internal)		163	150	174	142	121	140	127	127	128	115	125	120
30	Incidents - Enabling		0	2	7	3	6	3	3	3	6	2	2	1
31	Formal Complaints		1	3	4	2	5	3	6	3	3	3	4	2
32	Compliments		16	13	17	23	7	11	13	8	24	21	13	23
33	FFT Patient Satisfaction	90%	92.9%	83.8%	86.9%	92.3%	87.9%	92.7%	89.5%	88.8%	82.8%	89.2%	85.2%	91.4%
34	Staff Headcount		1118	1097	1089	1079	1063	1055	1054	1045	1035	1035	1032	1024
35	Vacancy Rate	15%	24.01%	25.59%	25.50%	25.93%	20.86%	21.58%	22.07%	22.33%	23.07%	21.66%	22.03%	23.02%
36	Absence Rate	4%	4.32%	5.28%	6.26%	5.89%	5.89%	5.26%	5.06%	4.87%	4.75%	4.62%	4.53%	4.23%
37	Training Compliance	90%					86.97%	89.06%	89.93%	90.87%	91.49%	92.27%	93.48%	93.85%
38	PDR Compliance	90%	61.36%	65.30%	66.19%	67.70%	68.89%	70.46%	68.44%	80.30%	61.66%	58.79%	58.51%	60.71%
39	Service Desk Contacts		1332	1121	1019	698	1303	1065	1095	1303	1236	1066	1026	874
40	Service Desk CSAT Score	90%	95.60%	100.00%	92.39%	94.90%	98.30%	97.75%	97.85%	98.78%	97.31%	94.13%	93.51%	94.18%
41	% of PO Invoices	70%	77.18%	73.53%	67.05%	70.27%	68.60%	65.34%	51.30%	69.92%	82.51%	76.38%	79.26%	78.03%
42	Agency Costs	3.7%	3.84%	4.12%	5.21%	4.75%	6.76%	3.98%	5.69%	4.80%	4.78%	5.23%	4.73%	5.09%

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\*\*

# Quality & Clinical Governance

## Patient Experience

Formal Complaints



### Summary

There were **four** new complaints received in both July and August 2024, which is in line with the volumes in the previous quarter. These complaints are on target to meet completion dates. In total, CSH has seven open complaints for this reporting period.

Of the complaints closed during this quarter, all complaints were either fully or partially upheld. The complaints received are not demonstrating any themes.

One case remains with the Ombudsman. This complaint was originally received in 2021 and was about OT provision not meeting the expectation within the child's EHCP. Details of the complaint were sent to the PHSO (Parliamentary & Health Service Ombudsman) in December 2023, and we are awaiting their decision, and following up regularly for an outcome.

### Actions

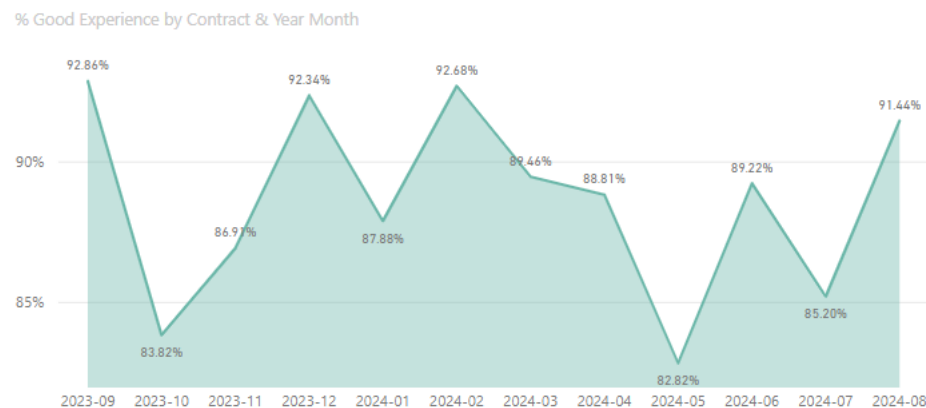
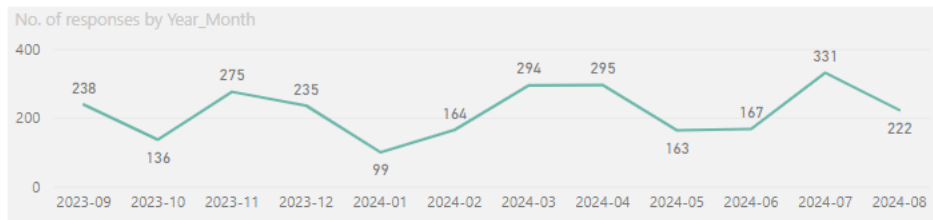
Review of the complaint process underway to ensure that services own complaints and take improvements forward.

### Expected outcomes and timelines

Revised process to be shared with operational teams for comment and agreement – November 2024 Quality & Clinical Governance Group (Q&CGG).

# Quality & Clinical Governance

## Friends and Family Test (FFT)



	Number of responses	% good experience
<b>July</b>	331	85.20%
<b>August</b>	227	91.63%

### Summary

There was a slight improvement in the volume of feedback for July (331) and the feedback in August 2024 (227). This increase in volume in July 2024 was attributable to the implementation of the SMS feedback service in the walk-in-centres.

All service feedback collection method for July and August 2024 was:

- Paper 21.86%
- SMS 40.50%
- Online 3.41%
- Tablet 34.23%

Feedback type/quality for July 2024 was:

- Positive 87.81%
- Negative 8.24%
- Neutral 4.65%

### Actions

Plans are in place to roll out SMS feedback collection to the rest of Adults services. Currently, it has been implemented in the walk-in centres (WICs), Respiratory Service and Speech and Language therapy from the middle of June 2024.

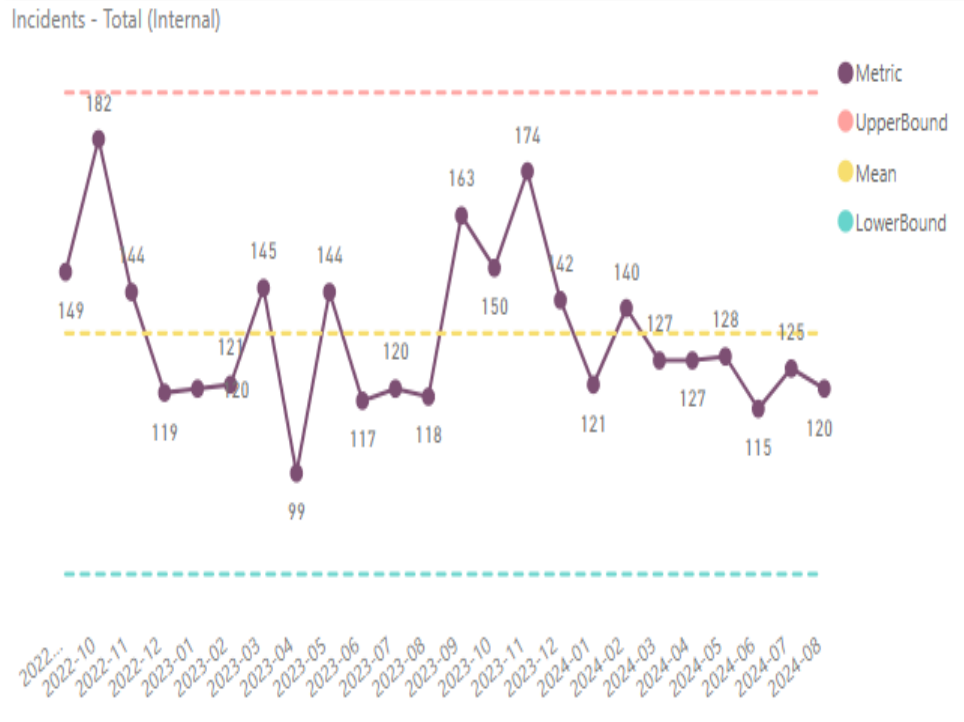
### Expected outcomes and timelines



# Quality & Clinical Governance

## Patient Safety

### Patient Safety - Incidents - All reporting (Adults and Children)



#### Summary

Between April and August 2024, our average monthly incident reporting was 123 incidents per calendar month (PCM), which is slightly below our 24-month moving average of 130 incidents PCM. A notable dip in reporting occurred during this period.

#### 1. Overall Incident Reporting Trends (24-Month Period)

Over the last 24 months, data analysis indicates an overall decrease in average monthly incident reporting. Further examination by top reporting teams and incident categories reveals key trends, as outlined below.

#### 2. Trends by Reporting Teams

The two highest reporting teams over the 24-month period were:

Alexander Ward: 518 incidents

Hesham Ward: 452 incidents

The closure of Hershaw ward in March 2024 has meant a reduction in monthly incident reporting of 29 incidents per calendar month.

Other notable trends include:

Decreases in incident reporting were seen in:

- Special School Nursing – expected due to school holidays
- Speech and Language Therapy
- Immunisation services (minimal decrease)

Increases in reporting were observed in:

- Community/ District Nursing
- UCR teams (minimal increase)

- Health Visiting Locality Hubs (minimal increase)

### 3. Trends by Incident Categories

The following trends emerged from an analysis of incidents by category:

#### a. Decreases in Key Incident Categories:

**1. Untoward Clinical Events:** This category accounted for 484 incidents over 24 months, including delays in treatment, lack of clinical assistance, and patient deterioration.

- Walton Hershham Ward: 149 incidents (patient deterioration)
- Alexander Ward: 194 incidents (patient deterioration)

Since the completion of the Quality Improvement project to recognise and manage deteriorating patients within the in-patient setting, we have seen a decrease in the numbers of incidents of patients deteriorating. The incidents that have occurred have followed the correct escalation procedures.

**2. Infection Prevention and Control:** There was an average decrease of 22 incidents PCM between the first and second 12-month periods. This reduction is largely attributed to a significant decline in COVID-related incidents, which had been a major contributor to infection control reporting.

**3. Falls:** A total of 192 falls were reported over the 24-month period, with:

- Hershham Ward: 71 falls
- Alexander Ward: 64 falls

#### b. Increases in Incident Categories

Slight increases were observed in the following areas: Medication Incidents, Access, Admission, and Discharge and Information Governance Incidents.

In children's services, Information Governance (IG) remains the most reported incident, but numbers are reducing with six IG incidents in August 2024. Services have worked with Digital teams to develop EMIS templates to reduce IG risk. Security was the second highest category with three incidents in August 2024 relating to access to buildings.

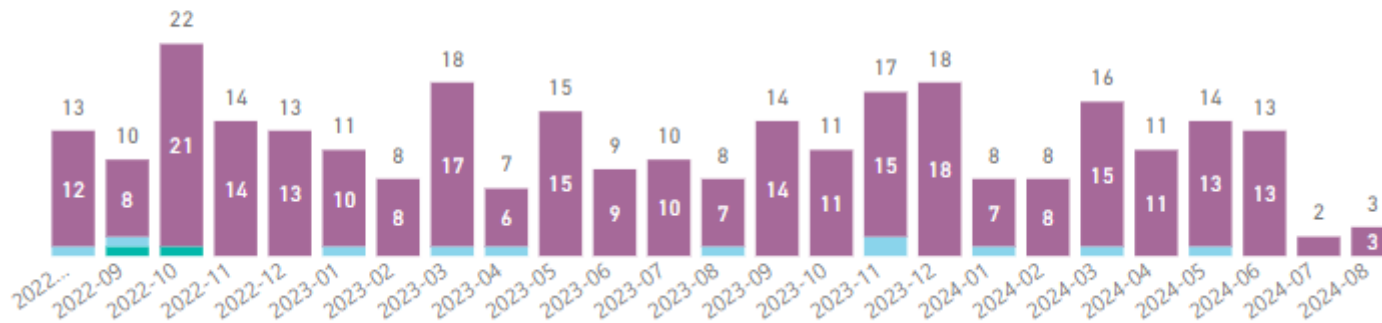
# Quality & Clinical Governance

## Clinical Services – Adults

### Falls

TREND - Incidents by Year Month

● (Blank) ● CFHS ● NW Surrey



#### Summary

From July 24 to Sept 24, there have been a total of 7 internally classified falls incidents reported for adult and children’s services (Adults = 7 CFHS = 0) and 6 as externally classified. (Adults= 6; CFHS = 0)

Of the internally classified incidents:

- There were 3 unwitnessed and 4 witnessed incidents reported over the period.
- 5 incidents were reported as no harm; 2 as low harm; 0 as moderate or serious harm.
- Community hospital (4) remains the highest reporting service but numbers are significantly lower when compared to the same period last year (14).
- Main type of falls reported across all services - Fall from standing / walking (1), assisted falls (3) and falls from sitting / commode (1), falls from bed (unwitnessed, community) (1)
- Themes – Possible inconsistent use of reporting classifications when completing incident reports; lower numbers in community hospitals due to closure of Walton Hospital Hersham Ward, improving falls management and awareness across services – Inpatient: footwear leaflets, staffing increase and lying and

standing blood pressures being routinely done as a consequence of SBAR (situation-background-assessment-recommendations) action plans.

Falls are a PSIRF (patient safety incident response framework) priority for CSH.

- To continue to embed the Falls Prevention and Management Policy across the organisation and the accompanying standard operating procedures (SOPs). The falls awareness week (23rd to 27th September 2024) has supported this work through actively promoting the resources in place.
- To review practice against the individual SOPs, once the audit templates have been developed.

### **Actions**

To continue to embed the Falls Prevention and Management Policy across the organisation and the accompanying SOPs. The falls awareness week (23rd to 27th September 2024) has supported this work through actively promoting the resources in place.

- To review practice against the individual SOPs, once the audit templates have been developed.

### **Expected outcomes and timelines**

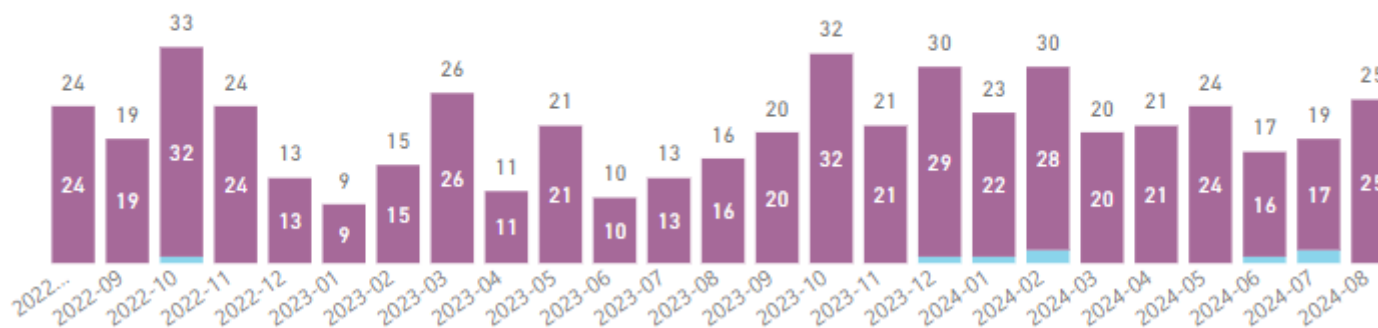
Falls work plan will be reviewed in the next quarter by the Falls Strategy Group.

# Quality & Clinical Governance

## Pressure Ulcer Since Admission

TREND - Incidents by Year Month

● CFHS ● NW Surrey



### Summary

Internal pressure ulcer incidents have increased by 45.94% compared to Q2 last year, whereas external incidents have decreased by 27.73%. There is a 71.79% increase in pressure ulcer incidents with safeguarding concerns in comparison to Q2 last year.

It is difficult to triangulate this data to ascertain if it is related to vacancy rate, agency use, banding of staffing assessing and reviewing patients, the acuity of patients on the community nursing caseload, or a combination of all these factors.

Data taken from the Healthy io wound app shows 456 pressure ulcer assessments were completed across the integrated neighbourhood teams (INTs) participating in the trial, of those 165 (36.18%) were completed by Healthcare Assistants and the remaining 291 (63.81%) by registered nurses.

PU's with safeguarding concerns				
2023	10	13	16	39
2024	19	20	28	67 +71.79%

Internal PU's				
	Jul	Aug	Sept	Total Q2
2023	10	12	15	37
2024	13	17	24	54 <b>+45.94%</b>
External PU's				
2023	37	43	39	119
2024	22	35	29	86 <b>-27.73%</b>

### Actions

The Tissue Viability and Quality and Clinical Governance Team have established The Pressure Ulcer Quality Improvement Group (PUQIP) to improve the quality and consistency of care related to the prevention and management of pressure ulcers. The initially the group will be working across the 4 Woking INTs before fully rolling out the programme across the remaining 8 INTs in Runnymede, Elmbridge and Spelthorne.

### Expected outcomes and timelines

The aim of the group is to improve and standardise pressure ulcer prevention and management across the community nursing teams. It is vital that the community nursing teams engage in this quality improvement programme. There was no representation from community nursing at our first meeting on 1<sup>st</sup> October 2024. This is being rectified for subsequent meetings.

# Quality & Clinical Governance

## 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			
	Non CSH attributed	0			
E.coli B	CSH Attributed	0			
	Non CSH attributed	0			
CDI	CSH Attributed	0			
	Non CSH attributed	0			

**Mandatory Surveillance:**

**Inpatient care only**

**MRSA bacteraemia (MRSAB)**

Objective for 2024-25 = 0 avoidable

**E. Coli bacteraemia**

No current CCG/Doha targets for The NHS Long Term Plan supports a 50% reduction in Gram-negative bloodstream infections (GNBSIs) by 2024/25

**Clostridium difficile (CDI)**

Organisational Annual Internal Objective 2024-25 = 0

**Summary Q1**

The CSH Strategic Infection Prevention and Control Group (SIPCG) met on 24th July 2024 to review and agree the SIPCG Q1 2024-24 figures. The meeting was chaired by the CSH Director of Infection Prevention and Control.

**Outbreaks x 1:**

- Alexandra Ward, Covid Outbreak 11.6.24: 5 patients and 3 staff members affected, meeting notes on file.

**Incidents:**

- 27176: 9.4.24 Alexandra Ward, *C Difficile* toxin negative, PCR +ve patient sample. No investigation required. Patient isolated on suspicion of loose stool.
- 27472 iGAS case resident in care home, notified by Woking District Nurses. No further investigation by UKHSA (UK Health Security Agency) or cases that we are aware of.
- 27700 Dirty needle sharps injury, Tissue Viability team, 13.6.24
- 27844 Dirty needle sharps injury, Thames Medical Community Nurses, 30.6.24.
- 27826 Non-compliance with infection control practice or procedure, 19.6.24. Urethral in-dwelling catheter fell out and patient kept it in catheter sleeve for three weeks
- Risk Register 625 GOJO administration and alcohol handgel supply: 26.4.24 notification of administration of GOJO who supply Purell products. Effect on supply and demand across NHS for hand hygiene products from all manufacturers as a result.
- Measles colleagues exposure 8.4.24, small community cluster in East Surrey area. UKHSA IMT convened. Notes on file. 2 x colleagues (1 student) exposed but both vaccinated with evidence on file.

**ALL:**  
-Reported monthly to UKHSA DCS by Acutes  
**Covid**  
No longer reported nationally

- 27518 Alexandra Ward 18.5.24. Patient had lateral flow test positive at Ashford & St Peters Hospitals NHS FT (ASPH) before transferring to CSH

**Actions noted during CSH Strategic IPC meeting 24.7.2024:**

- **Learning & Development (L&D)**- Asepsis Competency Assessment – L&D to review and ensure updated to ANTT version on datix
- **Estates**- National Cleanliness Scores (national NHS guidance) - below expectation in certain areas
- **H&S**- Fit testing - CSH decision on delivery model to ensure all those who need fit testing or re-fit testing (every two years) are able to be
- **Meds Mgmt**- Anti-microbial Resistance audit shows second-line antibiotics being used, but no clinical reason why not first line
- **Meds Mgmt**- Hub pharmacists produce anti-microbial reports for the walk-in centres not included in report. Also new nurse graduates will be able to do limited prescribing
- **IPC and H&S**- Look back of last 18 months sharps injuries, for discussion at next SIPCG due to concern re sharps injuries if we are using safer sharps
- **Operations/Managers**- Managers to ensure staff are not coming in to work unwell as they may be infectious. Use links to national guidance on MyIPC page on Blink, if necessary
- **Operations/Managers**- All managers to ensure incidents are being reported via Datix, so we may learn from them
- All teams to use new MS forms for reporting IPC assurance in Q2
- **Operations/Managers**- Managers to ensure all teams with reusable clinical equipment, including non-invasive equipment, maintain cleaning checklists as assurance of cleaning being completed
- **Operations/Managers**- Managers to contact procurement with any issues relating to alcohol handrub and other hand hygiene consumables due to GOJO incident. Complete Datix to report any clinical impact.

**Expected outcomes and timelines**

Next Strategic IPC Group meeting 13.11.2024, including action log and SIPCG Report 2024-25 Q2 for review and agreement.

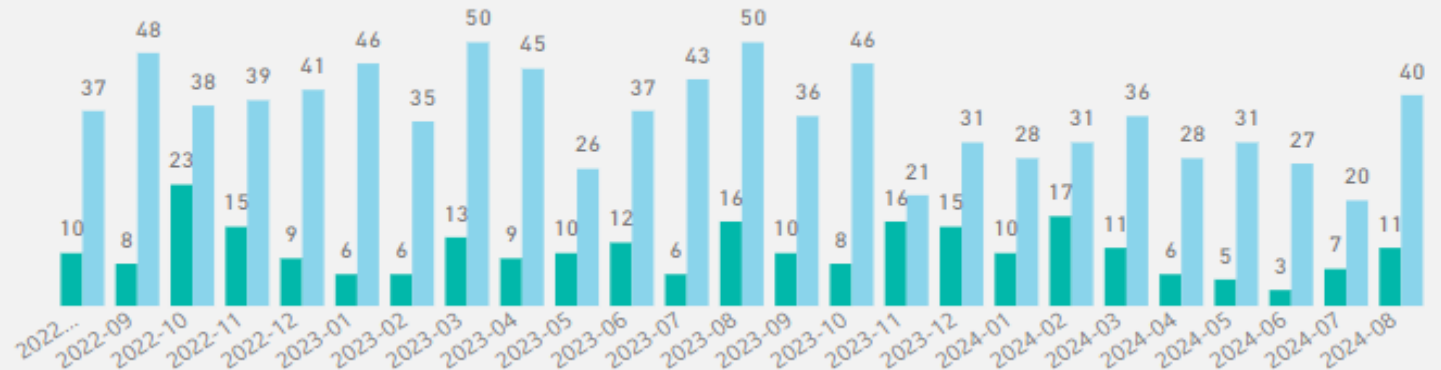


# Quality & Clinical Governance

## Safeguarding Adults

TREND - Safeguarding Concerns

- Safeguarding concern re CSH Surrey
- Safeguarding concern re External body



### Summary

The themes from adult safeguarding referrals have been self-neglect, medication errors and pressure ulcers. The number of Section 42s that have been submitted have decreased over the reporting period. A review of the Section 42 process and criteria with the local authority has been undertaken, and we are starting to see Section 42 enquiries that meet the criteria. This accounts for the change in Section 42 reporting.

Compliance for safeguarding adults Level 3 is below the agreed KPI target of 85%, and presently at 50%: this has been added as an organisational risk. Training has been delivered face-to-face bi-monthly.

### Actions

Work with other health providers across Surrey and the Local Authority is underway to develop a framework to ensure that safeguarding concerns are managed and escalated appropriately.

Level 3 adult safeguarding training is to be made available on a monthly basis.

A review of mapping against the Intercollegiate Document is underway to ensure that all roles are accessing the correct level of training.

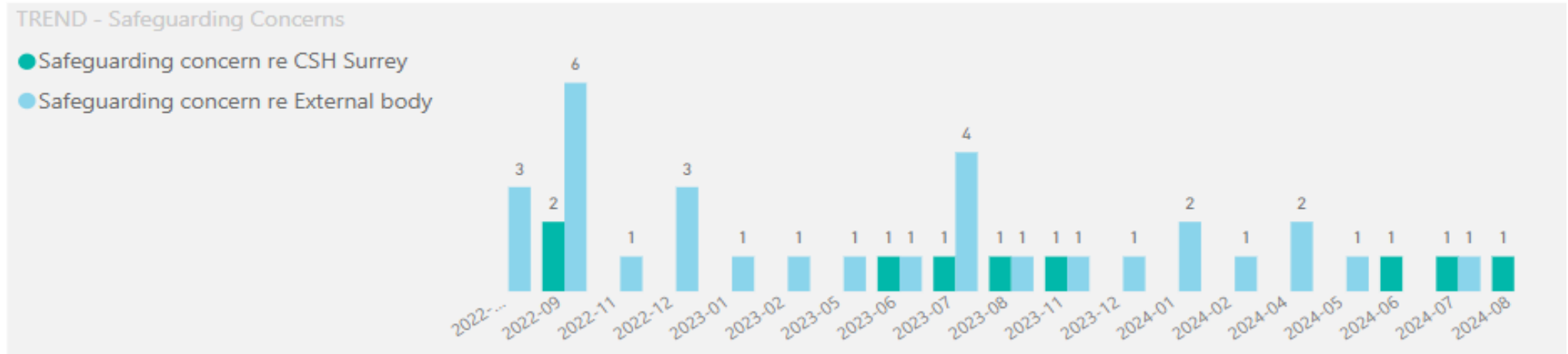
Work is underway to offer a blended approach to adult safeguarding Level 3 training. Learning and Development are supporting the team to offer the national safeguarding adults Level 3 e-learning package. Task and finish group developed to look at the mapping.

**Expected outcomes and timelines**

First meeting of the task and finish group to take place during October 2024, timelines for the work will be agreed then. The task and finish group will report to the Safeguarding Working Group.

# Quality & Clinical Governance

## Safeguarding Children & Family Health Surrey



### Summary

There has consistently been a lower number of referrals being reported, with the main themes being neglect. The safeguarding childrens team are working in partnership with Surrey local authority and the integrated care board (ICB) to look at how to mitigate the concerns around neglect, through training, workshops and allocating a neglect champion.

The safeguarding team, attends strategy meetings on behalf of the 0-19/specialist teams. In order to make safeguarding everyone’s business, work is underway to start to move some strategy meetings to the children’s operational teams. The associate director of social care is part of this work, which is the majority of the work that is being undertaken.

Safeguarding Childrens Training Level 3 is below the KPI target at 60% which is an organisational risk. Learning and Development are supporting the safeguarding children’s team to move from the Olive platform to the national e-learning package for safeguarding children’s training. Mapping to ensure all roles are correctly accessing the correct level of training is underway.

### Actions

Mapping exercise for level of training to be completed – November 2024

To move to the national e-learning package for safeguarding children Level 3 training.  
Implementation plan for moving strategy meetings to children's operational services to be completed.

**Expected outcomes and timelines**

Implementation of strategy meetings to commence November 2024; this will give children's operational services accountability of strategy meetings.  
Mapping exercise and movement to the national e-learning platform to take place by November 2024.

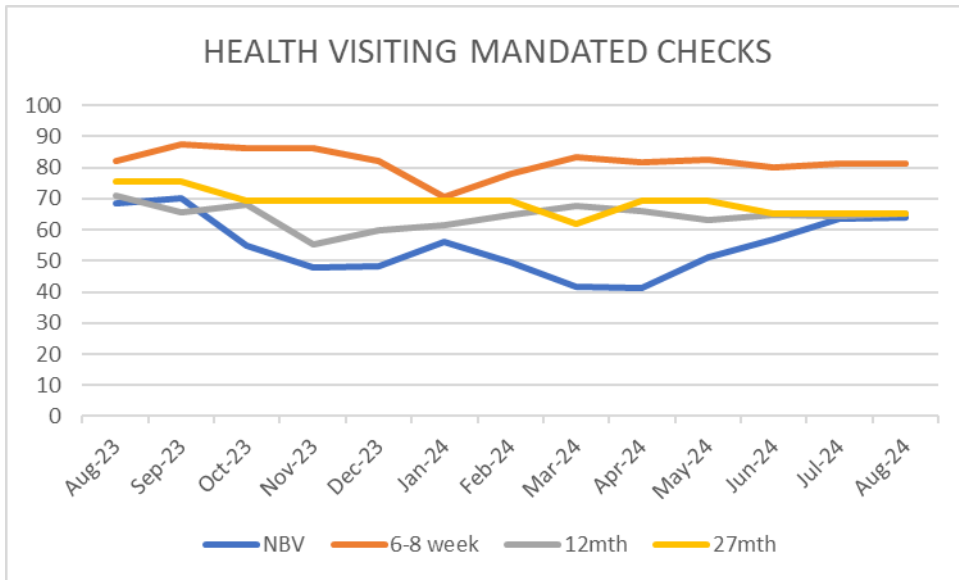
## Children's Performance Metrics

No.	Metric	Target	2023-09	2023-10	2023-11	2023-12	2024-01	2024-02	2024-03	2024-04	2024-05	2024-06	2024-07	2024-08
12	Children Referrals		3379	3732	3767	3027	4171	3456	3289	3989	3583	3328	3911	3261
13	Children 1st Appointments		3095	3234	3273	2600	3174	2872	2696	3133	3028	2956	3184	2826
14	Children FU Appointments		11214	10975	11823	8236	12234	11019	10489	10837	11419	10676	11178	9404
15	Children DNA Rate	10%	8.24%	8.65%	8.22%	9.34%	8.45%	9.15%	9.02%	8.34%	8.62%	9.02%	8.05%	8.92%
16	Children Appts Cancelled by Service		2035	1974	2050	1526	1890	1832	1833	1914	2014	1960	2036	1899
17	Children Continence Referrals		23	29	21	35	36	36	41	34	28	32	36	28
18	Children Continence Caseload		836	845	852	858	852	873	893	891	906	916	934	934
19	Children Continence Discharges						3	1			1		3	
20	NBV Within 14 Days	82%	80.2%	66.5%	55.6%	57.0%	67.9%	56.5%	49.8%	51.0%	59.3%	67.0%	74.4%	73.8%
21	NBV Within 21 Days	82%	95.7%	93.1%	87.1%	91.6%	94.9%	87.5%	83.6%	87.4%	87.1%	91.3%	94.7%	93.1%
22	NBV B/Feed Prevalence	78%	75.3%	76.2%	76.4%	76.9%	77.7%	78.6%	76.4%	77.5%	80.8%	79.0%	80.5%	77.3%
23	6-8 Week Review Within 8 Weeks	90%	88.7%	92.2%	91.6%	91.8%	74.6%	82.4%	85.3%	83.1%	88.7%	86.8%	85.1%	83.0%
24	6-8 Week Review Within 10 Weeks	90%	94.8%	96.5%	96.6%	95.8%	91.9%	93.0%	91.4%	92.8%	94.1%	95.2%	93.5%	90.9%
25	12 Month Review Within 12 months	69%	66.4%	69.0%	64.7%	61.6%	60.2%	65.1%	69.2%	67.3%	63.8%	66.2%	65.1%	65.6%
26	27 Month Review Within 30 months	69%	70.2%	71.0%	70.9%	69.5%	64.0%	64.6%	63.5%	63.0%	68.0%	69.4%	67.0%	67.8%
27	Incidents - Children		43	23	25	27	23	27	36	28	35	31	38	21
28	Agency Costs - Children Services	3.7%	1.12%	3.14%	3.72%	3.64%	3.43%	3.28%	3.72%	2.78%	3.29%	2.96%	3.54%	4.20%

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.

Services have a clinical business continuity plan 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

	HV	SN
NE	Bank support	Bank support
SE		
SW		
NW		

AMBER – 60-69% available staffing.

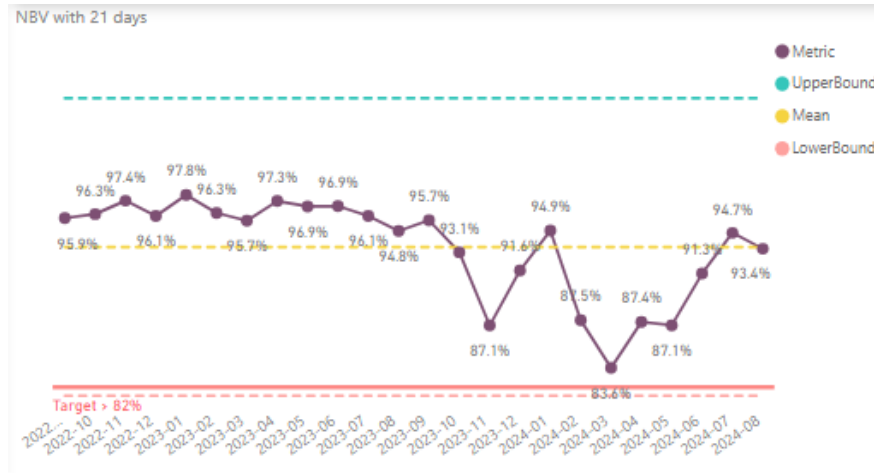
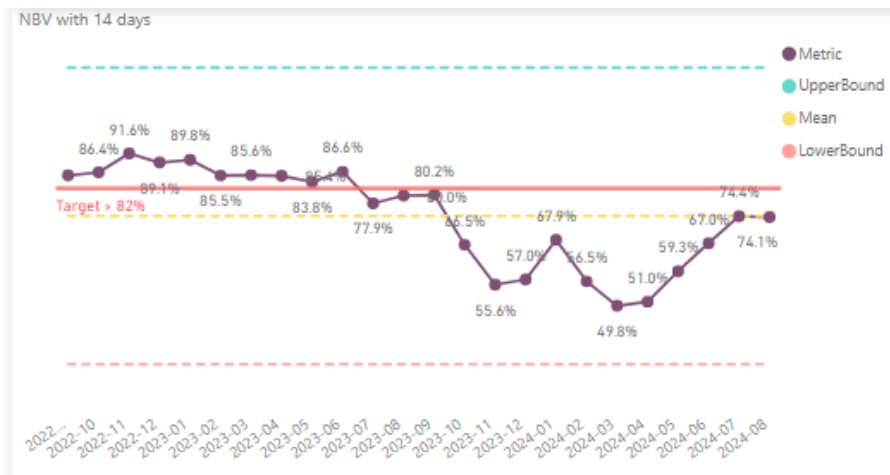
Reduced capacity to deliver full Healthy Child Programme. Actions – increase in phone contacts from 6–8-week review, antenatal contact focussed on UPP EXPAND ACRONYM and review and prioritisation of non-clinical meetings.

Business Continuity status for 0-19 teams.

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

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

## New Birth Visits within 14 days and within 21 days



### Summary

Services are achieving 93.4% of new birth visits within 21 days and 74.1% within 14 days.

There were 16 mothers who did not receive a new birth visit in August 2024. This was due to families who had moved out of, or were staying, out of area at the time, or the baby was in the NICU

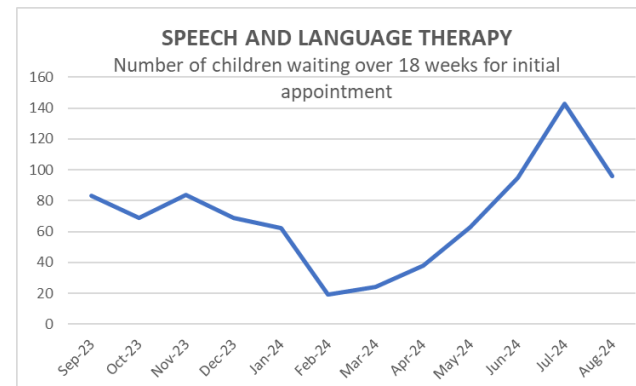
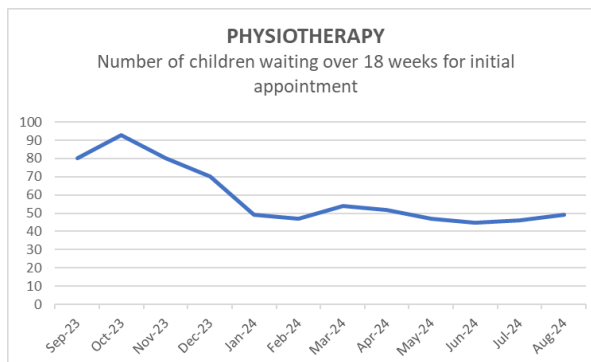
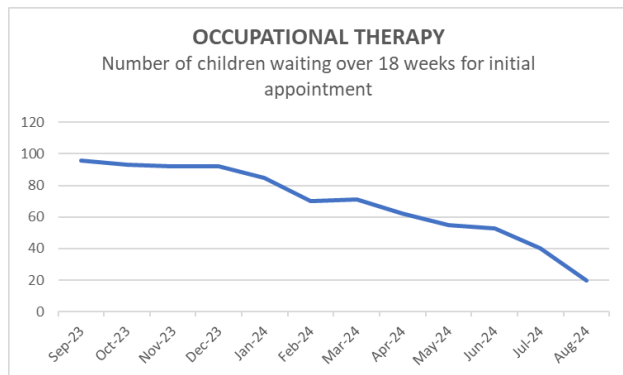
### Actions

To continue to monitor.

### Expected outcomes and timelines

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

## Paediatric Therapies - Waiting for FIRST Appointment



### Summary

There are currently 49 children waiting over 18 weeks for a Physiotherapy initial appointment.

There are currently 96 children waiting over 18 weeks for a Speech and Language Therapy initial appointment

There are currently 20 children waiting over 18 weeks for an Occupational Therapy initial appointment

There are no children waiting over 52 weeks

All children waiting over 25 weeks have been re-triaged and harm reviews undertaken.

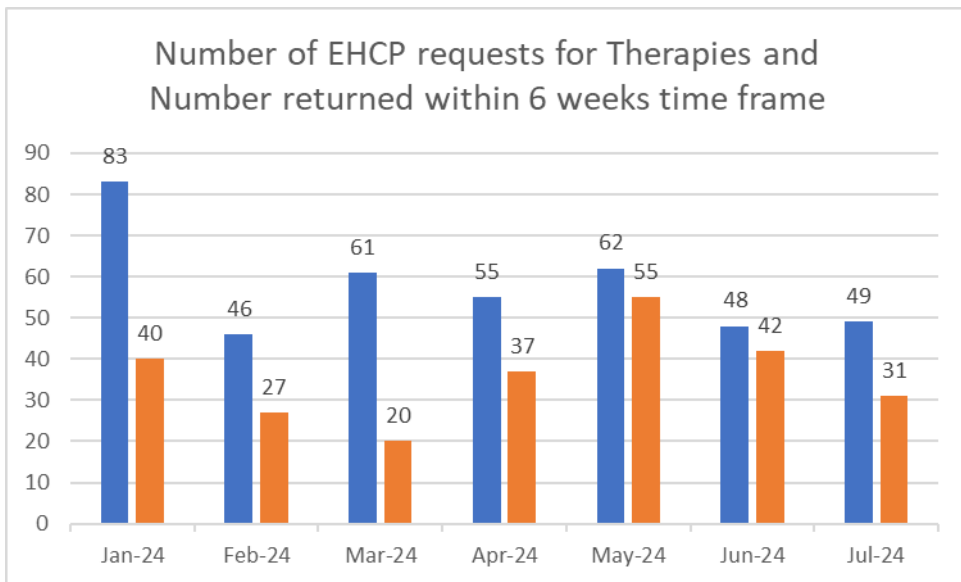
### Actions

The increase in Speech and Language Therapy waiting times has been steadily increasing reaching a peak in July 2024. This is impacted by children deferring a school placement, sometimes through parental choice but also due to lack of specialist education provision. This issue has been highlighted to commissioners. The number of children waiting reduced in August 2024, as clinicians targeted assessment whilst nurseries were closed for summer.



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

## Education, health and care plans (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. In July 2024, our overall compliance was 63%. Speech and Language Therapy achieving 57%, Physiotherapy achieving 72% and Occupational Therapy achieving 46%

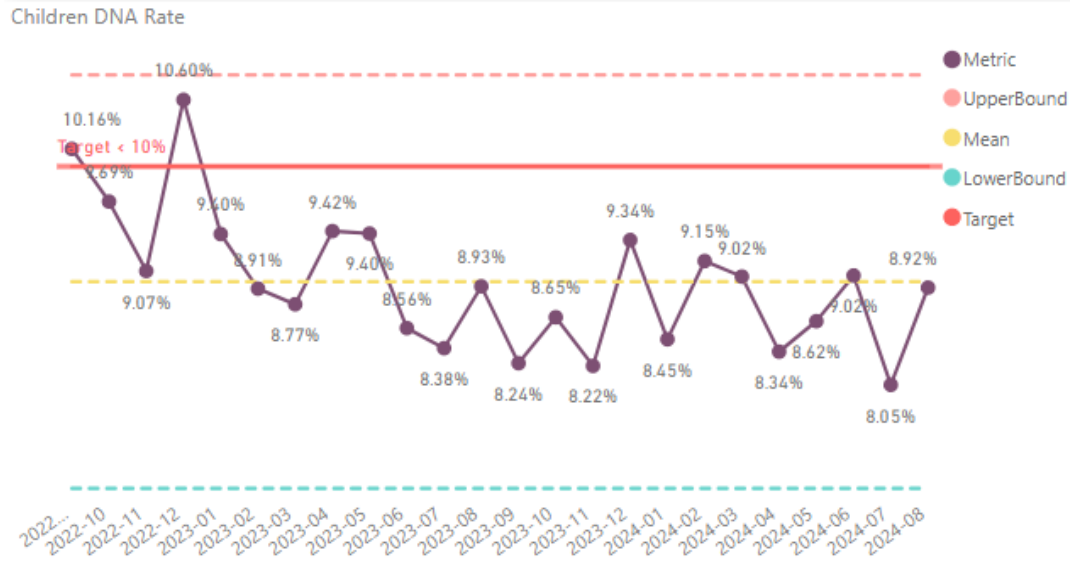
### Actions

EHCP assessment is impacted by the affordable establishment and prioritisation based on clinical need as some EHCP are low clinical needs. This information is reported monthly to the Surrey County Council EHCP Task and Finish group which is aiming to increase compliance with reporting.

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

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

## Was Not Brought



### Summary

The percentage of children who were not brought has remained under target and is affected by seasonal variation of school holidays.

**Actions** Continue to monitor and follow guidance.

## Additional Quality items for Children's Services.

### CONTRACT

Formal notification has been received that services will be transferring to HCRG Care Group from 1<sup>st</sup> April 2025. A project manager has been sourced to support CSH in the transfer of services. Risks will be documented as part of this process given the six-month timeframe for the transfer and the significant work required to ensure a safe and smooth transition.

### COMPLIMENTS

Services are continuing to receive a high level of compliments from families and partners.

Examples:

- *The tongue tie care team were amazing. Very informative and considerate of us and our decisions. Thank you Liz & Sarah for making us feel totally looked after and really holding our hands through the entire process.*
- *Su and her team have been phenomenal every step of the way with my daughter's treatment plan over the past 4 years. They treat her with respect and dignity and whilst we're thrilled my daughter's treatment is finished, we're going to miss Su and her team.*
- *Kathryn was fantastic at following up with my daughter's needs. Kathryn was extremely helpful with setting tasks for home and at the nursery. My daughter has made massive improvements with her speech since seeing Kathryn*

### BABY FRIENDLY

Following our successful Level 3 UNICEF Baby Friendly accreditation in May 2024

Our services are worked towards the Achieving Sustainability Gold Award with an assessment on 17<sup>th</sup> October 2024.

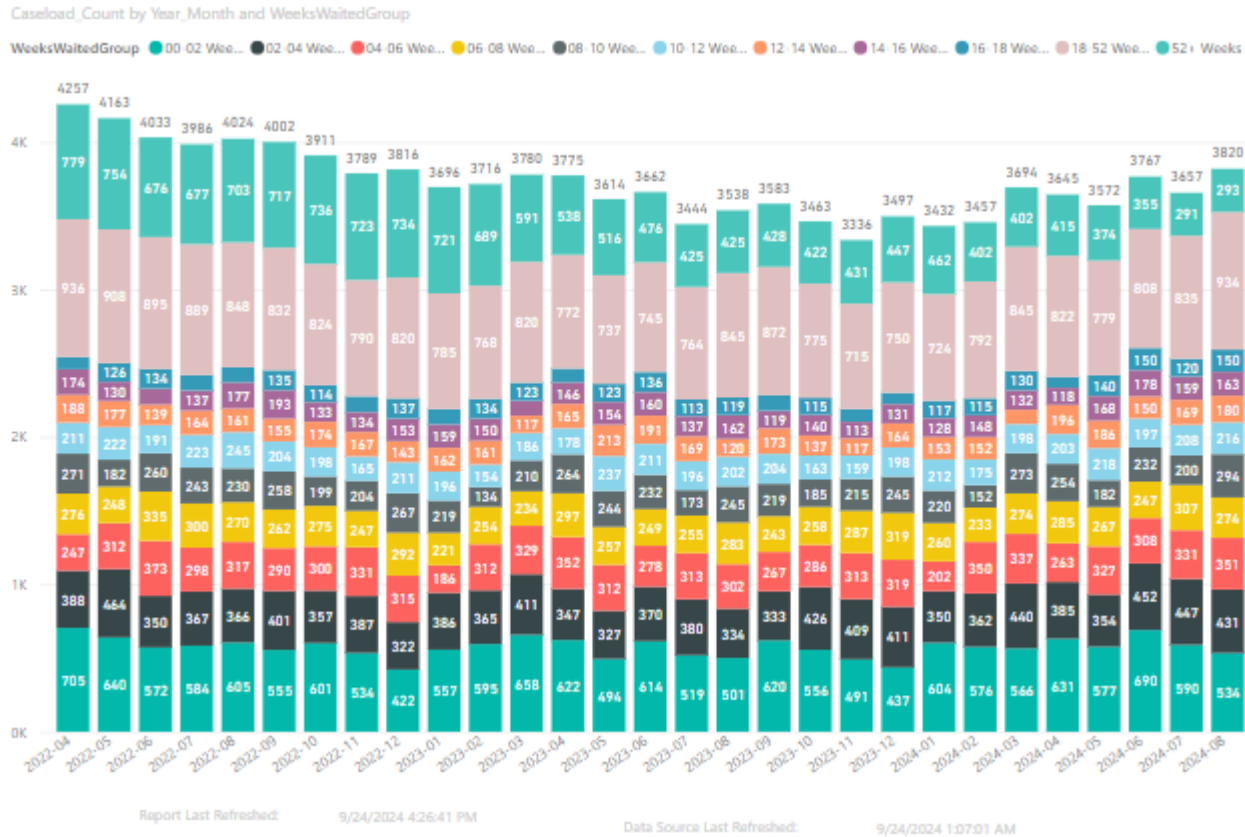
## Adult Performance Metrics

No.	Metric	Target	2023-09	2023-10	2023-11	2023-12	2024-01	2024-02	2024-03	2024-04	2024-05	2024-06	2024-07	2024-08
1	Adult Referrals		4947	5060	5282	4801	5600	5053	4774	4962	5048	4795	5221	4995
2	Adult 1st Appointments		3648	4093	4365	3565	4271	3799	3328	3705	3743	3579	3817	3375
3	Adult FU Appointments		21084	22011	22815	20574	23275	21022	20964	22455	22833	21010	23105	21506
4	Adult DNA Rate	4%	3.69%	3.77%	3.66%	3.64%	4.13%	3.46%	3.53%	3.45%	3.56%	3.71%	3.47%	3.15%
5	Adult Appts Cancelled by Service		3829	4092	4612	4161	4764	3970	4139	4285	4314	4179	5013	4438
6	Adult 18+ Week Wait	8%	33.6%	31.8%	31.8%	32.3%	32.7%	33.7%	33.1%	32.9%	30.8%	29.0%	29.3%	30.5%
7	Adult 52+ Week Wait	0%	8.5%	9.0%	10.0%	9.8%	10.4%	9.2%	9.1%	9.3%	8.3%	7.3%	6.0%	5.7%
8	WIC Attendances Ashford		2456	2522	2490	2493	2355	2371	2660	2476	2431	2399	2284	2336
9	WIC Attendances Woking		2729	2756	2429	2587	2598	2410	2648	2460	2489	2337	2488	2429
10	Incidents - Adult		120	125	142	112	92	110	88	96	87	82	85	98
11	Agency Costs - Adult Services	3.7%	6.39%	5.02%	6.47%	5.71%	9.50%	4.63%	6.98%	6.37%	5.99%	7.11%	5.67%	5.78%

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

# Clinical Services – Adults

## 1st Appointments



### Summary

Waiting times remain high across all adult services. The pilot for total triage has had some impact. A separate paper has been submitted on waiting lists, which will be taken in the following private Board session.

A full adult operational recovery plan is underway to address the following areas:

- Waiting lists
- Operating models
- Demand and capacity
- High vacancy rates
- Roles and responsibilities

### Actions

To review the content of the additional paper and agree recommendations (Board meeting in private)

To review the recovery plan and agree (Board meeting in private).

### Expected outcomes and timelines

Recovery plan to take place over the next five months, with key milestones to be met as detailed in the recovery plan.

## Routine Waiting Times

TopLevelService	No of Patients	Longest Waiting Weeks	Average Weeks Wait	Median Weeks Wait
Podiatry	642	56	9.60	8
CRT (Community Rehab Team)	527	32	10.69	9
Continence	297	12	4.20	4
RCT (Respiratory Care Team)	223	66	12.74	10
Adult Speech & Language Therapy	86	96	29.95	21
Heart Failure	85	16	5.29	5
Diet - Care Home ONS	58	92	29.52	15
Diet - Domicillary	50	106	24.24	13
CN Spelthorne	43	71	2.37	0
CN Woking	20	12	0.95	0
CN Thames Medical	17	11	1.41	0
Complex Wound Clinic - Woking	14	10	2.86	3
Rapid Response/ Urgent Community Response (UCR)	9	3	1.33	1
Complex Wound Clinic - Spelthorne	6	6	3.17	3
Complex Wound Clinic - Thames Medical	6	3	1.17	1
Tissue Viability Nursing Specialists	6	1	0.33	0
Diet - Community Hospitals	4	30	13.00	10
Diabetes Specialist Nurses	2	0	0.00	0
<b>Total</b>	<b>2095</b>	<b>106</b>	<b>10.56</b>	<b>7</b>

### Summary

Waiting times remain high across all adult services. The pilot for total triage has had some impact. Further work to understand operating models and demand and capacity are required. A separate paper has been submitted on waiting lists, which will be taken in the following Board meeting in private.

### Actions

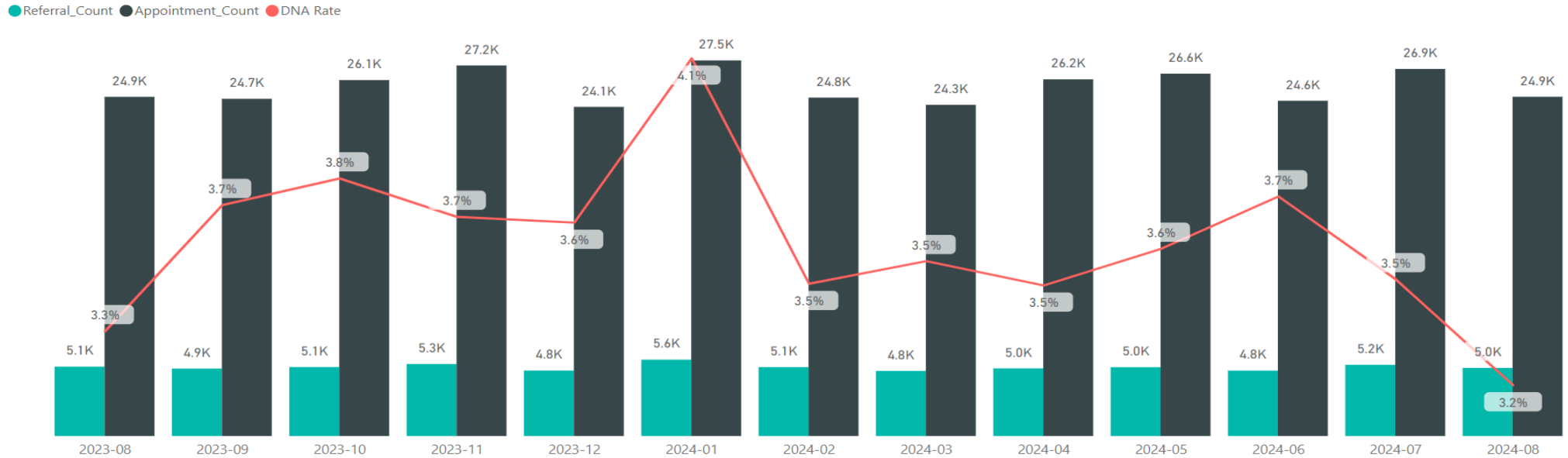
Total triage to be implemented across Neighbourhood teams.  
Demand and capacity modelling to be undertaken.  
Operating models and service reviews required.

### Expected outcomes and timelines

Recovery plan to be implemented over the next five months with monthly updates to the Executive and through the appropriate governance groups and committees.

# Clinical Services – Adults

## DNA (did not attend) Trend – Appointment by Year Month



### 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 understand why people are not attending appointments.

### Expected outcomes and timelines

Continue to monitor

## Business Performance Metrics

No.	Metric	Target	2023-09	2023-10	2023-11	2023-12	2024-01	2024-02	2024-03	2024-04	2024-05	2024-06	2024-07	2024-08
29	Incidents - Total (Internal)		163	150	174	142	121	140	127	127	128	115	125	120
30	Incidents - Enabling		0	2	7	3	6	3	3	3	6	2	2	1
31	Formal Complaints		1	3	4	2	5	3	6	3	3	3	4	2
32	Compliments		16	13	17	23	7	11	13	8	24	21	13	23
33	FFT Patient Satisfaction	90%	92.9%	83.8%	86.9%	92.3%	87.9%	92.7%	89.5%	88.8%	82.8%	89.2%	85.2%	91.4%
34	Staff Headcount		1118	1097	1089	1079	1063	1055	1054	1045	1035	1035	1032	1024
35	Vacancy Rate	15%	24.01%	25.59%	25.50%	25.93%	20.86%	21.58%	22.07%	22.33%	23.07%	21.66%	22.03%	23.02%
36	Absence Rate	4%	4.32%	5.28%	6.26%	5.89%	5.89%	5.26%	5.06%	4.87%	4.75%	4.62%	4.53%	4.23%
37	Training Compliance	90%					86.97%	89.06%	89.93%	90.87%	91.49%	92.27%	93.48%	93.85%
38	PDR Compliance	90%	61.36%	65.30%	66.19%	67.70%	68.89%	70.46%	68.44%	80.30%	61.66%	58.79%	58.51%	60.71%
39	Service Desk Contacts		1332	1121	1019	698	1303	1065	1095	1303	1236	1066	1026	874
40	Service Desk CSAT Score	90%	95.60%	100.00%	92.39%	94.90%	98.30%	97.75%	97.85%	98.78%	97.31%	94.13%	93.51%	94.18%
41	% of PO Invoices	70%	77.18%	73.53%	67.05%	70.27%	68.60%	65.34%	51.30%	69.92%	82.51%	76.38%	79.26%	78.03%
42	Agency Costs	3.7%	3.84%	4.12%	5.21%	4.75%	6.76%	3.98%	5.69%	4.80%	4.78%	5.23%	4.73%	5.09%

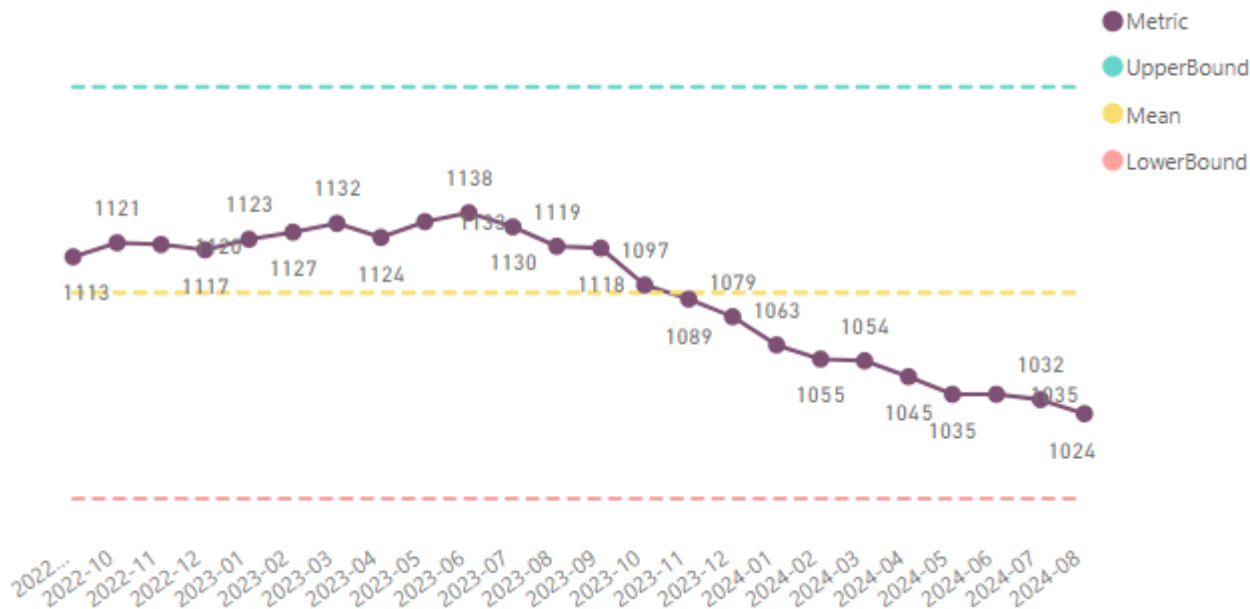
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# People & HR

## Headcount

Headcount



### Summary

Headcount across CSH Surrey continues to fall slightly month-on-month. Adults and enabling services remained at the same level through July to August 2024, and children’s services fell by 8 in August.

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

Children’s services are continuing to actively recruit to the affordable budget but staffing levels have been impacted by contract uncertainty.

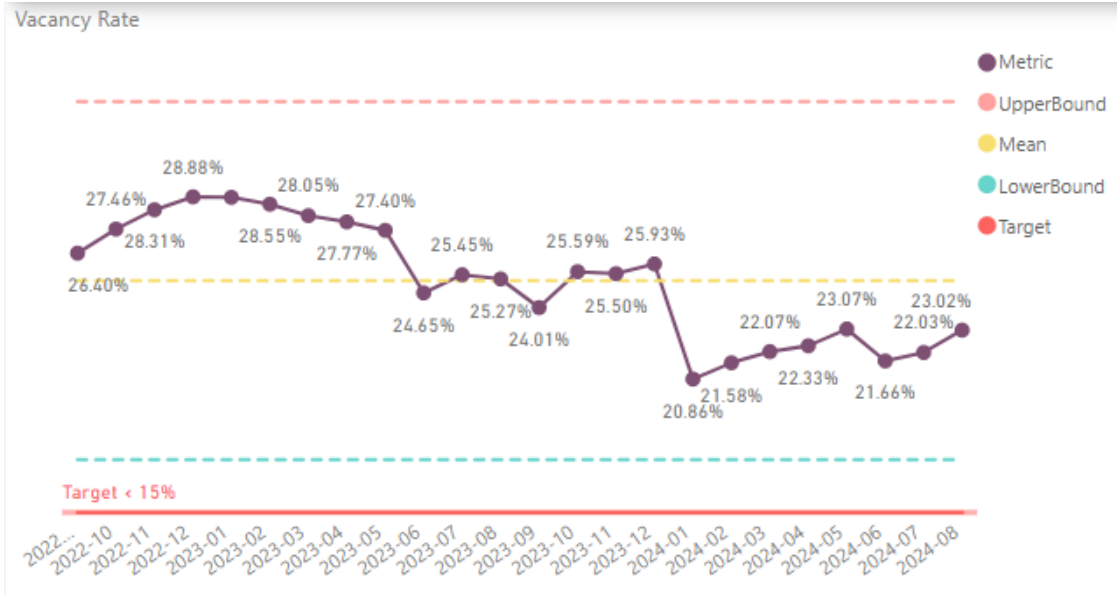
Enabling services continue to hold vacancies and any recruitment to roles is only filled on an exceptional basis.

### Expected outcomes and timelines

Enabling teams will continue to hold vacancies in line with their stringent financial planning for 2024/25. The loss of the children’s contract will impact across enabling teams and plans are currently being developed in terms of a transition through to 1 April 2025.

# People & HR

## Vacancies



### Summary

Our vacancy rate continues to rise across CSH following a low in January 2024. The highest vacancy rate exists in our adults services at 26.88%, with children’s service next on 21.16% and our enabling teams at 19.38%.

Adults vacancy rate is at 26.88%, and a review of each budget line is underway. Across community nursing there are 12 WTE (whole-time equivalents) Band 6 vacancies; this is being managed through agency use. The Band 7 budget line is fully established. Band 5 roles are established at 18.4 WTE, with 11.2 WTE vacancies. A full review of the skill mix is required. Continence is over established by 0.57 WTE. Podiatry have a vacancy of 4 WTE with an establishment of 13.5 WTE. The diabetes nurse specialists have a vacancy of 1.6 WTE with an establishment of 3 WTE.

### Actions

Within children’s services vacancies are being covered by Bank colleagues, where available.

Adults vacancy and finance review to continue.

Workforce plan to be developed including how we are using agency, recruitment plans, engagement with the NWSA Talent Hub.

Enabling teams continue to freeze vacancies in line with the financial pressures for 2024/25 and will be working to consider what structures are required from 1 April 2025 following the loss of the children’s contract.

The adults vacancy and finance review to be completed by week beginning 21/10/24

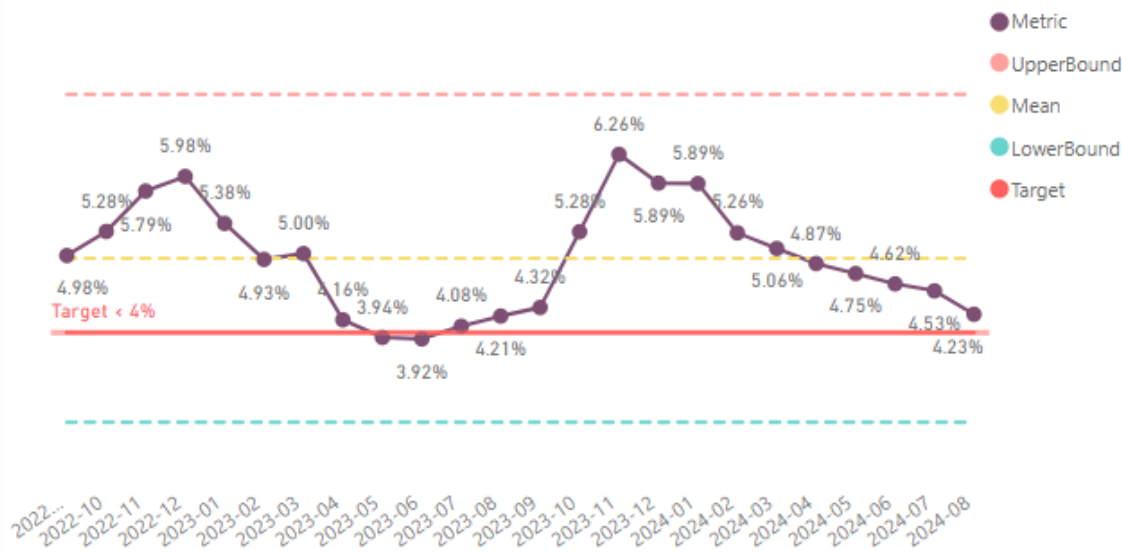
Engagement with the NWSA talent hub, support from CSH recruitment team by 29/10/24.

There are no plans for the enabling teams to increase headcount or fill their vacancies at this stage. Planning will be for rationalisation in order to right-size from 1 April 2025.

# People & HR

## Absence Rates

Absence Rate



### Summary

Sickness absence levels have fallen across the organisation to mirror the levels seen in August 2023, at around 4.2%. The highest sickness absence levels exist in our adults services at 5.11% with the highest levels in community nursing and the walk in centres (WICs). The absence rate within the WICs continues to be a concern; this is known to be short-term absences without themes.

Children’s services have an absence rate of 4.41% with the highest levels in health visiting.

Our enabling teams have a very low absence rate at 0.67% with those absences in low numbers spread across enabling teams.

The main reasons for absence across CSH are gastrointestinal problems (14.86%), headache/migraine (14.19%), and cold cough and flu (12,84%).

### Actions

Although Children’s absence is above target at 4%, it has significantly reduced from 5.3% in July 2024. Managers are supporting staff through Occupational Health and health and wellbeing initiatives.

A review of absence themes within adult operational services and the management of long-term absence is required.

Enabling teams have low absence levels currently and will therefore continue to support colleagues in the usual way through Occupational Health and/or through the use of VivUp’s

services. Enabling teams will also need to remain focussed on the impact of the uncertain future following the loss of the children's contract from 1 April 2025.

**Expected outcomes and timelines**

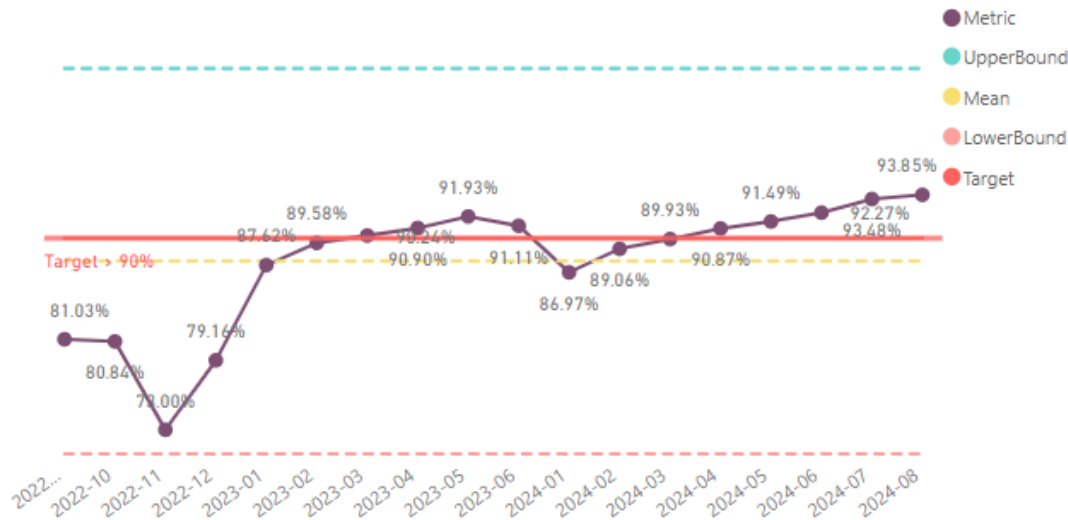
Review of absence within adult operational services to be completed by 29/10/24.

Enabling teams will look to monitor absence levels to ensure there are no uptrends on absence levels.

# People & HR

## Learning & Development – training compliance

Training Compliance



### Summary

Statutory and mandatory training levels continue to increase across CSH. The highest levels exist in children’s services at 93.65%, following by enabling teams at 92.03% with adults services at 90.91%.

The compliance level for safeguarding children’s training mapped to Level 3 is low at 60%. Level 3 training for adult safeguarding is at 50%

Across enabling teams, the highest scores are for: estates and facilities at 100%, digital colleagues at 97.41% and finance at 95.45%.

### Actions

Mapping review exercise underway with the learning and development team for children’s services. The decision to move to using the national e-learning for safeguarding children has been made following complaints from clinical teams regarding the Olive platform. Work is under way to look at how we use Surrey examples to support the national platform.

The adult safeguarding team will be offering a blended approach with e-learning and face-to-face Level 3 training.

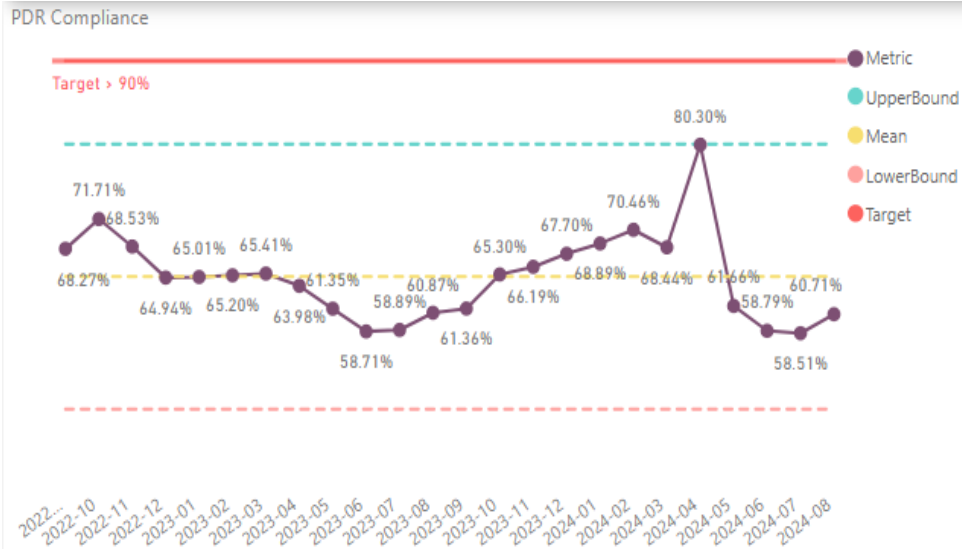
Across our enabling teams, we will continue to inform our teams of the requirement to undertake their mandatory training and will raise at teams meetings and via wider communications across those areas.

### Expected outcomes and timelines

The national e-learning platform will be in use by November 2024. Mapping exercise to be completed. Adult safeguarding will offer a blended approach and compliance levels will be monitored through the safeguarding working group.

# People & HR

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



### Summary

Our PDR compliance rate currently stands at 60.69%. The highest area for compliance is our enabling teams at 80.61%, with children’s services colleagues at 65.38% and adults services colleagues at 49.59%.  
 Across enabling teams, the highest scores are: people services colleagues at 95.65%, digital colleagues at 91.30% and finance at 77.78%.

### Actions

Within children’s services, the senior management team are working to improve compliance which is thought to be a recording issue.  
 Within adult services a review of PDR compliance and content is required in order to support colleague development and support our retention of colleagues. PDR compliance across adult services is currently 49%. Community hospital is at 12.09%, community nursing 18.87% and locality hubs 7%.  
 Enabling colleagues will continue to ensure the remaining forms are uploaded to the ESR system to ensure full compliance.

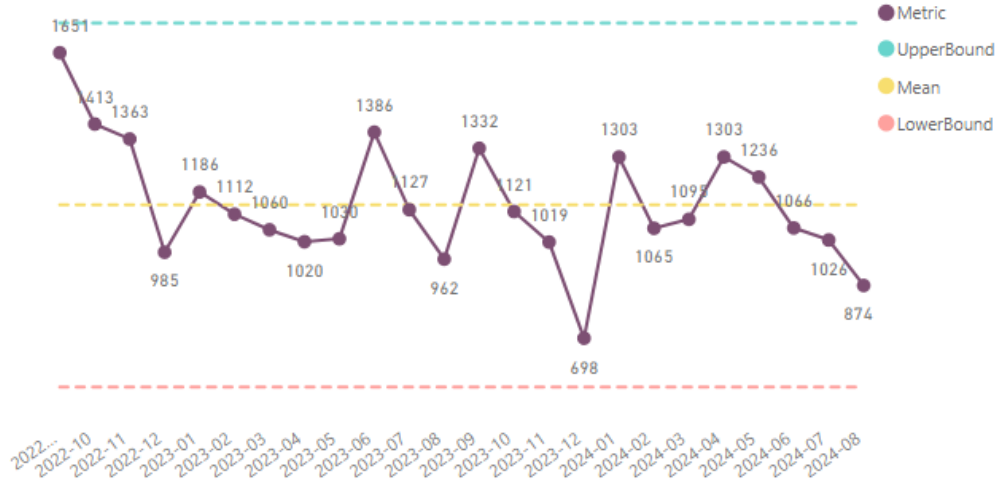
### Expected outcomes and timelines

Review to be completed within adult operational services by the end of November 2024. PDR compliance forms part of the recovery plan for the services and service reviews.  
 Enabling teams would hope to see a slight improvement in those rates, as the final PDR forms are completed.



## Service Desk Contacts and Customer Satisfaction Scores

Service Desk Contacts



**Summary** Over the last period as illustrated in the chart, the average number of calls into the Service Desk has been 1143 per month.

Customer satisfaction scores remain high, averaging >96% in the past 13 months.

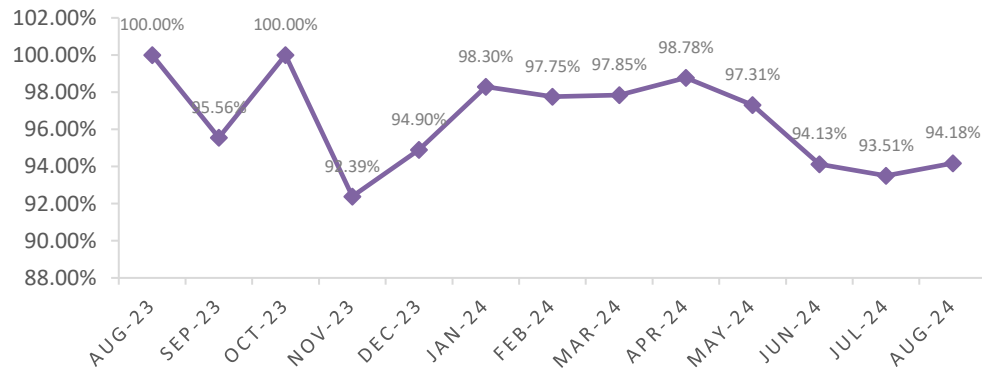
### Actions

The Service Desk is provided to CSH by our Managed Service Provider, Virtuoso. A complex raft of measures are constantly being reviewed to achieve a balance of excellent customer service, cost efficiency and rapid resolution while adhering to ITIL best practices. Close collaboration between CSH & Virtuoso is critical to continued success in this area.

Our priorities;

- High SLA (service-level agreement) compliance
- Stable and secure IT environment
- High first-time-fix capability
- Efficient, responsive and scalable processes
- Improve and increase self-service

## CUSTOMER SATISFACTION SCORES



### Expected outcomes and timelines

A stable number of incidents and service requests indicates a stable environment. Our data informs of the types of calls received which helps us proactively manage those areas. These interactions with our staff are measured by customer satisfaction scores and the long-term outcome being sought is ensure that 90% target is maintained.

## Overall IT Incidents & Service Requests Within SLA

	Aug-24
Overall Incident SLA %	98.73%
Overall Service Request SLA %	94.18%

### Summary

This is new data which has been calculated since August 2024 and comprises the rolled up number of SLA compliance across both Incident tickets and Service Requests.

The rolled-up number accounts for all teams within the wider Digital Services Department including the Service Desk, Mobile Engineering, Networks, Clinical Systems, Mobile Phones, Health Informatics and Data Quality.

### Actions

Improvements to SLA are discussed at our monthly service review meetings. These are chaired by our service delivery manager attended by all Digital Services departments as well as mobile phones supplier BillMonitor to drive progress and collaboration toward consistently high SLA scores.

### Expected outcomes and timelines

SLA compliance has some seasonality and is largely impacted by unplanned events or incidents. For example, the busy months of September and January 2024 usually see a dip in SLA scores as well as periods where serious incidents or impactful projects take place.

## IT Serious Incidents

	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
P1	0	0	0	0	0	0	0	2	1	1	0	2	2
P2	0	0	0	0	0	0	0	0	0	0	0	0	0
Totals	0	0	0	0	0	0	0	2	1	1	0	2	2

### Summary

Serious Incidents relate to instances where a service is down and typically affects large numbers of users. Examples include internet connectivity being down, EMIS being unavailable etc. Some serious incidents can be directly controlled or resolved by CSH while others impact CSH and present no opportunities to directly resolve e.g. a global IT outage.

### Actions

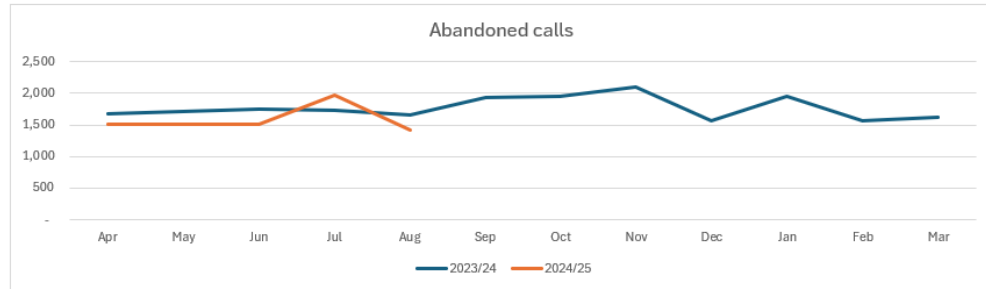
In the past year a review of the serious incidents and problem management processes was undertaken and resulted in better identification, speed of resolution and communication around such events.

### Expected outcomes and timelines

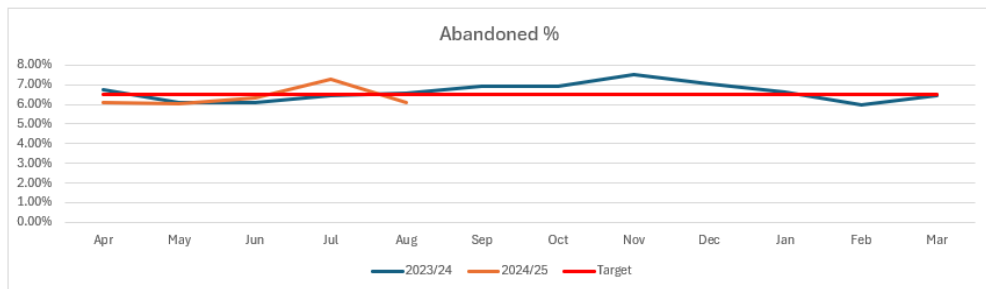
Serious incidents will always happen given the highly connected nature of modern IT; however, improvements in managing these events with effective communication and best practices is our strategy and intended outcome.

## UCaaS Abandoned Calls

Abandoned Calls	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2023/24	1,672	1,707	1,755	1,735	1,659	1,935	1,950	2,105	1,560	1,959	1,558	1,621
2024/25	1,511	1,511	1,515	1,971	1,413							



Abandoned %	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2023/24	6.73%	6.11%	6.11%	6.47%	6.56%	6.92%	6.90%	7.53%	7.02%	6.65%	5.98%	6.42%
2024/25	6.10%	6.06%	6.34%	7.27%	6.11%							
Target	6.50%	6.50%	6.50%	6.50%	6.50%	6.50%	6.50%	6.50%	6.50%	6.50%	6.50%	6.50%



### Summary

There was a substantial reduction from July to August 2024, but this is expected due to summer holidays. It is still down from the same period last year, and below the target of 6.5%

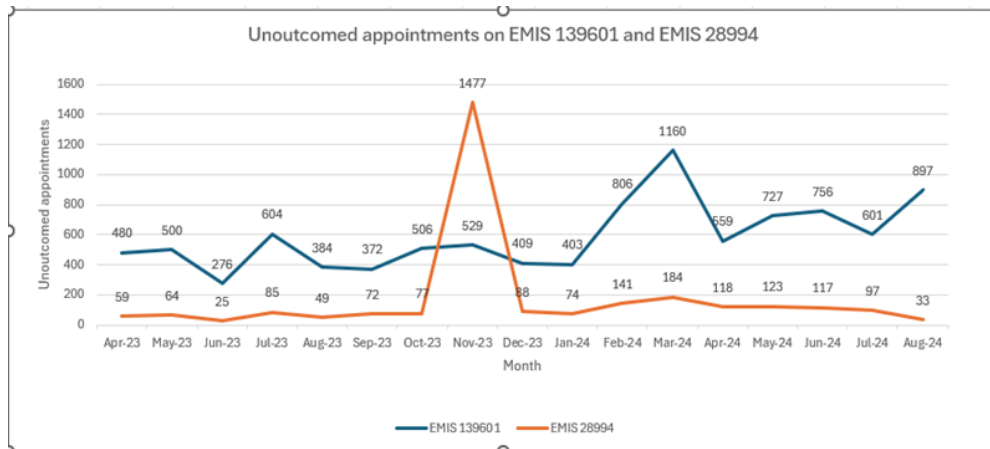
### Actions

Improvement in abandoned call rates is unlikely without services increasing their number of call-takers, to prevent users hanging up. Services should also check that the Voicemail message is not too long, as this may discourage some service users from leaving voicemail messages.

### Expected outcomes and timelines

It is expected that abandoned calls will increase next month as service users return from holidays.

## EMIS – Un-outcomed Appointments



**Summary** The graph shows the number of un-outcomed appointments outstanding for the months prior to the reporting month. Appointments should be outcomed within 48 hours of the appointment date.

E.g. In August 2024, there were 897 appointments dates prior to August that were still unoutcomed on EMIS 139601.

In August, Children’s services had reduced their unoutcomed appointments from May, June and July from 571 to 36. In May 2024, four Datix reports were raised.

**Actions** Reported monthly in the CSH Digital Services Monthly Report.

From September 2024, these will be reported at both Adults and Children’s Senior Leadership Team meetings to encourage teams’ engagement and improve in outcomes.

The Data Quality (DQ) Team remind staff members of un-outcomed appointments after one month via email. If the appointments are not outcomed by the following month, escalations are made to managers (if known). If appointments are not outcomed by the third month, a Datix is raised, or raised sooner, if a manager has not been identified by the DQ Team.

Access to reports showing un-outcomed appointments are available within the BI Portal for ease of monitoring and details of the appointments for individuals.

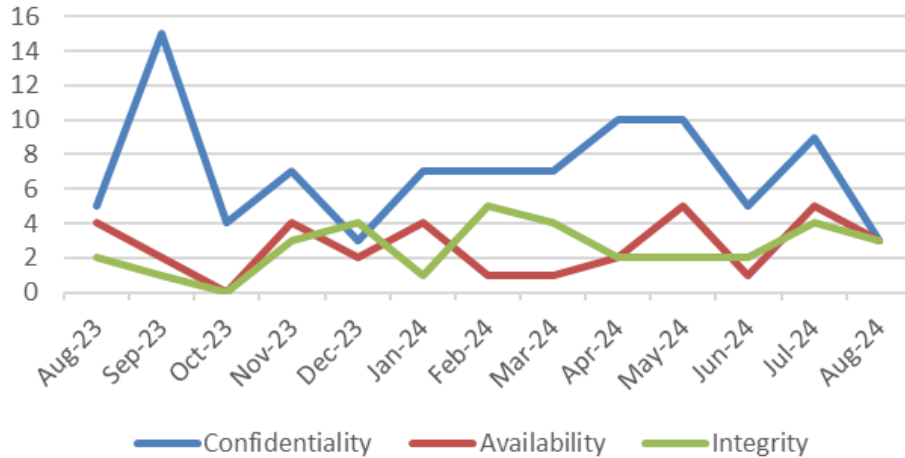
### Expected outcomes and timelines

The expected CSH standard timeline is that appointments are outcomed within 48 hours of the appointment date.

It is the responsibility of individuals and managers to ensure that patient appointments are outcomed within 48 hours of the appointment date.

## Information Governance (IG) Incidents

Incidents by Type each month



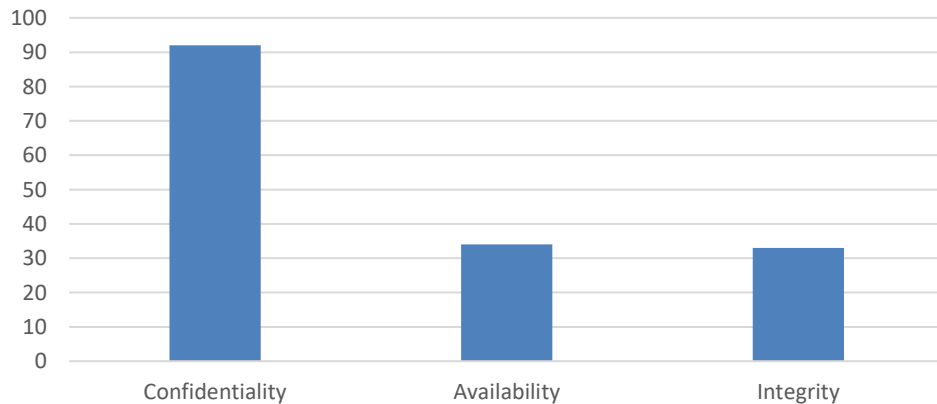
**Summary** IG incidents are reviewed and graded by the SCW IG Team any required actions identified to mitigate recurrence. For the reporting period, confidentiality incidents are the highest reported category.

**Actions** A total of 159 IG incidents were reported, six of which were high-level breaches reportable to the Information Commissioner within 72 hours as required by Data Protection legislation.

**Expected outcomes and timelines** The Information Commissioner was satisfied with the actions undertaken by CSH to mitigate the serious data breaches and no further action was taken.

Appropriate recommendations are issued on a case-by-case basis to mitigate recurrence.

Incident total



## Information Governance (IG) Training

Assignment Count	Required	Achieved	Compliance %
1059	1059	940	88.76%

Org L2	Assignment Count	Required	Achieved	Compliance %
074 Children Services Admin L2	1	1	1	100.00%
074 Children Services L2	514	514	464	90.27%
074 Executive Team L2	15	15	13	86.67%
074 Finance L2	13	13	12	92.31%
074 Information Management & Technology L2	24	24	22	91.67%
074 NWS Administration Service L2	37	37	33	89.19%
074 NWS Adult Services L2	392	392	342	87.24%
074 People Centre L2	27	27	23	85.19%
074 Quality L2	36	36	30	83.33%

**Summary** The Data Security & Protection Toolkit (DSPT) requires the organisation to evidence that 95% of its staff have completed mandatory IG training during the DSPT year (1 July – 30 June). This requirement was achieved in the 2023/24 DSPT year.

**Actions** The L&D team monitor and encourage staff to complete their mandatory training to reach 100% compliance.

**Expected outcomes and timelines** A snapshot of IG training compliance is shown for July 2024 at 88.76%; however, as the DSPT assertion has been met for 2023/24 there are no concerns at this time and CSH is on target to achieve 95% compliance for DSPT year 2024/25.

## Subject Access Requests (SARs)

SARs by Outcome and Initial Request Date														
	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Total
Responded - records sent	33	24	37	32	21	22	20	26	25	17	19	18	22	316
Responded - not data controller	12	15	10	21	11	25	11	12	26	2	0	4	15	164
Responded - no records found	7	2	4	1	3	4	2	3	11	11	7	6	4	65
Abandoned by requestor	3	5	4	4	5	12	6	7	7	0	1	4	3	61
Responded - exempted	0	1	0	0	0	0	1	1	1	1	1	2	2	10
Currently open - in time	0	0	0	0	0	0	0	0	0	0	0	1	0	1
<b>Total</b>	<b>55</b>	<b>47</b>	<b>55</b>	<b>58</b>	<b>40</b>	<b>63</b>	<b>40</b>	<b>49</b>	<b>70</b>	<b>31</b>	<b>28</b>	<b>35</b>	<b>46</b>	<b>617</b>

**Summary** The trend over the last quarter has stayed fairly consistent; however August 2024 saw a slight increase in SAR requests with a larger proportion of SARs falling under the category of CSH not being the data controller.

**Actions** All SARs are monitored on a daily basis (subject to annual leave). SARs data is reported to the Information Governance Steering Group on a quarterly basis. The IG team at South Central West CSU are readily at hand for guidance and offer support where necessary.

**Expected outcomes and timelines** All SARs will have an initial response within two working days and a target of completion to be within one calendar month. Any extension to the one month deadline is notified to the requestor before the initial one month period has passed. Any SAR that breaches the agreed period will be reported to the IG team accordingly.





## Central Surrey Health Limited

<b>Title of paper:</b>	People Report
<b>Meeting:</b>	Board of Directors' meeting in public
<b>Meeting date:</b>	12 November 2024
<b>Agenda Item:</b>	Item 8d
<b>Purpose of paper:</b>	For assurance

<b>Has this paper been discussed at other meetings or committees?</b>	
This paper was discussed with the Executive team on 4 November 2024 and is recommended to the Board for assurance	
<b>Board assurance framework</b>	

<b>Author – Role:</b>	Director of People
<b>Director:</b>	Camilla Bellamy
<b>Date prepared:</b>	22 October 2024

<b>Executive Summary – Items to highlight:</b>
<p>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.</p> <p>The Board is asked to take <b>note</b> of this paper for assurance.</p>

## 1. Purpose of report

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

## 2. People Strategy and HR Services

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

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

Measure	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	June 2024	July 2024	Aug 2024	Sep 2024	CQC Domain
Headcount (no.)	1080	1064	1056	1055	1046	1036	1036	1033	1025	1034	Responsive
Retention/ Turnover rate (annual FTE%)	17.93	17.71	18.26	17.92	17.68	20.58	19.25	18.83	18.18	18.05	Well-Led
Vacancy rate (%)	24.86	21.08	21.73	22.22	22.40	23.29	21.90	22.27	23.25	23.30	Responsive
Statutory Training compliance (%)	N/A*	98.42	98.80	98.80	98.99	93.75	94.48	95	95.38	95.56	Safe
PDR (% completed)	67.77	68.78	70.37	68.42	80.33	61.54	58.65	58.37	60.69	62.53	Well-Led
Absences – Sickness (% overall)	6.12	5.80	5.26	5.10	4.97	4.77	4.69	4.49	4.45	4.66	Caring

### 2b Enhanced KPIs

- 2.2 We have now finalised our new KPIs following the work we undertook with the health informatics team and are reporting them through to the PPFC with exception reporting as necessary. The KPIs are available at Appendix One.

### 2c Staff Survey

#### Action planning - Pulse checks

- 2.3 We ran the second and final pulse check during September and October 2024, as part of the staff survey action planning process following comments at the Recruitment and Retention focus group. We had 113 response this time, compared to 153 for the previous pulse survey. The results are available at Appendix Two.
- 2.4 When reviewing the results it was pleasing to see that in five of the eight questions asked, the majority of staff either strongly agreed or agreed to the statements being asked of them. The highest positive percentages were in response to the following three questions:
  - I feel safe at work
  - I regularly have 1-2-1 conversations with my manager
  - I have benefitted from the training offered to me in CSH Surrey this year.
- 2.5 Each directorate had specific responses that were discussed during the PPFC (Appendix Three), and resulting actions all formed part of the Staff Survey action plan.

- 2.6 We also received some free-text comments picking up on a number of themes as set out below. These themes will be reported back to the Recruitment and Retention Focus Group to consider any changes that might be made across CSH to tackle the issues raised with feedback presented at the PPFC. We will keep the Committee updated on our progress
- Change management processes
  - Clinical supervision
  - Being able to contact more senior managers for advice
  - Progression and career opportunities
  - Site facilities
  - Staff shortages
- 2.7 Feedback following the pulse checks has been positive and as a result, we will continue to undertake these pulse checks through 2025.

#### Core Staff Survey

- 2.8 The annual Staff Survey is now live, launching in October 2024, and being communicated across the organisation as part of our Autumn 1-2-3 programme.
- 2.9 Our response rate in 2023 was 57%, an increase of 3% from the previous year. This year we are aiming for a response rate of 60% or more. The survey is open through until the end of November 2024, with the results due to be published under embargo in December 2024.

#### *2d Flu/Covid Vaccination Programme*

- 2.10 We are now running the flu clinics across various CSH sites with the first clinic taking place on 15 October 2024, at Goldsworth Park. All of the dates for the drop in sessions have been published on [Blink](#) along with a Q and A which includes further information for colleagues.
- 2.11 Colleagues from the Digital team have kindly supported with the creation of a consent form and the relevant information will be transferred onto an MS Teams form for the purposes of recording. Colleagues will also then receive a copy of their form that they can forward to their GP.
- 2.12 The national booking system for both [flu](#) and [covid](#) is also open. Colleagues are able to book a flu vaccine via this system as long as they have a copy of their NHS number. They are then able to select that they are a frontline healthcare worker to be able to book a slot with a participating pharmacy. Colleagues may also be able to book a Covid-19 vaccination in the same appointment.
- 2.13 In the same way as last year, we also have the back-up option of vouchers should any staff be declined a vaccine at a participating pharmacy.
- 2.14 Finally, we have planned a lessons' learned event in January 2025 to ensure we can start planning earlier for the 2025/26 winter vaccination programme.

#### *2e Employee self-service upgrade – Loop*

- 2.15 The Allocate Optima (Healthroster) has launched its next generation app 'Loop' which is an upgrade from the current app, Employee Online. Loop provides our workforce with access to their personal rosters and working schedules as well as the ability to put through leave requests. Loop is replacing Employee Online which is currently in use at CSH, however this platform will come to an end March 2025

- 2.16 The workforce information and systems team are in the process of creating the user feature controls which shall be applied to staff user accounts before going live with Loop, these controls consist of admin, employee, management, and system administrator access.
- 2.17 Considering the recent communications surrounding the Children's contract, considerations are currently being given to the most appropriate date / time to 'go-live'. However we are working towards arrangements with the aim to have feature controls and system testing (by RL Datix) completed by 31 October 2024.

*2f Equality Impact Group – Allies' Network*

- 2.18 Over the last few months, several of our colleagues with lived experience have taken the opportunity to share their experience at various forums across CSH. This included:
- Two members of the Disabilities and Carers Network joined a service-learning event to help plan and shape our Autism strategy which was hosted by the Quality and Clinical Governance team
  - A member of LGBTQ+ Network has a regular slot at our corporate induction and shares the benefits of being part of a network, especially in terms of the personal value gained by being part of the forum.
  - A colleague shared her experience of being part of the Disabilities and Carers network at the Equality and Impact Group (EIG) how the network has helped her with her caring responsibilities.
- 2.19 Discussions have been progressive within the networks, ranging from discussion around burnout/ stress and how colleagues with disabilities and those with carers responsibilities can struggle to discussions around enhancing our processes/approaches, with recommendations submitted for improvements that can be made to help colleagues with a disability. Our People Partners have presented various topics, such as leave policy, flexible working etc., to this group to aid further understanding of the options available to colleagues. The recently introduced neurodiversity awareness training has been received well by colleagues.
- 2.20 The Cultural and Ethnic Minorities and Allies network has been particularly active, with an extraordinary session arranged in response to the national disorder across the country. The session which was held on 9 August 2024 and attended by over 30 colleagues who shared reflections and discussed ways to support each other. As an outcome of the session, a few actions were implemented:
- On 13 September, Nolan Heather (Chief Inspector, Surrey Police) and Jeffery Jones (Inspector) gave a presentation about hate crime and explored the overall picture of hate crime in Surrey and the current support the Police have in place. The session attended by over 30 colleagues and has provided insight into the measures we can put in place to address any hateful behaviour or violence and aggression at CSH.
  - To support colleagues / managers, opportunities for training key topics such as having difficult conversations, inclusive leadership, inclusive language and communication and building trust have been shared via Blink.
  - The Quality and Clinical Governance team are currently reviewing the use of Datix to ensure any incidents relating to violence and aggression is escalated to the right colleagues.

- 2.21 The cultural event week also took place between 23 and 27 September 2024, with several lunch events taking across various services to promote cultural diversity within our teams.

### **3. Learning and Development**

#### *3.a Preceptorship*

- 3.1 A CSH preceptor development training session specifically for our experienced clinical staff in community adult nursing has been successfully launched in September 2024. The purpose of this session was to educate our colleagues about the exciting new preceptorship programme, ensuring they felt informed and confident in their roles.
- 3.2 We also undertook a preceptee induction study day and welcomed the first five enthusiastic attendees who were either newly qualified or new to community nursing. The preceptees were given the opportunity to familiarise themselves with the preceptorship booklet and were introduced to their designated preceptors and the agenda for their program.

#### *3.b NHSE Stat & Man Reform*

- 3.3 NHS England are currently leading a programme of work to improve staff's experience of Statutory and Mandatory Training. Staff often raise concerns and challenge the relevance, efficacy and time burden (up to or more than 1 day each year) of statutory and mandatory training.
- 3.4 CSH in partnership with NHSE and all system and national providers are working together to ensure that such a significant investment is implemented consistently and within a structured timeframe.

#### *3.c NHS England Safe Learning Environment Charter (SLEC) – Appendix Four*

- 3.5 The SLEC is written for the use of education and placement providers, assessors, supervisors and learners; however, it must be actioned by everyone, everywhere, every day and the behaviours and principles embedded into our culture. The SLEC has 10 priorities as set out at Appendix Five.
- 3.6 The SLEC priorities and solutions present clearly to education and placement providers, assessors, supervisors and learners, as well as others working in the health and care system, what must underpin the culture of our learning environments.

#### *3.d New CPD status report*

- 3.7 The NHSE deadline for completing the new CPD activity against expenditure report (December 2024) is fast approaching. We continue to encourage and support colleagues to progress with their commitment to spend as required. However, we still have a substantial amount still unclaimed.
- 3.8 The underspend has been productively used on behalf of the organisation for example the coroners' court training, and also securing Flexible Endoscopic Evaluation of Swallowing (FEES) training can continue for the speech and language therapy team for a further year.

#### *3.e Team training compliance*

- 3.9 CSH have achieved 90%+ across all services for statutory and mandatory training in August 2024. This is the first occasion we can report this status, and we are confident that this trajectory will continue.

- 3.10 The new training needs analysis and position mapping process has clearly impacted on the confidence and clarity of training required by all roles across the organisations.

#### **4. People Services**

##### *4a Automation / streamlining of HR processes*

- 4.1 A key area of focus within The Future of HR and OD – 2030 vision is to improve the employee experience by reducing duplication and time-consuming administrative tasks, with more automation. Candidate feedback in relation to the recruitment processes has indicated that the requirement to complete numerous new starter forms is an area that causes confusion and frustration resulting in candidates submitting incomplete forms. This in turn causes delays in the overall recruitment process, along with data quality issues thus impacting on the experience of the candidate
- 4.2 To address this, the recruitment team is currently in the final testing phase of moving from paper based and excel forms to using Microsoft Forms, which can be easily accessed via device / mobile. Initial feedback has confirmed that by merging all forms into one electronic form and by mandating essential data fields would result in simplified processes, reduction data quality issues and related costs and reduces risks of errors.
- 4.3 The next phase of this quality improvement process will include reviewing other HR forms, such as the contractual change form which is expected to further reduce overpayments, release time for managers and colleagues and improved efficiency within the People Services team.
- 4.4 As an active member of the People Digital Programme, which is a Surrey Heartlands project focussing on automation and integration of processes and services, options are currently being considered for further embedding automation into other key HR activities such as compliance checks, payroll validation etc. The discovery phase for this project has been completed, with a proposal due to be submitted to the People Scaling Programme Board in September / October 2024. A paper will be presented at the CSH Executive meeting and this forum once the approval is received.

#### **5. Communications**

##### *5a Children Family Health Surrey*

- 5.1 The build-up to and confirmation of commissioners' procurement decision about children's services has been the main focus of communications support to CFHS recently. Two all-staff meetings, one for all partners (CSH / First Community Health & Care (FCHC) / Surrey & Borders Partnership NHS FT (SABP)) and one for CSH Surrey (only) were planned and hosted – attended by 500+ colleagues.
- 5.2 Based on initial enquiries from the workforce, a set of FAQs has been published and will continue to be updated on the Blink Hub. An MS form for colleagues to submit anonymous questions about the CFHS service transfer has also been circulated and is receiving a steady stream of enquiries.

##### *5b. CSH Surrey*

- 5.3 As we enter autumn the communications team have been closely involved in planning for our autumn 1-2-3 campaign comprising annual NHS staff survey, flu and covid vaccinations

- 5.4 For CSH Surrey colleagues, the 2024 NHS Staff Survey commenced on Monday 7 October 2024 with an email from Picker inviting each member of staff to complete their survey. The survey closes in the last week of November 2024.
- 5.5 Videos produced by the communications team highlighting the apprenticeship opportunities available to colleagues have had more than 2,500 views on Blink and have also been shared externally on our website and social media channels to help with recruitment.
- 5.6 The team continue to support with a variety of projects including the annual report and accounts, long service recognition, summer pulse check surveys, SQUIRE Stroke Project and CQC strategy.
- 5.7 The number of active users on Blink over the past 90 days has risen to 93% out of the 94% (1,176) of colleagues registered. Individual and group chats are used extensively with more than 3,000 messages sent in the past 90-day period. The average open rate for the Buzz from end July to mid-September 2024 is 64%.

## **6 Other updates and system, regional and national items**

### *6a Freedom to Speak Up update (FTSU)*

- 6.1 The Director of People ran a session on 15 October at the Voice Away day to support representatives to take on the role of FTSU champions. The meeting went well, and each representative is also going to undertake the national Speak Up training.
- 6.2 A re-launch of the FTSU will take place in November 2024 introducing the Voice representatives as champions, as well as launching a new feedback process.

### *6b Pay awards*

- 6.3 The NHS Pay Review Body (NHS PRB) and the Doctors' and Dentists' Review Body (DDRB) pay awards were paid for all colleagues in October 2024. All pay uplifts were backdated to 1 April 2024. A Q and A was also published on [Blink](#).
- 6.4 As with previous pay awards, an option to have the payments staggered was given for staff in receipt of Universal credit.

### *6c Recruitment and Retention Focus Group*

- 6.5 Long Service Awards: Following feedback via the Recruitment and Retention Focus Group, a sub-group was formed with representatives across adults, children's and enabling and an 'employee-led' initiative has been launched to gather feedback from colleagues and present options for further consideration.
- 6.6 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.
- 6.7 As a result of this survey, an options paper went to the Executive for consideration in September 2024.

## **7. System, regional or national items**

### *7a Government plans to reform apprenticeships*









- 7.1 Skills England is a new arms-length body that will absorb the current Institute for Apprenticeships and Technical Education and the Education Skills and Funding Agency by April 2025 and will become a fully formed part of the Department for Education.
- 7.2 As part of this reform, the government has announced that a new growth and skills level will replace the existing apprenticeship levy. The plan was that this will allow for greater flexibility and allowing funding for shorter apprenticeships and new foundation apprenticeships to help encourage young people with routes into differing careers.
- 7.3 Employers will be asked to rebalance the funding to allow for this to happen and the training eligible for the funding under the new levy will develop over time, linked with Skills England's priorities. We will wait to hear more from the Department for Education on this and will keep the committee updated as things progress.






## 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
<b>Attraction</b>	% appointments from external sources (non- NHS jobs)	10%	0%	0%	
<b>Recruitment</b>	% reduction in Time-to-Recruit	60 days	79 days	66 days	
	% Increase in interview attendance rate	90%	89.00%	91%	
	% increase in the conversion rate (applicant to appointment)	1:4 from interview) (25%)	34/113/44/11 (New Vacancies/applications/interviews/appointment)	30/61/81/13 (New Vacancies/applications/interviews/appointment)	
<b>Rewards and Recognition</b>	70 % increase in engagement via H&W / benefits platform	70%	76% (July)	77% (August)	
	100% HR policies in-date	100%	98% (July)	96% (Aug)	
	% reduction in the conflict index	<2%	0.47%	0.38%	
	% reduction in the time taken to resolve ER matters	Resolve ER cases within 56 days (8 weeks)	3	1	

<b>Progression and Performance</b>	% reduction in sickness absence	Reduce the organisation sickness absence rate by 1% across the year (<4% organisation)	4.49%	4.25%	
	% of line managers skilled with essential skills	100% of line managers to have undertaken HR essentials and case management training	HR Investigation training (x8 attendees) 43% (July) HR cases training @ 51% (no training in July)	HR Investigation training 45% (x6 attendees) August	
<b>Reporting</b>	% reduction in the overpayments (data provide retrospectively)	30% reduction over 12 months	£72,962	£70,118	
	% compliance to DBS	100%	100%	95%	
	% compliance Professional registration	100%	100%	100%	
	% rosters locked down for payroll	% rosters locked down for payroll	97.48%	98.00%	

<b>Retention and Exit</b>	% reduction in the number of leavers in the first year of employment at CSH	To reduce number of leavers first 18months	0	15%	
	% colleagues considering leaving CSH in the next 12 months		0%	0%	
	35% increase in the number of exit interviews completed	35%	54% (July)	46%(August)	
<b>Customer Feedback</b>	% increase in the manager satisfaction rate (recruitment survey)	>4.5	4	4	
	% increase in the candidate satisfaction rate (recruitment survey)	>4.5	3.7	4.1	
	% increase in the candidate satisfaction rate (4 week survey)	>4.5	4.4	4.6	
	% increase in the employee satisfaction rate (6 month survey)	>4.5	4.25	5	

## CSH pulse check (August/September)

113 Responses

04:08 Average time to complete

Closed Status

1. I feel my level of pay is satisfactory

Strongly disagree	20
Disagree	35
Neither agree nor disagree	26
Agree	29
Strongly agree	3



2. I believe CSH has an adequate staff benefits package (non-pay)

Strongly disagree	15
Disagree	34
Neither agree nor disagree	34
Agree	28
Strongly agree	2



3. My mental health has suffered in the last year as a direct result of my working environment

Strongly disagree	17
Disagree	26
Neither agree nor disagree	21
Agree	30
Strongly agree	19



4. I feel safe at work

Strongly disagree	1
Disagree	7
Neither agree nor disagree	19
Agree	56
Strongly agree	30



5. I believe CSH Surrey will take action if I speak up

Strongly disagree	8
Disagree	30
Neither agree nor disagree	34
Agree	34
Strongly agree	7



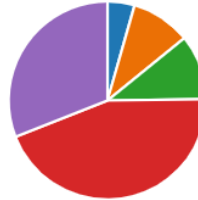
6. I believe CSH Surrey is a learning organisation and looks to embed learning into practice

● Strongly disagree	6
● Disagree	18
● Neither agree nor disagree	35
● Agree	47
● Strongly agree	7



7. I regularly have 1-2-1 conversations with my manager

● Strongly disagree	5
● Disagree	11
● Neither agree nor disagree	12
● Agree	50
● Strongly agree	35



8. I have benefitted from the training offered to me in CSH Surrey this year

● Strongly disagree	6
● Disagree	10
● Neither agree nor disagree	40
● Agree	44
● Strongly agree	13



9. Any further comments

18  
Responses

Latest Responses



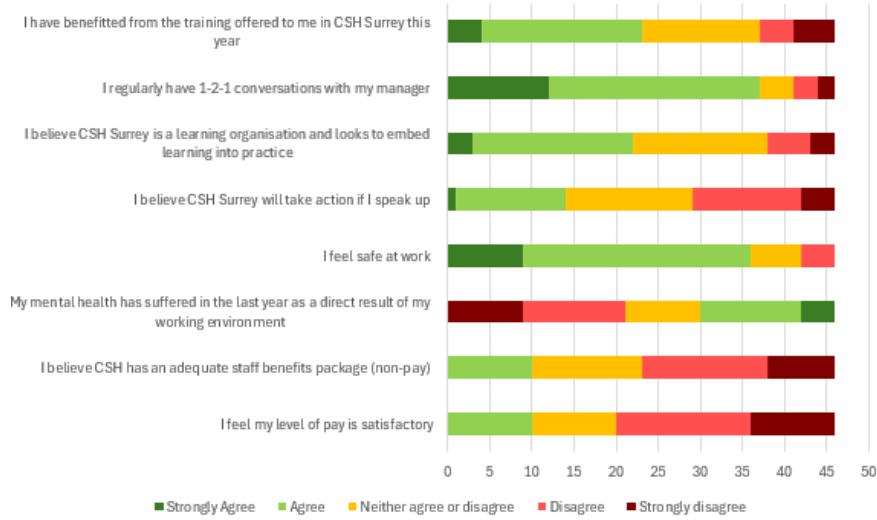
10. Which service do you work in?

● Adults	37
● Children's	46
● Enabling	20
● Prefer not to say	10

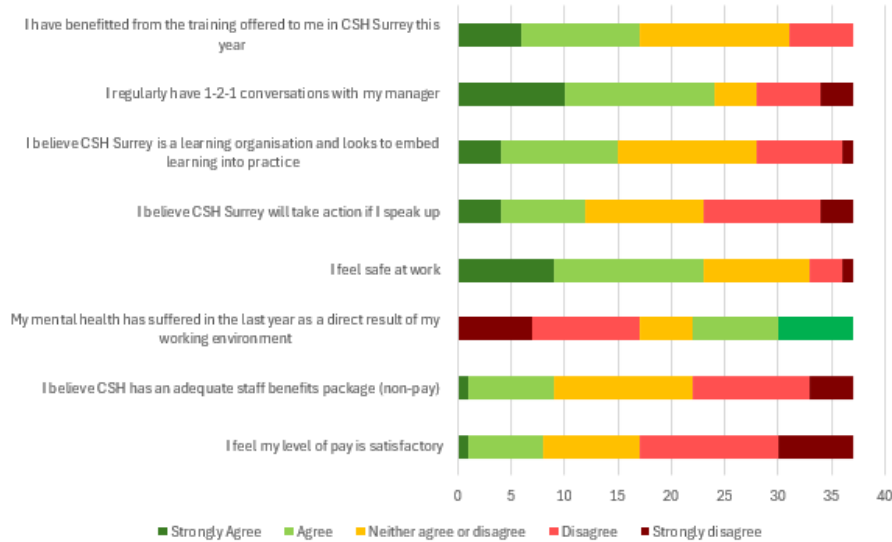


**Staff Survey Action Planning – Pulse Checks (September and October 2024)**

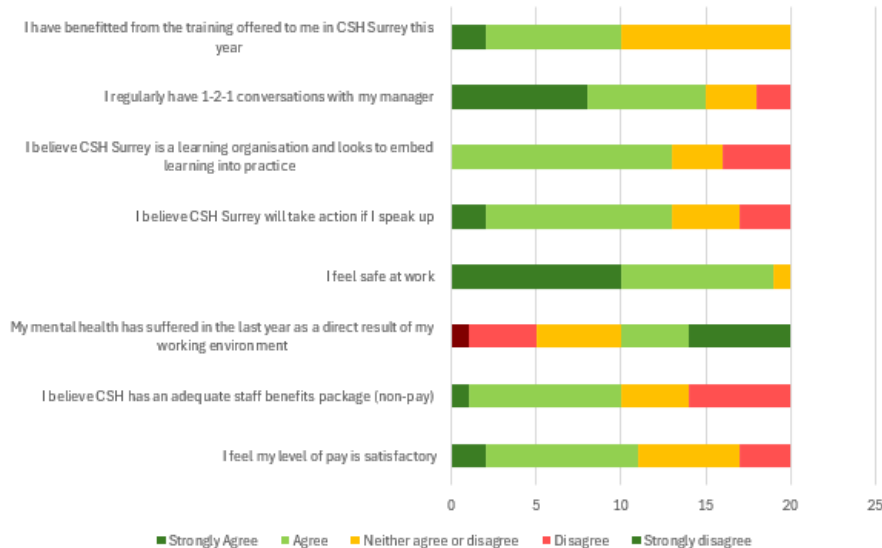
Children's Services



Adults Services



Enabling teams





## Respect and feeling valued

Learners are respected and feel valued in the learning environment, demonstrated by effective communication and engagement.

### Together, education and placement providers should:

- Celebrate learner success.
- Provide learner feedback and give opportunities for learners to feedback.
- Support and facilitate reasonable adjustments.

### Practice supervisors / assessors should:

- Include learners in multi-professional huddles, demonstrate civility and good working relationships.
- Recognise that learners need to feel a sense of belonging and build trust to feel psychologically safe.



### Education providers should:

- Consider hosting inclusive and accessible peer support forums so learners can build a safe space to learn and develop.

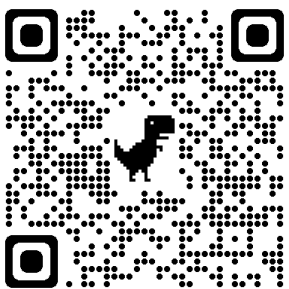
### Placement providers should:

- Participate in senior leadership walkabouts in clinical areas to provide opportunities to check in with learners and explore their placement experiences.



### Learners should:

- Treat their educators and peers with dignity, courtesy and respect, as a contribution towards an environment free from bullying, harassment and discrimination.





## Positive identity

Learners are easily identified and are viewed positively within the clinical environment.

### Together, education and placement providers should:

- Recognise that everyone is responsible for ensuring the next generation of staff are given every opportunity to succeed.
- Ensure processes and policies are in place to support individuals with protected characteristics.
- Ensure learners have a name badge for the start of their first placement.
- Pronounce names correctly, and use preferred pronouns.



### Together, education and placement providers should:

- Provide uniforms which identify learners and are inclusive of all learner requirements.
- Support and celebrate the cultural diversity of learners.



### Learners should:

- Feel empowered to speak up if their name is pronounced wrong or incorrect pronouns are used.
- Feel empowered to actively participate in the learner community in placement areas.







## Wellbeing

Learners understand the importance of physical, emotional, and psychological safety and are aware of services and resources that can support their health and wellbeing.

### Together, education and placement providers should:

- Work with learners who have additional needs and make reasonable adjustments.
- Ensure learners who work alone are familiar with the lone working policy to keep their safety a priority.
- Collaborate to support where learners experience incidents, utilising established processes.

### Placement providers should:

- Include learners in health and wellbeing offerings and events.

### Practice supervisors / assessors should:

- Offer regular opportunities to check in with learners allowing for them to reflect on recent experiences, worries or concerns.
- Ensure learners know who to get support from when they need it.
- Offer pastoral support, debriefing and other opportunities to process challenging or traumatic experiences.

### Learners should:

- Take responsibility for identifying their learning requirements and wellbeing needs, seeking help through established mechanisms.





## Raising concerns

Learners know how to raise a concern and feel empowered to speak up knowing that they will be appropriately supported.

### Together, education and placement providers should:

- Demonstrate zero-tolerance to incivility, bullying or harassment.
- Maintain robust raising concerns processes and governance structures.
- Share raising concerns processes and policies widely.
- Signpost speaking-up support services (eg Freedom to Speak Up Guardians).
- Promote training around the freedom to speak up.
- Highlight the importance of role modelling NHS values.
- Take a joined-up approach to addressing concerns affecting learning environments.
- Provide dedicated safe spaces for raising concerns.



### Practice supervisors / Assessors should:

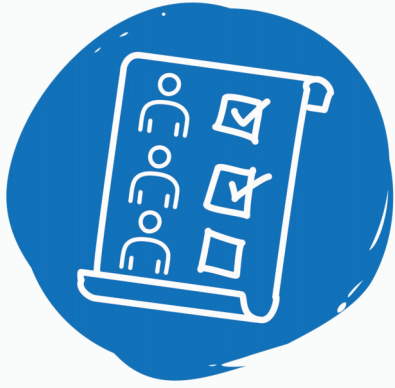
- Feel supported and empowered to raise or escalate concerns with relevant individuals or organisations about learners in difficulty or learner conduct, using agreed policies and processes.
- Contribute towards building psychologically safe learning environments.



### Learners should:

- Ensure that concerns are raised in a timely manner so that they can be appropriately acted upon.
- Take advantage of resources and support services offered by placement and education providers when concerns have been raised.





## Placement induction

Learners receive a placement induction that supports their learning and adequately prepares them for their roles. Placement induction processes are well-established and evidenced to support learners.

### Together, education and placement providers should:

- Offer pre-placement engagement sessions to welcome new learners and help them settle any anxieties or worries prior to a placement.
- Provide learners with appropriate signposting to support services. This may include financial support and health and wellbeing services.

### Placement providers should:

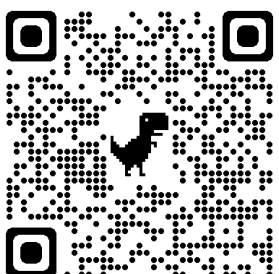
- Provide resources for learners to familiarise themselves with the placement area.
- Provide an induction that is inclusive of the needs of all learners and fosters a sense of belonging.
- Accommodate the needs of learners with disabilities.

### Placement providers should:

- Encourage all learners to provide formal feedback on their induction and act upon it to improve for future learners.
- Ensure that the senior leadership team are visible and accessible to learners from the start of their placement to welcome them to the organisation.
- Encourage learners to take advantage of the support and networking opportunities available.

### Learners should:

- Attend the induction opportunities made available by both placement and education providers.
- Actively participate in any initiatives offered by education and placement providers to improve the induction process for future learners.



# Environment Charter



## Communication

Learners have a clear pathway for support from both the Education provider and the Placement provider. They know by whom, when and how that support is delivered.

### Together, education and placement providers should:

- Plan sessions to provide input and additional learning opportunities for learners and supervisors / assessors.
- Ensure learner display boards are maintained and offer essential information.
- Role model professional communication, which supports professional boundaries.
- Develop innovative solutions for learners to communicate with placement and education staff.

### Education providers should:

- Provide in-person support to learners and supervisors to reduce the chances of small queries escalating down the line.



### Placement providers should:

- Ensure regular learner forums are held with senior leaders in attendance to develop quality improvement solutions.
- Share relevant internal communications about patient safety, advances in practice.



### Learners should:

- Complete local placement surveys and the National Education and Training Survey (NETS) to provide feedback about placement experiences.





## Flexibility

Learner wellbeing and professional development are supported by flexible working and learning practices, both in terms of accessibility to facilities and to forms of educational opportunities.

### Together, education and placement providers should:

- Consider alternative supervision models in line with professional regulatory requirements.
- Offer flexibility in placement if feasible.
- Use innovative approaches to support flexible placement requests where possible.



### Education providers should:

- Minimise academic deadlines and assessments whilst learners are on placement.
- Assist learners with techniques to support balancing academic, placement, and home life demands.



### Practice supervisors / assessors should:

- Be supportive of flexible working arrangements for learners.



### Learners should:

- Understand the demands of their chosen profession, including a 24 hour service provision if required.





## Supervision

Learners are supported by positive role models and appropriate levels of supervision. Continuity of supervision builds on individual learning needs, develops confidence and proficiency.

### Together, education and placement providers should:

- Collaborate effectively to maximise the experience of the learner.
- Offer pastoral support and peer support networks for supervisors and assessors.

### Practice supervisors / assessors should:

- Communicate in transparent ways to optimise learner progression.
- Recognise that progression alters supervision requirements.
- Maintain current practice and awareness of regulatory standards.

### Education providers should:

- Help supervisors understand what theory is taught and when so they can support learners appropriately.

### Placement providers should:

- Consider equitable rostering to maximise learner opportunities & facilitate access to learning opportunities.
- Support supervisor wellbeing.

### Learners should:

- Set personal objectives and communicate them with their supervisor.
- Seek out varied learning opportunities in placement areas.
- Check in regularly with dedicated support staff.



# Safe Learning Environment Charter

## Teaching & learning needs

Learners are supported by supervisors who are adequately prepared for the role and understand the underpinning principles regarding how individuals learn in a practice setting. They are recognised as learners rather than workers and enabled to develop towards independent practice.

### Together, education and placement providers should:

- Support supervisors and assessors in their roles.
- Provide the resources required for learning in practice.
- Be open to varied and dynamic education methods.

### Practice supervisors / assessors should:

- Role model supportive and compassionate supervision and assessment.
- Utilise the wider multi-professional team for learning opportunities.
- Meet the individual learner's needs and be responsive, helping them achieve their potential.

### Placement providers should:

- Ensure supervisors and assessors are well trained and have time dedicated to perform their roles.
- Protect the supernumerary status for those who hold it.
- Facilitate statutory breaks.

### Learners should:

- Be patient, learning takes time with repeated exposure.
- Seek out opportunities and voice their needs.
- Recognise that individual development is a lifelong skill.



# Environment Charter



**Time and space for learning**  
Learners are given time to reflect on and process learning experiences. They receive regular verbal and written feedback which provides opportunities for development and assessment to occur

**Together, education and placement providers should:**

- Allocate protected time for placement documentation.
- Maximise learning with innovative teaching opportunities.
- Provide learners with IT access to complete digital placement documentation.

**Practice supervisors / assessors should:**

- Adapt teaching and levels of support to individualise learning.
- Give constructive feedback to assist learning & develop proficiency.
- Provide feedback to support the assessment and determine the learner's achievement and progression.



**Placement providers should:**

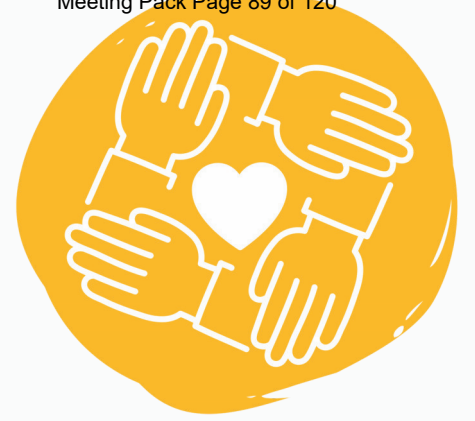
- Provide dedicated areas for learners to practice their skills.
- Ensure learners have access to clinical placement educational facilities including library services.
- Ensure learners have access to digital systems required for episodes of care.

**Learners should:**

- Be proactive in seeking out learning opportunities.
- Participate in shared learning.
- Ask for feedback and value its importance for the development of clinical proficiencies.







# NHS England safe learning environment charter (SLEC): our voice, our experience, our future workforce



Time & space  
for learning



Respect &  
feeling valued



Teaching &  
learning needs



Safe Learning  
Environment  
Charter



Positive identity

Supervision



## SLEC Charter Priorities



Wellbeing

Flexibility



Our charter priorities and solutions are 'how we do things round here'. Actioned by everyone, everywhere, every day and as part of our culture.



Raising concerns  
& speaking up

Communication



Placement induction

Equality,  
diversity  
& inclusion  
(EDI)



The 'Golden Thread'  
that runs through the  
SLEC Charter

Patient safety



Learners



Supervisors



Assessors



Education  
& placement  
providers





## Central Surrey Health Limited

<b>Title of paper:</b>	Digital report
<b>Meeting:</b>	Board of Directors – meeting in public
<b>Meeting date:</b>	12 November 2024
<b>Agenda Item:</b>	Item 8e
<b>Purpose of paper:</b>	For assurance

<b>Has this paper been discussed at other meetings or committees?</b>	
This paper was considered at the Executive meeting on 4 November 2024 and is recommended to the Board for approval.	
<b>Board assurance framework</b>	-

<b>Author – Role:</b>	Director of Digital Services
<b>Director:</b>	Keith Woollard
<b>Date prepared:</b>	23 October 2024

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

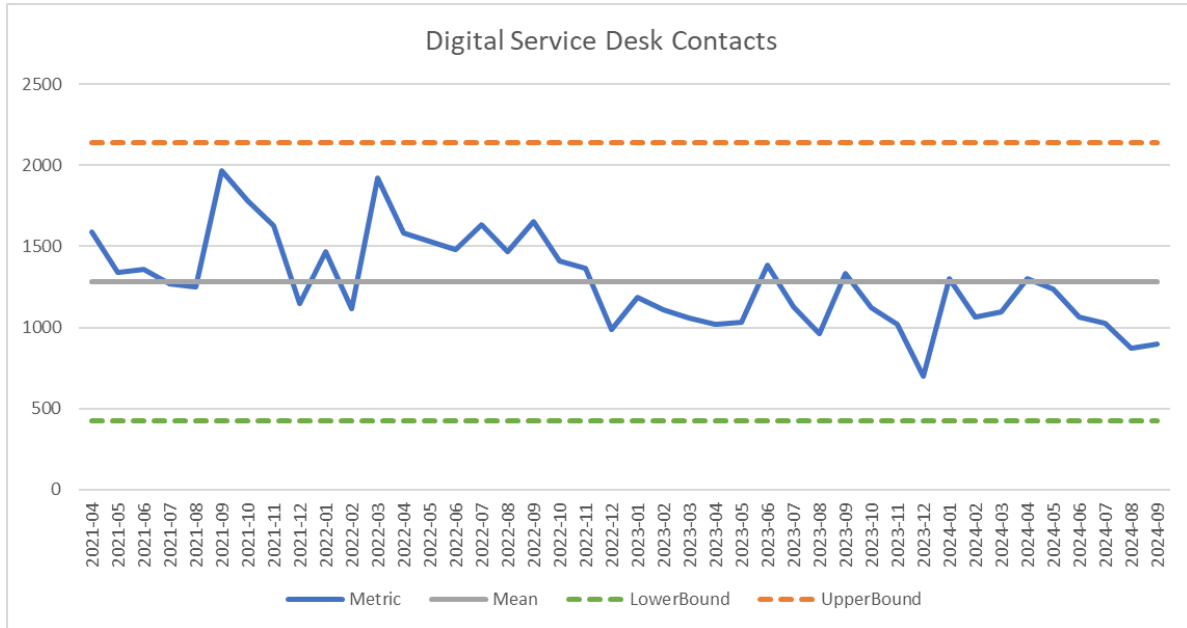
**1. Purpose of report**

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

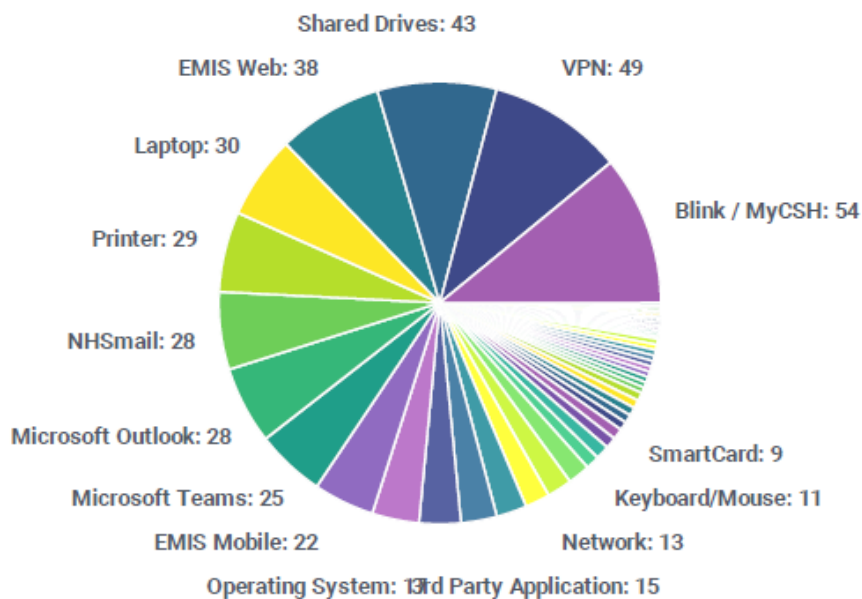
**2. Operational Performance**

**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.

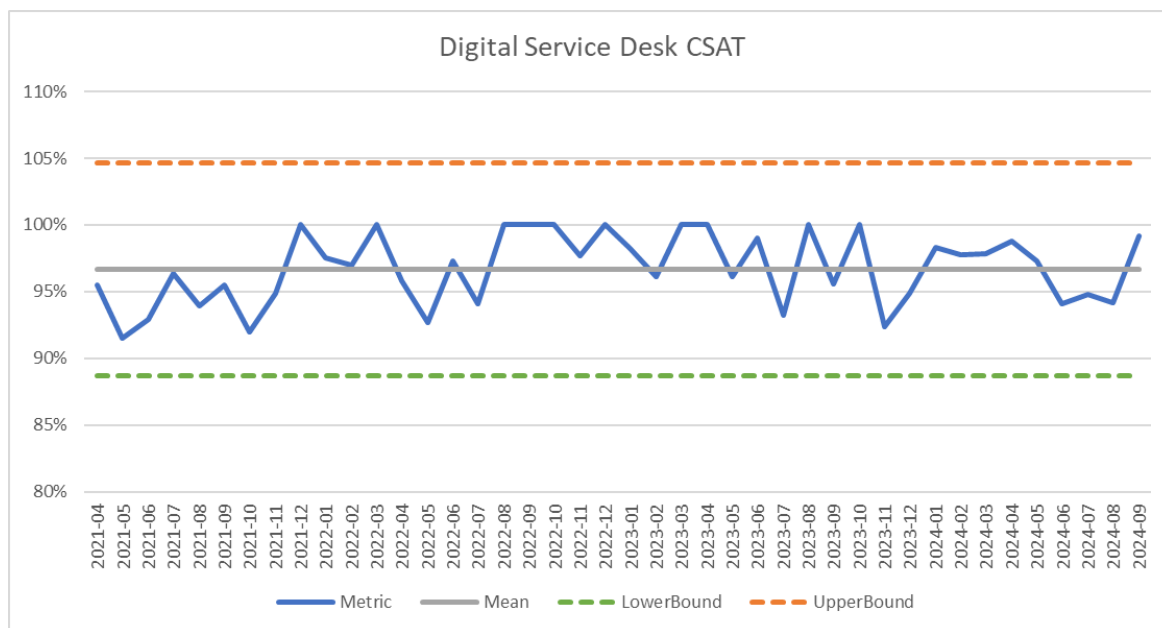


**2b. Service desk incidents by digital service**



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 EMIS Insights (the new reporting functionality from EMIS), has been implemented successfully by the BI (business intelligence) Team and we are one of the first community organisations to have gone live. The main benefit to the organisation will be the reliability of the system to download data daily to our environment and update our BI Portal reports. This new capability allows us to report work added to EMIS prior to 5pm the previous day which is a major improvement on the 48 hours that we have been used to.
- 3.2 The team have been supporting the Community Rehab Team (CRT) with an approved NHS England demand and capacity tool and the results have now been signed off by the team. We hope to move this into other services as the standard practice tool to use.
- 3.3 The BI team are pleased that feedback for the Friends and Family Test has increased due to our text messaging service. They have created the code to extract data for sending to our SMS provider Soprano and we will be adding other services in the coming weeks.
- 3.4 The BI team are currently working on Faster Data Flows as described in my last board report. This work has been mandated by NHSE and is in addition to the monthly returns that are sent via Community Services Data Sets (CSDS).
- 3.5 The Clinical Systems team are working with community nursing and the Urgent Community Response (UCR) team to streamline EMIS processes. Work is also in progress with children's services to help cleanse data and caseloads for a smooth transfer to the new provider.
- 3.6 In November 2024, we will be switching to the new EMIS mobile app called Mobile X. This is mandatory for all EMIS mobile users as EMIS are looking to move to a single platform for all mobile devices. The new app has improved synchronising capabilities which is one of the areas our clinical colleagues have issues with.

- 3.7 The clinical systems team will support the roll-out of the app with the community nurses, ensuring it is staggered as the existing app will continue to run during the initial roll-out period.

## 4. Digital Delivery

### *Microsoft SharePoint migration*

- 4.1 Due to challenges with the user experience migration, there are continued delays on the migration whilst Virtuoso test alternative options.

### *Integrated Neighbourhood Teams*

- 4.2 One EMIS: As part of the Integrated Neighbourhoods Business Unit, funding has been approved by NWS Alliance to support the migration of data from the Bedser Hub into our core 139601 EMIS clinical database. This is currently on hold as we await the redesign of the Hubs integration into neighbourhoods and approval on the open patient list rule set.
- 4.3 Social Prescribing: Social prescribers work closely with GPs, who will be given an EMIS Web platform to work on which will be supported by us. This is currently on hold due to an options' appraisal pending review by NWS Alliance.

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

- 4.4 Following an options' appraisal review focused on a clinical risk review, clinical leads had opted to 'wait it out' for Cerner availability while waiting for confirmation from Ashford & St Peters Hospitals NHS FT (ASPH) chief digital information officer (CDIO) to confirm the timeline of expected delivery. Given the lack of progress, the CSH Executives have since agreed the best option would be to implement EMIS into the bedded unit at Woking Community Hospital. This would help meet the NHS goal of implementing a digital solution within national timelines.

### *Accurx*

- 4.5 The project is in the startup phase following approval to proceed by the Strategic Delivery Group.

## 5. Information Governance (IG)

- 5.1 At the end of Quarter 2, a total of 74 IG incidents have been reported. Two of these met the threshold for reporting to the Information Commissioner, who confirmed that they were satisfied with the actions undertaken by CSH and would take no further actions.
- 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 (to the end of Quarter 2) are set out below – to date all completed requests have been fulfilled within the statutory timeframe.

## SARs by Outcome and Initial Request Date

	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Total
Responded - records sent	25	17	19	18	22	16	117
Responded - not data controller	26	2	0	4	15	6	53
Abandoned by requestor	7	0	1	4	3	4	19
Responded - no records found	11	11	7	6	4	3	42
Responded - exempted	1	1	1	2	2	0	7
Currently open - in time	0	0	0	1	0	7	8
<b>Total</b>	<b>70</b>	<b>31</b>	<b>28</b>	<b>35</b>	<b>46</b>	<b>36</b>	<b>246</b>

- 5.3 The data security & 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 (broken down by both Teams and Staffing Groups) shows a slight decrease as there has been some services turnover moves, but as always, the Learning & Development team are continuously encouraging colleagues, including new starters, to complete their statutory and mandatory training as a way of mitigating this to reach 100% compliance.

## 6. People

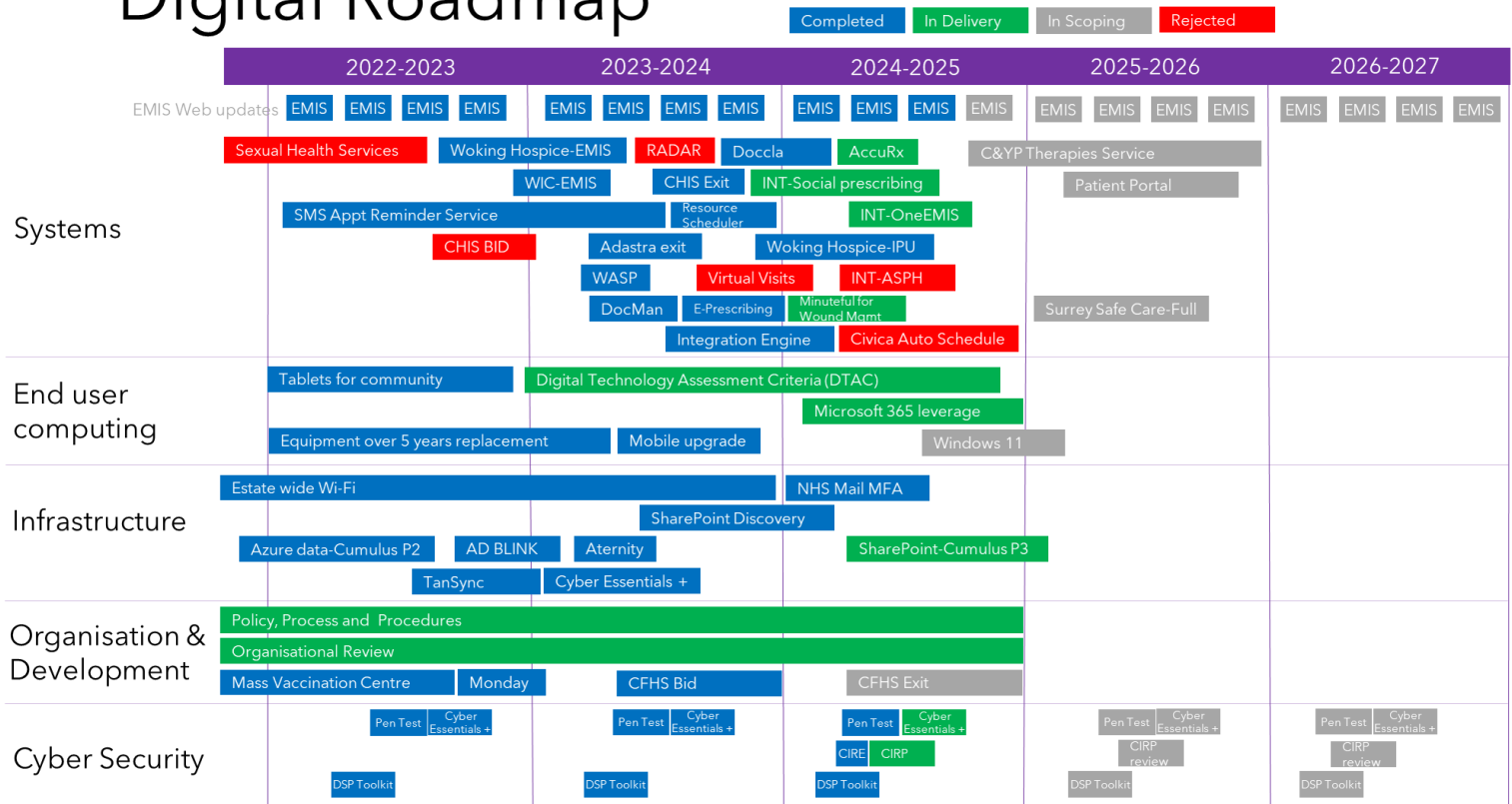
- 6.1 ‘Meet with Keith’ meetings where different members of the Digital team meet with Keith over coffee continue. This is an opportunity for Keith to catch up with members of the team and vice versa in small groups.
- 6.2 The news of the children's contract being awarded to HCRG Care Group has been a major disappointment to the team. As enabling services, we do not deliver work per contract but cover all contracts therefore it is not clear cut who will TUPE to the new provider. Naturally, this will cause anxiety for some of the team.
- 6.3 Our next digital team meeting is scheduled for 11 December 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



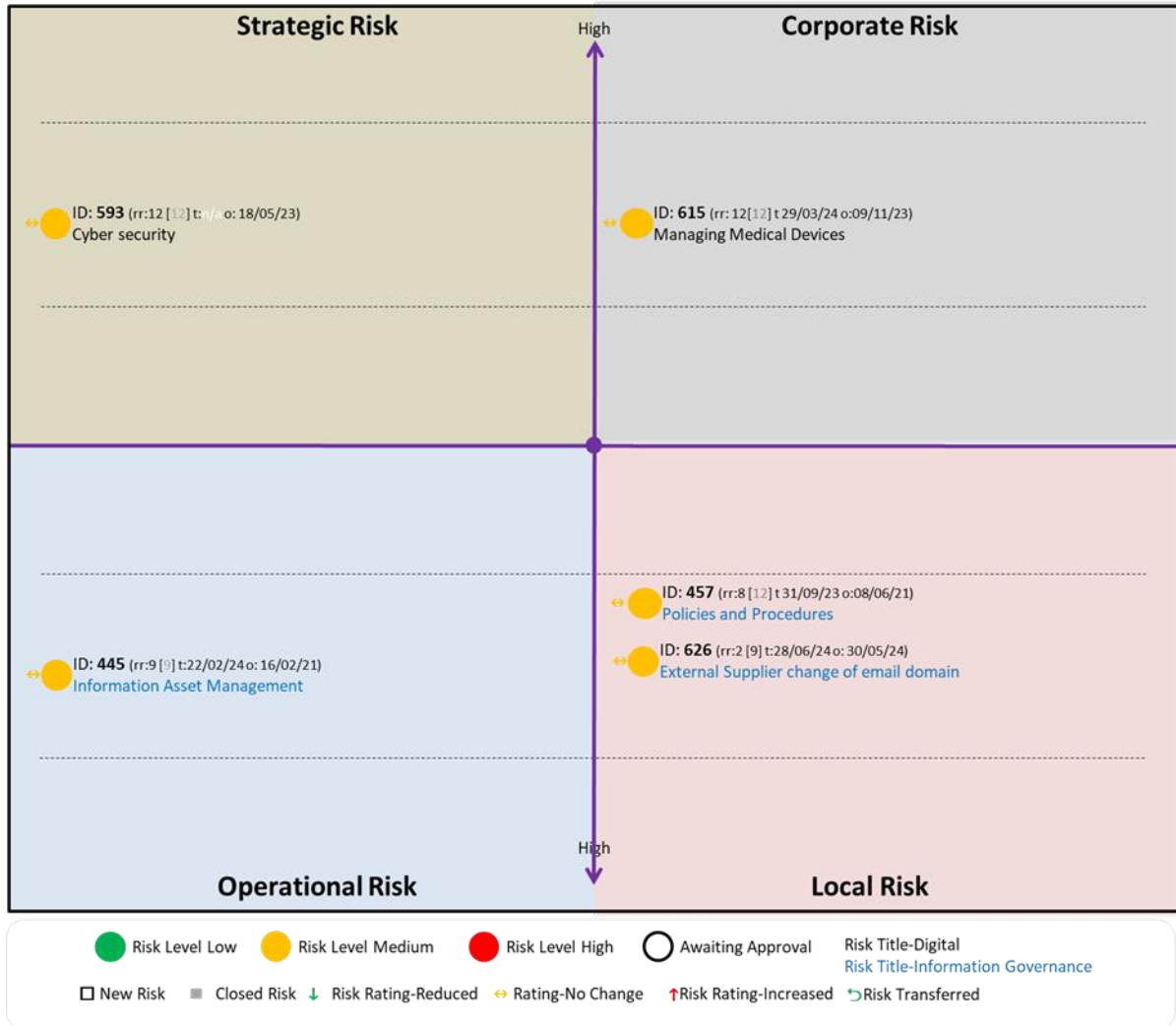


**8. Risks**

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 five risks on the Digital risk register – two IT and three IG (in blue)

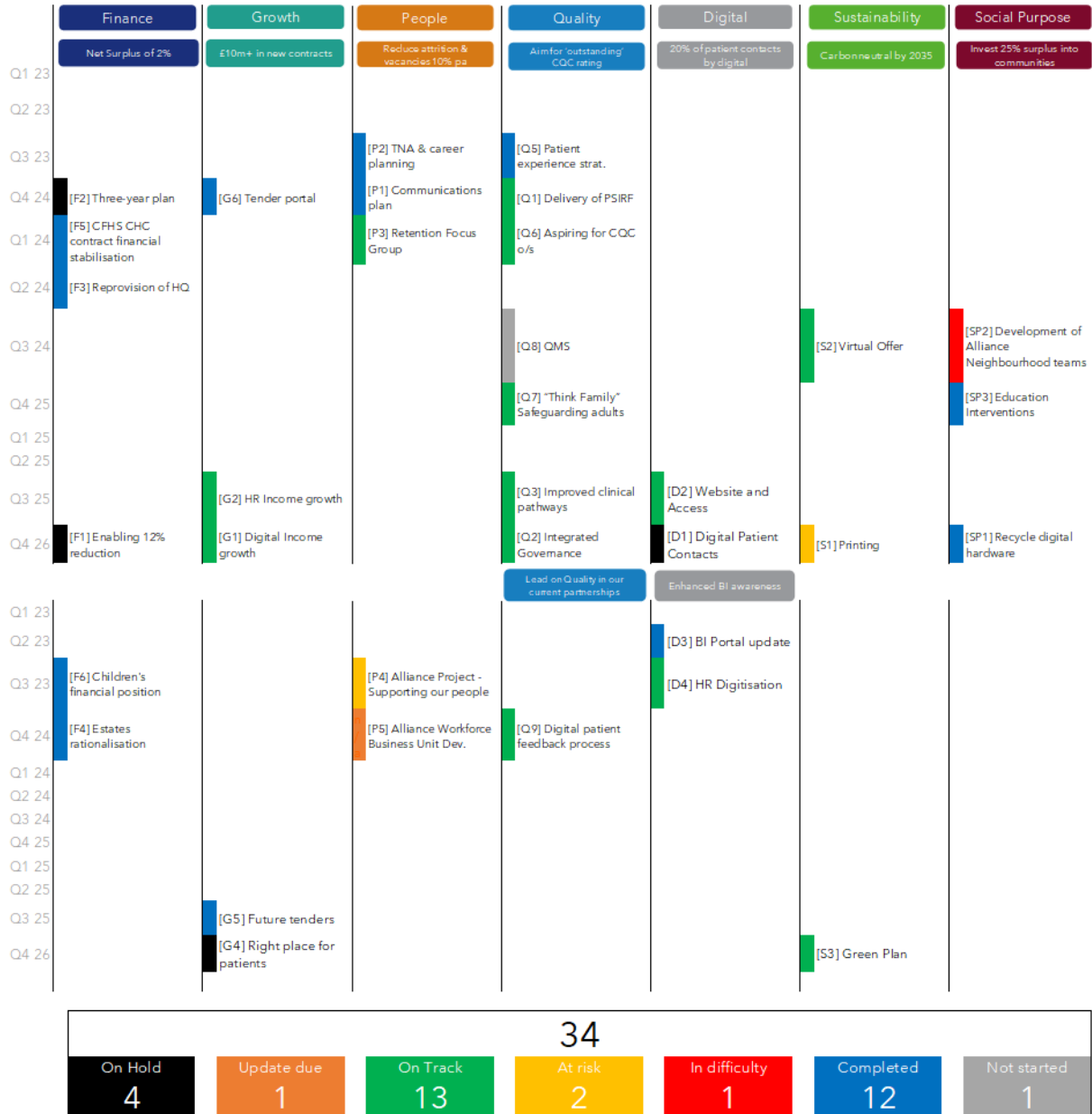
**Digital DATIX Risk Register**



## 9. Strategic Delivery Plan (SDP)

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### Strategic Delivery Plan 2023-2026 October 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 bi-monthly, 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 mid-October 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 10<sup>th</sup> December 2024

- 9.4 We continue to track a total of 34 planned strategic projects/initiatives, of which 12 have now been completed. Of the remainder: 1 has not yet started, 4 are on-hold, 2 are at risk, 1 is currently in difficulty and 13 remain on track for planned delivery. One item is awaiting a progress update and still requiring clarity of ownership.

## 10. Recommendations

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

End of report

# Strategic Development Plan (SDP)

SDP Progress Update for CSH Board

Keith Woollard, Director Digital Services

12 November 2024

# Introduction



The Strategic Development Plan (SDP) details the corporate objectives agreed for each of the CSH strategic ambitions covering the period April 2023 to March 2026.

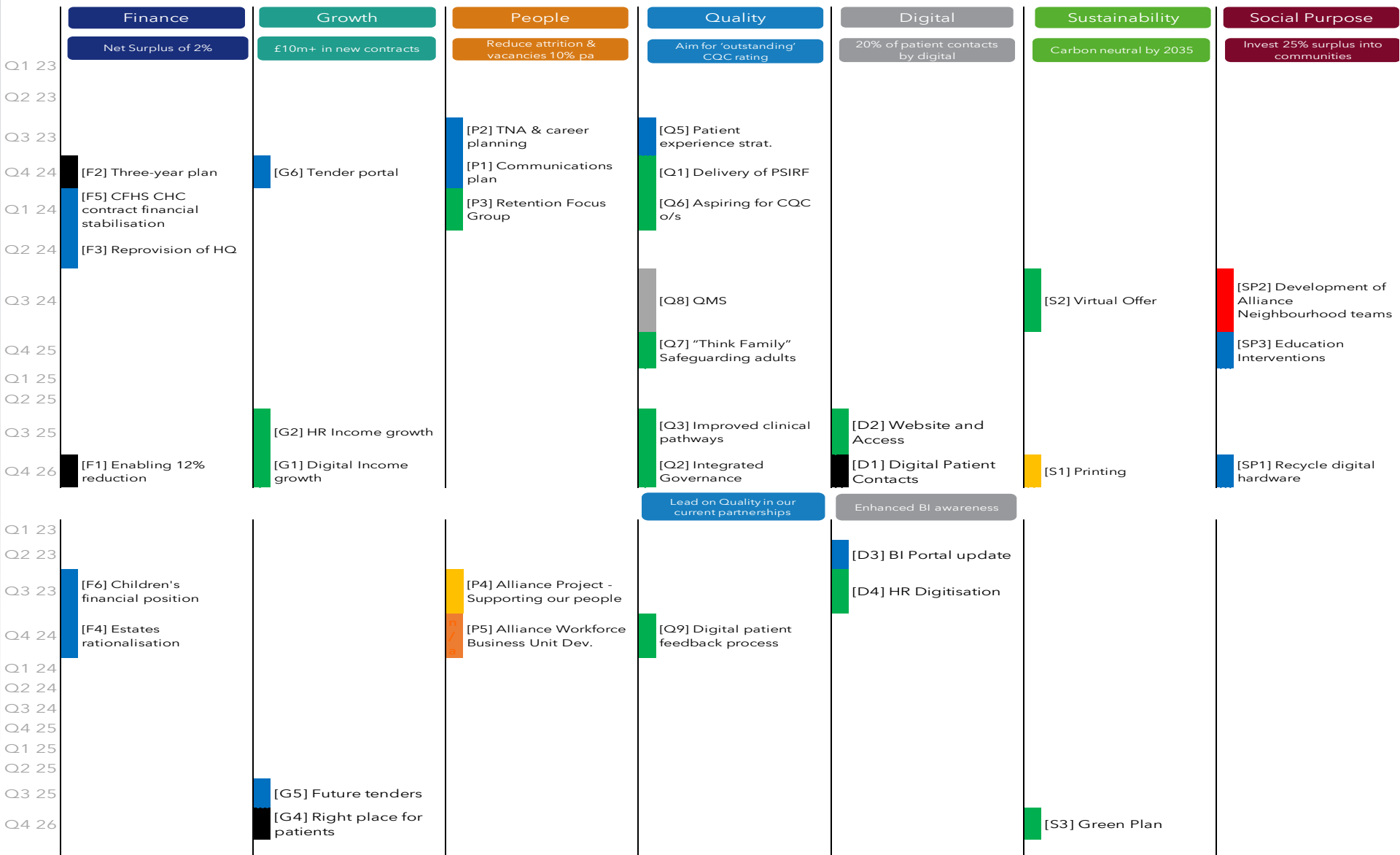
A tracking tool and reporting process have been developed to enable straightforward submission and collation of progress updates from objective owners.

Bi-monthly deadline reminders for submission of updates have been published to objective-owners.

A summary progress update is included in the Digital Services Monthly Report and Board Report.

# Strategic Delivery Plan 2023-2026

October 2024



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# Domain 1: Finance



Project or Initiative	Domain	Previous Status	Current Status
[F1] Enabling 12% reduction	Finance	On Hold	On Hold
[F2] Three-year plan	Finance	On Hold	On Hold
[F3] Reprovision of HQ	Finance	On Track	Completed
[F4] Estates rationalisation	Finance	On Track	Completed
[F5] CFHS CHC contract financial stabilisation	Finance	Completed	Completed
[F6] Children's financial position	Finance	Completed	Completed

# Domain 2: Growth



Project or Initiative	Domain	Previous Status	Current Status
[G1] Digital Income growth	Growth	On Track	On Track
[G2] HR Income growth	Growth	At Risk	On Track
[G4] Right place for patients	Growth	Not Started	On Hold
[G5] Future tenders	Growth	On Track	Completed
[G6] Tender portal	Growth	On Track	Completed



# Domain 3: People



Project or Initiative	Domain	Previous Status	Current Status
[P1] Communications plan	People	Completed	Completed
[P2] TNA & career planning	People	Completed	Completed
[P3] Retention Focus Group	People	On Track	On Track
[P4] Alliance Project - Supporting our people	People	On Track	At risk
[P5] Alliance Workforce Business Unit Dev.	People	Update Due	Update Due

# Domain 4: Quality



Project or Initiative	Domain	Previous Status	Current Status
[Q1] Delivery of PSIRF	Quality	On Track	On Track
[Q2] Integrated Governance	Quality	On Track	On Track
[Q3] Improved clinical pathways	Quality	On Track	On Track
[Q5] Patient experience strategy	Quality	Completed	Completed
[Q6] Aspiring for CQC o/s	Quality	On Track	On Track
[Q7] "Think Family" Safeguarding adults	Quality	On Track	On Track
[Q8] QMS	Quality	Not Started	Not Started
[Q9] Digital patient feedback process	Quality	On Track	On Track

# Domain 5: Digital



Project or Initiative	Domain	Previous Status	Current Status
[D1] Digital Patient Contacts	Digital	At Risk	On Hold
[D2] Website and Access	Digital	On Track	On Track
[D3] BI Portal update	Digital	On Track	Completed
[D4] HR Digitisation	Digital	On Track	On Track

# Domain 6 : Sustainability



Project or Initiative	Domain	Previous Status	Current Status
[S1] Printing	Sustainability	At Risk	At risk
[S2] Virtual Offer	Sustainability	On Track	On Track
[S3] Green Plan	Sustainability	On Track	On Track

# Domain 7: Social Purpose



Project or Initiative	Domain	Previous Status	Current Status
[SP1] Recycle digital hardware	Social Purpose	Completed	Completed
[SP2] Development of Alliance Neighbourhood teams	Social Purpose	At Risk	In difficulty
[SP3] Education Interventions	Social Purpose	On Track	Completed

# Questions?



## Central Surrey Health Limited

<b>Title of paper:</b>	Confirmation Statement – submission to Companies House
<b>Meeting:</b>	Board of directors' meeting in public
<b>Meeting date:</b>	12 November 2024
<b>Agenda Item:</b>	Item 9
<b>Purpose of paper:</b>	For approval

<b>Has this paper been discussed at other meetings or committees?</b>	
Executive team meeting – 4 November 2024	
<b>Board assurance framework</b>	

<b>Author – Role:</b>	Andrea Goldsmith
<b>Director:</b>	Company Secretary
<b>Date prepared:</b>	29 October 2024

<b>Executive Summary – Items to highlight:</b>
<p>The Economic Crime and Corporate Transparency Act 2023 (ECCTA 2023) gives additional powers to Companies House regarding the Register of Companies - <a href="#">Changes to UK company law - Changes to UK company law</a>. The changes were first advised to the Board in a briefing paper to the March 2024 meeting.</p> <p>One of these changes relates to the annual Confirmation Statement (CS01), which for CSH should be submitted to Companies House by 14 December 2024.</p> <p>The Board is asked to <b>approve</b> the filing of the CS01, with the necessary declaration confirming that <i>the intended future activities of the company are lawful</i>.</p>

## 1. Purpose of report

- 1.1 CSH Surrey is registered at Companies House, and is therefore required to file a number of reports and documents annually under company law as well as those required for NHS England, Care Quality Commission and other regulators and commissioners. One of these is the annual confirmation statement (CS01), which for CSH should be filed before 14 December 2024.

## 2. The Economic Crime & Corporate Transparency Act 2023 (ECCTA 2023)

- 2.1 This new Act gives Companies House additional powers to combat fraud and to support growth. The first set of changes came into effect from 4 March 2024. More details are available through the Companies House website - [Changes to UK company law - Changes to UK company law.](#)
- 2.2 New criminal and financial penalties have been introduced for failing to comply with the new Act (appended to this report).
- 2.3 The changes include, but not limited to:
  - 2.3.1 Ability to query company information, such as company names, registered offices and email addresses, other statements made, and verify the identity of people associated with the company.
  - 2.3.2 Company directors and persons with significant control will be required to verify their identities with Companies House directly or through an authorised corporate service provider. Where an individual holds more than one directorship, only one verification will be required and will be valid for all their directorships. There is no timeline for this yet, although latest indication is that this will start in Autumn 2025 with a set time for validation current directors, and the Board will be advised when more information is available. This will also impact the CSH Trustee directors, but not the CSH Guardian Shareholders.
  - 2.3.3 Changes to accounts being filed by software-only over the next two to three years.
  - 2.3.4 Changes to the annual confirmation statements (CS01) will include a statement that the company's activities are lawful. Before March 2024, this was a simple confirmation of the company's details, such as directors and shareholders, and filed every year with no other specific declarations required. The CS01 for CSH is due by 14 December 2024 and will be filed once approval is received from the CSH Board.
  - 2.3.5 Individuals can have their personal information protected from historical documents – directors may want to look at any historical entries to protect from potential identity fraud as more personal information used to be included on Companies House entries.
  - 2.3.6 Improving transparency of company owners – including additional shareholder information, persons of significant control, and restrictions on corporate directors

## 3. Confirmation Statement (CS01)

- 3.1 The new CS01 form is appended to this report. Directors should also refer to CSH's details at Companies House – [Central Surrey Health Limited - Companies House records](#) – and the information below:



Overview	Filing history	People	More
Registered office address <b>Dukes Court Duke Street, 4th Floor, Woking, England, GU21 5BH</b>			
Company status <b>Active</b>			
Company type <b>Private limited Company</b>		Incorporated on <b>7 February 2006</b>	
<b>Accounts</b>		<b>Confirmation statement</b>	
Next accounts made up to <b>31 March 2024</b> due by <b>31 December 2024</b>		Next statement date <b>30 November 2024</b> due by <b>14 December 2024</b>	
Last accounts made up to <b>31 March 2023</b>		Last statement dated <b>30 November 2023</b>	
<b>Nature of business (SIC)</b>			
86101 - Hospital activities 86210 - General medical practice activities 86900 - Other human health activities			

3.2 For the new CS01, the following information should be considered:

- 3.2.1 The nature of CSH's business (standard industrial classification codes) – no changes required
- 3.2.2 Statement of Capital as listed in the Articles of Association – £1 into four shares held by the four Guardian Shareholders (no change since November 2011) – no changes required
- 3.2.3 Person with Significant Control as owning 75% or more of the company's shares and voting rights, and the ability to appoint and remove directors – no changes required.
- 3.2.4 The directors are listed as Fran Davies, Andy Field, Steve Flanagan, John Machin and Rasheed Meeran – no changes required.
- 3.2.5 The sole shareholder has not changed over the last 12months – not applicable
- 3.2.6 Registered email address will be - [csn.cosec@nhs.net](mailto:csn.cosec@nhs.net) – to be added
- 3.2.7 Company details have not changed over the last 12 months – Duke's Court, Woking, GU21 5BH – no changes required
- 3.2.8 Confirmation date is the date that the CS01 form is submitted – last submitted 30 November 2023 and due by 14 December 2024
- 3.2.9 Lawful purpose statement is a **new** requirement in which the directors **confirm that the intended future activities of the company are lawful.**
- 3.2.10 The person submitting the CS01 completes Section 4 onwards – this will be completed when the Board confirms the filing of the confirmation statement.

#### 4. Recommendations

- 4.1 The Board is asked to **approve** the submission of the annual confirmation statement (blank CS01 attached) to Companies House by 14 December 2024, including the declaration that *the company confirms that the intended future activities of the company are lawful.*

End of report



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## Confirmation statement

### What this form is for

You may use this form to confirm that the company has filed up to date.  
You must file a confirmation statement at least once every year.

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## FileOnline

Use the **online service** to update your information as quickly as possible.

Or visit:

[gov.uk/file-your-confirmation-statement-with-companies-house](https://gov.uk/file-your-confirmation-statement-with-companies-house)

It takes longer to process  
paper forms sent to us  
by post.



A £40 fee may be payable with  
this form.



# CS01

## Confirmation statement



Companies House



**Go online to file this information**  
gov.uk/companieshouse

**A fee may be payable with this form**  
Please see 'How to pay' on the last page.

✓ **What this form is for**  
You may use this form to confirm that the company has filed up to date. You must file a confirmation statement at least once every year.

✗ **What this form is NOT for**  
You cannot use this form to tell us of changes to the company officers, people with significant control (PSC), registered office address, or single alternative inspection address (SAIL) information.

For further information, please refer to our guidance at: gov.uk/companieshouse



### Before you start

You can check your company details for free on our online service:

[find-and-update.company-information.service.gov.uk](https://find-and-update.company-information.service.gov.uk)

### Change to your company information

If you need to make any changes to:

- **Part 1** Principal business activities or standard industrial classification (SIC)
- **Part 2** Statement of capital
- **Part 3** Trading status of shares and exemption from keeping a register of people with significant control (PSC)
- **Part 4** Shareholder information  
Use the additional parts of this form to do this.
- **Part 5** Registered email address.

Complete this part if the company was incorporated on registration of an application which was delivered to the registrar before 4 March 2024 and this is the first confirmation statement with a confirmation date after 4 March 2024 Do not use this part to update an email address you've already registered. Use the EM01.

### Other changes

If you need to make any changes to:

- registered office address
- single alternative inspection address (SAIL) and company records
- officer appointments
- information about people with significant control
- registered email address

You must do this separately before or at the same time as this confirmation statement.

## 1 Company details

Company number

Company name in full

→ **Filling in this form**  
Please complete in typescript or in bold black capitals.

## 2 Confirmation date

Please give the confirmation statement date. You must deliver this form within 14 days of this date. Please check your company records for the date of your confirmation period.

Confirmation date ①

① **Check when your confirmation statement is due**  
To check your confirmation statement date: [find-and-update.company-information.service.gov.uk/](https://find-and-update.company-information.service.gov.uk/)

You can make a statement at any time during the confirmation period. This will change your next confirmation date.

## 3 Lawful purpose statement

Please tick the box to confirm.  
The company confirms that the intended future activities of the company are lawful.

# CS01

## Confirmation statement

4

### Confirmation statement ①

I confirm that all information required to be delivered by the company pursuant to section 853A(1)(a) of the Companies Act 2006 in relation to the confirmation period ending on the confirmation date above either has been delivered or is being delivered with this statement.

Name ①

**Enter your printed name.** You do not need to include a signature.

This form may be authenticated by:  
Director②, Secretary, Person authorised③, Charity commission receiver and manager, CIC manager, Judicial factor.

**① Authentication**

This will appear on the public record.

**② United Kingdom Societas (UKS)**

If the form is being filed on behalf of a UKS please delete 'director' and insert details of which organ of the UKS the person authenticating has membership

**③ Person authorised**

Under either section 270 or 274 of the Companies Act 2006.

# CS01

## Confirmation statement

### **Presenter information**

You do not have to give any contact information, but if you do it will help Companies House if there is a query on the form. The contact information you give will be visible to searchers of the public record.

Contact name

Company name

Address

Post town

County/Region

Postcode

Country

DX

Telephone

### **Checklist**

**We may return forms completed incorrectly or with information missing.**

**Please make sure you have remembered the following:**

- The company name and number match the information held on the public Register.
- You have checked the company information that we hold.
- You have ticked the statement of lawful purpose.
- You have shown any relevant changes made to your information on the additional parts to this form or filed the appropriate form before or at the same time as this confirmation statement.
- You have completed and enclosed Part 5 (registered email address) if necessary.
- You have authenticated the form.
- You have enclosed the correct fee if appropriate.

### **How to pay**

**You must include a £40 fee with the first confirmation statement you file each year. Further Confirmation Statements made in the same year don't require a fee.**

Make cheques or postal orders payable to 'Companies House.'

### **Important information**

**All information on this form, apart from any registered email address given in Part 5, will appear on the public record.**

### **How to send your form**

You can upload certain forms to Companies House instead of sending them by post.

If you need to post your form, you must send it to the correct address.

For more information on where to send the form visit:  
**[gov.uk/companies-house/offices](https://gov.uk/companies-house/offices)**

### **Further information**

For further information, please see the guidance notes on the website at [gov.uk/companieshouse](https://gov.uk/companieshouse) or email [enquiries@companieshouse.gov.uk](mailto:enquiries@companieshouse.gov.uk)

This form is available in an alternative format. Please visit the forms page on our website:  
**[gov.uk/companieshouse](https://gov.uk/companieshouse)**

## Fact sheet: civil sanctions and offences relating to reform of Companies House and limited partnerships

### **1. What is the government doing and why?**

Through the Economic Crime and Corporate Transparency Act (“the Act”) the government is reforming the role and powers of Companies House and better equipping Companies House to tackle money laundering and other economic crime.

As part of these reforms, the government is improving the associated sanctions by amending existing criminal offences, creating new criminal offences, and taking a power to create a new civil penalties regime.

### **2. How is the government going to do this?**

The Act provides the Secretary of State with a power to introduce a financial penalty regime via secondary legislation which will enable the Registrar to impose a financial penalty directly, as an alternative to pursuing criminal prosecution through the courts. In certain circumstances this will be a more appropriate use of resources. This financial penalty regime will sit alongside criminal sanctions; it is envisaged that the criminal route will be more likely to be used only in more egregious cases.

The government is also amending or creating offences in relation to:

- the Registrar of Companies’ new powers
- new requirements for Authorised Corporate Service Providers
- identity verification
- company names
- limited partnerships
- false statement offences
- the protection of personal information
- the transparency of ownership
- the Register of Overseas Entities

### **3. How will the new financial penalties regime work?**

Regulations made using the Secretary of State’s new power will provide that a financial penalty may be imposed where the Registrar determines beyond reasonable doubt that a person has engaged in conduct that would amount to a relevant offence under the Companies Act 2006. This financial penalty regime will sit alongside possible criminal sanctions, so that in all cases the Registrar will have the discretion to choose to pursue a financial penalty or pass to law enforcement to consider criminal sanction.

### **4. What offences will be in scope of the financial penalties regime?**

The offences that will be in scope are any offences contained within the Companies Act 2006 other than in Parts 12 (company secretaries), 13 (resolutions and meetings) and 16 (audit).

The new financial penalties regime will not allow for criminal prosecution for an offence which is pursued through a civil route. The registrar would need to make an active decision on whether to pursue a civil sanction or pass to law enforcement to consider criminal prosecution.

#### **5. What civil sanctions will be imposed?**

A civil sanction will involve the Registrar issuing a financial penalty.

The government is also strengthening the link between civil sanctions and director disqualification by amending the current provision in sections 3 and 5 of the Company Directors Disqualification Act 1986, and Articles 6 and 8 of the Company Directors Disqualification (Northern Ireland) Order 2002, to ensure that financial penalties can be used as grounds to disqualify a director.

#### **6. When will these measures come into effect?**

These measures will require consequential changes and secondary legislation and guidance, as well as system development. The government is working to implement the reforms as soon as possible.