Central Surrey Health Limited ("the Company")

Meeting of the Board of Directors – to be held in public

Date:	Tuesday, 21st January 2025
Venue:	Duke's Court, Woking, GU21 5BH / MS Teams
Time:	09:30-12:15

AGENDA

Time	Item	Agenda Item	Lead	Outcome	Paper / Verbal
09:30	1.	**Patient / Staff Story** – Digital / Emergency Preparedness	KW	Note	Verbal
10:00	2.	**Chair's welcome, opening remarks, and apologies for absence** Apologies – Dr Michael Wood	AF	Note	Verbal
10:05	3.	**Declarations of interest**	AF	Note	Verbal
10:10	4.	**Minutes of the last meeting – held on 12 November 2024**	AF	Approve	Att A
	a.	Matters arising from previous meetings / action tracker	AF		Att B
10:15	5.	**Chief Executive's report**	SF	Note	Att C
10:25	6.	**The Voice**	SG, PMW	Assurance	Verbal
10:35		**BREAK (15mins)**			
	7.	**Operational reports and strategic implications**		Assurance	
10:50	a.	Thematic Report – Quality, Nursing, Medical	SJP		Att D
11:00	b.	Children & Family Health Surrey (CFHS)	SP		Verbal
11:10	c.	NorthWest Surrey Alliance (NWSA)	CA, SJP		Verbal
11:20	d.	HR & People	CB		Att E
11:30	e.	Digital & Strategic Delivery Plan	KW		Att F
11:40	8.	**Any other business**	AF	Note	
11:45	9.	**Questions from the floor in relation to today's agenda**	AF	Note	

Time	Item	Agenda Item	Lead	Outcome	Paper / Verbal
12:05	**10.**	**Date, time and location of next meetings** - Tuesday, 4th March 2025 - Tuesday, 6th May 2025	AF	Note	
12:10		**CLOSE**			

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

In attendance	
Christine Armitage – Transformation Director	CA
Camilla Bellamy – Director of People	CB
Sharon Gosling – Voice Co-Chair	SG
Robert Hudson – Director of Finance	RH
Paula Matthew-Watts – Voice Co-Chair	PMW
Sandra Pycock – Dir of Children & Family Services	SP
Sarajane Poole – Dir of Quality & Chief Nurse	SJP
Dr Michael Wood – Medical Director	MW
Keith Woollard – Director of Digital Services	KW
Andrea Goldsmith – Company Secretary (minutes)	AG

Central Surrey Health Limited ("the Company")

Minutes of the Board of Directors' meeting in public

Date:	Tuesday, 12th November 2024
Time:	09:30
Venue:	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
Paula Matthew-Watts – Voice Co-Chair		PMW
Sandra Pycock – Dir of Children & Family Services		SP
Sarajane Poole – Dir of Quality & Chief Nurse		SJP
Keith Woollard – Director of Digital Services		KW
Caroline Duke – Clinical Team Lead for Immunisations (West Surrey)		CD
Judy Farmer – Clinical Team Lead for Immunisations (East Surrey)		JF
22 CSH colleagues		
Andrea Goldsmith – Company Secretary [minutes]		AG

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

Minute	Discussion	Action
1.	**Patient / Staff Story – Immunisation Service (Children & Family Health Surrey (CFHS))**	
1.1	SP introduced CD and JF to the meeting, and they gave an overview of the service commissioned by NHS England (NHSE). The service covers 0-19 year-olds attending school in Surrey, resident in Surrey or registered with a Surrey GP. Vaccinations were usually done in schools, but other locations were also used, as well as catch-up sessions.	
1.2	The World Health Organisation have stated that, after clean water, vaccines are the most effective public health intervention. They protect specific groups as well as the wider population, prevent infections and transmission, reduce the use of antibiotics and anti-microbials, and reduce health inequalities.	
1.3	Vaccine hesitancy is one of the barriers to take-up, which has led to the number of deaths from measles increasing by 30% after being effectively eliminated in both the UK and US. For measles-mumps-rubella (MMR), the 95% threshold for herd immunity was no longer being achieved. This hesitancy has unfortunately been amplified through social media and by high-profile figures.	
1.4	To counter this, the team work with education and health staff, parents and children and present evidence of the effectiveness of vaccines. The team were	

	also mindful of neurodiversity, and religious or dietary requirements. JF advised that of the 489 schools in Surrey, six were more difficult to engage with, and two had safety concerns for CFHS staff due to the children taught in these special schools. The team did write to parents about the vaccinations, and send out reminders, which had been well received.
1.5	JM asked how the team worked with traveller, immigrant and refugee communities, as well as home schooled children and boarders. CD added that these groups can be difficult to engage with, especially if the children were not in school. There have been occasions when the team had been asked to vaccinate children with asthma against flu in the traveller community. The team have access to Surrey County Council's list of home-schooled students, as well as being advised when new schools open. Sessions were held at local private schools, however there could be issues with the international students depending on how long the child will be in the UK, their home country's vaccination programme, and if they have their vaccinations outside the NHS.
1.6	For the flu nasal spray vaccine, the pilot in primary schools had been very successful in reducing GP appointments, A&E attendances, and hospital admissions for the children and their families. This will now be rolled out to all children up to Year 11. For those children who cannot receive the nasal spray, an alternative was available, with two stories shared about this.
1.7	The evidence for the effectiveness of the human papillomavirus (HPV) vaccine had come from Australia, and this vaccine was now offered in the UK to all girls under 25 and all boys born after 1 September 2006. In Scotland, a study showed that no cervical cancer had been detected in fully vaccinated women since the start of the vaccination programme in 2008.
1.8	The team had dealt with several outbreaks over the last couple of years, most notably the Covid pandemic, as well as hepatitis and pertussis. For a recent hepatitis outbreak, the team had been mobilised within a week.
1.9	KW offered to help with any data sharing problems the teams had, and asked about the Cinnamon system used for consents. JF advised that while it was not a national system, more teams were starting to use it as it was quite easy for clinicians and parents. CSH had been an early adopter and so had been able to shape and improve the system.
1.10	SF congratulated the team on the work that they had done to gain the trust of local communities, which enabled the Covid mass vaccination to be so effective. SJP added that the team were able to pick up so much more about health and non-health needs during their vaccination sessions, which was very important.
1.11	AF thanked CD and JF for their presentation, and congratulated the team on the fantastic work that they did, which was echoed by those present. CD and JF added that if a non-executive or executive director wanted to come and shadow one of the teams, they would be happy to arrange this, which was welcomed.
2.	**Chair's welcome, opening remarks, and apologies for absence**

2.1	AF welcomed those present to the meeting, and advised that apologies had been received from Dr Michael Wood (MW).	
3.	**Declarations of Interest**	
3.1	There were no additional declarations of interest in relation to the agenda.	
4.	**Minutes of the previous meeting held on 10 September 2024**	
4.1	The minutes were **approved** subject to the updating of the date for the next meeting being changed to 12th November 2024.	
a.	**Matters arising from the minutes – action log**	
4.2	The Board **noted** the closed actions, and those to be taken under later items on the agenda or at future meetings.	
4.3	2024.09/8.23 – Possible donation of digital equipment – CLOSED: KW apologised that the equipment had not been donated as reported at the last meeting. With the transfer of CFHS, there was going to be a lot more surplus technology, and so a new approach was needed. KW suggested that this action be closed, and he would report on plans when developed, which was **agreed**.	
4.4	AF advised that he had heard from Surrey & Borders Partnership NHS FT (SABP) about their Charitable Funds Committee, which was responsible for CSH's charitable funds. They were happy to have a CSH representative at the Committee meetings, but wanted more clarity on the processes and oversight within CSH on applications. AG reminded the meeting that it had been agreed that the Finance, Digital & Innovation Committee (FDIC) would have oversight, and would add this to their next agenda, which was **agreed**: ACTION.	**AG, RH**
5.	**Chief Executive's report**	
5.1	SF presented the report, advising that the financial position was on plan, which was a very different situation to many local partners: more details would be discussed in the closed Board session later in the day. The backdated Agenda for Change uplift had been paid to colleagues in October 2024.	
5.2	Following the Surrey Heartlands Integrated Care Board (SH ICB) decision to award the new CFHS contract to HCRG from 1 April 2025, a significant amount of work started. Several workstreams across CFHS and HCRG had been set up to ensure the transfer was as safe as possible. This change will have an impact on enabling services, with restructure consultations starting the following week. Unfortunately, some colleagues did not think they would be impacted by the transfer, and so it had come as a shock to find out that they were.	
5.3	In the Adults service, Amy Johnson-Corser had moved to SH ICB to work on the musculoskeletal service. With Eileen Clark's retirement as Director of Adults, SJP and CA had taken the leadership of the service and were working with teams on the implementation of the new business units.	
5.4	SF reported on a visit to Walton Community Hospital with Karen McDowell, SH ICB CEO, who had been very impressed by the colleagues she had met. This	

	had also helped show the variety and importance of community services, as well the relationships with primary care.	
5.5	The new budget had included a rise in employers' National Insurance contribution, and that NHS organisations would be exempt. As a social enterprise, this will be mean an increase of over £500k per annum for CSH. Hugh Pymm, BBC health correspondent, contacted CSH to see whether this was a similar situation to the non-consolidated pay award, and did an article the following day. Local MPs had also been briefed with two raising questions in the House of Commons on the impact for social enterprises, charities and other businesses.	
5.6	RH advised that this risk had not been included in the Month 6 report to be considered in the next session but would be in future. JM added that this was also important for the external auditor's review of CSH's going concern.	
5.7	In response to a question from AF about the new community collaborative, SF advised that a shadow board was being discussed, which currently had 24 people on. It was unclear how all the different organisations providing community care would be involved and represented.	
6.	**Committee Chair's report**	
a.	**Quality & Safety Committee – six-monthly Chair's report**	
6.1	FD presented the report, noting that one of the key items over the reporting period had been the CFHS tender and the affordable budget, with assurance provided on any impact to colleagues and services. For the Adults' service, there had been a focus on waiting lists and monitoring any harm caused by delays. FD assured the Board that no harm had been identified.	
6.2	The Committee had received thematic reviews and presentations on the insulin service and pressure ulcers, amongst others. FD advised that she had attended a recent conference on AI in nursing, and spoke to the company who had developed the wound care app, Minuteful. They had said CSH was their best pilot site, and FD thanked all those involved, which was echoed by those present. There were also companies with scheduling tools and telemonitoring, as well as new technologies and approaches at the recent SH Expo.	
6.3	The new integrated performance report had been refined over the last few months, and had allowed the Committee to look at metrics from across CSH. One of these areas was the number of un-outcomed appointments, and the implications for accurate and safe care, such as clarity on waiting lists.	
6.4	JM asked about the Care Quality Commission (CQC) registration, which SJP confirmed was discussed with HCRG the previous day to start the process of changing for CSH, First Community Health & Care (FCHC) and SABP.	
7.	**The Voice**	
7.1	SG reported that since the last Board meeting, the Voice had held a face-to-face away-day, which had gone very well, and they were looking to hold more in-person meetings. The new representatives for Adults services, Liz Seaman and	

	Katie Cuthbertson, had been able to attend. CB had given a presentation on the Freedom to Speak Up Champion role, which was very similar to the current Voice role in listening, supporting and sign-posting.	
7.2	The Voice-to-Board meeting had been held on 22 October 2024, and covered the key areas of the CFHS transfer, staff consultations, and the future of CSH with the transfer, as well as other opportunities and technologies. PMW added that it was very important for representatives to be visible to support colleagues at this difficult time, which was challenging as they were also impacted by the changes.	
7.3	SG advised that the Star Awards had been moved to the end of March 2025 so colleagues could be nominated and recognised before the CFHS transfer.	
	BREAK: 10:44-11:00	
8.	**Operational reports and strategic implications**	
a.	**Integrated Report – Quality, Nursing, Medical**	
8.1	SJP presented the report, noting the implementation of the SMS messaging had increased the number of responses to the Friends & Family Test (FFT). There were still other ways to complete an FTT, as well as electronically. The responses were positive, although the numbers were still small. There was further work to do in looking at barriers to asking and completing feedback. AF asked for a more detailed breakdown of feedback by areas, which SJP agreed to provide: **ACTION**.	**SJP**
8.2	AF noted that the number of complaints in the narrative did not match the number of complaints in the graph, which SJP agreed to follow-up: **ACTION**.	**SJP**
8.3	The Strategic Infection Prevention & Control (SIPC) Group had met to review the last quarter's data. There had been an iGAS outbreak in a local care home, with no further action taken by the UKHSA. The Group were also looking at sharps' injuries. Although these were small numbers, it was important to understand the causes and what could be done to avoid future injuries. CSH continued to have sufficient hand gel, despite the administration of the previous supplier, thanks to the CSH procurement team and system-wide work.	
8.4	The face-to-face Adults safeguarding Level 3 training was being phased by banding and role against the requirements of the Intercollegiate Document, with a target of 85% compliance. There had also been a lot of work regarding Section 42s and notification criteria to ensure these were investigated properly for learning: there were currently too many being escalated for meaningful review.	
8.5	For CFHS safeguarding, CSH was moving to the national e-training due to concerns about the Surrey-specific commissioned training. Again, the training would be mapped to CSH roles and the Intercollegiate Document. The compliance was low as colleagues were waiting for this new training which would meet the national requirements while retaining Surrey-specific elements.	
8.6	RM asked for more information on the increase in pressure ulcers being reported. SJP replied that a specific quality improvement group had been set up to look at this which would report to QSC, but this was across all CSH services,	

		not just the ward. The majority of pressure ulcers for ward patients were present when the patient was admitted. SJP added that there was an ICB group that partners could bring learning and problems to discuss and solve together, and to ensure QI projects continued.	
b.		**Children & Family Health Surrey (CFHS)**	
8.7		SP advised that workstreams across clinical and non-clinical areas had been set up with HCRG, with a dedicated project manager overseeing the transfer from a CSH point of view. The CSH frequently asked questions (FAQs) page on Blink had had over 300 hits, and HCRG also has a FAQs site. HCRG were looking to set up their first engagement events in December 2024 for those colleagues transferring. KW noted that the formal consultations with the enabling teams would not have finished at that time. CB replied that this will likely be a high-level session, and that communications with colleagues and HCRG had been very clear on the timescales for when the enabling TUPE list would be finalised.	
8.8		SP stated that there were some CFHS services where questions had been raised during the tender as to whether they were included or not, such as audiology and orthotics. These sub-contracts were yet to be finalised with commissioners as to what was happening with the service, children and equipment.	
8.9		SP paid tribute to the CFHS teams who were continuing to provide safe and quality services in such challenging times, which was echoed by those present. The sleep service had been asked to give a presentation to the National Institute of Health Visitors, although unfortunately this was likely to be after the transfer, and so it was vital that CSH publicised the good work that the teams had done.	
8.10		JM asked about the intellectual property developed during the CFHS contract, which SP advised was stated in the contract as belonging to the ICB. The name, CFHS Partnership, was not covered by this clause.	
8.11		The UNICEF Achieving Sustainability Gold assessment had not been successful, as it had not been possible to provide the level of detailed evidence requested. This decision may be reviewed if the documents can be sent through.	
c.		**NorthWest Surrey Alliance (NWSA)**	
8.12		AF asked that the narrative and format of the graph for the first appointments be reviewed for clarity, which SJP agreed to do: **ACTION**. The key message from the graph was that the number of patients with the longest waits was reducing. The messages about the adults service and its recovery plan will be discussed with the Communications Team to ensure clarity both internally and externally. SJP advised that reports in the closed Board session would discuss this in more detail following discussions with the teams involved.	**SJP**
8.13		They were also working with the NWSA Talent Hub, with a recent success being a specialist diabetic nurse which the team had been trying to recruit to for some time. CA added that more jobs needed to be added to the Talent Hub which should help its success and start a positive feedback loop. CB noted that it was also important to have a clear career pathway for people looking to join CSH.	

8.14	JM asked for more details on the do-not-attend / was-not-brought data. SJP advised that CSH had a low number of missed appointments, and was part of an ICB-wide group looking at the reasons behind this which were multi-factorial.	
d.	**HR & People**	
8.15	CB noted that several topics in the report have been discussed already under earlier items. The headcount had slightly increased from August to September 2024, with a small increase in vacancies. The performance and development reviews (PDRs) and vacancies in the adults teams were being monitored by SJP and CA. Sickness absences were starting to increase, which could be due to the winter illnesses starting. The training compliance was over 90% across all teams, which was congratulated by the Board.	
8.16	CA presented the outcome of the recent pulse check survey, with colleagues reporting positively about feeling safe at work, having regular conversations with their managers and benefiting from training. The results would be taken through the Recruitment & Retention Focus Group and Putting People First Committee.	
8.17	The national staff survey was at the mid-point of the reply period, with responses lower than at the same time last year. CB asked those present to remind their colleagues to complete the survey. Enabling teams were currently the highest responders, then CFHS and then Adults' teams. SF noted that this will be important information in the transfer to HCRG. AF asked if it was possible to have incentives to complete the response. CB replied that it may be too late this year, but could be looked at for future years.	
8.18	The flu vaccination clinics across CSH sites were going well, although there were people who would have liked to have both flu and covid at the same time, which CSH is not able to do. It was also likely that not everyone who had had a vaccination had told the HR team.	
8.19	RM asked about the pulse survey results for colleagues' mental health and access to Speak Up, and how this linked to the national survey. CB advised that occupational health was taken through the Health & Safety Committee, and once the results of the national survey were known, these replies could be compared.	
e.	**Digital & Strategic Delivery Plan (SDP)**	
8.20	KW advised that this was the first time digital information had been included in the integrated performance report, and asked for feedback on the areas reported. Accurx had recently gone live, and was going well. The migration to SharePoint had been delayed while solutions were found to issues with the user experience.	
8.21	The implementation of the new EMIS reporting functionality had gone well, and this meant that clinical and performance information was now available from 17:00 the previous day rather than after 48hours. The introduction of the new mobile EMIS app was planned for later this month, with the clinical systems team supporting clinical colleagues. KW confirmed that a decision had been taken by the Executives that EMIS would be implemented in Alexandra Ward by the end of the year, as there was still no timescale for the introduction of Cerner. This work would be covered by external funds.	

8.22	AF asked for a breakdown of the abandoned call rates, which KW agreed to provide, adding that this data was across every phone line at CSH: **ACTION**. JM noted that an issue had been recently highlighted in the Ashford WIC about the phones, which KW confirmed was being looked at.	**KW**
8.23	KW reported that of the 34 objectives on the SDP, 12 had been completed, 13 were on track, 8 were on hold and one at risk. The NWSA objectives would be taken out of the SDP and overseen in the recovery plan. The Digital Patients Contact project will be GREEN for the next report with the introduction of Accurx. The Printing objective was ON HOLD as this was now part of a wider approach to sustainability. SJP advised that the deferral of the Quality Management System due to other priorities had been taken through the Executives.	
9.	**CSH Governance – annual confirmation statement**	
9.1	AG advised that this built on a paper brought to the May 2024 Board on the Economic Crime & Corporate Transparency Act 2023. Since the first paper, the identity verification process for company directors was expected to start in Autumn 2025, with a year's grace period for current directors to comply.	
9.2	The Board **approved** the filing of the confirmation statement with the new registered email address, and **declared** that the future activities of the company were lawful.	
10.	**Any other business**	
10.1	There were no items of any other business.	
11.	**Questions from the floor in relation to today's agenda**	
11.1	Alastair Edwards, People Services, asked if the IT and digital equipment not taken by HCRG could be sold or donated, after it had been wiped of all CSH data. Jane Smith, Deputy Director of Children & Family Services, then asked if CSH colleagues would have an opportunity to buy the equipment first. KW replied that this would depend on the quality and value of equipment, but that he would look into this: **ACTION**.	**KW**
12.	**Date, time and location of the next meeting**	
12.1	The Board's next meeting is scheduled for (09:30 start at Duke's Court and via MS Teams for observers): - Tuesday, 21 January 2025 - Tuesday, 4 March 2025	

There being no other items of business, the Chair thanked everyone for their contribution and closed the meeting at 12:16.

Signed: …………………………………….........   Date: …………………………………......

Chair of the Board

CSH Board of Directors – action tracker (November 2024)

Min	Action Required	By whom	Update	Due Date	Status	Completion date
11 November 2024 – open session						
4.4	To advise on CSH charitable funds application process and oversight to the next FDIC agenda	AG, RH	Approved at FDIC	10 Dec 2024	CLOSED	10 Dec 2024
8.1	To give a more detailed breakdown of the FTT replies by service area	SJP		4 Mar 2025		
8.2	To check the number of complaints in the narrative and graphs of the integrated report	SJP		4 Mar 2025		
8.12	To review the format of the waiting list graphs in the integrated performance report for clarity	SJP		4 Mar 2025		
8.22	To provide a breakdown of the abandoned calls by area	KW		4 Mar 2025		
11.1	To investigate whether it would be possible to sell old equipment to colleagues, after it had been wiped of all CSH data	KW	Being looked into	4 Mar 2025		

Central Surrey Health Limited

Title of paper:	Chief Executive's report
Meeting:	Board of Directors' meeting in public
Meeting date:	Tuesday 21 January 2025.
Agenda Item:	Item 5
Purpose of paper:	For information

Has this paper been discussed at other meetings or committees?
Executive team meeting – 13 January 2025

Board assurance framework	-

Author – Role:	Steve Flanagan
Director:	Chief Executive
Date prepared:	13 January 2025

Executive Summary – Items to highlight:
To advise the Board of Directors' meeting in public on the key items within CSH: - Finances - People - North West Surrey Alliance - Children & Family Health Surrey - Surrey Heartlands Integrated Care Board The Board is asked to **note** this report for information.

1.   Purpose of report

1.1   To advise the Board of key items within CSH.

2.   Finances

2.1   Robert Hudson, our Finance Director, will update the Board in more detail in our closed session later.

2.2   CSH continues to perform well financially, but service delivery due to recruitment challenges is a risk. The results so far will help us as we look to reorganise our structures due to the right-sizing needed following the transfer of the Children's service to HCRG in April 2025

2.3   We are campaigning, along with other organisations across the country, to seek funding for the forthcoming increase in employers' national insurance contributions, announced in the last budget.

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 started.

3.2   The Board will be aware that we launched a consultation process across all our enabling services, which concluded on 18th December 2024, and the resulting updated recommendations were presented at the extraordinary Board meeting on 7th January 2025. These recommendations were discussed in detail and with some new information both coming to light and further challenge from the Board, there will be a further update as to the financial position in the closed session later in the day.

3.3   In addition, and ahead of plan, we launched a consultation across the leadership team within our Adult's service which concluded last week. This is now being finalised and will also likely lead to a further consultation process across the wider front-line teams.

3.4   The full TUPE transfer consultation for those affected by the move to HCRG started earlier this month. The headline TUPE list was shared with HCRG and although there was some challenge, it appears that in the main this has been accepted. The final detailed TUPE list will be shared with HCRG at the beginning of March 2025

3.5   This may well have a positive impact on our exit costs associated with the rightsizing of our enabling services and again, the details of these will be available in the closed session of the Board meeting.

3.6   On a positive, we have received the first cut of our staff survey results and although our response rate was down against our return from last year, the results are showing a very positive step forward in key areas, which is somewhat ironic, given the situation we have found ourselves in recently. The results are embargoed across the NHS at the moment, but more detail will be shared in the closed meeting, and with all colleagues as soon as possible.

4.   NorthWest Surrey Alliance (NWSA) – Adult's service

4.1   Eileen Clarke officially retired from CSH/NHS on 31st December 2024. Sarajane Poole and Christine Armitage continue to lead the team on our behalf.

4.2   As mentioned in the previous section, a consultation process was instigated across the leadership team during December 2024 and January 2025, with the recommendations being finalised before implementation. It is likely that a wider consultation process will be needed for our front-line teams.

4.3   Alongside our rightsizing work within CSH, the NWS Alliance has been looking at a potential longer-term solution for greater integration of the 'out of hospital' provision. We have been working jointly with an external consultancy (Baxendales) and early recommendations are being presented to the Alliance Board in January 2025.

4.4   The formation of a group across Ashford & St Peter's Hospitals NHS FT (ASPH) and the Royal Surrey County Hospital NHS FT (RSCH) has been announced with Louise Stead being appointed as the new joint Chief Executive.

5.   Children & Family Health Surrey (CFHS)

5.1   We are now planning the handover of this contract to HCRG with effect from 1 April 2025. As previously stated, a number of workstreams have been created to work with HCRG on this.

5.2   The project has been ably handled by Sandra Pycock and her team for the CSH part of the transfer with Mani Jangra working as the project manager in support.

5.3   Data transfer is key to the success of this overall project and although CSH has been on the front foot, data failures across the wider partnership are now putting the timescales for testing at risk. This has been raised with Surrey & Borders Partnership NHS FT (SABP) as the prime contractor.

6.   Surrey Heartlands Integrated Care System

6.1   CSH along with all delivery partners has been asked to contribute to a new specification for a 'Service Review' being carried out across Surrey Heartlands. The project will be tendered externally and is likely to run for three years.

7.   External

7.1   The NHS received an injection of £22bn in the recent budget, some of which is supposedly directed to the out of hospital space: we await more details.

8.   Recommendations

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

End of report

NHS

Central Surrey Health Limited

Title of paper:	Quality and Safety Committee Integrated Report – Thematic Review
Meeting:	CSH Board of Directors' meeting in public
Meeting date:	21st January 2025
Agenda Item:	Item 7a
Purpose of paper:	For assurance

Has this paper been discussed at other meetings or committees?	
Executive team meeting – 13 Jan 2025	
Board assurance framework	-

Author – Role:	Sarajane Poole - Director of Quality and Chief Nurse
Director:	Sarajane Poole - Director of Quality and Chief Nurse
Date prepared:	10 January 2025

Executive summary
The Quality and Safety committee in December 2024 considered a number of thematic reviews, which are covered in this report

The March 2025 paper for the Board will be the full integrated performance report with the data analysis.

This paper gives the highlights and assurance from the thematic review and is not a full integrated report.

The areas covered by exception are:
- The external Insulin Service review
- Patient Experience themes
- Children's services update

The Board is asked to **note** the thematic reviews for assurance. |

1.   Purpose of report

1.1   To provide an update to the Board on urgent items and exceptions, and the thematic reviews received at the Quality and Safety Committee in December 2024.

2.   Children and Family Health Surrey (CFHS) Update

2a.   Service transfer update

2.1.   Following the outcome of the service retender children's services are in the process of transferring to a new provider. A comprehensive demobilisation plan is in process within CSH Surrey, working in partnership with Surrey and Borders Partnership NHS FY and First Community Health and Care.

2.2.   Challenges identified in the progress of the service transfer include services currently provided that are not in the scope of the service that that is has been procured to be provided by HCRG, and staff nervousness in not knowing what the service offer will look like via the new employer.

2.3.   The Children's senior leadership team are ensuring that the Executive is sighted on all challenges and working in partnership with the Quality directorate to ensure that all servces not being provided within the new contract are highlighted to the ICB and all risks articulated.

2.4.   Work is underway to share risks with HCRG and to also define the risks that are CSH Surrey risks and those that are HCRG risks as part fo the transfer process.

3.   External Insulin Service Review

3.1.   An external review of the insulin delivery service was commissioned by the Chief Nurse in September 2024 following a deep-dive into incidents and Section 42 inquiries. Enable East was commissioned to undertake the work over a three-month period.

3.2.   The scope of the work was a full review of the service and to explore and make recommendations on the operating model for insulin administration i.e to remain as a standalone service or to be fully integrated within the community nursing service. The project was to develop recommendations that would ensure the safety of the service and lower the number of patient incidents.

3.3.   The service review captured views via semi-structured interviews, a survey, and face-to-face focus groups. A table-top exercise exploring previous deep dives, organisational policies and exploration of insulin incidents was included over the identified period.

3.4.   Seven recommendatiosn were made as part of the report:

-    Training. The Diabetes Specialist team currently unable to provide training and support due to the staffing levels being less than 40% within the service

-    Clear pathways to be developed into primary care and the Diabetic Specialist Nursing service.

-    Development required for the Band 7 leadership level, to include accountability, supervision responsibilities, tiem management and delegation skills.

-    Development of clearer arrangements for information sharing e.g team brief, patient safety learning events and robust handovers.

- Explore the SWOOP concept that was an integral part of the initial plan but never implemented.

- Patient scheduling to be reviewed and understood and developed.

3.5.   The final recommendation is that the service should be fully integrated into the community nursing service.

3.6.   Next steps were suggested as follows:

3.6.1.   For the report to be shared via a roadshow with all of the teams.

3.6.2.   A Quality Improvement initiative to be developed with underlying Driver Diagram to support the changes required.

3.6.3.   Rapid PDSA cycles to support change with all aspects monitored through the Adult Senior Leadership team and via the Quality and Safety Committee.

3.6.4.   Update due at the February 2025 Quality and Safety Committee.

4.   Patient Experience Strategy Update

4.1.   The report provided a progress report on the Patient and Carer Experience Strategy (2024 – 2027) measurements for Quarter 2 (July – September 2024)

4.2.   The quarterly insight report from iWantGreatCare provided an analysis of feedback for the quarter and opportunities for improvement.

4.3.   Areas within the strategy highlighted that we have been unable to start:

4.3.1.   "You said, we did" posters/displys in all patient-facing clinical areas, changed monthly to reflect the updates following feedback – action not started, due to start after the changes to the organisation that go-live in April 2025.

4.3.2.   Develop QI projects following feedback and/or complaints - This piece of work has not yet started. It is anticipated that with the free text feedback from the iWantGreatCare report can be used to identify QI workstreams.

4.3.3.   Percentage of staff using patient feedback as part of the PDR process - This measure is being reviewed as it may not be possible to capture this data. Colleagues can report positive patient feedback (compliments) using Blink and they are encouraged to maintain records to include in their annual performance and development review (PDR). Registered nursing colleagues would also draw on patient feedback for their revalidation evidence. The PDR conversation is confidential so we would need to explore other ways to collect this information.

4.4.   Whilst feedback remains low the role out of SMS messaging across all adult services is expected to impact on the numbers of feedback received. Themes within feedback remain consistent:

4.4.1.   Waiting times within the walk-in centres (WIC).

4.4.2.   Kind compassionate care from staff to patients.

4.4.3.   A lack of transparency on waiting times.

4.4.4.   Patients described effective treatment.

5.0   Emerging risks

5.1   2 CQC notifications were undertaken within this time frame; both relating to falls within the in-patient unit. The incidents happened within two days of each other and are unrelated. Both resulted in fractures, with one requiring surgery.

5.2   Both incidents are under investigation using the SEIPS (systems engineering initiative for patient safety) model as part of PSIRF (patient safety incident review framework). Both investigations are due to be reviewed at the Investigation Review Group during February 2025.

6.0   Recommendations

6.1   The Board is asked to **receive** this report for assurance on the thematic reviews.

End of Report.

Central Surrey Health Limited

Title of paper:	People Report
Meeting:	Board of Directors' meeting in public
Meeting date:	21 January 2025
Agenda Item:	Item 7d
Purpose of paper:	For assurance

Has this paper been discussed at other meetings or committees?
This paper was discussed with the Executive team on 13 January 2025 and is recommended to the Board for assurance
Board assurance framework

Author – Role:	Director of People
Director:	Camilla Bellamy
Date prepared:	6 January 2025

Executive Summary – Items to highlight:
This report provides an update on specific people related areas; an update on the people-related key performance indicators (KPIs), and a system strategy update. The Board is asked to take **note** of this paper for assurance.

1.   Purpose of report

1.1   This paper aims to provide the Board with assurance on key People-related activity and the Putting People First Committee (PPFC) report supplements to this paper.

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	Feb 2024	Mar 2024	Apr 2024	May 2024	June 2024	July 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	CQC Domain
Headcount (no.)	1056	1055	1046	1036	1036	1033	1025	1034	1032	1037	Responsive
Retention/ Turnover rate (annual FTE%)	18.26	17.92	17.68	20.58	19.25	18.83	18.18	18.05	18.53	18.63	Well-Led
Vacancy rate (%)	21.73	22.22	22.40	23.29	21.90	22.27	23.25	23.30	22.88	23.52	Responsive
Statutory Training compliance (%)	98.80	98.80	98.99	93.75	94.48	95	95.38	95.56	92.79	95.39	Safe
PDR (% completed)	70.37	68.42	80.33	61.54	58.65	58.37	60.69	62.53	64.50	70.34	Well-Led
Absences – Sickness (% overall)	5.26	5.10	4.97	4.77	4.69	4.49	4.45	4.66	4.86	5.01	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   HCRG TUPE transfer

2.3   The HCRG TUPE transfer consultation is due to launch on the 15 January 2025 via a formal launch meeting held for all impacted staff via MS Teams. All colleagues in scope to transfer to HCRG were written too formally and invited to the meeting. The papers were shared at the Partnership Forum on 8 January 2025 and in line with due process, their comments were invited.

2.4   A number of meetings and local engagement events will be taking place through the consultation period, including meetings in each quadrant, and a specific meeting for those colleagues from our enabling teams who are in scope to transfer. This meeting will take place on 20 January 2025. The consultation period will run through until 13 February 2025.

2.5   The consultation period will include specific consultation on the 'measures' that we have been informed of by HCRG. These include areas such as a change of base and/or work location; a change of working patterns and rotas; and/or changes to job descriptions. All of these measures will be set out in the measures letter received from HCRG that will be included with the consultation papers.

2.6   Following the consultation period, all staff who did not formally opt out of the TUPE process during the consultation period will be written to with the outcome of the consultation including formal confirmation of the TUPE transfer.

2d   CSH Transformation programme

2.7   Following the announcement of the transfer of the Children's Services to HCRG, CSH has been running its own change process in order to right size the organisation from 1 April 2025.

2.8   Consultations were launched for the executive team, and all our enabling teams in November 2024and continued through until 18 December 2024. A consultation across our NWS Adults contract launched in late November 2024 and closed in early January 2025.

2.9   We are now into the implementation process for all those consultation processes, and are looking to have those completed in order that the new structures can be operational from 1 April 2025.

2e   Staff Survey

2.11   The staff survey results were shared with us at the end of December 2024. The survey closed with a final response rate for CSH of 54.1% which was a decrease from 56.9% in 2023. However, the scores in general look to be more positive this year, compared to last.

2.12   Three key questions are set out in the management report that accompanies the survey results, and the table pasted below highlights the improvements made in all three of these questions in 2024, when compared to 2023.

Question	Response in 2024	Response in 2023	% increase
Would recommend organisation as place to work	54%	45%	11%
If friend/relative needed treatment would be happy with standard of care provided by the organisation.	68%	62%	6%
Care of patients/service users is organisations top priority	77%	68%	9%

2.13   In 2024, we did not have any questions where we scored significantly worse than in 2023, and in fact, there were 20 questions where we scored significantly better.

2.14   Lastly, we moved from eighth place in the list of comparative organisations to fourth in terms of our positive score, and we were placed top of the list for the organisations in the 'other' category when looking at the positive change, year on year. The movement in these scores is really positive, and something to build on for 2025.

2.15   There are still some areas that require work, despite some improvements including our scores for the questions linked to bullying and harassment, discrimination and freedom to speak up.

2.16   A full breakdown will be provided at the next meeting as well as our current plans for next steps, including the development of a staff survey action plan for 2025.

2f   Flu/Covid Vaccination Programme

2.17   The project has now all but closed, with all our core clinics having taking place before Christmas. Over 170 colleagues were vaccinated by the CSH immunisation team which was a great achievement. Flu is still circulating and rates of flu in hospitals continues to be high, so we have advertised and offers to carry out vaccinations on a individual basis as and when possible. This has a resulted in a handful of staff having the vaccination in 2025.

2.18   Our return rates (noted below) are low again this year with only 25.6% of our staff having had the flu vaccination.

2.19   A lessons learned session took place in January 2025 to ensure we can start planning earlier for the 2025/26 winter vaccination programme and to consider how we might look to increase vaccination rates in our staff.

2.20   Early indication also shows that rates across Surrey Heartlands are similar and are lower than expected which is the same as in 2024.

| | | | **Current Reporting Month** | | | |
| | | | **September, October and November Combined Submission** | | | |
	Occupation (HCWs that have left the Trust should be excluded)	No. of HCWs involved with direct patient care	No. of HCWs vaccinated with Influenza vaccine since 1st September 2024 (Cummulative)	Influenza Vaccine Uptake (%)	No. of HCWs vaccinated with a COVID-19 since 1st September 2024 (Cummulative)	COVID-19 vaccine Uptake (%)
Question 3	**All Doctors**	2	2	100.0%	1	50.0%
	Qualified Nurse, Midwife, Health Visitor	373	98	26.3%	50	13.4%
	Professionally Qualified Clinical Staff	382	66	17.3%	38	9.9%
	Support to Clinical Staff	136	27	19.9%	20	14.7%
	Support to GP Staff	0	0	0.0%	0	0.0%
Question 4	**Enabling and Administration staff**	206	88	42.7%	50	24.3%
	Clinical	893	193	21.6%	109	12.2%
	Combined	1099	281	25.6%	159	14.5%

2g   Recruitment Audit

2.21   In line with best practice, an annual audit of the recruitment files was completed in October 2024. The results were pleasing and reassuring in terms of the number of completed files and the governance being adhered to across the team.

2.22   A random selection of 12 files were reviewed and the following three recommendations were identified which the recruitment team have now implemented.

- All qualifications to be checked with recruiting managers to ensure they meet the criteria set in the JD at interview.
- Recruitment managers to send over interview notes individually to prevent notes for individuals being saved in one person's folder
- Corporate induction details to be saved in folder.

2.23   The audit can be seen at Appendix Two.

2h   Sexual Safety Charter

2.24   As of 26 October 2024, employers have a duty to take "reasonable steps" to prevent sexual harassment towards their employees under the Worker Protection (Amendment of Equality Act 2010) Act 2023.

2.25   A briefing paper was presented to the Executive meeting in December 2024 and outlined the steps proposed in delivering CSH's commitment to creating a zero-tolerance environment for unwanted, inappropriate, and harmful sexual behaviours within workplace, by creating a culture where sexual safety is a priority, and all staff feel supported and protected.

2.26   As a result, we have recently published relevant communications about the charter including information about our new policy and how to report any incidences of sexual misconduct. The pages on Blink are available [here].

2i   Equality Impact Group & Allies Networks

2.27   A consistent theme discussed across all networks was the ongoing change taking place across the organisation. Concerns were raised around the continuation of the networks post 1 April 2025 especially in terms of whether this would be supported by HCRG.

2.28   The Disabilities, Carers and Allies network shared concerns around informal arrangements currently in place such as flexible working arrangements and the potential impact of this should this not be supported following the transfer to HCRG. The group also discussed the challenges faced by carers in the workplace and agreed actions and solutions based on lived experiences.

2.29   The LGBTQ+ and Allies network discussed of the impact of the change on colleagues and members agreed to support each other through the process.

2.30   The Cultural and Ethnic Minorities and Allies' Group discussed about the different approaches adopted across other countries when managing change. The group also discussed about the varying models of health care systems available across different countries and the impact of this on an employee's wellbeing.

2.31   The new Parenting network was launched following requests from new parents. At the first session, a range of topics were discussed including flexible working, school clubs, transition back to work etc. The group suggested for parents to receive letter when they return to work, with details of support offers available to them at CSH: this is to be explored further.

3.   Learning and Development

3.a   NHS England Safe Learning Environment Charter (SLEC) Published February 2024

3.1   The NHSE SLEC Charter is designed for learners and those responsible for supporting placement learning across all learning environments and all professions within them. It is aligned to the NHS People Promise and sets out, within 10 priorities, the supportive learning environment required to allow learners to become well-rounded professionals with the right skills and knowledge to provide safe and compassionate care of the highest quality.

3.2   It is intended to embed the SLEC within the CSH culture in all settings where students are part of the teams. By adhering to the 10 priorities students will have an enhanced experience across our integrated neighbourhoods and community services.

3.3   Having been presented at the November 2024 Skilled Workforce Group, it was agreed that to ensure the SLEC is being widely embedded within the student placement teams, and that CSH would adopt the NHSE Maturity Matrix self-assessment tool (Appendix Three)

3.4   The maturity matrix will allow teams to assess the progress of work to meet the priorities and to identify where the team is performing well and areas which need to be improved.

3.b   NHSE Stat and Mand Training – Optimise, Rationalise and Reform Update

3.6   NHS England (NHSE) is leading work to optimise, rationalise and redesign statutory and mandatory training to improve staff experience, deliver better outcomes and reduce the time burden.

3.7   A recent survey took place and 100% of NHS organisations have completed the survey, with 89% declaring alignment to the core skills training framework, and 76% using the NHS England e-learning for healthcare (elfh) content. All reasons for non-alignment and non-utilisation have been gathered and are informing the redesign work. It is important to note that as a Social Enterprise, CSH has not been included in the survey and our learning and development colleagues have raised this several times with NHSE.

3.8   The update identified three key areas which were governance at a national and local level; frequencies and staff groups and roles.

3.9   The new Stat and Mand training framework timeframe has been extended with the pilot taking place the second half of 2025/26. The new framework will be launched the beginning of the financial year 2026/27.

3c   Leadership & Management Framework

3.10   The L&D team has started to review our existing leadership and management offer to reflect and equip our colleagues with skills that embrace the changes required within existing and future changes in both contract (partnership interdependencies) and service delivery. The timeframe for this work is early 2025.

3.15   Working as a member of the Surrey Heartlands Organisational Development network forum, the L&D team are also supporting the development of a system leadership values and behaviours framework. The ambition of this work will also be to reflect and underpin the national framework once developed.

3d   A goodbye

3.16   Finally, after over 30 years' service in the NHS and over 10 years with CSH, Angie Denyer will be leaving us for a sunnier climate in Spain in February 2025, and I would like to take this opportunity to thank her for all her hard work across CSH in the Learning and Development team. She will be missed, and we wish her all the best for the future.

4.   Communications

4a   Star Awards

4.1   Planning work for the 2025 Star Awards is underway, with the event brought forward to 20 March 2025, so that all CSH colleagues can celebrate their achievements prior to the transfer of children's services to the new provider.

4.2   Nominations are currently open and more information, including the nomination guidance is available on Blink.

4b   *CSH website*

4.3   IE Digital (website management supplier) have provided reassurance about site security for www.cshsurrey.co.uk beyond the end of 2024. A new content management system will be needed later in 2025, which will provide an opportunity to refresh CSH Surrey's website offer.

4c   Internal communications (Blink and The Buzz)

4.4   The number of active users on Blink over the past 90 days averages 88% out of the 93% (1,276) of colleagues registered. Individual and group chats are used extensively with more than 14,000 messages sent in the past 90-day period. Popular posts have included a video story for Remembrance Sunday, featuring a colleague sharing their personal story, and health and safety tips. The average open rate for the Buzz from mid-September 2024 is 66%.

4d   Children and Family Health Surrey – service transfer

4.5   We have produced and published a number of video updates from Sandra Pycock across the CFHS partnership to share developments in the transfer process and to encourage further engagement in the CSH FAQs and HCRG staff portal.

4.6   Frequently Asked Questions around service transfer continue to be updated on Blink. User data shows this remains the most visited section of the Hub. HCRG have been updating their staff portal (www.hcrgcaregroup.jobs/welcomesurrey/) and giving the CSH comms team advance warning in most instances – a set of 'Care Group Live' online engagement events was published (https://www.hcrgcaregroup.jobs/welcomesurrey/care-group-live/) in late November 2024.

4.7   A 'farewell' activity communications plan is being developed to create a digital memory book to collate images/videos of service milestones and achievements for colleagues to contribute to.

4e   Artificial Intelligence

4.8   Internal training sessions in the governance and usage of artificial intelligence were offered to colleagues in enabling services (people services and some of the executive assistants). Colleagues from Ashford & St Peters Hospitals NHS FT (ASPH) communications team and a representative from Surrey Police comms team also took part. An internal 'artificial intelligence' working group has been created – further discussions are taking place with the quality team around how the usage of AI needs to be governed.

5.   Other updates and system, regional and national items

5a   Freedom to Speak Up update (FTSU)

5.1   A training event was carried out for The Voice constituents who are now starting to take on the role of Freedom to Speak up champions and all colleagues are undertaking the National Guardian's Office training for champions.

5.2   Quarterly data continues to be submitted to the National Guardians office with Q3 data now being requested. In Q2, two formal cases were raised to the Guardians. One of the cases was related to worker safety / wellbeing and the other case was related to inappropriate attitudes or behaviours.

5.3   The National Guardian's Office is currently undertaking a review of the Freedom to Speak Up Guardian Universal Job Description. The NGO is proposing a principles-based approach to the role of the Freedom to Speak Up Guardian to ensure that organisations appoint a guardian that meets the needs of its workforce. CSH has inputted as part of that process via the NGO survey.

5.4   Finally, we are in the process of finalising a feedback form for the Freedom to Speak Up service and the hope is that will result in more detailed feedback so that we can take action following each case.

5b   Employment Rights Bill

5.5   The new Labour government have published a new Employment Rights Bill which is the first phase in delivering the plan to [Make Work Pay](), a core part of their mission to grow the economy, raise living standards across the country and create opportunities for all. The Bill itself will bring forward policy measures including:

- 'Day 1 rights' of employment, including entitlement to paternity leave, and unpaid parental leave as well as protection from unfair dismissal while allowing employers to operate probation periods. Establishing bereavement leave, and making flexible working the default

- Addressing one-sided flexibility by banning exploitative zero-hours contracts, abolishing the scourge of fire- and-rehire, and strengthening provisions on collective redundancy

- Establishing the Fair Work Agency

- Bringing forward measures to modernise Trade Union laws

- Improving pay and conditions through a Fair Pay Agreement in adult social care, re-establishing the School Support Staff Negotiating Body, and re-instating the two-tier code for procurement

- Increasing protection from sexual harassment, introducing gender and menopause action plans and strengthening rights for pregnant workers

- Strengthening Statutory Sick Pay

5.6   CSH is already making progress in some of these areas including the development of our new Sexual Misconduct policy. We will be kept updated on the Bill through our links with NHS Employers and the Surrey HRD network, and will keep the PPFC updated as it evolves.

5c   Nursing and Midwifery job profile review

5.7   The NHS Staff Council's Job Evaluation Group (JEG) is consulting on revised national job matching profiles for Bands 7 and above nursing and midwifery roles. The changes being

suggested to the profiles are additional wording in the non-bold rationales for the factor levels to give more current and accurate examples, along with refining the language of the factor levels to avoid confusion. The amendments to the JDs have been informed by evidence received from the job holders and employing organisations.

5.8   In addition, a new profile for [midwifery at band 8a-b](#) is also proposed.

5d   Education and Learning sub-committee renamed as the Train subgroup

5.9   In order to align with the NHS Long Term Workforce plan chapters, three new committees will be launching as sub-committees of the Surrey Heartlands People committee.

5.10   These committees are as follows:

- Train Sub-Committee (formerly the Education and Learning Sub-Committee)
- Retain Sub-Committee (formerly the Healthy and Inclusive Sub-Committee, which will now also include the wider remit of 'retention')
- Reform Sub-Committee (new)

5.11   The Train Sub-Committee will continue to be chaired by Camilla Bellamy, and a new co-chair will join her, Jane Berg, who is the Skills, Knowledge and Research Director at Princess Alice Hospice. The committee will follow the same format as the Education and Learning sub-committee, although membership and Terms of Reference will be reviewed over the coming months.

5e   Electronic Staff Record (ESR) organisational readiness survey

5.12   On 13 January 2025, NHS Business Services Authority launched an ESR organisational readiness survey across all 307 organisations in England and Wales who use the existing ESR system.

5.13   The survey will gather insights to help understand each organisation's readiness to transition to the future NHS workforce solution that will succeed ESR, and it will help to inform the development of implementation plans in partnership with the successful supplier.

5.14   The programme itself is on track for a contract award in the Summer of 2025 with the early adopters getting on board in 2027.

6.   **Recommendations**

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

End of report

Area	KPI	Target	Previous month	Current month	Trend	Comments / Action	Note
Attraction	% appointments from external sources (non- NHS jobs)	10%	0%	0%	→	NWSA Talent Hub currently have a candidate for the DSN vacacny which has been open for over a year intreviewing.	
Recruitment	% reduction in Time-to-Recruit	60 days	93 days	74 days	↓	A reduciton in the time to hire, down from 93 days for September to 74 days in October. Currently refrences are taking longer than previous months resulting in a delay in starters. Some adverts are holding by Finance to review before they can be published and it take longer time at the moment. The advert open time is shorter than 14 days that we are looking into the reason in the background.	Team has worked more efficiently. Reduction in pre employment times. Team will work with managers to reduce the time between advert closing and shortlisting. Add interivews on all adverts. Plan around holidays.
	% Increase in interview attendance rate	90%	90.48%	82.46%	↓	82.46% interview attendance in October has reduced due to visa status that we are not able to process.	
	% increase in the conversion rate (applicant to appointment)	1:4 from interview)(25%)	17.50%	34.20%	↑	In October, there were 35 new jobs, which resulted in 38 interviews. From 38 interviews 13 appointments. (34.2% of interviews resulted in an appointment.	
Rewards and Recognition	70 % increase in engagement via H&W / benefits platform	70%	77% (Sep)	71%(Oct)	↓	Vivup engagement figures maintained. Promoted at induction. Need to do cleanse soon so all leavers removed. last one 3 months ago.	ZL and AE to review annual data this month and explore usage of service
	100% HR policies in-date	100%	88% (Sept)	94% (Oct)	↑	HR policies: **94% upto date (Oct)**, increased by 6%. (Anti Bullying and Harassment and Sexual misconduct policy - work in progress Kate has submitted for Dec 2024 partnership forum)	Planned to promote the Vivup for signing up.
Progression and Performance	% reduction in the conflict index	<2%	0.38%	0.09%	↓	Conflict index @ 0.09% (Oct 24) Adults (x2 grievances) CFHS (x1 grievance) Open cases have decreased by 0.29%. We continue to remain below the target at -2%.	
	% reduction in the time taken to resolve ER matters	Resolve ER cases within 56 days (8 weeks)	1	1	↓	1057 employees (SIP report) Oct 24 1 closed case (adults), 281 days to resolve more training provided, line managers are encouraged to resolve matters informally.	
	% reduction in sickness absence	Reduce the organisation sickness absence rate by 1% across the year (<4% organisation)	4.66%	5.01% in Nov	↑	**Adults contract:** **STS 2.53% in Oct**(1.88% Sept) - increased by 0.65% (reasons: cold, cough, flu 21.92%, headache and migraine 19.18% and gastro 15.07%) Community nursing, Walk in centre, Rapid response/Urgent community response, community hospitals, community rehab and speech and language therapy . STS absence has increased as we are in the autumn period, and increase in winter viruses. **LTS 2.81% in October** (2.80% September) - increase by 0.01%. (reasons: 36.36% stress/ anxiety & 18.18 headaches &migraines Main areas affected: adult's services admin, community nursing and speech and language therapy **CFHS contract:** **STS 1.66% in October** (2.05% in September), decrease by 0.39%. (reasons: cold,cough,flu 37.5%, other known causes/ not classified 11.25% and other known causes 11.25%) Main areas: health visiting, occupational therapy and immunisations **LTS 2.47% in October** (3.37% in September) decreased by 0.9% (reasons: 26.67% cold/ flu, 20% anxiety, stress and depression and 20% nervous system disorders Main areas affecting: health visiting Stress and anxiety has reduced from 31.58% (September) to 20% (Sept) which is positive. It should be noted that there is some uncertainty with CFHS contract re. TUPE . Zareena is linking in with the CFHS departments to work on CSH behavioural framework and team works. People partners to link in with health and well being re. support and change workshops. **Enabling contract -** **STS 1.02% in October (0.52**% in September increased by 0.5% (reasons: 28.57% cold, cough, flu, and 28.57% gastro **LTS 1.13% in Oct** (0.41%September) increased by 0.72 Main areas affected: for short term sickness absence (infrastructure, govt mgt, hr, infection prevention, pharmacy and spmo) and main areas affected for long term sickness (clinical systems)	**Recommendation :** The People Partners continue to link in with the Health and Well-being Practitioner to run well-being sessions. Staff continue to be supported by line management and signposting to external services ie. Vivup. The Health, Wellbeing and inclusion practitioner has rolled out 50 sessions and seen over 737 staff over in group sessions over the last 12 months. (this data will need to be updated when back from leave). Working with the people partners to deliver these sessions.
	% of line managers skilled with essential skills	100% of line managers to have undertaken HR essentials and case management training	HR Investigation training 49.8 and HR cases 53%	57%	↑	HR investigation training x2 sessions delivered October (scheduled every other month) 21 attendees in total % Oct 24 (156 colleagues completed/271 eligible x 100) = 57% HR cases training x0 training session (October) (People Partners have confirmed with Sarah Strode on the accuracy of data in line with Dan's supervisor report. L&D have done mapping exercise) increased due to more attendees participating and we also delivered another session, based on demand.	
Reporting	% reduction in the overpayments (data provide retrospectively)	30% reduction over 12 months	£59,565	£50,359	↓	15.46% decrease in overpayment from last month	
	% compliance to DBS	100%	100%	70%	↓	DBS (OCtober) –7 completed 3 waivers in place.	
	% compliance Professional registration	100%	100%	99%	↓	99 due 98 completed 98.99%	
	% rosters locked down for payroll	% rosters locked down for payroll	100.00%	98.00%	↓	Finalised rosters has decreased compared to the previous month with 2 outstanding rosters unfinalised after the deadline, continuous reminders and communications are to be communicated to ensure rosters are approved for the following deadline. Direct communications and designated training is offered by the Healthroster team to support staff with rostering.	
Retention and Exit	% reduction in the number of leavers in the first year of employment at CSH	To reduce number of leavers first 18months	0	15%	→	2/13. Not an area for concern.	
	% colleagues considering leaving CSH in the next 12 months	reduce colleagues leaving under 12 months	0%	39%(Oct)	→	3 people as leavers that have been employed under 12 months.	
	35% increase in the number of exit interviews completed	35%	22%(Sept)	0% (Oct)	↓	no colleagues completed for October continue to monitor early indication show some for November 24. Leaving themes October- relocation and new job.	themes include end of training, new career and relocation aswell as work life balance and Career oppportunities.
Customer Feedback	% increase in the manager satisfaction rate (recruitment survey)	>4.5	4	3	↓	1 managers completed the survey in Oct.	
	% increase in the candidate satisfaction rate (recruitment survey)	>4.5	4.1	3.75	↓	4 candidates completed the survey this month	
	% increase in the candidate satisfaction rate (4 week survey)	>4.5	4.6	0	↓	no one completed the feedback.	
	% increase in the employee satisfaction rate (6 month survey)	>4.5	4.25	5	↑	only one respandant in September t for 6 month survey .	

Recruitment Employment Checks Audit

Date(s) Audit Undertaken:	08-Oct-24
Time period of Audit:	April 23-March 24
Number of New Starters identified:	148
Number of files audited:	12
Next planned audit:	Mar-25

Date audit sent to Exec Lead for HR:	

Answer 'Yes', 'No' or 'N/A' for each item in all files audited and record in the columns opposite. Add comments in the end column

File Reference (Month/initials)	Apr 23 / RH	May 23 / CM	June 23 / FM	July 23 / OK	August 23 / KMND	September 23 / GB	October 23 / CF	November 23 / SD	December 23 / PP	January 24 / JCnC	February 24 / EP	March 24 / SM
1 Post advertised:	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2 Interviews conducted by Recruiting Manager and Panel member:	Yes - Notes from 3 on panel	Yes	es - Notes with confirmation in em	Yes	Yes	Yes	yes	Yes	Yes	Yes	yes	yes
3 Recruiting Manager interview notes on file:	Yes	Yes	Yes	Yes	Yes	es interview notes in file along with Unsucces	yes	Yes	Yes - Confirmed signed ema	Yes	yes	yes
4 If relevant to the post, record that professional registration and qualifications checked at interview:	not known	On file, but not known if checked at interview	a, but not known if checked at inte	N/a	On file, but not known if checked at interview	On file, but not known if checked at interview	n file, but not known if checked at interview	e file, but not known if checked at interview	not known if checked at	but not known if checked at	but not known if checked at	n/a
5 If gaps in employment history, record this has been explored at interview (N/A = no gaps to explore):	n/a	t could be due to moving countires, but no e	tween November 20 and Septem	n/a	n/a	n/a	gap between November 21 and August 22	Gap from August 12 to December 2016	n/a	tween August 06 and Septen	n/a	gap between july 2019 to april 21
6 Offer of employment issued:		yes	yes	Yes	Yes	yes	Yes	Yes	Yes	yes	
7 Reference 1 received:	Yes	yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	yes	yes
8 Reference 2 received: (where applicable)	Yes	n/a	Yes	Yes	n/a	n/a	Yes	Yes	Yes	yes	yes	yes
9 Reference 3 received: (where applicable)	n/a	n/a	n/a	n.a	n/a	yes, includes character reference	Yes, Includes Character reference	Yes		n/a	includes character reference
10 References cover a three year period (preferably five) if new to the NHS	Includes Character ref	n/a	n/a	n/a	n/a	Yes	yes	yes	Yes	Yes	yes	yes
11 References obtained from two separate employers, if new to the NHS	Yes		n/a	n.a	Yes		n/a	n/a	n/a	n/a	yn/a	yes
12 One reference from the current or most recent employer:		Yes - came from NHS	Yes - came from NHS	Yes	Yes	Yes - came from NHS	yes	yes	Yes	Yes	yes	yes
13 References been obtained in writing on company letterhead or email or standardised form:												
14 References obtained prior to issue of confirmation letter/contract:												
15 OH Clearance received:	Yes	Yes	Yes	Yes	Yes	Yes	yes	Yes	Yes	Yes	yes	yes
16 Evidence of Right to work in the UK (copy of passport):	Yes, Expired pp and driving license	yes	Yes	Yes	Yes	Yes	yes	Yes	yes	Yes	yes	yes
17 Verification of identity undertaken:	Yes. Verified by recruitment team	on file, but not signed by team	yes	Yes	on file, but not signed by team	Yes	yes	Yes	yes	Yes	Yes	not signed by recruitment team
18 Type of identity accepted:	pp and driving license	PP and DL	PP and DL	PP, DL and NI Card	PP and DL	PP, DL, POA	PP, NI and RTW doc	PP, DL and POA	PP, DL, POA	PP, DL, POA	PP, DL, NI	PP, DL
19 Evidence of Professional Registration check (where applicable):	Yes NMC check	YES	Yes	N/a	Yes	Yes	Yes	Yes	Yes	yes	Yes	n/a
20 DBS disclosure relevant for the post:	yes	YES	Yes	Yes	yes	Yes	yes	Yes	Yes	Yes	Yes	yes
21 *Check against Childrens List*	yesyes	Yes	Yes	Yes	yes	Yes	Yes	Yes	Yes	yes	Yes	yes
22 *Check against Vulnerable Adults List*	Yes	Yes	Yes	Yes	yes	Yes	Yes	Yes	Yes	yes	Yes	yes
23 Evidence of CRB disclosure check undertaken:	n/a	N/A	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
24 Disclosure Consent for Signed	n/a	N/A	n/a	n.a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
25 If applicable, CRB waiver issued:	n/a	N/A	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
26 If employed via agency - evidence that references, Occ Health, Right to Work, Identity, Professional Reg (if applicable), CRB undertaken:												
27 Confirmation letter issued:												
28 Job description/person specification located on file:	yes, in file but in wrong folder	Yes	Yes	yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	yes
29 Copy of advert located on file:	Yes	Yes	Yes	yes	Yes	Yes	Yes	Yes	Yes	Yes	yes	yes
30 Copy of application form on file:	Yes	Yes	Yes	yes	Yes	Yes	Yes	Yes	Yes	Yes	yes	yes
31 Attended Corporate Induction:	need to check with L&D	need to check with L&D	need to check with L&D	need to check with L&D	need to check with L&D	need to check with L&D	need to check with L&D	need to check with L&D	need to check with L&D	need to check with L&D	need to check with L&D	need to check with L&D
32 Statement of Particulars (Contract) issued:			Yes	yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
33 ID badge issued:	yes	Yes	Yes	yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Safe Learning Environment Charter (SLEC) maturity matrix self-assessment tool

NHS England

	Charter priority area	Levels of maturity			Self-assessed rating
		3	2	1	
Respect & feeling valued	Learners are respected and feel valued in the learning environment, demonstrated by effective communication and engagement.	Learners are valued throughout the organisation. They are embedded in their teams and recognised for their contribution towards patient care. Their feedback on processes, systems, environment, and culture are encouraged and welcomed. Learners are routinely involved in quality assurance and improvement initiatives. Their work and their achievements are celebrated.	Learners are recognised by their immediate team for their contribution towards patient care. They can request to be included in quality assurance and improvement activities. However, they are not integrated into the project teams and their potential to contribute is not fully exploited. Learners' feedback is encouraged but not systematically used to improve training or patient care.	Learners are not encouraged to proactively contribute towards improving patient care and are not included in team activities. There are no mechanisms or processes in place to recognise and celebrate learner contributions.	1
Positive Identity	Learners are easily identified and are viewed positively within the clinical environment.	Learners are recognised as individuals and called by their names. Their individuality is valued as an important component of the diverse team. Throughout the organisation, staff are culturally aware and inclusive. They appreciate the role and the status of learners in their organisation and work together to support their professional development. Placement providers can demonstrate their support for the NHS equality, diversity, and inclusion improvement plan.	Learners can be identified within the team and staff are aware of their requirements as learners. However, service pressures and staffing issues regularly take priority over training. Although learners' individual needs are considered and cultural differences acknowledged, they are not routinely accommodated and supported.	Learners cannot be distinguished from staff and are used as support workers. They are not recognised as individuals and called 'the student'. Cultural differences or individual needs outside protected characteristics are not considered for adjustments.	1
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.	Learners are informed about resources and services that promote their health and wellbeing, and can access them easily. There are policies in place to protect the physical safety of lone workers. Learners receive meaningful pastoral support from clinical and education providers, including reflective learning spaces and debriefing after potentially traumatic events.	Wellbeing services are available at both placement and education providers however, access to these services may be challenging due to availability or delays. Learners have a basic awareness of services and resources that can support their health and wellbeing, however they may not be confident in how, when or where to access these resources. Pastoral support is not routinely offered or provided following potentially traumatic or challenging events.	Learners are not made aware of or are unable to access wellbeing support at either placement or education providers. Learners are not offered debriefs or given access to pastoral support after potentially traumatic events.	1
Raising concerns & speaking up	Learners know how to raise a concern and feel empowered to speak up, knowing that they will be appropriately supported.	There is a zero-tolerance policy for incivility, including bullying and harassment within the learning environment. Processes are in place to support learners in speaking up and raising concerns, including access to the Freedom to Speak Up Guardian within their education or placement area. Potential barriers to raising concerns have been mitigated by ensuring there is an offer of adequate support to all learners and targeted learner signposting.	Policies and processes are in place to support everyone to raise concerns however, there may be environmental barriers at play which prevents the processes being utilised by learners. Learners can access a Freedom to Speak Up Guardian however, awareness of this role and the support it can provide is inconsistent across learner groups.	There are minimal or no processes in place to support and empower learners to raise concerns. When issues are raised, there are insufficient processes in place to assure the learner that their voice has been heard and their concerns will be addressed.	1
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.	Processes to allow learners to receive an appropriate departmental / placement induction have been implemented and are aligned to organisational induction programmes. Learners receive a team welcome and local orientation with an emphasis on safety. Induction resources have been created and are shared with learners prior to their placement.	Learners are given the opportunity to have an orientation to the department however, this is not planned or supported by an organisational process, and is often facilitated by a willing practice supervisor or member of the departmental team. Induction resources are being developed with plans in place to ensure that they can be used for future learner groups.	Learners do not receive an induction to the department or placement area and processes are not currently in place to support this. There are no induction resources available to share with learners.	1

Safe Learning Environment Charter (SLEC) maturity matrix self-assessment tool

NHS England

Charter priority area		Levels of maturity			Self-assessed rating
		3	2	1	
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.	Pathways have been implemented to support regular communication between learners, stakeholders and partner organisations. Governance arrangements are in place to enable an active and supportive response to feedback. There are plans to review and update these arrangements regularly to accommodate for any changes or improvements.	Communication pathways between learners, education and placement providers are in the early stages of development and require further improvement. This includes creating governance arrangements and networks to enable effective communication.	Information related to education and training is not shared effectively. Communication between learners, education and placement provider staff is sporadic, mechanisms or pathways for regular communication are not established.	1
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.	Processes to request flexible training and supervision are established. Academic and placement related work is coordinated and study leave requests are fairly considered and actioned. Learners can request rota changes, and receive rotas well in advance. Supernumerary learners are included in local rostering systems. Shifts are allocated with consideration to individual circumstances and learning needs.	All learners can request flexible training and supervision arrangements however, processes and the timescale for resolution are unclear. Academic and placement related work is co-ordinated, although service requirements regularly impact on access to learning opportunities. Learners receive their rotas in advance, but change requests are limited. There is a process to align supernumerary learners to local rostering systems.	Only learners with protected characteristics can request flexible training and supervision arrangements. Academic and placement related work is not co-ordinated and service pressures override study leave requests. Learners receive their rotas at short notice and feel unable to request changes. Supernumerary learners are not included in local rostering systems.	1
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.	Supervisors can easily access wellbeing support. Supervision is discussed through appraisals or other appropriate mechanisms. Up-to-date and relevant details of all supervisors are recorded. Supervisors are effective and support learners well. Where there are concerns communication occurs to address the issue. Supervisors are allocated to learners in advance and planning provides consistency of supervision.	Supervisors have limited access to resources and support, which are only available on request and not routinely offered during appraisals. A register of supervisors exists locally and is periodically maintained. Planning for consistent supervision is difficult due to workforce pressures.	Supervisor support and wellbeing resources are not provided. There is no supervisor register, or equity of learner allocation within the pool of available supervisors. Learners are assigned supervisors upon arrival to the placement area, resulting in inconsistent supervision.	1
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.	Supervisors are well trained and motivated to fulfil their role. This enables learning in clinical placements. Compliance for supervisor training meets expected standards. Learners' needs are prioritised and matched with readily available learning opportunities. Supernumerary status is maintained where applicable.	Supervisors are trained and available. Supervisor training compliance is below expected standard and a plan is in place to increase compliance. Learners' needs are fulfilled when they seek opportunities. Learners are at times relied on for workforce needs rather than to meet the learners needs.	Supervisors are not sufficiently supported and developed. Supervision capacity is not captured in a supervisor register. Clinical opportunities to learn are not fully utilised and learners do not experience all the placement area has to offer. Learners are used as part of the workforce, their development needs are not recognised or considered.	1
Time & space for learning	Learners are given time to reflect on and process learning experiences. They receive regular verbal and written feedback, providing opportunities for development and assessment to occur.	Learners have time to reflect, access learning opportunities and facilities. There is access to regular reflection sessions which are facilitated collaboratively between the placement and education providers. Learners are given regular written and verbal feedback and receive protected time for placement documentation. They have multiple opportunities for personalised learning in placement areas.	Learners can request feedback from supervisors in practice and are encouraged to seek learning opportunities. Learning opportunities and facilities are available, but this is not equitable across all learners. Although reflection sessions are not currently regular, they are available to learners.	Learners do not have the time in practice for reflection to consolidate their learning. Access to facilities that offer learning opportunities are limited. Multidisciplinary learning opportunities are rarely accessible to learners. Processes for written or verbal feedback are underutilised.	1

Central Surrey Health Limited

Title of paper:	Digital report
Meeting:	Board of Directors – meeting in public
Meeting date:	21 January 2025
Agenda Item:	Item 7e
Purpose of paper:	For assurance

Has this paper been discussed at other meetings or committees?	
This paper was considered at the Executive meeting on 13 January 2025 and is recommended to the Board for approval.	
Board assurance framework	-

Author – Role:	Director of Digital Services
Director:	Keith Woollard
Date prepared:	09 January 2025

| Executive Summary – Items to highlight: |
|---|
| This report provides an update and assurance on the key activities for the Digital Services function:

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

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

1. Purpose of report

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

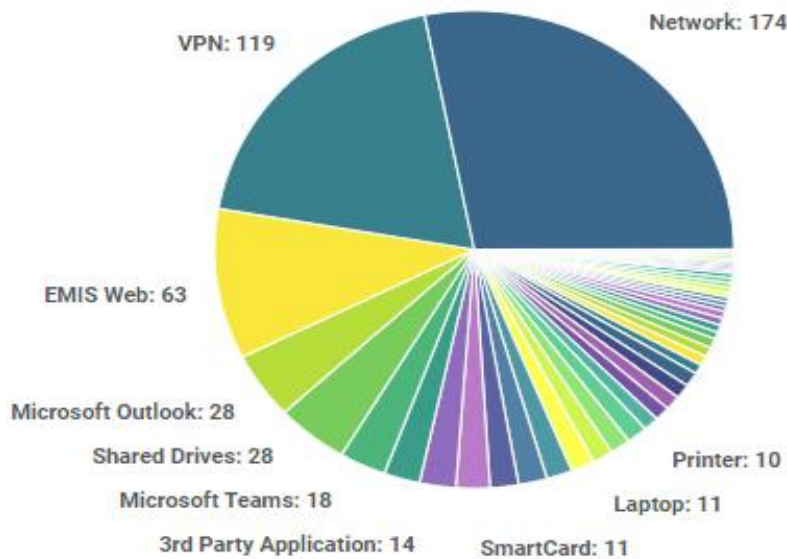## 2. Operational Performance

2a. Service Desk Contacts

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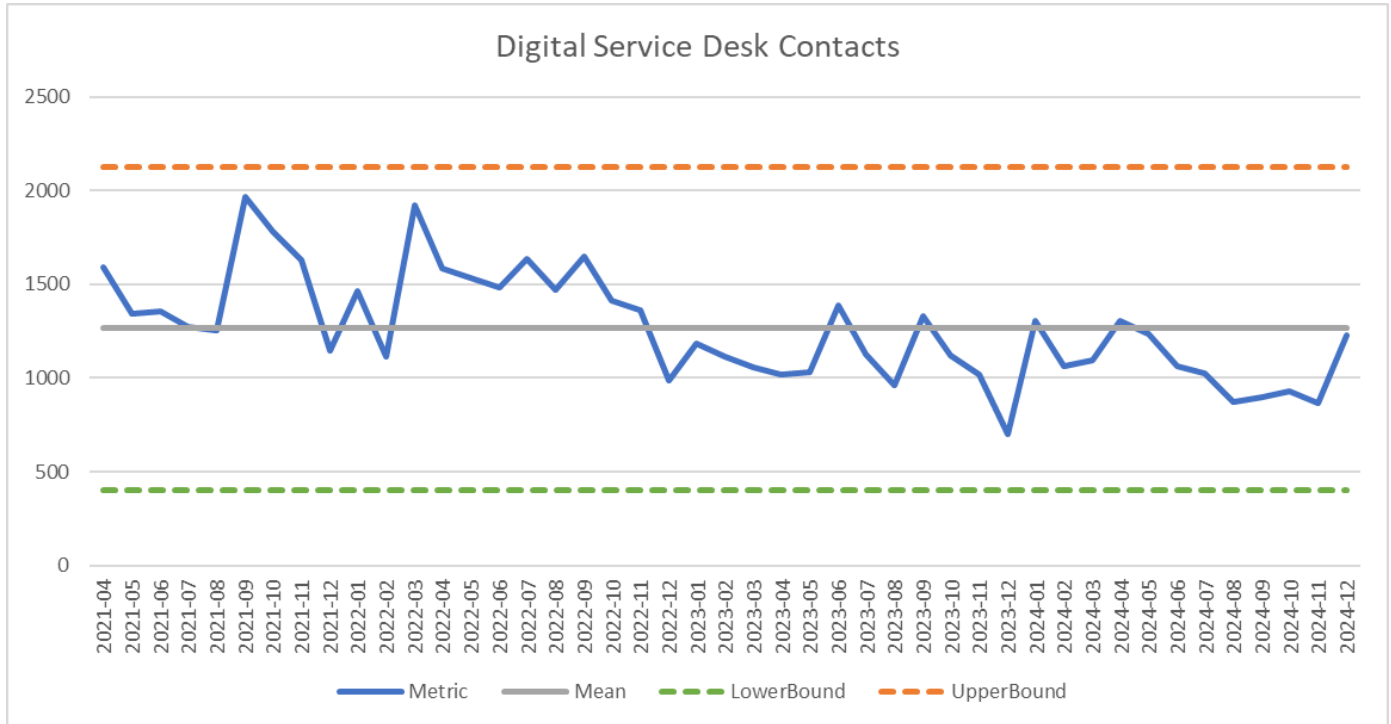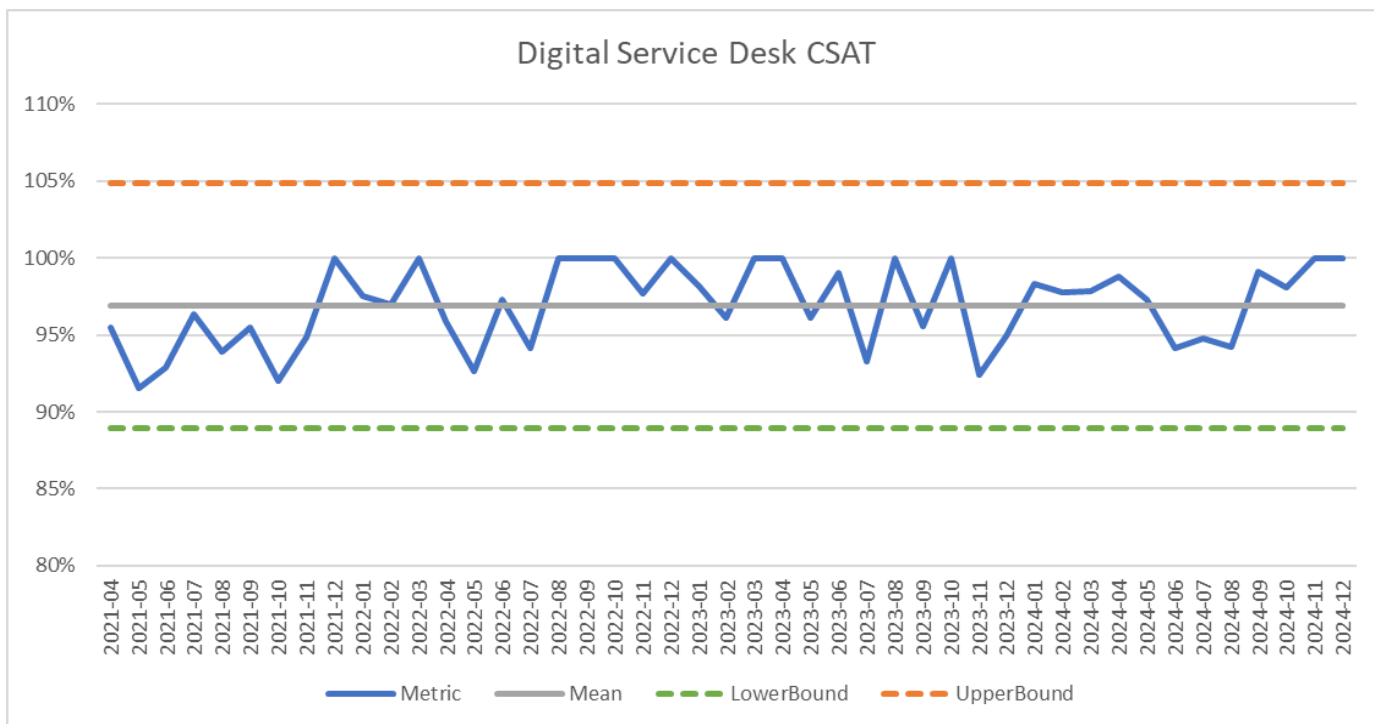

2b. Service desk incidents by digital service:

2c.   Customer Satisfaction (CSAT)

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

3.   Systems and Information

3.1   The BI team have a major role in ensuring the smooth transition of patient records to HCRG. The first file transfer has been sent and the next steps will be the testing phase currently set for 27th January 2025. This will be followed by a second migration and testing phase before the final load.

3.2   The team have successfully implemented Faster Data Flow (FDF) and are one of the first in the country to do so. This is an NHS England requirement alongside Community Data Sets which will be withdrawn at some point in the future.

3.5   The Clinical Systems team have supported the role out of EMIS Mobile X with the community nursing teams. This new app has better synching times with the main EMIS web record.

3.6   The Clinical Systems team are also supporting with the transfer of services to HCRG. The team have worked extremely hard on moving services to EMIS which will now be transferred to HCRG to reproduce like-for-like. I am very proud of the way the team have engaged with the HCRG team.

4. Digital Delivery

Microsoft SharePoint migration

4.1   We experience continued technical delays with the migration to OneDrive (a precursor for the final migration to SharePoint) and await resolution from Virtuoso on the Microsoft script required to make this an easy transition for users.

Integrated Neighbourhood Teams

4.2   One EMIS: As part of the Integrated Neighbourhoods Business Unit, funding has been approved by NorthWest Surrey Alliance (NWSA) to support the migration of data from the Bedser Hub into our core 139601 EMIS clinical database. We have an approved data migration rule set to reduce the open 6000+ referrals to a manageable 2200 referrals and have a target date of 1 February 2025 for completion.

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 In-Patient Unit EMIS Web deployment

4.4   The project has commenced and we have a tentative go-live date of 18 February 2025. We await confirmation on the delivery for the workstation on wheels hardware needed to support the clinical staff using EMIS Web.

Accurx

4.5   The Accurx system has been implemented for electronic transmission of patient letters and is in regular use by the SLT, CRT, Continence, RCT and Podiatry teams. Rollout to UCR will take place following the One EMIS deployment. Planning is underway for implementation of other features available within Accurx.

5.   Information Governance (IG)

5.1   At the end of Quarter 3, a total of **110** 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 3) 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	Oct 2024	Nov 2024	Dec 2024	Total
Responded - records sent	25	17	19	19	22	24	27	17	12	182
Responded - not data controller	26	2	0	4	15	6	7	10	2	72
Responded - no records found	11	11	7	6	4	3	6	2	3	53
Abandoned by requestor	7	0	1	4	3	4	3	3	2	27
Currently open - in time	0	0	0	0	0	0	0	0	10	10
Responded - exempted	1	1	1	2	2	0	0	0	0	7
Total	70	31	28	35	46	37	43	32	29	351

5.3   The DSPT (data security & protection toolkit) 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 (88.28% at the end of Q2) however, the IG Team have asked the Learning & Development Team to push IG Training over the next few weeks to ensure that CSH can achieve the 95% target to enable DSPT submission by the end of March 2025.

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   In spite of the difficult time due to the current consultation and transfer of services to HCRG, I am extremely proud of the way the Digital team has continued to provide high quality services.

7. Risks

7.1   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.

7.2   Overall, there are now seven open risks on the Digital risk register – two IT and five IG (in blue). Risk 626 has been closed.

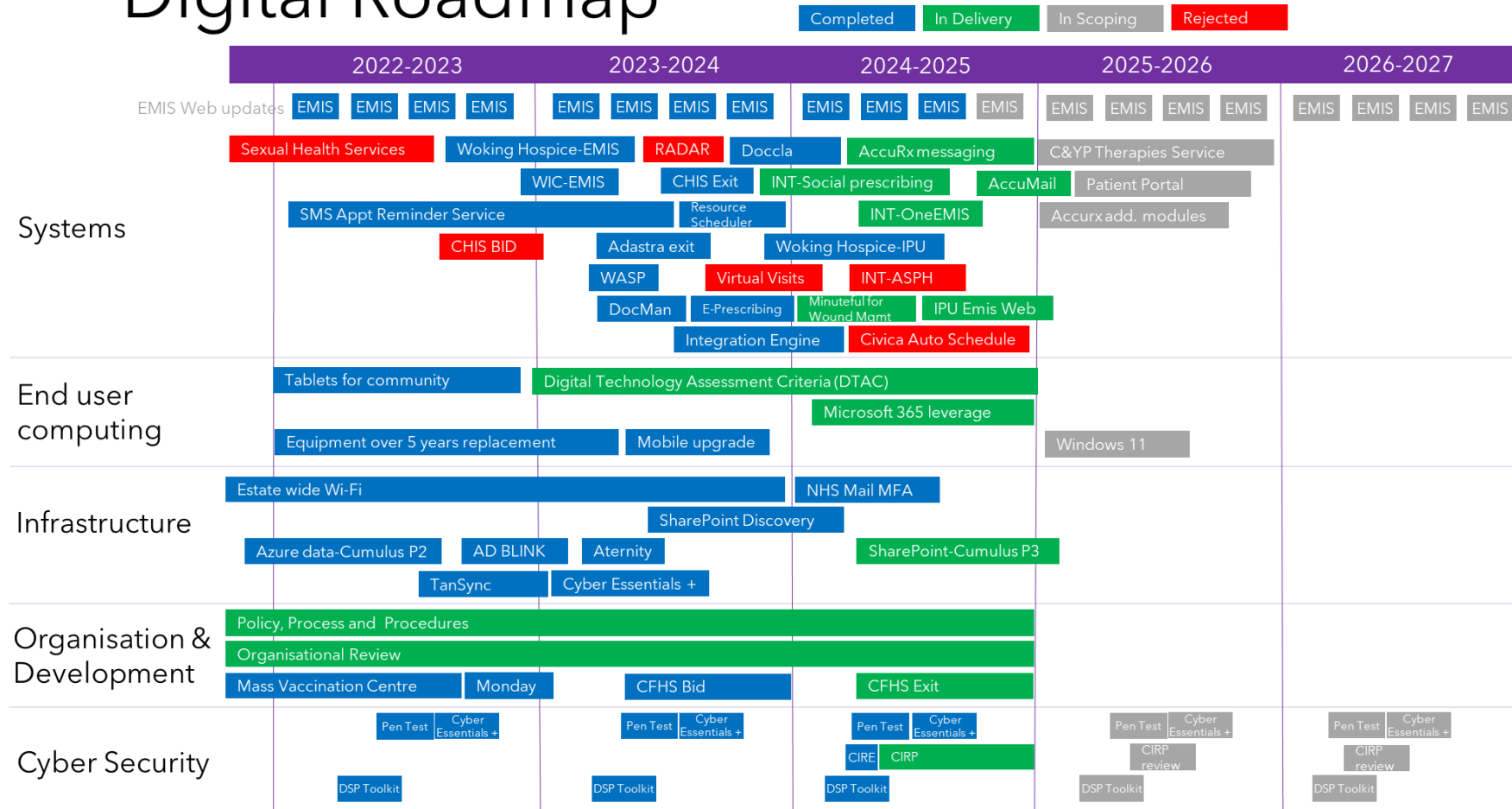Digital DATIX Risk Register
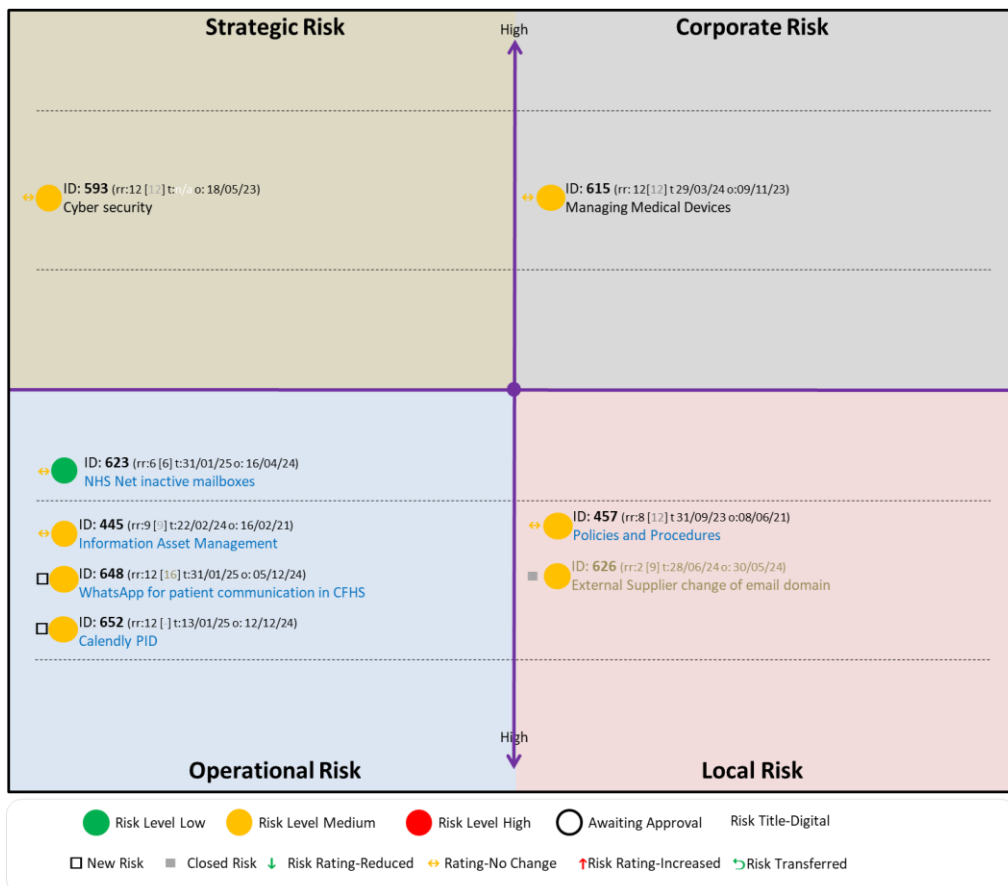
8.   Technology Roadmap

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.
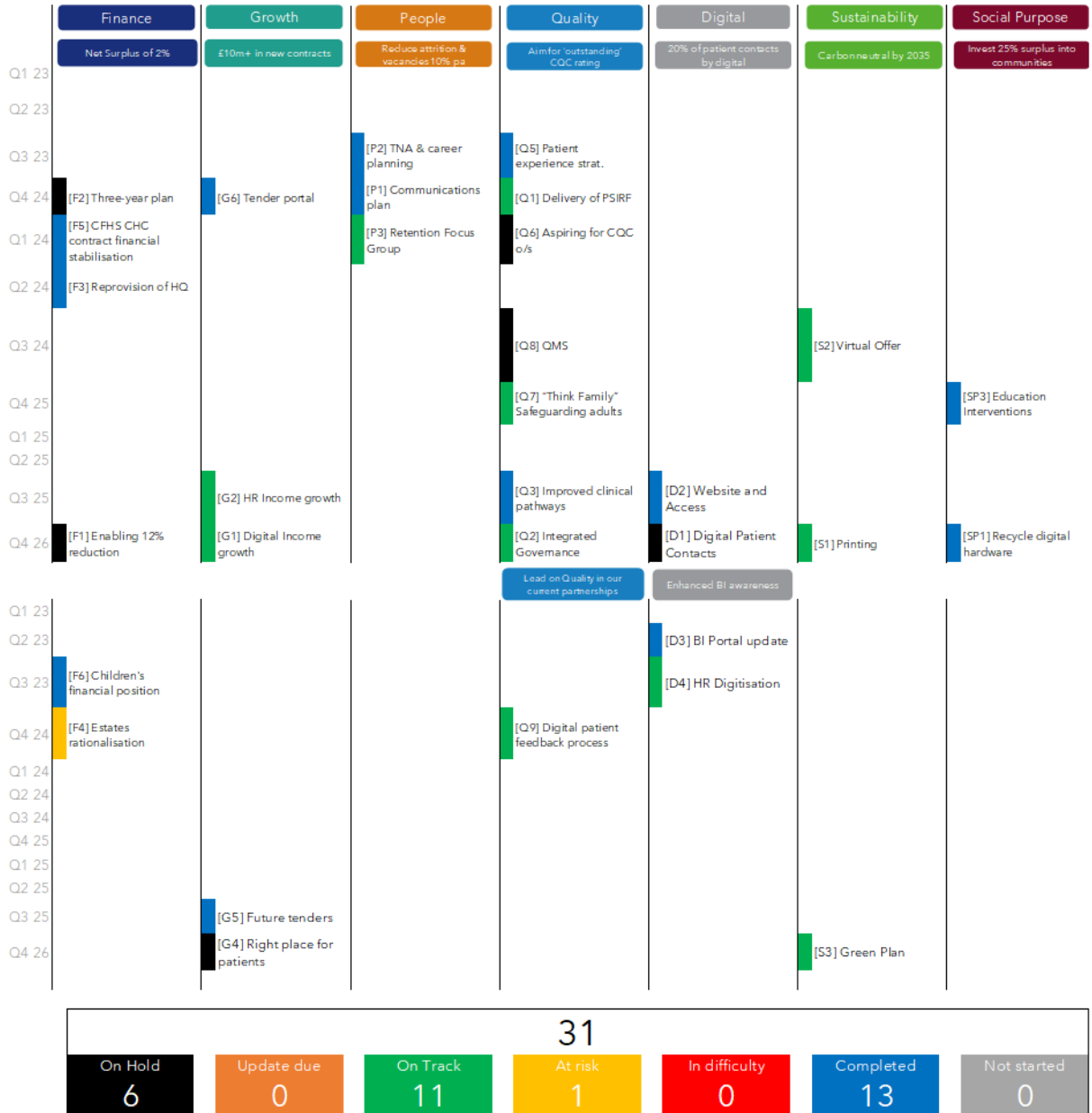
7.2 This roadmap underpins our 'Any time, Any place, Anywhere' strategy, enabling CSH staff to work fully from any location.

9. Strategic Delivery Plan (SDP)

Strategic Delivery Plan 2023-2026
December 2024

Finance	Growth	People	Quality	Digital	Sustainability	Social Purpose
Net Surplus of 2%	£10m+ in new contracts	Reduce attrition & vacancies 10% pa	Aim for 'outstanding' CQC rating	20% of patient contacts by digital	Carbon neutral by 2035	Invest 25% surplus into communities

Timeline (Q1 23 – Q4 26):

- [F2] Three-year plan
- [F5] CFHS CHC contract financial stabilisation
- [F3] Reprovision of HQ
- [F1] Enabling 12% reduction
- [G6] Tender portal
- [G2] HR Income growth
- [G1] Digital Income growth
- [P2] TNA & career planning
- [P1] Communications plan
- [P3] Retention Focus Group
- [Q5] Patient experience strat.
- [Q1] Delivery of PSIRF
- [Q6] Aspiring for CQC o/s
- [Q8] QMS
- [Q7] "Think Family" Safeguarding adults
- [Q3] Improved clinical pathways
- [Q2] Integrated Governance
- [S2] Virtual Offer
- [S1] Printing
- [SP3] Education Interventions
- [SP1] Recycle digital hardware
- [D2] Website and Access
- [D1] Digital Patient Contacts

Lead on Quality in our current partnerships · Enhanced BI awareness

- [F6] Children's financial position
- [F4] Estates rationalisation
- [G5] Future tenders
- [G4] Right place for patients
- [Q9] Digital patient feedback process
- [D3] BI Portal update
- [D4] HR Digitisation
- [S3] Green Plan

Total: 31

On Hold	Update due	On Track	At risk	In difficulty	Completed	Not started
6	0	11	1	0	13	0

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   A reporting mechanism is in place where progress updates are requested from objective owners to align with reporting deadlines. The current updates are following the reporting deadline of 10th December 2024; next update submission deadline is 11th February 2025.

9.3   The highlight report above sets out a summary of where we currently are and how progress against the plan stands as at mid-December 2024.

9.4   Following Executive decision, and as agreed at the Strategic Delivery Group meeting of 17th December 2024, the Alliance initiatives 'P4: Supporting our people', 'P5: Workforce Business Unit Development' and 'SP2: Development of Alliance Neighbourhood Teams' have been removed from the SDP.

9.5   We are tracking a total of 31 planned strategic projects/initiatives, of which 13 (42%) have now been completed. Of the remainder: 6 (19%) are on-hold, 1 (3%) is at risk and 11 (36%) remain on track for planned delivery.

10.   Recommendations

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

End of report