

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

<b>Date:</b>	Tuesday, 4 <sup>th</sup> March 2025
<b>Venue:</b>	Duke’s Court, Woking, GU21 5BH / MS Teams
<b>Time:</b>	09:30 – 12:45

**PART 1 AGENDA**

Time	Item	Agenda Item	Lead	Outcome	Paper / Verbal
09:30	1.	<b>Patient / Staff Story</b> – Children and Family Health services	SP	Note	Verbal
10:30	2.	<b>Chair’s welcome, opening remarks, and apologies for absence</b>	AF		
10:35	3.	<b>Declarations of interest</b>	AF	Note	
10:40	4.	<b>Minutes of the last meeting – held on 21 January 2025</b>	AF	Approve	Att A
	a.	Matters arising from previous meetings / action tracker	AF		Att B
10:45	5.	<b>Chief Executive’s report</b>	SF	Note	[Att C]
10:55		<b>BREAK (20mins)</b>			
11:15	6.	<b>The Voice</b>	SG, PMW	Assurance	
	7.	<b>Operational reports and strategic implications</b>		Assurance	
11:25	a.	Integrated Report – Quality, Nursing, Medical i. Safer staffing report	SJP, MW		Att D Att E
11:40	b.	Children & Family Health Surrey (CFHS)	SP		
11:45	c.	Adults Service / NorthWest Surrey Alliance (NWSA)	CA, SJP		
11:55	d.	Digital & Strategic Delivery Plan	KW		Att F
12:05	e.	HR & People	CB		Att G
12:15	f.	Patient-led assessment of the care environment (PLACE) – CSH’s results	RH		Att H
12:25	8.	<b>Any other business</b>	AF	Note	



Time	Item	Agenda Item	Lead	Outcome	Paper / Verbal
12:30	9.	<b>Questions from the floor in relation to today's agenda</b>	AF	Note	
	10.	<b>Date, time and location of next meetings</b> <ul style="list-style-type: none"> <li>- Tuesday, 6<sup>th</sup> May 2025</li> <li>- Tuesday, 1<sup>st</sup> July 2025</li> <li>- Tuesday, 9<sup>th</sup> September 2025</li> <li>- Tuesday, 4<sup>th</sup> November 2025</li> </ul>	AF	Note	
12:45		<b>CLOSE</b>			
13:15		<b>Part 2 – Items to be taken in private</b>			

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

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



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

<b>Date:</b>	Tuesday, 21 <sup>st</sup> January 2025
<b>Time:</b>	09:30
<b>Venue:</b>	Duke’s Court, Woking, GU21 5BH / MS Teams

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

In attendance	
Christine Armitage – Transformation Director	CA
Camilla Bellamy – Director of People	CB
Sharon Gosling – Voice Co-Chair	SG
Robert Hudson – Director of Finance	RH
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
Michael Hitchins – Digital Delivery Manager	MH
Andy Humm – Head of Project Management Office	AH
Annet Jeyapandian – BI Developer	AJ
Elsie Manners – Project Manager	EM
Alisdair Millard – Head of Infrastructure Services	AM
Rudrasekhari Rakoti – BI Developer	RR
18 co-owners present	
Andrea Goldsmith – Company Secretary [minutes]	AG

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

Minute	Discussion	Action
<b>1.</b>	<b>Staff Story – Digital</b>	
1.1	KW introduced the members of the Digital Team to the meeting, advising that Applied Resilience had not been able to attend the meeting to talk about emergency preparedness, as they were dealing with an emergency.	
1.2	MH took the Board through the Digital roadmap from 2019 to now. The roadmap showed which projects had been completed, in progress, and being looked at, with some having been delayed by the pandemic. From the last digital maturity matrix, CSH scored very highly, showing the success of the roadmap. There had been an increased focus on cyber security since the 2022-23 financial year.	
1.3	AH presented the Minuteful app for wound care and directly integrated with EMIS. This was a 12-month pilot across Spelthorne and Thames Medical, with 35 active users of the 40 licences available. There had been over 5000 scans with the app which improved care for patients, as well as support for colleagues, by having specialist input much quicker and improved record keeping. The benefits were being monitored through the Strategic Delivery Group, who would consider the full business case in due course. SJP stated that this did not take	

	away clinicians' experience and expertise, and meant that there was more oversight and support which had been well received. This also linked to a PSIRF (patient safety incident response framework) priority to improve patient care.	
1.4	EM presented Accurx which digitises communications to patients using text messages and emails, and integrates with EMIS: patients were able to refuse digital communications as they preferred. Accurx was used in the vast majority of GP practices in Surrey and so the next phase of the programme will improve communication with primary care colleagues and look at video consultations. Moving to electronic messaging will reduce administration time, as well as paper and postage costs significantly. SF added that from talking to patients and primary care, timeliness of clinical information was key and this will help provide that. KW noted that CSH was not currently paying for this system, and that a business case would be needed, with benefits and returns on investment identified, when the funding ran out.	
1.5	RR took the meeting through the insights that the business intelligence team can provide, with the new EMIS Explorer Insights function. This allowed for data to be available from the previous day, rather than the previous 48-hour delay. CSH was one of only five community providers who have implemented this.	
1.6	AJ advised on the daily national data collection programmes and the two current data sets: community services data set and commissioning data sets. The new Federated Data Platform should provide a single source of the truth, which will reduce workload and provide a standard report which can be compared across providers. CSH had been an early adopter, and was looking at automating the download and submission to NHS England (NHSE).	
1.7	AM stated how important cyber security is, and knowing what to do in the event of an incident. The Cyber Essentials Plus accreditation shows that CSH has many protections in place, such as multi-factor authentication and up-to-date operating systems. In going through this independent process, CSH further strengthens its own processes, and assures patients and partners.	
1.8	AM went on to discuss asset management, which was a common problem in many organisations. AMathyst allows a unified view of assets, such as equipment, files, emails and telephones, and who has access to them. This can be monitored and updated across the network and by Information Asset Owners.	
1.9	KW advised that there was a paper coming to the closed Board meeting later in the day on Digital commercial opportunities and the transfer of children and family data to HCRG. KW expressed his thanks to the Digital Team for all their hard work and contribution to improving patient safety, which was echoed by those present.	
1.10	KW noted that it was important for clinical colleagues to be involved in the development of new digital plans and projects, as well as providing ongoing feedback. Ongoing education and training for those systems and processes that have already been launched were also being looked at. The information	

	available through the BI portal was not being used enough in CSH, and more needed to be done with clinical colleagues on how this could support their work.	
1.11	RM asked how this involvement with clinical colleagues will be achieved. KW replied that digital team members would be going out more to ask them what problems they were having and suggest where tasks could be automated, which had already been done in some areas.	
1.12	FD reported that she had attended a nursing conference recently on AI, and had spoken to the company behind the Minuteful wound app who had stated that CSH were their best implementors. There had also been presentations on rostering, and scheduling to reduce travel time. This was a very important area for patient care, safety and experience, and CSH should be looking at tools and technology that can work. MH advised that a scheduling tool had been looked at before, but it was not mature enough for use within CSH at that time.	
1.13	SF asked if Accurx could be used to communicate with patients that a clinician was running late. EM advised that this was being looked at in EMIS Mobile for community nurses, but could be used in clinics now. Accurx can be used to send through information to be completed in advance of an appointment, which will ensure that the patient is seen by the right clinician. MH added that community services and social enterprises had been excluded from patient portal central funds, but this may change and so there may be funds available to develop such communication tools.	
1.14	AF asked how the asset management was linked to starters and leavers to ensure there were no legacy access risks. KW replied that this was done, but that managers needed to advise that someone had resigned in a timely manner. The equipment was now kept by the line manager for the new recruit, if the vacancy was filled.	
1.15	AF thanked the team for their presentation and commitment to improving CSH and its services, which was echoed by those present. There was more to be done on publicising successes, which was acknowledged.	
<b>2.</b>	<b>Chair's welcome, opening remarks, and apologies for absence</b>	
2.1	AF welcomed those present to the meeting, and advised that apologies had been received from Dr Michael Wood (MW).	
<b>3.</b>	<b>Declarations of Interest</b>	
3.1	JM advised that he was now the Acting Chair of Ashford & St Peters Hospitals NHS FT. There were no other declarations in relation to the agenda.	
<b>4.</b>	<b>Minutes of the previous meeting held on 12 November 2024</b>	
4.1	The minutes were <b>approved</b> with no changes required.	
<b>a.</b>	<b>Matters arising from the minutes – action log</b>	
4.2	The Board <b>noted</b> the closed actions, and those to be taken at future meetings.	
<b>5.</b>	<b>Chief Executive's report</b>	

5.1	<p>SF presented the report, noting that the good financial position would be discussed in more detail in the closed session following this meeting. Unfortunately, there has not been any progress with social enterprises and the employers' national insurance contribution increases, which was an approx. £500k impact for CSH. There does seem to be some movement for charities and hospices, but not the whole not-for-profit sector. SF assured the Board that Social Enterprise UK was raising this wherever possible, and had gone out to the media to link with the non-consolidated pay award. It had also been raised with local MPs who had taken questions to the House of Commons. There was a petition on the Parliament website, but there were not many signatures unfortunately. There had not been a response from the Government on this.</p>	
5.2	<p>AF asked whether discussions had started with commissioners on what services would need to be cut because of this increase in national insurance. SF advised that options would be worked through and presented to the commissioners, but that this would be on top of any national efficiency requirements. There will also need to be clear messaging to partners, patients and the wider public on the impact on services from this increase.</p>	
5.3	<p>The outcomes from the enabling consultations had been discussed by the Board earlier in the month, and were now moving through the next stages. There had been some questions and challenges received as part of the consultation which had been answered.</p>	
5.4	<p>The TUPE consultation for those colleagues transferring to HCRG was now underway. The TUPE list had been accepted by HCRG, which may reduce the number of redundancies required, which was welcomed.</p>	
5.5	<p>SF reported that the initial results of the staff survey had been received, and although the details cannot be released until the national results are published, the CSH results were surprisingly positive given the changes underway. There were several areas that had improved significantly, showing the benefits of the open and honest communication approach that the Board and executives had taken, especially in relation to the children and family contract.</p>	
5.6	<p>The options being discussed for out of hospital care under NWSA will be taken in the following closed meeting. There did seem to be a perception amongst some partners that CSH would not be viable once the children and family services transferred out, which was not true.</p>	
5.7	<p>AF asked for more details on the problems with the transfer of data to HCRG. KW replied that there were usually three rounds of testing before any transfer, but there had been problems with other partner's data which was impacting the ability to do this testing properly. SJP assured the Board that she was raising this where appropriate, as this was a clinical data risk.</p>	
5.8	<p>JM asked for more details on the Surrey Heartlands service review. SF advised that this would be impacted by the Government's plans for local authorities. The separate contracts for adults services were now all aligned with the same end date, March 2027.</p>	

<b>6.</b>	<b>The Voice</b>	
6.1	PMW advised that the December 2024 Voice meeting had been cancelled. SG reported that the nomination period for the Star awards had been extended, with higher numbers coming in from some areas than others. The representatives had also completed their training as Freedom to Speak Up Champions, with positive feedback being received.	
	<b>BREAK 10:39-10:55</b>	
<b>7.</b>	<b>Operational reports and strategic implications</b>	
<b>a.</b>	<b>Thematic report – Quality, Nursing, Medical</b>	
7.1	SJP advised that the last Quality & Safety Committee (QSC) had considered a number of thematic reviews, and so an integrated performance report had not been received. An update had been received on the transfer to HCRG, which would be discussed in more detail in the closed session of the Board.	
7.2	For the insulin service review, the external reviewer had worked well with the team and made a number of recommendations which were being worked through. These included more training, clarity on pathways and leadership, and scheduling. The action plan would be monitored through the Adults senior leadership team and reported to QSC.	
7.3	FD stated that insulin-related incidents had been discussed at recent QSC meetings, and asked whether a reduction in incidents was being seen. SJP assured the Board that some immediate actions had been put in place. There were only a small number of insulin-related incidents, but the consequences of mistakes could be very significant and even fatal. The report and actions have been shared with the team, but some recommendations will need time to enact, such as moving the service and colleagues having the additional training.	
7.4	JM asked if the number of patients for this service had grown. SJP advised that the service had been set up on approx. 160 visits and was now up to 200. There also needed to be a review of each patient to see what the most appropriate treatment for them was.	
7.5	An update had been received on the patient experience strategy, with the planned work that had started and those areas that needed to be reviewed. The themes from feedback were very similar to previous reporting periods, such as waiting times. More work was required with referrers to stop people being referred to the walk-in centre (WIC) inappropriately, such as where the WIC does not provide the service the patient was being referred for. This was part of the wider NWSA work with partners.	
7.6	SJP advised that there had been two CQC-notifiable incidents in the period, which were being investigated. These were both falls, with one witnessed and one not, and seemed to be accidents when the patient went from wearing non-slip socks to shoes. SJP advised that no reply had been received from the CQC in relation to incidents notified to them.	
<b>b.</b>	<b>Children &amp; Family Health Survey (CFHS)</b>	

7.7	SP reported that the TUPE consultation was underway, with virtual and in-person meetings being held. A dedicated email had been set up for questions and comments, which were being worked through by both CSH and HCRG. CB added that most of the questions coming through would be for HCRG to answer, and so follow-up communications would be sent out with what CSH could answer	
7.8	There were concerns about the estate and location for colleagues' bases and for post-transfer appointments, as letters will need to go out soon with these details. This had been raised with commissioners and HCRG, with HCRG stating that they were working on this. There were concerns about the number and location of sites that they were looking to work from, and whether they were appropriate or accessible by the children and families who would have appointments there.	
<b>c.</b>	<b>NorthWest Surrey Alliance (NWSA)</b>	
7.9	SJP advised that the recovery plan was underway, with more details to be discussed in the closed session later in the day.	
<b>d.</b>	<b>HR &amp; People</b>	
7.10	CB presented the report, noting that turnover was increasing slightly. The sickness absence rate had also increased, which was likely due to winter illnesses starting to come through. The statutory and mandatory training compliance was very good, and appraisal rates were improving. The operational key performance indicators were noted, with the reduction in time-to-recruit and overpayments. A readiness survey had been issued by NHS England as part the plan for a new electronic staff record.	
7.11	The restructure consultations for both enabling and adults were now into the implementation phase for the changes to be in place by 1 April 2025.	
7.12	As mentioned earlier, the initial staff survey results have been received, and although the final response rate was lower than previous years, the responses were much more positive. CSH had been top of peer organisations for most improved, and moved from eighth to fourth overall. The full results and actions plans would be brought to a future meeting when the national results were published.	
7.13	Unfortunately, even with the additional flu vaccination clinics arranged, only 25% of colleagues had been vaccinated, which was a similar figure to other providers across Surrey Heartlands. With the immunisation team transferring to HCRG, there will need to be a different plan for the 2025 vaccination campaign.	
7.14	Three recommendations had been made following a recent recruitment audit, which are being implemented. CB thanked all those involved, stating this was the best such audit she had seen.	
7.15	The Allies Networks had all discussed the amount of change in CSH at present, and the impact this was having on colleagues. There were also concerns about whether HCRG had similar groups for those colleagues transferring.	
7.16	An internal session had been set up on AI with attendance from local partners, with a working group starting to look at uses and governance within CSH. RM	



	asked if candidates were using AI for their applications. CB noted that this could help people with dyslexia to apply, for example, but that the face-to-face interviews would continue to be main deciding factor on whether to appoint.	
7.17	JM asked about remote working, with some companies changing to working in the office full time. CB stated that CSH had an agile working policy with people required to be in the office a couple of days a week, and that HCRG had their own policy for those people transferring. These policies should ensure that the business needs are being met, and that staff are delivering to their objectives, wherever they are working.	
7.18	CB finished by thanking Angie Denyer, Head of Learning & Development, for her service on her retirement, which was echoed by those present. AF asked that the Board's thanks be recorded, which was endorsed by those present.	
<b>e.</b>	<b>Digital &amp; Strategic Delivery Plan (SDP)</b>	
7.19	KW presented the report, highlighting that the introduction of EMIS into Alexandra Ward should be completed in the next month, once the workstations on wheels had been delivered. The data security and protection toolkit (DSPT) will be submitted before the transfer of the children and family service, which was earlier than in previous years. The SDP updates were now more aligned to the Board meetings, with one project at risk relating to estates rationalisation. As noted previously, this was linked to the transfer to HCRG, and confirmation on the estate they will be using.	
7.20	AF asked about the SharePoint delays. KW replied that not many organisations had done this change yet, and so CSH was working with digital partners and Microsoft on this. Users should not notice any difference, but the move should reduce CSH's data storage costs significantly.	
7.21	JM asked for more information on social prescribers. CA replied that a paper was being prepared for the executives on this. KW added that there were valid reasons for the delay, which were being worked through but may fall into the next financial year.	
7.22	FD asked about the information governance incidents. KW advised that following a detailed review, some had been reclassified as not being IG incidents, hence the reduction. The number will reduce with the transfer of children and family services to HCRG.	
<b>8.</b>	<b>Any other business</b>	
8.1	There were no items of any other business.	
<b>9.</b>	<b>Questions from the floor in relation to today's agenda</b>	
9.1	There were no questions from the floor.	
<b>10.</b>	<b>Date, time and location of the next meeting</b>	
10.1	The Board's next meetings will be held from 09:30 on: <ul style="list-style-type: none"> <li>- Tuesday, 4th March 2025</li> <li>- Tuesday, 6th May 2025</li> </ul>	

There being no other items of business, the Chair thanked everyone for their contribution and closed the meeting at 11:43.

Signed: .....

Date: .....

Chair of the Board

draft



## CSH Board of Directors – action tracker (January 2025)

Min	Action Required	By whom	Update	Due Date	Status	Completion date
2 January 2025 – open session						
	No actions					
11 November 2024 – open session						
8.1	To give a more detailed breakdown of the FFT replies by service area	<b>SJP</b>	In integrated report	4 Mar 2025	CLOSED	ONGOING
8.2	To check the number of complaints in the narrative and graphs of the integrated report	<b>SJP</b>	In integrated report	4 Mar 2025	CLOSED	4 Mar 2025
8.12	To review the format of the waiting list graphs in the integrated performance report for clarity	<b>SJP</b>	In integrated report	4 Mar 2025	CLOSED	4 Mar 2025
8.22	To provide a breakdown of the abandoned calls by area	<b>KW</b>	Changed in BI Portal	4 Mar 2025	CLOSED	ONGOING
11.1	To investigate whether it would be possible to sell old equipment to colleagues, after it had been wiped of all CSH data	<b>KW</b>	This was investigated and was found to be too complicated and impractical	4 Mar 2025	CLOSED	4 Mar 2025

# CSH Surrey

## Integrated Performance Report

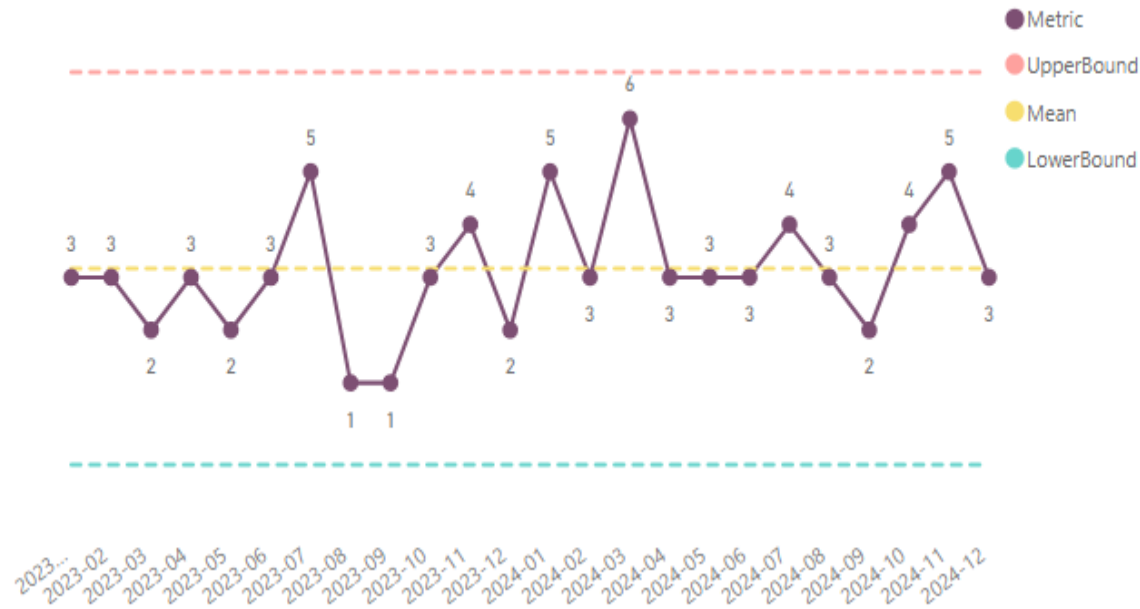
### [April 2024 – December 2024]



# Quality & Clinical Governance

## Patient Experience

Formal Complaints



**Summary:**

There were ten new complaints received in November and December 2024. This is slightly higher than the previous quarter (December should be 5 not 3).

Two complaints were about children's services, the remaining eight were about adult services. The main subjects were values and behaviour of staff (4), access to care (3) and waiting times (3).

Five complaints were about the walk-in centre service, with values and behaviour of staff being the main theme. This is picked up individually within 1-2-1's. Learning from complaints is shared at monthly team meeting including how behaviours of staff can change a person's experience of care.

Of the six complaints closed in Q3, three were not upheld, two were partially upheld, one was fully upheld. Systems to share learning across services require development.

Several informal concerns have highlighted difficulty booking a podiatry appointment. There was reduced capacity for patients outside the most critical part of the service, but the service has reported an increase in capacity for these patients.

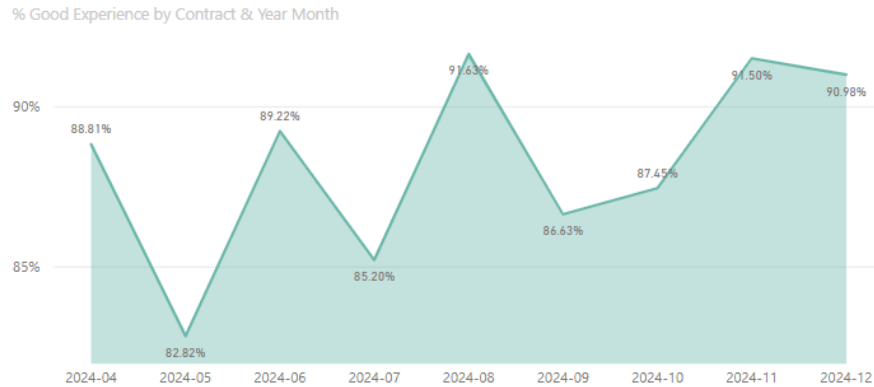
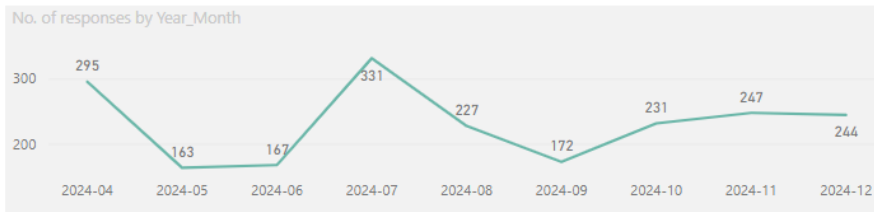
**Actions:**

To work with teams and families to resolve complaints at the earliest stage. To identify through the themes identified Quality Improvement projects to improve patient experience.

Podiatry are looking at this as part fo the recovery program.

# Quality & Clinical Governance

## Friends and Family (FFT)



	Number of responses	% good experience
<b>November</b>	247	91.50%

### Summary:

There has been a continuing improvement in the volume of feedback for November and December 2024. This is attributable to the uptake of the SMS feedback service for adults' services.

There was also an improvement in the positive experience score during this period.

All service feedback collection method distribution for November and December was:

- Paper 13.65%
- SMS 59.88%
- Online survey 3.66%
- Tablet 22.81%

Feedback type/quality for November and December combined was:

- Positive 91.24%
- Negative 6.31%
- Neutral 2.45%

Service currently using the SMS service:

- WIC Woking
- WIC Ashford
- CRT
- UCR
- Podiatry
- Respiratory Care Team

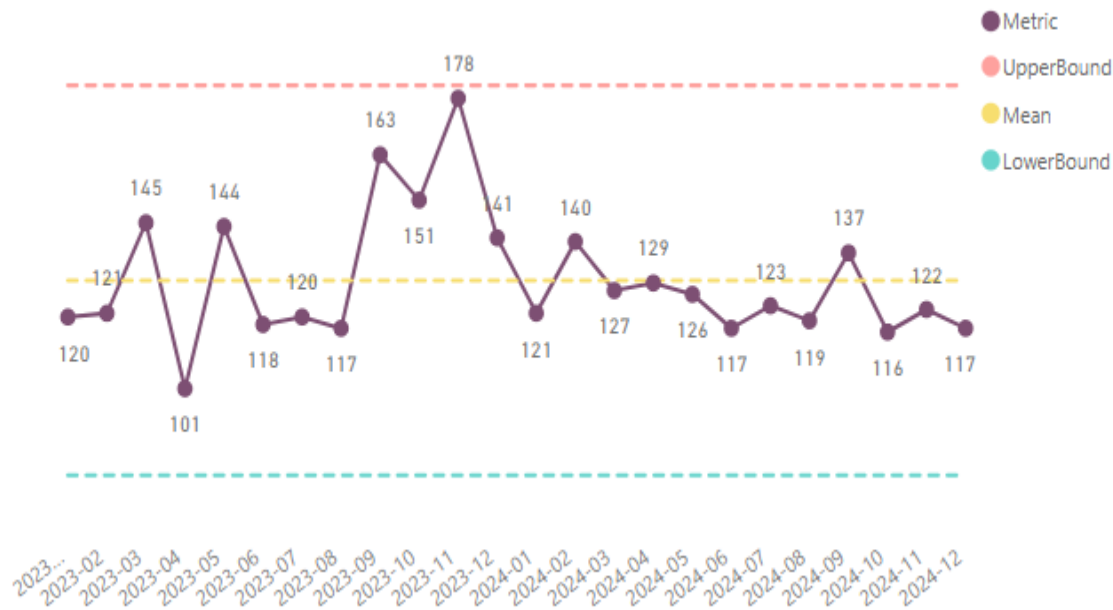
<b>December</b>	244	90.70%	<p>The Walk In Centres have received the most feedback following the introduction of SMS messaging.</p>
			<p><b>Actions:</b> Rollout of SMS messaging to suitable adult services is on track to meet the expected time frame of end of March 2025. Other methods of collection will still be available.</p>
			<p><b>Expected outcomes and timelines:</b> Continued improvement in the volume and of feedback.</p>

# Quality & Clinical Governance

## Patient Safety

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

Incidents - Total (Internal)



**Summary:**

Average monthly incident reporting 123 incidents per calendar month. Since November 2023, incident reporting has remained consistent and the upper and lower limits for the SPC chart will be remodelled against this.

**Top 5 reporting areas:**

- Community Nursing – 324
- Community hospital - 224
- Urgent Community – 63
- WICs – 51
- Occupational Therapy Children’s – 51

63% pf incidents reported during Q3 are one of the top 5 reporters.

Two falls to fracture occurred during this period requiring CQC notification. The falls were not connected and the situation surrounding the falls were completely different. Patient Safety Incident Investigations under PSIRF are in train. This adds to the two CQC notifications following the radiology incidents that were reported in November 2024.

**Actions**

To continue to develop PSIRF management of incidents.



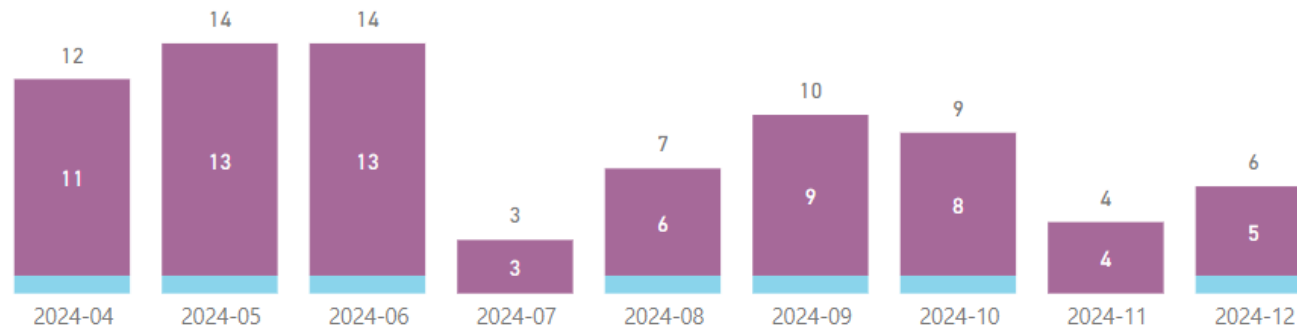
# Quality & Clinical Governance

## Clinical Services – Adults

### Falls

TREND - Incidents by Year Month

● CFHS ● NW Surrey



**Summary:**

From April 24 to December 24, there have been a total of 42 falls reported via the CSH incident reporting system, of which 17 falls related incidents were classified as internal and 25 as external (Adults= 24 ; CFHS = 1)

This data is comparable to the same period in 2023, when taking the impact of the Walton Hospital ward closure into account, with no new trends emerging.

- There were 19 unwitnessed and 23 witnessed incidents reported over the period.
- 26 incidents were reported as no harm, 13 as low harm, 2 as moderate harm and 1 as a near miss.
- Community hospital (25) remains the highest reporting service however is almost half of the number of incidents reported for the same period last year (53). This is likely due to the closure of the Walton Community Hospital wards.
- Main type of falls reported across all services remains similar to previous years i.e. Fall from standing/ walking (13), assisted falls (8) and falls from sitting / commode (9).

**Actions:**

Regular reviews of falls related incidents are taking place across the organisation (weekly PSIRF patient safety huddles, IRG, Falls Prevention and Management Steering Group, Operational Team meetings).

Actions as a result of these reviews and meetings include:

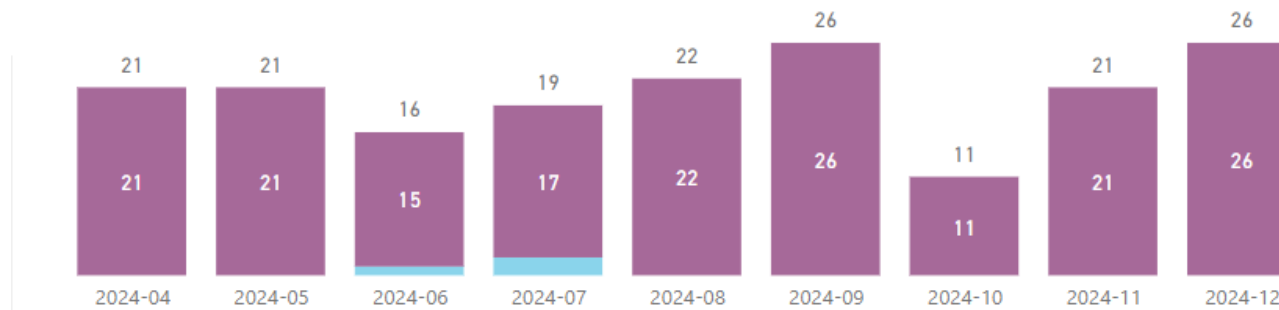
- All actions to take a QI approach and be managed under the QI PSIRF workstream.
- Embedding of the Falls Prevention and Management Policy for adult patients and related Standard Operating Procedures for each service area which has provided an audit and working framework.
- Community Hospital - improved telecare and enhanced bed surveillance, audits against the standard operating procedure and local actions put in place e.g. checklists followed and completed correctly, routine standing and lying BP checks, patient and relative information on appropriate footwear, awareness of processes to follow through SOP embedding and training.
- Community - improved awareness of process and considerations around unwitnessed falls i.e. head injury, cervical spine injury and anticoagulants.
- Training added to manual handling training to include: how to safely facilitate a falling person to the floor, how to get a patient up off the floor through backward chaining or using a variety of equipment, prevention of a long lie.

# Quality & Clinical Governance

## Pressure Ulcer Since Admission

TREND - Incidents by Year Month

● CFHS ● NW Surrey



**Summary:**

Internal pressure ulcer incidents have decreased by 16.66% compared to Q3 (2023/24), whereas external incidents have increased by 9.19%. There has been an increase in the number pressure ulcer incidents with safeguarding concerns, compared to 2023/24; this was also a concern in Q2.

Data from the pressure ulcer dashboard on the Minuteful app (excluding Woking INT) shows that out of 261 pressure ulcers during Q3, 61 were not recorded according to the category of pressure damage as set out in National and International guidance. 109 patients had no risk assessments recorded. A review of the data from the app was triangulated with data from EMIS. This review showed that 31% of patients were not having a first assessment by a registered nurse, this means that Band 4 clinicians and healthcare assistants were working beyond their scope of practice. Two patients were never seen by a registered nurse.

Compliance with mandatory pressure ulcer training presents Spelthorne at 64.29%, Thames Medical at 42.86% and Woking at 61.11%, equating to an overall compliance of 54.71%. This data cannot be triangulated to vacancy rate, agency use, banding of staffing, patient acuity, deferred visits or a combination of any of these factors. Capacity issues within community nursing and deferred visits needs to be considered along side all data collection.

The last pressure ulcer improvement group meeting on 11<sup>th</sup> December 2024 was not quorate as there was no representation from community nursing as the teams were in business continuity.

**Actions:**

Tissue Viability Lead has recommended a roundtable discussion with the Quality & Clinical Governance Team and Leads from Community Nursing to establish ways to address some of the issues highlighted above.

**Expected outcomes and timelines:**

Await outcome of roundtable discussion.

# Quality & Clinical Governance

## Infection Prevention and Control (IPC)

		No. cases in Q1	No. cases in Q2	No. cases in Q3	No. cases in Q4
MRSA B	CSH Attributed	0	0	0	
	Non CSH attributed	0	0	0	
Ecoli B	CSH Attributed	0	0	0	
	Non CSH attributed	0	0	0	
CDI	CSH Attributed	0	0	0	
	Non CSH attributed	0	0	0	

**Mandatory Surveillance:**

**Inpatient care only**

**MRSA bacteraemia (MRSAB)**

Objective for 2024-25 = 0 avoidable

**E. Coli bacteraemia**

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

**Clostridium difficile (CDI)**

Organisational Annual Internal Objective 2024-25 = 0

**Summary:**

The CSH Infection Prevention and Control Strategic Group (SIPCG) met on 22<sup>nd</sup> January 2025 to review and agree the SIPCG Q3 2024-25. The meeting was chaired by the CSH Director of Infection Prevention and Control.

**Outbreaks x 2:**

- Alexandra Ward, Covid Outbreak 26.11.24: 5 patients (4 confirmed by LFT) and 5 staff members affected, meeting notes on file.
- Alexandra Ward, Norovirus Outbreak 30.12.24: 6 patients in total affected, 2 confirmed Norovirus samples

**Incidents:**

- Datix 28588 7.10.24 Woking Community Nursing, dirty sharps injury-patient insulin needle
- Datix 28629 10.10.24 Immunisation Team: clean needlestick injury
- Datix 28772 28.10.24 Alexandra Ward Covid +ve, admitted on 26.10.24
- Datix 29056 - Chertsey CWC cleanliness
- Datix 29017- 25.11.24 Thames Medical Frailty Hub - staff D&V outbreak. 5 staff affected.

National incident (April 2024) GOJO / Purell administration. Update Nov 2024: NHS supply chain delisted / limited alternative alcohol handrub products – staff should continue to report any incidences of low stock, or failure to order/deliver hand hygiene products (as IPC risk, on RR).

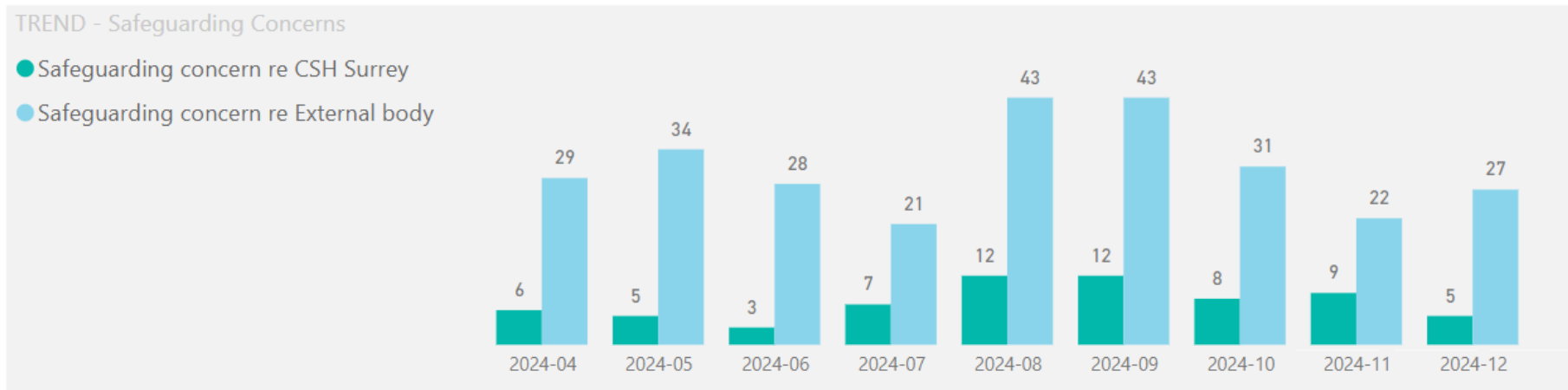
**Actions:**

- **Operations/Managers** completion of hand hygiene audits

<p><b>ALL:</b> -Reported monthly to UKHSA DCS by Acutes <b>Covid</b> No longer reported nationally</p>	<ul style="list-style-type: none"> <li>• <b>Operations/Managers</b> Managers to ensure all teams with reusable clinical equipment, including non-invasive equipment, maintain cleaning checklists as assurance of cleaning being completed</li> <li>• <b>Review of referral form from ASPH to ensure IPC inclusion</b></li> <li>• <b>IPC Links summary review and feedback with SLT</b></li> <li>• <b>Terms of Reference annual review</b></li> </ul>
	<p><b>Expected outcomes and timelines:</b> Next Strategic IPC Group meeting 23.04.2025, including action log and SIPCG Report 2024-25 Q4 for review and agreement.</p>

# Quality & Clinical Governance

## Safeguarding Adults



**Summary:**

85 Section 42 inquiries received during Q3. We have started to see a reduction in Section 42 inquiries when comparing the numbers to 2023/24. This is due to the work undertaken across Surrey to identify a threshold for Section 42 inquiries. The highest reported category continues to be neglect; however there was a decrease of 9 referrals in Q3 compared to Q2.

Safeguarding Adult Level 3 training is presently 74.72%. The training has been placed on the organisational risk register as the KPI is 85% and organisationally we recognise that there is a risk to care by not meeting the compliance threshold. A targeted piece of work is under way to ensure that people are mapped correctly against the RCN adult safeguarding document. The present delivery is face to face bimonthly, which has been moved to monthly, there have been issues with people on the registers leading to a cancellation of sessions.

**Actions:**

Re mapping for the level of training required by roles is underway. The Intercollegiate Document is required to be mapped to roles and not Bands and is clear on each level of training people require. Wrongly mapped staffing lists are being corrected which accounts for some dips in compliance as people were not aware that they required a higher level of training.

Delivery of training is under review – to include a mix of face to face and e-learning.

**Expected outcomes and timelines:**

Mapping to be completed by end of January 2025.

Communication to be shared across the organisation during January 2025.

Focus on improving compliance by 31/3/25.



# Quality & Clinical Governance

## Safeguarding Children & Family Health Surrey



**Summary:**

The data depicts the numbers of concerns raised to the local authority externally where it was found that children were known to our services in comparison to those raised by CSH. Themes identified are neglect and physical abuse resulting in Section 47 inquiries.

Prior to school holidays the C-SPA sees an increase in the numbers of concerns being raised which results in an increase in strategy discussions. Strategy meetings have traditionally been attended by the CSH Safeguarding Children’s team as opposed to the clinical teams involved in the child’s care. This impacts on the ability of the Safeguarding Children’s team to meet their Section 11 duties for example training. This also impacts on the clinical teams to undertake their responsibility of safeguarding children being everyone’s business.

Level 3 Safeguarding children remains below the expected KPI of 85% at 64.91%. Concerns were raised previously in regards to the Olive platform that provided the Level 3 training to organisation across Surrey. CSH took the decision to move to the national e learning package.

**Actions:**

To continue to move the attendance of strategy meetings to clinical teams. 0-19 clinical teams are attending some strategy meetings of those children known to them.

To continue working with local authority associate director regarding strategy meetings and moving to a model where CSH does not attend for all children but only those on our caseloads.

National e-learning package to launch in January 2025.

Monitor absence and impact of absence within the safeguarding children's team.

**Expected outcomes and timelines:**

Training compliance to improve and reach 85% by 31/3/25.

Expecting to see increased attendance from clinical teams at strategy meetings.

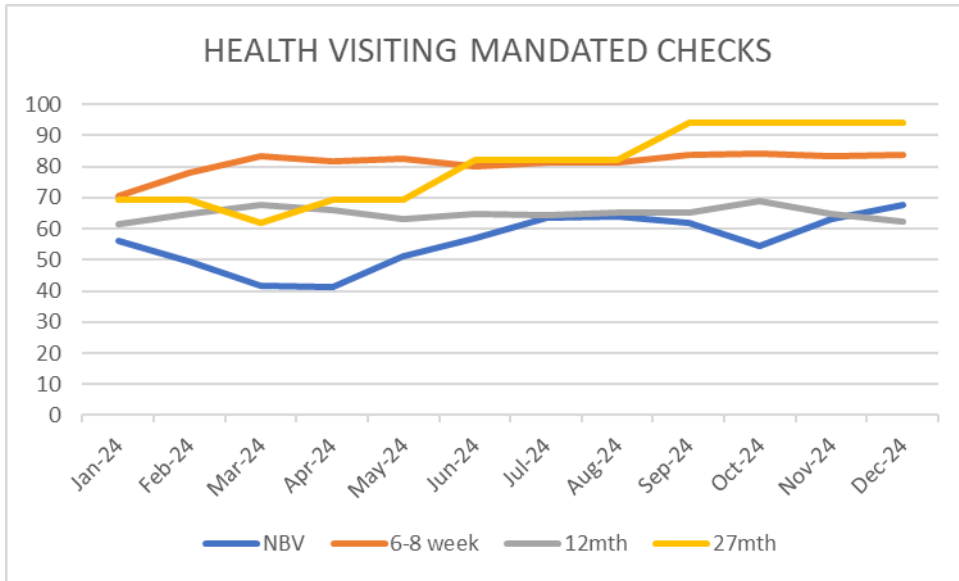
## Children's Performance Metrics

No.	Metric	Target	2024-01	2024-02	2024-03	2024-04	2024-05	2024-06	2024-07	2024-08	2024-09	2024-10	2024-11	2024-12
12	Children Referrals		4176	3456	3293	3997	3597	3334	3932	3299	3529	3796	3309	3170
13	Children 1st Appintments		3174	2871	2696	3132	3029	2955	3184	2828	3013	3214	3012	2743
14	Children FU Appintments		12172	10986	10454	10803	11366	10587	11110	9398	10330	11278	10302	8412
15	Children DNA Rate	10%	8.47%	9.16%	9.01%	8.36%	8.60%	9.04%	8.06%	8.98%	8.61%	8.26%	8.46%	8.62%
16	Children Appts Cancelled by Service		1889	1831	1833	1914	2014	1960	2034	1899	1813	2042	1919	1712
17	Children Continence Referrals		36	36	41	34	28	32	36	28	31	38	38	25
18	Children Continence Caseload		852	873	893	891	906	916	934	934	943	967	974	987
19	Children Continence Discharges		3	1			1		3			2		
20	NBV Within 14 Days	82%	67.9%	56.5%	49.8%	51.0%	59.3%	67.0%	74.4%	74.2%	71.4%	64.2%	73.0%	78.8%
21	NBV Within 21 Days	82%	94.9%	87.5%	83.6%	87.4%	87.1%	91.3%	94.7%	93.5%	96.1%	94.1%	96.6%	95.0%
22	NBV B/Feed Prevalence	78%	77.7%	78.6%	76.4%	77.5%	80.8%	79.0%	80.5%	78.3%	77.4%	79.8%	78.6%	19.4%
23	6-8 Week Review Within 8 Weeks	90%	74.6%	82.4%	85.3%	83.1%	88.7%	86.8%	85.7%	85.6%	87.8%	87.5%	86.4%	87.3%
24	6-8 Week Review Within 10 Weeks	90%	91.9%	93.0%	91.4%	92.8%	94.1%	95.2%	93.9%	93.3%	95.5%	96.1%	94.8%	93.4%
25	12 Month Review Within 12 months	69%	60.3%	65.2%	69.2%	67.1%	63.9%	66.1%	65.1%	65.6%	67.7%	69.7%	64.4%	63.7%
26	27 Month Review Within 30 months	69%	63.8%	64.5%	63.5%	63.0%	68.0%	69.4%	66.9%	67.7%	83.7%	82.9%	89.9%	80.4%
27	Incidents - Children		23	27	35	30	36	32	38	21	27	32	30	21
28	Agency Costs - Children Services	3.7%	3.43%	3.28%	3.72%	2.78%	3.29%	2.96%	3.54%	4.20%	2.72%	4.69%	5.19%	4.11%

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

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

## Mandated Checks – Health Visitors



### Summary

The Health Visiting Service continues to offer 100% of mandated checks to families and uptake has remained fairly constant.

Services have a clinical business continuity plan in place to manage mandated checks when workforce is below affordable establishment.

A face-to-face home visit for new birth reviews and supporting families with complex and or safeguarding needs continues to be the highest priority.

### Actions

	HV	SN
NE	Bank support	Bank support
SE		
SW		
NW		

AMBER – 60-69% available staffing.

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

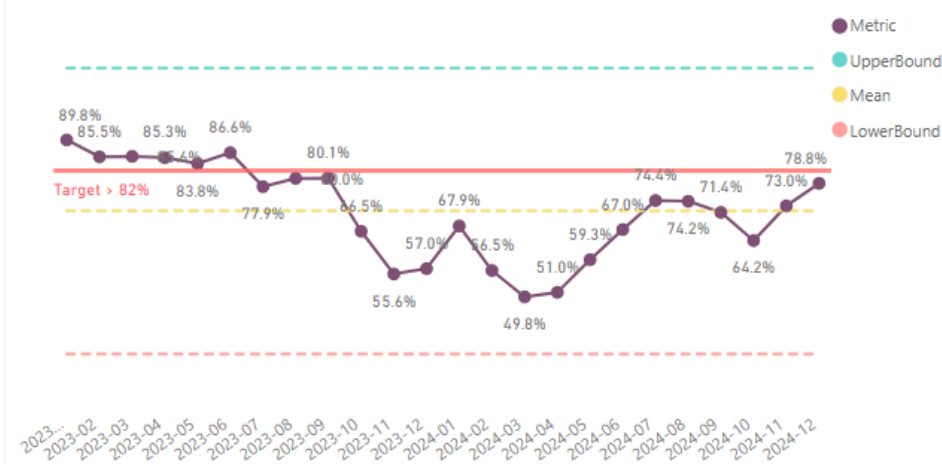
Business Continuity status for 0-19 teams.

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

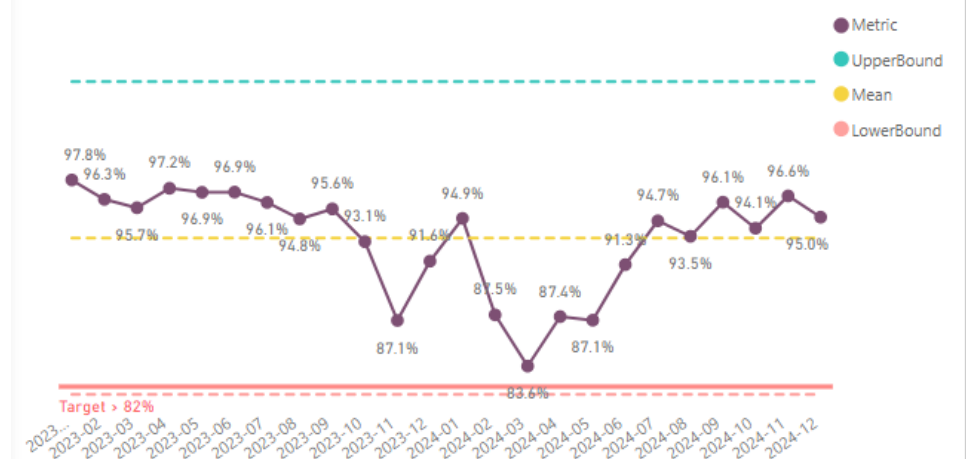
# Clinical Services – Children & Family Health Surrey (CFHS)

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

NBV with 14 days



NBV with 21 days



### Summary

Services are achieving 78.8% new birth visits within 14 days, increasing to 95% of visits within 21 days. Services are prioritising the new birth visit as a face-to-face home visit. 21 days is the new tolerance level agreed with commissioners.

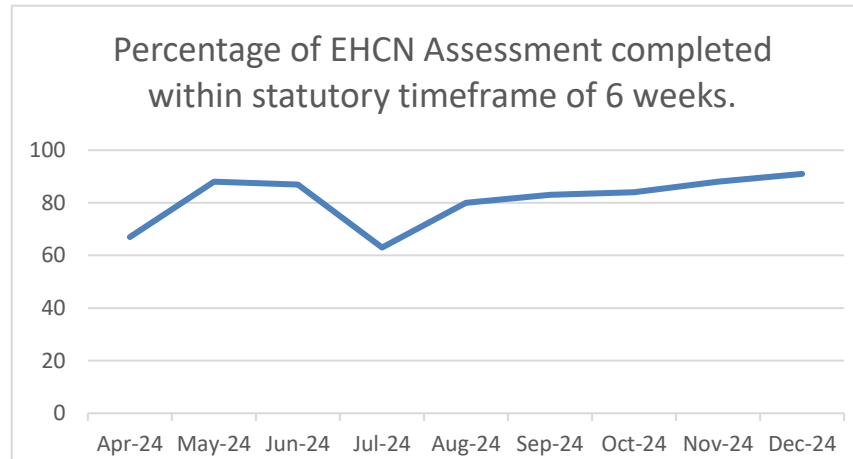
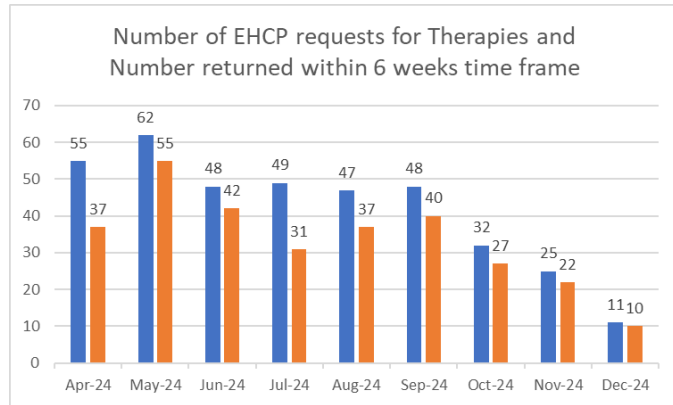
In December 2024, there were 11 families who did not received a new birth visit. This was due to valid reasons: eg, baby still in NICU or families staying out of area or family who have moved.

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

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

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

## EHCP compliance



### Summary

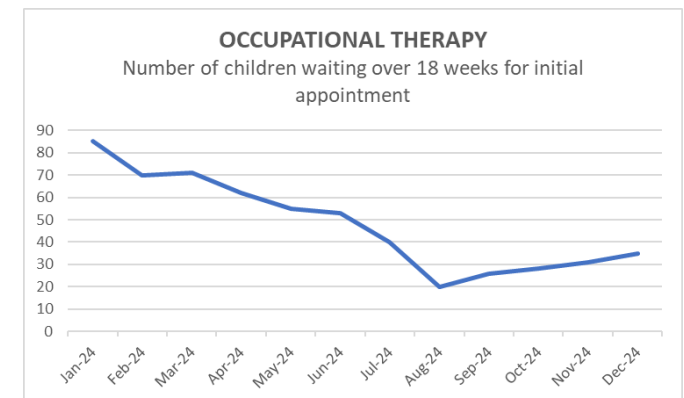
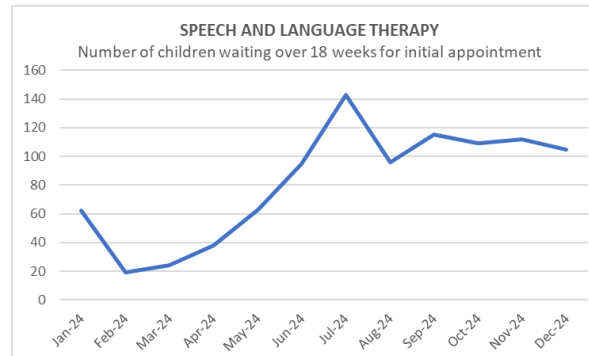
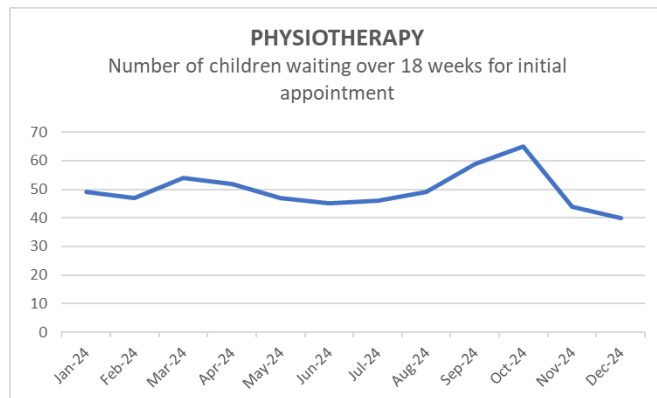
Services are achieving 91% of Education, Health, Care Needs assessment (EHCNA) within the 6-week statutory timescale. Local intelligence informs us that London Boroughs are achieving between 20-30% compliance. The majority of EHCNA are for Speech and Language Therapy advice (61%), with Occupational Therapy requests equally 32% and Physiotherapy requests equally 7%.

### Actions

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

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

## Paediatric Therapies - Waiting for FIRST Appointment



### Summary

As of December 2024, there were 40 children waiting over 18 weeks for an initial appointment in Physiotherapy, 105 children waiting over 18 weeks for an initial appointment Speech and Language Therapy (SLT), and 35 children waiting over 18 weeks for an initial appointment in Occupational Therapy (OT).

- Physiotherapy has made significant improvement in waiting times for initial assessment over the year as number of children waiting in Dec 2023 was 70 (thus a 43% reduction by Dec 2024).
- OT has made similar progress, with 92 children waiting in Dec 2023 (thus a 62% reduction by Dec 2024)
- SLT has had a more fluctuating profile, with a slight increase at year end in comparison with previous end year. (In Dec 2023 – number children waiting 69 – 52% increase when compared with Dec 2024) although an overall reducing picture as in April 2023 there were 265 children waiting. (60% reduction)

There are no children waiting over 52 weeks and children waiting over 25 weeks are re-triaged and harm review conducted.

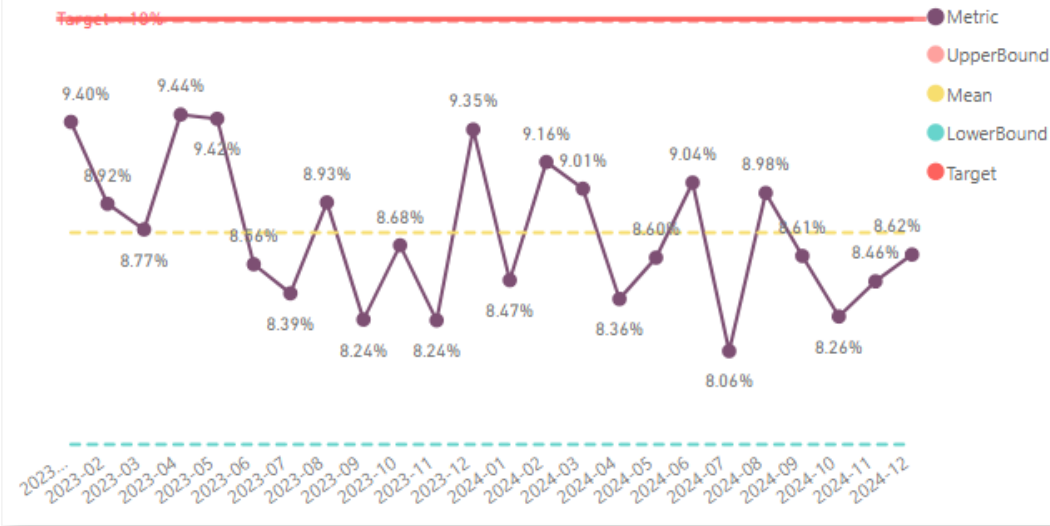
### Actions

SLT waiting times have been adversely affected by the increasing number of children who are deferring school entry. The service would normally transfer care to Surrey County Council SLT team as a child enters school but an increasing number of parents are choosing to defer school entry and some parents have not been able to secure a school place. These children remain on the CFHS caseload and impact the service capacity to assess new referrals. This has been escalated to commissioners.

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

## Was Not Brought

Children DNA Rate



### Summary

The number of children who are not brought to appointments remains under 10% and is affected by school holiday periods

### Actions

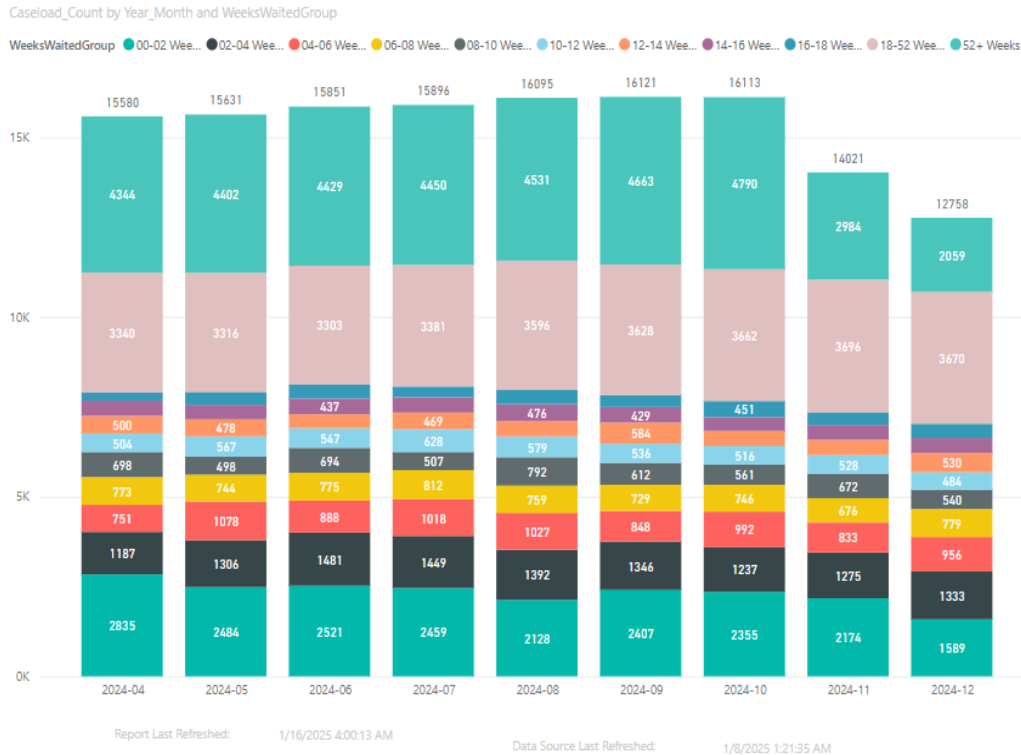


# Adult Performance Metrics

No.	Metric	Target	2024-01	2024-02	2024-03	2024-04	2024-05	2024-06	2024-07	2024-08	2024-09	2024-10	2024-11	2024-12
1	Adult Referrals		5600	5054	4776	4964	5048	4796	5232	5014	4726	5273	4610	4166
2	Adult 1st Appointments		4271	3799	3328	3705	3743	3579	3818	3375	3692	3971	3843	3415
3	Adult FU Appointments		23275	21022	20964	22455	22833	21010	23105	21506	20885	21735	20803	20885
4	Adult DNA Rate	4%	4.13%	3.46%	3.53%	3.45%	3.56%	3.71%	3.47%	3.18%	3.26%	3.58%	3.53%	3.65%
5	Adult Appts Cancelled by Service		4764	3970	4139	4285	4314	4179	5015	4450	4303	4258	4380	4591
6	Adult 18+ Week Wait	8%	32.7%	33.7%	33.1%	32.9%	30.8%	28.9%	29.4%	30.5%	32.4%	35.4%	39.2%	42.9%
7	Adult 52+ Week Wait	0%	10.4%	9.2%	9.1%	9.3%	8.3%	7.3%	6.0%	5.7%	5.9%	5.9%	6.6%	7.3%
8	WIC Attendances Ashford		2353	2371	2660	2476	2430	2412	2264	2336	2303	2408	2252	2063
9	WIC Attendances Woking		2600	2410	2648	2460	2490	2324	2488	2429	2269	2361	2339	2534
10	Incidents - Adult		92	110	89	96	84	83	83	97	109	83	88	93
11	Agency Costs - Adult Services	3.7%	9.50%	4.63%	6.98%	6.37%	5.99%	7.11%	5.67%	5.78%	3.84%	5.56%	5.21%	5.36%

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

## 1<sup>st</sup> Appointments



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

Waiting times remain high adult services. The adult recovery plan is underway with the following areas currently being prioritised to work through waiting lists:

- CRT
- Podiatry
- SLT

Separate papers regarding SLT and Podiatry have been written to look at activity, capacity and how to improve waits for patients.

Initial harm reviews have been undertaken in SLT identifying one patient with possible harm. This requires further work to understand if this is correct. SLT targeted waiting list work starts January 2025 following the success of the pilot work over the summer period. All patients who are waiting will have been reviewed by the end of March 2025 including harm reviews.

Total Triage was introduced during December; the impact of this should start to be seen within the data within the BI portal. Separate paper for the adult SMT re Total Triage due February 2025.

Locums agreed for the following areas – 4 WTE for SLT and 3 WTE for Podiatry. During December 2024, 1.6 WTE SLT locum sourced and a search for Podiatry locums underway.

### Actions (Please outline actions taken or required)

- Source the agreed number of locums
- Development of operating models for the services
- Implement the recommendations from the SLT paper to improve productivity.
- Continue to use QI methodology to develop total triage.

outcomes and timelines)

Individual trajectories within each service paper that carries recommendations for each waiting list.

Waiting lists to be monitored through weekly recovery meetings.

## Routine Waiting Times

TopLevelService	No of Patients	Longest Waiting Weeks	Average Weeks Wait	Median Weeks Wait
Continence	797	39	17.80	18
Podiatry	547	63	16.30	15
CRT (Community Rehab Team)	342	36	6.03	5
RCT (Respiratory Care Team)	175	48	9.79	7
Adult Speech & Language Therapy	158	97	37.66	39
Palliative Care	156	49	14.44	13
Diet - Care Home ONS	38	49	16.21	13
Heart Failure	36	7	2.69	2
Diet - Domicillary	21	38	8.14	5
Urgent Community Response (UCR)	8	1	0.25	0
Complex Wound Clinic - Spelthorne	7	7	2.29	1
Tissue Viability Nursing Specialists	6	5	1.00	0
Complex Wound Clinic - Woking	2	1	1.00	1
Complex Wound Clinic - Thames Medical	1	1	1.00	1
<b>Total</b>	<b>2294</b>	<b>97</b>	<b>15.69</b>	<b>12</b>

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

Through the introduction of total triage it has established that waiting lists hold duplicate referrals. Work is underway to cleanse the following waiting lists initially

- SLT
- Podiatry

CRT routine waits may increase temporarily as the balance between urgent waits and routine is shifted. Currently the mean wait within the service for an urgent visit is 6 weeks and the routine 5 weeks.

Work begins in January 2025 to review all patients waiting within the SLT service. All patients will be reviewed by the end of March 2025. A paper to increase productivity and reduce waiting lists moving forward is submitted to QSC.

**Actions**

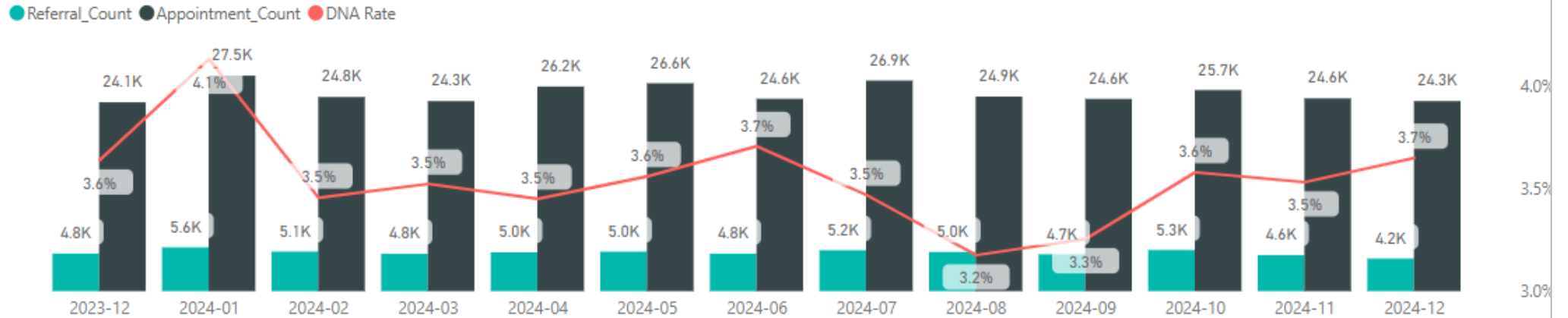
Waiting list work for SLT to be undertaken.  
Wait lists to be reviewed for duplicate referrals.

**Expected outcomes and timelines**

Wait list within SLT review to complete by end of March 2025.

# Clinical Services – Adults

## DNA Trend – Appointment by Year Month



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

Collectively across services DNAs remain within target.

SLT and Podiatry both sit above the target. This is particularly in relation to first appointments. Services are looking to improve the rate through the use of Accurx.

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

To monitor DNA rates through the weekly recovery meeting and as part of waiting list management.

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

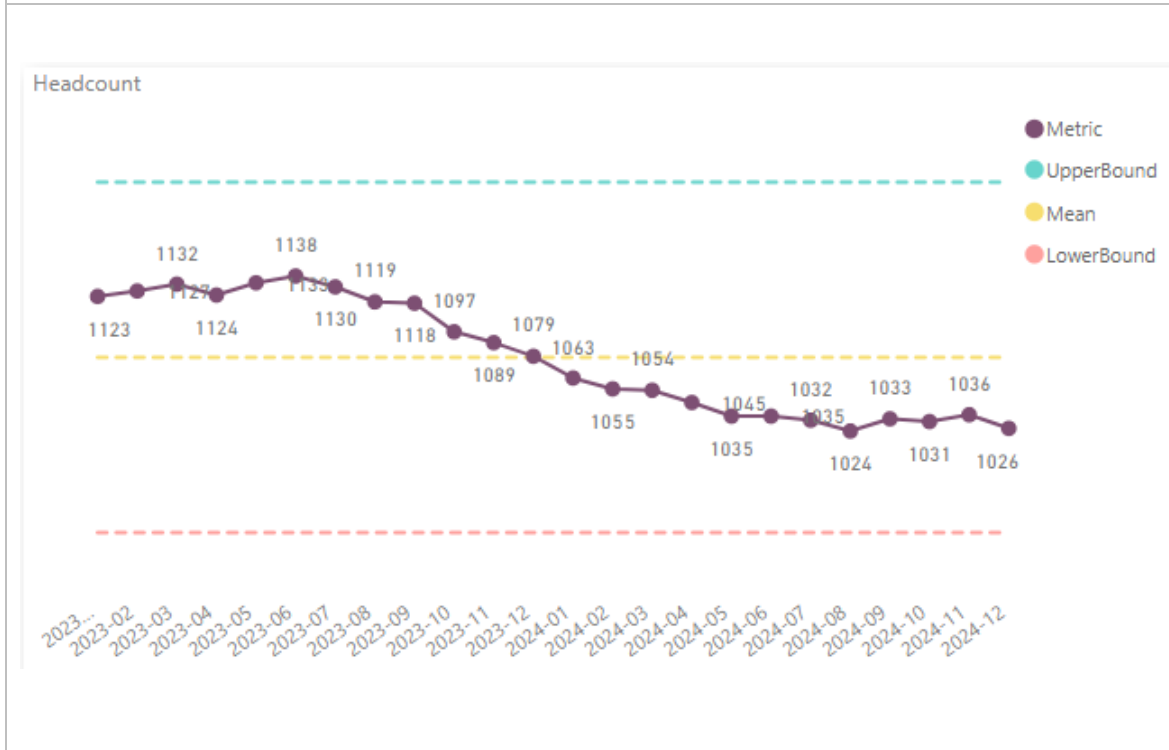
## Business Performance Metrics

No.	Metric	Target	2024-01	2024-02	2024-03	2024-04	2024-05	2024-06	2024-07	2024-08	2024-09	2024-10	2024-11	2024-12
29	Incidents - Total (Internal)		121	140	127	129	126	117	123	119	137	116	122	117
30	Incidents - Enabling		6	3	3	3	6	2	2	1	1	1	4	3
31	Formal Complaints		5	3	6	3	3	3	4	3	2	4	5	3
32	Compliments		7	11	13	8	24	21	13	23	13	19	7	21
33	FFT Patient Satisfaction	90%	87.9%	92.7%	89.5%	88.8%	82.8%	89.2%	85.2%	91.6%	86.6%	87.4%	91.5%	90.6%
34	Staff Headcount		1063	1055	1054	1045	1035	1035	1032	1024	1033	1031	1036	1026
35	Vacancy Rate	15%	20.86%	21.58%	22.07%	22.33%	23.07%	21.66%	22.03%	23.02%	23.07%	22.65%	23.30%	23.61%
36	Absence Rate	4%	5.89%	5.26%	5.12%	4.87%	4.75%	4.62%	4.55%	4.25%	4.69%	4.65%	4.99%	5.83%
37	Training Compliance	90%	86.97%	89.06%	89.93%	90.87%	91.49%	92.27%	93.48%	93.85%	93.69%	93.85%	93.78%	93.61%
38	PDR Compliance	90%	68.89%	70.46%	68.44%	80.30%	61.66%	58.79%	58.51%	60.71%	62.43%	64.29%	70.11%	74.08%
39	Service Desk Contacts		1303	1065	1095	1303	1236	1066	1026	874	898	931	866	1230
40	Service Desk CSAT Score	90%	98.30%	97.75%	97.85%	98.78%	97.31%	94.13%	93.51%	94.18%	99.14%	98.00%	100.00%	100.00%
41	% of PO Invoices	70%	68.60%	65.34%	51.30%	69.92%	82.51%	76.38%	79.26%	78.03%	80.85%	79.23%	81.50%	62.56%
42	Agency Costs	3.7%	6.76%	3.98%	5.69%	4.80%	4.78%	5.23%	4.73%	5.09%	3.33%	5.17%	5.20%	4.76%

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

# People & HR

## Headcount



**Summary:**

Headcount figures have been reducing slowly since a high of 1138 in June 2022. They are now fluctuating around 1030 since July 2024.

Of the 1026, children’s services have a headcount of 492, adults services 372 and our enabling functions 165.

**Actions:**

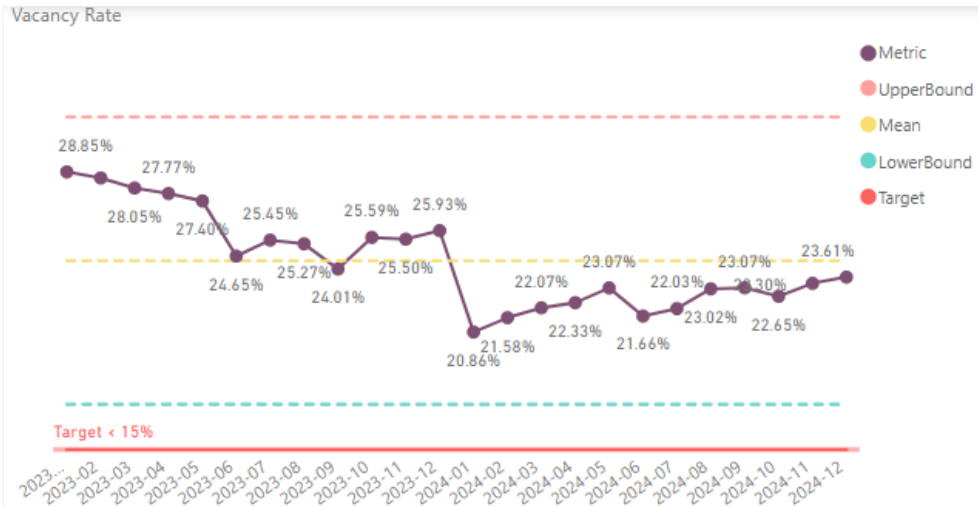
For our enabling teams, the movement is in line with a requirement to meet the year on year efficiency targets so no actions required. These figures will reduce further from April 2025 in line with the CSH transformation taking place currently.

**Expected outcomes and timelines:**

For enabling teams, projected headcount will remain stable, until reductions in 1 April 2025, following the CSH transformation programme.

# People & HR

## Vacancies



**Summary:**

Our vacancy rate is increasing slightly from earlier in 2024 however, is still under the highs of 2023.

The highest vacancy rate is recorded in adults at 28.15%, with the childrens services' vacancy rate at 20.76%, both increasing from the previous report. The enabling teams have a vacancy rate of 19.36% which is a reduction from the previous report.

Out of hours nursing, continuing healthcare, diabetes service, community nursing and the SPMO office have the highest vacancy rates.

Vacancy remains a concern within adult services. The Diabetes Specialist Nursing team have carried soignificant vacancy since 2022. The Executive agreed in November 2024 to provide additional funds to support the vacancy within the following adult areas in order to ensure the standard of service and safe patient care – Community Nursing, Diabetes Specialist Nursing, SLT and Podiatry.

**Actions:**

All adult services to engage with the Talent Hub to support recruitment. Introduce rolling adverts for areas within adult services who have high vacancy rates.

In December 2024, enabling teams have the following vacancy rates: Digital 33.01%; Estates and Facilities 17.55%; Finance 18.33%; People 25.18%; and Quality and Clinical Governance 8.56%. Enabling teams continue to monitor vacancy rates and will be filling roles on an exceptional basis only. The data reported is taken from the BI portal. We are aware some work is required to update the budgeted



establishment lists to ensure the portal is accurate. This work will take place in April 2025, following the final budget-setting process for 2025/26

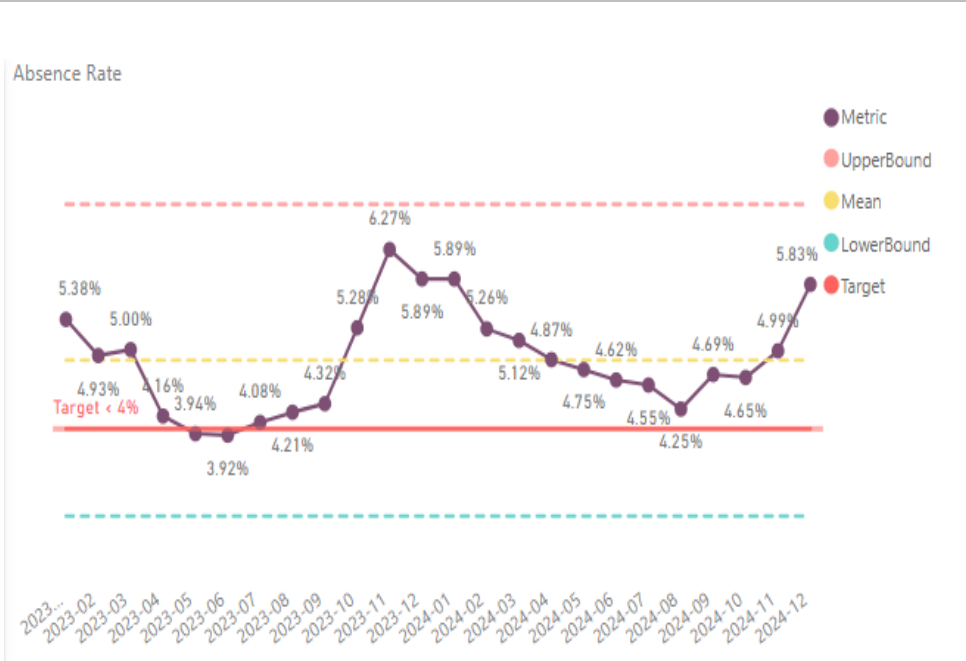
**Expected outcomes and timelines:**

Through recruitment and service transformation for adult services vacancy factor to reduce.

For enabling teams, the vacancy rates will inevitably increase prior to 1 April 2025 and then should stabilise.

# People & HR

## Absence Rates



**Summary:**

Our sickness absence rate has been increasing over the winter months as is the seasonal norm.

The highest absence rate is recorded in finance at 9.87%, with the quality and clinical governance team next with 8.12%.

Across our two key contracts, vacancy rates are as follows; children’s services – 4.89% and adults services – 6.72%.

The people team have the lowest absence rate at 4.76%.

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

In adults, the highest number of absences were in the community nursing teams. During this quarter community nursing experienced particularly high sickness resulting in 2 week period of additional support required from other services within the organisation in order to maintain safe staffing levels.

The WICs experience fluctuating sickness, a deep dive by the Business Partner has not established any themes within this area. The Business Partner is supporting the service to manage sickness pro-actively and to look at colleagues bank and agencies and support the service to ensure that staff do not experience burn out.

**Actions:**

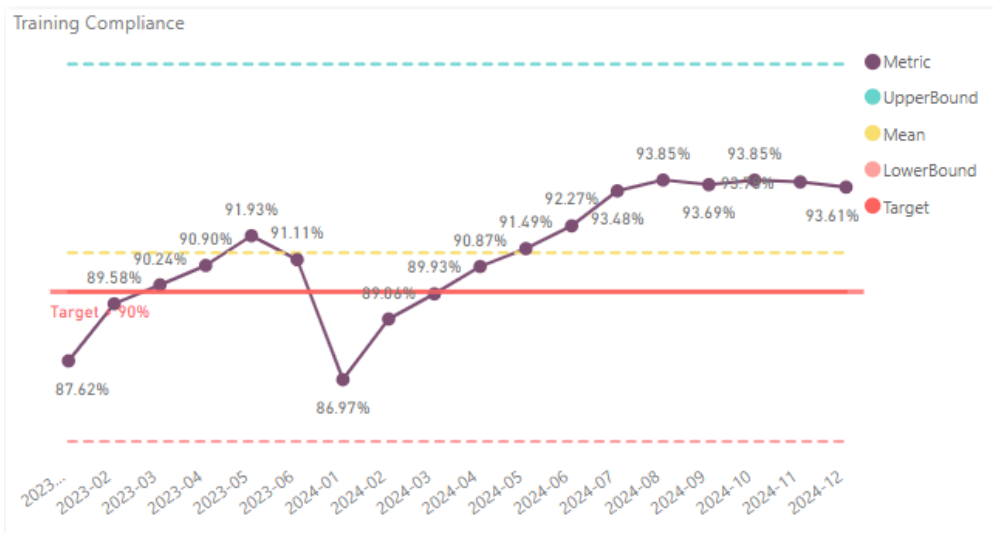
Apply the CSH policy for managing sickness and absence.

The Business Partner to continue to support the WICs.

**Expected outcomes and timelines:**

# People & HR

## Learning & Development – training compliance



**Summary:**

Following extensive work on ESR Oracle and remapping of position codes by the L&D team, we have seen a significant rise in training compliance from April 2024 which has been sustained and remains well within the mid 90%. For information benchmark is 85%. We can also report that all teams across CSH are in within the 90% training compliance (the first time in the last 10 years) and we have maintained this status for the past 6 months.

Whilst the over-arching compliance is positive there are areas of concern – ANTT within community nursing, both safeguarding adults and children’s training below the compliance level required. Mental Capacity and DoLs sits below the level of compliance required within both operational and enabling services. Moving and handling compliance flags within adult operational services as below the level required within the organisation.

**Actions:**

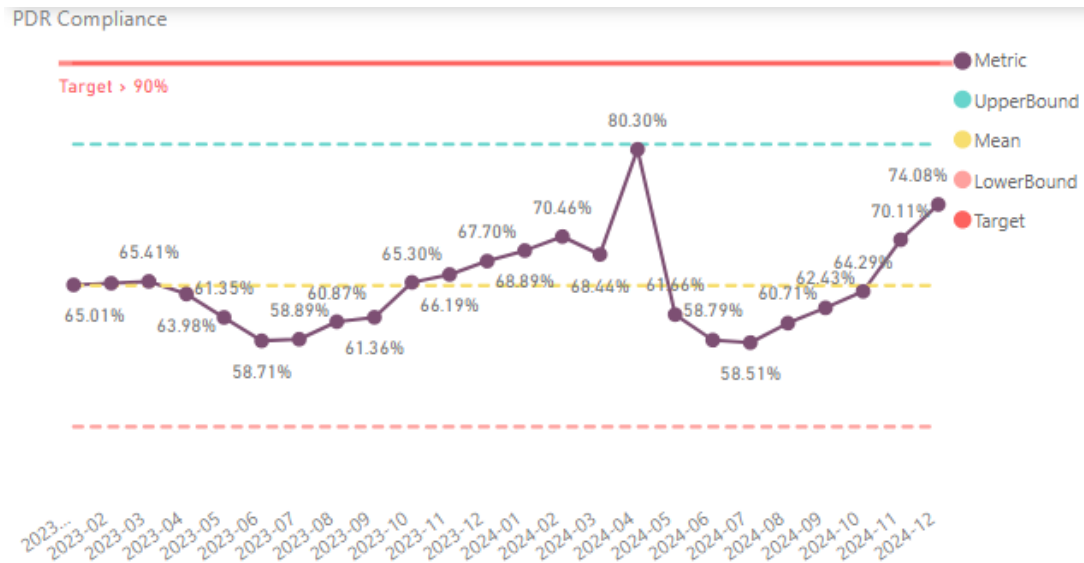
All operational and enabling services to review statutory and mandatory training within their services and undertake a targeted approach to improve compliance.

Operational services to ensure that the workforce has adequate time to ensure that their training is up to date.

**Expected outcomes and timelines:**

Maintain current compliance and work towards all teams to achieve 100%. We are aware that there are suites of new training to be added in the coming months and therefore careful monitoring will need to be in place by colleagues to ensure they complete the training so it maintains their compliance.

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



**Summary:**

PDR compliance has seen a slow but steady increase due to increased 1-1 support by L&D for line managers assisting them with uploading PDR data to ESR. The increase is also in response to the changes made to PDR templates which are now in word form, aligned to NHS Scope for Growth guidance which has proved more user friendly.

**Actions:**

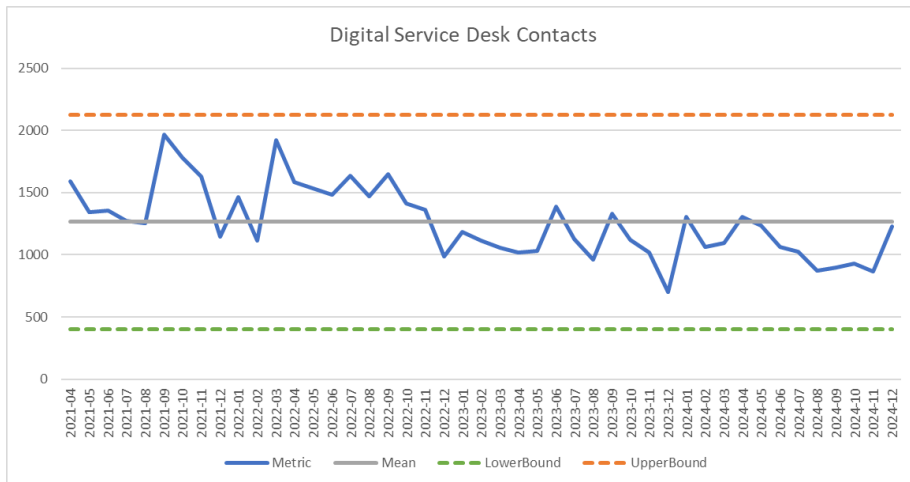
Please see below.

**Expected outcomes and timelines:**

We want to see the PDR compliance continue to increase and reach the high 90% within the next three months.

# Digital Services

## Service Desk Contacts and Customer Satisfaction Scores



**Summary** Over the last period as illustrated in the chart, the average number of calls into the Service Desk has been 1075 per month. Customer satisfaction scores remain high averaging >97.5% in the past 13 months.

**Actions**

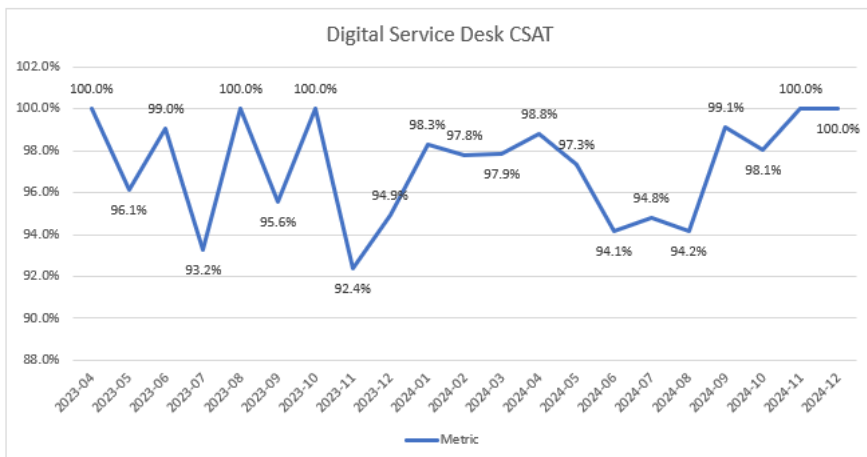
The Service Desk is provided to CSH by our Managed Service Partner Virtuoso. A complex raft of measures are constantly being reviewed to achieve a balance of excellent customer service, cost efficiency and rapid resolution while adhering to ITIL best practices. Close collaboration between CSH & Virtuoso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

Our priorities;

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

**Expected outcomes and timelines**

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



# Digital Services

## Overall IT Incidents & Service Requests Within SLA

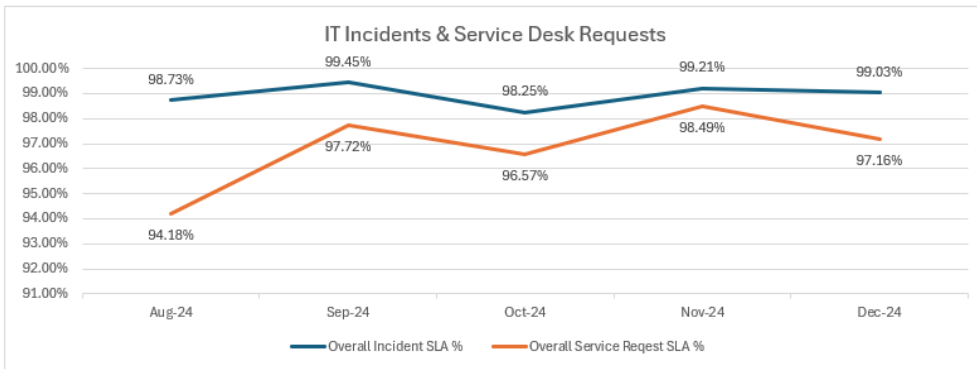
	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Change %
Overall Incident SLA %	98.73%	99.45%	98.25%	99.21%	99.03%	97.13%	1.20%
Overall Service Request SLA %	94.18%	97.72%	96.57%	98.49%	97.16%	98.16%	1.15%

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

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

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

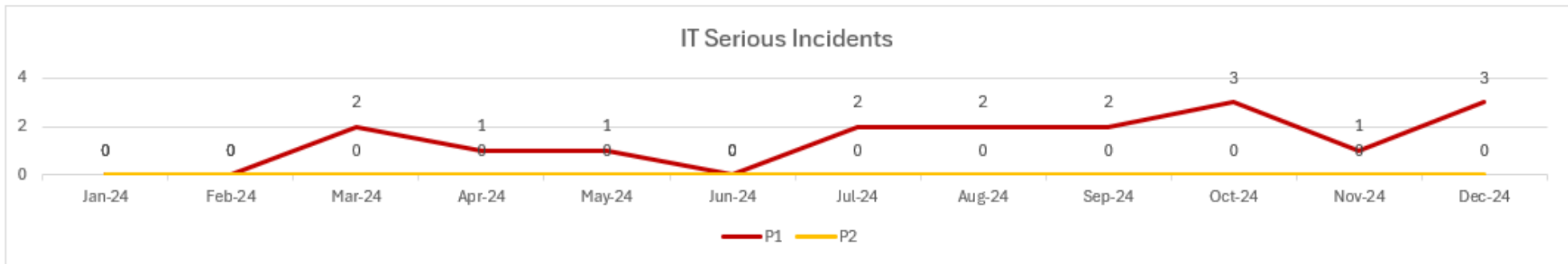
**Expected outcomes and timelines** SLA compliance has some seasonality and is largely impacted by unplanned events or incidents. For example the busy months of September and January usually see a dip in SLA scores as well as periods where serious incidents or impactful projects take place.



# Digital Services

## IT Serious Incidents

	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
P1	0	0	2	1	1	0	2	2	2	3	1	3	0
P2	0	0	0	0	0	0	0	0	0	0	0	0	0
Totals	0	0	2	1	1	0	2	2	2	3	0	3	0



### Summary

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

### Actions

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

### Expected outcomes and timelines

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

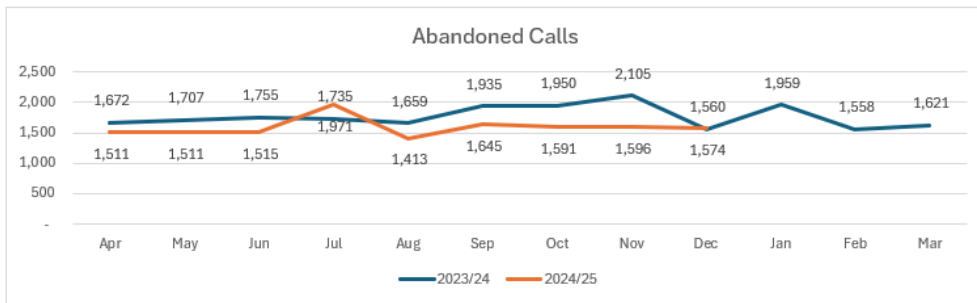
# Digital Services

## UCaaS Abandoned Calls

Abandoned Calls	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2023/24	1,672	1,707	1,755	1,735	1,659	1,935	1,950	2,105	1,560	1,959	1,558	1,621
2024/25	1,511	1,511	1,515	1,971	1,413	1,645	1,591	1,596	1,574			

### Summary

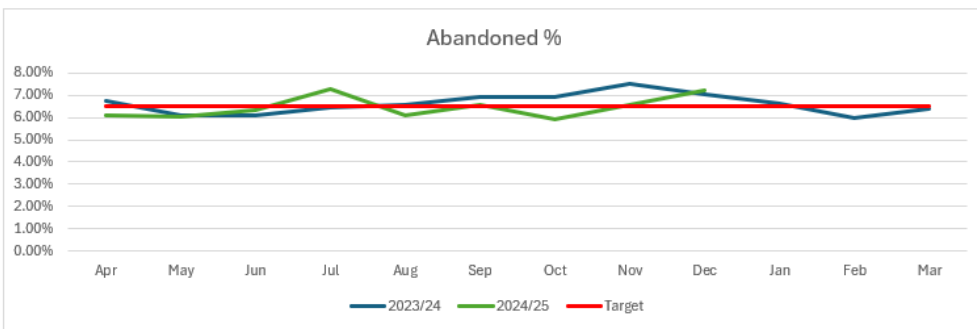
There was a reduction of about a quarter in October and November 2024 in comparison to the previous year, though it should be noted that those months were substantially higher than the surrounding quarters in 2023, so this was likely just a return to normal levels. However, both November and December were above the target of 6.5% and across the nine months, four were above target.



### Actions

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

Abandoned %	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2023/24	6.73%	6.11%	6.11%	6.47%	6.56%	6.92%	6.90%	7.53%	7.02%	6.65%	5.98%	6.42%
2024/25	6.10%	6.06%	6.34%	7.27%	6.11%	6.57%	5.89%	6.56%	7.20%			
Target	6.50%	6.50%	6.50%	6.50%	6.50%	6.50%	6.50%	6.50%	6.50%	6.50%	6.50%	6.50%



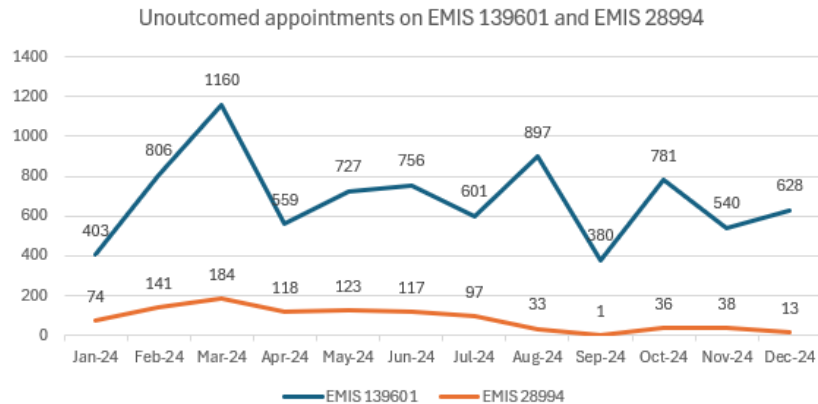
### Expected outcomes and timelines

It is expected that abandoned calls will decrease next month as staff return from holidays.



# Digital Services

## EMIS – Un-Outcomed Appointments



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

E.g. In December 2024 there were 628 appointments for dates prior to December that were still unoutcomed on EMIS 139601.

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

The unoutcomed appointment reports are available for teams to access via the BI Portal and are shared at both Adults and Children’s Senior Leadership Team meetings to encourage teams’ engagement and improve timeliness of outcomes.

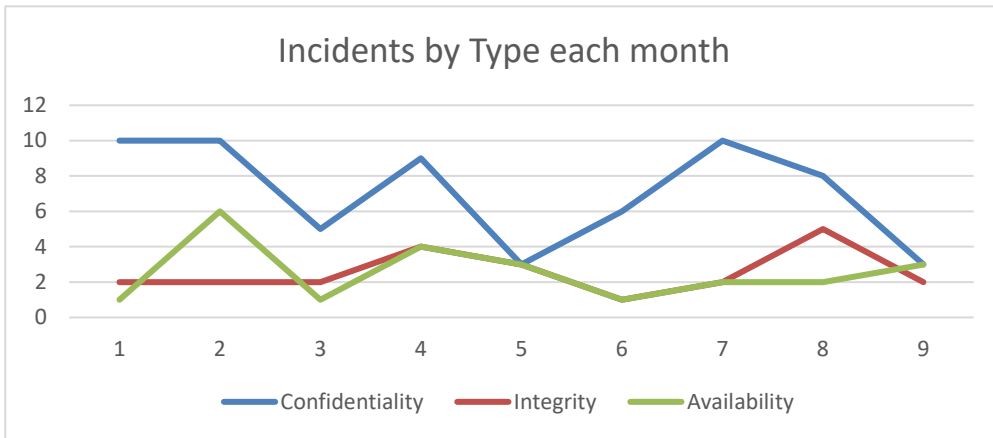
The Data Quality (DQ) Team remind staff members of Children’s services and Frailty Hubs of their unoutcomed appointments weekly via email to facilitate the migrations to other EMIS systems. For adult services, emails are sent out monthly. Appointments that are not outcomed following reminders are escalated to managers. Datix’s were being raised for those that were not responded to following escalation but this was not received well by the Frailty Hub managers. The suggestion that a Datix would be raised has been in the majority of cases sufficient to encourage the appointment outcomes to be completed.

**Expected outcomes and timelines**

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

It is expected that with the migration of EMIS 28994 on to EMIS 139601 and Children and Families from EMIS 139601 to HCRG Teams, focus will be on the backlog of unoutcomed appointments as appointments not outcomed within 48 hours of the appointment date are unlikely to be transferred leaving a gap in the care record.

## Information Governance (IG) Incidents

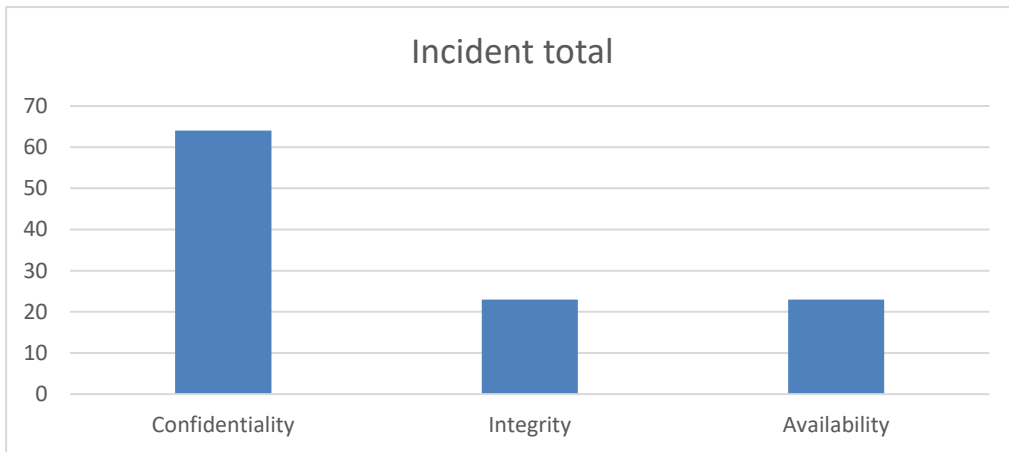


**Summary** IG Incidents are reviewed and graded by the SCW IG Team any required actions identified to mitigate recurrence. For the reporting period, confidentiality incidents are the highest reported category.

**Actions** Between April – December 2024, a total of 110 IG incidents were reported, two of which were high-level breaches reportable to the Information Commissioner within 72 hours as required by Data Protection legislation.

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

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



# Digital Services

## Information Governance (IG) Training

Assignment Count		Required	Achieved	Compliance %	
1059		1059	940	88.76%	
Org L2		Assignment Count	Required	Achieved	Compliance %
074 Children Services Admin L2	3		3	3	100.00%
074 Children Services L2	507		507	453	89.35%
074 Executive Team L2	14		14	12	85.71%
074 Finance L2	13		13	12	92.31%
074 Information Management & Technology L2	24		24	22	91.67%
074 NWS Administration Service L2	37		37	32	86.49%
074 NWS Adult Services L2	389		389	328	84.32%
074 People Centre L2	24		24	21	87.50%
074 Quality L2	38		38	32	84.21%

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

NB Although the required DSPT submission date is 30 June, this year CSH intend to submit at the end of March 2025 to coincide with the transfer of Children’s Services.

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

**Expected outcomes and timelines** A snapshot of IG training compliance is shown from January 2025 at 87.23%. The IG Team have asked the L&D 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.

# Digital Services

## Subject Access Requests

SARs by Outcome & Initial Request Date													
2024	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	TOTAL 2024
Responded - records sent	22	20	26	25	17	19	19	22	24	27	17	16	254
Responded - not data controller	25	11	12	26	2	0	4	15	6	7	10	2	120
Abandoned by requestor	12	6	7	7	0	1	4	3	4	3	3	7	57
Responded - no records found	4	2	3	11	11	7	6	4	3	6	2	4	63
Currently open - in time	0	0	0	0	0	0	0	0	0	0	1	0	1
Responded - exempted	0	1	1	1	1	1	2	2	0	0	0	0	9
<b>TOTAL</b>	<b>63</b>	<b>40</b>	<b>49</b>	<b>70</b>	<b>31</b>	<b>28</b>	<b>35</b>	<b>46</b>	<b>37</b>	<b>43</b>	<b>33</b>	<b>29</b>	<b>504</b>

**Summary** After a peak in April 2024, the total number of requests received remained fairly constant, with an expected dip in December 2024. The quantity of requests does not reflect the complexity of each case which varies significantly. There is one case from November which was re-opened in January on receipt of ID.

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

**Expected outcomes and timelines** All SARs will have an initial response within two working days and a target of completion to be within one calendar month.

Any extension to the one month deadline is notified to the requestor before the initial one month period has passed.

Any SAR that breaches the agreed period will be reported to the IG team accordingly.

## Central Surrey Health Limited

<b>Title of paper:</b>	Safer staffing report November 2024
<b>Meeting:</b>	Board of Directors' meeting in public
<b>Meeting Date:</b>	4 March 2025
<b>Agenda Item:</b>	Item 7
<b>Purpose of paper:</b>	For assurance and information

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

Quality & Safety Committee – 20 February 2025

### Board Assurance Framework

<b>Author – Role:</b>	Sarah Reed, Senior Manager, Adult Community Services
<b>Director:</b>	Sarajane Poole – Director of Quality and Chief Nurse
<b>Date prepared:</b>	29 <sup>th</sup> January 2025

### Executive Summary:

This paper is to provide assurance on the Safer Staffing levels for Alexandra Ward, Woking Community Hospital, in November 2024.

- The safer staffing establishment review has been completed and demonstrates the daily and average WTE for Alexandra Ward, whilst taking into account the patient acuity and dependency and bed occupancy at the time, is safely established.
- Shift fill rates for Alexandra Ward demonstrate 100% fill of RN shifts and 92% fill of HCA shifts for November 2024 (across a 24-hour period).
- The deficits were supported and mitigated by either senior colleagues, or other suitable team members to ensure safety, or were at times where there was reduced bed occupancy.
- There is still reliance on external bank/agency workers, particularly for daytime HCA shifts.
- All RN and HCA shifts were covered by substantive staff members, working alongside temporary workforce.

The Board is asked to **receive** this paper as assurance for safe staffing within Alexandra Ward.

## 1. Purpose of report

- 1.1. This paper aims to provide the Board assurance on the safer staffing levels of the adult inpatient ward, Alexandra, at Woking Community Hospital.

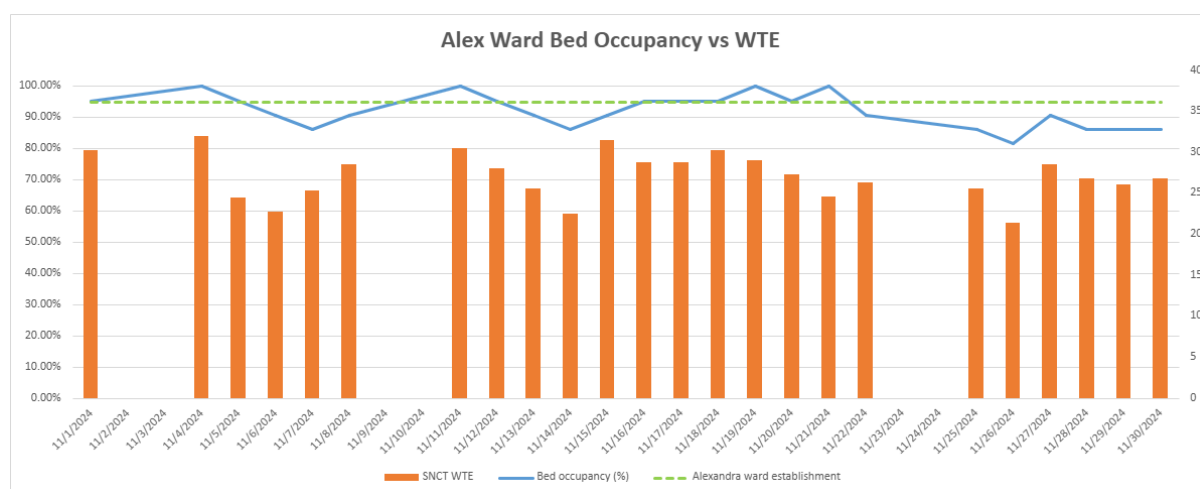
## 2. Context

- 2.1. All NHS Trusts and community organisations must complete a bi-annual establishment review to comply with requirements set out by NHS England (NHSE); the National Quality Board (NQB) and the Care Quality Commission (CQC).
- 2.2. In line with this, Alexandra Ward completes an acuity and dependency audit, currently in the months of November and May. The Shelford Group Safer Nursing Care Tool guidance (SNCT) version 2013 is used as a basis for this audit.
- 2.3. The SNCT is an evidence-based tool that enables an assessment of patient acuity and dependency, incorporating a staffing multiplier to ensure that the establishment reflects the patient's needs. This is collected alongside patient flow and staffing data for each day and can be retrospectively supplemented by Nursing Sensitivity Indicators (NSI) during the data analysis stage. The SNCT is focused on the acute model of service delivery but is used within the Community Hospital settings. The 2013 version was replaced by an updated version in 2023 which has additions to the multipliers.
- 2.4. The definition of a "safe" level is the agreed establishment for registered nurses (RN) and unregistered staff (HCA) within each clinical area, detailed below. This is also met by flexible rotas and ratios of registered versus unregistered staff in line with the patient dependency at the time.
- 2.5. In April 2024, as a result of a transformational programme of work, the North West Surrey community hospital bed base was consolidated, with 22 beds remaining on Alexandra Ward with a primary focus on rehabilitation of Pathway 2b and d patients. There were subsequent amendments of the nursing and therapy establishments in line with this change.
- 2.6. The resultant safer staffing model is demonstrated below. The RN ratio across days has increased to three. This role supports the clinical leadership as well as the triage of referrals into the service; a function that was not previously established. Band 3 HCA roles across days have been introduced to support career development and to enhance the rehabilitation ethos.

<b>Name of ward</b>	<b>Alexandra</b>
<b>Number of beds</b>	22
<b>Bed distribution</b>	4 x 4-bedded bays 6 single bedded rooms
<b>Safer Staffing</b>	3 RNs + 5 HCAs – AM 3 RNs + 4 HCAs – PM 2 RNs + 3 HCAs – night
<b>Alexandra ward establishment</b>	36.12 WTE

### 3. Establishment review - November 2024.

- 3.1. The safer staffing data capture was completed within the month November 2024 (01.11.24 – 30.11.24). The guidance recommends that a minimum of 20 days data collection is completed for data quality and accuracy. The guidance advises not to include weekends however for pragmatic reasons, and to keep the data capture quality, some weekend days were included. The tool captures information on bed occupancy, acuity and dependency, patient flow and qualified/unqualified staffing details (including details on bank and agency use) over the 24-hour period.
- 3.2. To improve the data quality and reliability, as per SNCT guidance, three data collectors were rostered to capture data for Alexandra Ward using an electronic data capture form built within MS Forms. A data controller was in place, to provide oversight during the data capture period.
- 3.3. Alexandra Ward collected 24 days of data. The data suggests the daily and average WTE for this period was sufficiently established, whilst taking into account the patient acuity and dependency and bed occupancy at that time. The graph and table below demonstrate the recommended WTE against the bed occupancy across the month, with a dotted line demonstrating the current establishment based on the ratios above.



	Average	Range
<b>Bed occupancy</b>	92.23%	81.82-100%
<b>SNCT WTE</b>	27.18	21.47-32

- 3.4. Average bed occupancy across this period remained high, this correlated with the volume of referrals into the service for the month and the admissions and discharges / patient flow for this period.
- 3.5. During times of reduced bed occupancy, the HCA and/or RN ratios can be flexed depending on patient numbers and acuity i.e. HCA ratios are reduced by cancelling additional bank or agency staff whilst still maintaining safe staffing levels.

#### 4. Alexandra ward shift fill rates and breakdown

4.1. Using the data collected for this period, the day and night shift breakdown for registered and unregistered staff was reviewed, including the supplementary usage of bank and agency. The data for 48 12-hour shifts in total was analysed, 24-day shifts and 24-night shifts, across the month of November 2024.

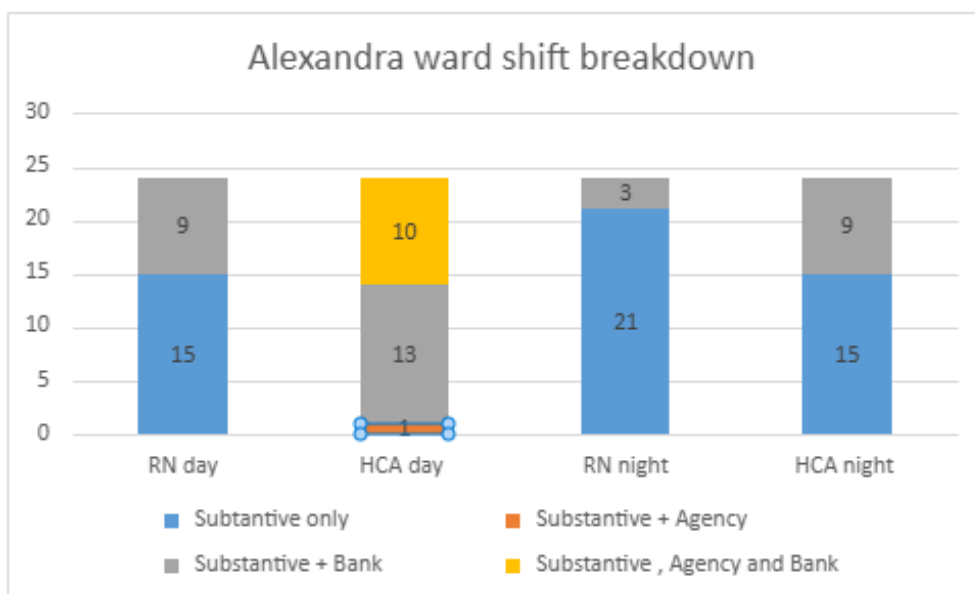
4.1.1. **RN shift fill rates** – 100% of the 24 day and night RN shifts were fully staffed.

4.1.2. **HCA shift fill rates** – 100% (24/24) night shifts were fully staffed. There was a 17% (4/24) shortfall in the HCA day shifts. On further review of these occasions, there was a common theme relating to temporary staffing: 1 occasion where 2 early agency workers did not attend; 1 early shift due to an agency member of staff being inappropriately attired; 1 late bank shift on the same day being cancelled and 1 last minute cancellation through the bank system leaving the shift vacant. Another early shift was underfilled by a substantive colleague due to a transportation issue. These shortfalls were mitigated by substantive RNs on shift, therapy team availability, and senior leadership availability.

4.1.3. The incident management system was cross referenced for these shortfalls; all incidents were reported including escalations and actions taken. The NSIs for these dates were also reviewed, including the pre- and proceeding days, and there were no apparent adverse incidents / themes relating to these staffing deficits.

4.1.4. **RN and HCA shift fill breakdown** - the information in the graph below details the breakdown of substantive, bank and agency usage across these shifts. The gold standard for safety and resource management would be 100% of shifts filled with substantive workforce on a ward with full occupancy.

4.1.5. All RN and HCA shifts were staffed by a substantive member of staff. The majority of RN shifts (75%) were covered by RNs within their substantive role, any shifts supplemented by Bank were covered by substantive colleagues working in a bank capacity. There has been no requirement for agency RNs.





- 4.1.6. There has been no requirement for HCA agency support at night times, any vacancies have been fulfilled by substantive colleagues on bank or bank workers. Likewise, 54% (13/24) of HCA day shifts were fulfilled by substantive and bank workers. 46% (11/24) of the remaining shifts were supported by an HCA agency worker.
- 4.1.7. There is still a noticeable reliance on bank and agency HCAs to support days shifts primarily due to vacancy. This can be mitigated by the presence of substantive RN and HCA support on shift and presence of other ward-based staff e.g. Matron, medical team, and therapy workforce during the day. The reduction of agency and then bank usage is a priority action due to the precarious nature of temporary staffing e.g. cancellations and non-attendance of shifts impacting the safer staffing ratios.

### 5. Reporting and monitoring

- 5.1. The Community Hospitals Leadership team currently have a range of resources and processes in place, such as safety huddles and daily and weekly roster analysis to provide a level of assurance around safer staffing.
- 5.2. Safer staffing ratios, for that day, are reported nightly by the ward on a pre-existing data capture spreadsheet designed by the BI team. This dashboard is refreshed at a minimum monthly. An example of the submission template and BI reporting is seen below.

**SUBMIT RECORD**  
(This submits the record you've added below to the data table).

Hospital & Ward	Day of Week (derived)	Date	Shift	Shift Time	Planned - HCA			Planned - Trained			Actual Substantive - HCA			Actual Substantive - Trained			Vacancy Filled				Actual vs Planned			
					B2	B3	B5/6	B2	B3	B5/6	HCA - Bank	HCA - Agency	Trained - Bank	Trained - Agency	HCA	Trained								
Woking - Alexandra	Sunday	03-Dec-23	Early	07:15 - 15:15	5	0	2														-5	-2		
Woking - Alexandra	Sunday	03-Dec-23	Late	13:00 - 21:00	4	0	2																	
Woking - Alexandra	Sunday	03-Dec-23	Night	20:30 - 07:45	3	0	2																	

	Hospital	Ward	Day	WardDate	Shift	ShiftTime	Planned - HCA/B2/3	Planned - Trained/B5/6	Actual - HCA/B2/3	Actual - Trained/B5/6	Vacancy Filled/HCA - Bank	Vacancy Filled/HCA - Agency	Vacancy Filled/Traine
Date Slicer	Woking	Alexandra	Wednesday	01 January 2025	Night	20:30 - 07:45	3	2	3	2	0	0	
2025	Woking	Alexandra	Thursday	02 January 2025	Night	20:30 - 07:45	3	2	3	2	0	0	
2024	Woking	Alexandra	Saturday	04 January 2025	Night	20:30 - 07:45	3	2	3	1	0	0	
2023	Woking	Alexandra	Sunday	05 January 2025	Night	20:30 - 07:45	3	2	3	2	0	0	
January	Woking	Alexandra	Monday	06 January 2025	Night	20:30 - 07:45	3	2	3	1	0	0	
February	Woking	Alexandra	Tuesday	07 January 2025	Night	20:30 - 07:45	3	2	3	2	0	0	
March	Woking	Alexandra	Wednesday	08 January 2025	Night	20:30 - 07:45	3	2	3	2	0	0	
April	Woking	Alexandra	Thursday	09 January 2025	Night	20:30 - 07:45	3	2	3	2	0	0	
May	Woking	Alexandra	Friday	10 January 2025	Night	20:30 - 07:45	3	2	3	2	0	1	
June	Woking	Alexandra	Saturday	11 January 2025	Night	20:30 - 07:45	3	2	3	2	0	0	
July	Woking	Alexandra	Sunday	12 January 2025	Night	20:30 - 07:45	3	2	3	2	0	0	
August	Woking	Alexandra	Monday	13 January 2025	Night	20:30 - 07:45	3	2	3	2	0	0	
September	Woking	Alexandra	Tuesday	14 January 2025	Night	20:30 - 07:45	3	2	3	2	0	0	
October	Woking	Alexandra	Wednesday	01 January 2025	Late	13:00 - 21:00	4	3	3	3	1	0	
November	Woking	Alexandra	Thursday	02 January 2025	Late	13:00 - 21:00	4	3	3	2	1	0	
December	Woking	Alexandra	Friday	03 January 2025	Late	13:00 - 21:00	4	3	3	3	0	2	
2021	Woking	Alexandra	Saturday	04 January 2025	Late	13:00 - 21:00	4	3	3	3	1	0	
2022	Woking	Alexandra	Sunday	05 January 2025	Late	13:00 - 21:00	4	3	3	3	1	0	
Hospital - Ward Slicer	Woking	Alexandra	Monday	06 January 2025	Late	13:00 - 21:00	4	3	2	3	1	1	
Woking	Woking	Alexandra	Tuesday	07 January 2025	Late	13:00 - 21:00	4	3	2	3	1	1	
	Woking	Alexandra	Wednesday	08 January 2025	Late	13:00 - 21:00	4	3	1	3	1	2	
	Woking	Alexandra	Thursday	09 January 2025	Late	13:00 - 21:00	4	3	2	2	0	0	
	Woking	Alexandra	Friday	10 January 2025	Late	13:00 - 21:00	4	3	3	3	1	0	
	Woking	Alexandra	Saturday	11 January 2025	Late	13:00 - 21:00	4	3	1	3	2	1	
	Woking	Alexandra	Sunday	12 January 2025	Late	13:00 - 21:00	4	3	1	2	3	1	
Shift Slicer	Woking	Alexandra	Monday	13 January 2025	Late	13:00 - 21:00	4	3	4	2	0	0	
Early	Woking	Alexandra	Tuesday	14 January 2025	Late	13:00 - 21:00	4	3	3	3	1	0	
Late	Woking	Alexandra	Wednesday	01 January 2025	Early	07:15 - 15:15	5	3	4	3	1	0	
Night	Woking	Alexandra	Thursday	02 January 2025	Early	07:15 - 15:15	5	3	3	2	0	0	
	Woking	Alexandra	Friday	03 January 2025	Early	07:15 - 15:15	5	3	3	2	0	0	
	Woking	Alexandra	Saturday	04 January 2025	Early	07:15 - 15:15	5	3	3	3	1	0	
	Woking	Alexandra	Sunday	05 January 2025	Early	07:15 - 15:15	5	3	4	3	1	0	
	Woking	Alexandra	Monday	06 January 2025	Early	07:15 - 15:15	5	3	3	3	1	1	
	Woking	Alexandra	Tuesday	07 January 2025	Early	07:15 - 15:15	5	3	2	3	1	2	
	Woking	Alexandra	Wednesday	08 January 2025	Early	07:15 - 15:15	5	3	2	3	3	0	

### 5. Current staffing model vacancy and future proposal

- 5.1. The new establishment came into place 1<sup>st</sup> April 2024, as a result of the bed consolidation. At the time of transfer there was only a 1.4 WTE vacancy factor; the

proposed skill mix was therefore not deployed immediately to avoid displacement of clinical staff. However, since go-live there has been a turnover of staff due to a variety of reasons such as relocation, retirement and career progression. The January 2025 vacancies are detailed below.

	Post	Establishment	In post	Vacancy WTE
<b>Band 2</b>	HCA	15	6.6	8.4
<b>Band 3</b>	HCA	6.67	5.8	0.87
<b>Band 5</b>	Nurse	8.89	8	0.89
<b>Band 6</b>	Nurse	5.56	3	2.56

- 5.2. This establishment review has demonstrated a more than sufficient establishment, highest daily WTE being 32, for the acuity and dependency during the data capture period. Therefore, there is opportunity to streamline resource in line with the recommended establishment whilst ensuring safer staffing requirements are fulfilled, quality and safety is maintained, and resource is utilised appropriately.
- 5.3. Accordingly, the staffing model proposed in April 2024 is under evaluation and evolving based upon the information provided within this report and 10 months of operation. This will consider the safer staffing ratios and the potential adjustments to the therapy model.
- 5.4. The proposal is being finalised and awaiting agreement. Once agreed this can be shared back to the appropriate executive forum with skill mix, ratios and timelines.
- 5.5. In order to reduce the current dependence on temporary staffing 3 WTE HCA Band 2 posts are being recruited to.

## 6. Recommendations

- 6.1. The Board is asked to **receive** the contents of this report for assurance.
  - 6.1.1. Once agreed the proposed model will be shared at the appropriate forum.
  - 6.1.2. Future establishments should reflect patient need.
  - 6.1.3. The new SNCT guidance version 2023 should be formally adopted to ensure validity of the acuity and dependency measures to inform above

## End of report





## Central Surrey Health Limited

<b>Title of paper:</b>	Digital report
<b>Meeting:</b>	Board of Directors – meeting in public
<b>Meeting date:</b>	04 March 2025
<b>Agenda Item:</b>	Item 7d
<b>Purpose of paper:</b>	For assurance

<b>Has this paper been discussed at other meetings or committees?</b>	
This paper was considered at the Executive meeting on 24 February 2025 and is recommended to the Board for approval.	
<b>Board assurance framework</b>	-

<b>Author – Role:</b>	Director of Digital Services
<b>Director:</b>	Keith Woollard
<b>Date prepared:</b>	18 February 2025

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

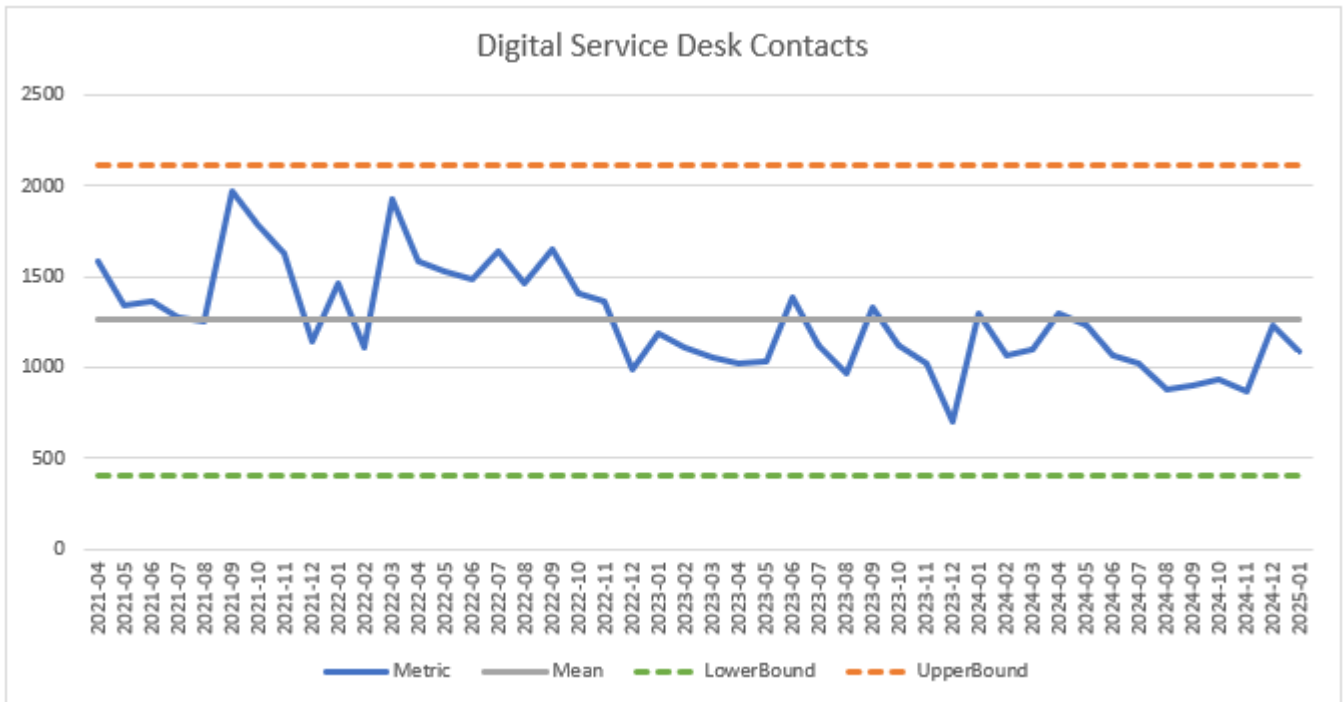
**1. Purpose of report**

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

**2. Operational Performance**

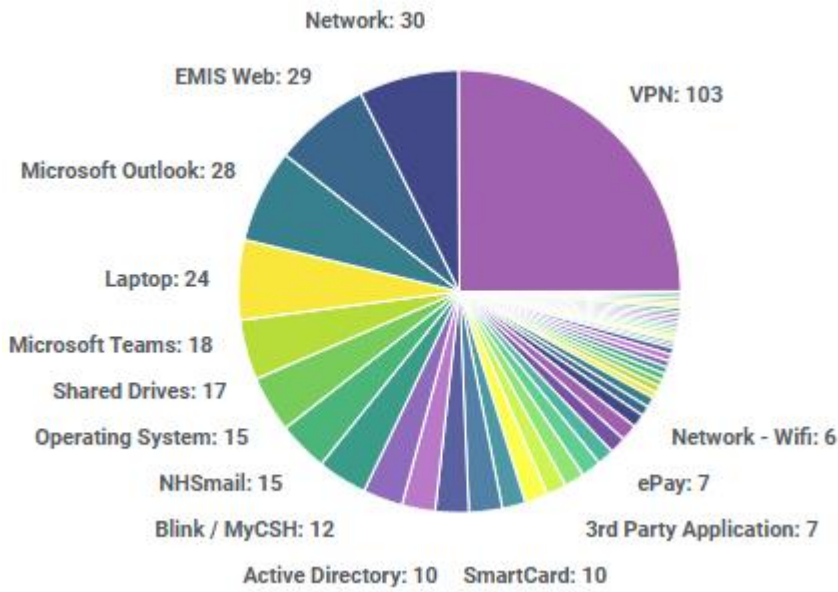
**2a. Service Desk Contacts**

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



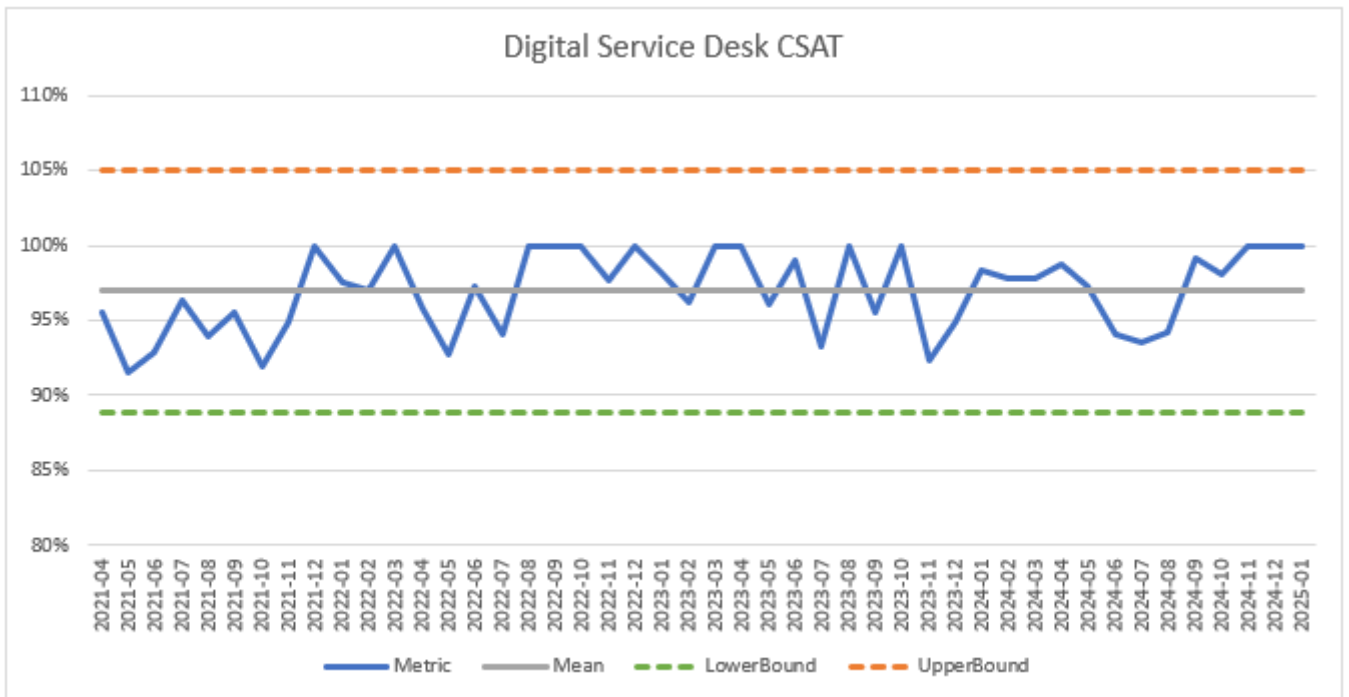
2b. Service desk incidents by digital service:

2c.



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 EMIS Migration - In my last report we were awaiting testing dates which should have taken place at the beginning of January 2025. Unfortunately, there have been some issues with loading the data at the EMIS end and as of 7th February 2025, we do not have any confirmed dates. The BI team and systems team now have a very small window to turn the agreed works around which may impact on some of the projects underway within CSH.
- 3.2 The team are actively engaged in all projects outlined in 4.2 to 4.5 and therefore this is an extremely busy time for the team. This is due to the circumstances as they are and is not a reflection on any one person, however it does put immense pressure on the team who are also heavily involved with the children's transfer project.

### 4 Digital Delivery

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

- 4.1 We continue to experience prolonged 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.

#### 4b. *Integrated Neighbourhood Teams*

- 4.2 One EMIS: As part of the Integrated Neighbourhoods Business Unit, funding has been approved by NWS Alliance to support the migration of data from the Bedser Hub into our core 139601 EMIS clinical database. 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 18 February 2025 for completion. Delays have incurred as we carried out additional due diligence of the data quality of the migration.
- 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 remains on hold due to an options appraisal pending review by NWS Alliance and will not see fruition in the 2024/25 period.

#### 4c. *CSH In-Patient Unit EMIS Web deployment*

- 4.4 The project has commenced, and we have a fixed go live date of the 4 March 2025. Training commences in late February 2025 along with the digital device builds.

#### 4d. *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, Respiratory and Podiatry teams. Rollout to UCR will take place following the One EMIS deployment. A BI report dashboard has been developed to indicate volumes of SMS messages and emails sent using Accurx. We continue to progress assessment and implementation planning for other features available within Accurx including live video consultations.

## 5. Information Governance

- 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.
- 5.3 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
<b>Total</b>	<b>70</b>	<b>31</b>	<b>28</b>	<b>35</b>	<b>46</b>	<b>37</b>	<b>43</b>	<b>32</b>	<b>29</b>	<b>351</b>

- 5.3 The DSPT 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 L&D 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 The Meet with Keith meetings where different members of the Digital team meet with Keith over coffee continue. This is an opportunity for Keith to catch up with members of the team and vice versa in small groups.
- 6.2 The survey results have been shared for Digital, and these are amazing results despite the backdrop of the loss of the children's contract and consultation. This was shared with the wider team at our recent team meeting in mid-February 2025.
- 6.3 The team have picked up lots of nominations for the STAR awards and again this is really pleasing to see. Fingers crossed we come home with some awards!

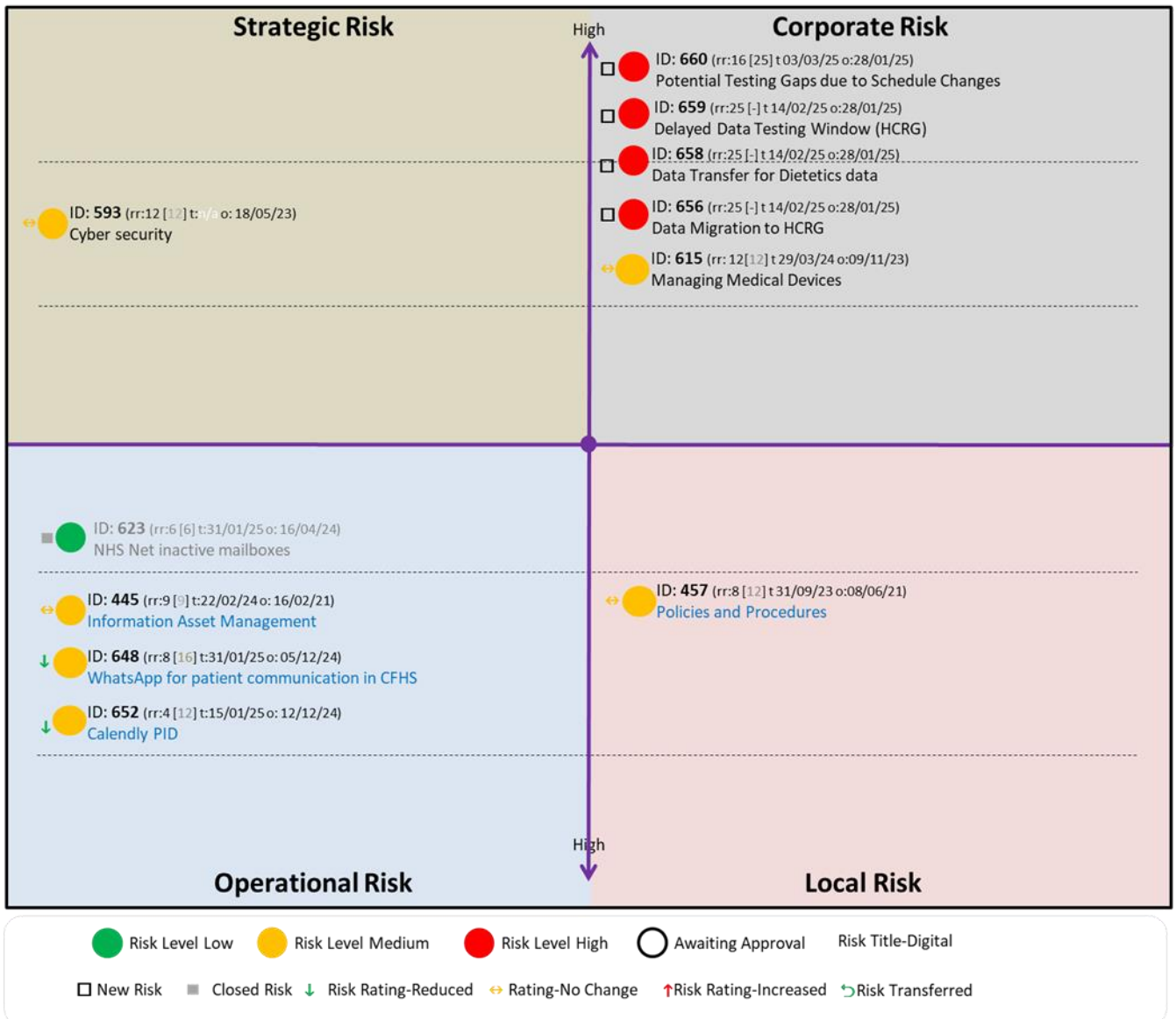


## 6. Risks

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 There are now currently ten risks on the Digital risk register – six IT and four IG (in blue). One risk (623) has been closed. The four new risks (656, 658, 659, 660) relate to the Children’s contract exit to HCRG.

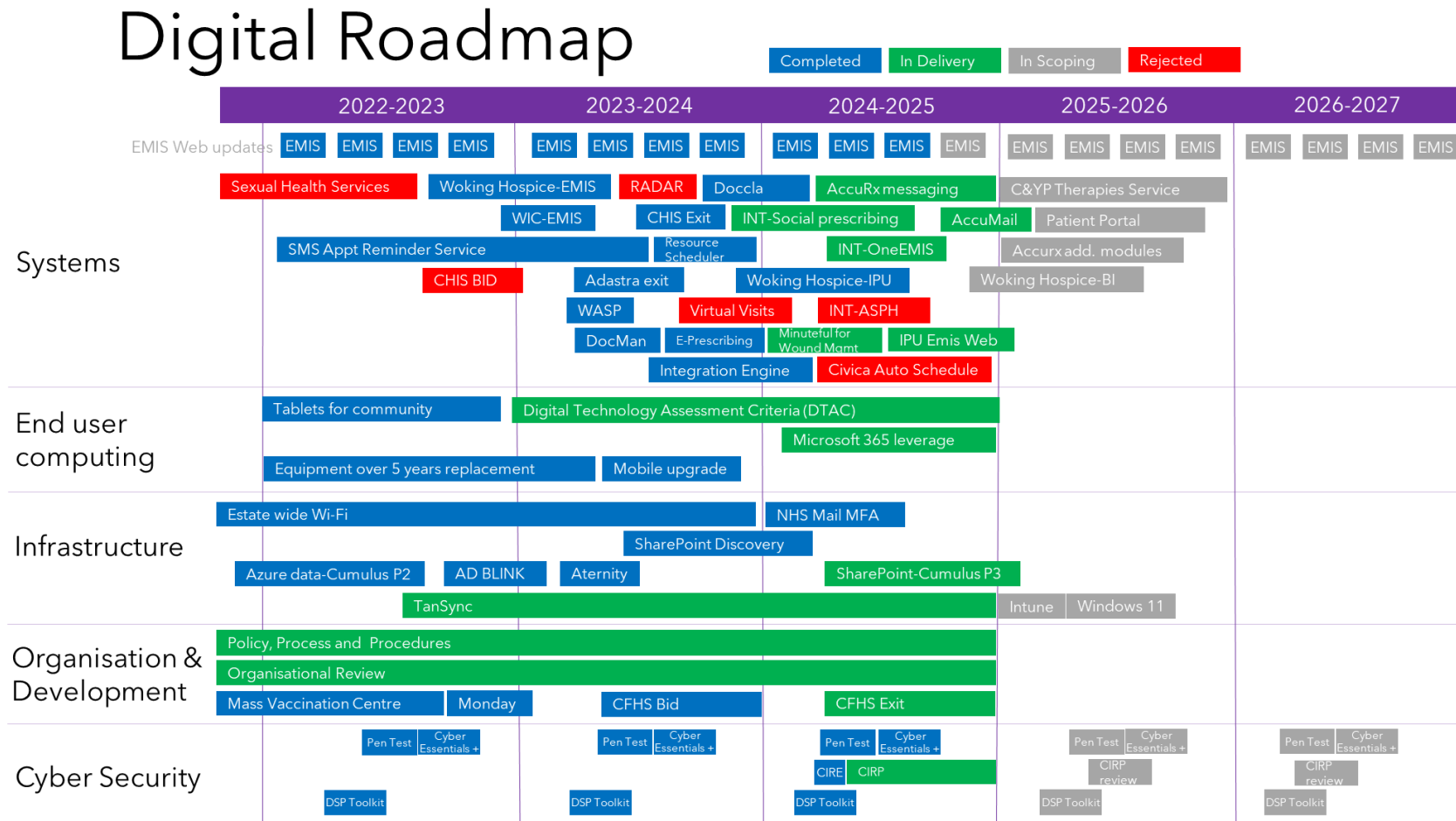
### Digital DATIX Risk Register



## 7. Technology Roadmap

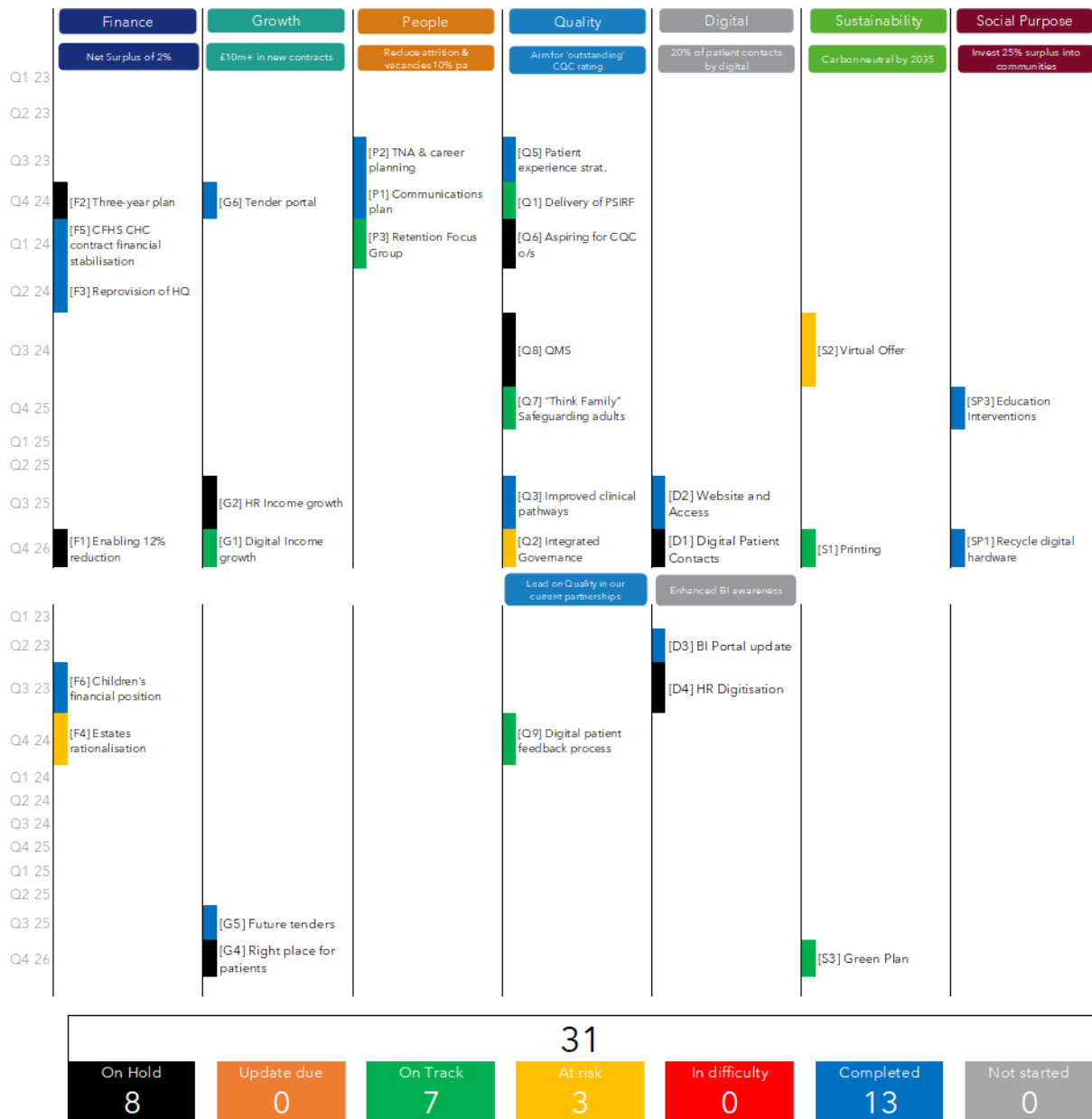
7.1 This diagram represents our current thinking regarding our technology strategy and is designed to help us plan and articulate our strategic technology initiatives in the future.

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



### 9. Strategic Delivery Plan (SDP)

## Strategic Delivery Plan 2023-2026 February 2025



- 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 11<sup>th</sup> February 2025; next update submission deadline is 8<sup>th</sup> April 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 13<sup>th</sup> February 2025.
- 9.4 We are tracking a total of 31 planned strategic projects/initiatives, of which 13 (42%) have now been completed. Of the remainder: 8 (26%) are on-hold, 3 (8%) are at risk and 7 (23%) 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



## Central Surrey Health Limited

<b>Title of paper:</b>	People Report
<b>Meeting:</b>	Board of Directors' meeting in public
<b>Meeting date:</b>	4 March 2025
<b>Agenda Item:</b>	Item 7e
<b>Purpose of paper:</b>	For assurance

<b>Has this paper been discussed at other meetings or committees?</b>	
This paper was discussed with the Putting People First Committee and Executive team, and is recommended to the Board for assurance	
<b>Board assurance framework</b>	

<b>Author – Role:</b>	Director of People
<b>Director:</b>	Camilla Bellamy
<b>Date prepared:</b>	20 February 2025

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

## 1. Purpose of report

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

## 2. People Strategy and HR Services

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

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

Measure	Apr 2024	May 2024	June 2024	July 2024	Aug 2024	Sept 2024	Oct 2024	Nov 2024	Dec 2024	CQC Domain
Headcount (no.)	1046	1036	1036	1033	1025	1034	1032	1037	1028	Responsive
Retention/ Turnover rate (annual FTE%)	17.68	20.58	19.25	20.39	19.25	19.23	18.43	17.39	17.57	Well-Led
Vacancy rate (%)	22.40	23.29	21.90	22.27	23.25	23.30	22.88	23.60	23.90	Responsive
Statutory Training compliance (%)	98.99	93.75	94.48	92.09	92.52	95.56	95.64	95.39	95.21	Responsive
PDR (% completed)	80.33	61.54	58.65	58.37	60.69	62.53	64.50	70.34	74	Caring
Absences – Sickness (% overall)	4.97	4.77	4.69	4.55	4.25	4.70	4.70	5.02	5.85	Caring

### 2b. Enhanced KPIs

- 2.2 Our enhanced KPIs are reported through to the PPFC with exception reporting as necessary. The KPIs are available at Appendix One.

### 2c. NHS Professionals KPIs

- 2.3 Appendix Two includes the performance pack for Q3 which includes a summary of the agreed KPIs. Key points to note are:

- Bank fill % increased from 50.5% to 56.8% (YOY) and marginally increased QoQ 0.2%
- Direct Agency Bookings down 6.6% on last quarter
- 23 New Starters
- 2 Agency migrations
- Share the Love campaign this month (NHSP event/giveaway)

- Bank Survey completed – each client/trust will get a high-level summary of the findings by end February 2025
- GEM award winner will be presented with their certificate/prizes this week

#### *2d HCRG TUPE transfer*

- 2.4 The consultation for the TUPE transfer from CSH to HCRG closed on 13 February 2025. The consultation process impacted approximately 542 members of staff. During the consultation period, eight virtual and in-person group consultation meetings were arranged, run jointly by CSH and HCRG. This included a specific session for enabling colleagues on 20 January 2025.
- 2.5 A formal process was developed in order to be able to respond to any questions raised during these sessions which included FAQs being published on Blink and HCRG's portal on their website.
- 2.6 A recruitment plan is also in place, and it has been agreed that no new starters will start with CSH from 14 March 2025 with the onboarding for candidates being transferred to HCRG from this date. A list of CSH's priority vacancies has been shared with HCRG who are also now picking up appointment to those posts that are critical to the service deliver post 1 April 2025.
- 2.7 Various discussions have taken place regarding the differing groups of bank workers that we have in CSH, and whether or not they are 'in-scope' to TUPE transfer to HCRG. Discussions continue in this area between CSH, NHSP and HCRG. CSH is doing all that is required of it to ensure we are meeting out employer obligations under TUPE, which includes liaising with HCRG and sharing any relevant employee liability information 28 days prior to the transfer.

#### *2e CSH Transformation programme*

- 2.8 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 with consultations being carried out for the executive team, and all our enabling teams. A consultation across our NWS Adults contract also launched in late November 2024.
- 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 Transformation within the Adults contracts*

- 2.10 The adults' senior management structure is currently in its final stages with implement proposed for April 2025.
- 2.11 Work is currently on-going on a proposal to restructure the clinical and operational leadership model for those in Band 8a posts in Adult Community Services. This is the next steps in the move to align with the Integrated Neighbourhood Teams model.
- 2.12 The proposals have been shared with colleagues on the Partnership Forum with consultation launch proposed for February 2025.

#### *2f Staff Survey*

- 2.13 The staff survey results were shared at the previous board meeting, and we are now focussed on local action plans, as well as creating a core working group who will support the development of a CSH wide action plan. This will allow us to focus in on some core actions that we can take, in

direct response to the survey. Plans were in place to complete a CSH wide action in April 2025 however, this will be delayed slightly due to all the change taken place through April.

2.14 We have also now received the free text reports that will be considered by the Executive with any resulting actions fed into the CSH action plan as appropriate.

2.15 We have also received confirmation that the official publication date for the 2024 NHS Staff Survey (NSS) results, which will be Thursday, 13 March 2025. Distribution of local benchmark results are under embargo at the moment, but we expect to receive them by 25 February 2025. These results will be shared with us under early release and are still subject to embargo until the national release date.

2.16 We understand that at 9:30am on 13 March 2025, the following information will be shared on the NSS website:

- A national briefing document
- Organisational benchmark reports and breakdown reports
- An interactive dashboard showing trend results and breakdowns at national, regional, ICS and organisation level

2.17 After that, the embargo will be lifted, and we are free to share our results publicly.

2.18 We are working closely with our comms team to develop a plan for communicating the local benchmarking reports across CSH and wider.

### 2g Flu vaccinations

2.19 Flu vaccination and covid uptake figures are noted below. The response has grown slightly since the last Board and, interestingly, uptake is higher across enabling and admin staff than our nursing and clinical staff (excluding the doctors).

2.20 Flu and covid vaccination rates are now being discussed at the next Surrey Heartlands People Committee to think about how we might approach things in a different way for the 2025/26 winter season.

		Sept, Oct, Nov, Dec & Jan Combined Submission				
Question 3	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 (%)
	All Doctors	2	2	100.0%	2	100.0%
	Qualified Nurse, Midwife, Health Visitor	373	113	30.3%	55	14.7%
	Professionally Qualified Clinical Staff	382	84	22.0%	40	10.5%
	Support to Clinical Staff	136	29	21.3%	20	14.7%
	Support to GP Staff	0	0	0.0%	0	0.0%
Question 4	Enabling and Administration staff	206	95	46.1%	54	26.2%
	Clinical	893	228	25.5%	117	13.1%
	Combined	1099	323	29.4%	171	15.6%

### 2h Sexual Safety in CSH

2.21 CSH has signed up to the Sexual Safety Charter assurance framework alongside several other healthcare organisations across the wider NHS. We are committed to taking a zero-tolerance



approach to sexual misconduct in the workplace, to create a culture at work where everybody feels safe.

2.22 As part of this charter there are several strands of work that have been put in place.

- Sexual misconduct policy and guidance has been developed and published via the Blink
- Mandatory training for all colleagues is now in place on ESR called Understanding Sexual Misconduct in the Workplace. The initial take-up is good this was feedback from Learning and Development. Colleagues have until the end of March 2025 to complete this.
- A simple process for reporting sexual abuse related incidents has been developed and implemented – a confidential form via Blink that goes to two designated employees. Other reporting streams are our Freedom to Speak Up Guardians, Voice representatives, and People Partners. This work was launched in January 2025. One incident has been reported since this was launched.
- Communications have gone out clarifying what sexual misconduct is and about the charter, policy and reporting methods

2.23 In addition, communication and a sexual abuse support centre has been identified in Surrey for specialised support Home - The Solace Centre in addition to our Vivup counselling services.

2.24 The action plan, which is a working document, has been included within Appendix Three for information and assurance.

## 2i ED&I Networks

2.25 The focus of the discussions in the networks over the last few months, has understandably been about change, and discussing colleagues lived experiences. This has allowed a forum for escalating matters and allowing us to develop strategies in order to address gaps in practices and processes. Many of these discussions have resulted in initiatives that have been implemented across CSH over the last years such as the health passports and achieving the Disability Standard etc.

2.26 A significant number of members of these networks were part of the Children's service, resulting in a loss of expertise and membership. The focus of the networks in the coming months will be to reflect on the achievements and agree a plan for April 2025 onwards.

## 3. Learning and Development (L&D)

### 3a CSH Safeguarding Adults Level 3 (Post 1 April 2025)

3.1 The L&D team have worked with our Adult Safeguarding Advisers and Quality Team to review and update the Safeguarding Adult L3 training model which will include some existing statutory with additional new online and face to face training.

3.2 This model will help consolidate and simplify the process for achieving and maintaining compliance with this competency. An online competency achievement passport has been designed and will be used by colleagues to track, and self-declare their alignment to the required training within the relevant timeframe.

- 3.3 Safeguarding Adult Supervision can also be recorded on the passport, and colleagues can self-declare when they have achieved the required four sessions per year. Safeguarding Advisers will advise colleagues at induction and during face-to-face training (local induction checklist) on what constitutes Safeguarding Supervision. Further information is available at Appendix Four.
- 3b *Care Experienced Young People (CEYP) into Work / Commitment to Lived Experience Charter*
- 3.4 The Government has outlined five key outcomes that it wants to achieve for care experience young people to access:
- better preparation and support to live independently
  - improved access to education, employment and training
  - stability, and to feel safe and secure
  - improved access to health support
  - financial stability.
- 3.5 CSH is engaged in this project and looking forward to being involved. The next steps for this project as set out below.
- Engage Careers Matters team to deliver training to CSH preparing us for hosting CEYP into work experience and possibly future apprenticeship opportunities within our organisation.
  - Agree team to host CEYP for work experience placement
  - Confirm number of CEYP per placement at any given time (likely two per placement x twice per year)
  - Develop generic role / tasks / JD and agree duration for work experience placement
  - Allocate a health and wellbeing buddy for each CEYP on placement
  - Ensure a career development discussion with each CEYP takes place at the start, mid and endpoint of placement. Discussion should include exploring job opportunities linked to existing or future vacancies and apprenticeships.
- 3.6 For further details on the programme available at Appendix Five.
- 3c *Statutory and mandatory training memorandum of understanding (MOU)*
- 3.7 NHS England have recently launched their statutory and mandatory training staff movement MOU which will provide a nationwide arrangement to underpin the portability of training records across the NHS.
- 3.8 The MOU is an interim solution and lays the foundations for digitalisation of the processes to create a seamless and robust experience for staff and bank workers.
- 3.9 The MOU is supported by NHS England, CQC and NHS Resolution, and aligns with the NHS England Enabling Staff Movement Toolkit, which provides guidance for any staff movement MOUs/workforce sharing agreements.
- 3.10 It was originally developed to allow staff movement (substantive or bank workers) between any of the 266 NHS organisations in England, as listed on the signature pages. We linked in directly with colleagues in NHS England, to ensure that CSH was added to the list of signatories.

- 3.11 This has been approved, and we have now signed the MOU, along with other colleagues across Surrey Heartland. The MOU will ensure that we can transfer the 11 Core Skills Training Framework (CSTF) subjects plus learning disabilities and autism training (aka Oliver McGowan training) across employers. Employment checks require a higher legal threshold and will be covered by the digital staff passport.

## 4. Communications

### 4a *Internal Communications*

- 4.1 Project management for the 2025 Star Awards, which has been brought forward to 20 March 2025 so that all CSH colleagues can celebrate their achievements prior to the transfer of children's services to HCRG, is now well underway.
- 4.2 The team have also been assisting with a variety of projects including winter health, the new sexual safety policy and training with an anonymous reporting form on Blink. We have also supported the promotion of end-of-year wellbeing offers, coordination of the General Meeting, contributing to long service recognition project, walk-in centre patient and visitor information, as well as assisting with campaigns such as National Apprenticeship Week.
- 4.3 The number of active users on Blink over the past 90 days averages 88% out of the 92% (1,291) 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 HCRG countdown tips, Star Awards nomination reminders, as well as social posts by colleagues to celebrate e.g. birthdays, patient feedback and other notable achievements.
- 4.4 The average open rate for the Buzz from beginning of December 2024 is 49%. This may be attributed to colleagues taking annual leave during December and beginning of January 2025. A special Digital Buzz in December 2024 highlighted some of the work and achievements of the digital service.

### 4b *CFHS service transfer*

- 4.5 We continue to support the children's service transfer, including distribution of TUPE consultation materials to colleagues affected as well as working with the HCRG team to develop a detailed communications delivery plan. Regular reporting mechanisms are in place with Surrey commissioners, and partners within Children and Family Health Surrey.
- 4.6 The CFHS service transfer section on the Blink Hub is continually updated with: countdown memos; guidance from digital and IG teams with actions for staff to help them to prepare for transfer; TUPE consultation materials and FAQs. This part of the Blink Hub has received approximately 1,800 views since the last PPFC meeting.
- 4.7 Other areas where communications support have been provided include, developing comms approach and position statement regarding dietetics, stakeholder briefing and clinical record sharing notifications, supporting exit messaging for Chat Health app, production and distribution of 2,000 transfer information postcards to explain transfer to families, supporting a CFHS farewell – colleague memory sharing portal on Allie, promotion of HCRG staff engagement activities
- 4.8 The CFHS website will be closed down on 1 April 2025, leaving a notice and forwarding link for users to access the HCRG website. The communications team has been planning for this since late 2024 and will extract all content from the website and Allie (extranet). HCRG are presently

building their new website with full access to existing CFHS content, since according to contractual advice this is the commissioner's Intellectual Property.

## 5. Other updates and system, regional and national items

### 5a Freedom to Speak Up update

- 5.1 Our freedom to speak up (FTSU) return for Q3 was submitted to the National Guardian's office. In Q3 we had three new cases reported to the FTSU Guardians: two focussed on inappropriate attitudes or behaviours and one linked to patient safety and quality.
- 5.2 The Guardians continue to work through each of these cases, as well as other cases that are on-going. Our Voice reps continue to carry out their FTSU training with supported provided by their co-chairs and the FTSU Guardians.

### 5b National Living Wage and AFC pay scales

- 5.3 In the 2024 Autumn Budget, the Government announced an increase to the National Living Wage (NLW), effective from 1 April 2025, to £12.21 which will have an impact on the Agenda for Change pay scales, specifically Bands 1, 2 and 3. In the likely event of the NHS pay round cycle not being complete by the start of April 2025, the rate of pay for entry level band 2 being £12.08 per hour and the entry point to band 3 (£12.31 per hour) would become non-compliant.
- 5.4 The Government has now announced that from 1 April 2025, to ensure compliance with the uplifted NLW rates, staff in Agenda for Change (AfC) pay Band 1 (closed spot salary) and both pay points of Band 2 will now receive an advance to the 2025/26 pay award. The entry point of Band 3 will also receive an advance of 28p per hour to maintain the differentials with the top of Band 2. This is set out in the table below.

Pay band / pay point	Current rate / hour	Temporary rate from 1 April / hour	Temporary annual salary from 1 April 2025
Band 1 (closed)	£12.08	£12.36	£24,169
		(+28p)	
Band 2 entry	£12.08	£12.36	£24,169
		(+28p)	
Band 2 top	£12.08	£12.36	£24,169
		(+28p)	
Band 3 entry	£12.31	£12.59	£24,625
		(+28p)	
Band 3 top	£13.13	£13.13	
		(no change)	

- 5.5 A project has commenced to identify colleagues, including bank workers and apprentices, impacted by the above and relevant actions will be taken to ensure they are informed of the changes, and that the pay scales remain compliant.

5b *Annual planning cycle*














- 5.6 We are working with ICB colleagues to ensure that community workforce data is included as part of the yearly annual planning cycle. We will be focussing on the plans we have for our recruitment, retention and re-structuring activities as well as reviewing all our temporary staffing spend.
- 5.7 We will be working closely with finance colleagues to ensure that our workforce plans align with agreed pay budgets that our being set as part of the annual financial plan.

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%		The talent hub have successfully placed a community nurse and a DSN, a position that had been open for nearly a year. This will reflect in KPIs once they have started.	
Recruitment	% reduction in Time-to-Recruit	60 days	74 days	100 days		Time to hire has significant increase due to team absence, few long DBS result waiting for 2 months and the gap for candidate to complete the ID check. It is a typical time for slower process during the Christmas time for manager and team.	Team has worked more efficiently. Reduction in pre employment. Team will work with managers to reduce the time between advert closing and shortlisting. Add interviews on all adverts. Plan around holidays.
	% Increase in interview attendance rate	90%	88%	92%		Total 28 interview arranged and 2 people withdraw with various reason. 1 withdraw due to health issue, the other one is personal reason didn't specify	
	% conversion rate (applicant to appointment)	1:4 from interview)(25%)	36.00%	33%		In December, there were 20 new jobs, which resulted in 42 interviews. From 42 interviews 14 appointments.	
Rewards and Recognition	70 % increase in engagement via H&W / benefits platform	70%	79.5%(Dec)	79.5%(Jan)		Vivup engagement figures maintained. Promoted at induction- good sign up. will need to look at in light of upcoming Tupe. need to do to update April	ZL and AE to review annual data this month and explore usage of service
	100% HR policies in-date	100%	91% (Nov)	92% (Dec)		HR policies: 92% compliance in Dec, <b>x4 policies</b> out of date: On-call Policy, Learning and Development Policy Registration of Professional Clinical Staff Policy Executive Performance and Reward Policy On-Call and Extended Working Hours Policy  Introduced three new policies: sexual harassment, anti bullying, DBS (in line with gov legislations for sexual harassment)	Planned to promote the vivup for signing up.
Progression and Performance	% reduction in the conflict index	<2%	0.18%	0.09%		Conflict index @ 0.09% (Dec24) CFHS x1 grievance case open Adults x2 grievance case Enabling x1  reduction in open cases by 0.09% 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)	2	0		1050 employees (SIP report) Dec 24 0 closed case (childrens) 0 closed case (adults) 0 closed cases (enabling) 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)	5.01%	5.89%		<b>For three contracts Dec 5.89% (Nov 24 5.01%), sickness absence has increased by 0.88%</b> <b>CFHS contract: STS 1.85% Dec (1.44% in Nov)</b> increased by 0.41% (reasons: cold, cough, flu 42%, gastro 17%, chest resp 6%) STS absence has increased as we are in the winter period, and increase in winter viruses. patient facing roles are highly impacted) <b>LTS 3.62% Dec (3.47% Nov)</b> - increased by 0.15%. (reasons: 45% stress/ anxiety, cold flu 15%, other known causes 15%. ) <i>Main areas affecting: Health visiting &amp; Occupational therapy has the highest sickness absence rates.</i> <i>Short term sickness absence related to cold/ flu, gastric syptoms. Long term sickness absence related to Stress and anxiety 45% in Dec, and 40% Nov, increased by 5%. 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.</i> <b>Adults contract:</b> <b>STS 3.43% in Dec (2.81% in November)</b> , increased by 0.62%. (reasons: cold,cough, flu 32%, chest 12% and gastro 17%) Main areas: community nursing, estates & facilities, community hospital <b>LTS 3.44% in Dec (2.96% in Nov)</b> increased by 0.44% (reasons: 25% anxiety, stress and depression and 18% other known reasons, 12% headache migraine, cancers 12%) <i>Main areas affected: community hospitals, community nursing, estates/facilities, walk in centre, rapid response patient facing roles hard hit on sickness absence expected. stress anxiety reduced from Nov 24 36%, -11% reduction in December 24 which is a positive change)</i> <b>Enabling contract -STS 1.83% in Dec (1.42% in Nov increased by +0.37%)</b> (reasons: gastro 29%, 35% cold/flu, 11 stress anxiety%) <b>LTS 3.16% in Dec (2.57% Nov) 0.59% increase</b> Main areas affected: (estates / facilities & People Services have higher number of absences in Enabling division) cold/flu 27%, gastro 22% Above 4% rate for sickness absences across three contracts, not in line with the target line, this requires further work and continues to be an ongoing challenge. People Partners continue to monitor absence through contacting managers when reviewing the monthly trigger report. Also, during the HR essentials training, there are more attendees, managers appear more confident to manage sickness absence cases - positive change. Reviewing the Attendance Management Policy trigger points, including bank work to minimise absences.	<b>Recommendation :</b>  General themes are that there is an increase/remain the same for in stress, anxiety and depression across children's and adults' contracts for both short (sickness under 4 weeks absence) and long-term sickness absence. The People Partners continue to link in with the Health and Well-being Practitioner to run well-being sessions. Staff continue to be supported by line management and signposting to external services ie. Vivup. The Health, Wellbeing and inclusion practitioner has rolled out 50 sessions and seen over 737 staff over in group sessions over the last 12 months. (this data will need to be updated when back from leave). Working with the people partners to deliver these sessions.

Area	KPI	Target	Previous month	Current month	Trend	Comments / Action	Note
	% of line managers skilled with essential skills	100% of line managers to have undertaken HR essentials and case management training	HR investigaton training: 64% and HR cases for managers: 51%	HR investigaton training: 59% and HR cases for managers: 0%	 	HR investigation training 1 sessions delivered in December and also HR cases 0 sessions in December 2024 (scheduled every other month) 5 attendees in total % compliance@ Dec 24 (161 colleagues completed/271 eligible x 100) = 59%  HR cases training x0 training session (December) (November) (20 attendees) 322 managers (164 managers completed total) (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)  Decreased due to less attendees compared to previous month. 1050 employees (SIP report) Dec 2024*	
Reporting	% reduction in the overpayments (data provide retrospectively)	30% reduction over 12 months	£45,291	£44,497		1.75% decrease month on month. 42.29% year on year	
	% compliance to DBS	100%	70%	92%		DBS (December) –11 completed 1 waiver in place.	
	% compliance Professional registration	100%	100%	99%		99 due 98 completed 98.99%	
	% rosters locked down for payroll	% rosters locked down for payroll	98.00%	89.00%		Finalised rosters has decreased compared to the previous month with 20 outstanding rosters unfinished after the deadline, during the christmas/new year period there was lots of A/L and absence which impacted meeting the deadline. Continuous reminders and communications are 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	35% (Dec)	22.2%(Jan)		Small number leaver with the first 12 months - review retention check in in first year .	
	% colleagues considering leaving CSH in the next 12 months	reduce colleagues leaving under 12 months	39% (Oct)	service re-organisation		Look at new strategies for April moving forward to best be preventive and capture issues.	
	35% increase in the number of exit interviews completed	35%	15%(Dec)	33% (Jan)		More filled in this month- some areas feed back re colleague led - communication and the opportunities to generate income and being people led. ESR feedback -location, new role, retirement. concerns re no job description HCRG.	Themes include end of training, new career and relocation aswell as work life balance and Career opportunities.
Customer Feedback	% increase in the manager satisfaction rate (recruitment survey)	>4.5	5	5		1 managers completed the survey in Dec	
	% increase in the candidate satisfaction rate (recruitment survey)	>4.5	3.4	0		0 candidates completed the survey this month.	
	% increase in the candidate satisfaction rate (4 week survey)	>4.5	4.8	5		1 new starters completed the feedback.	
	% increase in the employee satisfaction rate (6 month survey)	>4.5	4.25	5		only one respondant in the 6 month survey .	



CSH  
Surrey

# Q3 2024/25 Performance Pack

January 2024

PUTTING PEOPLE IN PLACES TO *care*





## Pack Content

1. Key Headlines
2. KPIs
3. Operational Exec Summary Q3
4. Recruitment
5. Booking Behaviours
6. Operational Focus Q4
7. Wider Business Updates

# Key Headlines

1<sup>st</sup> October – 31<sup>st</sup> December – All Directorates



## Demand Management



## Fill Performance



## Cost Performance

<b>Total Demand Hours</b> 39,020! <small>60,734</small>	<b>WTE</b> 800! <small>124.6</small>	<b>Total Hours Filled</b> 37,099! <small>52,725</small>	<b>% Total Fill</b> 95.1%✓ <small>86.8%</small>	<b>Total Cost</b> £1,200,700! <small>£1,823,265</small>	<b>% Agency of Total Cost</b> 45%✓ <small>48%</small>
<b>Avg Lead Time (Days)</b> 119.8✓ <small>101.1</small>	<b>% Short Notice Request</b> 8.9%! <small>5.4%</small>	<b>Total Bank Hours</b> 22,157! <small>30,645</small>	<b>% Bank Fill</b> 56.8%✓ <small>50.5%</small>	<b>Total Bank Cost</b> £655,386! <small>£956,867</small>	<b>Avg Bank Hourly Cost</b> £29.58! <small>£31.22</small>
<b>% Vacancy Requests</b> 82%✓ <small>85%</small>	<b>% Short Notice Vacancy</b> 64%! <small>56%</small>	<b>Total Agency Hours</b> 14,942✓ <small>22,081</small>	<b>% Agency Fill</b> 38.3%! <small>36.4%</small>	<b>Total Agency Cost</b> £545,314✓ <small>£866,398</small>	<b>Avg Agency Hourly Cost</b> £37.62✓ <small>£39.79</small>

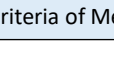

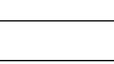
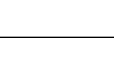

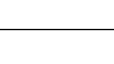
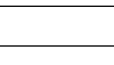
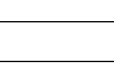
- Overall demand was down 21.7K hours YOY a reduction of 35.7%.
- Bank hours decreased by 8.5 K hours YOY but bank fill % has increased from 50.5% to 56.8% (YOY) and 0.2% QoQ
- At the same time agency decreased by 7.1K hours, down 32.3% YOY
- Agency spend reduced by £321,084 YOY down by 37%
- Average agency hourly rate decreased by £0.75
- On average agency rates are £8.04 per hour higher than bank rates

# KPIs (Fill rate)

CSH Board of Directors meeting in Feb

4 March 2025

Oct – Dec 2024

Performance Metric	Performance					
FILL RATE	Q3 23/24	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Trendline
All Staff Groups	52%	58%	59%	57%	57%	
All Nursing	42%	48%	43%	44%	46%	
Nursing Qualified	37%	36%	33%	33%	37%	
Nursing Unqualified	50%	83%	90%	89%	88%	
A&C	95%	97%	99%	98%	99%	
AHP's & HCS	75%	67%	55%	54%	52%	
Doctors	52%	85%	89%	94%	85%	
Support Services	87%	63%	59%	64%	63%	

Performance Metric	Criteria of Measure	Performance measurement		Performance	Performance	Performance	Performance
FILL RATE		Target	Stretch Target	Oct 24 Actual	Nov 24 Actual	Dec 24 Actual	Q3
*Overall - ALL staff groups	% NHSP Fill Rate	60%	63%	56%	59%	55%	57%
<b>All Nursing</b>	% NHSP Fill Rate	48%	51%	48%	48%	42%	46%
*Adults Nursing	% NHSP Fill Rate	54%	57%	53%	53%	48%	51%
*Children's Nursing	% NHSP Fill Rate	42%	45%	42%	41%	32%	38%
<b>Nursing Qualified</b>	% NHSP Fill Rate	39%	42%	39%	38%	33%	37%
*Adults Qualified	% NHSP Fill Rate	42%	45%	40%	37%	36%	38%
*Children's Qualified	% NHSP Fill Rate	38%	41%	38%	39%	31%	36%
<b>Nursing Unqualified</b>	% NHSP Fill Rate	90%	93%	92%	88%	83%	88%
*Nursing Unqualified Adults	% NHSP Fill Rate	89%	92%	91%	87%	82%	87%
*Nursing Unqualified Children's	% NHSP Fill Rate	99%	100%	100%	100%	100%	100%
<b>A&amp;C</b>	% NHSP Fill Rate	99%	100%	99%	98%	100%	99%
*Adults	% NHSP Fill Rate	99%	100%	100%	98%	100%	99%
*Children's	% NHSP Fill Rate	99%	100%	96%	99%	98%	98%
<b>AHP's &amp; HCS</b>	% NHSP Fill Rate	60%	63%	43%	56%	56%	52%
*Adults	% NHSP Fill Rate	50%	53%	30%	44%	44%	39%
*Children's	% NHSP Fill Rate	87%	90%	63%	70%	67%	67%
<b>Doctors</b>	% NHSP Fill Rate	89%	92%	85%			85%
<b>Support Services</b>	% NHSP Fill Rate	65%	68%	73%	56%	60%	63%

# Client Services Updates

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# Operational Exec Summary Q3

## Demand & Fill (All Staff Groups)

- Demand dropped QOQ with an decrease of 2.9 K hours
- We saw a decrease in bank fill (QOQ) of 1.5k hours taking fill rate to 56.8% (Q4 56.6%)

## Local Team Activity

- Drop in clinics across multiple CSH locations.
- Festive giveaway (Admin worker LB)
- Promotion GEM awards ( worker KR)
- Cake sale at the White House
- Attended CSH Induction 4.11.24

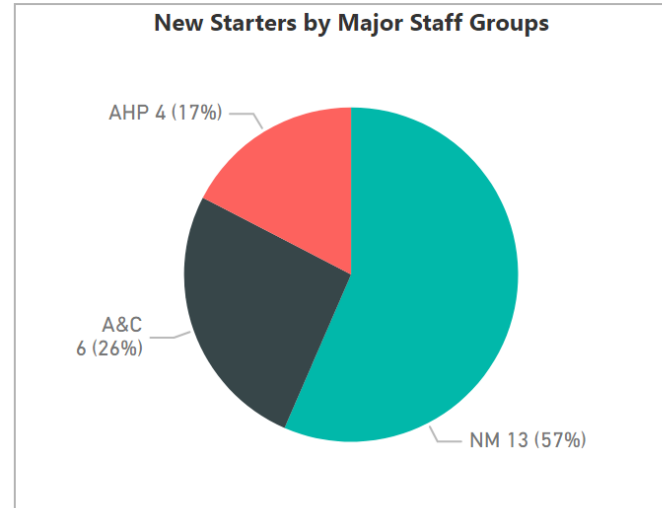
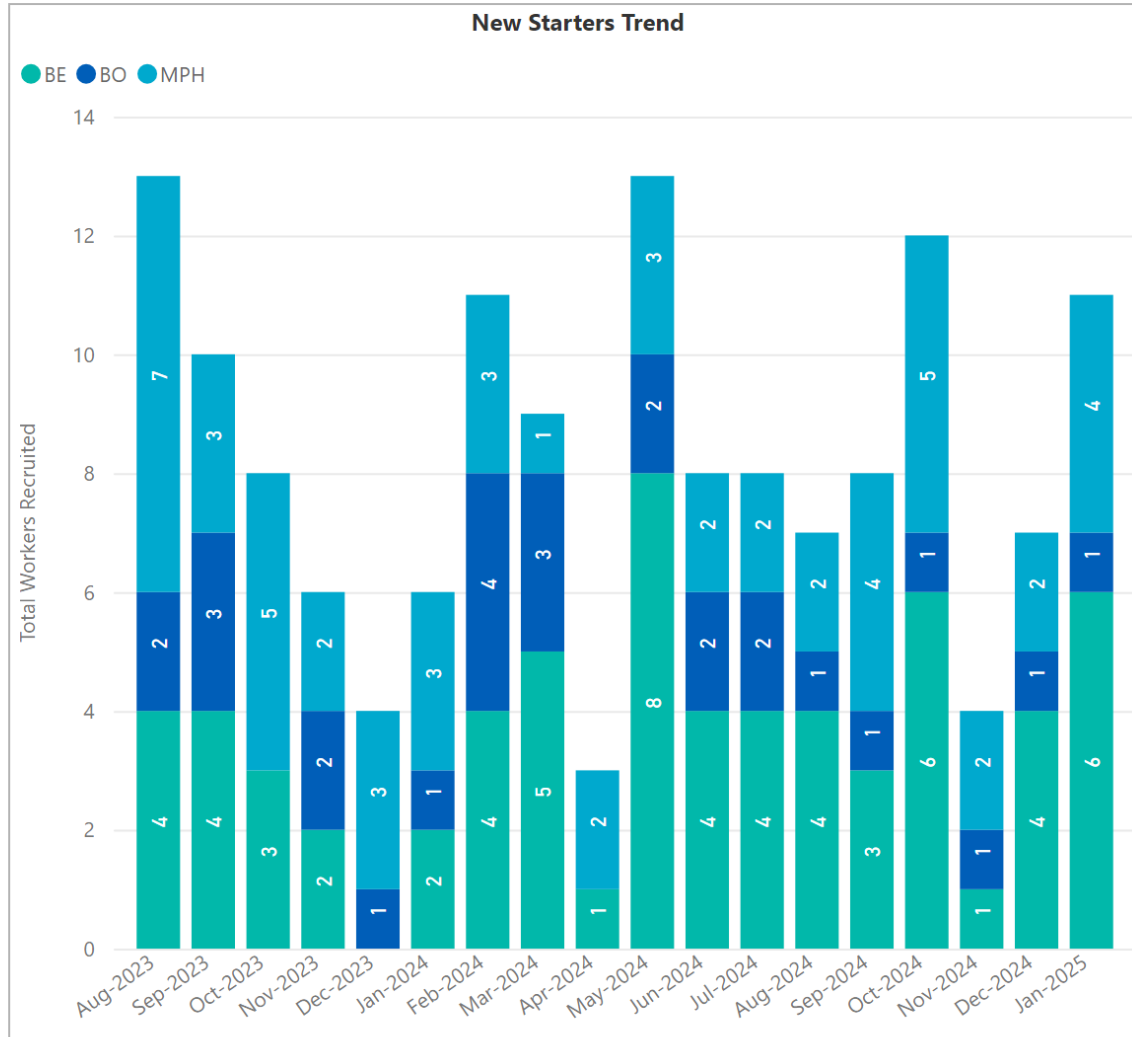
## Recruitment & Utilisation

- 23 New Bank Members onboarded 55% have already booked shifts (219 shifts)
- 253 Bank Workers booked shifts in Q3 a decrease of 7% QoQ
- Focus on hard to fill roles, meetings with Sarajane Poole

## Agency Migration

- 2 Migrations (both community nurses)
- 1 pipeline

The summary on this page excludes Medical & Dental. New Starters are counted based on Contract Start Date.



### YOY Comparison for FY 24/25 Q3

<b>Total New Starters</b>	<b>% New Starter Utilisation</b>
23✓ 23	48%
<b>Total BO/BE New Starters</b>	<b>Total MPH New Starters</b>
14✓ 8	9! 10

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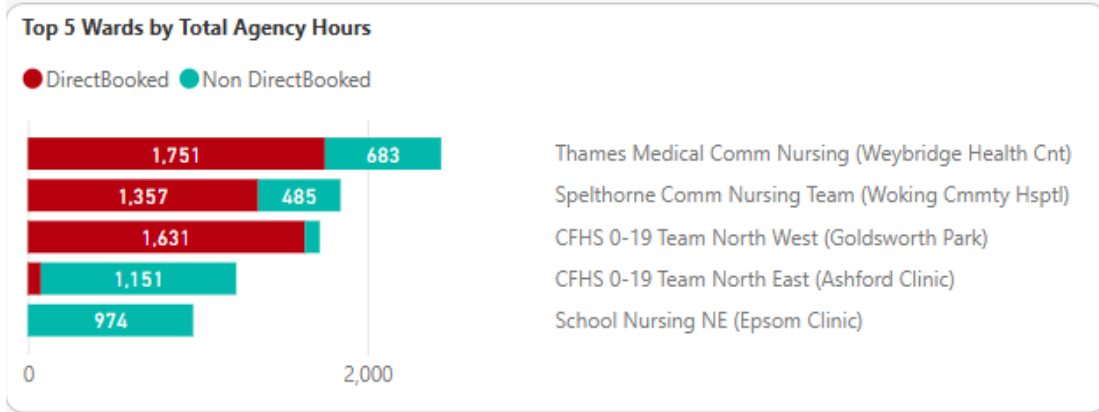
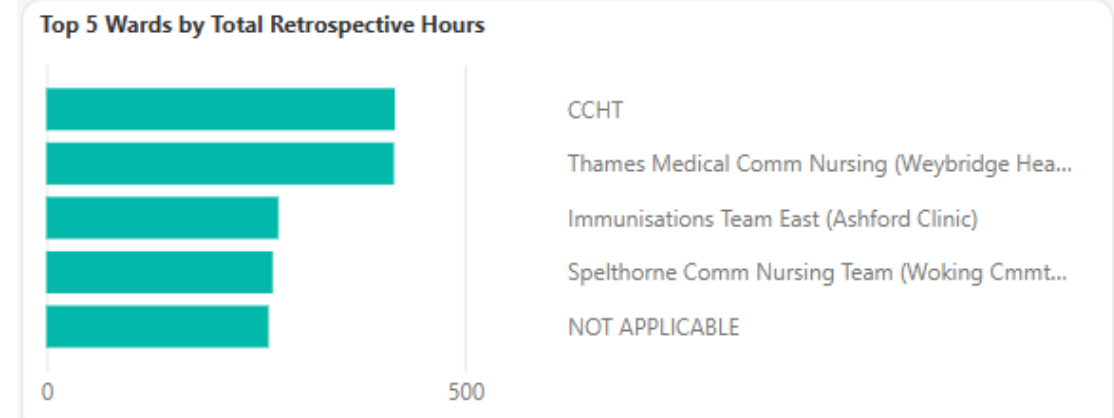
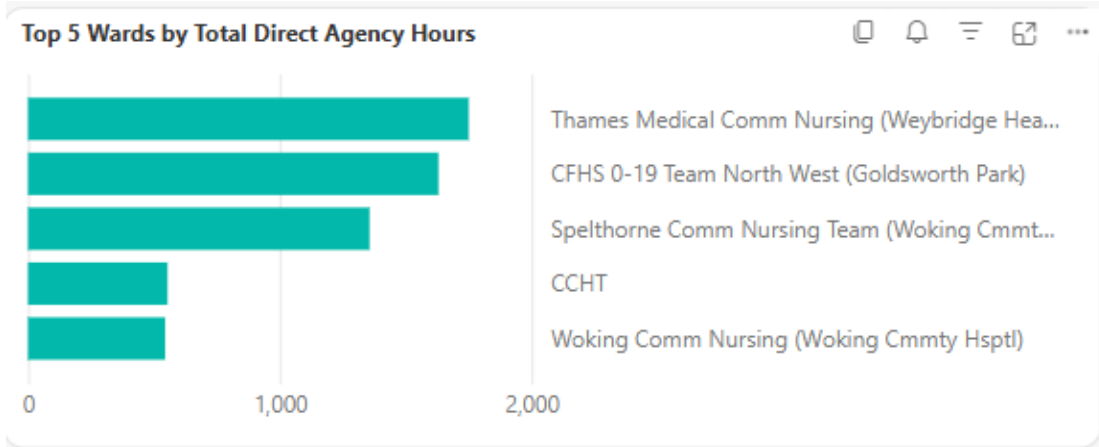
# Booking Behaviours

4 March 2025

## Oct 24 – Dec 24 (All Staff Groups/Directorates)

### Key Headlines

<b>Avg Bookings per Shift</b> 1.09 Current Period	<b>Cancellations</b> 4.0% Current Period	<b>Refusals</b> 3.8% Current Period	<b>Req Lead Time (Days)</b> 119.8 Current Period	<b>Short Notice Request</b> 8.9% Current Period	<b>Retrospectives</b> 9.2% Current Period	<b>Direct Agency</b> 43.5% Current Period	<b>DNAs</b> 0.1% Current Period
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Please note: Direct Agency (43.5) are long term agency placements. Overall DAB decreased in Q3 by 6.6%

# Operational Focus – Q4

CSH Board of Directors Meeting in public

4 March 2025

## Agency Migration

To drive down agency usage and spend, quality assurance /governance and increase bank fill

## Continued focus on Booking Behaviours

To support an increase in bank fill, improve costs, mitigate risks, financial reporting

## Transformation

New system implementations and interface upgrade

## Bank Fill Overall Objective

Objective to get bank fill to 60%

## Other Planned Activity

- Share the love campaign
- Bank Member Re-engagement
- AfC Pay award uplift / back payment
- Staffing for UCR & WICs
- Children's services disengagement
- Revisit Agency Management



# Wider Business Updates

# Academy

## Overview



Our Academy provides high-quality, cost-effective education and training solutions for NHS Trusts, Integrated Care Systems and social care providers. Our courses are delivered by experienced educators in a range of ways:

- ✓ Face-to-face group courses (either in-house or off-site)
- ✓ E-learning
- ✓ Virtual delivery
- ✓ Coaching

96% would recommend our Academy courses to a colleague

\*from 1373 responses from Feb-Nov 2024

98% rated our StatMand course content as 'good' or 'outstanding' in terms of role relevancy

\*StatMand only – pulled from 950 responses from July-Sept this year 2024

98% found our clinical courses enabled their professional development

\*from Feb-July 2024



“We thoroughly enjoyed our training experience. All of us are utilising our new presentations skills daily, and often refer back to examples of our learning in conversations. NHSP Academy designed a fantastic training specification based on the specific needs of the people in my team. We will definitely use this service again.”



Hannah Mann, Registered Mental Health Nurse,  
Senior Programme Manager & Clinical Lead,  
Children and Young People Team,  
NHSE - National Learning Disability and Autism Programme

## Testimonial



London Ambulance Service  
NHS Trust

“NHS Professionals Academy helped our team to develop an education and support package for paramedics moving into an advanced practice role. Our leadership team were given expert guidance throughout the development process. Feedback has been positive, and our clinicians are now equipped to overcome the challenges of this transition.”



Andrew Hichisson, Clinical Practice Development Manager  
(Advanced Paramedic Practitioners – Urgent Care),  
London Ambulance Service NHS Trust

[Visit the Academy Webpage](#)

# Bank Member Survey

## Overview

The aim of the research is to provide a moment in time sense check of the bank worker population to understand their needs and preferences. We also wanted to find out:

### The impact

To explore how the downturn in demand is impacting on their shift choices, their overall wellbeing, and their future plans and intentions.

### Attractive hours

To conceptually explore the attractiveness of different contractual options (zero hours, predictable hours, temporary contracts, annualised hours, personalised hours)

### The importance of flexibility

To take a 'deep dive' into what flexibility means to them and will seek to better understand why they choose to work on the bank rather than work substantively and request flexible working.

### Personal preferences

To explore the type of work that bank members may be interested in undertaking as a means of better understanding potential opportunities for deploying the bank across Systems.

### Bank vs Agency

To explore why they would choose bank and not agency and understand how bank can be made even more attractive than agency.

### Career Goals

To understand their personal career goals (including training and development) and will ask questions about the impact of bank work on career and personal growth (including issues relating to clinical supervision).

**\*This survey was for Bank Only Members and closed at midnight on 19th December 2024. Each Trust will get a high-level summary of the findings for their Trust by Feb'25 latest.**

# Member Engagement

## G.E.M Awards



Professionals

The G.E.M (Going the Extra Mile) Awards celebrates and rewards individuals for their contributions to our NHS.

The awards will continue to focus on significant contribution for innovation, improving the quality of care and supporting health, wellbeing, and staff morale, across all staff groups.

One winner from each of our partner Trusts will be chosen by our expert judging panel and receive a £100 Amazon voucher.

Results so far

**Nominations as of 02/12/24 = 1,151**

[Live view of leaderboard by Trust](#)

### Timings

**Closing Date: 18th December Midnight 2024**

**Judging will take place between the 8th – 15th January 2025**

**Winners announced by the 3rd March 2025**

# Member Engagement

## Regular communications

### Digest Newsletter

Staff Group focussed versions of the Digest are sent out on the last Friday of every month to our Bank Members to keep them informed and updated.

### Shared monthly:

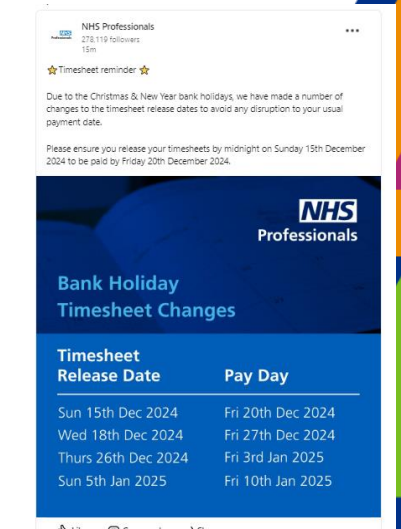
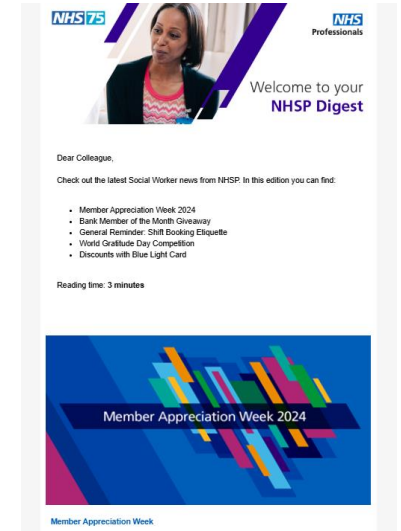
- ✓ The six versions of the newsletter are individually tailored for each staff group (Nursing & Midwifery, Non-Clinical, Doctors, Allied Health Professionals, Social Workers, and Healthcare Scientists)
- ✓ They contain essential news, Bank Member and Trust news, Key dates, what's coming up, showcase Bank Members, competitions & Blue Light partnership

### Social Media

Our current social media following across Facebook, X, Instagram and LinkedIn is over 400,000, with an average growth of around 6,500 new followers each month.

### NHSP post regularly (around 4 times a week) including:

- ✓ Important information
- ✓ Key dates (Timesheet deadlines, Staff group days, religious, societal)
- ✓ Good news stories from our Bank Members and Trusts
- ✓ Bank Member photos
- ✓ Case studies, different services, awards, events so that our community can see what is happening across NHSP





# Case Studies

## Latest Uploads

**NHS Professionals**

**NATIONAL BANK CASE STUDY**  
Bridgewater Community Healthcare NHS Foundation Trust

**Successful National Bank implementation has supported a reduction in agency spend**

- Migrating nurses and building a recruitment pool through National Bank has removed off-framework agency nurses and reduced further agency spend
- National Bank pool of 30 Bank Members actively picking up shifts, which is continuing to grow
- Off-framework agency usage removed for nursing staff group by January 2024
- Using National Bank generated savings of up to £8.00 per hour for registered nurses

**The Situation**  
Bridgewater Community Healthcare NHS Foundation Trust (BCHFT) is a leading provider of community health services in the north-west of England. Going into 2023, BCHFT renewed their focus on reducing off-framework agency usage and needed access to a compliant and cost-effective pool of temporary staff for nursing and midwifery. To support BCHFT in reducing their reliance on agencies, NHS Professionals (NHSP) launched our innovative National Bank solution with the Trust in June 2023.

November 2024

Successful National Bank implementation has supported a reduction in agency spend

Key highlights

- Migrating nurses and building a recruitment pool through National Bank has removed off-framework agency usage and reduced further agency spend

over **Thirty** Bank Members actively picking up shifts, which is continuing to grow

£8 per hour for registered nurses using National Bank generated

£1.2m annual savings achieved through Direct Engagement

70% reduction in the number of agency locums

£1.9m annual reduction in agency expenditure

Read the full case study

### National Bank: Bridgewater Community Healthcare NHS Foundation Trust

Live October 2024

**NHS Professionals**

**CASE STUDY**  
University Hospital Southampton NHS Foundation Trust

**Long term partnership and service innovation delivers staffing success**

- Nursing and midwifery Bank fill improved by over 25%
- Non-clinical Bank fill increased to 96%, an improvement of 5% compared to the previous year
- HCSW total fill has increased by over 25%
- 157 medical students and care home HCSWs providing over 9,000 hours of additional support

**The Situation**  
NHS Professionals (NHSP) has worked with University Hospital Southampton NHS Foundation Trust (UHS) delivering their Managed Bank since 2006. Throughout this partnership, we have worked collaboratively to ensure the solution provided meets the changing needs of the Trust. This has been particularly important in the post-pandemic environment where staffing has been more challenging.

Long term partnership and service innovation delivers staffing success

Key highlights

- Having an in-house Bank fill improved by **over 25%**
- Non-clinical Bank fill improved to **96%** a 5% improvement on the previous year
- HCSW total fill has increased by **over 25%**
- 157 medical students and care home HCSWs providing over 9,000 hours of additional support

Working for NHS Professionals has benefited both my career and provided life for a multitude of reasons

### University Hospital Southampton NHS Foundation Trust

Live October 2024

**DOCTORS DIRECT**

**NHS Professionals**

**CASE STUDY**  
South Tyneside and Sunderland NHS Foundation Trust

**Phased agency reduction plan delivers 0% doctors agency usage for general medicine**

- Agency usage in general medicine removed
- £1.2m annual savings achieved through Direct Engagement
- 45% increase in bank hours delivered
- 70% reduction in the number of agency locums
- £1.9m annual reduction in agency expenditure

**The Situation**  
In June 2023, South Tyneside and Sunderland NHS Foundation Trust (STST), like all NHS Trusts, was facing a challenge when it came to recruiting and retaining Trust doctors within a very competitive market. This had resulted in a sharp increase in the use of bank and agency doctors to ensure safe staffing levels were maintained. In the summer of 2023, NHS Professionals (NHSP) put forward a proposal to reduce the reliance on commercial agencies, to enable a decrease in costs, whilst maintaining sustainable and equitable rates of pay.

Phased agency reduction plan delivers 0% doctors agency usage for general medicine

Key highlights

- Agency usage in general medicine removed
- £1.2m annual savings achieved through Direct Engagement
- 45% increase in bank hours delivered
- 70% reduction in the number of agency locums
- £1.9m annual reduction in agency expenditure

£1.2m annual savings achieved through Direct Engagement

70% reduction in the number of agency locums

£1.9m annual reduction in agency expenditure

Read the full case study

### South Tyneside and Sunderland NHS Foundation Trust

Live November 2024

Area	Action	Responsible	Completion	Add Comments	Progress
Policy and Reporting	Adapt NHS England Policy to CSH Board of Directors' meeting in public	Kate Blackman/ Sayma Salik/ Alice White	04/12/2024	Present to Partnership December Forum for approval – completed.	Completed
	Create flow chart outlining process.	Kate Blackman	04/12/2024	To be included as appendix in policy for December Partnership Forum – completed.	Completed
	Ensure easy to read version of policy is available to staff.	Kate Blackman/ Sayma Salik/ Alice White			
	Agree on a system that can be used to file an online report and ensure this includes an option for anonymous reporting.	Shwetha Rao/Edwin Chamanga	04/12/2024	To be agreed prior to submission of Policy to December Partnership Forum and publication of Policy on Blink – an online reporting form has been developed.	Completed
	Freedom to Speak Up infrastructure and training for guardians updated to include sexual misconduct	Angie Denyer/Zareena Linney-Wain	31/12/2024	Angie and Zareena to contact and speak to the voice.	In progress
	Ensure access to external investigators when needed for complex cases.	Shwetha Rao	31/12/2024	Access to external investigators in place, where needed	In progress
	Ensure access to Subject Matter Experts (as outlined in policy)	Shwetha Rao	31/12/2024		In progress
Training	Create E-Learning Module that is Mandatory for all staff to complete from 1 <sup>st</sup> Jan 2025.	Angie Denyer/Sarah Strode	01/01/2025	Training to be launched as mandatory for completion between 01/01/25 and 31/03/25	Completed
	Agree date for mandatory completion and map ESR appropriately.	Angie Denyer/Sarah Strode	01/01/2025	Proposal for mandatory compliance to be taken to Skilled Workers meeting as AOB on 21/11.	Completed
	Scope any further training that may be needed for specific groups including training for managers to support culture change, investigating managers etc.	Angie Denyer/Sarah Strode	31/01/2025		In progress
	Embed Sexual Safety into Induction and BAU training e.g. Investigation, HR Cases.	Angie Denyer/Sarah Strode/Sayma Salik	31/01/2025	Angie/Zareena to look at embedding it into induction sensitively. Suggestion to include it following safeguarding section as a section on 'safeguarding our staff'.	In progress
Communication	Communication Plan to be drafted.	Zareena Linney-Waine/Richard Elliot	04/12/2024	Should include signposting to policies, how to report, training for all staff, internal support and local and national charities etc. As well as purpose of training /policy and awareness and information about sexual safety.	Completed
	Communication campaign to be rolled out to all staff to include clear sign posting on how to report.	Zareena Linney-Waine/Richard Elliot	10/01/2025		In progress
	Blink page to be created to signpost to support.	Zareena Linney-Waine/Richard Elliot	31/01/2025		In progress
	Specific communications for managers to ensure they know how to respond to reports.	Kate Blackman/ Sayma Salik.	10/01/2025		
Data and Governance	Agree a Board Member who is responsible for Sexual Safety	Shwetha Rao	31/01/2025	Consider lead Exec and lead Ned. As well as considering specific comms from the lead as part of comms launch.	In progress
	Appoint a DASV lead for the organisation.	Shwetha Rao	31/01/2025		In progress

	Establish process for executive / board reporting, including on relevant data and learning.	Shwetha Rao/Angie Denyer	31/01/2025	Via PPFC? To be confirmed	In progress
	Deep Dive on relevant data such as from staff survey to be carried out, including looking at data by protected characteristics to understand staff experience and inform work.	Shwetha Rao/Denis Sellu	31/01/2025	Denis to look at what data we have available.	In progress
	Relevant Sexual Safety data including staff survey results are published and shared with all staff alongside actions taken/to be taken to address issues and risks raised in the results	Shwetha Rao/Zareena Linney-Wain	31/01/2025	Zareena to link in with Camila to include data in comms that are going out in January.	In progress
	Embed tackling sexual misconduct and protecting the sexual safety of our workforce into contracts	Shwetha Rao/Alice	31/12/2024	Alice to look into this and link in with Shwetha around findings.	In progress
Wellbeing and Inclusion	Equality Impact Assessment to be completed of Sexual Safety Work	Zareena Linney-Waine/Shwetha Rao	31/03/2025	To be completed once support is in place.	Not started
	Engage Via Staff Networks and Wellbeing Champions to ensure all staff are represented appropriately in the work.	Zareena Linney-Waine	31/03/2025		In progress
	Ensure staff support structures, like the Employee Assistance Programme, have guidance on sexual misconduct processes and pathways to specialist support	Zareena Linney-Waine	31/03/2025	Zareena to link in with Vivup to see how we include more information on sexual safety on the portal.	In progress
	To implement DASV allies as part of EDI Champion /Wellbeing Champions roles.	Zareena Linney-Waine/Sayma Salik/Sarah Strode	30/04/2025	We will need to identify and scope training for champions to undertake. Zareena to link in with Sarah to map to CPD also.	Not Started
	Support offer is monitored to inform continuous improvement and ensure appropriateness	Zareena Linney-Waine	On going from 1 <sup>st</sup> April	To be started once all support is in place.	Not Started
	Scope any tailored work for groups that experience sexual misconduct at disproportionate rate e.g. based on data deep dive, engagement with staff networks.	Zareena Linney-Waine	31/03/2025	Zareena to consider how we offer bespoke work and support to certain groups.	In progress
	Embed tackling sexual misconduct and protecting the sexual safety of our workforce into equality, diversity and inclusion (EDI) improvement plans	Zareena Linney-Waine/Sayma Salik	31/03/2025	To be considered for next years EDI plan.	Not Started



# Supporting young people with care experience in the workplace

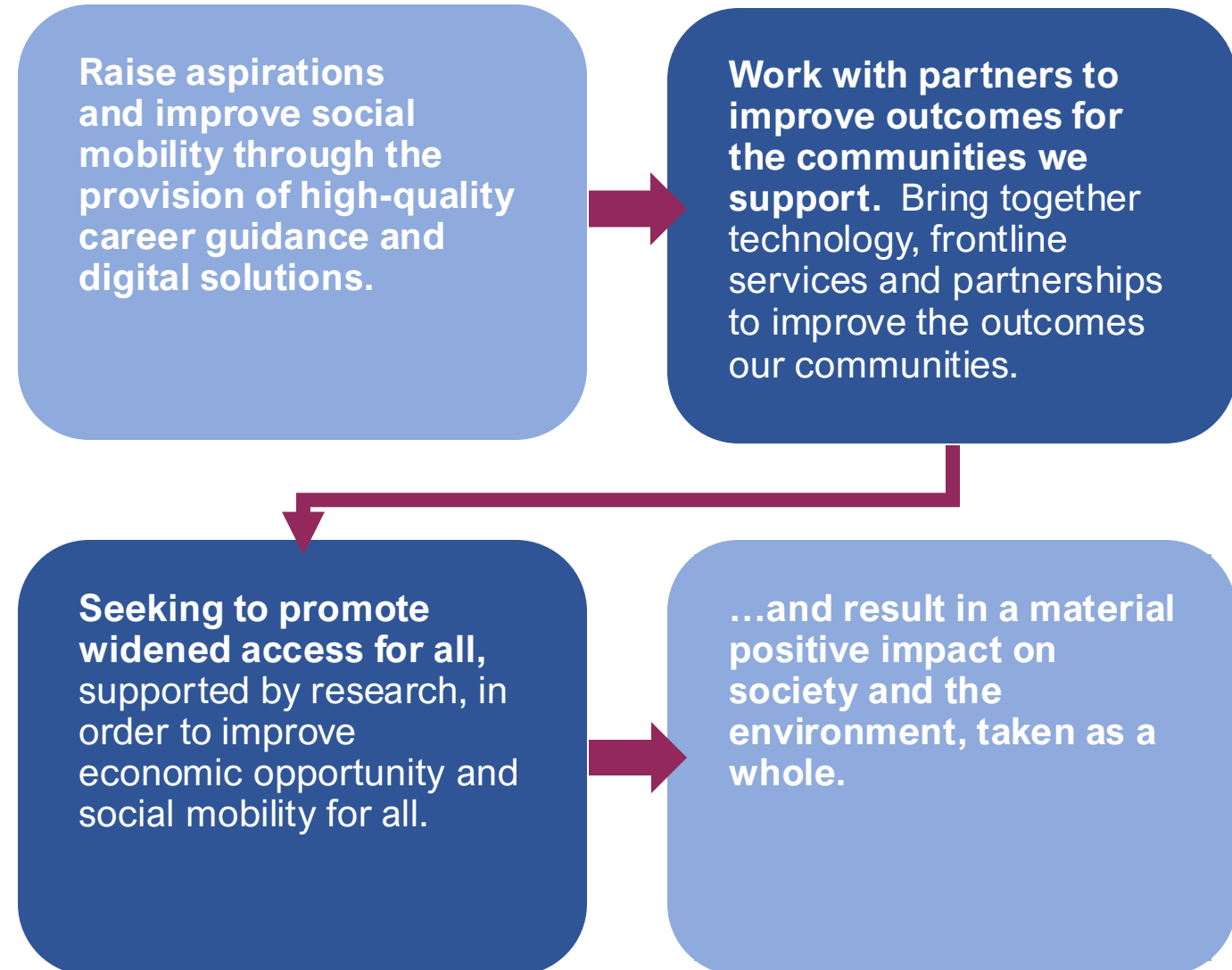
19th September | 1000-1130

**Creating career opportunities for young people and adults with care experience**

# Agenda

- **10:00 – Welcome & Introductions**
- **10:15 - Introduction to a new system approach to supporting care experienced young people into employment opportunities**
- **10:30 – Why support people with care experience?**
- **10:50 - How Career Matters supports care experienced people and employers.**
- **11:10 – Open Floor discussion**
- **11:30 - CLOSE**

- \* A social enterprise working with care experience and people with lived experience of criminal justice.
- \* Providing opportunity, inspiration and hope. Through representation and support from others with lived experience.
- \* Team of experts across education, careers, social care, health and industry.
- \* We create inspirational opportunities and tangible jobs for our communities.
- \* Our Story - A team led by, delivered by and for people with lived experience of criminal justice and/or the care system.
- \* And our supporters who want to see a 'step change' for the communities we support.



# Our Training Commitment and Support Package



**We** provide ongoing support and training, before, during and after the placement. A dedicated point of contact to support you as you commence providing work placements.



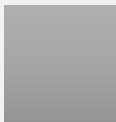
**We** know the young people who will be starting a placement with you and we can provide impartial support to both the employer and the young person.



**Our** training will equip attendees with tools, strategies and a deeper understanding on how to support and signpost young people who are in Care or Leaving Care.



You are welcome to join the Thrive Action Groups to learn more about supporting young people into the world of work.



Lived Experience Charter training is open for applications from employers who would like to embed further structure into organizational culture, policy and positive practices.

## The Charter aims to:

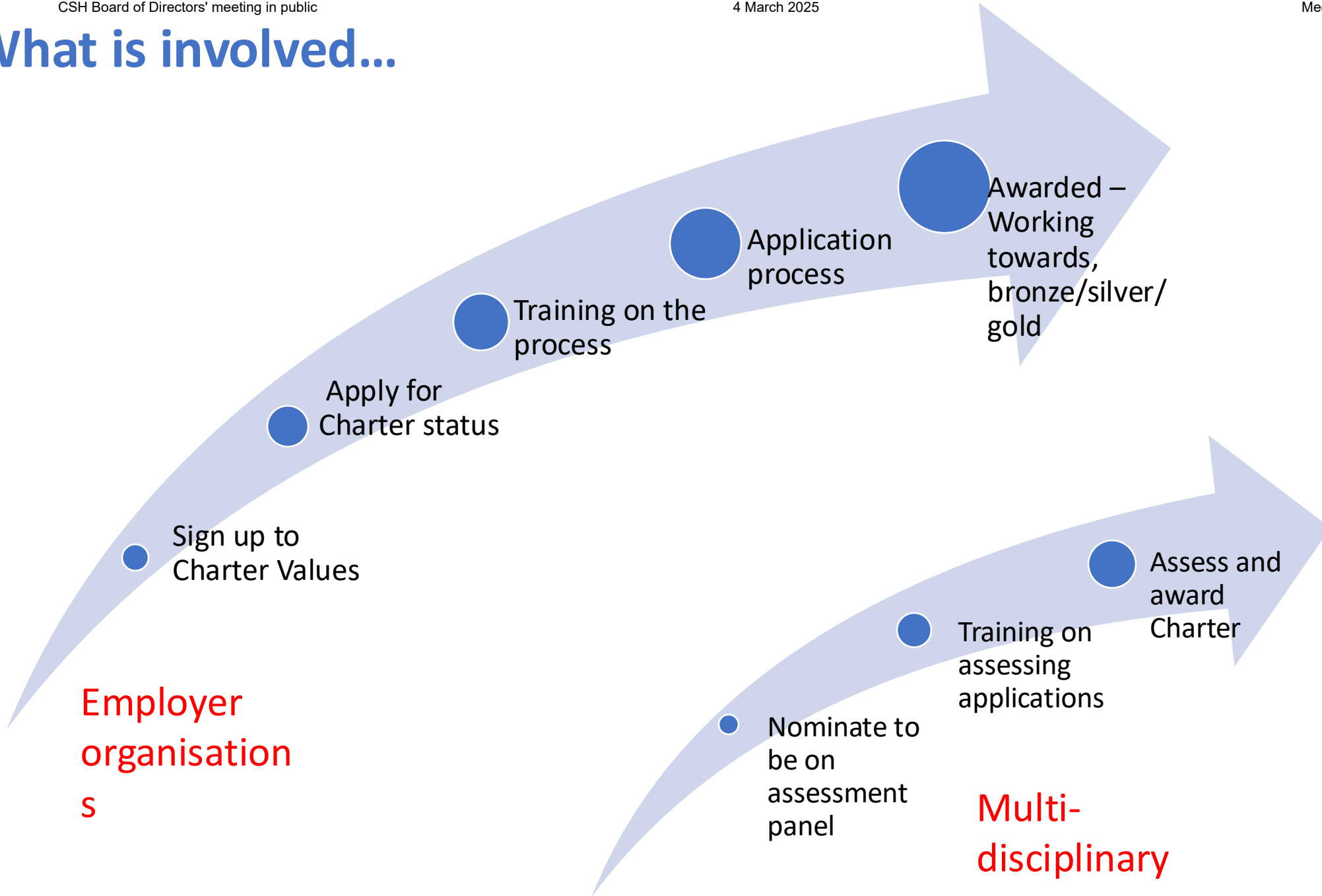
- Enable employers to show their **commitment** to employing people with lived experience of the care system and/or the criminal justice system, homelessness, mental health, sarcs, substance misuse.
- Support employers to engage, recruit, retain and progress people with lived experience
- Provide **opportunities** for people with lived experience
- Increase **job roles** for people with lived experience

**The work to date has been piloted across 6 sites during 2021 and in 2022 was rolled out nationally across another 22 sites, 2023 a further roll out of 24 services in total 52 sites have been awarded charter status.**

**We have a further roll out 23 sites this year 2024.**

- Organisations that provide health services can express interest to apply to be awarded Charter status.
- Organisations demonstrate that they have implemented the values, standards and practices.
- Working Towards, Bronze, Silver or Gold award standards.
- Applications are assessed by a trained multi-disciplinary team, people with lived experience and organisation's that support them.

# What is involved...



# Surrey Heartlands Pilot Project

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Working with delivery partners: Career **Matters** and **Surrey Youth Focus**

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Commitment to supporting care experienced young people in Surrey to access employment opportunities, work experience and learning opportunities

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Build information, knowledge and signposting for rollout to other ICB's and local employers

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Taking a system approach to ensure at least 25 young Care Leavers, access employment, education and training opportunities by March 2024

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Commitment to Lived Experience Charter

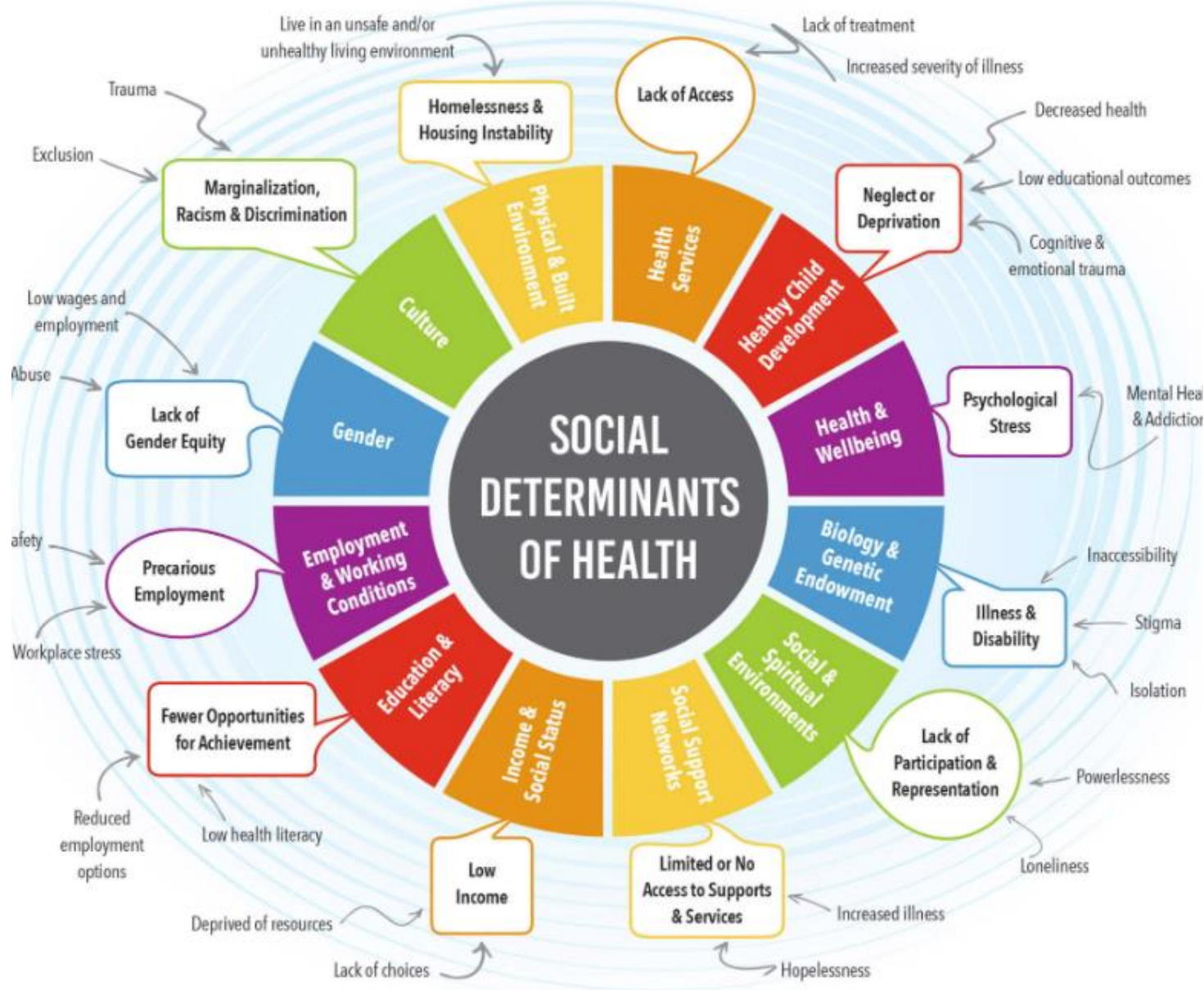
# Discussion - What is your knowledge of care experience?

- What does it mean?
- What experiences do these young people have in their early years?
- Who is responsible for these young people?
- What happens when they grow up?



# Statistics – Care Experience

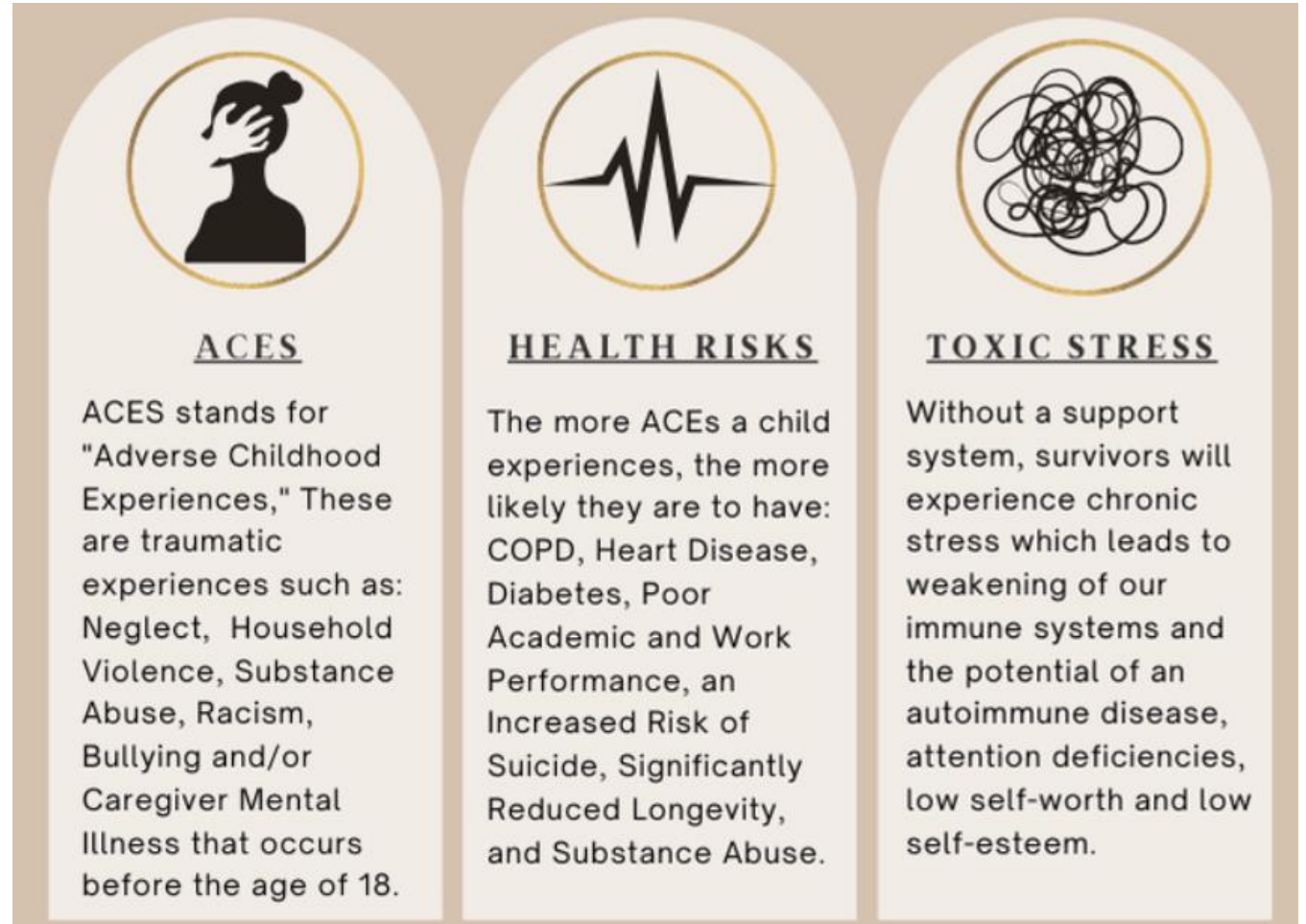
- NEET figures stand at 41% for 19 to 21-year-olds compared to the national average of 11.6%.
- Only 17% gain 5 GCSEs compared to the national average of 60%.
- 12% of 18 to 21-year-olds go to University.
- 10,000 young people 16+ leave care per annum – cliff edge of care.
- Adverse Outcomes costing England £23 billion per year. Cost for each child that needs a social worker £720,000 across their lifetime. Alma Economics Care Review.
- Almost 25% of the adult prison population have previously been in care, and nearly 50% of under 21-year-olds in contact with the criminal justice system have spent time in care.
- 2% of care leavers go into apprenticeships.
- 12% of care leavers whereabouts unknown.
- 70% of care leavers are likely to die prematurely.
- Children in care are 10 times more likely to end up in prison by 24 years old than those outside the system.
- Children with a criminal record who had been in care were more than twice as likely to be given a custodial sentence as those who had not.
- In 2023 there are 7,290 UASC just under one in 10 (9%) of the caseload and over one-fifth (21%) of new entrants into the care system in 2023.
- 58% of children in care are classified as SEND, more than three times greater than their peers. More than half 53% of those with SEN are relating to social, emotional, and mental health.



- The social determinants of health (SDH) which are factors other than medical treatment that can be impacted by social policies and shape health in significant ways.
- The strong and frequently observed correlations between a wide range of health indicators and measures of people's socioeconomic resources and or social position, typically income, educational attainment, or rank in occupational hierarchy provide additional support for the impact of social factors on health

# Trauma Informed Approaches

- Adverse Childhood Experience (ACEs)
- Identity – importance of identity and sense of belonging.
- Bessel van der Kolk 'Body Keeps the Score'.
- Career Matters will be delivering a pilot of trauma informed training in Surrey over the coming months with our clinical partner Shellee Burroughs.



The infographic consists of three vertical panels, each with a circular icon at the top and text below. The first panel features a silhouette of a person covering their face with their hand, representing ACEs. The second panel features a heart rate line, representing health risks. The third panel features a tangled scribble, representing toxic stress.

<u>ACES</u>	<u>HEALTH RISKS</u>	<u>TOXIC STRESS</u>
ACES stands for "Adverse Childhood Experiences," These are traumatic experiences such as: Neglect, Household Violence, Substance Abuse, Racism, Bullying and/or Caregiver Mental Illness that occurs before the age of 18.	The more ACEs a child experiences, the more likely they are to have: COPD, Heart Disease, Diabetes, Poor Academic and Work Performance, an Increased Risk of Suicide, Significantly Reduced Longevity, and Substance Abuse.	Without a support system, survivors will experience chronic stress which leads to weakening of our immune systems and the potential of an autoimmune disease, attention deficiencies, low self-worth and low self-esteem.

# Language

**The recent Care Review has backed the Civil Rights movement which seeks for Care Experience to become the 10<sup>th</sup> protected characteristic under equalities legislation.**

**Can we all consider the language we use about care experience and people in the care system?**

- LAC – looked after child
- Care Leaver – care experienced
- Beds/placement – rather than a home
- Next of kin enquiries
- What we document about individuals – careful consideration when someone reads their medical or other records when they request their care records in later life.
- How we view and label behaviours' most often linked to traumatic life experience – ACE's and trauma informed practice.
- Christmas/Eid/Wider religious festivals focusing on family and community

# Young People's Entitlements

- **Corporate Parent** – Local Authority – social workers, PAs and key workers. Extension of Corporate Parenting Principles
- **Local Offer** – [Our local offer to care leavers - Surrey County Council \(surreycc.gov.uk\)](https://www.surreycc.gov.uk)
- **Leaving Care Grant** – £3,000 from LA to support with setting up a home.
- **Financial support** to both employer and CEP on apprenticeships. For apprentices starting their apprenticeship on or after 1 August 2023, the bursary will be £3,000. It is payable in instalments over the first year of the apprenticeship.

# Thrive Model of Support

**Source:** Career Matters  
**Description:** Thrive Model of Support

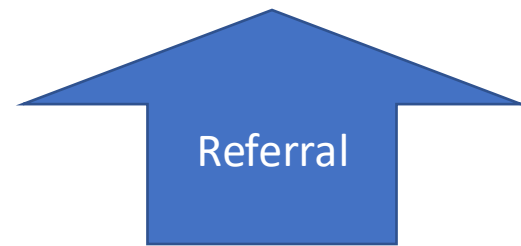
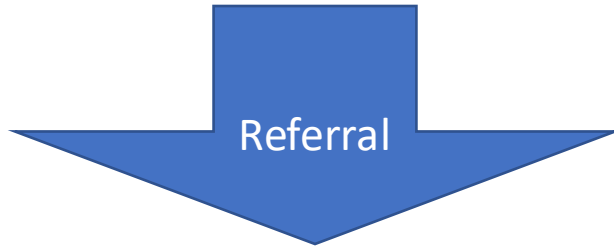
PEOPLE WITH LIVED EXPERIENCE  
Self Referral/ HMP / LA / Other

DATA OUTCOMES AND PROGRESSION

**THRIVE TECHNOLOGY PLATFORM**

- Career Coaching
- Qualifications
- Peer support
- Work Experience
- Networks

- Resources
- Jobs/Job Readiness
- Support
- Confidence/Motivation
- Advocacy
- Health Services



**MULTI-AGENCIES**

- Housing
- Health/NHS & commissioned services
- Drug & Alcohol

- Mental Health Support
- Education
- VCSE's
- Other

**OUTCOMES**

- **Reduced health inequalities**
- **Jobs, Education, employment training**
- **Network of LE support**

Tech and Service providers  
Resources and training

# THRIVE Learner Journey



Referral LA's, Virtual Schools, Charities, HMPPs, Social Enterprise, Housing Associations, self referral & Online Sector Specific Events and personal development workshops

Ongoing support provided to employers including training – Lived Experience Charter Values and practices and team training support on ACEs/trauma informed workplace.

Activities logged on Thrive timeline building a skills profile and career experience

Management Information, destinations, qualification levels, Network of support

**Source:** Career Matters  
**Description:** The Thrive learner journey for CEP, CJS & CEP/CJS

# Line Management

- CEP bring diversity, new ways of thinking.
- Clear Induction – taking place next week.
- Clearly defined role.
- Regular feedback.
- Management style – supportive coaching and nurturing – relational approaches, role modelling positive reciprocal, respectful relationships.

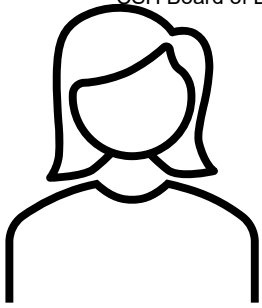


# Flexibility

- Flexible working – these young people often live independently much earlier than their peers without the support of family that others of their age have access to.
- Extending Placements.
- Securing Employment.
- Placement Completion – feedback on their experience and the employer.
- References – to support the young people to progress.

4 March 2025

CSH Board of Directors' meeting in public



**YP went into care at 10-years-old.** She has been in one foster home since entering the care system. Gained 6 good GCSEs and progressed into college. Now lives in a council accommodation.

**YP 22 years old.** Despite good qualifications to help her progress the YP struggles with confidence and anxiety which makes it difficult to apply to jobs and attend job interviews.

**Career Matters gets in touch** after YP is referred by their personal adviser/LA to the Surrey Heartlands ICS programme.

Holistic assessment (Med) of the young person and their support needs is given alongside Career guidance support by the Career Coach. Exploring the young person's hopes for the future and pathways to achieve them.

An apprenticeship is identified. The relationship with the employer has been established prior to referrals. The YP is offered support to apply.

Additional support is given to YP to assist with confidence, reviewing application form and offering support as required. Significant paperwork can be expected with a health and social care application!

YP attends interview having received interview prep and motivation from their career coach.

Job Start!  
Encouragement in the run up to the first day of the job

Ongoing support is given through work and the Career Matters service is available ongoing if required via peer networks

**Impact**

- Young Person has gained employment in health and social care.
- Improved financial security.
- Improved health.
- Hope for the future.
- Ongoing peer support

**Source:** Career Matters

**Description:** Thrive Case Study Medium Support Need and into an apprenticeship placement

# Support Ongoing

There may be circumstances where you feel you have limited experience or expertise. Your Team and Career Matters can support you. Before contacting us please ensure you have gained explicit consent from the young person.

Career Matters works with all of the young people and their local authority support workers. We provide a range of support including advocacy, sign posting, career guidance and employability support.

Your POC at Career Matters for the first work placement programme will be - [hkirkbride@career-matters.org](mailto:hkirkbride@career-matters.org)

# Safeguarding Processes

- The SaSH and FCHC statutory safeguarding procedures for children and adults are aligned to the SSCP and SSAB Safeguarding Procedures and are applicable to volunteers and staff, for the management of safeguarding concerns.
- A separate pathway isn't required and the young person, as a volunteer, will be briefed on SaSH/FCHC Safeguarding procedures as part of their induction.
- Additional support for the young person would be crucial from within SaSH/FCHC, should safeguarding issues arise
- If the young person agrees to share information with Career Matters, the additional support and advocacy they provide would be of potential benefit.
- Escalation protocol from Surrey Safeguarding protocol page 27.
- Career Matters Designated Safeguarding Leads are Hannah Kirkbride and Ed Nixon.

# Pastoral Support

- It is rare that we deal with Serious Safeguarding escalation procedures.
- It is more common for us to identify that there may be a little additional support needed for young people outside of work - this may include housing problems, debt, arrears, eviction, different times of year which can be more challenging for care experienced young people etc.
- The health and wellbeing area of these young people tends to be an area where additional support is required.
- If these areas are not managed then they can become a significant challenge for young people - for example a young person who lives independently and is not managing their finances (no support with budgeting and very little money) can move quickly from housed to homeless and then a list of other potential impacts.
- By enabling open sharing of information we can work to prevent smaller scale issues escalating quickly and becoming serious issues for the young person.

# Revisit discussion - What is your knowledge of care experience?

- What does it mean?
- What experiences do these young people have in their early years?
- Who is responsible for these young people?
- What happens when they grow up?

# Career Matters Contact

- Hannah Kirkbride – [hkirkbride@career-matters.org](mailto:hkirkbride@career-matters.org)
- [www.career-matters.org](http://www.career-matters.org)
- Lived Experience Charter - [Lived Experience Charter - Career Matters \(career-matters.org\)](#)
- Thrive - [Career Matters Thrive Platform improving outcomes for Care Leavers \(career-matters.org\)](#)
- X - @CareerMattersUK @CareMatter
- LinkedIn @CareerMatters
- Instagram – careermattersuk
- Facebook -



## Safeguarding Level 3 Training Passport

Name:

Role:

*CSH require all new starters to have the below training completed within 8 weeks. For existing colleagues, currently not competent, please aim for full compliance within 4 weeks, so you show as compliant on the Business Informatics (BI) report.*

Training Completed	Hours achieved	Yes/No
<ul style="list-style-type: none"> <li>Prevent</li> </ul>	55 Mins	
<ul style="list-style-type: none"> <li>MCA DOLS</li> </ul>	120 Mins	
<ul style="list-style-type: none"> <li>Adult Safeguarding Level 3 Core Online Modules</li> </ul>	180 Mins	
<ul style="list-style-type: none"> <li>Adult Safeguarding Level 3 face to face update session</li> </ul>	180 Mins	
<b>Total Hours Achieved</b>	<b>8 Hours - 55 Mins</b>	

*Once all Safeguarding Level 3 hours have been achieved, please confirm with your line manager and sign below, and use the ESR self-declaration function to confirm your compliance has been met.*

Colleague signature		Date
Manager signature		Date

### Adult Level 3 Safeguarding Supervision Annual Record of Attendance

Safeguarding Supervision Session	Date	Hours	Y/N
<b>Total Sessions Attended</b>			

*Please use ESR Safeguarding Self Declaration function to confirm 4 sessions attended*



## Central Surrey Health Limited

<b>Title of paper:</b>	Patient-Led Assessments of the Care Environment (PLACE) results
<b>Meeting:</b>	CSH Board of Directors' meeting in public
<b>Meeting date:</b>	4 March 2025
<b>Agenda Item:</b>	Item 7
<b>Purpose of paper:</b>	For assurance

<b>Has this paper been discussed at other meetings or committees?</b>	
Finance, Digital & Innovation Committee – 25 February 2025	
<b>Board assurance framework</b>	

<b>Author – Role:</b>	Gregg Hayman – Head of Estates, Health & Safety and Hotel Services
<b>Director:</b>	Robert Hudson – Director of Finance
<b>Date prepared:</b>	21 <sup>st</sup> February 2025

<b>Executive Summary – Items to highlight:</b>
<p>On 20 February 2025, confirmation from NHS England was received that the Patient-Led Assessments of the Care Environment (PLACE) results had been published.</p> <p>The Board is asked to <b>receive</b> the results, and note the actions to be taken, for assurance.</p>

## 1. Purpose of report

- 1.1 To update the Board on the results nationally published by NHS, specifically relating work CSH's inpatient and outpatient demised area.

## 2. Patient-Led Assessment of the Care Environment (PLACE) results 2024 Table of Results

	Cleanliness	Food	Organisation of Food	Ward Food	Privacy, Dignity & Wellbeing	Condition and maintenance	Dementia	Disability
National Average	98.31%	91.31%	92.17%	91.38%	88.22%	96.36%	83.66%	85.20%
Organisation Average	98.36%	89.37%	82.81%	97.44%	78.33%	98.00%	84.55%	80.68%

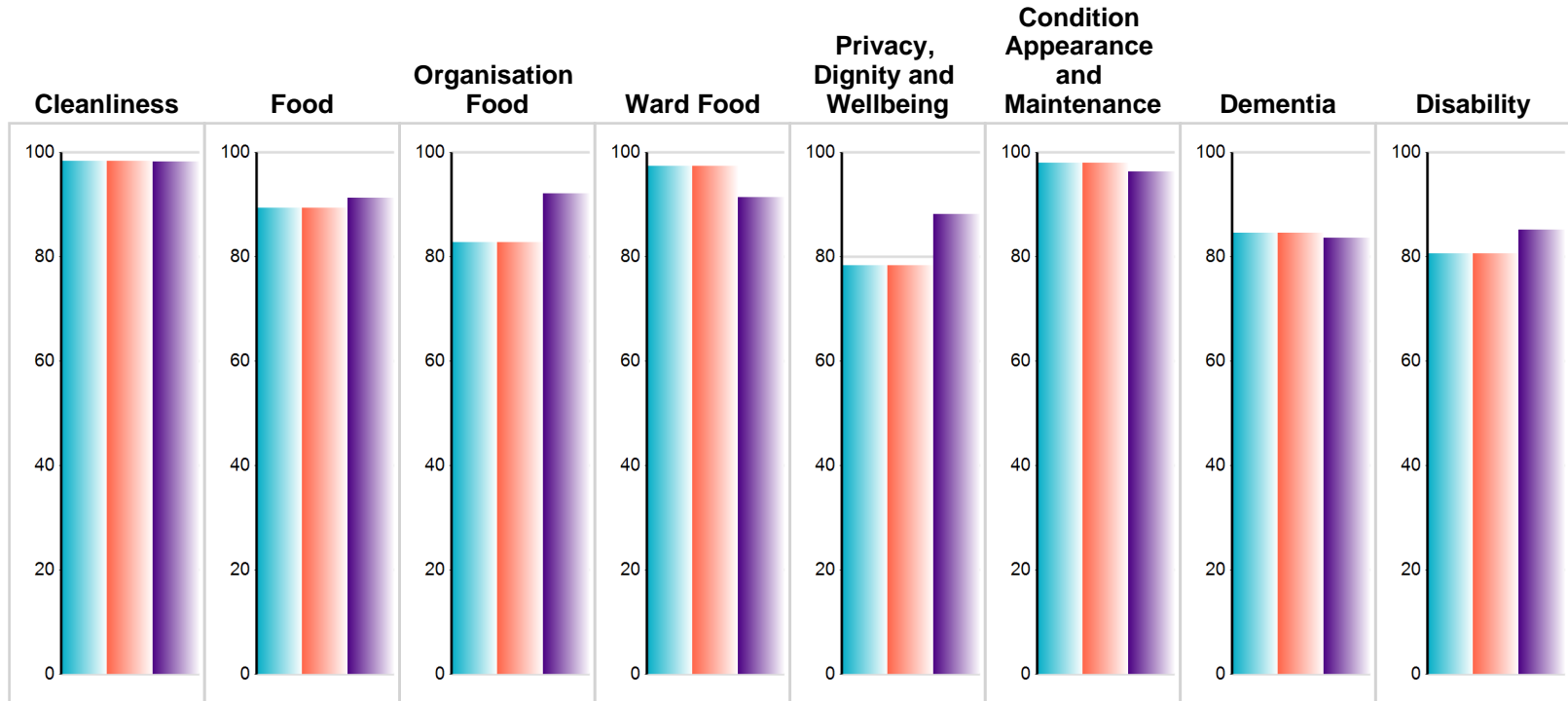
- 2.1 CSH's PLACE scoring has significantly improved from 2019 to 2024; however, the areas of focus for 2025 are RAG rated as above. The area where CSH will have challenges in improving in line with the national average will be disability. This primary reason for not achieving is due to the layout of the inpatient ward and lack of flexibility due to the construction design.
- 2.2 Another element which can be improved is to provide a family room with Alexandra Ward. Gregg Hayman will work with Clinical colleagues to ensure this is developed and delivered by the end of the financial year.
- 2.3 Organisation food is a key focus, and the scoring is driven by patients' ability to order meals by electronic means (iPad). Due to the cohort of patients, this would need to be reviewed to ascertain if a viable option.

## 3. Recommendations

- 3.1 The Board is asked to note the results of CSH's PLACE assessment, and the actions to be taken.

End of Report

## WOKING COMMUNITY HOSPITAL- Collection: 2024

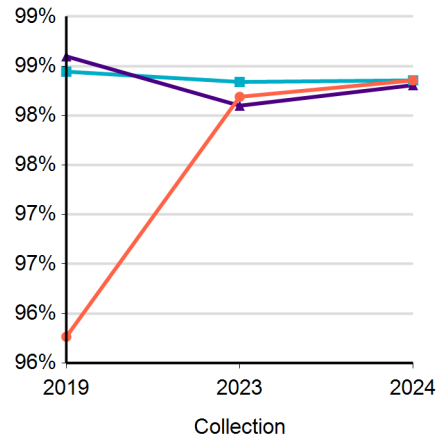


<b>Achieved Score (Actual)</b>	598.0000	155.5000	79.5000	76.0000	94.0000	294.0000	243.5000	177.5000
<b>Available Score (Actual)</b>	608.0000	174.0000	96.0000	78.0000	120.0000	300.0000	288.0000	220.0000
<b>Site Score</b>	98.36%	89.37%	82.81%	97.44%	78.33%	98.00%	84.55%	80.68%
<b>Organisation Average</b>	98.36%	89.37%	82.81%	97.44%	78.33%	98.00%	84.55%	80.68%
<b>National Average</b>	98.31%	91.31%	92.17%	91.38%	88.22%	96.36%	83.66%	85.20%

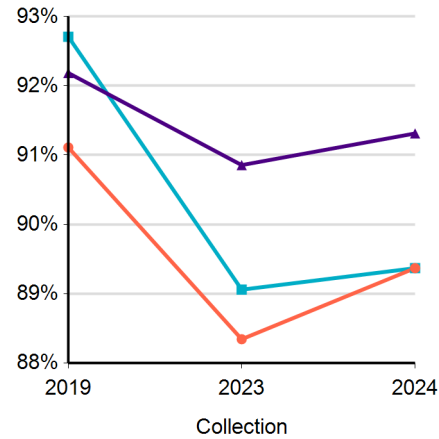
# WOKING COMMUNITY HOSPITAL

Site Scores    Organisation Average    National Average

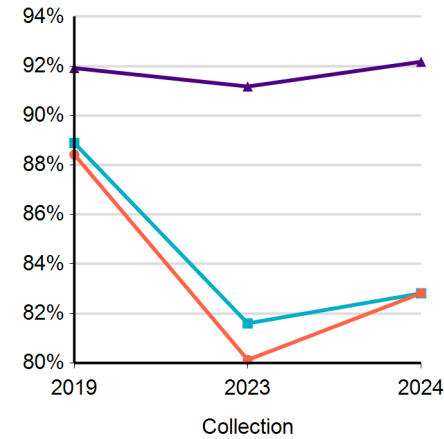
**Cleanliness**



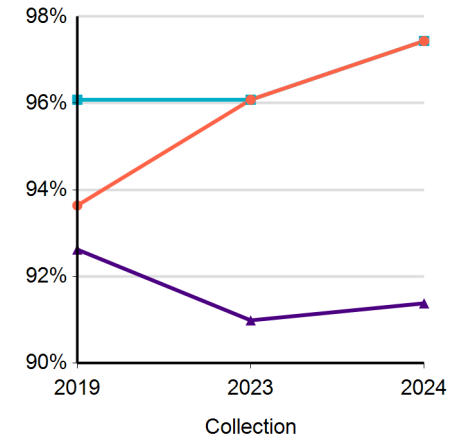
**Food**



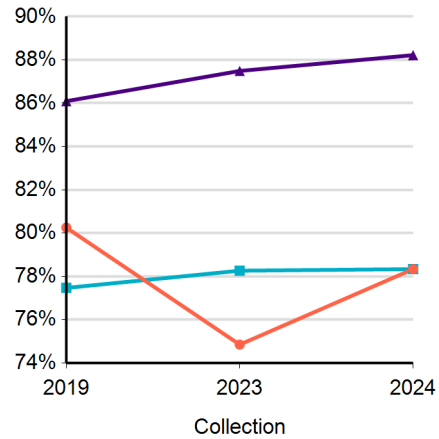
**Organisation Food**



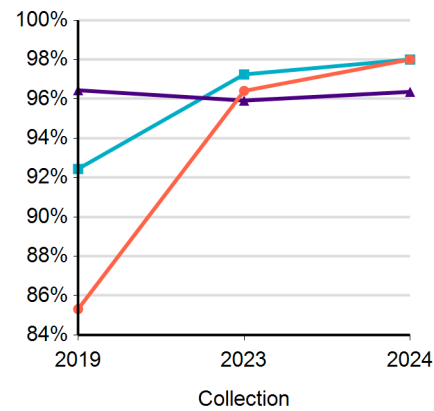
**Ward Food**



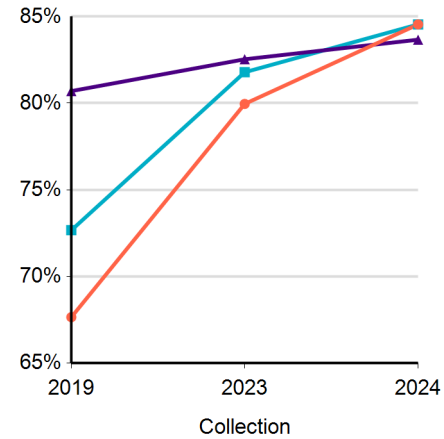
**Privacy, Dignity and Wellbeing**



**Condition Appearance and Maintenance**



**Dementia**



**Disability**

