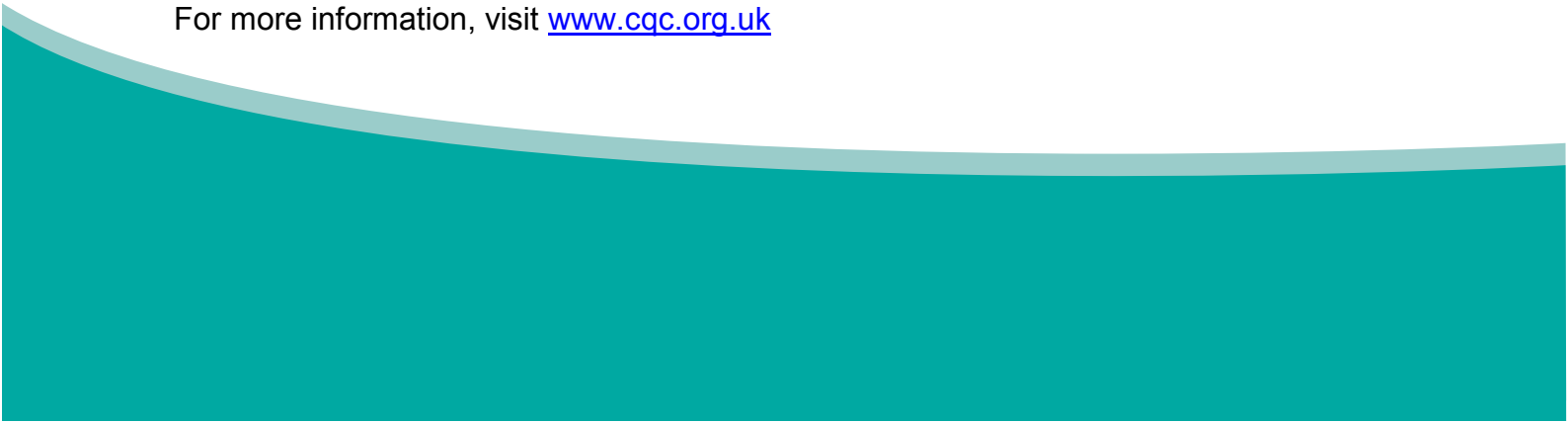


# QUALITY ACCOUNT 2010 – 2011

## SURREY COMMUNITY HEALTH PROVIDER SERVICES

**Provider ID 5P5** NHS Surrey is registered, and therefore licensed to provide services, by the Care Quality Commission  
For more information, visit [www.cqc.org.uk](http://www.cqc.org.uk)

A decorative graphic at the bottom of the page consisting of a teal-colored wave shape that curves upwards from the left and then levels off towards the right.



# Contents

<b>PART 1</b> .....	<b>5</b>
Surrey Community Health .....	5
NHS Surrey.....	7
<b>PART 2</b> .....	<b>8</b>
Building on Our Achievements for Quality and Safety .....	8
Implementing and monitoring our priorities going forward in 2011/12 .....	10
Monitoring Regulatory compliance (Essential standards for Quality and Safety) ...	10
Improving how we capture service user feedback .....	11
Ongoing reduction of patient safety risks .....	11
Use more information technology to improve clinical services .....	11
<b>Statutory Section</b> .....	<b>12</b>
Clinical Audit Priorities .....	12
National Audit programmes .....	12
Research and Publications Keep open as may receive more inputs.....	13
Inspections and National Service Reviews .....	13
<b>Quality Management systems and initiatives for improving capacity and support for staff</b> .....	<b>16</b>
Safety .....	16
Clinical Effectiveness .....	16
Patient Outcomes .....	17
<b>PART 3</b> .....	<b>18</b>
Review Of Our Quality And Performance in 2010/11 .....	18
National Achievements .....	18
Award Winning Clinical Services .....	18
Service Innovation .....	19
<b>Service Overviews</b> .....	<b>21</b>
<b>APPENDIX 1</b> .....	<b>25</b>
Commissioning for Quality and Innovation (CQUIN) .....	25
Patient Experience .....	26
Essence of Care .....	27
Patient Safety indicators.....	27
Benchmarking against Nationally Reported Data Patient Safety Incidents .....	28
High Impact Actions For Improving Patient Safety .....	30
Mitigating The Risk Of Patient Pressure Damage.....	32
Mitigating The Risk Of Patient Infections.....	34
Safety Alert Bulletins .....	35

<b>APPENDIX 2</b> .....	<b>37</b>
SCH Specialist Services: snap shots supporting quality initiatives and what patients said about these services.....	37
End of Life Care .....	37
Special Care Dental Services .....	38
Children’s Specialist Services .....	39
Rehabilitation (Community Therapy) Services For Adults And Children.....	40
Sexual Health and Contraceptive Services .....	42
Pharmacy Service .....	42
<b>APPENDIX 3</b> .....	<b>44</b>
An explanation of who you have involved .....	44
<b>APPENDIX 4</b> .....	<b>45</b>
GLOSSARY OF TERMS .....	45
<b>APPENDIX 5</b> .....	<b>46</b>
Statements provided from PCT, GP practice LINKs or OSCs (in regulations) .....	46

## PART 1



### **Surrey Community Health**

It is with great pleasure that I introduce the Quality Account for Surrey Community Health as a provider of community services for NHS Surrey.

Since 2009 NHS Surrey has been considering how it can separate its responsibilities for commissioning and providing services, so that Surrey Community Health can become a separate organisation in line with government policy. From April 2010 to March 2011 Surrey Community Health functioned as if it were a separate organisation with separate arrangements for leadership, senior management and governance. We are currently working with NHS Surrey and GP commissioners to determine the management of community services for next year.

Through our quality account we aim to assure patients, the local population and our commissioners that in Surrey Community Health our values are reflected in the provision of the best possible clinical care, through a skilled and competent workforce. We strive to learn from feedback proffered by patients, stakeholders and external agencies such as Care Quality Commission and we aim to be the preferred provider of community services in Surrey. I believe this is an ideal opportunity to showcase the excellent work undertaken in Surrey Community Health as well as recognising areas of improvement.

We recognise that true assurance comes from our ability to demonstrate high levels of patient satisfaction, safe services and exemplar clinical outcomes. In looking to achieve this over the past year Surrey Community Health's Shadow Board agenda has been focussed to ensure that Quality and Patient Safety issues are given dedicated time for reporting and discussion. Part of this has been the development of the performance dashboard which now includes a wide range of clinical quality and safety measures. Another development was for one of the newly appointed lay members to Chair the Clinical Quality and Risk committee which consists of clinicians and managers working together to improve clinical care and patient safety.

Part 3 of this report provides the performance indicators that we used this year to assess service quality and safety and our achievements against national and local targets.

The outcome of this work aims to demonstrate how we will continue to deliver quality and safety at their core.

Finally it is my statutory duty to confirm that, to the best of my knowledge, the information held within the quality account is accurate and reflects the breadth and quality of the services we provide.

Alison Edgington  
**CEO Designate Surrey Community Health**

## An overview of some of our key achievements in year

<b>Patient safety</b>	<p><b>we reported:</b></p> <ul style="list-style-type: none"> <li>▪ Unconditional registration with Care Quality Commission</li> <li>▪ A reduction in harm incidents from inpatient falls</li> <li>▪ A reduction in pressure wounds</li> <li>▪ A reduction in hospital acquired infections</li> <li>▪ Improved participation in hand hygiene audits across services</li> <li>▪ Actioned all incoming patient safety, medical device and rapid response alerts</li> </ul>
<b>Clinical Effectiveness</b>	<p><b>we achieved:</b></p> <ul style="list-style-type: none"> <li>▪ Health Innovation Awards for 'COUNT' project</li> <li>▪ Health Quality, Innovation, Prevention and Productive Award for Partnership working on Pressure Wounds</li> <li>▪ The launch of the Adult Nursing Strategy</li> </ul>
<b>Patient Experience</b>	<p><b>we invested in:</b></p> <ul style="list-style-type: none"> <li>▪ Syringe drivers for community and palliative care</li> <li>▪ New profiling beds and mattresses for community hospital patients</li> <li>▪ Audio equipment for Children's Services</li> </ul> <p><b>we conducted</b> more patient surveys which shows that we do meet the majority of our users expectations and that patients feel safe in our community hospitals</p> <p><b>we achieved</b> Single Sex Accommodation requirements</p>
<b>Quality Management Systems</b>	<p><b>we introduced:</b></p> <ul style="list-style-type: none"> <li>▪ RiO, a new patient clinical records system</li> <li>▪ A review of our services and evidenced the essential standards for quality and safety for our registered services and sites</li> </ul> <p><b>we developed :</b></p> <ul style="list-style-type: none"> <li>▪ clinical service dashboards</li> </ul> <p><b>we benchmarked:</b></p> <ul style="list-style-type: none"> <li>▪ Safe care metrics such as serious and non serious incidents, including applicable 'Never Events'</li> <li>▪ Safer Smarter Nursing metrics (pressure sores, falls, complaints, infection rates)</li> </ul> <p><b>we monitored:</b></p> <ul style="list-style-type: none"> <li>▪ Staff and patient surveys, sickness and absence, agency and temporary staffing, TUPE arrangements, redundancy, staff turnover and our financial returns</li> </ul>

## **NHS Surrey**

I am pleased to have this opportunity to endorse Surrey Community Health's Quality Account. During 2010/11 Surrey Community Health was an arm's length provider reporting through their Shadow Board to NHS Surrey's Board.

Since joining NHS Surrey in September 2010 as the Chief Executive I have been impressed with the dedication and commitment of the community staff across Surrey Community Health and the quality of care they provide.

As the legal entity NHS Surrey is aware of its responsibilities in gaining assurance that the quality management systems within Surrey Community Health are effective. To facilitate this, an NHS Surrey Non Executive Director attended Surrey Community Health Shadow Board, along with a member of the LINKs groups and they were able to report back to NHS Surrey's Board. NHS Surrey was assured that the governance systems within Surrey Community Health were robust with 'board to floor' accountability and reporting.

During 2010/11 Surrey Community Health provided assurance reports on reviews they had undertaken following national inquiries, and the reports and recommendations have been approved by NHS Surrey's Board.

- Francis Inquiry into Mid Staffordshire NHS FT
- Colin Norris Report
- Airedale Report
- The Ombudsman Report in Care & Compassion Report February 2011

During 2011 NHS Surrey has gained assurance from Surrey Community Health on the management of patient safety and adherence to Care Quality Commission (CQC) registration requirements. This includes reports and action plans following inspections undertaken by the CQC at Milford Hospital as a registered site and the community hospitals for an Infection Control Inspection.

I can report that to the best of my knowledge the information in this document is accurate.

**Anne Walker**  
CEO NHS Surrey

## PART 2

### Building on Our Achievements for Quality and Safety

There are still many challenges to face in 2011/12 as we are in a time of significant change within the NHS. Whilst our performance information and user feedback shows that we are delivering quality services, our ambition is to provide the highest quality services in the South East of England. We intend to measure our services using valid, comparable outcome indicators which show they are effective and safe. We intend to publish our findings in line with our values of openness.

### Improving Quality Safety and User Experience in 2011/12

Priorities this year evolved from a number of factors; consultation with our staff, service users, patient representatives; a review of how we delivered national or local targets and where possible we compared our performance with other community providers.

They include:

Continuing to work in partnership with GPs local authorities voluntary and private organisations to deliver clinical quality through evidence based healthcare	► Our aim is to support the improvement of clinical pathways and provide safe care for people who use our service
Drawing on NHS quality standards, national and local targets, we will improve how we measure quality and patient experience	► Our aim is to ensure that all our services consistently use validated patient reported outcomes to demonstrate NHS quality standards and meet all national targets
Responding quickly to areas of concern identified following any independent inspection of our services, so that we learn and maintain high standards	► We will continue to monitor our services to ensure that they are compliant with specific regulations that govern healthcare, regulations make clear the essential standards for quality and safety that everyone who uses our services has a right to expect
Involving more service users and their careers to explore different ways to further improve how our services are delivered and measured	► We will make appropriate changes based on user feedback to provide the highest quality care at all times
Reducing patient safety risks	► We will continue to implement the wider learning from NHS investigations and patient safety reports. We will continue to develop the way we measure and monitor clinical and patient safety and take appropriate actions to ensure people who use our services are not harmed



**Continuous Quality Management Systems:** are integral to achieving our objectives for patient safety, clinical effectiveness and patient engagement going forward in 2011/12.

<p><b>Inputs</b></p> <ul style="list-style-type: none"> <li>▶ Investment</li> <li>▶ Workforce</li> </ul>	<ul style="list-style-type: none"> <li>▶ We will provide equipment to support users and staff, manage and deliver clinical care.</li> <li>▶ Develop our information technology systems to improve productivity, service efficiency and data quality.</li> <li>▶ We will continue to support and value our staff through engagement, health and wellbeing initiatives. We will ensure that we invest in staff so that we have the right skills to provide safe healthcare to be a leading provider of community health services.</li> </ul>
<p><b>Process</b></p> <ul style="list-style-type: none"> <li>▶ Delivery</li> </ul>	<ul style="list-style-type: none"> <li>▶ Our operating plan 2011/12<sup>1</sup> sets out our key objectives and actions for delivering improvements within the domains for safety, clinical effectiveness and patient outcomes and positive experience and ensure that we meet our contract and national performance targets.</li> </ul>
<p><b>Outcomes</b></p>	<ul style="list-style-type: none"> <li>▶ Our Clinical Strategy is capable of responding to and delivering, national service frameworks, NHS quality standards and national audit programmes - demonstrating that our services offer clinical effectiveness through the application of advanced quality and productivity initiatives.</li> <li>▶ We have systems in place to monitor regulatory requirements - demonstrating that we will continue to meet the essential standards for quality and safety.</li> <li>▶ We continue to reduce common patient safety risks - demonstrating that our services are safe.</li> <li>▶ We will continue to develop ways to captured more service user feedback - demonstrating how we improved patient experience through people who use our services consistently reporting back that they have confidence in and are satisfied with the service they received.</li> <li>▶ We will use more technology to improve productive care pathways - demonstrating improved patient outcomes.</li> </ul>

<sup>1</sup> Operating Plan 2011/12 : Surrey Community health Strategic goals and Business Objectives

## **Implementing and monitoring our priorities in 2011/12**

### **SCH's Clinical Strategy**

Sets out how Surrey Community Health will develop clinical services in line with our organisational mission and values. The intention is to set out where we are now, what we and our patients will need in the future, and how we will work in partnership to enable us to develop sustainable clinical services to support clinical needs of people across all age groups.

- ▶ Our aim is to continually improve quality and reduce the cost of clinical service provision, by working in partnership with others to reduce waste by working smarter and investing in new clinical technologies. We will continue to transform clinical services through quality improvements and productivity and prevention initiatives, more commonly referred to as Quality Innovation Productivity and Prevention (QIPP) .
- ▶ We will implement NHS national policy, strategies and quality standards for Adults and Children's Services, to deliver quality improvements and ensure better care and experiences for all. Our aim is to develop and communicate more information about our services and to improve the way we publish our services quality, safety and performance achievements, so that more people can access this information. Our reports will include outcomes and performance indicators in terms of clinical effectiveness, patient experience and safety. Our reports will demonstrate service outcomes against five key areas identified in the NHS Operational Framework in terms of:
  - Supporting people wishing to be cared for in a place of their choice
  - Enhancing quality of life for people with long-term conditions
  - Helping people to recover from acute episodes of ill health or following injury
  - Ensuring people have a positive experience of care
  - Treating and caring for people in a safe environment and protecting them from avoidable harm

### **Monitoring Regulatory compliance: Essential standards for Quality and Safety**

NHS Surrey's application for registration with the Care Quality Commission was accepted on the 1<sup>st</sup> April 2010 without conditions.

- ▶ In year, all clinical services completed a review of the 16 essential standards for quality and safety to show evidence of how they were meeting these standards. Our focus this year is to improve on our performance in particular with Outcome 14: to demonstrate compliance with training attendance and appraisals for staff, and those areas identified for improvement following the first planned CQC inspection of one of our community hospitals in March. Service improvement plans are in place and we will continue to monitor these plans through our committees, to ensure that all services meet and maintain essential standards and requirements for quality, safety and user experience.

## **Improving how we capture service user feedback**

Whilst many services undertake patient/client satisfaction surveys, we need to consistently seek feed-back from patients their carers and service users at the time of their care or visit.

- ▶ We are encouraging more service users to measure and monitor our services, by introducing new initiatives such as 'mystery shoppers', who will conduct unannounced spot checks of our services. This way we can ensure that service improvements focus on reducing the risk of disadvantaging people sensitively. We want people who use our services to consistently report back that they have confidence in and are satisfied with the service they received.
- ▶ We aim to publish more feedback reports this year to demonstrate the changes made to services as a result of improved user engagement.

## **On-going reduction of patient safety risks**

Clinical specialists are leading on developing clinically effective patient care pathways to improve the care we deliver and to reduce the likelihood of someone being harmed whilst under our care. This programme is called High Impact Actions and is a national programme.

- ▶ Our priorities are to continue to reduce common patient safety risks, such as, falls in community hospitals, infections such as MRSA and skin damage (pressure sores).
- ▶ We will continue to deliver and review patient care pathways and treatment plans jointly with patients and their carers to prevent harm happening.
- ▶ We will continue to respond to and produce patient safety reports that demonstrate how we are making improvements.

## **Use more information technology to improve clinical services**

We continue to invest in buying technical equipment to help us to deliver safe and effective healthcare.

- ▶ We are continuing to support patients in their own home through Telehealth technology. Our aim is to support more services to manage their clinical time effectively, by continuing to invest in secure hand held devices so that staff can record and progress treatments effectively when seeing someone in their own home or in a clinic. This will ensure clinical staff have more time to treat patients by reducing the time they need to be in their office writing up clinical notes.

## Statutory Section

### Clinical Audit Priorities

Our clinical audit programme plays a significant role in ensuring that we deliver safe and effective care and achieve a high level of service user satisfaction. Our focus last year was to measure and benchmark services using tools to monitor for example:

- Clinical records documentation standards
- Safe practice - clinical supervision and national alert system action closures
- Infection and prevention controls such as hand washing, screening patients for infections
- Clinical practice and pathways for diabetes continence and stroke care and NICE

Audit outcome reports were reviewed at committee and service level.

Healthcare teams, in addition to the core plan evaluate aspects of care that they themselves, have selected as being important to them and/or their team. We acknowledge, in the year ahead, that a broader range of clinical audit activity is required to seek opportunities for quality improvement in patient care and experiences.

- ▶ The 2011/12 audit programme will be designed to reflect this and all clinical services will be required to identify a minimum of one service specific audit linked to the national 'Quality Innovation, Productivity and Prevention (QIPP) programme'.

**Implementation:** This will require all services to review their clinical practice and compare it against evidence of best practice issued through the National Institute of Health and Clinical Excellence (NICE) clinical guidance or published Quality Standard.

### National Audit programme

Last year we participated in all National clinical audits that we were eligible to participate in 2010/11 as a provider, these were:

- Continence
- Diabetes
- Falls and non-hip fractures (National Falls & Bone Health Audit)
- NICE Public Health guidance
- Multiple Sclerosis
- Depression & anxiety (National Audit of Psychological Therapies)

Our priority for this year is to continue to commit to participation in all National audits that we are eligible to undertake once they are published as national benchmarking feedback is valuable in understanding relative strengths and weaknesses, and in identifying where quality improvements may be introduced.

These will include:

- Diabetes (National Adult Diabetes Audit)
- Childhood epilepsy (RCPH National Childhood Epilepsy Audit)

## Research and Publications

Research is a key driver for improving quality of patient care. Research Management is the responsibility of the Lead Research & Development Officer (LRDO); in NHS Surrey this is the Quality & Clinical Governance Manager who also manages research for Surrey Community Health.

Grants received: 2011-13, £66,160 from The Stroke Association Kneebone, I. I., Harder, H., Anderson, S. & Fife-Shaw, C. Validity and reliability of the Geriatric Anxiety Inventory in screening for post stroke anxiety in older people. Surrey Community Health, University of Surrey & South Downs Health NHS Trust

Research projects:

- Prison Healthcare Service: Exploring the perceptions of obese female prisoners on the role of lifestyle factors and prison factors on their obesity.
- Prison Healthcare Service: Assess the key factors informing staff development to deliver a workforce to meet the changing needs of how care is delivered to service users in prisons.
- Stroke Research: LoTS: Care Stroke system of care trial. Cluster randomised trial evaluation of a patient and carer-centred system for longer-term stroke care.
- NHS Breast Screening Programme: Pilot Study of the feasibility and acceptability of randomising the phasing-in of the age extension of the NHS breast screening programme in England.

Academic Publication:

Lincoln, N., Kneebone, I. I., Macniven, J., & Morris, R. (in press). Psychological management of stroke. Wiley: Chichester, UK

Article:

Dermatology Specialist, East Locality - vulval conditions published in the February edition of Independent Nurse.

## Inspections and National Service Reviews

Surrey Community Health participated in service reviews and CQC planned inspection programmes relating to the following areas during 2010/11

**CQC Unannounced Infection Control and Hygiene Inspection programme for Community Hospitals** - All our community hospitals were inspected in June 2010.

We took the following actions to address areas identified for Improvement:

- Replaced old commodes with new ones.
- Developed and implemented cleaning cards which make clear to everyone how all equipment must be cleaned before it can be re-used.
- Continue to monitor that staff wash their hands by asking patients.
- Reviewed staffing levels in community hospitals to ensure safety and equity of service across all sites.

**CQC Planned Inspection programme**

Milford Hospital was assessed in March 2011. This inspection included interviews with

staff, patients and carers and a review of documents presented on the day of the inspection to demonstrate how we believed we were compliant with the 16 essential standards of quality and safety.

We are taking the following actions to achieve full compliance:

- Removing copies of old policies from ward files and replacing them with up to date ones and updating the organisations complaints policy.
- Completing a review of the process and audit trail associated with ordering, and receiving patients own medicines into the hospital and we continue to monitor the actions identified following an earlier drugs chart audit.
- Removing equipment that is no longer used to reduce clutter.
- Completing a site specific training needs analysis to establish targets and then measure the uptake of staff training and staff annual appraisal targets.

### **Ofsted & CQC review of Safeguarding and Looked after Children**

A joint inspection by Ofsted and CQC in September 2010 focused on services to safeguard children and services for children in care. Overall the inspection was positive, there was however one significant area of development noted, which was to ensure that children in care have an initial health assessment and a review of their health assessment when this is needed. Surrey Community Health Children Services worked with partners in Surrey County Council to respond to the inspection findings.

We took the following actions:

- NHS Surrey funded the post of designated doctor, designated nurse and a coordinator for Looked After Children. Successful recruitment has been achieved.
- A significant amount of work has been undertaken to meet the target for health assessments for 2010/11. 84% of health assessments have been completed (the target is 85%).

### **CQC National Review of Stoke Services**

A Surrey wide service review was coordinated by the Surrey Heart & Stroke Network in June 2010. This was a national review and it specifically looked at the care and experience of people who have had a stroke or a trans-ischaemic attack (TIA) and their carers. It looked at 15 indicators of quality in the patient's pathway from preparation to leave hospital through to long-term care, on-going support and patient experience. The network submitted a combined return inclusive of:

- SCH and 4 other healthcare providers delivering services in Surrey
- Adult Social Care
- Patient / carer interviews
- Patient information audit

CQC judged Surrey services to be fair. Areas for improvement are being co-ordinated by the Surrey Heart & Stroke Network through its Clinical Reference Group and Local Implementation Teams all of which include SCH staff representatives.

We took the following actions:

- Secured additional funding to develop and pilot a multidisciplinary assessment tool to maintain high standards of reviews of patients one year after leaving hospital.
- The Community Hospitals are supporting the work to improve the proportion of patients and carers having joint health and social care plans on discharge from hospital.

- Continue to developed therapy and nursing staff skills to undertake psychological screening to support the work around improving access to early support discharge services.

The CQC has not taken enforcement action against SCH during 2010/11

### **Jarvis Breast Screening Centre**

ISO 9001:2008: Quality Management System Certification assessment is an annual assessment undertaken by independent assessors; it looks at systems and processes for screening women for signs of early breast cancer. This report confirms that the screening centre remains compliant. This means all women who are called for breast screening continue to receive a high quality service.

### **Equality and diversity**

NHS Surrey's Single Equality Scheme is available on the organisations web site <http://www.surreyhealth.nhs.uk/Performance/equality/Pages/default.aspx>. This document outlines the organisations commitment to create more accessible services, policies and measures that meet the diverse needs of our population and workforce, ensuring that none are placed at a disadvantage over others.

We have taken the following steps to implement this scheme:

- Agreed an action plan to deliver a number of organisational equality objectives in 2011/12.
- Have an on-going Equality Impact Assessment programme in place to ensure that we do not disadvantage any one through our policies, functions or services as we aim to promote best practice.
- Continue to work closely with our Black and Minority Ethnic and Disability Awareness Staff Network, to ensure our staff are treated fairly, both in terms of their own rights, wellbeing and satisfaction, and in terms of the way in which this translates to patient care.

### **Data Quality**

Surrey Community Health was required to submit inpatient activity data for inclusion to Hospital Episode Statistics of 2010/11. Will have taking the following action to improve data quality and data returns:

- Procured RIO, an electronic clinical record system for use by all our community services.

NHS Surrey's Information Governance Tool-kit self-assessment return for the period 2010/11 achieved level 2 scores; we will continue to improve our staff training score.

# Quality Management systems and initiatives for improving capacity and support for staff

## Safety

---

### Workforce plans and safety

We responded to the Strategic Health Authority mandate for Primary Care Trusts (PCTs) to review and provide assurance of their workforce plans. We submitted our response and provided assurance that our workforce plan reflected a robust impact assessment on patient safety and clinical outcomes.

### Staff Survey improvements include:

- **Delivering an action plan for 2011/12** to address issues raised by staff as part of the staff survey in partnership with all our staff networks.
- **Holding our 2<sup>nd</sup> annual staff awards ceremony** to acknowledge the hard work and dedication of our staff delivering safe patient and service user care and effective clinical treatment and to celebrate the success of staff who have achieved a vocational or academic qualification.
- **Making training more accessible to staff:** the Learning & Development Department have implemented a self-service facility called the AT-Learning Management System. The self service facility supports staff to book themselves on to a course and allows managers and staff to monitor the training requirements identified as part of their annual appraisal review and personal development plan.

## Clinical Effectiveness

---

### Service Line Reporting

We undertook a detailed review of our 34 service lines that make up our clinical service portfolio. The review looked at detailed financial and clinical quality information, and analysed of the market within which the service line operates. It is the starting point for our organisational approach to compiling our QIPP plan and delivering against this agenda for 2011/12.

### The Clinical Transformation Group

This is the operational group for the implementation of our QIPP agenda. Transforming community health services is being delivered through programmed work around evidenced based practice. We are collecting a range of data not previously collected across our services, to help us change the way we do things and set quality targets for improvement in all services for this year.

### Adult Community Nursing Strategy

Our plan was developed with the principle that every opinion counts. Various consultation methods were used to gain opinions from our partners in healthcare, general practice, patients, carers and our qualified and non-qualified nursing teams. It is the beginning of work designed to ensure high quality care is delivered to our local population. The key points are:

- A single point of access to the service



- Community matrons with advanced practitioner skills, working in partnership with acute care consultants and GPs to ensure all those who are safe to be cared for in their own home can stay at home
- Improved technology and partnership working to improve patients' care pathways that will deliver positive experience and outcomes for patients

## **Patient Outcomes**

---

### **Productive Series**

We are training more clinical leads to implement the productive community programme which aims to support teams in achieving service improvement.

### **Investment - we spent;**

- £230,000 on new syringe drivers which deliver medicines safely to patients, who for example require 24 hour pain relief
- £125,000 on replacement mattresses and £130,000 on profiling beds (beds that make patients more comfortable and safe)
- £90,000 on new audio equipment for children
- £35,000 on new CCTV at Farnham Hospital and the Jarvis Breast Screening Centre to help with patient and staff safety
- £200,000 will be spent on remote working technology
- £750,000 on RiO, a new patient clinical records system, which means that we can reduce the costs of storing and maintaining paper records and improve access to clinical records off site and improve patient care

**Future investment** - in continuing professional development has been mapped against the QIPP work streams to ensure that the organisation invests in having the right skills in the right place

## PART 3

### **Review of our quality and performance in 2010/11**

During 2010/11 we collected, analysed and produced a range of business and performance reports, which provided information on how we achieved patient safety and clinical quality improvements. This next section, though not exhaustive, shows a range of key metrics/performance indicators we monitored showing our improvements.

#### **National Achievements**

- We eliminated mix sex accommodation in all our community hospitals.
- We achieved the “You’re Welcome” standard in sexual health service, which means we provide quality services to young people under the age of 20.
- We passed the NHS Litigation Authority level one assessment. We scored highly in terms of having good policies and procedures in place to ensure service users and staff safety.
- We fulfilled our responsibilities to the Civil Contingencies Act. This means we received a green rating from the Southeast Coast Strategic Health Authority for our plan which showed how we would provide healthcare services in the case of a Surrey wide emergency.
- Our contribution to NHS Surrey’s Information Governance Tool-kit self assessment return this year showed that we have made improvements for ensuring that our paper and electronic records are of a high quality, accurate and are kept secure.

#### **Award Winning Clinical Services**

We secured the following awards through investigation and our commitment to improve and promoting patient safety and patient experience,

- The NHS Innovations awards for ‘COUNT’ looking at how to risk assess and ensure the safety of patients in taking their medication.
- The Health Quality, Innovation, Prevention and Productivity Awards for the work on skin damage (pressure sore) care; this was a clinical audit project involving community nursing teams, community hospital wards and nursing homes.
- A Senior Physiotherapist was awarded an Emerging Leader’s bursary from South East Coast SHA to enable her and the team to develop and extend back pain self-help classes.
- A Clinical Specialist Paediatric Occupational Therapist was awarded funding to lead a project titled: Paediatric Outcome Measures System (POMS). Aimed at delivering a standard outcome tool with the scope to become a national tool. Surrey wide Paediatric services will measure the effectiveness of clinical interventions and agree treatment regimes found to be effective, therefore ensuring children achieve their own goals.

These awards are a reflection of the wider culture SCH is promoting across its services to ensure that learning is widely shared which in turn promotes quality and safety.

## **Service Innovation**

### **End of Life Care SHA Regional Innovation Project July 2010 – July 2011**

(Known as 'Surrey Palliative Care at Home')

We were awarded innovation funding to lead on an End of Life Care Project across Surrey, aimed at improving service quality and patient experience. The project provides a co-ordinated service to patients with an anticipated end of life prognosis of weeks/days. It was delivered in partnership, where community nurses and rapid response teams worked with the Marie Curie service and specialist palliative care teams across Surrey to meet individual patient's needs and support to their families and carers. It is based on the Beacon Care at Home model which has been successfully delivered in south west Surrey for the past 7 years.

This service started in June 2010 and the key aims were to;

- Deliver safer and early discharge from hospital to support patient's own choice as to their preferred place of care at the end of their life.
- Support more patients at the end of their life at home by providing additional care during the day/night and preventing inappropriate admission to hospital.
- Provide a single point of access to a seven day a week service.
- Ensure that the service was coordinated and timely. Community nurses led this service and were responsible for identifying additional care needs for patients based on clinical deterioration and change so that the service is delivered equitably across Surrey.

Between July 2010 to February 2011 the service has;

- Supported 291 patients, 91% of whom achieved their preferred place of care which meant they were able to die in their own home.
- Patient and carer experience feedback has been very positive so far.

Our aim this year is to ensure all patients referred to the service are on the Gold Standards framework.

#### **Supporting people, to manage their own condition and remain independent**

With people living longer in Surrey, new models of care were developed using Telehealth technologies, this means we use technology to support care to patients as it enables them to better manage their own condition in their own home or whilst they are at work. Further investment is planned to improve access and support to patients such as being able to make their own appointments. The expansion of telemedicine and telewound management aims to support earlier diagnosis and treatment of chronic or deteriorating skin wounds (pressure scores) using equipment remotely so that specialist tissue viability nurses can review and treat patients in their home.

#### **Supporting more people to manage their continence problems**

District Nurses working with continence specialists are introducing more clinics to provide high quality evidence based assessment, professional advice, support and information on the promotion of continence and the management of incontinence.

## **Supporting Integrated Children's Services with our partners in Surrey County Council**

The 0-19 Children's Services are aligned with the children's centres and each one has a named health visitor. Our service has an important input into the multi-agency borough advisory groups where the strategic and operational priorities for the children within each borough are agreed. Working in partnership with another local community provider we have applied to the Strategic Health Authority to become an early adopter site to deliver the Department of Health's 'Call for Action on Health Visiting 2010-15'. This means we will recruit additional health visitors to support families to achieve the best of health and wellbeing, by making sure that those who need it can get the extra help to fulfil their child's potential.

## **Supporting people with learning disabilities in partnership**

A website was launched to provide information and support to staff providing health services to people with learning disabilities. The aim of the site is to promote good health for people with a learning disability in Surrey and includes a range of resources such as easy to read appointment letters. The website was developed by The Clear Communication People Ltd and is funded by The Learning Disability Partnership Board in Surrey [www.surreyhealthaction.org](http://www.surreyhealthaction.org)

## **Supporting people with hearing loops in our community hospitals**

The Disability Equality Steering group which includes representatives from the Surrey Coalition of Disabled people set a number of priorities for the next three years. One of the priorities last year was to conduct an audit in our community hospitals to see where additional hearing loops were needed. With the support from a hearing impaired patient all our community hospitals were visited to identify where improvements could be made. This is what we have done as a result;

- Purchased two portable hearing loops for each community hospital, one to be positioned on the reception desk and one available for the patient to take with them into the consultation.
- Installed them in Woking, Weybridge, Walton, Cranleigh, Farnham Haslemere and Milford Community Hospitals, with Caterham Dene hospital site planned installation this year.
- Completed staff training to ensure that everyone understood how the hearing loops worked, the importance of positioning them correctly, keeping them charged and how staff could support hearing impaired patients to get the support they need.

The next part of the project will be to agree how best we can let patients know that we have the loops available for them to use, and obtain their views on how they benefited from using them.

## **Supporting High Quality Staff Education and Training**

Learning & Development were instrumental in leading work to achieve the Recognising Educational Quality (ReQ) mark. In partnership with specialist leads the ReQ mark was granted as a mark of quality by the Universities of Brighton and Surrey for a range of courses in our learning & development programme. Going forward this year we intend to have further programmes validated for example, continence training and clinical supervision for staff.

This year our Learning & Development Department have applied to be assessed against

the Matrix standard in May 2011 to ensure the information, advice and guidance provided to staff meets the national accredited standards.

### **Supporting “The Enhancing the Quality” Programme**

South East Coast Strategic Health Authority co-ordinates programmed work to develop patient care pathways, known as ‘The Enhancing Quality Programme’, which is led by clinicians across the whole region and involves both the acute and community healthcare providers. The programme focuses on ensuring that best practice is consistently applied across the whole region. We have been involved in the Community and Primary Care Pathway for Heart Failure, which aims to improve the care and health of individuals with heart failure and reduce the likelihood of patients requiring acute hospitals’ interventions. Our services will be supporting the Surrey wide dementia strategy this year.

## **Service Overviews**

### **Safeguarding**

As a provider of healthcare, there is a duty to work with other agencies to safeguard and promote the well-being of children and adults who are potentially vulnerable or at risk. We also needed to demonstrate to inspectors such as the Care Quality Commission (CQC) and Multi-agency Safeguarding Boards that our services are compliant with the requirements for safeguarding both adults and children who use our services from abuse and in the case of children and young people Section 11 of the Children Act 2004.

We are represented on the Surrey Safeguarding Children and Adults Boards and have established Safeguarding Governance Groups, responsible for reviewing service standards and performance. Regular reports are provided from these groups to our committees and to NHS Surrey Board aimed at providing assurance that regulatory requirements for safeguarding children and adults who use our services are met.

Our safeguarding specialists work closely with partners from other agencies to ensure that appropriate policies, procedures and practices are reviewed and any shared learning outcomes’ from serious case reviews are fully understood and implemented and monitored locally.

‘Safeguards’ a national report published by CQC, identified that there were clear variation in organisations’ own understanding and practice of the Safeguards and in staff training. We took the following actions in response to this report:

- We developed and implemented training around the Mental Capacity Act and Deprivation of Liberty standards. This continues as a rolling programme to ensure that all relevant staff are familiar with these issues and follow procedures.
- We ensured that Safeguarding training level 1 is provided to all new staff as part of the organisation’s new starter induction training programme and is also mandatory training for all staff as an update.
- We provide support and advice to all staff through designated leads for Safeguarding Children and Adults and senior clinical Safeguarding advisors.
- We undertook local safeguarding audits, which involved senior managers visiting sites and checking that staff understood our procedures supporting policy implementation. This means we can demonstrate our support to staff and ensure that they follow procedures to enable them to work effectively.

- We implemented a robust system to ensure that we meet the statutory requirements with regard to criminal record bureau (CRB) checks for all employees.
- We developed a Safeguarding Children Governance plan which monitors all the requirements of Section 11 Children Act, CQC Regulation 11 outcome 7 and NSF standard 5.

### **Surrey Community Health Community Hospitals**

We are committed to ensuring privacy and dignity in all our community hospitals and we are pleased to confirm that we are compliant with the Government's requirement to eliminate mixed-sex accommodation in all of our community hospitals, <http://www.surreyhealth.nhs.uk/Performance/Documents/DSSA-Statement-2011-websiteSW.pdf>.

### **Infection control**

We continue to comply with the CQC requirements for infection control. This means that our patients can be confident that we have made improvements to our cleaning standards to ensure that we only use equipment that has been cleaned and labelled ready for use. We continue to conduct regular hand hygiene audits each month and our results show a consistently high standard which is also reflected in what our patients have told us.

### **Patient Environment Action Team Assessments 2010 (PEAT)**

All SCH Community Hospitals PEAT Assessments for 2010/11 recorded Good or Excellent results. PEAT indicators look at the patient's environment, food and their privacy and dignity. We always have a patient representative on all of our PEAT inspection panels.

### **Patient Safety Initiatives include:**

- An ongoing falls prevention and management programme has led to a significant reduction of the number of patient falls in our wards over the past year. (Appendix 1). This is attributed to working with staff to raise awareness of the factors that increase the risk of patient falls, improvement to risk assessments and the monitoring of patient care plans.
- Our participation in the Department of Health Patient Safety Thermometer requires us to count the number of incidences of falls, skin damage (pressure sores) and the number of patients who have had Venous Thromboembolism (a blood clot) risk assessment and prophylaxis at a set time once a month. Over time we will use our figures to inform our practice and enable us to identify areas for improvement.
- We are making significant investments in equipment to improve patient care and safety during 2010/11 and in addition to those already reported it includes, pressure relieving mattresses, weighing scales and bariatric equipment.
- Conducting more patient satisfaction surveys, which look at patient experience and satisfaction with for example, the levels of care, food, ward hygiene, communication and dignity and respect. Our results are consistently high and exceed the CQUIN target for patient experience measures. These surveys provide us with a valuable source of information and help us to improve and focus on key areas identified for improvement.
- We introduced our own patient safety post card pilot, as we felt that the national core questions were not specific enough in identifying areas for improvement. In particular they did not cover safety aspects, apart from cleanliness. We therefore piloted four patient safety questions devised in Scarborough as follows:

1. Do you feel safe in hospital?
2. Are you given enough information about your hospital stay / treatment?
3. Was a member of staff readily available when you needed them?
4. Do you feel the physical environment is safe?

In addition we asked:

5. If we could do one thing to improve patient safety, what would it be?

The postcards were distributed to patient areas including wards and outpatients areas monthly. The pilot results showed a 95% positive response to questions.

### **Jarvis Breast Screening and Diagnostic Centre**

The Jarvis Breast Screening and Diagnostic Centre achieved a significant milestone by replacing analogue film with digital mammography. Converting to digital mammography supports the Cancer Reform Strategy and has been a priority for Surrey Community Health and NHS Surrey. One of the benefits of digital mammography is that it provides more accurate and defined images, particularly for women who have denser breasts.

This development marks the completion of a two year three phase, digital implementation project. The £4 million project, funded by NHS Surrey and jointly supported by NHS Surrey and Surrey Community Health, has resulted in five new state-of-the-art digital mobile vans and four new digital diagnostic machines being installed at the Jarvis Centre.

The Jarvis Breast Screening Centre is currently working on the extension of the breast screening programme, originally offered to women aged 50 – 70; to include younger women aged 47-50 and older women aged 70 to 73.

Dr Julie Cooke, Clinical Director, said

*“I am delighted that NHS Surrey and Surrey Community Health have supported the Jarvis Breast Screening and Diagnostic Centre with the implementation of digital equipment. The project supports early diagnosis of breast cancer, which will benefit the women of Surrey and north east Hampshire.”*

### **Prison Healthcare Services**

All four prisons, HMP Coldingley, High Down, Downview including the Josephine Butler Unit and Send underwent a full Needs Assessment led by the public health team. Areas for improvement were identified and a Health Improvement Plan was devised for each prison. These included timeframes and reporting mechanisms agreed and sign off by the Prison Health Partnership Committee. Senior prison Staff, Commissioners, including the public health team and our staff meet regularly to review progress against each of the prison health plans.

There has been considerable improvement in performance scores for the National Prison Health Quality Indicators this year; scrutiny of supporting evidence was completed by the prison health staff for NHS Surrey who as commissioner presented to the SHA.

The Surrey LINKs Lead visited the four prisoners for the first time during 2010. Their comments were well received and feedback was positive.



In line with Prison Service Order an annual Clinical Governance report was produced and presented to SCH Clinical Quality and Risk Committee prior to 'sign off' by the Partnership Committee.

### **Inspection by Her Majesty's Inspectors of Prisons**

Two prisons and the Josephine Butler Unit were subjected to a full inspection

#### **Coldingley June 2010**

Inspectors reported that healthcare was *"very good"*. *"The significant changes at the prison since our last inspection had been supported by a strong Clinical Governance Framework. Bi-monthly Clinical Governance meetings reported to the Prison Health Partnership Committee and contributed to the development and implementation of the prison performance plan."*

Where recommendations were made an action plan was developed and has been fully achieved.

#### **Send December 2010**

The focus of the work this year was to establish patient focus groups, improve communication and relationships between prison staff and healthcare.

The inspection team noted that *significant progress had already been achieved*, including recruitment of permanent staff, reduced reliance on temporary staff, refurbishment and decoration of the healthcare rooms, targets focus groups to listen to women and work on improving communication between prison and healthcare.

#### **Death in Custody by Natural Causes Ombudsman report – September 2010**

The report concluded that the clinical care was comparable to what a patient would have received in the community. The independent clinical reviewer stated that *"all the staff appeared motivated to provide holistic care and recognised when they needed specialist advice."*

#### **The Independent Monitoring Board (IMB)**

The annual report 2010 by the IMB provided some very positive feedback regarding healthcare.

Downview – *"The continued deployment of nurses on the wings is both stable and successful and the continuity of care has improved prisoner confidence in the service. We were particularly impressed by the way in which a terminally ill prisoner's palliative care was handled."*

#### **Integrated Drug Treatment Service (IDTS) at HMP High Down**

IDTS underwent a clinical audit by NHS Surrey Public Health in October 2010. Nationally, service provision is challenging due to high demands of new patients every month. Following the audit, recommendations were made, an action plan developed, which is closely monitored to enable continuous improvement.



# APPENDIX 1

## Commissioning For Quality and Innovation (CQUIN)

---

### Incentive Scheme Payment Framework (CQUIN) Targets 2010/11

A proportion of Surrey Community Health's income in 2010/11 was conditional on achieving quality improvement and innovation goals agreed between Surrey Community Health and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for quality and Innovation payment framework

As a result of successfully achieving the following quality improvement targets and innovation goals agreed by NHS Surrey Commissioners, and which complement our priorities for improving quality, we meet our contract requirements in 2010/11.

Table 1 CQUIN Targets for the Community Contract shows what we achieved in 2010/11

Target	Measure/ rational
Pressure damage (Safety, Experience Effectiveness)	Achieving 5% decrease in community hospital acquired Grade 2, 3 and 4 pressure ulcers
Patient experience in community hospital inpatient stay	Returns based on 5 defined questions which are known to be important to patients <ul style="list-style-type: none"> <li>▪ Were you involved as much as you wanted to be in decisions about your care?</li> <li>▪ Did you get enough help from staff to eat your meals?</li> <li>▪ Did the members of the team treat you with respect and dignity?</li> <li>▪ In your opinion, how clean was the ward?</li> <li>▪ Overall, how satisfied are you with the care you received / way the ward is run</li> </ul>
End of life care (Experience)	80% of End of Life patients are able to die in their place of choice Our results were 91 %
Enhanced Quality – Heart Failure	Achieved

Further details of the agreed goals for [reporting period] and for the following 12 month period are available electronically at [http://www.institute.nhs.uk/world\\_class\\_commissioning/pct\\_portal/cquin.html](http://www.institute.nhs.uk/world_class_commissioning/pct_portal/cquin.html)

We aim to achieve all our targets again in 2011/12

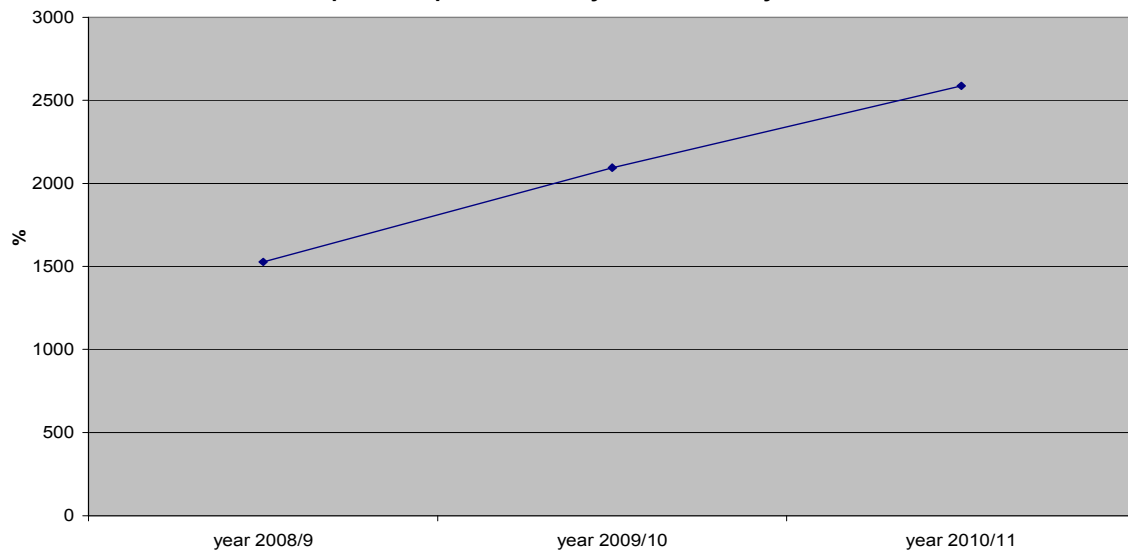
## Patient Experience

All services seek feedback from service users and include the same basic questions in their surveys, taken from the National Inpatient and General Practice surveys, so that services receive comparative benchmarking feedback in these validated question areas as well as specific information about their services. The website [www.patientopinion.org](http://www.patientopinion.org) told us that what matters most to patients is:

- Staff attitude
- Care and compassion
- Communication
- Responsiveness

Our findings show that service users are very positive about their experience and that over the last three years; the number of service user responses has steadily grown.

**Figure A1 Chart to showing increasing number of service users responding to the patient experience survey over the last 3 years**



**Figure A2: Sample from community hospital in-patient survey March 2011 (132 respondents)**



**Actions for 2011/12:**

- To increase the percentage of services that contributes to our overall findings.
- To increase the number of service users included from each service, so that we can have greater confidence in findings.
- To change the way we collate and take forward findings, to fit with the new 'NHS Outcomes Framework 2011/12' (Dept of Health Dec 2010) Domain 4, which reflects the importance of a positive experience of care for patients, service users and carers.
- To seek more timely feedback at the point of care, rather than on discharge.

**Essence of Care**

---

'Essence of Care' benchmarks cover twelve fundamental aspects of patient care highlighted as important by service users. A self-assessment tool has been developed to help teams focus on the most relevant benchmarks first. 'Care environment' and 'communication' benchmarks have been used by several clinical teams during the year to review their areas of strength and relative weaknesses, and identify areas for quality improvement. Additionally, a 'safeguarding adults' survey has been developed using Essence of Care outcomes, for use in community hospitals. This year community hospitals will benchmark 'respect and dignity' to ensure implementation of best practice standards from the Institute of Health and Social Care.

**Patient Safety indicators**

---

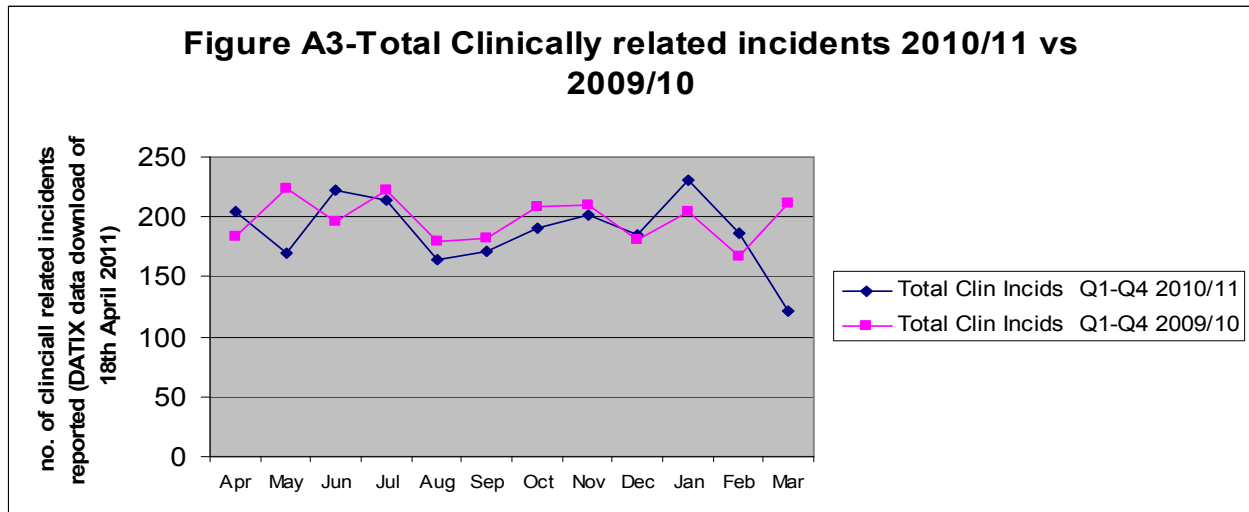
The SEC South East Coast Quality Observatory was established in January 2009 and takes forward the work undertaken by the SEC Knowledge Management team. The Quality Observatory works with NHS organisations in the SEC and aims to support the following areas:

- Provision of a range of benchmarking products
- Support for the development of metrics
- Helping front-line staff innovate and improve services

SCH has achieved a high participation rate compared with other local trusts and has submitted data quarterly to the National safety thermometer census associated with pressure damage, falls; catheter associated urinary infections, and venous thromboembolism since September 2010. Whilst National understanding of prevalence has increased, numbers are too small for the information to be meaningful locally. This work will be taken forward through the newly formed SCH Safe Care (Safety Express) Steering Group with outcomes reported quarterly.

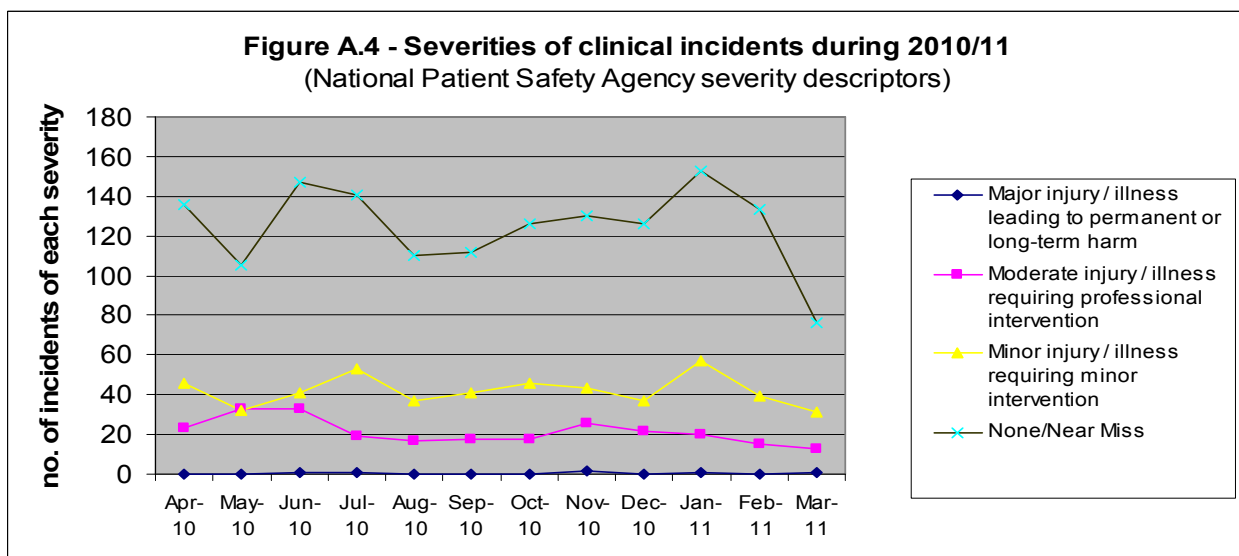
## Benchmarking against Nationally Reported Data Patient Safety Incidents

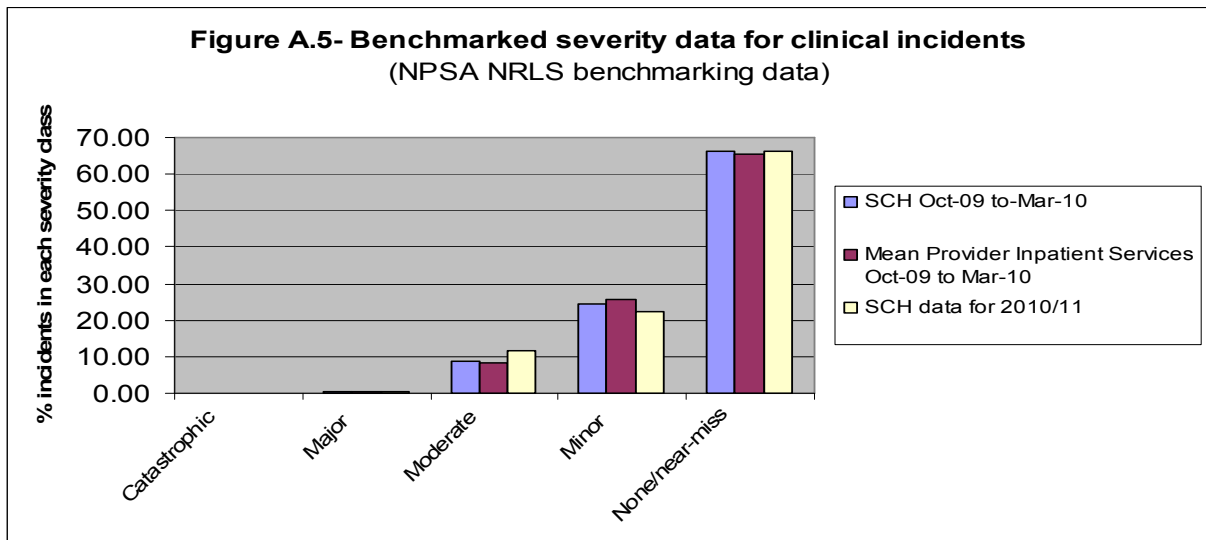
**Total number of clinically related incidents:** There was no statistically significant difference between the mean monthly numbers of incidents reported in 2010/11 vs 2009/10 (2010/11 n=188; 2009/10 =198), which suggests that there has not been any significant change in overall clinical incident frequencies or reporting culture.



**Benchmarking reporting rate for clinically related incidents per 1000 bed days for period:** Rates for 2010/11 were similar in frequency to those previously published by the National Patient Safety Agency (NPSA) National Reporting and Learning Scheme (NRLS). Overall reporting rates indicate that our reporting culture is generally positive.

**Trends in the severity of clinical incidents:** we have similarly low levels of clinical incidents resulting in significant harm to patients as other organisations within the NPSA NRLS cluster



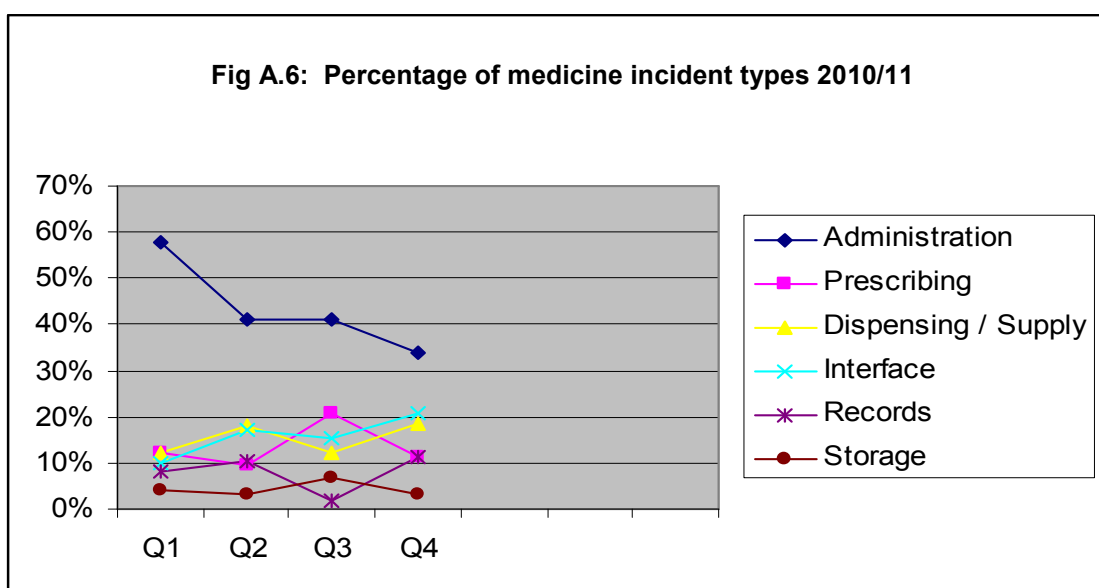


**Key Observations:**

- SCH has similarly low levels of clinical incidents resulting in significant harm to patients as other organisations within the NPSA NRLS cluster.
- SCH has high levels of reporting of no-harm/near-miss clinical incidents which is comparable with other organisations within the NPSA NRLS cluster.
- Incidents classified as 'other' - there is a need to improve reporting of those incidents classified as 'other' to provide more meaningful interpretation. More in depth analysis of the reasons for incidents being categorised in reports as 'other' is underway.

**MEDICINES ERRORS**

The most prevalent types of medicines incidents reported during 2010/11 are shown below.



## **Mitigating the risk of medicines errors**

Medicines errors relating to administration were the most commonly reported type of incident during 2010/11. In order to mitigate the risks of medicines errors, the following initiatives were undertaken during 2010/11 to address medicines administration and interface issues:

### Medicines Administration:

- Medicines Administration training is included in the medicines management training programme
- A medicines management competency framework has been developed and produced by the pharmacy team working in partnership with services to enable managers to assure the competency of staff undertaking medicines management tasks in particular medicines administration.
- The medicines management operational groups are also supporting services to address medicines administration issues

### Interface:

- The reporting of interface issues were previously seen as daily problems by services and not necessarily reported. Community hospitals were requested to report all interface issues from late 2009.
- A feedback system and process has been set up with chief pharmacists of all Surrey acute trusts which now highlights the incidents specific to a particular trust. This has led to specific audits being undertaken by trusts to ascertain the underlying causes of the incidents

## **High Impact Actions for Improving Patient Safety**

---

### **Mitigating the risk of inpatient falls**

The NHS Outcomes Framework 2011/12 requires all organisations to deliver patient care and treatment in a safe environment and protect patients from avoidable harm. The prevention of patient falls is a specific 'High Impact Action' as many elderly inpatients undergoing rehabilitation within our community hospitals are vulnerable to falls because of their physical and medical conditions and this is recognised as a significant worldwide patient safety issue with over 28,000 falls occurring in community hospitals in England and Wales annually (NPSA 2007). Falls prevention is therefore a key risk management area within our community hospitals.

#### **Our Aim is:**

To prevent serious injuries to patients as a result of falls and to significantly reduce the overall number of inpatient falls that occur, but do not result in any injury, without compromising patient dignity, independence and rehabilitation

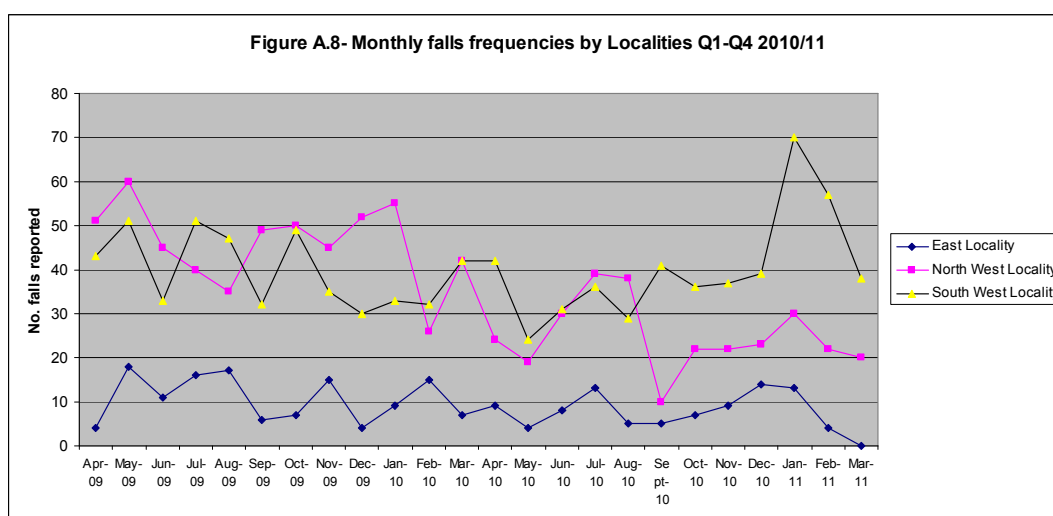
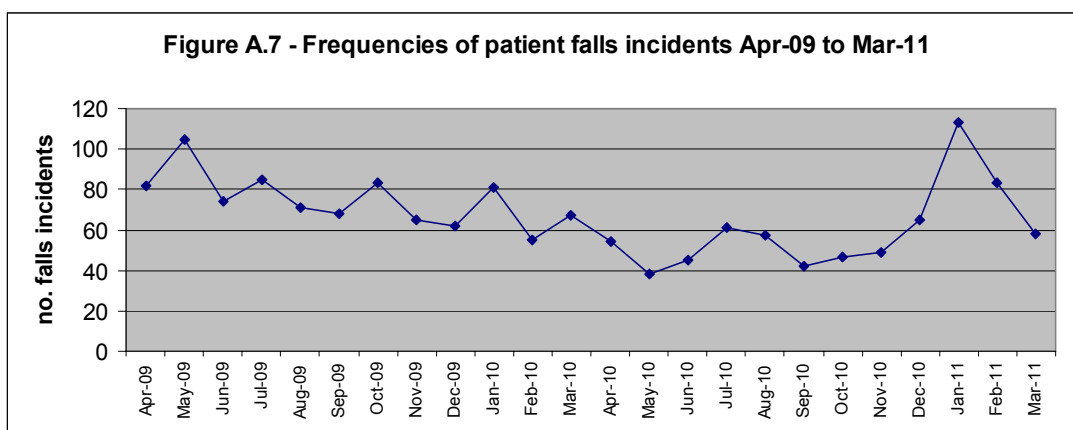
#### **Current progress:**

Work has been underway since June 2009 to implement an Inpatient Falls Risk Management Action Plan to reduce the frequency and severity of patient falls within community hospitals using control measures including Telecare/pressure sensors, review

of the effectiveness of falls risk assessment tools; standardisation of documentation; equipment review and staff awareness sessions. Significantly lower numbers of Total 'Found-on-Floor' type incidents were reported during 2010/11 when compared to the same period in 2009/10 (32% reduction). Most importantly, apart from 2 incidents which occurred in June 2010 serious incidents involving fractures have been prevented. Statistical analysis of the mean falls data showed that the mean monthly values were statistically lower in 2010/11 than in the previous year. These patient safety improvements have been mainly as a result of the on-going inpatient falls risk management action plan.

**Table A.1 – Normalised Locality falls incident frequencies 2010/11**

Locality	Occupied bed days 2010/11	Total falls per 1000 Occupied bed days
East	8171	11.1
NW	30548	9.8
SW	37421	12.8
Mean		11.25



Locality falls frequencies were normalised to occupied bed days in order to allow direct comparison of falls rates between Localities with different numbers of inpatient beds. Data for the 3 Localities are shown in Table A.1.

**Key Observations:**

- There was an overall reduction in falls frequencies during 2010/11 compared to 2009/10 although there was an apparent increase in falls in SW Locality during January 2011 (11% of these falls related to one inpatient). Nevertheless there was no apparent significant difference in the prevalence of patient related falls between the 3 Localities during 2010/11.

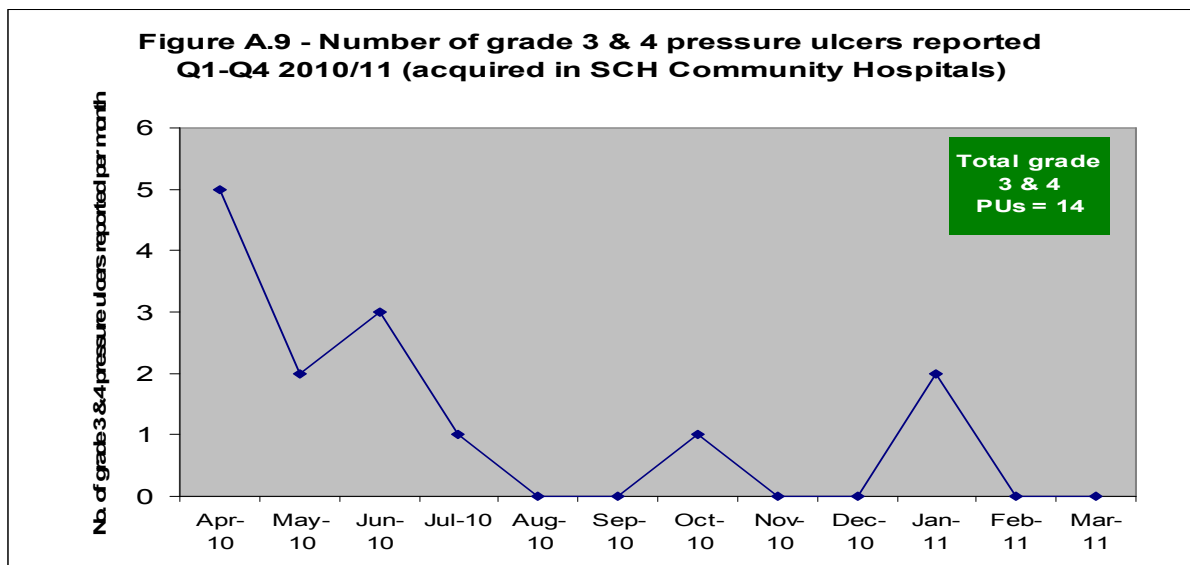
**Actions for 2011/12 include:**

- A refreshed action plan for 2011/12 has been produced which incorporates a number of measures which in combination are intended to reduce overall falls risks.
- Records of local actions within specific community hospitals which link to this action plan are recorded and held locally by Hospital Matrons.

**Mitigating the risk of patient pressure damage**

Implementation of the National initiative ‘High Impact Actions for Nursing and Midwifery’ is being monitored via the Patient Safety Thermometer Census. Pressure Ulcer risk management is one of the key areas within this work.

Although the monitoring of the incidence of pressure damage is a relatively recent data collection activity the frequency of pressure ulcers acquired in SCH Community Hospitals are shown in Figure A.9. A group has been established to co-ordinate and drive improvements in patient care and prevent avoidable harm. Monitoring during 2010/11 has shown a decrease in the frequency of pressure damage to community hospital inpatients during 2010 (see Figure A.9 below).



N.B. A number of pressure ulcers reported were not graded (5) and the importance of pressure ulcer grading is being further emphasised to ensure that pressure damage is effectively quantified so that changes can be tracked over time.



## Definition of pressure ulcer grade

GRADE	DEFINITION (European Pressure Ulcer Advisory Panel 1999)
3	Full thickness skin loss involving damaged or necrosis of Subcutaneous tissue that may extend down to underlying fascia. The pressure ulcer presents clinically as a deep crater with or without undermining of adjacent tissue
4	Extensive necrosis, or damage to muscle, bone or supporting Structures with or without full thickness skin loss

### Key observations:

- The numbers of more serious grade 3-4 pressure ulcers reported as acquired within SCH Community Hospitals per month decline during the year.

### Our Aim is:

- To prevent patients in our care from developing skin damage and reduce the risk to as low a level as possible.
- To achieve this by applying best practice clinical care and effective monitoring and by implementing national and local learning outcomes.

### Current progress:

A group has been established to co-ordinate and drive improvements in patient care. Monitoring during 2010/11 has shown a decrease in the frequency of skin damage to community hospital inpatients during 2010/11 (see Figure A.9).

### Key Achievements 2010/11

- Annual pressure ulcer audit showing prevalence of pressure damage in community hospitals and community nursing
- Development of pressure ulcer patient information leaflet
- Safety Thermometer – quarterly measure of patient harm within community hospital and community nursing (includes the measure of Pressure Ulcers, Falls, Nutrition)
- Reviewed reporting processes for grade 2, 3 & 4 pressure ulcers
- Development of a Pressure Ulcer Root Cause Analysis (RCA) specific tool to support investigation factors contributing to skin deterioration and actions to prevent future incidents
- Development of a pressure ulcer specific incident reporting form
- New Community nursing records with risk assessments as core elements supporting improved pressure ulcer prevention
- MUST (nutritional screening) training across SCH

### Key Actions for 2011/12

- SEC safe care group activity – focus on pressure ulcers with the development of a Surrey wide pressure ulcer pathway
- Expansion of SCH pressure ulcer incident form to include the serious incident report components to avoid duplication and improve record quality
- Development of Skin Care Bundle to improve ease and consistency of pressure ulcer risk assessment and monitoring of patient condition
- SCH Pressure Ulcer Workshops to be arranged across the localities to promote all work/ progress that has been made around pressure ulcer management and

prevention to clinicians, including PU pathway, risk assessment, patient information, reporting and treatment

- Benchmarking of practice and PU prevalence with other Trusts, through participation in the National Safe Care Metrics
- Sharing of best practice with other Trusts and care agencies (such a care homes), through on-going work with the SEC Safe Care Collaborative and other clinical networks
- Pressure Ulcer Audit to be expanded to report percentage of patients with all 5 components of best care in place

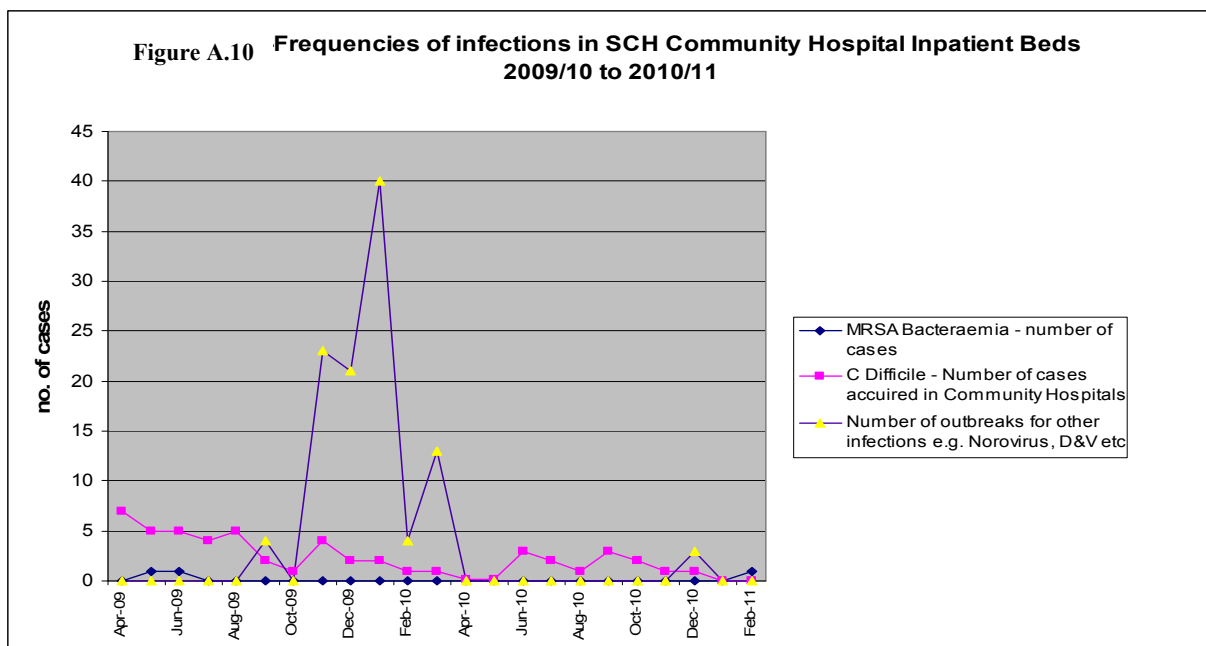
## Mitigating the risk of patient infections

### Our Aim is:

To continue to prevent the cross infection of patients in our care and to minimise the risks of infections occurring by applying best practice. To this end we implemented standardised hand hygiene products across SCH, using a foam formulation of alcohol hand rub which reduces the risk of slips and falls, standardised dispensers printed with integral hand hygiene technique instructions and a uniform appearance throughout the organisation.

### Current progress:

There was a low incidence of MRSA Bacteremia infections during 2010/11 with one case of a patient being tested positive, where the multi-professional investigation concluded it was likely to have been a contaminated sample. There were some incidences of infections with Norovirus and D & V limited to December 2010 and some incidences of C.Difficile during the year. There were 5 cases of H1N1 Swine flu in HMP Coldingley during 2010. Management of outbreaks have been much improved this year with revised guidance, education and lessons learnt from previous year's outbreaks. The potential threat of increased numbers of patients with confirmed or suspected Swine flu was not experienced at the Community Hospitals.



N.B. Frequencies of Norovirus outbreaks within Prison Health during 2009/10 are not included in the data in Figure A.11 as these do not specifically relate to incidences of infection in inpatient beds.

**Actions for 2011/12 include:**

- Review current training packages to include
  - Norovirus and diarrhoea assessment for community hospital staff and community nursing teams
  - Cleaning/decontamination of medical devices – use of decontamination certificates and Cleaning Method Cards
  - Food hygiene including Bringing in Food for Patients
  - Reducing risk of sharps injury and management of blood spillages
  - Specific infection prevention and control training for administrative staff
  - Infection control audit of all community clinics
  - Participate in strengthening communication of significant IC issues prior to patient transfer
- 

## **Safety Alert Bulletins**

204 alerts were issued during 2010/11 and 94% of these alerts were closed within deadlines. There were no significant risks associated with these delays. Our performance measures are;

- 1% were closed within 1 day of closure deadlines
- 4% were closed within 5 days of closure deadlines
- 1% were closed within 2 weeks of deadlines
- Approximately 55% of the delayed closure alerts were found to be not relevant to SCH services

### Table 3 National Performance Targets

The NHS Outcomes framework sets out five outcomes for patient care and corresponding indicators on which national comparisons of care can be made. As a community provider we provided data returns against the following indicators:

<b>Indicator</b>	<b>Outcome</b>	<b>Actions for improvement</b>
18 WEEKS 95% patients referred for treatment should start within 18 weeks of being referred	Achieved	Routine monitoring for 2011
Access GUM	Achieved	Routine monitoring for 2011
Chlamydia Screening	Not achieved	Targeting high impact areas such as schools and introducing more mail shots
Diabetic retinopathy screening	Not achieved	Procuring a new clinical system to support improvements to appointment assignment to reduce the number of patients not attending their appointments
Mix sex accommodation No breaches	Achieved	Routine monitoring for 2011
Delayed transfers of care (achieve 10% reduction on 09/10)	Not achieved	Target missed by less than 1%. Ongoing work is being led by Community Hospital Matrons in partnership with Health and Social Care Teams
Infection control  MRSA Screening 90% MRSA Bacteraemia	Achieved	Routine monitoring for 2011  Achieved 100% Within National target for 2010/11

## APPENDIX 2

### SCH Specialist Services: snap shots supporting quality initiatives and what patients said about these services

#### End of life Care

Our work at the Beacon is underpinned by the NICE Supportive and Palliative Care Outcome Guidance 2004 and the DoH End of Life Strategy 2008.

#### Patient Safety

---

- Improved our clinical assessments in order to agree appropriate treatment programmes for our patients.
- SWSH Cancer Network Protocol – Management of MS26 and MS16A Syringe Drivers – Interim Protocol aims to ensure safe clinical practice prior to changing patients syringe drivers.
- We contributed to the design and development of community palliative care drug instruction and administration charts.
- 28 education sessions in palliative and end of life care took place between April and Dec.10 covering pain and symptom management, syringe driver management, IV therapy management, advance care planning.
- Hand hygiene audits are completed regularly to protect patients and our staff.

#### Clinical Effectiveness

---

- We designed and piloted a pain assessment tool for use within Community Nursing based on evidence based knowledge.
- Proactive symptom management is led by the Beacon Community Specialist team to help reduce crisis and inappropriate admission there has been a continued annual increase in referrals to the service as it seen as being effective and support patient choice.
- Beacon Care at Home provided services in the South West and Rushmoor and Hart. Between April – Dec.2010, there was a reduced number of inpatient deaths (6%).
- 94% patients referred to Beacon Care at Home received care within 1 day of referral.

#### Patient Experience

---

- 357 plaudits/ donations received into the Beacon April – Dec 2010.
- Audit of carer group feedback during 2010 – 19 sessions – valued companionship, peer support, being listened to, supported care at home. No negative aspects – constructive support.

*“Underpins and supports clinical practice in SCH aimed at ensuring maximum patient safety and patient experience”.*

## What did our patients say about the service?

." We commend her exemplary professionalism, empathy and all her efforts in caring for Y, who we know trusted and relied on her enormously. She coped with great calm...." " Your support, professionalism and kindness made the passing of .... much easier to bear.....a very frightened man was helped by you all.....

## Special care dental services

### Patient Safety

---

- Developed and introduced an innovative training programme in Clinical Holding. This is an appropriate and safe way to assist and support patients to enable them to receive dental care when their behaviour might limit the ability of the dental team to effectively deliver dental treatment.
- This programme has been adopted at a National level.

### Clinical Effectiveness

---

- A joint working initiative led to the implementation of a Dento Alveolar Triage means that all Dento Alveolar referrals Surrey wide are triaged by two oral surgery specialists and referred onto the most appropriate provider (either back to the referring GP as is was not appropriate) or to us as a Tier 2 (community) provider at three of our specialist sites or to an acute hospital dental service.
- Since May 2008, 16,164 referrals were triaged and the number of referrals to secondary care has reduced by 64%. We completed 1,396 episodes of care between May 2008 and Dec 2010 with an income generation of £266,000.
- The Service developed an integrated General Anaesthetic care pathway, which has been adopted for use by all the Surrey acute providers who provide Dental Gas. This initiative supports joint community/acute working.

### Patient experience / Patient Reported Outcome Measures

---

- The purchase and installation of a Wheelchair Recliner at Bourne Hall dental clinic has enabled equity of access for patients who are wheelchair users. The patients no longer need to transfer to the dental chair, reducing the need for manual handling and the associated risks.
- The provision of an optimal angle for delivery of dental care has resulted in an improved patient/carer experience and quality outcomes.

*"High quality service enables patients to receive dental care in the community, increasing their choice and bringing their care closer to home".*

### Priorities for 2011/12

- Introduce a revised Dental Phobic care pathway to include the provision of a new Cognitive Behavioural Therapy Service. Our aim is to improve patient experience by enabling them to develop long term strategies to empower and overcome their phobia.
- Introduce an innovative new training programme known as Active Support aimed at targeting Oral Health promotion. We will deliver joint training to carers in residential/nursing and other appropriate units. Clinical evidence shows that this

vulnerable section of the population has poorer oral health, which in turn can affect their quality of life and treatment need. Carers will be supported to achieve effective oral hygiene for their residents, thus improving long term oral health and positive experiences for residents.

- Participate in the 'Quality in Dental Services Scheme' which is a quality assurance tool to help Special Care Dental Services comply with current accepted standards of good practice. The programme is designed to help us assess the special care dental service against good practice requirements and assemble evidence of compliance for an external assessment to become members of the BDA's Quality in Dental Services Scheme. This scheme will strengthen teamwork, communicate quality to patients and ensure compliance with the CQC's Essential Standards of Quality and Safety.
- Develop and implement a PROM's special care dental general anaesthetic audit.
- We will use proven clinically effective techniques which would enable earlier discharge from the service and improve the patients overall experience.

### **What did our patients say about the service?**

**Dental services East** *"Never thought that I would ever say anything nice about going to the dentist but the service from the community team is really wonderful."*

### **Children's specialist services**

#### **Patient experience / Patient Reported Outcome Measures**

---

The Children's Complex Health Needs team provides domiciliary respite service which is delivered by trained support workers supervised by qualified RNCs.

- This enables children with high health needs who qualify for NHS Funded continuing care to live at home with their parents as opposed to a residential placement.

Botox Service provides wider access to specialist treatment (Botulinum Toxin injections) for children with cerebral palsy.

- This reduces the need to refer children out of the area, providing care closer to home.

#### **Clinical Effectiveness**

---

Paediatric audiology is delivered and led by audiologists qualified in the assessment of hearing in children.

- They support improvements to diagnostics and treatment planning for children. Specialist school nursing are key workers for the children in their schools, they support chronic disease management and liaising with others involved in the child's care. The special school nurses are supported by health care assistants and RNCs.

*"The diversity of skills enables children with cognitive and physical disabilities to live at home, attend school and reach their full potential".*

### Priorities for 2011/12

- To work with local GP consortia in NW Surrey to implement a children's community clinic so that we can provide responsive care closer to home for children with minor ailments/conditions.
- Develop a service specification for community paediatrics and supporting information to provide clarity to service users, including the interface with CAMHS and acute hospital services.
- Improve partnership working with Surrey Social services and the local education authority to ensure seamless services around the needs of the child.

## **Rehabilitation (community therapy) services for adults and children**

### **Patient experience / Patient Reported Outcome Measures**

- The Podiatry services use a Visual Analogue Scale before and after treatment. This enables the patient to record their level of pain and therefore report whether they felt the intervention helped their condition.
- The Foot & Ankle Ability Measure clinical outcome tool, measures improvement in physical function and quality of life. An audit which looked at the effectiveness of the insole devices showed that the rigid semi-bespoke devices proved to be the most successful but were expensive. Following a market review of products, a more cost effective brand was sourced.
- The audit evidence also supported staff to increase the appropriate use of steroid injections as this improved the patient's symptoms and, on average, reduces the number of review appointments.
- Staff training emphasised the importance that stretching exercises have in rehabilitation and reduces the need to prescribe simple insoles.
- The last audit of these goals illustrated that 73% of patients fully achieved their goals with another 19<sup>th</sup> % partially achieving their goals.

"Supporting patients to set and measure their own goals enabled the team to understand whether they met patients' needs"

### **Reducing the number of patients not turning up for treatment**

- DNA rate for nail surgery appointments has been reduced from 13% in 2006 to 9% in 2009, to the current 6.5%. A recent audit of all the patients who did not attend their appointment over the year asked (1) how we could have ensured their attendance. (2) How could we have prompted them to contact us to cancel or change the appointment?
- As a result we have introduced an answering service which allows patients to leave cancellation messages out of hours, or advises them that "all the lines are busy please call later" if this is the case.
- The use of text messages is under consideration as part of the roll out of the new clinical records system.
- More information is given to patients about waiting times; how to contact us should they no longer require the appointment. The service telephones patients to confirm their attendance a few dates prior to their appointment.
- Those unsure if they want or need nail surgery are invited to an alternative assessment only appointment.



## Speech and Language Services

Held a successful conference in East Horsley on January 25 and welcomed the Government's National Communication Champion as our keynote speaker. The event included contributions from a parent whose children have benefited from speech and language therapy, a GP and head teacher.

"Changes to practice as a result of service user feedback"

## Clinical Effectiveness

- Triage systems within children's therapies ensures higher clinical needs are treated as priorities.
- Back Education Groups - around 30% of referrals in to the Musculoskeletal Physiotherapy service are for patients with, either a first episode of, or a recurrence of low back pain. Management of this patient group is in line with the NICE guidelines for Management of Low Back Pain (2009). Indications are that the groups are an effective format for patients with non-specific low back pain.

Using this group session has enabled the capacity of the service to be increased and has also improved the quality of the service to the patients by enabling them to be seen sooner than when offering all these patients an individual appointment.

"Supporting patient to self-manage their long term conditions - feedback and evaluation forms are on the whole very positive."

## What did our patients say about the service?

**Podiatry care:** *"My husband receives podiatry care because of his diabetes and cannot praise them highly enough. Appointments are sent out regularly and are easily changed if necessary with a quick phone call. He feels that he is very much treated as an intelligent partner in his care with appropriate advice provided. Good record keeping means that he always has confidence in whoever he is seeing and, given the long-term nature of his condition and the importance of small changes being carefully monitored, this is very reassuring. So ease of access to appointments, quality of record keeping and relationships with the podiatrists are much appreciated in our household"*

**Speech and Language SW:** *"Can't thank you enough for all of your support and help for our daughter you helped us both and gave us some hope which we so badly needed."*

**Community rehabilitation teams:** *"Unable to improve on the care I received. A thorough, professional and systematic assessment and a detailed written explanation of the treatment advised"*

**Musculoskeletal Physiotherapy:** *"This is by far the highest level of care I have ever received. The professional yet friendly service is unrivalled in my experience".*

#### Priorities for 2011/12

- Work with GP commissioners to develop packages of care and referral pathways, Implementation of RIO aims to improved patient tracking and multi disciplinary case note management – outcome - seamless patient care and knowledge transfer.
- Co-location of children’s therapies to support joint and integrated working.
- Roll out of Productive Community Series – the aim is to achieve third tier - patient and clinical outcomes. Outcome - capturing and analysing data such as % of patients meeting their goals and specific clinical outcome measures agreed across the services demonstrating clinical effectiveness.

### **Sexual Health and Contraceptive services**

#### **Patient experience / Patient Reported Outcome Measures**

---

- We attained ‘You’re Welcome’ quality standard at Woking Hospital. This was given as we demonstrated service quality and good accessibility for young people.
- We are delivering more holistic care for clients by increasing the integration of GUM and contraception services at Guildford and Redhill clinics.

#### **Clinical Effectiveness**

---

- We achieved of all national Chlamydia quality indicators. This required us to demonstrate high quality clinical service, with fast turnaround times for results and a high rate of successful treatment. This delivers better management and containment of infectious disease.
- Through the formation of a formal HIV network across Surrey we can deliver improved teaching and therefore care of our HIV clients.

*“Demonstrating service quality and good accessibility”*

#### **What did our patients say about the service?**

*“The professionalism and attitude of all staff members which whom I dealt with was flawless and each is a credit to your service. I was treated not just professionally, but compassionately, helpfully, patiently and with respect and consideration for my overall situation and concerns. Furthermore the administrative elements of the service were also excellent and worthy of praise”.*

#### Priorities for 2011/12

- Publish the suite of new guidelines for our services, which have been developed with support from across all teams.
- Further integrate GUM and contraception to deliver holistic care for clients.
- Ensure that the new contract for pathology services, delivers equitable access to a high quality service across the county.
- Launch a new clinic site in Guildford which will offer integrated contraception and GUM care.

### **Pharmacy Service**

#### **Patient Safety**

---

- Medicines management policies, guidance documents and standard operating procedure templates, provide services with the guidance to handle and use medicines in a safe and secure way.

## **Patient experience / Patient Reported Outcome Measures**

---

- Medicines management audit programme provides assurance of the embedding of the SCH Medicines Policy and Controlled Drug Policy within our services. This demonstrates that medicines are handled and used safely and securely within the organisation and highlights areas that need improvement. This aims to support patient experience and outcomes.

## **Clinical Effectiveness**

---

- The medicines management website supports staff on a day to day basis providing quick access to medicines management information. This links to patient safety outcomes.

[“Delivering productivity and safety through medicines management”](#)

## **Priorities for 2011/12**

- Deliver the mandatory medicines management training programme
- Introduce the Medicines Management competency framework for registered and skilled non registered staff
- Support the extended role in medicines management of skilled non registered staff as part of the transforming clinical services programme

## APPENDIX 3

### An explanation of who has been involved

A diverse range of key stakeholders have been involved in the production of this Quality Account and have influenced the content.

A dedicated group of staff have been involved in and contributed to the production of the first Quality Account for Surrey Community Health. This was achieved through discussion at the wider senior management forum and at local departmental meetings specifically designed to support the contributions to each section. Engagement has included a senior representative from each of the clinical directorates, operational clinical directors, the head of governance and quality, Director of Healthcare Governance and Executive Nurse Lead, the healthcare governance team inclusive of the clinical audit, customer services and integrated risk manager.

Service users were involved in the early stage of its development via the customer service and patient engagement managers, who met with a cross section of user representative /user groups, inclusive of the North West patient panel. This was to scope patient specific areas for inclusion.

SCH Governing Committee provided comment and included lay representatives and a member of Surrey LINKs.

During 2010/11 the CEO Designate and Directors of SCH were not members of NHS Surrey's Board and therefore the legal responsibilities remained with NHS Surrey.

NHS Surrey's Director of Nursing and CEO endorsed its content as the final stage of the process.

Finally thank you to the following for their expert help:

Our staff member in the communications team for formatting the document

A patient representative who voluntarily gave up his own time to proof read the document and made recommendations for minor edit changes which were included prior to final sign-off. He also produced an excellent Executive Summary for which we are most grateful. This Summary can be accessed on NHS Surrey web site <http://www.surreyhealth.nhs.uk>

For more information or to request a copy of the Quality Account please contact:

The Communications Office,  
Surrey Community Health,  
Bournewood House,  
Guildford Road,  
Chertsey,  
KT16 0QA  
[sch.communications@surreypct.nhs.uk](mailto:sch.communications@surreypct.nhs.uk)  
Tel: 01932 722952

## APPENDIX 4

### GLOSSARY OF TERMS

Term	Explanation
<b>Acute trust</b>	A trust is an NHS organisation responsible for providing a group of healthcare services. An acute trust provides hospital services (but not mental health hospital services, which are provided by a mental health trust).
<b>Analogue mammography</b>	This means taking a deep picture of breast tissue using x-ray machine and printing it onto a special photographic film. Digital mammography sends the picture onto a screen (monitor) instead.
<b>Care Quality Commission</b>	The Care Quality Commission (CQC) replaced the Healthcare Commission, Mental Health Act Commission and the Commission for Social Care Inspection in April 2009. The CQC is the independent regulator of health and social care in England. It regulates health and adult social care services, whether provided by the NHS, local authorities, private companies or voluntary organisations. Visit: <a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Clinical audit</b>	Clinical audit measures the quality of care and services against agreed standards and suggests or makes improvements where necessary.
<b>Commissioning for Quality and Innovation (CQUIN) payment framework.</b>	Visit: <a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_091443">www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_091443</a>
<b>Community services</b>	Health services provided in the community, for example health visiting, school nursing community nursing, special dental services, physiotherapy, podiatry (foot care).
<b>Healthcare</b>	Healthcare includes all forms of healthcare provided for individuals, whether relating to physical or mental health, and includes procedures of medical or surgical care.
<b>Institute for Health and Clinical Excellence</b>	The National Institute for Health and Clinical Excellence is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health. Visit: <a href="http://www.nice.org.uk">www.nice.org.uk</a>
<b>NHS Litigation Authority</b>	Is a special health authority of the English National Health Service (NHS). It is responsible for handling negligence claims made against NHS bodies in England.
<b>NHS Outcomes Framework 2011/12</b>	Is the document which sets out the outcomes and indicators that will be used to hold all providers of health care to account and provides the financial planning and business rules that support the delivery of NHS priorities.

<b>Overview and scrutiny committees</b>	Since January 2003, every local authority with responsibilities for social services (150 in all) has had the power to scrutinise local health services. Overview and scrutiny committees take on the role of scrutiny of the NHS – not just major changes but the on-going operation and planning of services. They bring democratic accountability into healthcare decisions and make the NHS more publicly accountable and responsive to local communities.
<b>Patient reported outcome</b>	These are self-reports from patients which tell us if they felt satisfied in terms of treatment and services given
<b>QIPP</b>	Stands for Quality, Innovation, Productivity and Prevention. On 12 July 2010, the White Paper 'Equity and excellence: Liberating the NHS' set out the government's vision for the future of the NHS. The White Paper outlines the government's commitment to ensuring that QIPP supports the NHS to make efficiency savings, which can be reinvested back into the service to continually improve quality of care. There are 12 work streams in total. Five work streams relate to commissioning of care and five relate to the running and staffing of NHS organisations. Two focus on primary care commissioning and contracting, and digital technology. Each work stream will be led by an experienced NHS Lead.
<b>Special review</b>	A special review is a review carried out by the Care Quality Commission (CQC). Special reviews and studies are projects that look at themes in health and social care. They focus on services, pathways of care or groups of people. A review will usually result in assessments by the CQC of local health and social care organisations. A study will usually result in national-level findings based on the CQC's research.
<b>Telecare technologies</b>	Is the delivery of health-related services and information via telecommunications technologies such as video links special phones, and it covers preventive, promotive and curative aspects of patient treatment.

## APPENDIX 5

### Statements provided from PCT and LINKs

**NHS Surrey** were consulted during the development of the Quality Account and indicated they felt it is an accurate reflection of the progress SCH has made during 2010/11. They believe it will give patients a true picture of services provided.

SCH has presented its Quality Accounts for the year to the LINK Council & subsequently to the Chair & Vice Chairs Executive Group. Surrey LINKs are happy to sign off the account.