

Quality Account 2011-2012



4,485 babies were delivered during the year



18,000 miles – how far our domestics and porters walk each year



24,338 – daycase procedures



251,623 – outpatient appointments



327 patients operated on within 48 hours of admission for a hip fracture



1,221,715 pathology (blood) requests





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PART ONE

Our commitment to high quality care – Chief Executive’s View

The Trust has made significant improvements in its performance and quality of care this year. At the start of the year we were struggling to meet many of our clinical (performance) standards, including the 18 week referral to treatment standard; three of the eight cancer standards; the 80% of stroke patients spending 90% of their inpatient stay on a stroke ward standard; the venous thromboembolism (VTE or blood clots) risk assessment standard and the C-section rate standard.

By the end of 2011/12, 90% (the target) of patients on the 18 week pathway were treated within 18 weeks, all of the cancer clinical standards have been met, the stroke and VTE clinical standards have been achieved and our C-section rate had improved.

Of course, there is more to do. We have had six MRSA infections against an expectation of four, 56 C Diff infections against an expectation of 50 and although we are now achieving 90% of patients in A&E waiting less than 4 hours we need to improve that to 95% and meet it consistently. Formally, we are categorised as “challenged” in the NHS Performance Framework and although we now have more “green” indicators than “red” we need to continue to improve and deliver sustainable performance.

At the start of the year East Surrey Hospital was also struggling with capacity and all the escalation areas (extra beds opened in areas outside of the main wards) were still open. We then embarked on, and have substantially completed a large part of, a £14m redevelopment programme to improve capacity and patient experience. By the end of the year we had two new 20-bedded wards, a new day surgery unit, a new endoscopy unit, a new paediatric outpatients unit, we are half-way through the rebuild of the Emergency Department and have started building a new main entrance.

We have acknowledged that in order to address the quality, productivity, financial and organisational

challenges we face we need to work differently. This year we put in place a three year transformation programme to develop new ways of working and have been working with colleagues from community services on putting in place new patient pathways to deliver care closer to home. Andrew Lansley, Secretary of State for Health, took the opportunity in a speech to praise the Trust for our forward looking approach of working with our community services to improve the care of patients with long-term conditions, such as the new Asthma Integrated Care Pathway designed by Respiratory Consultant, Dr Ed Cetti, in consultation with a local GP practice.

An independent hospital guide confirmed the improvement in standards that we have achieved over the last year. The Dr Foster Good Hospital Guide 2011, states that the hospital met its targets and demonstrated improvements in almost all areas assessed.

Our next challenge is to turn the investments in infrastructure and improvements in performance into tangible improvements in patient and staff experiences and perceptions. Only 50% of patients on NHS Choices would recommend us and our latest staff survey put us in the bottom 20% of trust’s for staff engagement. Our priorities for the next year include achieving targets for both of these areas.

Surrey and Sussex Healthcare NHS Trust is located in a strategic position and provides emergency services for a large catchment population that is not shared with other trusts and our health partners have confirmed that core services must be provided at the East Surrey Hospital site. We must now work closely with the Clinical Commissioning Groups to ensure that the people of Surrey and Sussex get the very best health care services now and into the future.

To the best of my knowledge the information in this report is accurate.

Michael Wilson
Chief Executive

2 PART TWO

How we will improve and monitor quality this year (April 2012 – March 2013)

For 2012/13, the Trust Board adopted several priority areas for focus in order to improve the quality of its services. These priorities were set against the environment of national expectations but were also drawn from issues raised through complaints and through incidents.

These priorities were then circulated to our Health Overview and Scrutiny Committees for Surrey and Sussex, Surrey and Sussex LINKs and our Chiefs of Service to make sure that all their concerns and areas for improvement had been captured.

The Trust priorities were set within four areas:

1. Deliver safe, high quality, co-ordinated care
2. Ensure patients are cared for and cared about
3. Work in partnership with our community
4. Become a sustainable, effective organisation

For the Quality Account we will link the objectives from these four areas to the three domains of quality: patient safety, clinical effectiveness and patient experience.

- Patient safety – do we provide safe care and reduce any risks associated with healthcare as far as possible?
- Clinical effectiveness – does the care or treatment we provide succeed in making patients feel better and provide better health outcomes?
- Patient experience – what is it like being one of our patients? Are our staff friendly, caring and respectful? Is someone there to help when you need it? Is the service efficient?

Domain 1: Patient Safety

Achievement of national best practice in clinical care

Good clinical care includes providing effective treatments based on the best available evidence. National measures and guidelines have been set up to allow NHS trusts to demonstrate the effectiveness of their care. We have agreed to use the following national measures as one form of evidence that we are providing best practice in clinical care:

- Unqualified CQC registration
- Trust HSMR (mortality or death rate indicator)
- Patient re-admission rates
- National access standards
- Percentage of patients with harm free care (using the widely accepted tool - the 'safety thermometer' - to monitor falls, pressure ulcers, VTE and catheter-associated urinary tract infections (CAUTI) and the percentage of patient safety incidents resulting in severe harm or death)
- Percentage of patients achieving all NICE criteria
- Infection rates (MRSA and CDiff)
- Dementia – screening of older patients, achievement of best practice for acute psychotic prescribing and specialist referral for memory and cognitive assessment and treatment.
- Nutrition – MUST assessment (MUST is a screening tool to identify adults who are malnourished or at risk of malnutrition and appropriate access to dietetics and speech and language therapists)



Domain 2: Clinical Effectiveness

Develop clinical partnerships/Trust status that provide safe and sustainable clinical services

The Department of Health defines clinical effectiveness as ‘the extent to which specific interventions, when deployed in the field for a particular patient or population, do what they are intended to do, for example, maintain and improve health and secure the greatest possible health gain from available sources’.

We will improve clinical effectiveness by ensuring collaboration to create consistent, high quality care by:

- supporting rapid spread of innovation: In line with the “Innovation, Health and Wealth” initiative, we will increasingly use the “Enhanced Recovery” methodology to access all appropriate surgical specialities. We will support the “Enhancing Quality” programme by adopting all the clinical themes, benchmarking against all acute trusts in the region and improving patient outcomes and continue to reduce mortality and re-admission rates.

Reduce unplanned variations in patient care

- We recognise that being nursed and treated in the most appropriate area delivers the best outcome for patients. We will design and police pathways for emergency admissions that give our patients access to the most appropriate wards for their condition in the shortest possible time.
- We will work in partnership with primary and community care to reduce the need for admission. We will increase the number of ambulatory care pathways where treatment without admission delivers ‘as good’ or ‘better’ outcomes for patients.
- We will continue to improve all performance indicators in relation to patients who suffer stroke, nursing patients in our dedicated stroke beds and achieve best practice for imaging and treatment.
- We will continue to improve our performance for patients with hip fractures by ensuring timely access to theatre where clinically appropriate and to reduce further our mortality rates.

We will measure our success against this domain by:

- Delivery of the vascular, cancer and cardiac network changes
- Achievement of the trauma unit standards and designation
- Development of Key Performance Indicators (KPIs) for stroke and patient pathways
- Increase in number of ambulatory pathways and number of patients using these pathways
- Hip fractures - percentage of patients achieving all treatment criteria and mortality rates

Domain 3: Patient Experience

- 1. Ensure patients are cared for in the right place at the right time**
- 2. Be recommended on the basis of ‘customer care’**
- 3. Treat all patients and their family/carers with compassion, courtesy and privacy and dignity**

Quality at the Trust means safe, effective care that provides as positive a patient experience as possible. We will use the following measures to track our success against this domain and the three priorities outlined above:

- Preparation and delivery of customer care strategy
- Number of complaints, time to resolution and re-opened complaints
- Food ratings
- Patient communication ratings
- Number of mixed-sex breaches
- Patient scores for privacy and dignity
- Improve experience and care for patients on end of life pathways

Mandatory Declarations

The information in the remainder of this section is mandatory text that all NHS trusts must include in their Quality Account. We have added explanations of key terms. These explanations are highlighted in italics.

Review of Services

During 2011/12, Surrey and Sussex Healthcare NHS Trust provided 40 NHS services. We have reviewed all the data available to us on the quality of care in our 40 services. The income generated by the NHS services reviewed in 2011/12 represents 100 per cent of the total income generated from the provision of NHS services by Surrey and Sussex Healthcare NHS Trust for 2011/12.

We continue to develop a quality programme to ensure inclusion of all services within this review. Directorates receive information on a monthly basis on patient safety, clinical effectiveness and patient experience for their areas. They report on their services at monthly governance meetings and to the Executive Team at quarterly service review meetings.

Participation in clinical audits

Clinical audit involves improving the quality of patient care by looking at current practice and modifying it where necessary. We take part in regional and national clinical audits.

Sometimes there are also national confidential enquiries which investigate an area of healthcare and recommend ways of improving it.

During 2011/12, 43 national clinical audits and 4 national confidential enquiries covered NHS services that Surrey & Sussex Healthcare NHS Trust provides. During that period Surrey & Sussex Healthcare NHS Trust participated in 77% of the national clinical audits and 100% of the national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Surrey & Sussex Healthcare NHS Trust was eligible to participate in during 2011/12 and the national clinical audits and national confidential enquiries that Surrey & Sussex Healthcare NHS Trust participated in during 2011/12 are as follows:

National Clinical Audits	Participation	% of required cases submitted
Adult community acquired pneumonia (British Thoracic Society)	No	N/A
Adult critical care (Case Mix Programme – ICNARC CMP)	Yes	100%
Emergency use of oxygen (British Thoracic Society)	Yes	
National Joint Registry (NJR)	Yes	98%
Non-invasive ventilation - adults (British Thoracic Society)	No	N/A
Pleural procedures (British Thoracic Society)	No	N/A
Seizure management (National Audit of Seizure Management)	No	N/A
Severe sepsis & septic shock (College of Emergency Medicine)	Yes	100%
Severe trauma (Trauma Audit & Research Network)	Yes	100%
Intra-thoracic transplantation (NHSBT UK Transplant Registry)	N/A	N/A
Liver transplantation (NHSBT UK Transplant Registry)	N/A	N/A
National Comparative Audit of Blood Transfusion - programme contains the following audits, which were previously listed separately in QA: a) O neg blood use (2010/11) b) Medical use of blood (2011/12) c) Bedside transfusion (2011/12) d) Platelet use (2010/11)	Yes	100%

National Clinical Audits	Participation	% of required cases submitted
Potential donor audit (NHS Blood & Transplant)	Yes	100%
Bowel cancer (NBOCAP)	Yes	100%
Head and neck oncology (DAHNO)	Yes	100%
Lung cancer (NLCA)	Yes	100%
Oesophago-gastric cancer (NAOGC)	Yes	100%
Care of dying in hospital (NCDAH)	Yes	100%
Acute coronary syndrome or Acute myocardial infarction (MINAP)	Yes	100%
Adult cardiac surgery audit (ACS)	N/A	N/A
Cardiac arrhythmia (HRM)	Yes	100%
Congenital heart disease (Paediatric cardiac surgery) (CHD)	N/A	
Coronary angioplasty	Yes	100%
Heart failure (HF)	Yes	100%
National Cardiac Arrest Audit (NCAA)	No	N/A
Peripheral vascular surgery (VSGBI Vascular Surgery Database, NVD)	Yes	100%
Adult asthma (British Thoracic Society)	Yes	100%
Asthma Deaths (NRAD)	Yes	100%
Bronchiectasis (British Thoracic Society)	Yes	100%
Diabetes (Adult) ND(A)	Yes	100%
Diabetes (Paediatric) (PNDA)	Yes	100%
Inflammatory bowel disease (IBD) Includes: Paediatric Inflammatory Bowel Disease Services	Yes	100%
Pain database	Yes	100%
Renal replacement therapy (Renal Registry)	N/A	N/A
Renal transplantation (NHSBT UK Transplant Registry)	N/A	N/A
National audit of schizophrenia (NAS)	N/A	N/A
Prescribing in mental health services (POMH)	N/A	N/A
Carotid interventions audit (CIA)	Yes	100%
Hip fracture database (NHFD)	Yes	100%
Parkinson's disease (National Parkinson's Audit)	No	N/A

National Clinical Audits	Participation	% of required cases submitted
Sentinel Stroke National Audit Programme (SSNAP) - programme combines the following audits, which were previously listed separately in QA: a) Sentinel stroke audit (2010/11, 2012/13) b) Stroke improvement national audit project (2011/12, 2012/13)	Yes	25%
Elective surgery (National PROMs Programme)	Yes	39%
Risk factors (National Health Promotion in Hospitals Audit)	No	N/A
Perinatal mortality (MBRRACE-UK)	Yes	100%
Epilepsy 12 audit (Childhood Epilepsy)	Yes	50%
Heavy menstrual bleeding (HMB)	No	N/A
Neonatal intensive and special care (NNAP)	Yes	100%
Paediatric asthma (British Thoracic Society)	Yes	100%
Paediatric intensive care (PICANet)	No	N/A
Paediatric pneumonia (British Thoracic Society)	Yes	100%
Pain management (College of Emergency Medicine)	No	N/A
Cardiac Arrest Procedures	Yes	63%
Bariatric Surgery	Yes	100%
Surgery in Children	Yes	No applicable Cases
Peri-operative Care	Yes	100%

The national clinical audits and national confidential enquiries that Surrey & Sussex Healthcare NHS Trust participated in, and for which data collection was completed during 2011/12, are listed above alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

The reports of 3 national clinical audits were reviewed by the provider in 2011/12 and Surrey and Sussex Healthcare NHS Trust intends to take the following actions to improve the quality of healthcare provided.

National Hip Fracture Database

- Ring fence the beds on Newdigate Ward – Hip Fracture Unit for pre- and post-op assessment, post-op therapy (including weekends)
- Improve the number of patients getting to theatre within 36 hours
- Improve the comprehensive falls assessment and service – especially in Surrey
- Relatives' surgery - 2 x week
- New Patient information leaflet
- Admin support to submit the NHFD data
- Fractured Neck of Femur co-ordinator – keep role and augment it



National Care of the Dying Audit

- Ongoing education, consideration of including End of Life Care (EOLC) on medical statutory and mandatory programme, nursing "Friday" programme on EOLC and associated issues, funding from Sussex SHA for education of Healthcare Assistants, trained nurses and Allied Health Professionals
- Raising awareness – encouraging wards to regularly audit their use of Liverpool Care Pathway (LCP)
- Ongoing audit/ monitoring – LCP register, inclusion on Cerner.
- 7 day service for palliative care
- Access to psychological support
- Improved facilities for relatives of those who are dying – car park charge exemptions, provision of camp beds

Stroke

- Introduction of New Stroke Telemedicine System
- Ensure stroke ward beds are not used for back flow.
- Ensure stroke team maximise 'trading of patients' so that outliers are repatriated at the earliest opportunity.
- Re-establish ring fenced fast track bed on stroke ward.
- Initial assessment of communication problems by SLT within 7 days of admission.
- Appointment of 2 additional band 6 (OT & PT) and 2 band 3 generic workers to deliver 45 minutes of therapy.
- Educate referrers (GPs, ED, etc) regarding referral route and process
- Review and implement AMU TIA clinic template and booking process
- Develop a patient guide for patients attending the TIA clinic

The reports of 94 local clinical audits were reviewed by the provider in 2011/12 and Surrey & Sussex Healthcare NHS Trust intends to take the following actions to improve the quality of healthcare provided.

Medicines Security

- Putting away medicines and emptying pharmacy delivery bags to be added to ward cleanliness audits to ensure regular monitoring
- All Controlled Drug Keys to be separated from the main medicine keys immediately
- All old CD registers and order books to be returned to pharmacy for safe storage
- Completion of CD checks to be added as a performance measure for division lead pharmacists
- Monthly date check for emergency boxes to be implemented on all wards
- All fridges to have locks attached or the fridges replaced
- Daily temperature check to be implemented
- Fridge audit to be carried out.
- Add full audit to Annual ward audit plan
- Full re-audit

Fluid Therapy in Adults undergoing Emergency Abdominal Surgery

- Junior doctors, anaesthetists and surgeons to be made aware of Guidelines on Intravenous (IV) Fluid Therapy for Adult Surgical Patients (GIFTASUP).
- Highlight importance of fluid therapy in Teaching Programme for foundation and core trainees.
- Written information for all new doctors starting in August.
- Trust fluid therapy guidelines/ policy based on GIFTASUP to be available on intranet.
- Prospective re-survey over similar time period.

Bacterial Meningitis and Meningococcal Septicaemia – An audit of practice as per NICE paediatric guidelines

- Basics need to be done better; clear regular obs in sick child, frequent as if you think they are septic they may deteriorate fast
- Complete observations; not partial
- Recognition of shock
- Document reassessment after fluid resuscitation
- Appropriate Antibiotics
- Timely Antibiotics; often not timed so difficult to assess
- Consider widening the use of Lumbar Punctures

Audit of Patient with Diabetes Admitted to Recovery

- Discuss findings with team and diabetic team
- Develop / re-design Trust sliding scale chart
- Ensure Trust policy for the management of patients with diabetes outlines the process for monitoring during surgery, and paperwork to support the monitoring
- Ensure this is escalated through Governance reporting mechanisms – divisional meetings
- Relaunch revised policy (if applicable) highlighting any changes
- Education to all staff
- Re-audit the effectiveness of changes in practice

Participation in clinical research

Clinical research involves gathering information to help us understand the best treatments, medication or procedures for patients. It also enables new treatments and medications to be developed. Research must be approved by an ethics committee.

Commitment to research is a key aspect of improving the quality of care and patient experience. Participation in research has the potential to improve quality, patient experience and clinical outcomes.

The number of patients receiving NHS services provided or sub contracted by Surrey & Sussex Healthcare NHS Trust in 2011-12 that were recruited during that period to participate in research approved by a research ethics committee was 583. This is an increase of 61% in participant recruitment compared to the previous year (2010/11). The Trust supported the recruitment of patients to 31 national multi-centre research studies on the National Institute for Health Research (NIHR) Portfolio and was the top recruiting site in 2011/12 for 3 of these studies. We are committed to supporting these national high quality NHS focussed studies which aim to improve patient outcomes and experience.

Our increasing level of participation and engagement in clinical research demonstrates Surrey & Sussex Healthcare NHS Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement. We

encourage our staff to actively participate in research studies which have the potential to be beneficial to our patients. During 2011/12 43 clinical staff were trained in Good Clinical Practice for research to enhance their research management skills.

We have strong links to the Local Comprehensive Research Network, the Surrey, West Sussex and Hampshire Cancer Network and the SE Stroke Research Network. These links enable the Trust to participate in national and international multicentre studies that have been deemed to have scientific importance and clinical impact.

The R&D Team have implemented NIHR Research Support Services (RSS) initiatives, which aim to promote efficiency, streamlining and consistency of R&D processes in research active organisations.

The Trust has published a Research and Development Operations Capability Statement (RDOCs). This document sets out the organisation's commitment to health R&D and the roles and responsibilities of the different stakeholders in our organisation

Goals agreed with commissioners

Primary care trusts hold the NHS budget for their area and decide how it is spent on hospitals and other health services. This is known as 'commissioning'. NHS Surrey and NHS West Sussex are the two main commissioners of our services. They set us targets based on quality and innovation.

A proportion of our income in 2011/12 was conditional on achieving quality improvement and innovation goals agreed between Surrey and Sussex Healthcare NHS Trust 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 (CQUIN).

Further details of the agreed goals for 2011/12 and for the following 12 month period are available electronically at Commissioning for Quality and Innovation (CQUIN) payment framework - NHS Institute for Innovation and Improvement.



Care Quality Commission registration

The Care Quality Commission (CQC) regulates and inspects health organisations. If it is satisfied the organisation provides good, safe care it registers it 'without conditions' (unconditional registration).

Surrey and Sussex Healthcare NHS Trust is required to register with the Care Quality Commission and its current registration status is 'registered without conditions'.

The Care Quality Commission has not taken enforcement action against the Trust during 2011/12.

We were inspected by the Care Quality Commission twice in 2011/12.

In December 2011 they followed up on concerns raised by an anonymous whistleblower about the safety and functionality of the Pre operative/ Pre assessment area (known as POPPA) and to validate the hospitals written response to those concerns. In addition, they had received concerns around the hospitals infection control measures, discharge planning and the management of serious untoward incidents.

They inspected us against three standards:

- Outcome 04 - Care and welfare of people who use services
- Outcome 08 - Cleanliness and infection control
- Outcome 17 – Complaints

What they found about the standards they reviewed and how well East Surrey Hospital was meeting them:

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

Proper steps have not been taken to ensure people using the escalation service sited in the East Surrey Hospital POPPA (pre- operative/ pre-assessment) area are protected against the risks of receiving unsafe or inappropriate care or treatment. On the basis of the evidence provided and the views of people who use the service, we found there are areas of non compliance with this outcome. We have set a compliance action upon the provider to address this.

Outcome 08: People should be cared for in a clean environment and protected from the risk of infection

The hospital maintains an appropriate standard of cleanliness and is taking reasonable steps to protect people from infection. However, there is an indication that a lack of consistent diligence exists in the prevention and monitoring of MRSA infections. On the basis of the evidence provided and the views of people who use the service, we found there are areas of non compliance with this outcome. We have set a compliance action upon the provider to address this.

Outcome 17: People should have their complaints listened to and acted on properly

The system for managing complaints in the hospital is effective. On the basis of the evidence provided and the views of people who use the service, we found the hospital is compliant with the essential standards of quality and safety for this outcome.

We sent the CQC a report within 28 days of receiving their report, setting out the actions we will take to improve.

The second visit in February 2012 was as a result of a request by the Secretary of State for Health to inspect facilities for the termination of pregnancies. The full report is still awaited.

Data Quality

Data quality measures whether we record patients' NHS and GP numbers in their notes as well as ethnicity and other equality data.

Surrey and Sussex Healthcare NHS Trust will be taking the following actions to improve data quality.

Through accurate data quality we will be able to make more informed decisions and plan to improve services as required, consequently improving patient care. In addition patients will be more informed and clinical risk will be limited, for example by preventing delayed appointments or admissions due to the recording of incorrect details.

We have made a number of improvements in relation to data quality, in terms of the monitoring of data entry through robust validation. This is carried out

primarily by the Data Quality team, with process or recording issues to be addressed by our Data Recording Steering Group. This continuous validation has resulted in the reduction of Primary Care Trust data challenges, therefore ensuring we do not lose income through inaccurate activity recording. In addition data quality awareness has been reinforced within the Trust by emphasising the importance to patient care and the financial implications through in particular update sessions with ward staff.

In relation to data quality metrics, we continue to generate and monitor completeness and validity scores over a range of key data items for inpatients and outpatients in accordance with the Information Governance toolkit requirement 507.

In regards to actions to maintain and improve data quality, possible future initiatives include extending data quality validation, incorporating data quality indicators against performance indicators, formalising user error logging and error feedback processes.

NHS Number and General Medical Practice Code Validity

Surrey and Sussex Healthcare NHS Trust submitted records during April 2011 to March 2012 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data:

– which included the patient's valid NHS number was:

99.2% for admitted patient care;
99.2% for out patient care; and
98.1% for accident and emergency care.”

– which included the patient's valid General Medical Practice Code was:

98.8% for admitted patient care;
99.1% for out patient care; and
97.3% for accident and emergency care.

Information Governance

Information governance means keeping information about patients and staff safe.

Surrey and Sussex Healthcare NHS Trust's Information Governance Assessment Report overall score for 2011 - 2012 was 73% (Red – not achieved level 2 or above on all requirements).

A green compliant score is based on reaching level 2 or level 3 against a range of 45 indicators. For Surrey and Sussex Healthcare NHS Trust 42 indicators are at the required level and the three level 1 indicators are being addressed through an action plan which is managed by the Information Governance Steering Group.

Clinical Coding

Clinical coding is the translation of medical terminology as written by the clinician, to describe a patient's complaint, problem, diagnosis, treatment or reason for seeking medical attention, into a coded format which is nationally and internationally recognised. It is also used by the Trust to ensure we get paid accurately for the activity we do. The process for receiving payment is called Payment by Results (PbR)

Surrey and Sussex Healthcare NHS Trust was subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission and the error rates reported in the latest published audit for that period for diagnosis and treatment coding (clinical coding) are as stated in the report as:

Primary Diagnosis Incorrect 6%
Secondary Diagnosis Incorrect 4.8%

Primary Procedures Incorrect 7.1%
Secondary Procedures Incorrect 7.1%

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PART THREE

How we performed on quality in 2011/12

This section tells you how we performed against the priorities we set ourselves last year (2011/12).

Patient Safety

Priority 1: Reduce avoidable harm

One of our priorities in reducing harm for patients within our services was the prevention of falls. Over the course of the year, falls per 1,000 bed days have reduced, from 2.53 falls per 1,000 bed days in April 2011 to 2.45 falls per 1,000 bed days in March 2012. This is less than the 2.6 falls per 1,000 bed days in 10/11 and the national average of 4.8 falls per 1,000 bed days. Falls resulting in harm have also reduced. This reduction has occurred by implementing a variety of good practice interventions. All falls resulting in fractures are recorded as a Serious Incident.

Healthcare acquired infection is another high profile area for the Trust (see CQC report below). There are two named infections for which national targets are set. At the end of the year there had been 6 MRSA bloodstream infections and 56 CDifficile (CDi) infections. The MRSA figure exceeds our target by 2 cases which is disappointing given the amount of work that has been done on hygiene and intravenous line care. Our CDi target was breached by 6 infections but we still have seen 14 fewer cases than for 2010/11.

The Trust and its staff are continuing to reduce medication errors (most actively seen in the weekly antibiotic prescribing rounds), and in addressing theatre team working through the WHO checklist. All surgeons and anaesthetists have received individual copies of the safer surgery guidance. They are signing that they have read this and where necessary they will then be performance managed against this guidance.

We also said we would work towards a year-on-year reduction in our Hospital Standardised Mortality Ratio (HSMR) which we have achieved. The national average for mortality is 100 and a lower figure means fewer patients die in the hospital than would be expected. HSMR allows us to monitor the number of patient deaths and if it goes above 100 to take action. Our current HSMR is 93.

This year new information on mortality rates in hospitals published by the NHS (the new Summary Hospital-level Mortality Indicator (SHMI)) compared the actual number of patients who die in hospital and within 30 days of discharge. Our SHMI showed a lower than expected number of deaths in line with our HSMR.

Priority 2: Reduce blood clots in patients (Venous Thromboembolism (VTE))

It is widely accepted that blood clots can be prevented by following best practice guidelines. The Trust pledged to reach and sustain 90% risk assessment for both the elective and emergency admissions to the Trust in line with national guidance and the PCTs Commissioning for Quality and Innovation framework. The Trust started the year at 70% and reached the 90% performance target for the month of December 2011 and has continued to deliver in excess of the target in January, February and March.

Clinical Effectiveness

Priority 3: Improve satisfaction with end of life care

Improved end of life care (EoLC) provision in acute hospitals is crucial given that more than half of all deaths take place there.

The Trust has an EoLC working group that has wide membership across the Trust and an EoLC strategy has been written and approved. The Trust has invested in syringe drivers recognised as the gold

standard in delivery of medications (a syringe driver is a small portable pump that can be used to give a continuous dose of a painkiller and other medicines. This method of giving drugs is very effective in keeping people free of pain).

EoLC is included on statutory/mandatory training for clinical staff and the Trust has received funding through the SHA to the tune of £16,000 for nursing staff to undertake 2-day courses in End of Life Care, the content of which has been very positively evaluated. This programme will be rolled out in the first instance to medical students and FY 1 & 2 doctors. An EoLC e-learning pilot project is also being rolled out and it is hoped that this combined work will continue and become an area of training for which SaSH is recognised.

We have also participated in all three rounds of the 'National Liverpool Care Pathway (LCP) in acute hospitals' audit. Since round two of the audit, improvements have included:

- Percentage of all deaths on the LCP 29% (up from 17%)
- Percentage of non cancer patients on the LCP 76% (up from 30%)
- Percentage of patients on the LCP with PRN meds (when required medication) available 89% (was 77%)

Out of eight key performance indicators, the Trust was in the top 25% nationally for two performance indicators and at the top end of the middle 60% of Trusts for the remaining six indicators.

Enhancing Quality

The Trust has also actively participated in the Enhancing Quality (EQ) programme which is an innovative clinician-led quality improvement programme across Kent, Surrey and Sussex. By clinicians analysing where to intervene for greatest quality improvement EQ aims to improve patient outcomes and reduce variation in care, every patient, every time. EQ works across the three domains of quality: clinical effectiveness, patient safety and patient experience.

Enhancing Quality provides quality measurements that are clear and easy to understand for NHS staff, patients and the public. For each of the areas of clinical practice, a series of process measures and outcomes are identified. Doctors and nurses are responsible for ensuring the clinical process measures are followed and that data is collected (manually and/or through existing electronic systems) and outcomes monitored. This helps clinicians to identify where improvements can be made in care pathways and processes. For example, if a patient has a heart attack, doctors and nurses are able to demonstrate that the right drugs were given at the right time to provide the best possible outcome. They will also be asked to confirm that advice has been given on giving up smoking (where needed) and that appropriate discharge information has been provided.

The EQ programme tracks process and outcome measures in four clinical pathways – Acute Myocardial Infarction (AMI), Heart Failure (HF), Hip and Knee (H&K) - elective replacements and some surgical treatments for hip fractures and Pneumonia (PN). The results of the first full year of the programme which shows how favourably we have performed alongside other trusts (2010-2011) are given on the following page.

Patient Experience

Priority 4: Improve satisfaction with scheduling and booking of out-patient appointments

The Trust has successfully bid for a new telephone appointment booking management system. The system has an appointment reminder function that will interact with the patient who will be able to confirm that they will attend their appointment or if they wish, they can either cancel the appointment altogether or reschedule to another date. In the case of the latter scenario, the system will alert the Central Booking Office with the details of the patient and their appointment to be changed. The staff will then contact the patient to rearrange the appointment. As the details will be on screen, the staff member will be able to address the patient by name which will enhance the customer service experience for the patient.

The Results of composite quality score for each trust by clinical area

(based on full information being submitted for 95% or patients, unless when specified)

	Acute Myocardial Infarction	Heart Failure	Hip and Knee	Pneumonia
Ashford & St Peter's Hospital NHS Trust	96.01%	50.53%	84.64%	83.35%
Brighton & Sussex University Hospitals NHS Trust	97.33%	62.29%	88.92%	83.38%
Dartford & Gravesham NHS Trust	97.07%	65.05%	86.35%	75.97% ¹
East Kent Hospitals University NHS Foundation Trust	94.99%	43.03%	93.47%	74.64%
East Sussex Healthcare NHS Trust	96.17%	68.89%	80.26% ²	78.93%
Frimley Park NHS Foundation Trust ⁵	95.31%	50.81%	93.55%	88.99%
Maidstone & Tunbridge Wells NHS Trust	93.91%	58.58%	80.10%	65.74%
Medway NHS Foundation Trust	99.52%	63.84%	91.12%	87.01%
Royal Surrey County Hospital NHS Foundation Trust	97.79%	67.57%	93.74%	93.82%
Surrey & Sussex Healthcare NHS Trust	99.07%	78.16%	91.92% ³	83.20% ⁴
Western Sussex Hospitals NHS Trust	93.00%	60.58%	91.88%	88.32%
South East Coast	96.05%	59.59%	89.03%	81.31%

¹ This relates to 87.71% of patients

² This relates to 91.75% of patients

³ This relates to 80.25% of patients

⁴ This relates to 89.36% of patients

⁵ Frimley Park Hospital was no longer involved in EQ after April 2011 (so data relates to period July 2010 – March 2011)

Once the appointment has been rebooked, the system will automatically contact the next patient on the waiting list to offer the vacated appointment slot. This will ensure that all appointment slots are fully utilised.

Once the system is installed, which is expected to be in Autumn 2012, the benefits will be:

1. A more efficient appointment booking service
2. Improved patient experience in booking or changing their appointment
3. Improved reporting
4. Empty appointment slots will be filled
5. Partial booking will be put in place to ensure wait times are controlled and patients are booked in priority order

Priority 5: Ensure all patients have their concerns addressed, are listened to and are treated with dignity, respect and compassion

Focus Groups

We are keen to make sure that we involve patients and the public in the development of our services and this year we held three focus groups on the Emergency Department, Nutrition and with Age UK.

We approached Age UK to do the visit off site so that the bias of being an inpatient would be reduced though we accepted that some of the people we spoke to have ongoing health needs and regularly attend East Surrey Hospital. Over the course of the two meetings we met with approximately 40 older people. The meeting consisted of an introduction of why we were seeking their views, a short presentation about the Trust and then a questions and answer session followed by one to one interviews for those who wished to do so.

The feedback was overwhelmingly positive in terms of the patient experience and individual care needs being met. However, several people mentioned the negative press they had heard had made them a little anxious about going to the hospital. Once they had been they were almost without exception felt that the press was wrong and they were proud of the care and services they received from their local hospital.

The feedback from the focus groups is presented to the Safety & Quality Committee and used to improve patient experience and develop our services.

CQC Reviews

The Care Quality Commission (CQC) carried out a review of how well we were meeting dignity and nutrition standards as part of a targeted inspection programme in acute NHS hospitals. In particular, they focused on whether patients were treated with dignity and respect and whether their nutritional needs were being met. Overall the inspection found that East Surrey Hospital was meeting both of the essential standards of quality and safety they reviewed but, to maintain this, they suggested that some improvements were made.

The inspection team, led by the CQC, were joined by a practising, experienced nurse and also included an 'expert by experience' – a person who has experience of using services (either first hand or as a carer) and who can provide the patient perspective.

The inspection team assessed the hospital against two of its standards for quality and safety:

Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Overall, we found that East Surrey Hospital was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

Outcome 5: Food and drink should meet people's individual dietary needs

Overall, we found that East Surrey Hospital was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

The full report can be found on the CQC website.

The report highlighted the good observed practice in the wards reviewed, and based on the CQC feedback we have undertaken further work to improve our services. We have hot cabinets for serving food on the new wards, increased the snack stock on wards and are increasing variety on the rolling menu. We now have weekly nutritional checks in place on all wards. We have also done some work inhouse to improve stocks of pyjamas and nightdresses on wards and are encouraging patients to wear their own clothes.

In December 2011 the CQC again visited East Surrey Hospital following up on concerns raised by an anonymous whistleblower about the safety and functionality of the Pre operative/ Pre assessment area (known as POPPA) and to validate the hospitals written response to those concerns. In addition, they had received concerns around the hospitals infection control measures, discharge planning and the management of serious untoward incidents.

They inspected us against three standards:

Outcome 04 - Care and welfare of people who use services

Outcome 08 - Cleanliness and infection control

Outcome 17 – Complaints

What they found about the standards they reviewed and how well East Surrey Hospital was meeting them:

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

Proper steps have not been taken to ensure people using the escalation service sited in the East Surrey Hospital POPPA (pre- operative/ pre-assessment) area are protected against the risks of receiving unsafe or inappropriate care or treatment.

On the basis of the evidence provided and the views of people who use the service, we found there are areas of non compliance with this outcome. We have set a compliance action upon the provider to address this.

Outcome 08: People should be cared for in a clean environment and protected from the risk of infection

The hospital maintains an appropriate standard of cleanliness and is taking reasonable steps to protect

people from infection. However, there is an indication that a lack of consistent diligence exists in the prevention and monitoring of MRSA infections. On the basis of the evidence provided and the views of people who use the service, we found there are areas of non compliance with this outcome. We have set a compliance action upon the provider to address this.

Outcome 17: People should have their complaints listened to and acted on properly

The system for managing complaints in the hospital is effective (see below for more information about outcome 17).

On the basis of the evidence provided and the views of people who use the service, the CQC found that East Surrey Hospital was compliant with the essential standards of quality and safety for this outcome. We sent the CQC a report within 28 days of receiving their report, setting out the actions we will take to improve.

We also engage with our community through national patient surveys, our real-time discharge surveys, PALS, our Patients' Council, LINKs, HOSCs, local authorities, local media and social media, such as our website and Twitter.

Patients' Council

Our Patients' Council meets monthly to discuss a wide ranging agenda covering current matters concerning patient care, the inpatient and outpatient experience and the hospital environment. They also participate in audits such as Patient Environment and Action Team (PEAT) assessments.

Real-time patient feedback

We continue to increase our handheld real time monitoring devices and kiosk devices for patient feedback. All wards now have a hand-held device for patient surveys.

Our latest patient survey scores for March 2012:

% of patients surveyed who would choose to be treated at SASH in the future - 91%

% of patients surveyed who felt their dignity was maintained the whole time they were a patient - 96%

Patient Advice and Liaison Service (PALS)

Patients, relatives or carers sometimes may need to turn to someone for on-the-spot help, advice and support. This is where our Patient Advice and Liaison Service (PALS) comes in.

The PALS provide confidential, prompt advice and support, helping to sort out any concerns patients may have about the care we provide. We also guide patients through the different services available from the NHS.

The PALS focuses on improving our service to patients by:

- advising and supporting patients, their families and carers
- providing information on NHS services
- listening to concerns, suggestions or queries
- helping sort out problems quickly

The PALS acts independently when handling patient and family concerns, liaising with staff, managers and, where appropriate, relevant organisations to negotiate immediate or prompt solutions. If necessary, they can also refer patients and families to specific local or national-based agencies.

Our PALS continually influences changes to services and the culture of the Trust by ensuring that patients' issues are resolved promptly, giving feedback and training to staff and contributing to Trust policies and procedures. In 2011/12 the PALS helped 1,400 patients.

Complaints

We received 553 complaints in 2011/12 which represents a 15% increase compared with the previous year. However, activity also increased this year and our ratio of complaints to number of patients using Trust services is 0.15% in 2011/12 (compared to 0.14% in 2010/11).

Audit of Complaints

An audit of Incidents and Complaints was undertaken as part of the approved internal audit periodic plan for 2011/12. The conclusion of the internal audit was "Taking account of the issues identified, the Board can take reasonable assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently

applied and effective. However we have identified issues that, if not addressed, increase the likelihood of the risk materialising.”

CQC Inspection

In December 2011 the CQC also inspected standard 17: People should have their complaints listened to and acted on properly. They checked that people who use this service:

- Are sure that their comments and complaints are listened to and acted on effectively.
- Know that they will not be discriminated against for making a complaint.

What people who use the service experienced and told the CQC

People told us that their views and comments are listened to. None of the people we spoke with have had a reason to make a complaint. They were happy with the care they are receiving, except for the people in the POPPA area (see above).

CQC judgement

The system for managing complaints in the hospital is effective. On the basis of the evidence provided and the views of people who use the service, we found the hospital is compliant with the essential standards of quality and safety for this outcome.

Compliments

We receive many compliments from patients and their carers. 210 compliments were recorded centrally in 2011/12. In addition, many more compliments are received by individual wards and departments.

What our health partners say about us

NHS Sussex

(the Primary Care Trust for Sussex and the lead commissioner of services for Surrey and Sussex Healthcare NHS Trust)

The Quality Account has been reviewed and NHS Sussex confirms that the account demonstrates progress against the priorities identified for 2011/12. It provides information across the three areas of quality: patient safety; patient experience, and clinical effectiveness and highlights an ongoing commitment to improving quality of care. In general NHS Sussex finds that the account meets the national guidance and framework issued by the Department of Health, 2010.

It should be noted that the Quality Account will require some adjustment in the event that the core indicators outlined in the Department of Health & Monitor letter Quality Accounts: reporting requirements for 2011/12 and planned changes for 2012/13 (February 16th) are introduced as proposed in 2012/13 reporting period as not all of these are included in the current Quality Account.

The Quality Account 2011/12 clearly highlights improvement areas in 2011/12 as well as how future progress will be measured.

NHS Sussex and Surrey and Sussex Healthcare NHS Trust have worked collaboratively to improve quality and it is positive to note the demonstrable improvements in many areas including venous thromboembolism (VTE) risk assessment and delivery of the processes of the five patient specific pathways as part of the enhancing quality programme. The need to continue to build on these achievements, particularly in the sphere of patient safety (VTE risk assessment; fall prevention; reduction of pressure area damage and reduction in medication errors) should be recognised in future initiatives aimed at improving the quality of care received by all service users.

The Quality Account acknowledges that considerable work still has to be done to further improve the quality of services provided at Surrey and Sussex Healthcare NHS Trust particularly in relation to patient and staff experience. In addition, particular attention is required to achieve zero tolerance of mixed sex accommodation.

NHS Sussex considers the published priorities appropriate for this organisation. NHS Sussex looks forward to the development of indicators that will show how the success of working with other health and social care providers in order to develop services that meet the needs of the local community can be measured in a meaningful way; as well as indicators that will illustrate the public and/or partner organisation perception of Surrey and Sussex Healthcare NHS Trust.

The continued focus on patient experience and improving outcomes in 2012-13 should continue to improve the quality of services provided by Surrey and Sussex Healthcare NHS Trust.

West Sussex Health and Adult Social Care Select Committee (HASC)

In general terms, it is difficult for HASC to review the accuracy of information set out in Quality Accounts. The Committee does not carry out the type of research that would be necessary to give an evidence-based opinion on this. However, overall we feel that your draft Quality Account provides a comprehensive and honest assessment of quality and performance at the Trust, and will help provide the public and local stakeholders with a better understanding of the key challenges SaSH is facing, and how it is addressing these.

The Quality Account for 2011-12 is very encouraging, and accords with the information that the former West Sussex Health Overview and Scrutiny Committee (HOSC) received and monitored on SaSH throughout the year – both through its liaison member arrangements and through formal consideration by the Committee.

There has been an improvement in performance by SaSH, as evidenced by national targets being met, but communicating this to users of services and the public is difficult. It will be important for the Trust to ensure that there is good communication with patients, public and key local stakeholders to keep them updated on quality and performance matters.

We welcome the fact that the Trust is concentrating on improving the patient experience, and hope that complaints/concerns around quality and performance will therefore reduce.

HASC plans to review performance at SaSH in conjunction with the Surrey HOSC later in 2012-13, and particularly to monitor the impact of the various developments and improvements that have been made at East Surrey Hospital.

Surrey Health Overview and Scrutiny Committee (HOSC)

The Health Overview & Scrutiny Committee is pleased to be invited to comment on the Trust's Care Quality Account for 2011/12. At present the Health Overview & Scrutiny Committee does not have a comprehensive process in place for commenting fully on a trust's Care Quality Accounts; however, we would like to make the following comment:

The main priority for Health Overview & Scrutiny Members is to seek assurances that any planned changes to the way health services are commissioned and delivered in the future will not have a detrimental impact on the health of people living in Surrey. The HOSC remains concerned about the quality of patient care and capacity issues at East Surrey Hospital and will continue to seek assurances that these areas are being addressed appropriately.

In May, the Committee will look at setting its priorities and work programme for the next year. We look forward to working with the Trust on any areas of scrutiny in which you may be asked to be involved.

West Sussex Local Involvement Network (LINK)

The West Sussex LINK considers that most of SASH's 2011/12 Quality Account is written in a way that is readily understood by patients and the public, but there are parts that feature impenetrable jargon, for example in the section describing clinical audits. The LINK was pleased to have been asked to comment on SASH's priorities for 2012/13, which were agreed prior to the preparation of the Quality Account. The LINK was pleased to have engaged jointly with the Surrey LINK throughout the past year with SASH at meetings with the CEO and Directors, as well as at SASH Board meetings held in public, and at other, less formal occasions.

More importantly, the LINK welcomes the opportunity to put on record its appreciation of the extent of the improvements made at SASH throughout the past year. The LINK is pleased to see not only the redevelopment of the physical environment but also the parallel enhancement in patient services. The extensive buildings refurbishment included a new 40 bed ward block and a replacement day surgery unit, with major work on the Emergency Department and Main Entrance now being undertaken. The patient service enhancements included: the introduction of 24/7 stroke thrombolysis; the attainment of the 90% admitted patients waiting no longer than 18 weeks from referral to treatment; and the achievement of the clinical standard for venous thromboembolism. The LINK had previously urged SASH to act on all three, so was particularly gratified with SASH's success.

The LINK knows that SASH serves a population of over 420,000 and that, for many of these people, alternative non-elective services are too far away. Slightly more than 50% of SASH's patients are from West Sussex and services are available at community hospitals in Crawley and Horsham, as well as at the East Surrey site, but only the main hospital provides accessible emergency care for them. Outpatient clinics, therapies, diagnostics, screening and other facilities being within reach of people in the north of West Sussex is equally important, and the LINK is glad that SASH is continuing to provide these services in Crawley and Horsham Community Hospitals, with day surgery and chemotherapy also being available at the former.

That is because the LINK considers that the capacity constraints at East Surrey Hospital will continue to inhibit SASH's ability to cope with a population far greater than originally envisaged. If SASH was to be in a position to offer a range of other services in Crawley or Horsham, and to ensure that patients from these towns could be seen there, then the LINK would be even more supportive.

The LINK intends to work with SASH and the Royal Surrey County Hospital Foundation Trust in expediting radiotherapy at East Surrey Hospital, and in bringing chemotherapy closer to patients' homes. The LINK will also continue to participate in the Sussex managed clinical networks for vascular surgery, and for major trauma, to which SASH contributes.

The West Sussex LINK regards this Quality Account as an accurate reflection of the quality of services provided.

Surrey Local Involvement Network (LINK)

The hospital has had a difficult and challenging year, including, in some areas, missing government targets and reasonable public expectations. This, together with subsequent negative media comment, has inevitably left local people concerned about the level of care they can expect, which in turn affects staff morale. Our role as a statutory lay watchdog is to monitor – as best we can – the quality of service offered, and to seek improvements from a patient perspective where appropriate. We could not but be concerned at what we have heard, and have sought to work at all levels – SHA, PCT and at the Trust level – to move things forward.

We wish to record our relief that all parties - the Department of Health, the SHA, the PCTs, local commissioners and the Trust itself – have at last grasped the structural and financial issues which have troubled the hospital for so long, and are pleased there is now a reasonable expectation the services will be stabilised on a more hopeful basis. The capital and staffing improvements, which will enlarge the capacity at the hospital, should give management breathing space to prove all round excellence can be achieved.

The Quality Account fairly documents areas needing improvement, as well as those where good or excellent outcomes can be claimed. It is also good to see areas prioritised for improvements in the patient pathway. But the account says rather surprisingly little about the acute problems there have been in A and E, and the failure to obtain a licence as a trauma centre.

It has to be said that we have received evidence of improvements from patients: although anecdotal, many of our members know of local patients full of praise for their care. And indeed we have noticed a high level of cleanliness, and an improvement in the quality of the meals provided. Although the hospital is clearly under stress, and standards sometimes slip, we would like to pay tribute where – despite all the problems – really good service is being delivered.

Not very much emphasis is put on Patient and Public Involvement in the Quality Account, although the work of some focus groups and of the Patients Council, is noted. Perhaps the imminent coming of HealthWatch might give the opportunity to refresh and review how the Trust relates to the public.

It is clear that progress is being made, though the hospital is still formally categorised as having a “Challenged” status. The recent major investments in beds, staff and equipment should, as has been said, enable this progress to continue. It would be helpful to patients and the local community to have clearer year on year data about the progress being made against the targets in the Patient Safety, Clinical Effectiveness, and Patient Experience using agreed national measures. Similarly it would be helpful to see how that performance compares with other local Surrey Acute Trusts.

We believe there is now a chance to make real progress. Our job is to seek to monitor whether improvement plans on paper manifest themselves on the wards and in the clinics. We will continue to liaise with the decision makers both centrally and in the locality to ensure patient perspectives are to the fore, and hope to carry out an Enter and View programme to give an independent assessment of the extent to which promises are being fulfilled.

How to contact us

Surrey and Sussex Healthcare NHS Trust

Surrey and Sussex Healthcare NHS Trust provides emergency and non-emergency services at:

East Surrey Hospital

Canada Avenue
Redhill
Surrey RH1 5RH
Telephone: 01737 768511

Surrey and Sussex Healthcare NHS Trust provides non-emergency services at Crawley Hospital which is managed by West Sussex Primary Care Trust.

Crawley Hospital

West Green Drive
Crawley
West Sussex RH11 7DH
Telephone 01293 600300

We provide a number of services at four community sites:

Caterham Dene Hospital

Church Road
Caterham
Surrey CR3 5RA
Telephone: 01883 837500

Dorking Hospital

Horsham Road
Dorking
Surrey RH4 2AA
Telephone: 01306 887150

Horsham Hospital

Hurst Road
Horsham
West Sussex RH12 2DR
Telephone: 01403 227000

Oxted Health Centre

10 Gresham Road
Oxted RH8 0BQ
Telephone: 01883 734000

Surrey and Sussex Healthcare NHS Trust

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Email: enquiries@sash.nhs.uk
www.surreyandsussex.nhs.uk

This information can be made available in other languages and formats, including larger text. Contact 01737 231958 for help.

我們可以提供這些資料的中文譯本和其他版本, 包括大字體版。請致電01737231958要求協助。

CHINESE

આ જાણકારી મોટાં લખાણ સહિત, અન્ય ભાષાઓમાં અને ફોર્મેટમાં ઉપલબ્ધ થઈ શકશે.

મદદ માટે 01737231958 પર સંપર્ક કરો.

GUJARATI

NINIEJSE INFORMACEJE MOŻNA OTRZYMAĆ W INNYCH JĘZYKACH I FORMATACH, NP. DUŻYM DRUKIEM DZWONIĄC POD NUMER 01737231958

POLISH

PODEMOS DISPONIBILIZAR ESTA INFORMAÇÃO NOUTRAS LÍNGUAS E NOUTROS FORMATOS, INCLUINDO TEXTO GRANDE CONTACTE O 01737 231958 PARA RECEBER AJUDA

PORTUGUESE

یہ معلومات دوسری زبانوں اور صورتوں میں مل سکتی ہے، جس میں بڑے حروف میں عبارت شامل ہے۔ مدد کے لئے 01737 231958 پر فون کریں۔

URDU