

Integrated Care Board

11th December 2024

Chief Executive's Report

Item 9 / Paper 6

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Action required and previous approvals:	To note
Attached / references:	n/a

EXECUTIVE SUMMARY & PROPOSED NEXT STEPS

This report provides the Integrated Care Board with an overview of key recent updates, and which do not form part of the wider ICB agenda. This report includes updates on:

- **Delivering our statutory responsibilities**
 - System performance and winter preparation
 - System sustainability plan
 - 2025/26 planning
- **Continuing to deliver our ICS strategy**
 - 10-year Plan engagement
 - Bridge the Gap visit
 - Surrey Heartlands Expo 2024
 - Surrey County Council Adults & Social Care CQC inspection
 - Children's Community Services contract
 - Partnership agreement for elective care
 - Outpatient scheme to tackle missed appointments
 - Ashford & St Peter's / Royal Surrey group model
 - Award wins
- **Updates from our Place Partnerships**

- **Looking after our people**

- Supporting equality, diversity and inclusion
- Staff suggestion box
- Freedom to Speak Up Guardians
- Leaders unite to improve care for people with learning disabilities and/or autism
- Allied Health Professionals Day
- Sexual Safety in Healthcare Charter
- Carer's Rights Day

Date of paper and sign off	28 th November 2024, Karen McDowell, Chief Executive
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COMPLIANCE NOTES – Please note status below and how any issues will be managed / mitigated.	
Equality, Diversity and Inclusion	This paper is an overview; any EQIA requirements relating to items reported are managed separately.
Quality	This paper is an overview; any quality issues relating to any of the items are managed separately.
Risk	This paper is an overview; any risks relating to any of the items are managed separately (for example risks relating to system pressures, industrial action).
Patient and public engagement	This paper is an overview of work happening across the ICS, with relevant patient and public engagement taking place to support individual programmes.
Conflict of interest	No conflicts of interest
Information Governance	No IG issues in producing this paper, which is for publication
Finance	n/a

1. Meeting our statutory requirements

1.1. System performance

As a system, we are seeing increasingly high levels of demand for services across the board as winter gets underway, including a higher acuity of those attending our emergency departments. Ambulance attendances (to hospital) remain relatively constant, with the highest increase in demand to our emergency departments coming from those self-presenting. Our urgency and emergency care team is looking to better understand what is driving this demand. Handover performance (how quickly ambulance crews are able to handover their patients once they arrive at the emergency department) has remained in a positive position, with 78.4% of patients seen, treated and discharged or admitted within four hours across our acute hospitals for October.

Mental health services continue to experience high demand, although most recently the bed waiting list numbers have reduced significantly, with work continuing through our 'Mind and Body' group and twice weekly mental health cell. Overall bed occupancy in our hospitals remains very high, with all core acute beds in use, alongside surge capacity. Pressure on children's inpatient services has also increased as the system is now seeing an increase in children presenting with RSV (respiratory syncytial virus) as winter gets underway. Challenges remain in relation to discharge, with work taking place across our four Place Partnerships to mitigate this as much as possible.

Winter preparation

As a system we are now starting to deliver our winter plan, based on the national ask via this year's [winter letter](#) from NHS England. Key areas of focus include:

Reducing high hospital bed occupancy – creating improved capacity to manage emergency admissions, elective care and the increased demand we see over the winter months. This will support emergency admissions to move more quickly to the right bed, thereby helping reduce waiting times in our emergency departments and ambulance handover times.

Improving our community response - understanding who our most frail patients are, and should they become unwell, ensure they are prioritised for an early intervention.

Admission avoidance - consolidating alternative pathways for patients who call an ambulance (helping to prevent hospital admission), supported by single point of access services (see below) and urgent community response / step-up services.

Managing length of stay for those who are admitted to hospital – this includes making sure our most frail patients are seen by a frailty consultant within 24 hours to develop a detailed care plan; a focus on reducing acute length of stay by one day (through improved discharge processes that operate seven days/week); and making sure we are using tools such as 'Criteria Led Discharge', minimising deconditioning of patients in hospital.

Our plan also focuses on maintaining capacity, increasing productivity of acute and non-acute services (including improving flow and length of stay in hospital as detailed above, and clinical outcomes) and continuing to develop services that shift activity from acute settings (through proactive and urgent care, admission avoidance and so on).

As a system our main areas of risk include mental health demand and our continued work on elective recovery. There are a number of other services and initiatives that support our winter plan, including extra sessions in primary care, respiratory hubs, community response teams and our continued work

on discharge, including our integrated discharge programme. We continue to increase awareness and uptake of winter vaccinations for people who are eligible to increase their protection, alongside general messaging to help direct people to the right service, first time. Our communications and engagement team has also been out on the streets of Surrey engaging with our priority populations to remind people of the need to be 'winter-ready' and to answer their questions around areas such as vaccination, local urgent care services and so on.

Virtual clinical hubs – a new project where we are working closely with the South East Coast Ambulance Service which looks at some 999 calls in more detail to consider the most appropriate pathway, including alternatives to taking patients to hospital emergency departments. This involves ambulance clinicians speaking directly to hospital and community clinicians through the Surrey 'Single Point of Access', enabling faster decision-making and helping to reduce unnecessary hospital conveyances. When necessary, ambulance clinicians can then quickly refer patients to alternative services such as frailty units or virtual wards. This new service will help people get the care they need in the most appropriate setting, also helping to ensure a faster 999 service to those who really need it and is a key element in our winter plan this year.

1.2. System sustainability plan

As a system, we continue to work hard to improve our financial position and to progress our system-wide sustainability plan which covers the rest of this current financial year and future years. This work includes a number of specific efficiency programmes, such as medicines optimisation, and wider cost improvement plans across our partners. This work is supported by a dedicated Efficiency Delivery Unit with a programme management approach to oversee and assure our system-wide efficiency programme. Our plans have been positively received by NHS England who have recognised the good work undertaken across the organisation, noting that there is still a lot to do to ensure we achieve our agreed deficit position of c. £40m.

1.3. Planning for 2025/26

We have now launched our commissioning intentions process for the next financial year and are undertaking deep dive sessions with each directorate within the ICB between now and Christmas. In addition we are also discussing and collecting feedback from ICS partners to identify priorities and key risks, and to align our system strategy going into 2025/26.

2. Delivering our Strategy

2.1. 10-year engagement plan

The UK government's 10-year plan for health and care sets a transformative agenda to address the pressing challenges facing the healthcare system. The plan aims to create a system that better meets the needs of a diverse and evolving population through three foundational shifts:

1. *From Hospital to Community Services*: Prioritising primary and community care to reduce hospital dependency, bring care closer to people's homes, and foster integrated care models.
2. *From Treating Sickness to Preventing It*: Investing in public health strategies to promote prevention, keeping people healthier for longer and reducing long-term demand on services.

3. *From Analogue to Digital: Leveraging digital technology to improve patient experience, streamline service delivery, and support integrated care.*

These priorities reflect the urgent need for change emphasised by the Darzi Review and align with our own system ambitions set out most recently in our new Clinical Strategy.

A national engagement plan has been launched – [Change NHS](#) – a national conversation to support development of the 10-year plan and systems are being asked to support in several ways:

- Promoting the national portal change.nhs.uk to encourage staff, patients and the wider public to contribute their views
- Submitting system and organisational responses
- More targeted engagement with staff and the public (with particular focus on priority populations) through a nationally developed and consistent 'Workshop in a Box'

Surrey Heartlands has been working with partners and colleagues to create both a system and ICB response, submitted to the national team by the deadline.

We have also developed a robust public and staff engagement plan (based on the Workshop in a Box), which we will deliver between now and the end of March 2025 using a series of evidence—based methodologies. Our plan will pay particular attention to under-represented groups, particularly those within the CORE20PLUS5 framework and intends to gather insights to both feed into the national programme and importantly to inform plans and strategies locally.

Of particular note are two workshops engaging with young people and a second with justice-involved populations - two areas of interest requested from the national team (for which we were directly approached). Members of our social research team have also been part of the national communications and engagement steering group for this programme, helping to shape some of the methodology. A full engagement report will be developed and published following the close of the programme in early spring 2025.

2.2. Bridge the Gap visit

Last month I was part of a quarterly informal walk-about with members of the ICP and Surrey's Health & Wellbeing Board, visiting two small charities - Guildford Action and Oakleaf in Guildford - to hear about the amazing work they are supporting through Surrey's *Bridge the Gap* outreach programme, which offers life-changing support to people experiencing multiple disadvantage. The visit was hosted by the Guildford & Waverley Alliance.

During the morning our group – which included over 30 local health and care leaders and partners - had the privilege of hearing several case studies, presented by service users and their outreach workers. We heard about the difficult journeys they have been on and how their lives have been transformed through the programme. All their stories were incredibly moving, and it was clear that the strong relationships built up between individuals and their outreach workers have been fundamental. Each person's story was different, but all involved time spent just listening, support to develop coping strategies, simple help to navigate day-to-day living, all helping to build confidence over time.

Unlike many other outreach services, Bridge the Gap is a long-term programme – recognising that these fundamental relationships take time to build effectively. Outreach workers are specialist workers running small caseloads and are supervised by a Consultant Clinical Psychologist, also a trauma informed mental health professional. The health inequalities and challenges people experiencing multiple disadvantage face substantially increase their risk of early onset of chronic health issues, shortened healthy life expectancy and premature death.

Bridge the Gap is provided through an alliance of Surrey's voluntary, community and social enterprise organisations (such as Guildford Action and Oakleaf who kindly hosted our visit) in partnership with Surrey County Council's Changing Futures, initially funded through the national [Changing Futures initiative](#) to improve outcomes for people with multiple disadvantage. More information is on the [Healthy Surrey website](#). There is also a [new chapter of Surrey's JSNA \(Joint Strategic Needs Assessment\)](#) on multiple disadvantage, co-produced with a group of experts by experience from the local Changing Futures programme.

2.3. Surrey Heartlands Expo 2024

Following the success of our first Expo last year, last month over 320 partners from across Surrey Heartlands came together for a second event. This brought together partners from across the ICS – including health and care colleagues, Place Partnerships, Surrey County Council, district and boroughs, colleagues from the voluntary, community and faith sector, patient representatives and many others – to make connections, share best practice and explore opportunities to work more closely together to improve the health and wellbeing of our population.

It was also an opportunity to showcase some of the great work happening across the system and share our plans and priorities to improve care for people living in Surrey through the launch of our new Clinical Strategy. A [short film](#) was produced to demonstrate some of the work so far.

The day began with a market-place, where more than 30 organisations/teams from across the ICS showcased their work and the contributions they are making to the lives of our residents. As part of the agenda, system leaders spoke about our ambitions for the future and attendees also joined break-out sessions to explore specific topics in more detail. This was an opportunity to hear more about: the work happening through our 'towns and villages' approach, where we are engaging with communities to deliver positive changes; our new One System Mental Health Plan; how we're managing demand in primary care; our United Surrey Talent Strategy and the work of the Health and Social Care Academy; children and young people's emotional wellbeing; and how we are creating an integrated approach to hospital discharge to support patients and the wider system.

Overall feedback from participants was positive and we will be looking to build on the conversations and discussions held during the day.

2.4. Surrey County Council Adult Social Care CQC inspection

Surrey County Council's adult social care service has been rated 'good' by the Care Quality Commission which praised a focus on supporting people to lead independent lives in their own homes and communities.

Following an inspection which gathered feedback from residents, carers, staff, partners and providers, the social care regulator highlighted a number of strengths including the county council's preventative work to delay or reduce people's need for care and support. This often involves working with health and voluntary sector partners to keep people independent for longer in their local communities.

Assessors also found a consistent person-centred approach to supporting people with care needs, whose wishes and goals were put at the heart of care assessments and planning. Staff displayed empathy, respect and a 'can-do' attitude. In a report published on 20 November, the CQC concluded that 'evidence shows a good standard' for the county council's adult social care provision, with an overall score of 70 per cent. More information on key findings is on the [Surrey County Council website](#).

2.5. Children's Community Health Services contract awarded

Children's Community Health Services in Surrey comprise a wide range of community-based services and therapies that support physical and emotional health and wellbeing amongst children and young people from birth up to 19 years of age and their families and carers.

Following a robust procurement process by Surrey Heartlands ICB, Frimley ICB, Surrey County Council and NHS England South East, HCRG Care Group has been awarded the contract for an 8-year term (procurement as 6 plus 2 years) to deliver children's community health services in Surrey from 1st April 2025. The service is currently provided by Surrey and Borders Partnership Foundation Trust (SaBP), in partnership with First Community Health and Care and Central Surrey Health (CSH Surrey).

HCRG are now working with commissioners to mobilise the new service and, where possible, seek insight and feedback from children, young people and staff as well as staff and professionals.

2.6. Partnership Agreement for elective care

A Partnership Agreement between Surrey Heartlands ICB and the Surrey Heartlands acute trusts (Royal Surrey NHS Foundation Trust, Ashford and St Peter's Hospitals NHS Foundation Trust and Surrey and Sussex Healthcare NHS Trust) means the Trust Provider Collaborative is now (from 1st October) overseeing elective care delivery across the system.

This change will see the Trust Provider Collaborative playing a lead role in the facilitation and delivery of the system's priorities in elective, diagnostic, cancer and outpatient care and builds on closer collaboration already being achieved through the collaborative.

Working in this way offers many benefits including equity in relation to waiting times and an ability to offer more mutual aid and support between providers to treat people more quickly. It will also create productivity opportunities and shared learning that will enable us to achieve greater consistency of care across Surrey Heartlands. The benefit will be seen across the whole patient journey, including in diagnostics, elective and cancer pathways in order to ensure capacity across the system is used for the greatest benefit.

2.7. Outpatient scheme to help tackle missed appointments

Surrey Heartlands' three acute Trusts have been approved as a national NHS pilot to help reduce DNA (do not attend) rates in outpatients. Working with specialties from Surrey and Sussex and Ashford & St Peter's and Royal Surrey, the pilot will use new software that predicts likely missed appointments and short notice cancellations, breaking down the reasons why someone may not attend/cancel an appointment using a range of external insights including the weather, traffic, and jobs, and offers back-up bookings. Appointments are then arranged for the most convenient time for patients.

The system implements back up bookings to ensure no clinical time is lost while maximising efficiency. Trials elsewhere in the country have seen a 30% reduction in DNAs as a result.

2.8. Ashford and St Peter's and Royal Surrey group model

Following recent discussions, Ashford and St Peter's Hospitals NHS Foundation Trust and Royal Surrey NHS Foundation Trust are progressing a proposal to form a group model, which would lead to closer working between the two organisations.

The Boards and Council of Governors of both trusts have agreed recommendations to form a group model and appoint a group chief executive and group chair. They have also agreed that the chief executive should be the current chief executive of Royal Surrey, Louise Stead who, subject to some formal processes and final decisions by both Trust's Council of Governors, will take up the new role in January 2025. Both Trusts have also agreed to form a joint transformation committee which will set the strategic direction for the group and agree priorities and key areas for collaboration. A memorandum of understanding and terms of reference are being discussed at both Trust's board meetings and once finalised the new committee will be mobilised.

2.9. Award wins

- The Surrey Health Inclusion team won the Diversity, Equality and Inclusion award at the Unite-CPHVA (community practitioners and health visitors) professional conference earlier this month in Birmingham.
- The South East Temporary Staffing Collaborative, of which we are a member ICB, has won the award for Data Driven Transformation of the Year at the national HSJ Awards in November. Using the power of data, the 27 acute, community and mental health trusts involved have shared their intelligence through digital platforms to provide visibility and enhance decision making, reducing annual spend on agency workers by £125m (based on the previous year).

2.10. SASH announces new Chair

Surrey and Sussex Healthcare NHS Trust recently announced Dr Anita Donley OBE as their new Chair, as long-standing Trust Chair, Richard Shaw, retires after more than 12 years. As an acute medicine consultant physician of more than 30 years, Dr Donley is also an experienced Chair with broad experience across healthcare, quality and patient safety and medical education.

2.11. Welcome to Clare Stafford, new Chief Finance Officer

Surrey Heartlands is pleased to welcome Clare Stafford, our new Chief Finance Officer, who joined us on 1st November. Clare joined from University Hospitals Sussex NHS Foundation Trust, where she had been working as interim Chief Financial Officer. Clare has over 26 years' experience working in NHS finance across a variety of NHS organisations including the community, mental health and the acute sector. Thank you to Dan Brown, who has been providing interim support as Acting Chief Finance Officer, following Matthew Knight's departure.

3. Updates from our Place Partnerships

3.1. East Surrey Alliance

Neighbourhood development:

A proposal has been developed for improving respiratory care with a focus on Chronic Obstructive Pulmonary Disease (COPD). The framework is based on NICE guidance and proposes increasing clinical capacity to the respiratory team, hosted by First Community and integrated with neighbourhood teams. The interventions are seeking to target a reduction in acute bed days for respiratory patients, this will be done through increased clinical capacity, neighbourhood teams working locally to identify additional support on a needs basis and utilising the Growing Health Together team linked to Stop Smoking. Next steps are working through the delivery plan in the respiratory working group.

Ageing and Dying Well

End of Life Proof of Concept work has aligned clinical nurse specialists with the district nursing teams in two integrated neighbourhood teams. The concept has delivered positive staff satisfaction and has resulted in key data showing:

- More people dying in their preferred place of death.
- Seen a reduction of 2-3 calls per patient within First Community.
- Seen a trend towards a lower length of stay for people who died in hospital (compared to 23/24).

The next steps are to explore different models to understand how the service could be provided across the full East Surrey area.

Single Point of Access (SPOA)

In East Surrey the SPOA went live on 18th November with additional GP cover provided by the Alliance for Better Care Federation - acting as the senior clinical decision-maker as part of a multidisciplinary Team with the ambulance trust and First Community to ensure that Category 3 and 4 patients (less urgent) get the most appropriate response.

Community Diagnostic Centre (CDC)

Work continues to establish the CDC within Redhill Shopping Centre. This month has reached a major milestone in the finalisation of the lease agreement to take control of the three units earmarked for the CDC and begin the strip and fit out process.

This process has taken longer than expected due to protracted negotiations with tenants in neighbouring retail units (some of which are major high street chains) due to a need to undertake works that could impact their operations and trading. Having resolved this critical milestone, we look forward to making more progress in November and to finally start our programme of alterations.

Health Creation in East Surrey

The Financial Times on 8th November 2024 published an article on the impact of our [Growing Health Together](#) programme. The programme also got widespread coverage in the new NHS Confederation reports on prevention and neighbourhood care: [Unlocking prevention in ICSs](#) (East Surrey pages 24-26); [Surrey Growing Health Together](#), feature as part of the NHS Confederation series on neighbourhood health and care.

East Surrey has made significant strides in improving local health and wellbeing through a co-creation approach that integrates place-based prevention into a neighbourhood model.

To evaluate the efficacy of these initiatives, Growing Health Together collects patient level data from consenting participants in a sample of the funded initiatives to assess quantitative impacts on variables such as GP consultation frequency, weight, BMI and HbA1c levels. An independent evaluation of Growing Health Together is also underway by the University of Kent, using a mixed-methods design and incorporating qualitative data.

Overcoming obstacles requires dedicated time and funding to foster relationships between statutory and non-statutory groups and the local population, but the benefits of these collaborations are evident in improved patient outcomes. For example, patients attending an inclusive exercise class, established in response to local demand, were noted to have experienced a reduction in GP attendances and reductions in weight, body mass index and blood pressure between 2023 and 2024, and they described self-reported improvements in their mental, physical and social health and wellbeing.

3.2. Guildford & Waverley

New cancer centre at Royal Surrey – The Royal Surrey NHS Foundation Trust’s new cancer centre has opened its doors following a multi-million-pound redevelopment. The £6million project, which was partly funded by the Royal Surrey Charity, has provided a much-needed increase in clinical space and improved the environment in which more than 8,000 patients receive treatment and care each year. Cancer patients will also benefit from a new dedicated website written by the Trust’s internal team of renowned experts, which takes them from diagnosis, through treatment and beyond. The building work has also provided a new spacious waiting area, a larger café for refuelling, a centrally located space for carrying out blood tests, more changing areas that lead directly into clinic rooms, additional bathroom facilities, a dedicated information hub and a sensitive conversation suite that has its own private garden and exit for when patients need privacy. As part of this new chapter in cancer care the building, previously known as St Luke’s Cancer Centre, has been renamed Royal Surrey Cancer Centre.

Ockford Ridge – plans are progressing to undertake engagement and co-production with local communities and partners, exploring options to improve the offer for 0-5 year-olds and families within the Ockford Ridge area of Waverley. This is one of Surrey’s priority neighbourhoods. Work will focus on gaining an understanding of local needs, co-production across partners and the local community, and exploring the offer to 0-5 year-olds and families in the Godalming and Ockford Ridge area. Aligned to our prevention ambitions this work will support local people to reach their full potential.

Preventing and tackling multiple disadvantage – the Guildford & Waverley Alliance hosted the ICP/Health & Wellbeing Board visit to Guildford Oakleaf and Guildford Action centres in Guildford, highlighted above.

3.3 North West Surrey Alliance

New Community Diagnostic Centre (CDC) in Woking

A key milestone has been reached in the development of the new CDC in Woking with the installation of the building extension and diagnostic equipment. The CDC services are due to start by the end of the year and will offer a local centre, preventing the need for 30,000 hospital visits outside of Woking annually, providing residents with a vibrant and modern health facility.

Weybridge health campus update

On the 22 November the formal planning application was submitted for the development of the Weybridge Health Campus. This follows pre-planning public engagement event/s at St James' Church Hall in Weybridge on 18 and 19 October, with over 100 residents of Weybridge and surrounding areas giving their thoughts on the plans.

Elm Grove development

As part of the redeployment of the Elm Grove site in Walton-on-Thames, community engagement has launched into the potential development of the site by Elmbridge Borough Council. The two main options are: a new NHS neighbourhood health hub or housing, including affordable homes. The project aims to also improve Elm Grove Recreation Ground, with enhancements to the play area and additional trees to help address flooding.

Integrated Neighbourhood Teams (INTs) blueprint for Surrey

Whilst many aspects of how our INTs function across Surrey Heartlands will be defined in line with local population need, they will all share some commonality. As part of the Surrey Heartlands Place Network, we are leading a piece of work to align the strategic direction of our INTs across each of the places to create a generic blueprint for Surrey. Further detail will be shared in due course.

Diabetes transformation

A new diabetes strategy for North West Surrey is being scoped which focusses on bringing care closer to patients in an out of hospital model. We have been visiting successful examples across the country, undertaking engagement with stakeholders and patients, with a full business case planned in the coming months.

3.4 Surrey Downs Health & Care Partnership

Following engagement with local people and partners over the past few months, the Surrey Downs Place Board formally approved our two-year transformation plan at its November seminar. The board was assured that the plan was in line with the emerging national direction and move towards enhancing the neighbourhood health service. This was supported by feedback from two key visitors to Surrey Downs in the last month. Professor Paul Corrigan, strategic advisor to the Department of Health and Social Care spent time with Surrey Downs leaders and clinicians hearing and providing feedback on our model of care and direction of travel. In addition, Dr Tim Caroe, Medical Director, Primary Care Transformation for NHS England SE Region spent the morning with Banstead Integrated Neighbourhood Team hearing about the partnership work being undertaken locally as well as a range of cross-place community services transformation programmes.

As part of the agreement of the transformation plan, the board confirmed a governance and partnership structure with the seven towns within the geography of Surrey Downs, each supported by integrated neighbourhood delivery teams co-terminous with primary care networks and working together through neighbourhood boards aligned to our Districts and Boroughs and chaired by their Chief Executives. Noting the new relationship with our local voluntary services the board also confirmed its support for our place-based Health and Wellbeing committee.

4. Looking after our People

4.1. Supporting equality, diversity and inclusion

We continue to celebrate the equality and diversity of our workforce through a number of events that mirror national/international cultural celebrations and awareness campaigns:

- In October we celebrated Black History Month and this year's theme of 'reclaiming narratives', including a talk by Dame Neslyn Watson-Druée, a pioneering leader in diversity and inclusion which focused on how we can all take part in reclaiming and reshaping narratives around race, identity, and inclusion. This topic was further explored through a blog we published from Non-Executive Director Michael Parker who wrote about his and his family's experiences. The awareness month was also an opportunity to talk about action, not simply celebration, ensuring the stories of black colleagues, patients and communities are heard, valued and respected and a focus on the work that still needs to be done to dismantle the barriers that prevent true equity and inclusion.
- At the end of October/beginning of November we recognised Diwali, the Hindu festival of Light, raising awareness of this important festival and supporting staff celebrations.
- As part of Islamophobia Awareness Month in November, all staff were invited to take part in a virtual session with Dr. Shehla Imtiaz-Umer, GP Principal in Derby, Equality, Diversity and Inclusion Director for General Practice Task Force and volunteer at the British Islamic Medical Association.
- In recognition of World Menopause Day (held every year in October during World Menopause Month), we set up a virtual 'Menopause Café' at the end of November, to provide a space where we can learn openly from others, helping to create a supportive and understanding environment for all colleagues (all staff were invited to attend).

4.2. Staff Suggestion Box

Itself an idea from a member of staff, we have recently introduced a virtual staff suggestion box, inviting staff to make suggestions about anything they think might help improve how we work – from celebrating success, getting to know each other better, to saving money and being more sustainable – all ideas welcome. Launched in October, I have personally championed this initiative and go through the ideas put forward each month with a small group of staff to agree relevant plans of action before feeding back to staff at our monthly briefing sessions.

4.3. Freedom to Speak Up Guardians

October was Freedom to Speak Up month, with this year's theme *Listen Up* focusing on the power of listening and the important part that listening plays in encouraging people to speak up. We recently appointed three new Freedom to Speak Up Guardians who are independent advisors able to provide confidential support and guidance to any staff members who wish to discuss a matter about their work or the workplace and play an important role in our cultural development work.

4.4. Leaders unite to improve care for people with learning disabilities or autism

Leaders from across Surrey Heartlands have come together to affirm their commitment to improving care for people with learning disabilities or autism, leading the way where they are among the first

members of the ICS to take part in a full day of training, jointly led by people with learning disabilities or autism.

The commitment being shown by health and care leaders and partners across Surrey supports the government's pledge that will see all health and social care staff undertaking new mandatory training to improve knowledge, awareness and care for people with learning disabilities or autism, ensuring lessons are learnt from the death of Oliver McGowan.

The Oliver McGowan Mandatory Training on Learning Disability and Autism is named after Oliver McGowan, whose death shone a light on the need for health and social care staff to receive better training.

4.5. Celebrating Allied Health Professionals Day – 14 October

#AHPsday on 14 October provided an opportunity to celebrate the vital role that Allied Health Professionals play in delivering health and care across our system. As the third largest professional group in the NHS, the unique skills and expertise of each of the [14 professions](#) collectively help to improve patient care and outcomes, reduce unnecessary hospital admissions, and save lives. We have recently appointed our first Surrey Heartlands Chief Allied Health Professional who will bring strategic and professional leadership for the 14 allied health professions, acting as a key contact for system-wide issues for AHPs and contributing strategic input from AHPs into relevant transformation programmes and priorities.

4.6. Sexual safety in healthcare charter

NHS Surrey Heartlands has made a clear commitment to taking and enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace by signing up to a national Sexual Safety in Healthcare Organisation Charter.

Those who work, train and learn within the healthcare system have the right to be safe and feel supported at work and by taking this first step, we commit to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours towards our workforce.

4.7. Carer's Rights Day

In November we celebrated Carer's Rights Day, highlighting the important role unpaid carers play in our healthcare system and importantly promoting carers' rights. Within the Surrey Heartlands system, we have two staff carers networks, one sits within Surrey Heartlands ICB and the other sits within Surrey County Council. The ambition is to have one system wide staff carer network in the future. The ICB staff carers network is a confidential space to talk about caring responsibilities with people who are in similar situations and ask for advice and signposting from the Joint Carers Team and continues to be a valuable resource and safe space for staff.

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