

First-rate people. **First-rate** care. **First-rate** value.



Quality Account 2020-21



Quality Account

2020-21

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Preface

What is a Quality Account and why do we produce one?

Each year all providers of NHS healthcare are required to produce a Quality Account to inform the public about the quality of the services they provide. It follows a set structure to enable direct comparison with other organisations.

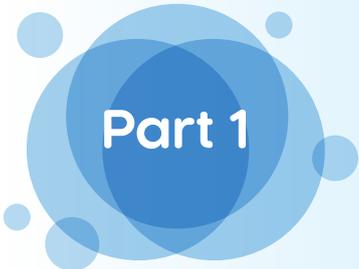
It enables us to share with the public and other stakeholders:

- What we are doing well
- Where we can make improvements in the quality of the services we provide
- How we have involved our service users and other stakeholders in evaluation of the quality of our services and determining our priorities for improvement over the next 12 months
- How we have performed against our priorities for improvement as set out in our last Quality Account.

Our recently published Quality Accounts are also available for public scrutiny on our website at: <https://www.firstcommunityhealthcare.co.uk/about-us/key-documents>

What does our Quality Account include?

Our Quality Account is divided into three sections:



Part 1

Part 1 provides a statement from our Chief Executive with an introduction and overview of who we are, what we do and why we produce this annual account.



Part 2

In **Part 2** we look at our priorities for improvement in the quality of our services, by looking back at the priorities we set last year and by setting new priorities for improvement for the coming year.

We then provide statutory statements of assurance which relate to the quality of the services we have provided in the period 1 April 2020 to 31 March 2021. The content is common to all NHS providers, allowing direct comparison across organisations.



Part 3

Part 3 provides a selection of how we review and improve the quality and performance of our services. This is set out around the Care Quality Commission's five key questions:

- Are we safe?
- Are we effective?
- Are we caring?
- Are we responsive to people's needs?
- Are we well-led?

Due to the Covid-19 pandemic we have included an addendum which demonstrates how we have worked with our partners as Children and Family Health Surrey (CFHS) to provide services for families in Surrey.

Part 1

Introduction



About First Community Health and Care

Our vision is...

“Rejuvenating the wellbeing of our community”

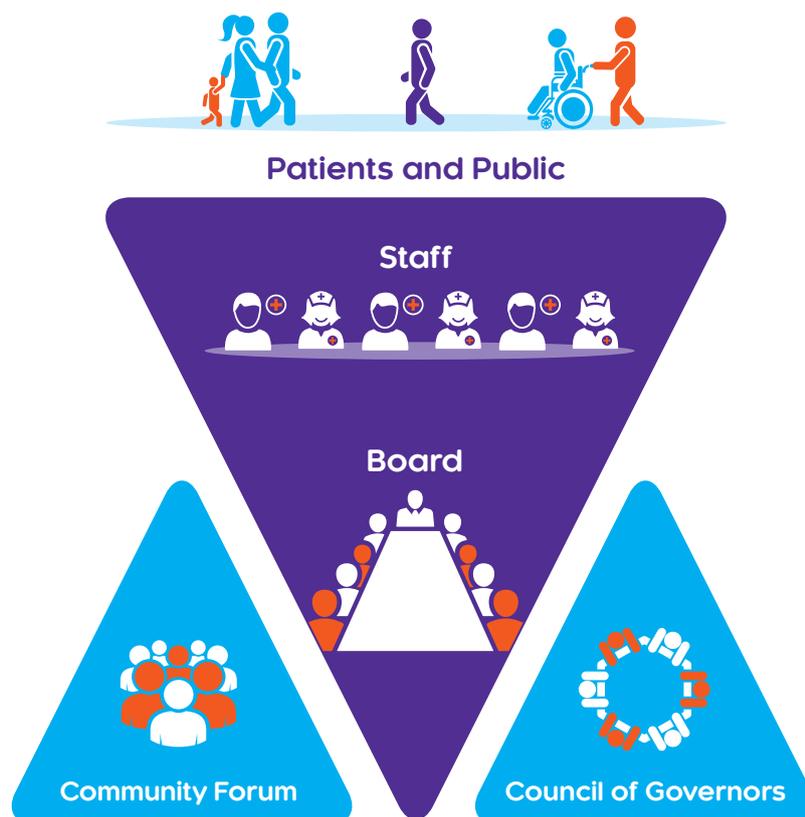
First Community is part of the NHS family and provides community healthcare services to people in east Surrey and the surrounding area. We offer a friendly face with highly-rated, well run services, delivered by our skilled people. We provide high-quality care through our nursing and therapy teams, specialist care teams, children and family advice and support, as well as a Rehabilitation Ward, Rapid Assessment Clinic and Minor Injury Unit at Caterham Dene Hospital.

We are a not-for-profit organisation and, as such, any surplus we make is reinvested into our community services. We are constantly striving to improve services for our community, and our passion is to deliver the highest quality of care for our patients, service users and carers.

Our staff are co-owners of our organisation and have the option to have a share. It is a symbol of their commitment to patient services, giving them a voice to help make decisions on how money is reinvested and to develop existing services with

our commissioners for the good of the community.

As an employee-owned organisation, we have created an organisational and governance structure that turns the traditional organisational hierarchy on its head. The managers and board are there to support the function of clinical services and their interface with patients and the public. The inverted triangle is stabilised by two smaller triangles; the Council of Governors and Community Forum.



Who we serve...

In 2017 the registered population was 181,742 and the housing constrained population was 184,800.*

Our services

Here is a list of the services we provide. For further information please visit our website:
<https://www.firstcommunityhealthcare.co.uk/what-we-do>

Adult services



Community and specialist rehabilitation therapies and nursing

- Community neurological rehabilitation (including multiple sclerosis, Parkinson's disease and stroke specialist nursing)
- Community physiotherapy
- District nursing
- Heart failure service
- Respiratory service
- Continence (adults)
- Intermediate care team
- Tissue viability
- Proactive care team



Therapies in clinics

- Audiology
- Integrated care & assessment treatment service (ICATS)
- Orthotics
- Outpatient physiotherapy
- Nutrition and Dietetics
- Podiatry
- Speech and Language therapy



Bed based care

- Caterham Dene Hospital ward (nursing and therapies)
- Nurse advisors for care homes
- Community beds



Minor Injury Unit



Rapid assessment / treatment clinic

0-19 Children and family services

Health visiting



Immunisations



School nursing



Children's therapies



(speech and language, physiotherapy, occupational therapy)

*<https://www.surreyi.gov.uk/health-profiles/east-surrey/#header-contents>

Introduction

from our Chief Executive Sarah Billiald



Welcome to First Community's Quality Account for 2020/21. This unparalleled year saw healthcare providers face challenges and pressures like never before, and I am so proud of the way First Community colleagues quickly adapted and, as a result, what we have achieved this year.

Whether it has been through changing the way they personally deliver services to patients, being temporarily redeployed into different roles, or adjusting to working from home; I, the board and executive team, have been truly inspired by our staff's professionalism, resilience, and the incredible effort they have all put in over the past 12 months.

Our commitment to close collaborative working with partners has seen our community nursing team deliver Covid-19 vaccinations to more than a thousand housebound patients, and led to First Community playing a leading role in the production of a short NHS film aimed at improving vaccine confidence within the Gypsy, Roma, Traveller and Showmen community, which is also due to be shown in prisons around England.

Despite the gruelling and challenging demands of the Covid-19 pandemic, we have continued to deliver vital, first rate care to vulnerable people that rely on our services. We have transformed the way we do this, using telephone appointments and virtual consultations to bring community health services directly to our patients, in their homes. I am pleased some of these new ways of delivering care will continue to be utilised after the pandemic has passed.

We have continued to build on our successes and have made good progress in improving our services. Our soon to be launched patient panel will enable effective engagement with the public, empowering them to help us develop and shape the future of our community health services.

Over the next few pages you will see the good progress we have made towards achieving the quality improvement priorities we set last year. This has seen us implement new ways of asking for, sharing and using patient feedback to understand experiences of care through the relaunch of the Friends and Family Test (FFT); and developing a new quarterly report evaluating patient experience and involvement.

We have also successfully improved how we support staff members that are carers, approving a new policy and holding staff awareness sessions to further encourage open and considerate dialogue between colleagues that are carers and their line managers.

As we look ahead to the next 12 months, our focus will continue to be on providing the highest quality of care to our patients, and working to maintain our CQC 'outstanding' rating. More specifically, we aim to do this by improving people's experiences of services by implementing our model for the delivery of virtual patient consultations, which will give the public a choice of how they have their appointment.

Another priority for the coming year is to further develop a supportive and nurturing environment for our staff through the embedding of our new approach to clinical supervision called Reflect and Learn. You can read further about this approach, our other goals for the next year, and how we will achieve them later in this report.

I hope you find this quality account an interesting read and that it demonstrates all First Community is doing to deliver the best possible patient experience to the community we serve.



Sarah Billiald
Chief Executive

Statement of Directors' Responsibilities in Respect of the Quality Account

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011)).

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- The Quality Account presents a balanced picture of the organisation's performance over the period covered
- The performance information reported in the Quality Account is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review
- The Quality Account has been prepared in accordance with Department of Health guidance.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board



Florence Barras
Chair of the Board



Sarah Billiald
Chief Executive

June 2021

Part 2

Our priorities for improvement



Looking back – Reporting on our 2020/21 priorities for improvement

In our last account we chose three priorities for improvement, using the three domains of quality – patient safety, clinical effectiveness and patient experience. We will review our progress against each of these priorities before outlining our priorities for the coming year.

Patient Safety – Not achieved: paused to enable response to Covid-19 pandemic

What we said we would do:

We will increase the number of formally trained chaperones and improve the way we raise awareness of their availability.

To enable our response to the Covid-19 pandemic we risk assessed our provision of learning and development activities. We also had to provide our activity differently so we could do so safely in a Covid secure way. Chaperone training was paused and many of our consultations moved to a virtual platform. We will be developing the work around chaperones during 2021 – 22 to enable us to achieve our goal.

Why we chose this:

We have identified changes we can make to our training provision and want to do more to support people to ask and use chaperones.

What we have done:

- **Established how many services have trained chaperones:**

There are 17 trained chaperones across four of our services

- **Information for services**

A PowerPoint presentation has been developed for teams to go through the chaperone policy (ideally to be used at team meetings) to understand the role of chaperones within First Community.

Intranet page dedicated to information about chaperones, which includes patient and staff posters available for staff to download.

What next:

- Purchase external training e-learning package
- Establish the minimum number of chaperones each service requires:

Key considerations: A chaperone should be offered to all patients undergoing intimate examinations/procedures, irrespective of the gender of either the patient or the clinician. All patients should also have the opportunity of having a chaperone at any consultation or procedure.

Patient Experience – achieved

What we said we would do:

We will implement new ways of asking, sharing and using feedback from our patients to understand people's experience of care.

Why we chose this:

- New national guidance to implement
- To increase the number of FFT responses and patient stories gathered
- To improve how we share our responses to feedback with the people who use our services
- To improve and learn from feedback.

What we have done:

- Installed "You said, We did" boards at all of our public facing sites
- Launched a toolkit for our staff to help them ask for, use and share feedback
- Developed a Patient Feedback report that brings together complaints, compliments, FFT and projects that include stakeholder involvement
- Implemented the use of online feedback and QR codes

How we have measured our success:

Month	Aug 20	Sept 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	March 21
Number of FFT reviews	20	87	83	74	117	140	229	247

We plan to use "You said, We did" boards at our non-patient facing sites to increase learning and sharing of feedback and resulting improvements.

What our patients say:

“My health visitor was lovely, easy to speak to, made me feel at ease, easy to contact if I needed to, very informative and helpful.”

“[The] Community Matron and the District Nurses for Horley were amazing and were always there for us.”

“This is my first breathing exercise instruction, and hence in the coming weeks, I have to put what I have learned into practice. It was well explained, and I instantly saw some benefits. I am excited to see what difference this will make to my quality of life, long term.”

“We are always treated fantastically by our physiotherapist. She involves both my son and I and he just adores her. When he is reluctant to participate, she always finds a way around it. She shows an interest in everything my son is doing and has a fantastic memory.”

“We are completely happy and satisfied with our specialist nurse she is so helpful and friendly.”

“At all times the impression gained was of a caring and professional approach to the process of achieving significant progress on the road to recovery.”

“Everyone smiles and cheered me up during lock down. I look forward to them coming. No sad experience. Speak and always have time for me.”

Clinical effectiveness – Not achieved, paused to enable response to Covid-19 pandemic

What we said we would do:

Effectiveness of patient treatment to be demonstrated using Therapy Outcome Measure (TOM).

Why we chose this:

To enable a consistent and comparative approach to measuring the outcome of clinical interventions.

What we have done:

To enable our response to the Covid-19 pandemic we made the decision to pause this work. We plan to restart this from April 2021.

Staff experience – Partially achieved

What we said we would do:

We will improve how we support our staff members that are carers.

Why we chose this:

- NHS Employers state that 1 in 9 of our workforce will be a carer.
- Balancing carer responsibilities and work can have significant impact on people, with around 1 in 6 unpaid carers in England feeling they have to give up work. Supporting this staff group is the right thing to do as a responsible employer, and aligns with both local and national guidance.

What we have done:

- We have developed a policy to set out a framework to support our staff that are carers.
- We offered awareness sessions to all of staff on supporting staff who are carers, 32/532 staff attended. From this session a colleague has reported using the carer's policy to support a flexible working application.
- We have started to benchmark ourselves against the Carer Confident scheme which supports employers to build an inclusive and supportive work place for staff that are, or will become carers.

How we have measured our success:

Due to the pandemic we have not repeated the carers' survey to understand the impact of our actions. We will be repeating the survey this year and taking any further actions to improve how we support staff that are carers.

We will continue to raise awareness of how we can support staff that are carers through the Carer Confident scheme and Carers Week in June 2021.

Looking forward – How we identified our priorities for 2021/22

First Community is committed to ensuring and improving the quality and safety of the care we provide. We recognise there is always more we can do, which is why we continue to pursue improvements to achieve our key values:

- **First rate care**
- **First rate value**
- **First rate people**

Our priorities for improvement for 2021/22 have been developed through engagement with and learning from stakeholders including patients, carers and our staff. We have looked at the feedback we receive and learning we have identified throughout the year to understand where we need to focus our quality improvement activity. We have used the three domains of quality set out by Lord Darzi in 2008; Clinical effectiveness, Patient safety and Patient experience in our thinking.

We also considered “staff experience”, recognising that our staff are our biggest asset, and as an employee owned organisation, we strive to ensure we continue to provide a supportive and nurturing work environment.

This is how we have developed our priorities for quality improvement 2021/22:

We asked our staff through our quality group, our Council of Governors and our Community Forum what we should consider.

We look at our achievements, risks performance and national / regional priorities.

We considered how to measure these possible priorities including measurements and data collection already in place.

We developed these priorities and agreed which to take forward. We have framed our priorities differently this year to ensure they reflect the interdependencies between the three domains of quality: patient safety, patient experience, clinical effectiveness as well as staff experience.

Further engagement to develop measurements and process.

Looking forward – Setting our priorities

What	Why	How	Measure
Ensuring clinical effectiveness and continual improvement and learning by developing a patient centred coaching approach to Quality Improvement (QI).	<ul style="list-style-type: none"> This builds on our achievements from implementing new ways of asking, sharing and using feedback from our patients to understand people's experience of care. Service users offer a unique perspective on quality improvement, identifying required improvements and inefficiencies from personal experience of using a service. A coaching approach will enable staff to develop themselves and their own QI skills whilst being supported by colleagues with experience in quality improvement and coaching skills. It will allow a pathway for staff to grow from learning about quality improvement to becoming quality improvement leaders, coaching others through projects. 	<ul style="list-style-type: none"> A range of training opportunities. A network of QI leaders. Set targets for QI projects that include service user involvement. 	<ul style="list-style-type: none"> The number of staff trained. The number of projects undertaken and completed. The number of projects that include service user involvement.
What	Why	How	Measure
Giving staff a safe place to share and learn from their experiences by embedding our new approach to clinical supervision – 'Reflect and Learn'.	<ul style="list-style-type: none"> The Reflect and Learn approach to clinical supervision was finalised in November 2020 after a staff consultation in 2019. Uptake has been slowed by the ongoing pandemic. The benefits of clinical supervision to staff and organisations have been demonstrated by the impact of the pandemic on staff moral and wellbeing. Ensuring staff receive the support they need encourages staff retention and recruitment alongside making First Community a safer place. 	<ul style="list-style-type: none"> Raise the profile through attendance at team meetings and regular communications and reporting. Continue to support the development of existing Reflect and Learn facilitators with six monthly update meetings. Train more staff and train more facilitators for Reflect and Learn groups. 	<ul style="list-style-type: none"> The number of staff accessing Reflect and Learn activities. Evaluation of Reflect and Learn menu options. The number of facilitators attending six monthly facilitator update meetings. Evaluation of the facilitator update meetings. The number of trained facilitators.

What	Why	How	Measure
<p>Continuing to keep our patients safe and ensuring we are clinically effective by reducing variation in the assessment and management of lower limb wounds.</p>	<ul style="list-style-type: none"> We aim to provide a consistently high standard of wound care across First Community. By reducing unnecessary variation we will improve safety and optimise patient experience and outcomes. The number of people with chronic lower limb care is growing significantly and there is variation in care. It is recognised in the National Wound Care Strategy (2020) many people with leg ulcers (lower limb wounds) do not receive effective evidence-based care that increases healing and reduces recurrence. In 2019, there were an estimated 739,000 leg ulcers in England, with estimated healthcare costs of £3.1 billion per annum. Unless action is taken to improve care nationally, the prevalence is predicted to grow by 4% per annum. This situation presents a valuable opportunity for quality improvement to deliver better patient outcomes and secure better value from existing resources in line with the requirements of the recent NHS Long Term Plan (2019) to prevent harm, increase productivity of staff, and produce financial savings. (National Wound Care Strategy 2020) 	<ul style="list-style-type: none"> Training Assessment Documentation 	<ul style="list-style-type: none"> Review records of care. Using the minimum data set for lower leg wound assessment. Completing lower leg wound assessments within 14 days. Review at four weeks. Healing rates.
What	Why	How	Measure
<p>Improving people's experience of services by describing and implementing our model for the delivery of virtual (video and telephone) patient consultations, giving people choice of how they have their appointment.</p>	<ul style="list-style-type: none"> The Covid-19 pandemic accelerated the use of virtual consultations within our services. We evaluated the implementation and early use with both patients and staff and identified some recommendations for the long term use within our services. The evaluation found that a mixed model was beneficial to both patients and our staff. The NHSE/I Phase 3 letter recommended that patients have choice about undergoing their consultation by virtual means. 	<ul style="list-style-type: none"> Describe the model for use as part of our New Ways of Working from April 2021. Use the evaluation project findings to influence the model. Implement recommendations from the evaluation in the following areas: Technical, Operational Information, communications and culture. Training and support. 	<ul style="list-style-type: none"> The completion of a virtual consultation model with standard operating procedures. The number of virtual consultations. The proportion of virtual consultations compared to face to face consultations. Patient experience surveyed through FFT. Staff experience survey.

Statutory statements of assurance

The statutory statements in this part of our Quality Account relate to the quality of the service we have provided in the period 1 April 2020 to 31 March 2021. The content is common to all providers allowing comparison across organisations.

Review of services

During the period 1 April 2020 to 31 March 2021, First Community provided NHS services. First Community has reviewed all the data available to it on the quality of care in all of these NHS services.

The income generated by the relevant health services reviewed in the reporting period (1 April 2020 to 31 March 2021) represents 100% of the total income generated from the provision of relevant health services by First Community Health for the reporting period.

Participation in national clinical audit and confidential enquiries

During the period, 1 April 2020 to 31 March 2021, five national clinical audits and zero national confidential enquiries covered relevant health services that First Community provides.

During that period First Community participated in 80% 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 First Community participated in, and for which data collection was completed, during 1 April 2020 - 31 March 2021 are listed below, 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.

National clinical audits and national confidential enquiries	Number of cases submitted as a percentage of the number of cases required
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme	100%
National Audit of Cardiac Rehabilitation	0%
National Intermediate Care Project	100%
National Diabetes Foot Care Audit	100%
Sentinel Stroke National Audit Programme (SSNAP)	100%

The reports of five national clinical audits were reviewed by the provider between 1 April 2020 and 31 March 2021 and First Community intends to take the following actions to improve the quality of healthcare provided.

National Asthma and COPD Audit Programme:

Continue to reduce length of wait from receipt of referral to start of pulmonary rehabilitation. Progress has already been made on this due to increased staffing.

National Audit of Cardiac Rehabilitation:

We have been unable to submit data for this year. We are working to be able to submit data for the next reporting period.

National Intermediate Care Project:

In recognition of the low percentage of therapy staff (25% compared with an average of 36%), we will review our ways of working to ensure effective use of the allied health professionals across the team.

National Diabetes Foot Care Audit (NDFCA)

Currently we are reporting 100% of new referrals that meet the inclusion criteria. There is a separate Surrey and Sussex wide project for the delivery of multi-disciplinary diabetic foot team work. This is a combined workstream between Surrey Heartlands and Sussex. As part of this process a peer review was undertaken of community and acute podiatry services, this included the NDFCA reporting. The actions required ensured that First Community were fully compliant with the NDFCA.

The actions First Community are continuing to review are:

- 100% of all eligible referrals submitted to the NDFCA (by the deadline)
- Participation in the regional and national NDFCA meetings

SSNAP:

The main goal is to sustain the good practice – no major issues were identified.

There was acknowledgement that our service is sometimes slow to provide a face to face visit for patients discharged on Fridays, so a plan has been made to liaise with acute services to reduce the likelihood of complex patients being discharged on a Friday.

The other area agreed for further work is exploration of more sensitive outcome measures to demonstrate clinical impact. The team agreed to work on assessment of the suitability of the Mayo Portland outcome measure.

Reviewing reports of national and local clinical audits

Our clinical audit priorities are selected on the basis of national requirements, commissioning requirements and local evidence that has emerged from themes, incidents or complaints.

The reports of 92 local clinical audits and quality improvement projects were reviewed by the provider between 1 April 2020 - 31 March 2021 and First Community intends to take the following actions to improve the quality of healthcare provided:

- Following its purchase, with the support of the league friends, the MOTOMed (a specialised exercise bike) will be used at Caterham Dene Hospital for inpatient rehabilitation. This supports

patients' rehabilitation by increasing strength, exercise tolerance, co-ordination and enables patients to feel more empowered and engaged in their rehabilitation journey.

- The therapy staff at Caterham Dene ward will increase the range of outcome measures used on admission and discharge with the aim of measuring the effectiveness of rehabilitation.
- The outcome measures used by the intermediate care team will be extended to include the Rockwood frailty scale. Providing more detailed evidence of an individual's progress and ongoing needs.

Research

The number of patients receiving NHS services provided or sub-contracted by First Community from 1 April 2020 to 31 March 2021, that were recruited during that period to participate in research approved by a research ethics committee within the National Research Ethics Service was zero.

Goals agreed with our commissioners (CQUINs)

Quality improvement and innovation goals have been suspended nationally to enable the response to the Covid-19 pandemic.

Care Quality Commission (CQC)

First Community is required to register with the Care Quality Commission (CQC) and is currently registered with no conditions. The CQC has not taken enforcement action against First Community during the reporting period.

First Community received a CQC inspection in March 2017 when we were rated as outstanding overall. For the full report please visit: <https://www.cqc.org.uk/provider/1-274331683>

First Community participated in a thematic review of Do Not Attempt Cardio Pulmonary Resuscitation during the Covid-19 pandemic. Whilst there were no direct actions from the report for First Community, we will be participating in reviewing the recommendations with our partners in Surrey Heartlands.

First Community continues to use the Key Lines of Enquiry (KLoEs) that CQC use in inspections of healthcare providers in planning, reviewing and evaluating services.

Data Quality – Using EMIS

First Community will be taking the following actions to improve data quality:

We are continuously prioritising data quality and accuracy and ensure all data collected is of the highest standard. 2019/20 saw the launch of the Data Quality Improvement Plan (DQIP) which aims to find improvements while maintaining the standard of the data we hold. This was rolled out to six services offering re-training and ensuring that a set process is followed to help

improve our data quality. Due to Covid-19, roll-out to all other services within the organisation was paused in 2020/21. We continue to work with individual services to ensure they are all at the desired level, and recording data accurately and efficiently. We are in the process of rolling out a series of programmes in 2021/22 which will focus on four distinct pillars of data quality; EMIS system optimisation, user optimisation, and training and reporting of data.

NHS number and general medical practice code validity

First Community did not submit records during the reporting period to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data:

Clinical coding error rate

First Community was not subject to the payment by results clinical coding audit during the period 1 April 2020 to 31 March 2021 by the Audit Commission.

Data Security and Protection Toolkit

Due to the Covid-19 pandemic, the Data Security and Protection Toolkit (DSPT) assessment for 1 April 2020 to 30 June 2021 will be submitted on 30 June 2021. We currently have a valid submission and expect to meet the standards.

Investigations and learning from deaths

We have a mortality review process for people who reach the end of their life whilst staying on our ward at Caterham Dene. We also investigate deaths that occur soon after transfer to another place of care to identify if we could have done anything differently.

During the period 1 April 2020 to 31 March 2021 eight patients died whilst an inpatient at Caterham Dene ward.

This comprised the following number of deaths which occurred in each quarter of that reporting period: five in the first quarter; one in the second quarter; one in the third quarter; one in the fourth quarter. All of these people were recognised to be at the end of their lives and end of life care was given.

This is an increase when compared to last year when four people died whilst an inpatient at Caterham Dene ward.

All of these cases were subject to case record reviews and none of the patient deaths during the reporting period are judged to have been due to problems in the care provided to the patient.

Reviews have been undertaken using structured judgement review methodology.

As a result of these reviews we have:

- Continued to train our staff on the use of ReSPECT - which provides nurses with the opportunity to start conversations about patient wishes.
- Recognised our processes for proactively preparing medications for people at the end of their lives required reviewing, and have refined this process.
- Recognised the care patients receive from staff on the ward is caring, compassionate, personalised and that they should be proud of the care they give.

"She was treated with so much love, kindness, care and dignity that I will always be eternally grateful to all the staff there, it really was as though she was the only patient in the hospital. Not only did they care about mum but also me, they provided an extra blanket and comfy chair so I could sit with her overnight, numerous amounts of tea and a kind word to check I was ok too. Mum sadly passed at the beginning of October, but in a strange way it was comforting to know that she did pass there as I know she would have died with dignity."

First Community undertakes a review of care for all patients that die within 72 hours of transfer to another care setting. During the reporting period one patient died within 72 hours of transfer, and a local mortality review was undertaken using a local mortality review checklist. The case was judged to have had no problems in the care provided to the patient.

Overview of the performance of our services

Covid-19 response:



Personal Protective Equipment (PPE)

- In partnership with Surrey Heartlands we established a regular weekly supply of PPE and were able to maintain adequate supplies throughout the organisation during the pandemic.
- We continue to deliver face to face training on how to use PPE safely and have developed an audit programme which we are embedding in our annual planning for 2021/22.
- We developed a team of roving trainers and fit testers to ensure staff were fitted with masks to undertake certain procedures. This enables us to work flexibly according to the needs of each of our services.
- We developed guidance to help our staff understand what PPE to use and when.

Infection prevention and control

- We risk assessed the inpatient beds in our ward and, to maintain two metres between inpatient beds and comply with the national guidance, we removed two beds.
- We supported our clinical services to deliver care in a Covid secure way by assessing risk and developing pathways and guidance.
- During the lockdowns we carried out weekly question and answer sessions for our staff working at Caterham Dene ward. This provided regular contact, information and support for staff who were working at a time of rapid change.
- We also supported staff at other sites through similar sessions, attending meetings and refining how staff could contact the team for advice by creating an IPC mailbox.
- We rapidly reviewed guidance as it was published, updating local processes and cascading messages to staff as required.
- We developed training for our staff on PPE and fit testing (a method of ensuring face masks fit staff) and continue to monitor this and provide further support where required.

Managing guidance and alerts about Covid-19

- We implemented a process for receiving, triaging, and cascading alerts and guidance around Covid-19. This was vital to our response to the pandemic as we could update our guidance and cascade important information to staff quickly.

Redeployment

- We were quick to develop a redeployment process that ensured we could redeploy staff safely within their clinical competencies.
- Each member of staff redeployed received induction to their new role and any training needs were identified. They continued to be supported by their substantive line managers as well as the team in which they were redeployed.
- We listened to all of our staff and were quick to make changes when staff told us redeployment was affecting their wellbeing.
- We supported 28 staff to be redeployed across the two waves.

People

- We have supported our staff to work from home and provided equipment, frameworks and guidance to do this safely.
- We developed a holistic risk assessment in March 2020 to identify staff that were at risk of becoming very ill if they contracted Covid-19 and supported them to stay well and remain safe. We have updated these risk assessments throughout the pandemic as new evidence has emerged and new guidance has been published.

Welfare and Wellbeing

- **Self-help resources:** The group took the approach of making self-help resources available to all staff via the intranet wellbeing page which received over 200 hits between December 2020 and February 2021.
- **Risk assessments:** Individual Covid-19 risk assessments were conducted for clinically vulnerable and Black and Minority Ethnic (BAME) colleagues in March 2020, with 100% of staff receiving a risk assessment by September 2020. Risk assessments enabled individual measures to be taken to reduce the risk of contracting Covid-19 and enable safe working such as redeployment and enabling people to work from home.
- **Support for staff experiencing bereavement at work:** Additional support was provided to teams experiencing an increase in caring for people at the end of their lives – particularly in our community beds and community nursing teams.
- **Focus on promoting the Employee Assistance Programme (EAP):** This is a programme designed to support our staff and help them achieve a good work life balance. Confidential support including psychological, relationship and finance support for both staff and their household was identified as important and the existing EAP provides good access to these. Response times for staff accessing psychological support was within 48 hours for initial assessment and 14 days for commencement of support. The “Time to Talk” card and screensaver was developed for staff to promote the service as well as contact details for more urgent psychological support. First Community ensured staff requiring more than six sessions of psychological support through EAP were able to access this.
- **Proactive downtime:** Recognising the pressures on colleagues during the pandemic, staff were encouraged to take their annual leave throughout the year.

- **Mental health first aid... training the trainers (as part of Surrey Heartlands):** It was decided to progress this quickly and the initial cohort of internal trainers have been identified and are being trained. First Community's programme will be launched in June 2021 and then rolled out across the whole organisation as additional mental health first aiders are trained.
- **Senior leaders 'Learn and Support' sessions:** Support for our leaders was a key focus for First Community recognising that this group of colleagues provided the majority of pastoral support to the wider organisation. Four "Learn and Support" sessions were held with a total of 147 attendances over the four sessions. The sessions were held virtually and topics included; self-help resources, moral harm and getting the most out of the employee assistance scheme. The sessions were very well received and First Community is keen to continue these in 2021.
- **Time to talk sessions:** Three virtual sessions were held for staff to share experiences and gain peer support. Whilst there was low attendance at these sessions they were well received, and feedback was that they were useful.
- **Targeted support for colleagues who have been shielding and returning to the workplace:** First Community recognised that this group of staff may require additional support as they return to the workplace and peer support was identified as the best approach to this. A series of facilitated sessions will be offered to all colleagues coming back to the workplace and these will be incorporated into their return to work plans.
- **Temperature check:** A fortnightly wellbeing score was taken across different parts of the organisation to inform First Community how colleagues were feeling and coping with the pressures of the second wave of Covid-19. This indicated a dip in wellbeing post-Christmas and during January. Comments indicated that morale at work was positive although workload during the surge was increased. Out of work pressures featured, as did the impact of national announcements such as lockdown and introduction of the vaccine rollout. The feedback also noted positive comments about the leadership learn and support sessions and the thank-you chocolate distributed by the organisation.

IT & Estates

- We have made all our buildings Covid secure, operating maximum room occupancies, introducing one-way systems, making PPE, hand gel available and putting up handwashing signage.
- We have maximised home and mobile working and transitioned to virtual meetings and clinics.
- We have created covered outdoor areas to enable safe waiting areas for patients at Caterham Dene Hospital.

Covid vaccination

- Our staff have accessed Covid vaccinations through Primary Care Networks and mass vaccination centres.
- As of 31 March 2021, 85% of our substantive staff had received their first dose.

Lateral flow testing

- In December 2020 we commenced lateral flow testing for our staff to identify cases of Covid-19.
- We have had 17 staff with a positive lateral flow test whilst not suffering from symptoms, this means they could isolate before they became symptomatic.
- There has been one case of a false positive lateral flow test.
- Our staff continue to use lateral flow testing twice weekly.
- As of 31 March 2021 we have distributed 417 lateral flow kits to our staff, domestic staff at Caterham Dene Hospital and external providers of therapy working within our services.

Minor Injury Unit

Our Minor Injury Unit (MIU) has operated normal business hours during the pandemic, screening people at the door for entry. We implemented social distancing measures for staff and people waiting, and enhanced cleaning schedules. In March 2020, all of the staff working at the MIU were fit tested for PPE for Aerosol generating procedures. We also conducted telephone triage for minor illnesses offering advice, signposting or appointments as required. We continue to take time to reassure people it is safe to attend the MIU and that we continue to follow infection prevention procedures to keep people safe.

Visiting at Caterham Dene ward

- We closed our ward to visitors in response to national guidance twice during the pandemic and, most recently, opened on 31 March 2021.
- Whilst the ward was closed to visitors we purchased iPads and mobile phones to enable people to communicate with their significant others.
- The Friends of Caterham Dene (the charity that supports the community hospital) purchased additional radios and televisions for people so social distancing could be maintained on the ward.

We were pleased to be able to welcome visitors back to our ward at Caterham Dene as the national guidance and local infection rates allowed. In order to continue to keep our patients, staff and visitors safe we continue to have a process in place for managing this and all visits must be booked in advance. Ward staff will ask screening questions before any visitor is permitted to enter the ward.

We ask our visitors to help us by:

- Pre-booking visits by phoning the ward, at least a day in advance, so we can make sure we don't have too many people visiting at one time.
- Not visiting if they are unwell, suffering symptoms of Covid-19 or have recently travelled abroad and not completed the quarantine period.
- Wearing a fluid resistant face mask at all times in the hospital which we supply for them.
- Entering and leaving through the ward entrance.
- Cleaning their hands with the alcohol gel provided when entering and leaving the ward.
- Staying at least two metres away from other people at all times.

Covid-19 rehabilitation response

There is increasing evidence there is a cohort of patients who continue to be affected by Covid-19 beyond their initial recovery phase. First Community identified this need for those emerging from the acute phase of disease in April 2020, and responded by developing the east Surrey Covid-19 rehab service to offer early rehabilitation to those discharged from hospital following acute Covid-19 illness.

Following the first wave of Covid-19 it became apparent there were an increasing number of people still experiencing symptoms for some time after their initial acute illness. First Community responded by working in partnership with primary care to identify those patients and enable them to access our Covid-19 rehab service. In October 2020, NHS England and NHS Improvement launched its five-point plan to support people with post-Covid syndrome (also known as 'Long Covid'). One of the commitments was to give patients access to multi-professional advice, so they are put onto the right clinical pathway to treat their symptoms. This enabled us to extend our service to all people following Covid-19 illness, within the clinical definitions of:

- Acute Covid-19: signs and symptoms of Covid-19 for up to four weeks.
- Ongoing symptomatic Covid-19: signs and symptoms of Covid-19 from four to 12 weeks.
- Post-Covid-19 syndrome: signs and symptoms that develop during or after an infection consistent with Covid-19 that continues for more than 12 weeks.

- 'Long Covid' is commonly used to describe signs and symptoms that continue or develop after acute Covid-19. It includes both ongoing symptomatic Covid-19 and post Covid-19 syndrome.

To date our service has received 369 referrals and 246 patients have received assessment and treatment. Demand has grown quickly since October 2020, with the second wave of Covid-19 creating additional pressures on this service. Some patients have needed physiotherapy and occupational therapy input, rehabilitation, psychological support, specialist investigation or treatment once they have been assessed. Common symptoms include breathlessness, chronic fatigue, "brain fog", anxiety and stress, but it is clear that a significant number of patients recovering from Covid-19 suffer a variety of symptoms and appropriate assessment of holistic needs and provision of rehabilitation care over a varied timeframe is vital to support their recovery. First Community will continue to provide this service should the NHS funding continue.

Thank you for your support during Covid-19

During the pandemic First Community were overwhelmed by the support and kindness shown by our local communities and received messages of support, and tokens of gratitude for our patients and our staff.

Part 3

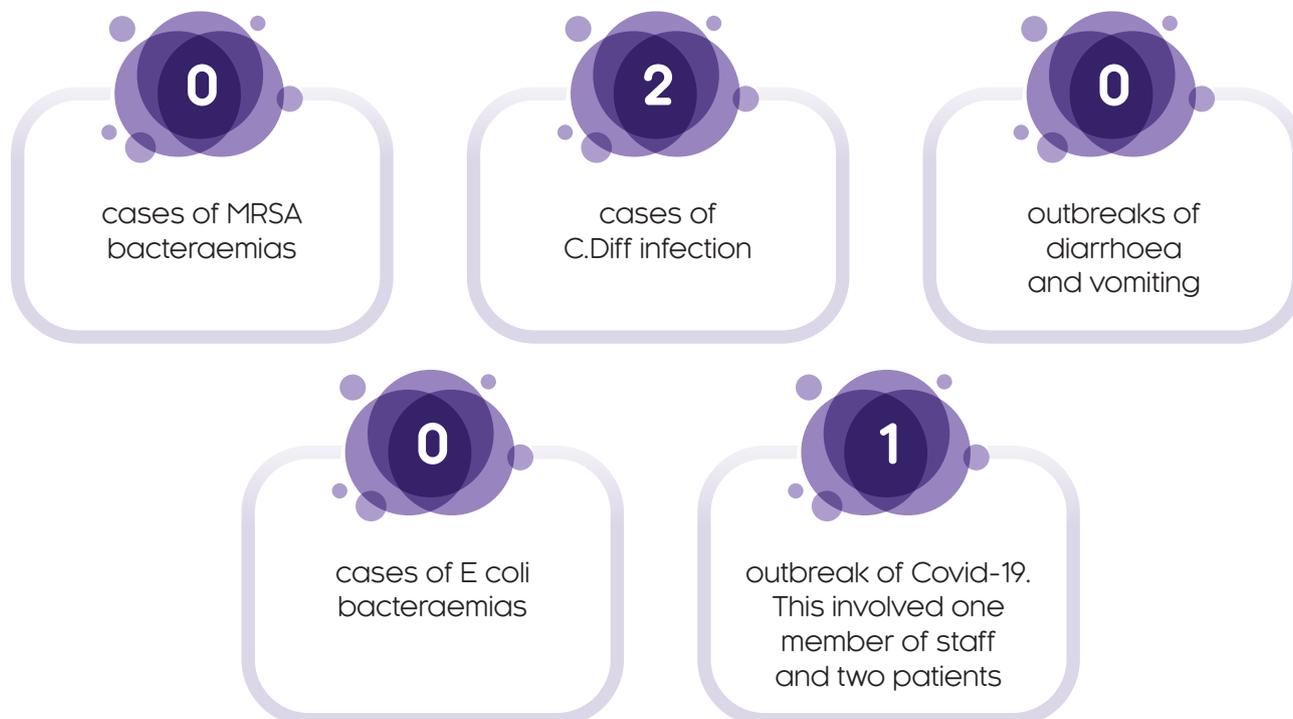
Are we safe?



Are we safe?

Infection control on Caterham Dene ward

Within the reporting period...



VTE risk assessment

100% of patients admitted to Caterham Dene ward during the reporting period had a VTE risk assessment.

Staffing levels on the ward

Caterham Dene ward has a safe staffing level which is displayed on the ward for all staff, patients and visitors to see. We have an escalation plan in place to cover when staffing levels are reduced due to sickness in absence. During the reporting period safe staffing levels were maintained.

National Cleanliness Audit

First community prioritises the provision of a clean and safe environment and use the National Cleanliness Audit to monitor and improve on this monthly. During the reporting period this score has fallen below the standard of 95% and we have taken the following actions to address this:

- Deep cleaning on the ward
- Increased frequency of the audit
- Increased the frequency of meeting with the provider of housekeeping services

There has been a gap in our reporting so we are widening the attendance at the meeting with the housekeeping services and at the audit to ensure accurate reporting of the score, actions taken, escalation of and response to any risk resulting from this.

Incidents

Healthcare organisations with a high rate of reporting are much more likely to have a strong commitment to patient safety and high safety standards (NPSA). First Community:

- Has improved the incident reporting culture, providing feedback to staff involved in incidents, sharing learning across the organisation and changing practice to prevent recurrence.
- Is an open and transparent organisation and supports a “just and learning” culture. First Community puts equal emphasis on accountability, learning and sharing.

A high level of incident reporting helps protect both patients and staff from avoidable harm by increasing opportunities to learn from mistakes, and where things go wrong. Our staff told us in the staff survey that:

- 78% (compared with 74% in 2019) of staff responded positively when asked if First Community treat staff who are involved in an error, near miss or incident fairly.
- 97% (compared with 94% in 2019) of staff reported positively that First Community encourage the reporting of errors, near misses or incidents.

	Total number of incidents	% of incidents where harm was insignificant	% of incidents that caused moderate harm	% of the moderate harm that was caused externally to First Community
1 April 2020 to 31 March 2021	1,234	96%	4%	80%
1 April 2019 to 31 March 2020	1,203	96%	4%	80%
1 April 2018 to 31 March 2019	983	95%	5%	73%
1 April 2017 to 31 March 2018	765	87%	13%	76%
1 April 2016 to 31 March 2017	938	88%	12%	75%

No incidents reported during the reporting period resulted in severe harm or death and some of the learning from the incidents reported has included:

- The daily handover sheet and associated Standard Operating Procedure (SOP) were revised and standardised across all five community nursing networks.
- The medical photography policy and record keeping standard was reviewed and updated in light of the introduction of mobile working.

Medicines incidents

All incidents involving medicines management are reviewed and any relevant learning is taken forward. Medicine Incident Reports include an incident risk profile to highlight 'significant/high risk' incidents. First Community incidents continue to be based on a low or moderate risk. The head of medicines management and ward pharmacist disseminate relevant research and information concerning new risks and best practice, so that staff continue to assess and manage risk appropriately.

Quarter	Actual Incident	Near Miss	Total (A+NM)
Q4 2020 / 21	17	2	19
Q3 2020 / 21	18	0	18
Q2 2020 / 21	27	0	27
Q1 2020 / 21	28	1	29
Q4 2019 / 20	28	0	28
Q3 2019 / 20	25	1	26
Q2 2019 / 20	27	1	28
Q1 2019 / 20	37	4	41

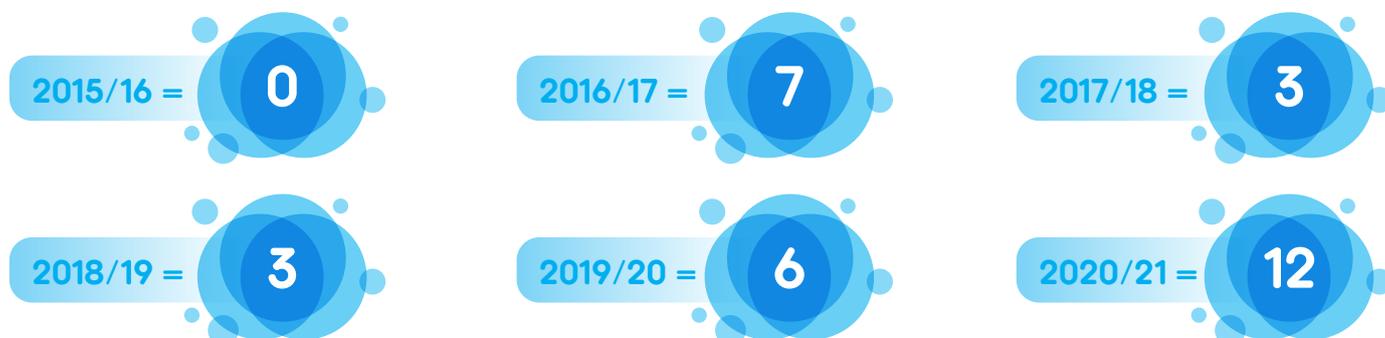
First Community is taking the following actions to learn from medicines incidents:

- Medicines management training (including training for skilled non-registered staff) will continue to be delivered via First Community Learning & Development and staff need to continue to attend to assure competency. During the pandemic we have moved to a virtual platform for medicines management.
- We are adopting the national insulin delegation competency to ensure consistency across First Community.
- Collaborative working will continue between the acute trust, social care and community pharmacy to provide a safe environment for patients during transfer at each interface to avoid interface incidents.
- Full review of the medicines policy and training to maintain safe administration of medicines.
- We have worked with our colleagues in the acute hospital to develop guidelines on the transfer of care for people from outpatients to our services for antibiotic therapy.
- We have updated our medicines management training to include learning from an incident around insulin administration.

Safeguarding adults and Deprivation of Liberty Safeguards (DoLS)

Deprivation of Liberty Safeguard (DoLS) applications: We continue to safeguard people staying on our ward that lack mental capacity to consent to being under continuous supervision or control by making DoLS applications when we need to restrict their liberty. DoLS applications enable us to do this legally and safely, whilst acting in their best interests.

In recent years the numbers of DoLS applications were:



	Total percentage of staff trained in the reporting period 1 April 2016 to 31 March 2017	Total percentage of staff trained in the reporting period 1 April 2017 to 31 March 2018	Total percentage of staff trained in the reporting period 1 April 2018 to 31 March 2019	Total percentage of staff trained in the reporting period 1 April 2019 to 31 March 2020	Total percentage of staff trained in the reporting period 1 April 2020 to 31 March 2021
MCA and DoLS	89%	95%	94%	70%	90%
Safeguarding level 2 (within last 3 years)	95%	94%	94%	92.1%	90%
On call managers level 3 (within last 3 years)	100%	82.6%	94.7%	96%	82.6%

Our training level for MCA and DoLS significantly decreased last year due to capacity. In response to this and the Covid-19 pandemic we have introduced e-learning.

Our safeguarding training has continued to be prioritised during our response to the Covid-19 pandemic. We have recognised the impact of the pandemic on our staff and the decreased uptake of this training. In response our safeguarding leads have raised their visibility by attending Covid secure team meetings, offered virtual training, support sessions and supervision as required. They have also written in the internal newsletter to remind staff of the safeguarding team and how to contact them. We monitor the number of adult safeguarding concerns raised by our clinical staff and were concerned that there were fewer concerns raised in January 2021. This increased again in February and March so we have reflected that this was due to the clinical demands or responding to the pandemic. During the pandemic we have noticed an increase in concerns about self-neglect and domestic abuse of the older population.

In February 2021, the capacity of the adult safeguarding team was doubled to provide safeguarding cover for every working day.

This year, 88% of staff (compared to 95.7% last year and 97.2% in 2018/19) received training on Prevent Awareness, which is part of the government's counter terrorism strategy. This has decreased because of the pandemic. For further information see: www.england.nhs.uk/ourwork/safeguarding/our-work/prevent/

Safeguarding children



The main theme for the Safeguarding Children's team during the Covid-19 crisis has been "business as usual". A business continuity plan, identifying key priorities for the Safeguarding Children team was completed and was shared with First Community's Head of Children's Services, Executive Safeguarding Lead, and our Commissioners. Safeguarding supervision, 1:1 and group supervision continued via Microsoft Teams. This has resulted in positive feedback from practitioners who can also access ad hoc supervision when a concern arises. On the introduction of lockdown in March 2020 it was clearly communicated to the Children and Families service that the Safeguarding Children team were available throughout the working week to discuss any safeguarding worries.

There were 18 safeguarding children referrals made by First Community staff to social services which is lower than in previous years, but is likely to be as a result of fewer face to face contacts by the 0-19 teams due to the pandemic. In contrast, the number of referrals to the 0-19 teams from children's services was 48, and on 31/3/21 there were 129 children who were on a child protection plan, 135 children on a child in need plan and 163 'looked after children' in the First Community area, all of which is a rise in numbers from the previous years.

In the reporting period (1 April 2020 to 31 March 2021):

- In response to the pandemic we have moved to a virtual platform for our training.
- 90% (compared with 94% last year) of all First Community staff received safeguarding children training at level 2.
- Neglect remains the main cause for concern in Surrey and this has increased during the pandemic. The risk assessment tool (The Graded Care Profile 2) which was piloted by First Community is now being rolled out across the county. First Community have three champions who help to train others on the use of this tool.
- The number of exploited (sexually and criminally) children in Surrey continues to be a concern. There is a large number of children at risk in the east of the county. First Community continues to be part of a multi-disciplinary team to respond in multiple ways:
 - Working closely with police, social care, third sector organisations and schools to identify children most at risk and provide targeted support to these children and their families.
 - Secured funding to support children with specialist mentors and agencies to help them change behaviours and lifestyle.
- We have seen an increase in the number of domestic abuse incidents reported during the pandemic, which mirrors the national picture. This has meant we have increased the monthly multi agency risk assessment conference to four times a month. These conferences are led by the police and aim to provide a holistic picture of all victims of domestic abuse, and develop a plan on how to support these victims and monitor their perpetrator.



Are we effective?

Some of the quality improvement and clinical audit work that has happened in the reporting period:

To enable our response to the Covid-19 pandemic we prioritised our clinical audit and quality improvement work. We continued to complete our priority one activity such as infection prevention and control audits, record keeping audits, national audit submissions (except in exceptional circumstances) and were able to undertake some activity in other areas. A selection of projects can be found below:

Improving patient and relative experience on Caterham Dene ward and community beds

When our multidisciplinary team meet with the people staying on Caterham Dene ward and community beds a review form is completed and given to the patients. Our patients told us we sometimes used language they did not understand and they were sometimes confused by some of the information on the form. We worked with our patients and staff to improve this and developed a new form, after two months we asked for feedback again and were pleased that it was much improved.

National Back Pain and Radicular Pain service evaluation:

An evaluation of First Community's Musculoskeletal Physiotherapy service showed that the patient pathway and treatment offered complies with the recommendations in the National Back Pain and Radicular Pain Pathway and the NICE Guidelines for Low Back Pain and Sciatica for the over 16s (updated 2020).The evaluation highlighted the need to:

- Continue to reflect on the patient pathway from primary care to discharge.
- The Physiotherapy service and the ICATs service should continue to work closely together to ensure a smooth patient pathway.
- Add a question on shared decision making to the clinical records audit tool.
- Arrange a staff education session on shared decision making.

High Impact Action audit of PICC lines:

The community nursing teams completed this audit to review the care and use of PICC (peripherally inserted central catheter) lines. The audit was completed as a structured peer review and revealed safe care of people with these lines. It was identified that some staff needed to access training updates and this is being taken forward in the service.

Lunch and Learn



Due to the Covid-19 pandemic we have not been able to hold the annual First Community quality improvement day. In place of this we have developed virtual “Lunch and Learn” sessions as an ongoing method of sharing learning from quality improvement and research. Sessions held so far have covered a range of topics including:

- The national Parkinson’s disease audit - in which our neuro-physiotherapists shared their experience of taking part in a national audit and the service improvement plan they have developed subsequently.
- Patient involvement and engagement – in which our Audiology service lead described the ways in which they have engaged with patients and used the feedback received for improvement.
- Managing infant feeding in the community – in which one of our Paediatric Speech and Language therapists shared her experience of attending a specialist workshop and the impact that has had on her clinical practice.

They have been accessed by a wide range of staff and continue to grow in popularity. Feedback has been received from both speakers and participants and includes:

“I thought it was interesting and would attend further events”,

“Well organised”,

“It was good to have contact with other professionals.”

We have virtual Lunch and Learn sessions planned for the rest of the year. Some forthcoming topics are: Recognising & responding to child abuse and neglect: Implementing the NICE quality standards, the development of virtual IBS groups and the Back Skills service evaluation.

Achievement reviews (appraisals)

95% (compared with 81% last year) of our staff had an achievement review during the reporting period 1 April 2020 to 30 March 2021.

This means we **reached our 95% target**.

We continue to set the expectation that all achievement reviews must be completed in the first quarter of the year, although during the reporting period we extended this to the end of Q2 to enable staff to respond to the Covid-19 pandemic.

We engage with staff and their line managers if they have not had an achievement review to support them to complete it.

We continue to remind our staff **the purpose of these reviews is to enable quality conversations about performance, and objective setting** to support our staff to develop and achieve work / life balance.

NICE

First Community continues to assess and implement NICE guidance relevant to the services provided. We implemented a rapid assessment process in response to the NICE rapid guidelines on Covid-19, this enabled timely dissemination and implementation of relevant NICE guidance during the pandemic. An audit of the NICE guidance implementation process was completed for the period 2019-2020. This highlighted that all relevant NICE guidance had undergone a gap analysis and all subsequent action plans were monitored through our monthly clinical quality and effectiveness group.

Through the NICE guidance implementation process clinical staff have made significant improvements to their working practice. For example,

- Following the publication of 'QS195 Renal and uretic stones' First Dietitian's produced a resource on diet and fluid intake for other health care professionals to use when advising patients with a history of renal or uretic stones. This will ensure patients are aware of actions they can take to reduce the risk of stones recurring.
- Following the publication of 'NG183 Behaviour change: digital and mobile health interventions' a summary was produced for colleagues to support them in discussing the use of apps and other mobile health interventions with patients. This will enable health professionals to highlight the risks and benefits of apps and other mobile health interventions, enabling patients to make an informed choice.
- Following the review of 'CG173 Neuropathic pain in adults: pharmacological management in non-specialist settings' capsaicin cream has been added to the pharmacy stock list as an option for patients who are unable to tolerate oral treatment for localised neuropathic pain.

Readmissions to the acute from community beds

We monitor how many patients are readmitted to the acute setting to understand if we need to make any changes to our admission criteria and assessment documentation. This means we can learn from the readmissions. This year we have put in place a dedicated phone number and consultant so a patient could be reviewed and discussed before transfer.



Are we caring?

Learning Disability Standard

Learning disability prevalence in east Surrey was estimated at less than 2.4% (3,545) of the population in 2017. This is projected to increase by 4.9% to 3,718 by 2022*.

In 2019, we planned to audit improve our services in line with the NHS Improvement Learning Disability Standards for NHS Trusts.

The standards have been developed with a number of outcomes created by people and families, and are intended to help organisations measure quality of service and ensure consistency across the NHS in how we approach and treat people with learning disabilities, autism or both.

The four standards concern:

- respecting and protecting rights
- inclusion and engagement
- workforce
- learning disability services standard (aimed solely at specialist mental health trusts providing care to people with learning disabilities, autism or both)

Our action plan included holding focus groups with people with learning disabilities, to help us to understand what questions to ask people with learning disabilities to identify:

- whether there are any bespoke needs
- how we could improve care
- how to increase the level of learning disabilities awareness for staff

Due to the Covid-19 pandemic we have been unable to progress this work and aim to develop this in the coming year.

End of life care in the community



We aim to support people at the end of their life to die at the place of their choice and during the reporting period we supported 96% of people to die at their preferred place.

During the pandemic (this reporting period) our community nursing service supported 305 people to die in their preferred place of care, compared to 153 people during the reporting period of the previous year. This has meant people can stay at home with their significant others and be supported by a multidisciplinary team.

There were 26 cases where people did not die in the preferred place, and we look at these cases to understand if we could have done anything differently.

Of these 26 - seven had ReSPECT (Recommended Summary Plan for Emergency Care and Treatment and Care) forms and five of those advance care plans. The ReSPECT process enables clinicians to record discussions with people about how they want to be treated in an emergency, enabling people at the end of their lives to prioritise sustaining their life or being comfortable and pain-free. Advance care planning is having conversations and making decisions about the care people would like in the future, so if they become unable to make decisions their healthcare team can ensure they

*<https://www.surreyi.gov.uk/health-profiles/east-surrey/#header-contents>

continue to care for them in accordance with their wishes . We will continue our work to help our staff have these conversations with people at the end of their lives.

In the period April 2020 to March 2021, 110 ReSPECT forms were completed by our staff for the patients seen for end of life care. Our nurse advisor for end of life care continues to support our community matrons to complete ReSPECT.

“

He was cared for, at home by myself and an incredible team of rehabilitation assistants, physiotherapists and nurses. They all attended to my father throughout his Covid battle, at his home from 20th January until he sadly transferred to palliative care and lost his fight on 8th February. I moved in with my father for almost a month and treated him at home because it was his wish not to be alone in hospital. I could not have done it without these amazing people to help me with his care. Several times I had to call the team because I was struggling to cope with Dad, and the girls would come to my aid. Sometimes, we were in a very messy state and these amazing girls would just get stuck in and make my Dad feel clean and comfortable with his dignity intact. They could not have been any more professional, kind and caring. We did not know that those days were to be my Dad's last but we were both so glad that they were spent in the company of such an amazing team of angels. Dad certainly fell in love with all his "lovely ladies" and managed a cheeky smile and giggle for them every day. He felt that they all loved him too! They brightened up both his and my day. One of my Dad's last wishes was for me to "look after his girls". I understood from that, that he wanted me to send something into their office for them to enjoy. I would very much like to do this in his honour. It was because of these girls that Dad was able to pass away, peacefully, at home with me by his side.

”

Information for people who are caring for a loved one at the end of their life

We have split the bereavement pack into separate booklets so they can be given at the appropriate time. The bereavement leaflet is intended to be given when death is imminent, the patient has died or if the family have been receptive prior to this.

The pandemic has seen less bereavement booklets offered to families and loved ones (65%), we have looked at the reasons why:

- More patients may have been receiving stat doses rather than syringe driver set up and therefore booklets were not at hand at the right time (a supply of booklets are kept in Syringe Driver Box). We continue to remind our staff the importance of offering this information.
- For some of the people we have cared for at the end of their lives they have died very soon after being referred to us, therefore the opportunity has not been there to hand out the leaflet.

Carers

Our staff have completed 89 (compared to 76 last year) carers prescriptions during the reporting period so “Action for Carers” can get in touch and offer them support.

We continue to support our staff that are carers and continue to work on this as a priority for improvement on page 10.

Volunteers

During the reporting period our volunteers haven't been able to work due to infection prevention.

Complaints and Compliments

There have been a total of 20 formal complaints during the reporting period. There were 24 for 2019/2020.

There have been a total of 30 informal complaints for the reporting period. There were 34 for 2019/2020.

Of the formal complaints:

- 7 were upheld which means our investigation agreed that the service received did not meet the standard that should have been expected.
- 6 were partially upheld which means our investigation found that some aspects of the service did not meet the standards that should have been expected.
- 7 were not upheld which means that our investigation found that the service was being delivered to an acceptable standard.

Some of the changes we have made in response to these complaints are:

- The provision of food for patients returning to the ward after dinner time from outpatient appointments has been reviewed and improved.
- Changes in practice have been made within audiology to assist lip reading patients in regard to the wearing of face masks.
- Liaisons with family has been improved on the ward during the pandemic, with set times to discuss patients' progress.
- A review of policy and guidance in regard to patients' property has taken place on the ward.

We received 319 compliments during the reporting period, this includes our 5* Friends and Family Test. We received 1,328 compliments during 2019/2020. It is to be noted that FFT was temporarily suspended during 2020 due to Covid-19.

Audiology at First Community



Audiology has worked differently during the pandemic to ensure the provision of continued support to people with hearing aids.

We developed a process to provide a mobile repair service that ensured social distancing and met infection prevention and control standards. During the reporting period we completed 70 door step repairs of hearing aids for vulnerable people with no other method of getting their hearing aids fixed. This meant that people with hearing difficulties could continue to use their hearing aids and reduce social isolation at a difficult time.

What our patients say...

“ We are so lucky in this country to have staff in the NHS to be so helpful. ”

“ Thank you and your team for your help in getting my mother’s new hearing aids to her last week. I can’t fault the way you helped us in getting this problem sorted for us. Greatly appreciated you all do an amazing job. ”

“ Thank you for the prompt delivery of the hearing aid batteries. Will you please also pass our thanks to the staff who answer the telephone for their prompt response. We are shielding and have been locked-in since mid-February, so have been reliant on you and your colleagues, and you never let us down and we are most grateful. ”

“ A big thank you to all your lovely staff, the hearing aids have really changed my life. ”

In January 2020 a postal service ceased deliveries so we hand delivered hearing aids to 16 people.

Mixed sex accommodation at Caterham Dene ward

There have been 2 mixed sex accommodation breaches during the year. Whilst we did breach mixed sex accommodation, measures were put in place to maintain and promote people's dignity. This was done to support the flow of patients through the healthcare system so the acute hospital could continue to respond to the overwhelming number of admissions. We asked the patients concerned for their consent to staying in a mixed sex bay.

Friends and Family Test



The Friends and Family Test (FFT) is a tool that gives people the opportunity to provide feedback on their experience of care and asks people if they would recommend the service. First Community is committed to listening to people that use our services to enable us to learn and build on best practice, and identify where we can do better.

From April 2020, a new question "overall how was your experience of our service?" replaced the original FFT question. For further information visit <https://www.england.nhs.uk/fft/>

From April 2020, a new question "overall how was your experience of our service?" replaced the original FFT question. For further information visit <https://www.england.nhs.uk/fft/>

FFT was paused nationally to enable services to respond to the Covid-19 pandemic. First Community relaunched FFT on 1 August 2020 and implemented new ways of seeking feedback as described in the priority for improvement on pages 8 and 9.



Are we responsive?

Community Forum improves services for local people

Our Community Forum continues to grow from strength to strength with the four quarterly meetings in June, September, December and March, as well as two additional sessions in June and July, having taken place over the past 12 months.

Working collaboratively has been at the heart of the forum over the last year, sharing key information about services and support available throughout the Covid-19 pandemic, and also about the recovery of services as the county slowly emerged from the crisis. The Community Forum has also considered the legacy of the pandemic, particularly in regards to how all partners could build on the increased community involvement and volunteers.

Over the past year all meetings have taken place virtually, which has highlighted the importance of digital inclusion and the forum has, and continues to do work mapping out the gaps and need in the community to ensure no-one is left behind. An additional, digital focused, meeting of the Community Forum took place in April, with a view to contributing to and building on Surrey wide analysis work on digital inclusion which is currently under way.

We have shared news about new services from First Community, such as our Long Covid Rehab pathway and our work to develop a new patient panel made up of patients, carers and other volunteers that will help us shape and develop current and future services.

We will continue to use our passion for collaborative working to submit more joint applications for funding. This follows the bid submitted to NHS charities together by First Community, Surrey Coalition of Disabled People and other Community Forum members, for devices and support to enable more east Surrey residents to access the NHS Covid recovery website.

Looking ahead, the Community Forum will continue to amplify the services, work and opportunities provided by its members, and to identify collaborative funding opportunities to further support patients and service users to access vital support services across east Surrey.

Staff flu vaccination campaign 2020/21

75% of First Community's frontline healthcare workers were vaccinated against the flu virus this year, compared to 68% in 2019/20.

Of staff vaccinated, 79% attended one of our Covid secure vaccination clinics, 10.5% used flu vaccination vouchers provided for a high street pharmacy and a further 10.5% were vaccinated by their own GP or local pharmacy.

In the lead up to the flu vaccination clinics we ran a competition for the children of First Community staff to design a 'Flu Fighter' which we used in our campaign along with #SpreadKindnessNotFlu.



18 week referral to treatment targets – Audiology and Integrated Care and Assessment Treatment Service

Integrated Care and Assessment Treatment Service is for the assessment and treatment planning for people with musculoskeletal problems.

Audiology is for assessment and treatment for people with hearing loss and balance problems.

We failed to reach this target from April to August 2020 due to pausing of routine outpatient activity as a response to the pandemic, but we have since achieved the 18 week target from September 2020 to March 2021.

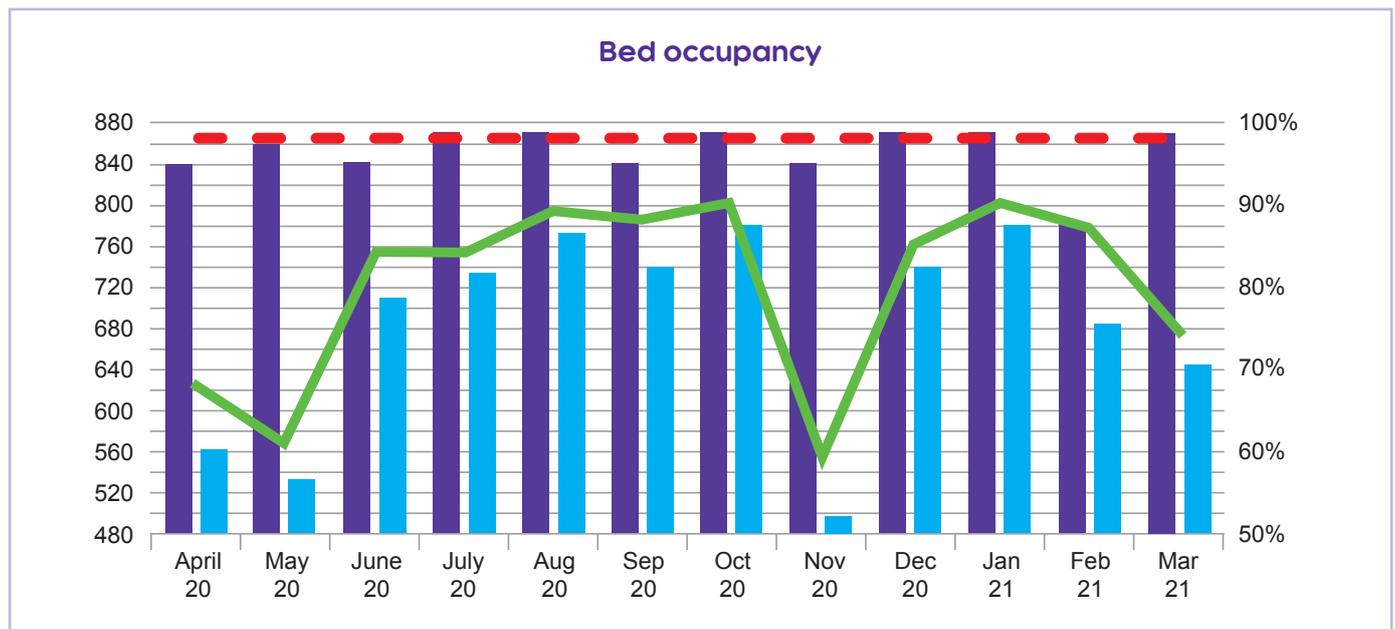
Minor Injury Unit (MIU) wait times



We had an average wait time of 18 minutes to be seen at our MIU during the reporting period with the shortest wait 0 minutes, and the longest wait two hours and 52 minutes.

Bed occupancy on Caterham Dene ward

Bed occupancy decreased during the pandemic. In order to keep our patients safe we had to ensure we did not mix people of different Covid infection status. We maintained people's safety at all times by appropriate cohorting.



	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
Available bed days	840	868	840	868	868	840	868	840	868	868	784	868
Occupied bed days	563	533	709	733	772	739	782	496	738	782	683	642
Bed occupancy	0.68	0.61	0.84	0.84	0.89	0.88	0.9	0.59	0.85	0.9	0.87	0.74
Target %	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98

People seen at Minor Injury Unit

The number of people attending the Minor Injury Unit (MIU) reduced significantly during the pandemic. We have continued to run the service for people who need it and publicise that it is still open.

We saw 13,306 people at our MIU during the reporting period, compared with 20,863 during the same period last year.



New birth visits

An average of 90.34% (compared to 90.39% last year) of people who gave birth during the reporting period received a visit from our 0-19 service within 14 days.

Children's Occupational Therapy service waiting list

Historically our waiting list for children's occupational therapy has been very long and we have worked hard to improve this.

In March 2020 there were 62 children who had been waiting for more than 52 weeks for an appointment and in March 2021 there were 5. This was because we implemented a new way of triaging our referrals. We contacted the people who had been waiting for our services the longest and invited them to get in touch with us so we could hold a telephone consultation to discuss their needs. Every person that contacted us was either:

- Discharged
- Offered a one-hour virtual appointment to offer strategies to help them
- Offered a face to face assessment

We implemented this for all of our new referrals so the waiting list did not grow again. All future referrals will now be triaged in this way so we can offer personalised advice and intervention in a timely way.

We were able to do this because we had secured funding to employ additional therapists to assess and treat the children that had been waiting for more than 52 weeks, however we have been unable to sustain this improvement.

We have the long-term ambition of contacting every person that is referred to us within 18 weeks of referral, however at this time the ambition is to contact everyone referred to us within 52 weeks of referral. We are working to streamline the way in which we receive our referrals and permanently employ staff so we can achieve these goals.

Immunisations



First Community's 0-19 immunisation team deliver the following school based immunisation programmes commissioned by PHE:

- Childhood Nasal Flu- LAIV to school years R, 1, 2, 3, 4, 5 6 and 7. Inactivated Flu vaccine was offered to children unable to have LAIV for religious reasons.
- HPV to male and females in secondary schools – year 8 aged 12 and 13 years.
- Td/IPV to all children in school year 9 – aged 13 and 14 years.
- Men ACWY to all children in school year 9 – aged 13 and 14 years.

Vaccine	2019/20	2020/21
Year 8 HPV1	80%	73%
Year 9 Td/IPV	79.9%	75%
Year 9 Men ACWY	81.3%	79%
Nasal Flu (YrR,1,2,3 &4,5 & 6)	68%	71%

Due to Covid-19, the delivery of school based immunisations were interrupted resulting in partial completion of both Td/IPV and Men ACWY. Catch up plans continue to be implemented so there will be no impact on children's routine vaccination schedule.

First Community have continued to deliver BCG to groups identified to be at risk, as described on <https://www.nhs.uk/conditions/vaccinations/when-is-bcg-tb-vaccine-needed/#:~:text=BCG%20vaccination%20is%20recommended%20for%20all%20older%20children%20and%20adults,world%20where%20TB%20is%20widespread>

Are we well led?

Council of Governors (CoG)

CoG is a group of staff that have been elected to represent shareholder views, opinions, ideas and concerns. CoG ensures there is regular two way communication and feedback between staff and the Board of Directors. CoG use feedback provided by staff and acquired in governors' meetings to keep shareholders informed about key issues and to ensure they represent the views of their respective constituencies.

CoG continues to represent staff at Board level and in other areas. Some of the ways CoG knows how effective it is is by the number of shareholders and CoG members in office. The number of shareholders has been affected by the move to virtual induction and CoG are focusing on improving this.

	2017/18	2018/19	2019/20	2020/21
Number of shareholders	72%	70%	66%	61%
Number of CoG members	12	9	9	11

CoG has been part of First Community's Wellbeing group leading and supporting a number of projects over the last year. This has included support for staff during Covid-19, raising the profile of emotional wellbeing resources on the intranet and looking at staff recognition and reward. CoG is pleased to see the improvement in this year's staff survey results around health and wellbeing and recognise there is more to do.

Staff Survey theme	2016	2017	2018	2019	2020
Health and Wellbeing	6.4	6.5	6.4	6.5	6.8
Does your organisation take positive action on health and wellbeing?	32.5%	33.4%	38.6%	48%	51%

We asked staff the end of last year what has worked and what has not in change of practices during Covid-19 and this will help shape new ways of working going forward.

CoG has supported recruitment onto the Mental Health First Aid course and is pleased the training is now available. This training will support staff to help a colleague experiencing a mental health problem or crisis.

A number of projects have been implemented on physical wellbeing, encouraging yoga, walking, running, healthy eating, Time to Talk sessions for staff.

CoG's other portfolios in the past year have included:

- Recruitment of Executive Director of Operations.
- Being active in First Community's Equality and Diversity Inclusion Group taking forward the inclusion agenda.
- Attending Integrated Governance Committee, other governance groups and Board meetings
- Attending Induction to talk about CoG.
- Recruitment of shareholders and associate members.
- Attendance at Building User Group meetings and promotion of workplace wellbeing. These meetings are led by our estates staff and provide an opportunity for staff to agree working practices and escalate any issues to our estates team. These groups were central to helping First Community implement Covid secure workplaces that worked for our staff.
- Involved in shaping First Community's thank you message to staff.
- Helping to lead on First Community's 10-year anniversary events.

CoG has provided an informal communication route for staff to help support them and ensure their voices are heard at senior levels during the pandemic. It continues to champion the staff voice.

Duty of candour

As an NHS organisation we have a statutory and contractual commitment to be open and honest with our patients when something goes wrong with their treatment or care causes harm. This includes an apology to the patient or the patient's carer or family.

First Community has undertaken two duty of candour conversations due to serious incidents in the reporting period and one in relation to a positive Covid-19 test on the ward.

United Kingdom Accreditation Service (UKAS) Accreditation of Audiology in First Community

First Community have held accreditation with UKAS since 2014. We complete a yearly submission and have a site visit every two years.

In November 2020, we completed an adapted (due to the ongoing pandemic) web-based submission. Informally, we were asked to consider 11 findings about our service and as a result of that we were asked to complete three actions to improve the service, which were:

1. To update our standard operating procedures to reflect the change in the tool we use to measure the outcomes of the people we treat.
2. To ensure the minutes of staff meetings show who needs to complete actions and the date they are completed.
3. To ensure the service audit plan reflect the standards we work within to demonstrate accreditation.

Patient and public involvement

Our work to increase and embed patient and public involvement continues. We continue to incorporate patient and public involvement in the wider strategic approach for quality to ensure it is inherent in everything we do.

We have started this year and will continue in the coming year to widen our engagement with our patients and citizens.

In February 2020 we held two virtual focus sessions where people could learn about First Community's services and how we engage and involve our patients and the public. It also provided a forum for them to tell us how we can create more opportunities for patient and public involvement.

These sessions have enabled us to plan:

- The development of a menu of involvement.
- The development of stakeholder directory to empower our staff to reach out to stakeholders.
- The development of a directory of people and how they want to be involved so we can access a diverse range of people as and when we need to.

Staff Survey

We are grateful to all our staff that completed the annual staff survey sharing their individual experiences of working at First Community. We use the results to understand what we are doing well and where we need to make improvements.

2020 saw a 75% response rate, compared to 79% the previous year.

We are encouraged by the results of the 2020 survey. Our overall staff engagement has remained stable at 7.7/10, compared with 7.5/10 in 2019, 7.5/10 in 2018 and 7.7/10 in 2017.

We have worked hard to improve the working lives of First Community staff and are pleased to have made significant improvements:

Questions	2017	2018	2019	2020
Have adequate materials, supplies and equipment to do my work	59%	47%	62%	68.8%
Organisation definitely takes positive action on health and wellbeing	34%	40%	48%	51%

It is encouraging that despite the pressures of the pandemic the two areas in the table above in which we needed to improve upon most have gotten better. During the pandemic we have prioritised our staff's health and wellbeing taking steps to support our staff as page 21 and 22. The response below may indicate the pressures of the pandemic and we will continue to prioritise this going forward.

		2017	2018	2019	2020	2020 National Average
Q11c	In last 12 months, have not felt unwell due to work related stress	64%	64%	65%	61%	56%

The pandemic meant we had to implement new ways of working at pace, with many staff working from home. We have rolled out Display Screen Equipment assessments for home working and helped staff with additional equipment. Whilst the response below is positive, we will continue to monitor this and ensure we continue to help our staff to work safely.

		2017	2018	2019	2020	2020 National Average
Q11b	In last 12 months, have not experienced musculo-skeletal (MSK) problems as a result of work activities	79%	76%	71%	74%	71%

Equality, Diversity and Inclusion

Equality, Diversity and Inclusion (EDI) remains a key priority for First Community, both in terms of workforce and the patients and communities we serve.

During 2020/21 First Community appointed its first internal EDI manager, where previously an external consultant has been used. This will enable an embedded approach going forward with the immediate priority being undertaking the NHS Equality Delivery Standard assessment, so that we can focus our attention where the greatest need and disparities exist.

The staff survey over the last two years has shown an encouraging improvement in the experience of our Black and Minority Ethnic (BAME) colleagues and indicates much more to do in this area. Colleagues who identified as disabled in the staff survey show good and stable high experience compared to disabled staff in the wider NHS.

The EDI focus during 2020/21 has been supporting staff groups disproportionately impacted by Covid-19. These groups were prioritised for Covid risk assessments with staff supported to work from home, or being redeployed to lower risk work environments where necessary.

During Covid the BAME staff network has continued to grow and has met more frequently using virtual meeting technology.

Speaking up: Raising concerns



First Community staff can speak up or raise concerns (whistleblowing) by phone, in person or by email to one of the following:

- The Freedom to Speak Up Guardian - this is an important role identified in the Freedom to Speak Up review to act as an independent and impartial source of advice to staff at any stage of raising a concern, with access to anyone in the organisation, including the chief executive, or if necessary, outside the organisation.
- Line Managers
- The Chief Executive who has Board responsibility for whistleblowing
- The Non-Executive Director with responsibility for whistleblowing
- Floor to Board in five minutes (any of the Executive or Non-Executive Directors)
- Chairman of the Board
- The Clinical Governance Manager
- Human Resources
- Council of Governors (with additional freedom to speak up advocate role)
- Adult Safeguarding Lead
- Children's Safeguarding Lead
- Local Counter Fraud Specialist or Director of Finance for fraud concerns
- Union Representative
- BAME Network Chair

All these people have been trained in receiving concerns and will give information about where people can go for more support. If for any reason staff do not feel comfortable raising their concern internally, First Community provides information on how to raise concerns with external bodies.

- First Community is committed to the principles of the Freedom to Speak Up review and its vision for raising concerns, and will respond in line with them.
- We are committed to listening to our staff, learning lessons and improving patient care.
- On receipt of a formal raising concern issue this will be recorded and acknowledged within two working days.
- Any issues that do not meet the formal raising concern definition will be managed locally by the people concerned.
- Records of concerns raised will be recorded by the person in receipt of these.
- All freedom to speak up issues are recorded centrally.
- We treat staff with respect at all times and will thank them for raising their concerns.
- We always discuss concerns to ensure we understand exactly what people are worried about.

Board oversight

- The Board is given high level information about all concerns raised by our staff and what we are doing to address any problems.
- We will include similar high level information in our annual report.
- The Board supports staff raising concerns and wants staff to feel free to speak up.
- First Community had one Freedom to Speak Up during the reporting period.



First Community Health and Care Quality Account 2020/21

Commissioner Statement from NHS Surrey Heartlands CCG

Surrey Heartlands CCG (SHCCG) welcomes the opportunity to comment on the First Community Health and Care draft Quality Account 2020/21.

We have reviewed the document and consider that it meets the Department of Health's national guidance on quality account reporting. The CCG is satisfied that the document gives an overall accurate account and analysis on the quality of services provided.

Looking back over 2020/21, we recognise that the impact of the COVID-19 pandemic from March 2020 has continued throughout the reporting period. We commend First Community Health and Care for adapting their way of working in support of the local system partners to meet the increased demand on services.

We appreciate that, due to the pressure of the pandemic, First Community Health and Care was not able to fully achieve the 2020/21 quality priorities and commend them for the progress made on strengthening use of patient feedback about their experience of care through the "You said, we did" initiative, staff tool, improved data collection and reporting that triangulates information for deeper understanding of issues affecting patients. We note the continuation of work to support staff who are carers, implementing Therapy Outcome Measure and increasing the use of trained chaperones will continue through 2021/22.

Looking forward to 2021/22, we are satisfied that First Community Health and Care involved stakeholders including patients, carers and staff when agreeing their four new quality priorities. We welcome the commitment to a patient-centred coaching approach to quality improvement; supporting staff with a new model of clinical supervision; reducing variation in assessment and management of wound care; and increasing patient choice how they have their appointments. We agree these are appropriate priorities for improving patient safety, patient and staff experience and clinical effectiveness.

We look forward to continue working together with First Community Health and Care in support of the quality improvements planned for 2021/22.

Clare Stone
ICS Director of Multi-Professional Leadership
NHS Surrey Heartlands Clinical Commissioning Group

26 May 2021

Friday 14th May 2021

As the independent consumer champion for health and social care, Healthwatch Surrey is committed to ensuring the people of Surrey have a voice to improve, shape and get the best from their health and social care services by empowering individuals and communities.

During this year we have concentrated on ensuring we feedback what we've heard on NHS and social care services to commissioners and providers on a regular basis; and that we have the processes and relationships in place to escalate any cases of particular concern to the providers involved and seek outcomes.

This year we have decided that we will not comment in detail on the Quality Account. With limited resources we do not believe this is the best way to use our time to make a difference for the people of Surrey.

First-rate people. **First-rate** care. **First-rate** value.

Further information and feedback

If you would like to find out more about our services, please visit our website at:

www.firstcommunityhealthcare.co.uk

If you would like this information in another format or language, or would like to provide feedback about this account or any of our services, please contact:

Telephone: 01737 775450

Email: fhc.enquiries@nhs.net

Twitter: @1stchatter



Addendum

This section of our quality account covers Surrey wide Children and Family Health Services (CFHS). We write this in partnership with SABP and CSH Surrey to demonstrate our partnership working across Surrey as CFHS.



Children and Family Health Surrey (CFHS)

Children and Family Health Surrey (CFHS) is the Surrey-wide NHS community health service for children and young people from birth up to 19 years of age, their parents and carers. Three established NHS providers (CSH Surrey, First Community Health and Care, and Surrey and Borders Partnership NHS Trust) are working together as CFHS to ensure children and young people are at the centre of the care they receive and to improve their access to healthcare services across the county.

CFHS services include health visiting, school nursing and school-age immunisation services as well as specialist paediatric nursing and therapy services to support children and young people who have additional needs requiring on-going care. Our health services are closely linked to Surrey's mental health services, and wider health services and the Local Authority Children's Services. This helps improve the care and support families receive.

Responding to the pandemic

- We embraced new technology and digital platforms, and were the lead provider in the implementation of virtual consultation via Attend Anywhere. During the reporting period, we undertook 15,064 virtual appointments. This work was nationally recognised through Surrey Heartlands becoming a HSJ finalist for 'Digitising Patient Services Initiative'.
- During the first three months of the Covid-19 pandemic we continued to offer face to face contact for all new births via a range of phone calls, virtual consultations and some home visits. By June 2020, we returned to home visits for every new-born child.
- We continued to visit all families requiring an enhanced service in their home throughout the pandemic.
- In response to our concerns about the impact of lockdown, social isolation and access to services such as Child Health Drop-in Services; we increased our virtual offer to families with young babies with a telephone contact when their baby was four weeks old to offer them the opportunity to discuss any worries or concerns that may have arisen and implemented a face to face 10-month review.
- We offered a virtual contact to all antenatal mums having their first baby during lockdown to introduce the health visiting service and provide contact details for the 0-19 Advice Line.
- We worked in partnership with schools to support children in year six transitioning to secondary school. We produced virtual presentations on puberty and transition with accompanying resources.
- We worked with partner agencies across Surrey to produce a resource pack on supporting children's emotional health and wellbeing with contact details for services that could be contacted by schools, parents and young people.
- In partnership with our Local Authority Education colleagues, we reviewed and completed risk assessments for children with Education Health Care Plans (EHCPs) to ensure support continued to be provided.
- Paediatric therapies continued with their service offer using virtual technology for contacts as required.
- The advice line hours were increased over the extended bank holiday period at Christmas in recognition of the potential need to access advice and support. This followed national recognition of an increase in domestic abuse and mental health issues during the lockdown period.

Surrey Wide 0-19 Advice line

From 1 April 2020, the 0-19 Advice Line has been provided from two sites (East and West) across Surrey. The purpose of this is to ensure resilience, sustainability, and additional support across the system.

In the last year the advice line has received 30,176 calls (excluding November's data which was not available)

The themes of calls were as follows:

- feeding including reflux, colic, wind
- sleep
- behaviour and development
- Other calls were about parent's low mood and safety during Covid-19.

Parental feedback

“ I just spoke to this mum and I just wanted to let you know that she was really grateful for your support on the advice line. She was extremely complimentary about your manner and very thankful she had gotten through to you. It sounded like she was in not a very good place and you really helped her. ”

“ Always helpful, have phoned them several times always a friendly voice who listens and is very calm and reassuring. ”

“ You don't know what you don't know; I have really appreciated the service and being able to phone any time during the day. ”

Infant feeding and relationship building

CFHS is a fully accredited UNICEF Baby Friendly organisation, and the staff continue to support mothers with their feeding journey however they feed their babies. We support all parents to responsively feed their babies and form close and loving relationships.

During the pandemic we have continued to support mothers by offering virtual breast-feeding cafes. These are a virtual platform where mothers can meet, share experiences and get advice and support.

We refer people for specialist support where they are experiencing difficulties.

First 1000 days strategy

CFHS, in partnership with Surrey Heartlands, developed the First 1,000 days strategy: 2020-2025. The first 1,000 days of life – the time spanning roughly between your baby being conceived and your child's second birthday – is a unique period of opportunity.

The early years of a child's life will lay the foundation for their health, their growth and brain development. The strategy aims to deliver the partnership's commitment towards ensuring every child has the best start in life, with parents who feel empowered and families that are thriving. There are five workstreams, focussing on the needs of the child, parents and family; families in the community; closing the outcome gap; information, communication and engagement; and workforce.

Projects started during the reporting period

- Baby Buddy project– engagement with staff and families about strengths and weakness of information provision across pregnancy and the first year of life. This will inform plans to improve information provision using the Baby Buddy app (e.g. new content, communication methods to target vulnerable groups, support for staff).
- Group antenatal contact for health visiting – one year project to test and embed new model of working across maternity and health visiting services.
- Peer support models - how we support local community groups and enable families to connect.
- Exploring links to social prescribing (refer people to other services to support their health and wellbeing).

Family Nurse Partnership (FNP)

FNP is an evidence based programme for supporting young mums and dads in the antenatal period until their child is two years old. In the last year, FNP has seen 15 clients successfully graduate into universal* and other services. During the reporting period the service has worked with 118 families and despite Covid-19, delivered 1,097 face to face visits. There remains a high degree of complexity and high levels of need and vulnerability within the client group seen within the Surrey FNP programme. There are a high number of cases on child protection plans/orders (40%) compared with the national profile and a younger age demographic in Surrey.

Outcomes for babies include, 100% of babies immunised at 24 months, and developmental scores for communication & gross motor development within the normal range for babies across the two years. At 24 months, 15.4% of babies had scores outside the cut-off range for social and emotional development a decrease of 3.4% on last year. This is still higher than the national average of 4.5% and needs exploration.

*Universal services are those services that are provided to, or are routinely available to, all children, young people and their families.

'Be Your Best' children's weight management service

In Surrey, 16.7 % of children are overweight or very overweight when they start reception class, by the time they leave primary school this has risen to 26%.

Excessive weight has long term health implications, cardiovascular disease, stroke, diabetes and cancer. Excessive weight is also indicated in higher Covid-19 mortality rates.

The 'Be Your Best' weight management service is a partnership project between Active Surrey, CFHS 0-19 School Nurses and Surrey University; the project started in January 2020 and is funded for two years.

Working with our most disadvantaged communities, the project aims to offer structured 1:1 nurse appointment, group-based activities, cookery sessions and access to local physical activity sessions. The overarching aim is for the family to make sustainable lifestyle changes, which stabilises or reduces children's Body Mass Index (BMI). During lockdown, nurse contacts have been undertaken virtually, Active Surrey is running fun-based activity sessions for the whole family over the summer holidays.

Up to the end of March 2021, 70 families have used this service.

Chat Health

Our confidential school nurse text messaging service for your people aged 11-19 years has been widely promoted, particularly in the context of increasing emotional and well-being needs in the pandemic.

- 165 engaged interactions
- Anxiety and low mood features in a high number of interactions
- Other themes include pregnancy, contraceptive and sexual health advice
- The service also provides support on family issues and school issues/friends.

Addressing inequalities

Gypsy, Roma, Traveller Health (GRT)

This was the second year of funded project and funding has been extended for a third year, up to March 2022, to align with completion of the Inclusion project.

The project supports the development of an excellent range of community engagement with the Surrey Community Gypsy and Traveller Forum, Showmen groups, Romany Gypsy GP and Romany Gypsy young person (Surrey Youth Focus). This is 'alongside additional GRT support partners (REMA and Chaplaincy (Irish Travellers), Light and Life Church (Romany Gypsies) and ongoing work with Maternity Voices to capture experience of GRT women.

We contacted all of our known GRT community contacts by phone or face to face and provided Covid-19 advice regarding shared accommodation, reducing risk of contracting and spreading Covid-19. The team have supported the vaccine implementation with advice, support, and advocacy addressing of vaccine hesitancy which included a short film by a Gypsy filmmaker, shared nationally, on vaccine hesitancy. In addition, the team have supported roving teams/GPs with vaccination delivery.

A new One-stop shop Surrey-wide GRT, multi-agency surgery has been set up to combine support/outreach for GRT groups and signpost/direct to support on a range of health, benefit and social issues, including Domestic Abuse and Mental Health awareness/support.

Total contacts from the start of project to mid-March 2021: 3,935

Inclusion Health team

A team working across Surrey to support the vulnerably housed and womens refuges plus providing the 0-19 teams with advice to work with identified families. The team launched a few weeks before the first lockdown for the global pandemic of Covid-19.

The initial focus was the rapid identification of homeless families across Surrey and participation in the multiagency approach by linking with Surrey County Council's emergency response housing managers across all 11 Districts and Boroughs, which enabled access to lists of all families placed in emergency accommodation.

The team contacted every known family on borough housing lists by phone, offered Covid-19 advice and assessed practical and emotional needs, including unmet health needs, such as antenatal contacts and missed developmental reviews.

This resulted in targeted face to face contacts, phone support, liaison with GPs, (in particular regarding mental health support and GP registration) schools (to obtain school meals and school/education supplies), liaison with maternity services for pregnant women, collection and delivery of clothes, baby formula, and other necessities, such as nappies, and Food Bank deliveries, either by the team or by the Surrey Crisis Helpline, by linking with local services.

Links with refuges were also successfully established and good relationships between health and refuge staff replicated the model of best practice from one refuge. The inclusion health team have been instrumental in establishing an effective service at a new refuge which was opened during the pandemic and linking with the local 0-19 teams. Vaccinations have also been arranged for residents and staff at all refuges by the team lead. Since the start of the project in February 2020, there have 1,807 contacts.

School nurse secondary school 'Drop In' clinics

The emotional well-being and mental health of children and young people in Surrey is a concern. Increased pressure from social media, academic attainment, societal expectations, family disharmony and peer relationships are all contributing to increasing levels of stress, anxiety, panic attacks, self-harm and low mood.

Nationally, Young Minds (2019) would suggest that at any one time three children in every classroom could have a mental health problem. Suicide is the leading cause of death in young people in the UK. The Surrey Child Death Review Committee has just produced a thematic review¹ following 12 Surrey teenage suicides in the last six years.

Out of the 56 secondary schools, 43 have weekly/fortnightly visits from their named school nurse. This school nurse provides students with an opportunity for contact via ad hoc student 'Drop In' appointments or through a more structured bookable appointment system. Nurse visits to individual schools may vary in length of time from a lunch hour to a whole day. This is dependent on the needs of the school and accommodation that the school can provide.

An audit of emotional/ mental health themes presenting to school nurses across secondary schools at one-to-one student contacts was carried out at the end of 2019/20 and analysis of the findings was undertaken at the beginning of 2020/21. The audit was completed by 35 members of the school nurse team and the data was from 43 schools and two Pupil Referral Units.

Analysis of themes indicated anxiety was the overwhelming issue noted by practitioners as the reason students accessed the school nurse. For some students anxiety can be overwhelming and prevent them from coping with everyday activities and occurrences. Examples of conversations relating to anxiety included friendship groups fear of failure, not feeling 'good enough', financial worries and relationships at home. Year groups 7, 8, 9 and 10 were the most frequent attendees.

Data would suggest that where school nurses are visible and accessible within individual schools, the footfall to their service is high.

The school nurse 'Drop In' audit has recommended a range of proposals to increase school nurse visibility in schools. Emotional wellbeing of school age children requires a multi-faceted approach,

¹<https://www.surreyscp.org.uk/wp-content/uploads/2020/09/Thematic-Review-of-Adolescent-Suicide-Final.pdf>

delivered in partnership with parents and schools through a statutory, voluntary and charitable multi-agency team approach of which school nurses can be a key player in early identification and intervention to support young people's emotional well-being and mental health.

School nurse for Youth Offending services

A new specialist health support service was launched for young people within the youth justice system aged 12 to 18 years.

The service meets the needs of approximately 150 children and the role is responsible for representing health services, advising the team regarding access to health services, developing access pathways and protocols, and ensuring the young people have their health needs appropriately met.

A new video was launched by Children and Family Health Surrey highlighting how a specialist nurse can support the health of young people within the youth justice system in Surrey. This video has gained national interest.

Paediatric therapies

All our therapy services fully embraced the use of virtual technology and an audit of effectiveness of video consultation resulted in a four out of five stars average rating.

Face to face visits which continued where needed included our physiotherapy teams assessing and monitoring equipment needs in gardens.

Physiotherapy continued with the Cerebral Palsy Integration Programme for Hip Surveillance (CPIPS) throughout the year. CPIPS is a follow-up programme for children with cerebral palsy or suspected cerebral palsy, allowing early detection of changes in muscles and joints with the option of earlier treatment for the child. This may help prevent problems developing in the future. CFHS were recognised by the South East region network as being the best performing organisation in the region.

Speech and language therapy teams worked in partnership with the third sector delivering virtual training to 80 volunteer and faith groups on meeting children's speech, language and communication needs.

The Occupational Therapy service implemented a new school-based service model, providing specific targeted health promotion, interventions and an individual therapist for each school to discuss and plan for school needs.

Therapy waiting lists were significantly reduced during the year.

Working in partnership with the local authority (Surrey County Council)

Teams participated in a number of webinars for parents and practitioners giving advice and support on 'Helping Families Early'.

During Covid-19, all children with Education Health Care Plans (EHCP) were risk assessed so service provisions continued to meet needs.

CFHS actively engaged in the system's response to the increase in children's emotional health and wellbeing needs by participating in webinars, providing information and advice on websites and being available to meet children's needs.

CFHS offered a flexible and adaptable approach to school based provision, seeing children in school when they were open or attending, but ensuring needs continued to be met when children were out of school.

Learners Single Point of Access

The Learners-Single Point of Access (L-SPA) is a new team created to process applications for the Education, Health and Care Plans (EHCP) for children or young people who have special educational needs over and above what schools can provide from their core offer.

It aims to make experiences of children and young people, families, schools and Surrey professionals better: more efficient, person-centred, with clarity and transparency around quality decision-making and action. CFHS engaged in this new process and allocated two team members to join the team as Health representatives. They participated in daily panels reviewing needs for the children and took a key role in linking other health providers to the L-SPA.

The team delivered training on health services and issues to the wider multi-disciplinary team and supported with 'request to support enquiries'. This enabled the L-SPA to have holistic view of the child and a more consistent health response to EHCP requests and decisions on therapy needs. It supported the promotion of the graduated responses from health.

From April 2020 to March 2021, the L-SPA received and responded to 1,812 requests for EHCP and on average, 64% progressed to full assessment.

Listening to children and young people in Surrey

CFHS participated in Surrey Youth Focus research into how young people are responding to Covid-19. Whilst the intention of the research was to inform strategy and services, the project also enabled some frontline workers to open up new and different conversations with young people during these strange times.

Frontline practitioners including youth workers, school nurses and the User Voice Participation Team spoke to 199 children and young people about their experiences of life during lockdown.

The research found every child and young person had a unique experience ranging from struggling with isolation, stress and difficult family circumstances to embracing this opportunity to learn new skills spend time with family and re-engage with hobbies. This provides a challenge to ensuring that children, young people and their families have access to the right support, information and advice if they are feeling vulnerable, particularly during this unusual period of time. Despite this, there are themes that have emerged:

- **Relationships and connections**
- **Finding time**
- **Access to learning**
- **Awareness of self and others**
- **Emotional wellbeing and mental health**

The emerging findings and recommendations were:

- The importance of family time for children and young people, there is a strong theme that children and young people have valued this time to strengthen family relationships and spend time together.
- The importance of friends for children and young people. Whilst children and young people have kept in touch using technology it has not replaced the need for them to see their friends. This is particularly for younger children who do not use technology in the same way as teenagers, and interact differently with their friends Some children and young people have been lonely and felt isolated during lockdown.

- There was a consistent theme of worry, stress and anxiety caused by strained family relationships, lack of social contact, school and home learning, and concerns about the future.
- Children and young people are concerned about returning to school, falling behind, the impact of home learning on their exams and the impact on friends. Whilst some have struggled with home learning, others have embraced it and would like this way of learning to continue.

CFHS are factoring in these findings as services resume and the nation comes slowly out of lockdown measures.

CFHS Clinical Practice Forum – partnership working

The CFHS partnership continues to support and prioritise the development of clear clinical policies and procedures to ensure high quality, best practice service provision. The partnership’s clinical, procedural and policy documents form an integral part of the partnership’s governance, risk management processes and provide corporate identification, clarity and consistency in compliance with legislation, statutory requirements and best practice.

Community Health Early Support (CHES) team

Feedback from parents and families indicates they need early practical advice and support to help them support their child’s development. This became a priority quality improvement within children’s services. In response, we developed a new team of early years health practitioners, who work in partnership with the health visiting and therapies teams in specific areas -currently Spelthorne and Surrey Heath. A parent representative was part of the recruitment process. The CHES aims to provide early support to families needing a multidisciplinary approach to achieve good health and developmental outcomes for children of preschool age and their families. They work closely with local partners to link families to services available in the wider community.

The team contacted over 800 families, who either didn’t return the Ages and Stages developmental questionnaire from the health visitor at the 10-month-old check, or who had been identified as having a need in one of the five developmental areas. They spoke to approximately 250 families to offer support and advice. Fifty-nine families were identified as needing active support via home visiting to offer practical guidance to support their child.

The team has built strong links with partners including Home Start, portage and Early Help hubs and are skilled to navigate families to further community resources that can be of support.

Parental feedback

“ A service that genuinely takes the time to make contact and care. ”

“ A great idea for parents to have a service to contact for advice and support around development, especially as a first-time parent. Mum was grateful for the call and advice received to put her mind at ease. ”

Following this successful initial implementation, CFHS are planning on rolling out this model of working across Surrey.