

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

Quality Account

2022
—
2023





Contents

Preface	3
What is a Quality Account and why do we produce one?	3
What does our Quality Account include?	4
Part 1 – Introduction	5
About First Community Health and Care	6
Introduction	9
Statement of Directors' Responsibilities	11
Part 2 – Our priorities for improvement	12
What we said we would do/what we have done	13
Looking forward ... our priorities for improvement 2023 / 24	24
Statutory statements of assurance	28
Part 3 – Overview of the performance of our services	34
Are we safe?	35
Are we effective?	44
Are we caring?	48
Are we responsive?	54
Are we well led?	60
Part 4 – Children and Family Health Surrey	66
Annexe 1 – Statement from commissioner	74

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: www.firstcommunityhealthcare.co.uk/about-us



What does our Quality Account include?

Our Quality Account is divided into four 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

Part 2 looks at our priorities for improvement in the quality of our services.

We provide statutory statements of assurance which relate to the quality of the services we have provided in the period 1 April 2022 to 31 March 2023. 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:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?



Part 4

Part 4 provides an overview of the partnership work we have completed in children and family services as part of Children and Family Health Surrey.

Part 1

Introduction



About First Community Health and Care

Our vision is ...

“Rejuvenating the wellbeing of our community”

Our mission is ...

To achieve our vision by delivering first-rate care, by first-rate people at first-rate value.

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.

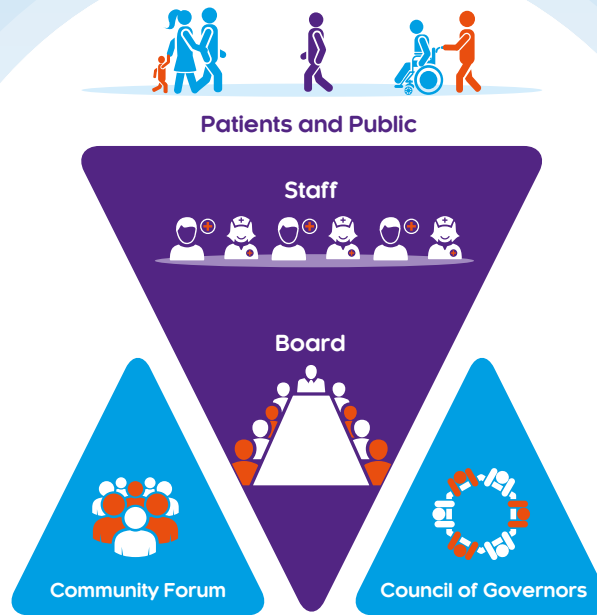
We provide high-quality care through our nursing and therapy teams, specialist care teams, children and family advice and support, as well as a Rehabilitation Ward, and Minor Injury Unit at Caterham Dene Hospital.

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...

There are approximately 190,000 people registered with east Surrey GPs.

Approximately:

- 22% are aged 1-17 years
- 55% are aged between 18 and 59
- 18% are aged between 60 and 79
- 5% are aged over 80.

Data from Graphnet

Working in partnership at East Surrey Place

We work collaboratively to arrange and deliver healthcare with Surrey Heartlands Health and Care Partnership, Surrey and Sussex NHS Healthcare Trust, two GP Federations - Alliance for Better Care and Dorking Healthcare, and five Primary Care Networks and St Catherine's Hospice along with Reigate & Banstead and Tandridge District Councils, Surrey County Council, Surrey and Borders NHS Foundation Trust, South East Coast Ambulance Service and voluntary sector partners.¹

This enables us to provide joined-up services that meet the needs of the people who live in east Surrey.

¹Who we are - East Surrey Place (eastsurrey-alliance.org)

Our services

Here is a list of the services we provide. For further information please visit our website: www.firstcommunityhealthcare.co.uk

Adult services



Community and specialist rehabilitation therapies and nursing

- Community neurological rehabilitation (including multiple sclerosis, Parkinson's, MND and rare neurological conditions and stroke specialist nursing)
- ESD (Early Supported Discharge) for Stroke
- Prehab Cancer
- Community physiotherapy
- Falls
- District nursing
- Heart failure service
- Respiratory nursing and pulmonary rehab
- Oxygen
- COVID Rehab
- Continence (adults)
- Intermediate care team
- Tissue viability
- Proactive care team
- Speech and language therapy
- Urgent Care Service.



Therapies in clinics

- Audiology
- Integrated care and assessment treatment service (ICATS)
- Orthotics
- Outpatient physiotherapy
- Nutrition and dietetics
- Podiatry
- Cardiac rehabilitation.



Bed based care

- Caterham Dene Hospital Ward (nursing and therapies)
- Nurse advisors for care homes
- Community beds
- Minor Injuries Unit.

0-19 Children and family services

Health visiting



Immunisations



School nursing



Children's therapies



(speech and language, physiotherapy, occupational therapy)

0-19 Advice Line



Introduction

from our Chief Executive Sarah Tomkins



Welcome to First Community Health and Care's Quality Account for 2022/23.

Firstly, I would like to introduce myself as the organisation's new Chief Executive. I joined First Community last December, and although I am only four months into my post at the time of writing, I have been blown away by, and am already incredibly proud of, our dedicated workforce who continue to rise to the challenge of delivering quality, first-rate care to our community.

I have been constantly humbled by the dedication and commitment shown by our staff to the people they encounter and to each other. Aware of the potential impact of the last two years on our staff, we have worked tirelessly to prioritise colleagues' health and wellbeing.

We were delighted to find staff had rated First Community as the second-best community NHS provider to work for in the country, with an amazing 74 percent of staff indicating they would recommend First Community as a place to work.

It continues to be a difficult and demanding time in health and social care nationally, and there has been no let up to the pressures faced by services both locally and more widely across the NHS. However, I have been left inspired by the care, passion and values that so clearly underpin my colleagues as

they go about their work with patients, children, their families, partners, and other stakeholders across the system.

This year our healthcare services received an overall rating of 'Good' by the Care Quality Commission (CQC), following an unannounced inspection in March and April. The 'Good' rating was given across each of the five CQC domains: Safe, Effective, Caring, Responsive and Well-Led, and our Community Urgent Care Service, which was inspected for the first time, was rated 'Outstanding' overall.

The rating was a great achievement for the organisation and recognised the continued transformation and adjustment to new ways of working following the pandemic; and we are pleased the CQC recognised the strength of our services throughout their report, having visited at the peak of the Omicron outbreak.

CQC inspectors also recognised the extensive partnership work that forms a core part of our business. The last year has seen us prioritise collaborative working at place level with other organisations in the East Surrey Place Health and Care Partnership, which has focused on working more closely together to deliver improved patient care, and support collaboration in the community for more joined up services.

Working closely with stakeholders and providing services in partnership with others is the future of community healthcare, so it is really positive the

CQC has already recognised this as one of First Community's strengths.

As with any inspection, there is the opportunity for learning and the chance to reflect and consider where improvements can be made. As an organisation we are committed to continuous learning, and good progress has continued to be made against the priorities outlined last year.

We are pleased to have achieved our aim to increase the number of formally trained chaperones and to have increased their visibility by improving the way we raise awareness of their availability. We have also continued to keep our patients safe, ensuring clinical effectiveness by reducing variation in the assessment and management of lower limb wounds. These were just two of our improvement priorities for the 2022/23 reporting period.

Looking ahead to 2023/24, we have outlined new priorities for improvement in several areas, including heart failure at home, record keeping and preventing conveyancing of patients to hospital.

These improvements will see us develop pathways of care to enable people with heart failure to manage their symptoms at home; review and update record keeping standards and the associated audit process to ensure the needs of clinical services are met effectively; and working to increase referrals to our Urgent Community Response (UCR) team from partners to prevent patients being

taken to hospital, instead remaining at home to receive care.

You can read more about our ambitions for the next year, and the work we intend to do to achieve them later in this report.

I hope you find this report an interesting read and that it highlights the wonderful work being done across the organisation as part of our commitment to always focus our support on our first-rate colleagues, who deliver and support the delivery of first-rate care to the community to give the best possible patient experience.

I also hope this Quality Account provides you with a picture of how focused we are on maintaining and improving quality, patient safety, patient experience and the wellbeing of our staff.



Sarah Tomkins,
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 content of this report was agreed by First Community's executive team, senior clinical staff, the quality committee and the Board
- Our priorities for quality improvement follow consultation with stakeholders
- The content of the Quality Account is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the reporting period
 - Papers relating to quality reported to the Board over the reporting period
 - The results of the national staff survey for 2022.

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

28 June 2023



Sarah Tomkins
Chief Executive Officer

28 June 2023

Part 2

Priorities for improvement

and statutory statements



Priorities for improvement

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 mission:

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

Looking back – Reporting on our 2022/23 Priorities for Improvement

Last year we continued our work on the priorities we set for the reporting period 1 April 2021 to 31 March 2022. This was to balance the clinical priorities of the pandemic, releasing capacity to enable our staff to work safely and to be supported.

Our staff wanted to continue with their improvement journey, continuing and building upon the improvement priorities set in 2021/22. We took a different approach, in that we added to the existing priorities for improvement and set one additional improvement priority for the reporting period 1 April 2022 to 31 March 2023.

We will review our progress against each of these priorities before outlining our priorities for the coming year.

Chaperones

Achieved



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.

This priority was set for the 2020 to 2021 Quality Account. 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 it safely in a Covid secure way. Chaperone training was paused and many of our consultations moved to a virtual platform. We developed the work around chaperones during 2021 – 22 and 2022 – 23 to enable us to achieve our goal.

Last year we added chaperone information to our induction programme for new starters and included regular reporting to our monthly quality meetings.

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 to have a chaperone at any consultation or procedure.

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:

During 2021 - 22 there were 21 trained chaperones in First community compared to 17 in the previous reporting period (2020 - 21). During the current reporting period (2022 - 23) this has grown to 33 trained chaperones.

	Reporting Period: 2020 – 21	Reporting Period: 2021 -22	Reporting Period: 2022 - 23
Number of trained chaperones	17	21	33

- We have embedded quarterly reporting into our monthly quality group as part of our training compliance report
- We have added chaperone information to the local induction process. This links to the chaperone area of our intranet
- We have training available for all new staff or those wanting a refresher on our learning management system and intranet.

Supporting staff who are carers

Partly 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 one in nine of our workforce will be a carer
- Balancing carer responsibilities and work can have a significant impact on people, with around one in six 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 continue to benchmark ourselves against the Carer Confident Scheme which supports employers to build an inclusive and supportive workplace for staff that are, or will become carers, and we now have an action plan to identify and support our carers.

We have developed a First Community Carers' Passport. This is a document for people to go through with their line manager to enable a conversation about their caring responsibilities and their working life. We are planning to launch this by July 2023.

We used National Carer's Week in June 2022 to raise awareness of how First Community can support staff who are carers.

How we have measured our success:

We have not repeated our carers survey as we plan to do this after the launch of the Carer's Passport.



What next?

Launch First Community's Carer's Passport by July 2023.

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 2023.

How we will continue to measure our success

- We will repeat the carers survey at the end of Q4 2023 / 24
- We will monitor the roll out of the Carer's Passport by counting the number of downloads and access from the intranet.

Developing a patient centred approach to Quality Improvement (QI)

Partly Achieved

What we said we would do:

Ensure clinical effectiveness, continual improvement and learning by developing a patient centered coaching approach to Quality Improvement (QI).

Why we chose this:

- 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 champions, coaching others through projects.

What we have done:

- We have offered staff a range of training opportunities, with training for different levels of quality improvement knowledge
- We have introduced Quality Improvement Action Learning Sets to support staff through a Quality Improvement Project
- We have reviewed and updated our Quality Improvement pathway to make it clearer to staff what training is available for their current level of quality improvement knowledge
- We have grown our QI leaders' network, who support and champion quality improvement work across the organisation
- We have created a promotional video for First Community Network and are releasing volunteer stories monthly to promote involvement of First Community Network in Quality Improvement projects
- We held First Community's annual Quality Improvement Day where we promoted patient involvement in quality improvement
- We have explored different methods of providing feedback on our services for marginalised groups in our community. We have developed a survey which we plan to pilot next year.

How we have measured our success:

- To date 62 members of staff have accessed quality improvement training sessions and the 'What is QI' training video has been viewed 68 times. Quality improvement training has also been included in First Leadership training which has been accessed by two cohorts of staff
- Evaluation of the new Quality Improvement Action Learning Sets has been positive:

"It was very useful to increase my understanding of QI methodology to help structure projects and how to effectively formulate the aim, and measure outcomes."

"I learnt a lot, thank you, and the feedback from other members was really helpful."

- Quality Improvement Day was attended by 109 members of staff in 2022 and 96 members of staff in 2023. 98% of the 57 who completed the evaluation in 2022 and 96% of the 28 who completed the evaluation in 2023 said the day helped to develop their understanding of Quality Improvement by at least a moderate amount. 96% in both 2022 and 2023 said the event would help them, by at least a moderate amount, carry out Quality Improvement work
- Between April 2022 and March 2023, across First Community, 141 clinical audit and quality improvement projects were undertaken
- Between April 2022 and March 2023, across First Community, nine quality improvement projects were undertaken with service user involvement.

What next:

- Continue to promote and support access to quality improvement training across First Community
- Support members of the First Community Network to get involved in quality improvement work, thereby ensuring the patient experience shapes the improvement process. You can read more about the First Community Network here: www.firstcommunityhealthcare.co.uk/involvement-feedback
- Roll out the use of Radar to record quality improvement work across the organisation to make it easier for staff to report on Quality Improvement projects. This includes a prompt for staff to consider whether they can involve the First Community Network in their quality improvement work
- Whilst we are proud of our existing patient feedback opportunities, we are aware that these are not accessible to marginalised groups. We want to develop patient feedback and involvement methods suited to the needs of marginalised groups who find it harder to access health services. We need to enable marginalised groups in our community to provide feedback on our services so that we can respond to their needs better and ensure our improvement agenda is led by the people in our community
- We will trial and then implement the feedback tool we have developed for marginalised groups in our community.

How we will continue to measure our success:

- Monitoring the number of staff who attend quality improvement training and evaluation of the training
- Monitoring the number of quality improvement projects undertaken and completed, and the range of quality improvement methods being used across First Community
- Monitoring the number of quality improvement projects that are undertaken with service user involvement
- Once the new patient feedback method(s) are implemented we will monitor their usage.

Reflect and Learn

Partly Achieved

What we said we would do:

Give staff a safe place to reflect and learn by embedding our new approach to clinical supervision – ‘Reflect and Learn’.

<p>OPTION A: GROUP SUPERVISION</p> <p>In a 12 month period 6 group facilitated group sessions achieve 100% of annual Reflect and Learn units. Groups meet 6-8 weekly so a clinician may attend more than 6. Reflective logs are complementary to sessions and are recommended to be used to enhance learning.</p>	<table border="1"> <tr> <td>Facilitated Group Session</td> <td>Facilitated Group Session</td> <td>Facilitated Group Session</td> </tr> <tr> <td>Facilitated Group Session</td> <td>Facilitated Group Session</td> <td>Facilitated Group Session</td> </tr> </table>	Facilitated Group Session	Facilitated Group Session	Facilitated Group Session	Facilitated Group Session	Facilitated Group Session	Facilitated Group Session												
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<p>OPTION B: REFLECTIVE LOG</p> <p>In a 12 month period 6 reflective logs should be completed and discussed in one to ones /achievement review. This would constitute 100% of annual Reflect and Learn units. This is only an option if critical challenging and support are available from their team or manager. Managers must be mindful when supporting a staff member who has opted for reflective logs to ensure it remains supervisee led.</p>	<table border="1"> <tr> <td>Reflective Log</td> <td>Reflective Log</td> <td>Reflective Log</td> </tr> <tr> <td>Reflective Log</td> <td>Reflective Log</td> <td>Reflective Log</td> </tr> </table>	Reflective Log	Reflective Log	Reflective Log	Reflective Log	Reflective Log	Reflective Log												
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<p>OPTION C: (for highly specialised roles only)</p> <p>Clinical specialist/ peer supervision is for practitioners in an expert specialist role. Such practitioners may choose to access supervision from one or more other specialists in their clinical area from outside or inside the organisation. As with group supervision, 6 sessions in a 12 month period would constitute 100% of annual Reflect and Learn units and reflective logs are complementary to this.</p>	<table border="1"> <tr> <td>Clinical Expert/ Peer Supervision</td> <td>Clinical Expert/ Peer Supervision</td> <td>Clinical Expert/ Peer Supervision</td> </tr> <tr> <td>Clinical Expert/ Peer Supervision</td> <td>Clinical Expert/ Peer Supervision</td> <td>Clinical Expert/ Peer Supervision</td> </tr> </table>	Clinical Expert/ Peer Supervision	Clinical Expert/ Peer Supervision	Clinical Expert/ Peer Supervision	Clinical Expert/ Peer Supervision	Clinical Expert/ Peer Supervision	Clinical Expert/ Peer Supervision												
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<p>OPTION D: PEER REVIEW</p> <p>Two peer reviews in 12 months, following the documented process are considered 100% of annual Reflect and Learn units.</p>	<table border="1"> <tr> <td>Peer Review</td> <td>Peer Review</td> </tr> </table>	Peer Review	Peer Review																
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<p>OPTION E: ACTION LEARNING SETS</p> <p>Action learning sets will meet 6-8 weekly for a period of 12 months, therefore, 6 action learning sets in 12 months constitutes 100% of annual Reflect and Learn units. Commitment to the learning set agenda and agreed meeting is important.</p>	<table border="1"> <tr> <td>Action Learning Set</td> <td>Action Learning Set</td> <td>Action Learning Set</td> </tr> <tr> <td>Action Learning Set</td> <td>Action Learning Set</td> <td>Action Learning Set</td> </tr> </table>	Action Learning Set	Action Learning Set	Action Learning Set	Action Learning Set	Action Learning Set	Action Learning Set												
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<p>OPTION F: BLENDED APPROACH</p> <p>Staff are able to mix the options to make up 100% requirement.</p> <p>Example 1: Staff may choose to complement their existing clinical expert / peer supervision arrangements with peer reviews.</p> <p>Example 2: Staff may also choose to combine Peer reviews with Reflective Logs; this can be done in any order to make up 100% supervision requirement.</p> <p>Example 3: Staff may add Ad-hoc facilitated groups when convenient and complete the log book.</p> <p>Please note: If a commitment is made to a group then a member of staff cannot opt out of a group to access another option from the menu as this is disruptive to a group.</p>	<ol style="list-style-type: none"> <table border="1"> <tr> <td>Clinical Expert/ Peer Supervision</td> <td>Clinical Expert/ Peer Supervision</td> <td>Clinical Expert/ Peer Supervision</td> </tr> <tr> <td colspan="3">Peer Review</td> </tr> </table> <table border="1"> <tr> <td>Reflective</td> <td>Reflective</td> <td>Reflective</td> </tr> <tr> <td colspan="3">Peer Review</td> </tr> </table> <table border="1"> <tr> <td>Reflective</td> <td>Ad-hoc Facilitated Meeting</td> <td>Reflective</td> </tr> <tr> <td>Ad-hoc Facilitated Meeting</td> <td>Reflective</td> <td>Ad-hoc Facilitated Meeting</td> </tr> </table> 	Clinical Expert/ Peer Supervision	Clinical Expert/ Peer Supervision	Clinical Expert/ Peer Supervision	Peer Review			Reflective	Reflective	Reflective	Peer Review			Reflective	Ad-hoc Facilitated Meeting	Reflective	Ad-hoc Facilitated Meeting	Reflective	Ad-hoc Facilitated Meeting
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Why we chose this:

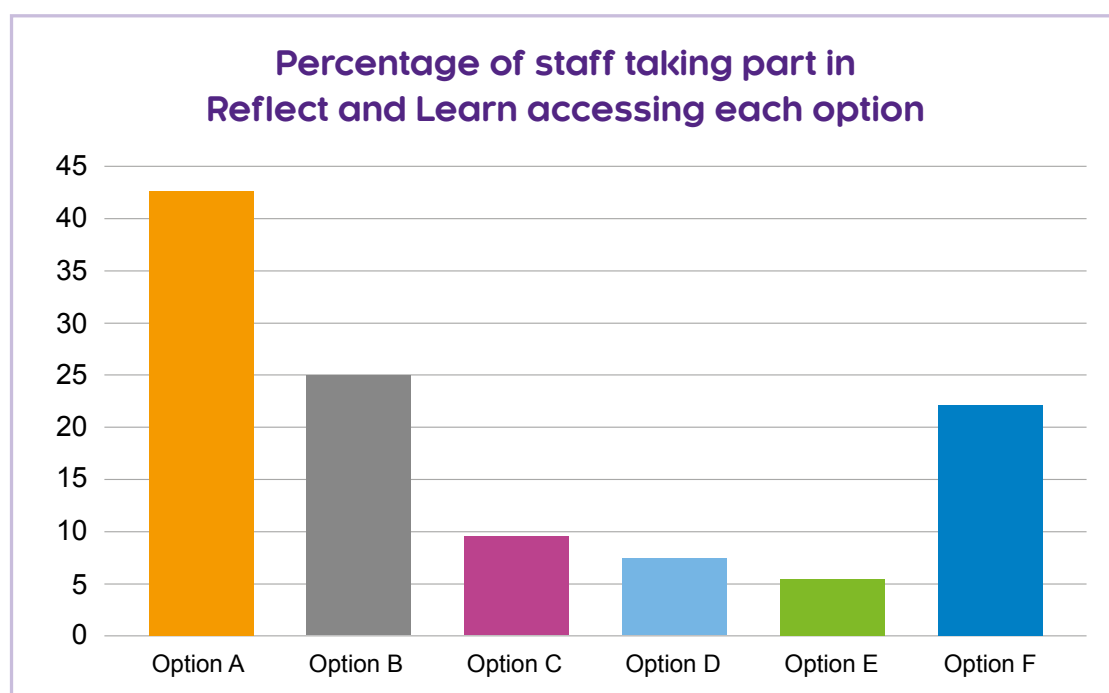
- The Reflect and Learn approach to clinical supervision was finalised in November 2020 after a staff consultation in 2019
- Uptake has been slowed by the ongoing pandemic
- The benefits of clinical supervision to staff and organisations have been demonstrated by the impact of the pandemic on staff morale and well-being
- Ensuring staff receive the support they need not only helps with staff retention and recruitment, but also makes First Community a safer place for patients.

What we have done:

- Completed an organisation wide evaluation of Reflect and Learn activities
- Raised the profile through the Reflect and Learn lead attending team meetings
- Regular communications and reporting
- Continued to support the development of existing Reflect and Learn facilitators by offering six monthly update meetings
- Completed an evaluation of the facilitator update meetings
- Trained more staff and trained facilitators for Reflect and Learn groups
- Embedded adult safeguarding supervision into Reflect & Learn by offering training to facilitators, adding this to facilitator competencies and reporting on how often this theme is raised.

How we have measured our success:

- The number of staff accessing Reflect and Learn activities: We have received feedback from 58% of staff on which of the Reflect and Learn options they have selected from the menu. Facilitated groups (option A, 42%) and Reflective logs (option B, 25%) are the most popular.



- The number of staff accessing adult safeguarding supervision: The new Supervision Policy (Adults and Children) was launched in November 2022 which ensures that Adult Safeguarding supervision is now accessible for staff in a variety of ways

Since September 2022, the Adult Safeguarding Lead has provided ad hoc adult safeguarding supervision on 108 occasions, has facilitated 10 formal one to one sessions, arranged four pre-planned drop-in sessions with 12 attendees. In addition, there have been two adult safeguarding focused Reflect and Learn sessions.

- The number of facilitators attending update meetings: Over the course of 2022 four facilitators attended one of the six monthly facilitator update meetings
- The number of facilitators accessing adult safeguarding supervision training: Over the course of 2022 four facilitators attended facilitator adult safeguarding supervision training
- The number of trained facilitators and groups running: Across First Community we currently have 25 trained Reflect and Learn facilitators and 10 groups running
- The frequency with which adult safeguarding concerns are discussed at Reflect and Learn group sessions: Due to updating the on-line survey platform used by First Community, it was not possible to draw out information on learning themes for the second quarter. Across the remainder of 2022/23 adult safeguarding concerns were discussed at Reflect and Learn group sessions eight times.

What next:

- With ongoing promotion and support to access Reflect and Learn activities we aim to have received feedback from 75% of staff on which of the Reflect and Learn options they have selected by 31 March 2024
- We will continue to promote and support access to Reflect and Learn activities across the organisation, gathering data from services
- We will complete an annual organisation wide evaluation of Reflect and Learn activities
- We will continue to work closely with the adult safeguarding lead to monitor the frequency with which adult safeguarding concerns are discussed at Reflect and Learn group sessions and to support facilitators learning needs.

How we will continue to measure our success:

- The number of staff accessing Reflect and Learn activities
- The number of staff accessing adult safeguarding supervision
- The number of facilitators attending update meetings and accessing adult safeguarding supervision training
- The number of trained facilitators and groups running
- The frequency with which adult safeguarding concerns are discussed at Reflect and Learn group sessions.

What our staff say:

“Over the years I have found Clinical Supervision very supportive to be able to discuss with others and reflect on issues that I have concerns about. Putting into practice, reflecting and continue to learn.”

“I am pleased the organisation holds Reflect & Learn (Clinical Supervision) in such high regard. I think it important for all staff to recognise that greater participation, questioning and sharing knowledge, facilitates greater learning for all. ‘Lifelong learning’ helps to prevent stagnation of ideas/ways of working; it encourages out of the box thinking.”

“I think it is a really valuable option.”

“This is a really positive thing to have set up in an organisation and it is well-embedded at First Community.”

“Really enjoy the sessions and time to reflect.”



Reducing variation in lower leg wounds

Achieved

What we said we would do:

Continue to keep our patients safe and ensure we are clinically effective by reducing variation in the assessment and management of lower limb wounds.

Why we chose this:

- 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) that 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).

What we have done:

We have continued to provide training and support:

- Lower Limb Pathway in use and promoted across community teams
- Lower Limb Pathway embedded into the two-day leg ulcer training
- Tissue Viability Nurse has delivered bespoke sessions on Lower Limb Pathway
- Tissue Viability Nurse provides ongoing advice and support around the implementation.

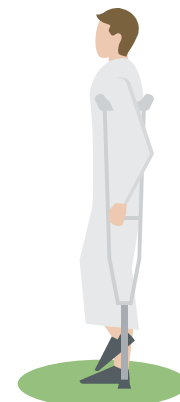
Our clinicians compile lower leg wound assessment at 14 days and four weekly intervals.

Patient feedback - we plan to develop a short questionnaire specifically to capture lower limb patient experiences.

Quarterly Lower Limb audits have been completed. The latest audit results have shown that the national wound care guidance was followed for 78% of patients. Where the guidance was not followed, 11% was due to staff capacity and 11% was due to patient choice. We will continue to complete these audits in 2023- 2024.

What next:

Further develop our lower leg wound pathway with a particular focus on Infection prevention and control because of an infection outbreak in one of our community nursing teams. Please refer to page 36 to read about how we have responded to this outbreak. We will take forward this work as part of the Commissioning for Quality and Innovation (CQUIN) work for the reporting period 1 April 2023 to 31 March 2024.



Virtual Consultations

Partly achieved and changed direction due to changing NHS priorities

What we said we would do:

Improve people's experience of services by describing and implementing our model for the delivery of virtual (video and telephone) patient consultations, giving people a choice of how they have their appointment.

Why we chose this:

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 its long-term use within our services. The evaluation found that a mixed model was beneficial to both patients and our staff. The NHS England and Improvement Phase 3 letter recommended that patients have a choice in undergoing their consultation by virtual means.

What we have done:

We looked at the methodology in different teams and have developed this work into a digital transformation workstream encompassing all remote interactions. The aim of this workstream is to achieve the NHS requirement to use digital technology to transform the delivery of care and patient outcomes.²

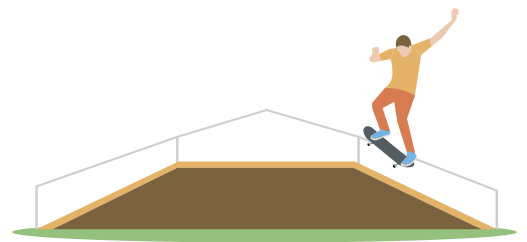
Our digital transformation work has meant what we set out to achieve in 2021 / 22 has changed and grown, therefore we will no longer include this as a priority for quality improvement in our Quality Account and report next year's progress in part three of our Quality Account. Future work will also include measurement of associated sustainability benefits.



²<https://www.england.nhs.uk/publication/2022-23-priorities-and-operational-planning-guidance/>

Children's Allergy Pathway

Achieved



What we said we would do:

We have implemented a referral pathway for children with suspected allergies and redesigned our cow's milk protein pathway in our community paediatric dietetic service. We will audit and evaluate the effectiveness of a community allergy pathway including the use of dietitian designed videos as first line advice for Cow's Milk Protein Allergy, making improvements and changes as required using a continuous improvement methodology.

Why we chose this:

We have recently launched an updated clinical pathway for dietetic allergy services in the east Surrey, Crawley and Horsham areas, which includes the use of videos for patients' families to access as first line advice. These videos were designed and filmed by our team and are therefore unique to our service. We would now like to audit and evaluate the pathway and effectiveness of the videos.

The purpose of updating the pathway was twofold:

Firstly, to provide clear guidance to referrers to ensure patients are seen by the correct service. We are commissioned to see children with non IgE allergies whereas children with IgE allergies should be referred to the allergy service at the local district general hospital for assessment, allergy testing and support from the paediatricians. We found that children were frequently referred to the wrong service, thus creating delays in patients and their families receiving the most appropriate advice and support.

Secondly, we recognised the importance of providing a more streamlined, accessible dietetic service ensuring children referred to our team with Cow's Milk Protein Allergy received information and advice in a timely manner to support appropriate exclusion diets, appropriate choice of formulas and appropriate challenges for their stage of development.

These educational videos for parents/carers to watch, cover milk free breast feeding, bottle feeding and milk free weaning for babies up to one year of age. We also supply them with all the associated resources to support the safe and timely reintroduction of cow's milk. Parents/ carers are provided with questionnaires to complete and return, should they require a one-to-one appointment with a dietitian. We launched this pathway across the service in November 2011 and now need to audit and evaluate its effectiveness and acceptance.

We believe this pathway could be effectively used in other areas in the UK and by other community dietetic services, to maximise use of dietetic resources whilst providing effective and appropriate care for patients. We are aware of many resources around Cow's Milk Protein Allergy but no pathways that have addressed the need for timely intervention in this way. Dietitians are best placed to provide accurate, timely and effective advice.

As a secondary intervention, we would also like to identify any additional training needs required by GPs and other referrers, for example when assessing the difference between non IgE and IgE allergies. These needs will be identified through auditing the accuracy of referrals and effective use of the new pathway.

What we have done:

Whilst we have done what we said we would do we found that our proposed pathway does not work for the majority of the families referred. 81.7% of families wanted a face to face appointment with a dietitian.

100% of parents of babies aged 0 – 12 months of age who were eligible were offered the videos to watch.



100% of these families were offered a telephone interview to review their experience of the video.

There was a saving of around 25 initial patient appointments per year.

In one year this would be the equivalent of nearly 8.5 clinics of saved time.

Waiting times have been impacted by factors outside of the changes implemented by this study.

We do not have data to be able to give an objective measurement of the improvement in appropriateness of referral, and to answer whether the new pathway has had this impact. In the year of the new pathway, we raised queries with referrers on just under 20% of referrals.

Whilst the pathway has not worked for a lot of families, those who did see a dietitian told us...

“I was very happy with service received.”

“(The dietitian’s) help was extremely helpful and really helped with my worries as it was my first time experiencing allergy and I had no other support.”

“I liked that I was offered a 6month opt-in as a safety net if case I had any other concerns.”

“I found the service really helpful and the information that I was sent prior to the appointment was useful. Appointment with (the dietitian) was excellent and I felt like I was really listened to and had lots of questions and felt that I had every one answered.”

What next:

We will continue to work to emphasise the importance of accuracy in referrals made.

The video and printed materials, although useful, are not a suitable substitute for an NHS referral to a paediatric dietitian for babies with cows’ milk protein allergy for the majority of families. We will continue to improve and learn as we re-define this pathway.



Looking forward...our priorities for improvement 2023 / 24

How we identified our priorities...

Our priorities for improvement for 2023/24 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.

This is how we have developed our priorities for quality improvement 2023/24:



Heart Failure @ Home

What will we do?

We will work with our partners across east Surrey to develop a pathway of care to enable people with heart failure to manage their symptoms at home.

Why we chose this?

Monitoring key symptoms of heart failure is vital in helping to manage the condition. Being part of the Heart Failure @ Home service will allow vital signs and symptoms to be closely monitored in people's own homes.

Care will continue to be with the regular heart failure team, but Heart Failure @ Home provides another level of monitoring in addition to regular check-ups, to help improve early intervention and provide people with the ability to manage their condition enabling them to feel more in control. Patient empowerment, digital monitoring and early intervention align with our sustainable healthcare principles.

How will we achieve this?

East Surrey has a number of digital monitoring systems in place, BP @ Home and Pulse Oximetry @ Home. Pathways have been developed using a digital platform called Inhealth.

Any new patients and existing patients will be put on to this pathway detailing what they need to record and how often. This will be managed by clinical coordinators with specialist heart failure team involvement when required.

How will we measure our effectiveness?

- Number of people self-monitoring
- Number on caseload
- Number discharged to self-manage
- Patient questionnaire to understand the outcome and experience of self management pre and post pathway, so at the start of the pathway and after 6 months of being on the pathway
- Waiting times for new referrals.



Record Keeping

What will we do?

Review and update record keeping standards and associated audit process to ensure this best meets the needs of the clinical services.

Why we chose this?

The record keeping audit is a statutory requirement for NHS providers.

Anecdotal evidence indicates there are limitations with record keeping audit processes which are often identified through learning from patient safety incidents. Triangulating this with complaints and other improvements into a record-keeping audit template that meets the requirements of each service is therefore a priority for this year.

Current clinical pressures put limits on staff time. Reviewing audit processes to ensure we are making the best use of data collection from electronic systems will support this.

How will we achieve this?

Task & Finish Group to review standards and audit template/process.

Work with Business Intelligence (BI) team to explore data collection.

How will we measure our effectiveness?

- Implementation of updated record keeping standards/audit tool and process
- Number of record keeping audits completed
- Proportion completed with standards met
- Clinical time saved (if possible, to gain previous data)
- Staff satisfaction.

Preventing Conveyance to the Acute Hospital

What will we do?

Increase referrals from South East Coast Ambulance Service (SECAmb) and NHS 111 to First Community's Urgent Community Response Team (UCR) to prevent people being conveyed to the acute hospital.

Why we chose this?

There are calls to NHS 111 and SECAmb that can be seen by other professionals and services to prevent people being conveyed to hospital.

In December 2022, we visited the local accident and emergency department to ask all ambulance crews if the patient they had brought to A&E could have gone elsewhere. We found that there were circumstances where people could have been seen elsewhere and not taken to the acute hospital. This also raised awareness of our service and where we could have provided a service.

In November 2022, First Community staff shadowed the paramedic practitioners in the ambulance hub. These practitioners review all the calls that require an ambulance to go out from NHS 111. We were able to raise awareness of when calling the UCR would be appropriate and safe.

How will we achieve this?

Working with SECAmb to improve the pathway and increase profile of UCR.

Since November 2022, all new paramedics starting to work at SECAmb come and shadow the UCR as part of their induction to understand the service.

A Paramedic Practitioner is starting with the team in February 2023. This will increase the specialist resource in the team and enable relationship building.

How will we measure effectiveness?

- Increase NHS 111 referrals to 5% of the total referrals into the UCR each month
- Increase SECAmb referrals to 15% per month of the total referrals
- Number of people referred and number of people remaining at home
- FFT feedback.



FFT Feedback

What will we do?

The Friends and Family Test (FFT) is an important feedback tool that supports people who use NHS services to provide feedback on their experience. Listening to the views of patients and staff helps to identify what is working well and what we can improve.³

As a provider of NHS services we must make it as easy as we can for everyone who uses our services to use the FFT to give feedback. We have worked to utilise a range of feedback methods such as paper forms, QR codes and emails and will continue to improve how we ask for and use the feedback we get.



Why we chose this?

FFT was paused to release capacity to respond to the Covid-19 pandemic. Since the restarting of FFT surveys, First Community has had a decreased response rate and has worked to increase these. By formally including it as a priority for improvement we will make continued developments and prioritise this for further work in 2023/24.

The number of FFT reviews received since 1 April 2016 can be seen below for comparison:

Reporting Period	Number of Reviews
1 April 2016 – 31 March 2017	5274
1 April 2017 – 31 March 2018	4017
1 April 2018 – 31 March 2019	3595
1 April 2019 – 31 March 2020	4530
1 April 2020 – 31 March 2021	1064
1 April 2021 – 31 March 2022	1682
1 April 2022 – 31 March 2023	2264

How will we achieve this?

We have worked with our services to ensure we use a range of methods to ask people for feedback on their experience using our services. We have recently introduced QR codes and business cards. We have also introduced “you said, we did” boards to tell people how we have learnt from what they have told us.

We will share learning at our monthly quality group and continue to develop our “champions” who promote FFT and feedback for each service.

How will we measure our effectiveness?

- We will measure the number of responses
- We will increase work to capture the “you said we did”, so how we have responded and used feedback for improvement
- We will measure the number of responses for each method of asking for feedback.



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 2022 to 31 March 2023. The content is common to all providers, allowing comparison across organisations.

Review of service

During the period 1 April 2022 to 31 March 2023, 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 2022 to 31 March 2023) 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 2022 to 31 March 2023, eight national clinical audits and zero national confidential enquiries covered relevant health services that First Community provides.

During that period First Community participated in 75% (six out of eight) of the national clinical audits and national confidential enquiries it was eligible to participate in.

The national clinical audits and national confidential enquiries that First Community participated in during 1 April 2022 to 31 March 2023 are as follows:

- National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme
- National Audit of Cardiac Rehabilitation
- National Audit of Care at the End of Life
- National Audit of Inpatient Falls
- National Diabetes Foot Care Audit
- National Obesity Audit
- Sentinel Stroke National Audit Programme (SSNAP)
- UK Parkinson's Audit.



The national clinical audits and national confidential enquiries that First Community participated in, and for which data collection was completed during 1 April 2022 - 31 March 2023 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	93%
National Audit of Cardiac Rehabilitation	0%
National Audit of Care at the End of Life	100%
National Audit of Inpatient Falls	0%
National Diabetes Foot Care Audit	100%
National Obesity Audit	100%
Sentinel Stroke National Audit Programme (SSNAP)	78%
UK Parkinson's Audit	100%

The reports of eight national clinical audits were reviewed by the provider between 1 April 2022 and 31 March 2023, and First Community intends to take the following actions to improve the quality of healthcare provided.

National Asthma and COPD Audit Programme:

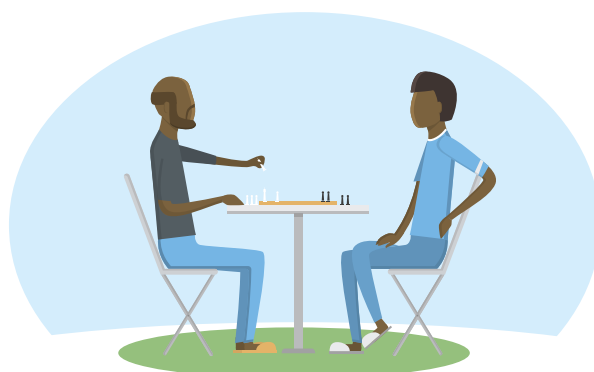
The pulmonary rehabilitation team have re-established their pre-pandemic level of pulmonary rehabilitation classes. They are currently working towards pulmonary rehabilitation accreditation which involves:

- production of a full-service Standard Operating Procedure
- a review of risk assessments
- a review of staff training and competencies
- engagement in service-specific staff feedback
- exploration of patient feedback via questionnaires and focus groups.

Local data also indicates that there is a large cohort of long-term respiratory patients that do not access pulmonary rehabilitation and so they are also exploring with commissioners the possibility of expanding the number of classes they offer. Further work is also needed to work collaboratively with primary care colleagues to ensure that patients are appropriately referred to Pulmonary Rehabilitation following confirmed diagnoses of COPD and an MRC 3+ score.

National Audit of Cardiac Rehabilitation:

We have been unable to submit data for this year due to staff capacity issues. We are working to be able to submit data for the next reporting period following recruitment.



National Audit of Care at the End of Life:

There were no inpatient deaths at First Community during the audit period. As a result, we were unable to complete the case notes audit.

First Community scored above average for the workforce/specialist palliative care and care and culture sections of the audit. Twenty-one members of ward staff completed the staff quality survey. The results of this showed a need to improve staff confidence and support. First Community's end of life nurse advisor has committed to:

- Review training/teaching sessions to include training at varying levels to cover all staff in contact with patients, including AHPs and Rehabilitation Assistants
- More end-of-life nurse advisor visibility on the ward to support staff when they are providing care for a patient at the end of their life.

National Audit of Inpatient Falls:

Over the past year the ward has implemented a multi-disciplinary falls prevention group which has implemented a number of changes to reduce the risk of falls on the ward. This group will continue over the next year to ensure falls prevention remains high on everyone's agenda, allowing us to identify and respond dynamically and quickly to changes in factors contributing to inpatient falls. Following these improvements to the ward, we plan to register for this audit in the next financial year and submit data for the next reporting period.

National Diabetes Foot Care Audit (N DFA):

The audit has allowed us to identify there can be delays in referring to our service. This has allowed us to start providing education to referrers with longer delays, with the aim of reducing future delays and improving patient outcomes. Additionally, as rear-foot ulcers are associated with poorer outcomes, we are focusing more on education around off-loading the heel.

National Obesity Audit:

There has not yet been a report for this audit which is relevant to our services. However, we are planning to review and update our obesity pathway.

SSNAP:

The audit did not identify any major issues with service delivery. However, although we submitted data for all records we received, the input of data was impacted by issues with prompt record transfer to our service. We continue to work with our sub-acute pathway partners sharing expertise as appropriate to support them to rectify this issue. An ongoing area of work across the system is exploration by the ISDN of more sensitive data collection to demonstrate clinical impact. We are working collaboratively to achieve this.

UK Parkinson's Audit:

Due to staff capacity and when the report was released, we have not yet reviewed this. We plan to review the report at the start of next year to identify service improvements required.

Reviewing reports of national and local clinical audits

Our clinical audit priorities are selected based on national requirements, commissioning requirements and local evidence that has emerged from themes, risks, incidents and/or complaints.

The reports of 141 local clinical audits and quality improvement projects were reviewed by the provider between 1 April 2023 and 31 March 2024, and First Community intends to take the following actions to improve the quality of healthcare provided:

- The ICATS team have developed and launched the Ask Three Questions leaflet to improve shared decision making. They are also developing a clinic letter to be sent to patients instead of to GPs

- The dietetics team returned to face-to-face Diabetes Education and Self Management (DESMOND) training sessions, offering virtual myDESMOND training when requested. This is following an evaluation which found patients got less from the virtual course
- The end-of-life nurse advisor has sent recommendations to teams encouraging staff to check the ReSPECT form for areas that are not complete, to check for the correct paperwork and to check that it has been reviewed as recommended. The end-of-life nurse advisor will review for improvements
- The Patient Safety and Quality Team has developed a tool to evaluate the impact and experience of public involvement in Quality Improvement projects.

Research

The number of patients receiving NHS services provided or sub-contracted by First Community Health and Care from 1 April 2022 to 31 March 2023, that were recruited during that period to participate in research approved by a research ethics committee within the National Research Ethics Service was four.

Goals agreed with our commissioners (CQUINs)

First Community's income in 2022/23 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework. First Community agreed with Surrey Heartlands Integrated Care System to work on CQUIN schemes relevant to the services provided:

CQUIN	Description	Update
Flu vaccinations for frontline healthcare workers	Achieving 90% uptake of flu vaccinations by frontline staff with patient contact.	Not achieved. 54% of First Community's frontline healthcare workers were vaccinated against the flu virus this year. We are working to understand how we can support our frontline staff to access flu vaccination for 2023 / 24.
Malnutrition screening in the community	Achieving 70% of community hospital inpatients having a nutritional screening that meets NICE Quality Standard QS24 (Quality statements 1 and 2), with evidence of actions against identified risks.	Achieved.
Assessment, diagnosis and treatment of lower leg wounds	Achieving 50% of patients with lower leg wounds receiving appropriate assessment diagnosis and treatment in line with NICE Guidelines.	Achieved.
Assessment and documentation of pressure ulcer risk	Achieving 60% of community hospital inpatients aged 18+ having a pressure ulcer risk assessment that meets NICE guidance with evidence of actions against all identified risks.	Achieved.

Care Quality Commission (CQC)

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

The CQC undertook an unannounced inspection of First Community in March and April 2022. The CQC's overall rating for community health services provided by First Community was 'Good' across each of the five CQC domains; Safe, Effective, Caring, Responsive and Well-Led with an overall outstanding rating for their Community Urgent Care Service.

Throughout the report it identified that staff felt well supported by competent leaders and recognised an open, transparent and supportive culture that was centred around the needs and experiences of people that use the services. As a result, the Community Urgent Care Service, which was inspected for the first time, was rated 'Outstanding' overall.

Several outstanding practices were acknowledged in the report which included the proud and passionate attitude shown by staff at the Minor Injury Unit at Caterham Dene Hospital. CQC inspectors reported a very positive team culture and found that feedback from service users was constantly positive.

Community adult services were commended for developing a procedure to support carers to safely administer end of life care medicines, meaning that patients could receive more timely pain relief at home.

Children, Young People and Family services demonstrated how they had gone the extra mile to support families from vulnerable and hard to reach groups and had introduced extra visits during the Covid-19 pandemic to help combat loneliness for new mothers.

First Community has undertaken work informed by the inspection including:

- Undertaken an in depth review of inpatient services to include review of roles and responsibilities in relation to medicine safety and optimisation and wider governance
- Undertaken a review of the achievement review process and one to one managerial support in First Community
- Begun to implement statutory training for all staff in supporting people who have a learning disability and / or autism
- Developed a process for monitoring and following up people who leave before they are seen at our Minor Injury Unit to ensure they are safe and accessing the right care
- Completed work at our ward to increase storage
- Developed and improved the way we record quality improvement and clinical audit
- Developed plans to roll out sepsis training and provided training for our 0-19 service
- Secured a new office for one of our community nursing teams.

Data Quality – Using EMIS

First Community is keeping data quality at the top of its agenda. We are continuously prioritising data quality and training staff to ensure that we get things right the first time, while looking at historical data and ensuring this is corrected.

Our Data Quality Improvement Plan (DQIP) is still focused around four distinct DQIP pillars which are EMIS system optimisation, user optimization training and data reporting. This ensures continuous improvement is embedded into our daily activities.

NHS number and general medical practice code validity

First Community did not submit records during the reporting period to the Secondary Uses Service (SUS) 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 any payment as a result of a clinical coding audit during the period 1 April 2022 to 31 March 2023 by the Audit Commission.

Data Security and Protection Toolkit

The Data Security and Protection Toolkit (DSPT) assessment for 1 July 2021 to 30 June 2022 was submitted in line with the national timeline and First Community exceeded standards in 30 June 2022. First Community are on target to meet or exceed the standards and our submission is due on 30 June 2023.

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 Hospital. 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 2022 to 31 March 2023 two 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: zero in the first quarter; zero in the second quarter; two in the third quarter; zero in the fourth quarter. This is the same as the last reporting period when two people died whilst an inpatient at Caterham Dene Ward.

Both 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. Mortality reviews and meetings recognise the care patients receive from staff on the ward is caring, compassionate, personalised and that they should be proud of the care they give.

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



Part 3

Overview of the performance of our services



Part 3 provides a selection of information on 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 about First Community:

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

Are we safe?

Infection prevention and control

- We have successfully recruited a Lead Nurse for Infection Prevention and Control and Patient Safety who provides clinical leadership and expertise across all levels of the organisation. This has enabled us to widely raise the profile of infection prevention and control, promote patient safety, and help to drive the development of organisational learning and improvements
- We continue to update and review the nationally designed Infection Prevention and Control (IPC) Board Assurance Framework at our Quality Committee. This enables us to identify any gaps against the Health and Social Care Act 2008: code of practice on prevention and control of infections and ensures that our Board has assurance and oversight of the actions we are taking
- We have continued to modify our IPC staff guidance in line with the national guidance, including the National IPC manual. This includes supporting and guiding staff to return to standard infection control principles that were in place prior to the Covid-19 pandemic. This has enabled us to ensure we continue to maintain effective infection prevention and control practices as we learn to live with Covid-19
- We have set up an effective fit testing programme to ensure staff are safe to wear filtering face piece (FFP3) masks. These masks allow enhanced protection for staff and patients in distinct circumstances when patients have specific infections that are transmitted by droplets or in the air. Over 100 staff have now been tested and are safe to use these masks. This also means we have enough staff that have been tested and are able to respond to new or emerging infections
- We have organised our central PPE stores to ensure that supplies are delivered in a timely manner and in the correct amount according to what the teams require. This has allowed us to reduce waste and increase efficiency of our PPE use
- We have delivered targeted infection prevention control training to all staff working in community nursing teams. That has not only provided an update of basic IPC principles, but also the opportunity for teams to discuss specific challenges sometimes encountered in their roles. These discussions have allowed staff to understand how to work around these challenges to reduce risk and ensure that IPC requirements are still met, and safe IPC practices still maintained
- We work in partnership with NHS Property Services to implement and monitor the National Standards of Healthcare Cleanliness which was updated in 2021.

Infection control on Caterham Dene Ward

Within the reporting period...



cases of MRSA
bacteraemias



case of C diff
infection



outbreaks of
diarrhoea + vomiting



cases of E coli
bacteraemia

There were three Covid-19 outbreaks at Caterham Dene Hospital (CDH) ward during the review period, and these outbreaks corresponded with a rise in Covid-19 cases nationally. One declared on 7 March 2022 and closed on the 27 May 2022 involved 30 patients who tested positive for the virus. The second outbreak in July involved two patients and the third outbreak in October involved 13 patients.

The Covid-19 outbreaks on our ward at Caterham Dene Hospital have been contained and managed well. We worked in partnership with our patients and their families to risk manage visitors to the ward during these outbreaks. This meant we did enable visitors where the benefits to the patients outweighed the risks.

Invasive Group A streptococcus Outbreak

We had an outbreak involving 8 patients who developed an infection called invasive Group A Streptococcus (iGAS). This is an infection where the bacteria Group A Streptococcus is found in a sterile body site such as blood. These cases were linked to one specific and rare strain of bacteria which has been linked to patients receiving care by community nursing teams. We have worked closely with national and local experts to investigate how this infection spread and investigations are still ongoing by national experts to understand why this infection has been transmitted. Since we found out about the outbreak, we have:

- Reviewed all our infection, prevention and control (IPC) practices in the community nursing teams
- Standardised the way we store and transport our equipment used on patients
- Provided additional IPC training for all staff working in clinical teams
- Begun reviewing and updating our organisational wide IPC policy to include specific areas relevant for community nursing.

Venous Thromboembolism (VTE) risk assessment

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



National Cleanliness Audit

First Community prioritises the provision of a clean and safe environment and we use the National Cleanliness Audit to monitor and improve this on a monthly basis. Cleaning audits continue to be undertaken monthly at Caterham Dene Hospital with 95% being the standard. The graph below shows the ward and the Minor Injuries Unit (MIU) have consistently achieved this standard of cleanliness during the review period.

Measure												
Quality	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Caterham Dene Hospital National Cleanliness Audit %	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%

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 or absence. During the reporting period we have had to be flexible with our referral criteria to enable people who are acutely unwell to access this care.

This has meant we have had to increase our staffing levels and have faced recruitment challenges in doing this. This has been a challenge nationally. We continue to prioritise the safety of our patients and staff by risk assessing admissions and staffing levels.

Business continuity incident – Community Nursing Service

In November 2022 First Community's community nursing teams had 7,967 patient contacts and were commissioned for 5,347. The teams had 66% vacancies for registered nurses meaning they were significantly understaffed. Having exhausted all of the business continuity triggers and actions, the District Nursing service declared a business continuity incident on November 24, 2022, which was stepped down on 6 December 2022.

This enabled redeployment of staff and harm reviews to prevent harm to our patients and staff. The clinical leads undertook case load reviews with the teams to ensure a critical lens to maintain safe clinical care.

There was increased reliance on temporary staff due to the number of vacancies.

Implementing the National Patient Safety Strategy

First Community is working to implement the recommendations in the National Patient Safety strategy.

Patient Safety Partners (PSPs)

- First Community Health and Care developed 'Patient Safety Partner' roles that are open to members of the public to work as an advisor to help us deliver safe healthcare across the organisation. This is a new and exciting position, which stems from a growing body of work both nationally and within First Community, focussing on involving patients across all levels of healthcare with particular focus on improving safety across the organisation
- PSPs will receive appropriate recruitment checks, training, induction, supervision, and ongoing support in their role. Our plan was to recruit two Patient Safety Partners to each attend one large meeting or committee a month, including a Board level meeting that focuses on safety and quality by May 2022. We have appointed three PSPs and currently have one PSP in post with a plan to recruit another.

Radar

- The Radar Incident Management System was launched on 1st February 2022
- The system provides a single point of access for recording, accessing, sharing and learning from patient safety incidents at all levels of the organisation
- As well as being quicker and simpler to use, adoption of the system has also resulted in several positive environmental outcomes, supporting our progress towards the goals set out in our Green Plan
- In the first year of using Radar to record patient safety incidents 5620 pieces of paper were saved. This is a total change in carbon footprint of 143.599kgCO₂e, which is equivalent to 10 A&E visits, 3.7 bed days on a low intensity ward or 1 person flying from Gatwick to Paris.

Alerts

- First Community has a robust system in place for the receipt and actioning of national patient safety alerts. This process has executive oversight
- The process has been reviewed to ensure all requirements have been met
- All alerts have been reported via performance reporting to the board
- All alerts received have been responded to on time, with zero non-compliance.

National Patient Safety Syllabus

Levels 1 and 2 of the National Patient Safety Syllabus were published in October 2021. This includes a sub section for senior leaders and board members.

This training builds consensus around patient safety education across all disciplines and is a major part of building on the 'think safety first' culture within First Community.

The syllabus is part of the mandatory training programme for all staff. Level 1 is mandatory for all staff of all disciplines, including non-clinical, and level 2 will be for band 6 staff and above. We have asked staff to complete the relevant training every three years.

Patient Safety - Board & Leadership Team - 54% of relevant staff have completed.

Patient Safety - Level 1 – 73% of relevant staff have completed.

Patient Safety Level 2 – 60% of relevant staff have completed.

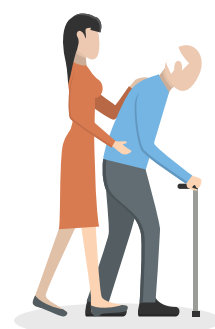
We continue to promote this training through regular reporting and in April 2023 we will begin a targeted approach emailing people directly to complete as we work to implement the Patient Safety Incident Response Framework (PSIRF) described below.

Patient Safety Incident Response Framework (PSIRF)

PSIRF sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents to learn and improve safety.⁴ It was published in August 2022 and represents a significant change in the way the NHS responds to patient safety incidents.

First Community have set up a group to implement PSIRF which is led by First Community's Chief Nurse and has our Patient Safety Partner as a core member. This group has:

- Developed a dynamic communications plan and stakeholder map
- Undertaken a review of roles and responsibilities required to implement PSIRF and begun to align these with job descriptions
- Developed a plan to profile and triangulate existing safety information including that from incidents, patient and staff feedback and risks to develop and inform our focus for the first 12 months of PSIRF
- Developed how we will further understand and develop involvement in patient safety incidents in partnership with our Patient Safety Partner
- Developed a training plan to ensure we have the right skills and knowledge to implement PSIRF.



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 (National Patient Safety Agency).

First Community:

- continues to provide 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 where things go wrong. Our staff told us in the staff survey that:

- 87% would feel secure raising concerns about unsafe clinical practice (compared to 83% last year).

	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 2022 to 31 March 2023	1644	97%	3%	60%
1 April 2021 to 31 March 2022	1150	97%	3%	77%
1 April 2020 to 31 March 2021	1234	96%	4%	80%
1 April 2019 to 31 March 2020	1203	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%

First Community has had four serious incidents during the reporting period, one pressure ulcer, two falls on our ward and one outbreak of iGAS affecting eight people.

As of 31 March 2023 the iGAS outbreak is still being investigated to understand what we can learn and how we can improve practice, however we have identified learning and made changes to practice and you can read about this on page 36.

We have used root cause analysis methodology (a structured method to understand any problems with processes and practices) to identify learning from these serious incidents which includes:

- Reviewing our records to ensure holistic needs of people are captured
- Implementation of a daily multidisciplinary "huddle" to improve communication
- Updated the SWARM paperwork we use after someone has fallen to include additional information to review. SWARM is a rapid improvement methodology that quickly identifies any learning. This is so we can continually learn about what we are doing and how we can improve. The swarm approach uses a post-incident huddle to explore what happened and how it happened in the context of how care was being delivered in the real world.⁵ We use swarms whenever someone falls on our ward at Caterham Dene Hospital.

⁵B1465-Swarm-huddle-v1-FINAL.pdf (england.nhs.uk)

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)
Q1 2020/21	28	1	29
Q2 2020/21	27	0	27
Q3 2020/21	18	0	18
Q4 2020/21	17	2	19
Q1 2021/22	19	3	22
Q2 2021/22	22	2	24
Q3 2021/22	45	0	45
Q4 2021/22	56	4	60
Q1 2022/23	91	2	93
Q2 2022/23	52	5	57
Q3 2022/23	65	7	75
Q4 2022/23	66	3	69

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

- Medicine management training is fully established harnessing technological resources/creation of training videos to cater to all styles of learning so as to provide a robust approach to medicines management training
- Medicines management training (including training for skilled non-registered staff) will continue to be delivered via First Community Medicines Management Team, and staff competency will be reviewed and monitored in line with CQC requirements
- We have rolled out electronic prescribing for our Minor Injury Unit in line with national standards and to ensure the best experience for patients
- We will continue to provide a safe and secure process for managing medicine needs for patients during transfer at each interface by collaborative working with the acute trust, social care, and community pharmacy to avoid interface incidents.



In recent years the numbers of Deprivation of Liberty Safeguards (DoLS) applications were:



The Safeguarding Adults Lead has continued to see an increase in contacts for advice and support with safeguarding concerns and complex mental capacity issues throughout the year. Contacts are up from 164 in 2021-2022 to 228 in 2022-2023. This has also resulted in an increase in safeguarding concerns being raised with the local authority, which are up from 65 in 2021-22 to 101.

During 2022 - 23 we have seen a move from organisational specific policy and procedures to a more Surrey wide approach with new Surrey Heartlands joint Adult and Children's policies implemented throughout the year.

The Adult Safeguarding training package has changed significantly with the introduction of Level 3 Adult Safeguarding training requirements rolled out in line with the Adult Safeguarding intercollegiate document and the new Surrey Heartlands joint Adult and Childrens' Training Strategy.

Training, which was previously a one-off training, is now required to be renewed every three years, and there is also the introduction of a specific Level 3 Adult Safeguarding Training course and a joint Adult and Children Domestic Abuse training course which is currently in the process of implementation.

The drop in training statistics reflects the roll-out and changes in these new training requirements and is being closely monitored by First Community's Adult Safeguarding Lead. Training has continued to be delivered both via e-learning, virtually and face to face, with sessions tailored to include the results of audit, safeguarding enquiries and national and local changes.

the table below shows the percentage of First Community staff uptake trained as of 31 March 2023.

	Mental Capacity Act & DoLS	Safe-guarding Adults Level 3 On-Call Managers	Safe-guarding Adults Level 3	Preventing Radicalisation - Basic Prevent Awareness	Preventing Radicalisation - Prevent Awareness	Safe-guarding Adults Level 2	Violence Against Women, Domestic Abuse and Sexual Violence	Domestic Abuse Level 3
31st March 2023	65.86%*	81.82%	34.76%*	93.94%	87.31%*	94.46%	70.50%*	2.44%*

* Changes in statutory and mandatory training requirements made the last 6 months are MCA/DoLS, Prevent and DA have changed from one off sessions to every 3 years. Level 3 Adult Safeguarding and Domestic Abuse Level 3 are new courses rolled out since January 2023, and March 2023.

This year has also seen the introduction of six new Adult Safeguarding Champions, all with a passion for adult safeguarding. The role of the Champion is to ensure clinical teams have a more specialised point of contact, and to assist the Adult Safeguarding Lead with the sharing of information, communication of learning and any ad hoc supervision their local teams may require.

A new Surrey Heartlands joint Adult and Children's Wide Safeguarding Supervision Strategy has been approved which outlines supervision requirements and options for First Community staff and is currently in the early stages of implementation, and this will be monitored by the Safeguarding Lead.

This year one audit has been completed:

The Routine Enquiry Audit reviewed initial assessments to establish if the Domestic Abuse Routine Enquiry question was being asked consistently across both Adult and Children's services. The audit identified that the question was not asked routinely and that the system for recording the response could not provide accurate data. As a result of these audit findings the Standard Operating Procedures for Routine Enquiry, and the EMIS template have been reviewed and updated; further focus on this audit is shared in the domestic abuse training.

We continue to safeguard those people staying on our ward that lack mental capacity 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 interest; there have been 11 Deprivation of Liberty Applications made by Caterham Dene during this period.

We have also actively engaged in the national Liberty Protection Safeguards consultation and are closely monitoring these developments to ensure we are ready for our new requirements when the implementation date is announced.

Safeguarding children

The Safeguarding Children Team has continued delivering business as usual activities following the Covid-19 pandemic. Most of the meetings are being attended via MS Teams which is working well.

The team has been without a Named Nurse since the 1 November 2022 and an interim has been in place since the 17 January 2023 working 30 hours each week. One member of the team has sadly decided to leave, and we are hopeful that we will be able to recruit into this role in a timely way.

The team has been working together with the Surrey Safeguarding Children Partnership (SSCP) to deliver on the priorities. These have been informed by local child safeguarding practice reviews, multi-agency audits, local and national serious safeguarding incidents, local and national research, feedback from partners and practitioners

The priorities are:

1. Early Help (Ensuring that thresholds are clearly understood, and consistently applied, with effective multi-agency working and clear pathways for support).
2. Child Adolescents and Resilience (including Child and Adolescent Mental Health and wellbeing, safeguarding children with Special Educational Needs and Disability (SEND), contextual safeguarding, and adolescent resilience in online spaces)
3. Neglect.



Early Help

Early help is support given to a family when a problem first emerges. It can be provided at any stage in a child or young person's life.⁶

Referrals for early help have gone down over the past year from 4,497 in December 2021 to 4,055 in December 2022. Contacts from health have remained consistent on a monthly basis at around the 800 mark. The number of repeat referrals into early help has gone down over the year from 20% to 13%.

In December 2022 there were 2623 cases open to children's social care, 104 children on a Child in Need Plan (CIN), 888 children on a Child Protection Plan (CCP) and 900 Children Looked After (CLA) across Surrey. Throughout March 2023 the partnership has taken part in an Early Help Joint Targeted Area Inspection. At the time of writing, we are still awaiting feedback and the written report.

⁶<https://learning.nspcc.org.uk/safeguarding-child-protection/early-help-early-intervention>

However, through the debrief sessions we have identified some key themes that we need to be focused on such as the Local Authority Designated Officer process, linking families on our electronic system and GPs getting access to systems and how we share information. There is a commitment from health and the partnership to improve on early help especially around referrals and how we escalate things when families need more intervention

Child Adolescents and Resilience

There has been an increase in children and young people attending the emergency department with Mental Health (MH) issues. Surrey stands at 468 per 100,000, which is lower than the rest of the Southeast which is 505 per 100,000. Surrey has a higher incidence of self-harm - at 468 per 100,000 - than the rest of England which is 421 per 100,000.

The waiting list for Mindworks has been coming down but still has many waiting. Those who are on the wait list are risk assessed and bought forward if needs be. Assessment to treatment time is improving. There were 4,301 crimes committed by children in Surrey, 51% of these children were open to Children's Social Care.

Neglect

Neglect is the main reason for a child to be on a Child Protection Plan (CPP). Although this is going down, there are still referrals for neglect increasing for children on repeat plans, but the overall number of children on a plan is decreasing. There is an increase in the Graded Care Profiles (GCP2) being completed for early signs of neglect but there is still more work to be done on this.

As of 31 December 2022, 491 GCP2 forms have been completed with a further 92 GCP2 forms in progress.

The team has been working hard in covering the various commitments and meetings including the following:

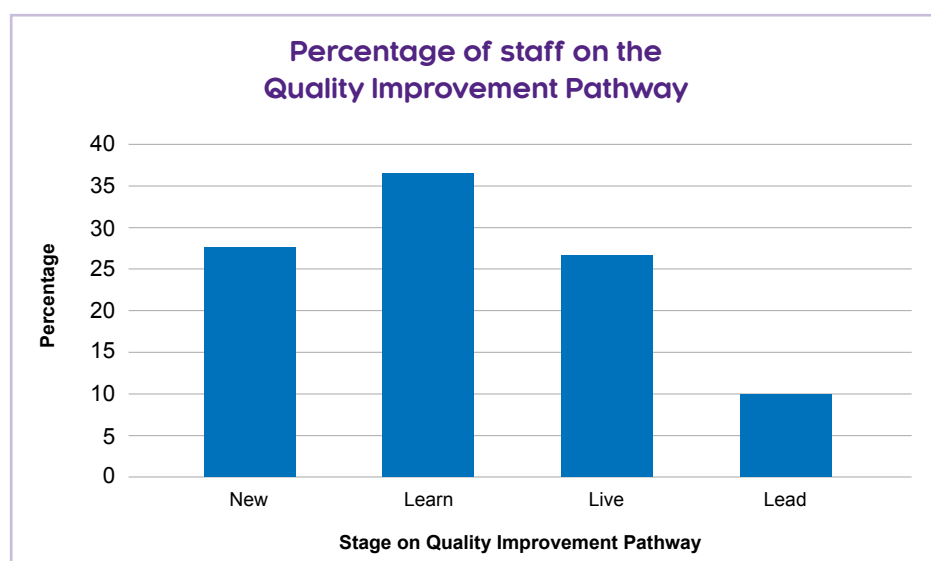
- Strategy meetings
- Multi Agency Referral and Assessment Conference (MARAC)
- Paediatric Liaison Meetings (High-risk children and young people who attend the ED are discussed)
- Risk Management Meeting (High risk children and young people from Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE) along with missing children)
- Safeguarding Supervision



Are we effective?

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

First Community has a Quality Improvement Pathway which underpins its ambitions for all staff to be equipped with improvement skills. We have received feedback from 60% of staff on which stage of the Quality Improvement pathway they are on with most staff (36%) at the 'Learn' stage of the pathway. First Community works to support staff to progress along the pathway, develop their skills and complete Quality Improvement work.



In addition to our priority one activity such as infection prevention and control audits, record keeping audits, information governance audits and national audit submissions, First Community staff were able to undertake some additional quality improvement activity. A selection of projects can be found below:

Mental Health Nurse Service Evaluation

The Mental Health Nurse advisors completed a service evaluation to explore how their service is used and perceived within the organisation. This showed that the service was well perceived, but that not all staff were aware of the service or how to refer. There were also mixed opinions on the initial assessment being completed jointly with the referrer. The team are working to raise awareness of their service and the rationale behind joint visits. They presented at the annual Quality Improvement Day and are joining team meetings to raise awareness.



The assessment and management of patients presenting in a First Contact Practitioner (FCP) clinic or MSK outpatients physiotherapy department with neck pain of suspected vascular evaluation



The key action of this project was to improve the confidence of the Musculoskeletal (MSK) Physiotherapist team in the assessment of patients with neck pain, with the potential of there being a vascular origin, in both First Contact Practitioner (FCP) clinics and in MSK Physiotherapy Outpatients, and to consequently improve the pathway for managing these patients and the overall quality of care. Teaching developed and included in the MSK department Inservice Training Programme resulted in improvements in awareness and confidence in assessing and managing this patient group.

Seating Quality Improvement Project

We reviewed the evidence for use of tilt in space chairs on the ward. We explored the literature, the number of patients who used a loaned chair over five months and staff feedback. We found that this will be a valuable piece of equipment that will enable all staff to support patients who are not able to sit out in a standard upright armchair to participate in their rehabilitation and prevent patients from having to be cared for in bed and reduce the likelihood of pressure areas, reduced muscle strength and low mood. We are therefore purchasing two for use on the ward.

Ward falls prevention project

A multi-disciplinary falls prevention group, including two members from the First Community Network, was created to identify and implement changes on the ward to reduce the risk of falls and associated harm. Multiple actions have been undertaken since the group began in June 2022 resulting in various improvements.

For example, completion of lying standing blood pressure assessments has increased from 11% to 85% of patients on the ward. Additionally, the number and quality of swarm assessments (a multi-disciplinary post fall assessment) completed has improved. In October 2022, 100% of falls had a fully completed swarm form with multi-disciplinary involvement, increased from 14% in June. This will be a continuous improvement project to allow us to create ongoing momentum and respond dynamically and quickly to changes in the factors contributing to inpatient falls.

Annual Quality Improvement Day

First Community relaunched their annual Quality Improvement Day in 2022, after being unable to hold this since 2019 due to the Covid-19 pandemic. This was attended by 109 members of First Community staff, as well as external guests.

First Community also held their Annual Quality Improvement Day in 2023, with a focus on sustainability. This was attended by 96 members of First Community staff, as well as external guests.

Both days included 14 presentations covering a range of Quality Improvement work including:



- Long Covid and First Community Health and Care's long Covid rehabilitation pathway – in which our Covid clinical coordinator described the implementation of the long covid rehabilitation pathway, the service and the positive outcomes this has had for patients
- New Urgent Community Response Service – in which our Urgent Community Response team described the new service and the impact this has had
- Vitamin D in care homes – in which our dietetics team described their project to increase the number of care home residents receiving yearlong vitamin D supplementation in east Surrey and West Sussex
- Streamlining admin processes within the MSK physiotherapy service – in which our MSK physiotherapy team described how they effectively transferred to an electronic system and the resulting benefits
- E-prescribing – in which our Minor Injuries Unit team described how they implemented e-prescribing and the benefits of this
- The School Nursing Pilot – in which the School Nursing Team described the outcomes of their pilot which explored the impact of splitting their team into two halves (safeguarding and public health)
- The Speech and Language Therapy (SLT) Stroke Pathway – From ESD to Conversation Café – in which the SLT Team described how the Conversation Café was developed and the associated benefits.



Achievement reviews (appraisals)

	1 April 2020 – 31 March 2021	1 April 2021 – 31 March 2022	1 April 2022 – 31 March 2023
% of staff who have had an achievement review during the reporting period	81%	95%	88%

We continue to set the expectation that all achievement reviews must be completed in the first quarter of the year.

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.

In our 2022 staff survey...

91% of staff said they had had an appraisal in the preceding 12 months

20% of staff reported the appraisal helped them to do their job

35% of staff said their appraisal helped them to agree clear objectives for their work

35% of staff said their appraisal left them feeling the organisation values their work

64% felt supported to develop their potential

55% said there are opportunities to develop their career in this organisation

68% were able to access the right learning and development opportunities

To improve this, we have undertaken a review of achievement reviews consisting of 18 virtual focus groups (91 people attended), a survey (55 people completed this) and a managers' focus group (24 managers attended). We have an achievement review task and finish group who are looking at the results and planning the way forward. The ambition is to make the achievement review meaningful and useful to all staff.

National Institute for Health and Care Excellence (NICE)

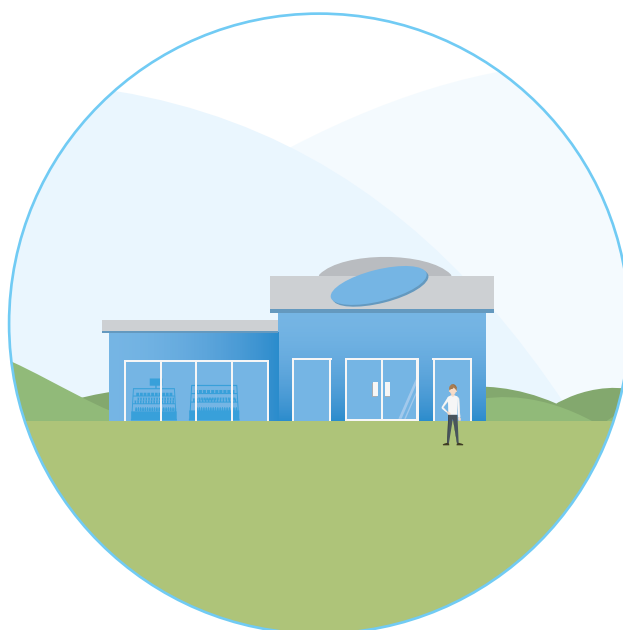
First Community continues to assess and implement NICE guidance relevant to the services provided. An audit of the NICE guidance implementation process was completed. This highlighted that all relevant NICE guidance had undergone a gap analysis and all subsequent action plans were monitored through the NICE planner spreadsheet and 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 'CG189: Obesity: identification and classification of overweight and obesity – update' First Community is reviewing its obesity pathway. This is to ensure all dieticians are aware of how to refer to other services. This will allow us to meet the recommendation about discussing and agreeing the choice of interventions for weight management with the person
- Following the publication of 'NG197: Shared decision making' a Shared Decision-Making Audit tool has been created and piloted and will be rolled out across the organisation in the next year
- Following the publication of 'NG227: Advocacy services for adults with health and social care needs' advocacy training sessions are being implemented for all clinical staff. We are also working to introduce a process for audit and review.

Readmissions to the acute from community beds

We monitor how many patients are readmitted to the acute setting and the reasons for this to understand if there is learning and improvements we can make. When the system is in escalation, we do flex our admission criteria whilst recognising there has been an associated increase in readmissions. We are undertaking a review to understand if the model and referral criteria are able to meet the increasingly complex needs of our community.



Are we caring?

Caterham Dene Ward

"The nurses work very hard and always very happy and nice."

"All the staff were helpful and kind."

Heart Failure

"Helpful, friendly, personable-always!"

Early Discharge Team

"The whole team have been absolutely fantastic and helped me through a very difficult time. The weekly goals set were manageable and taught me how to pace myself. My mobility has increased due to the exercises and help from the team. Everyone has been very respectful and taken the time to explain each process and what to expect."

Outpatients Physiotherapy

"Appointment by phone kept to the minute, clear instructions and exercises on e mail sent the same days. At the hospital, dealt with kindness and maximum help given."

Pro active Care Team

"X was amazing, very helpful, kept me informed of everything along the way, a very caring lovely lady."

Community Stroke Service

"I enjoyed the weekly classes and really looked forward to them - the Physio treated me as a person and I could feel she was interested in helping me with my treatment. I have copies of all exercises I need to continue with and, with the classes now finished, have set up my exercise routine that I must now follow. Can't think of anything you could have done better."

Community Nursing

"I am pleased with the nurses and cannot complain at all."

0-19 Team

"I've received great care from the health visitor with my first child. Made me feel confident in being able to look after my baby and look after myself too."

Minor Injuries Unit

"The NHS is being continually criticised, but this was wonderful service. Thank you to all at Caterham Dene."

Physiotherapy

"Could not have done better!"



Learning Disability Standard

In 2021 we undertook a survey with local care homes to understand what we could do differently to support people with a learning disability to access our services.

People told us that we needed to get better at making reasonable adjustments and making our services accessible. We have been working with our colleagues in Surrey Heartlands to adopt a reasonable adjustment flag in our electronic records. This means our staff can add what particular reasonable adjustment an individual needs to access the service.

In response to this we have been working to implement a way to identify people who need to have changes to services, so they are not at a disadvantage compared with others who do not have a Learning Disability or Autism (reasonable adjustments) and have drafted a policy and started to roll out training.

In 2023, we will publish our policy, implement the method of identifying people who need reasonable adjustments and re-audit our services in line with the NHS Improvement Learning Disability Standards for NHS Trusts to understand if we have made improvements.

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.

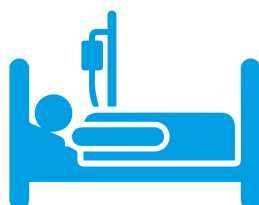
The four standards concern:

- 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).

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 97% (compared with 92% during the last reporting period) of people to die at their preferred place.

Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec 21	Jan 22	Feb 22	March 22
87%	86%	89%	100%	100%	95%	90%	90%	95%	100%	100%	76%
Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec 22	Jan 23	Feb 23	March 23
96%	100%	100%	100%	100%	100%	100%	95%	100%	95%	94%	97%



During the reporting period our community nursing service supported 233 people to die in their preferred place of care. This has meant people can stay at home with their significant others and be supported by a multidisciplinary team.

We look at cases where people did not die in the preferred place to understand if we could have done anything differently.

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. This process is now consistent across all NHS providers in east Surrey, meaning we are all working to support people at the end of their lives by having a ReSPECT conversation.

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 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.

Information for people who are caring for a loved one at the end of their life: The Bereavement Pack

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.

Bereavement packs offered. Shown as a percentage of the total cases where one should have been offered:

Year	2019 – 2020	2020 – 2021	2021 – 2022	2022 – 2023
Number offered as a percentage	62%	65%	52%	63%

We have reviewed the bereavement leaflet and will be publishing a revised version in 2023. We are also developing a web page to enable us to provide a virtual leaflet to families and carers not present during our visits. We continue to support staff to offer this leaflet at the appropriate time.

Carers

Our staff have completed 36 Carer's Prescriptions during the reporting period so 'Action for Carers' can get in touch and offer them support. This is compared to 65 last year and 89 during the reporting period 1 April 2020 to 31 March 2021.

We continue to support our staff that are carers and continue to work on this as a priority for improvement on page 14.



Complaints and Compliments

There has been a total of 14 formal complaints during the reporting period. There were 28 for 2021/2022.

There has been a total of 58 informal complaints for the reporting period. There were 50 for 2021/2022.

Of the formal complaints:

- Five were upheld, which means our investigation agreed the service received did not meet the standard that should have been expected
- Five were partially upheld, which means our investigation found that some aspects of the service did not meet the standards that should have been expected
- Two 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:

- Improvements have been made to the availability and choice of gluten free menu options at Caterham Dene Ward
- The procedure for following up required blood test results has been reinforced with all registered nurses to ensure these are followed up in a timely way
- The ward matrons are having one to one and group discussions with clinical staff to ensure they understand people's expectations, and routes for escalating concerns
- Nursing staff will review and prioritise patients who are experiencing pain before the drug round commences, rather than including this as part of the drug round. This is to make sure people who are experiencing pain can have pain relief quickly.

We received 1,575 compliments during the reporting period, this includes our 5* Friends and Family Test. We received 1,349 compliments during 2021/2022.

Audiology at First Community



First Community has held accreditation with UKAS since 2014. We complete a yearly submission and have a site visit every two years. We were re-accredited by the Improving Quality in Physiological Services Accreditation (IQIPS) in December 2022. This scheme is managed and delivered by the United Kingdom Accreditation Service (UKAS) who are recognised by the Government, to assess against nationally and internationally agreed standards, contributing to quality outcomes for patients. We met all the standards and so were re-accredited in December 2022.

What our patients say...

"The service was 1st class."



"The audiologist explained clearly and helped set up my hearing aid. I was provided with a hearing aid at my appointment which was great."

Mixed sex accommodation at Caterham Dene ward

There have been 0 mixed sex accommodation breaches during the year.

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, build on best practice, and identify where we can do better.

During this reporting period there were a total of 2,102 responses to the Friends and Family Test (FFT) compared to 1,682 for the previous financial year. The average score awarded out of 5 was 4.84, a slight increase from last year's figure of 4.77. First Community review all responses where a low score is given to make improvements in the quality of the services we provide.

First Community is taking forward FFT as a priority for improvement for 2023/24 and you can read more about this on page 26.

Some of the improvements we have made in response to this feedback are:

- Worked to minimise noise levels at night on the ward at Caterham Dene Hospital by staff being mindful of lighting and noisy doors
- Ensured staff can distinguish face to face and virtual appointment to ensure we don't keep people waiting
- Increased the monitoring of food temperature at Caterham Dene hospital to make sure food is hot when it is served.



Are we responsive?

Wound Clinic at Caterham Dene Minor Injury Unit (MIU)

In response to the high numbers of people presenting at our MIU with wounds, we extended our wound clinic to open seven days a week.

This means people can access planned wound care by skilled and trained professionals and receive greater continuity of care every day of the week. We have been able to increase the number of people able to access this specialist service.

The number of people seen at the wound clinic is shown opposite:

Month	Patients seen for scheduled wound care appointment
Apr-22	292
May-22	293
Jun-22	246
Jul-22	309
Aug-22	290
Sep-22	375
Oct-22	306
Nov-22	292
Dec-22	327
Jan-23	305
Feb-23	292
Mar-23	252

Community Forum improves services for local people

First Community's Community Forum brings together people and organisations from across east Surrey to improve health and related services provided by First Community, with the ultimate aim of having an impact on the health of people living in east Surrey.

The Community Forum continued to thrive with four quarterly meetings held in the reporting period (June, September, December and March).

The forum is currently supported by over 30 voluntary sector organisations, and meets four times a year for two hours. Meetings usually contain updates from First Community's Chief Executive, with details also given on any other health-related projects or work that we are aligned with. Presentations are given by key partners and the group is actively encouraged to use the time to network, learn from each other and share useful resources.

Last September, the Forum was attended by the East Surrey Place leads who provided updates on the five priorities.⁷ The session also included an exercise to look at current key issues for the voluntary sector and for people/patients who access those services, e.g., transport, office space, utilities, people living with long term health conditions and older people. For 2023/24 we will trial small working groups to take forward this work.

There is a continued focus across all meetings of the East Surrey Place developments to create a shared identity for east Surrey and enable east Surrey to provide joined up services that meet and respond to residents' needs.



⁷<https://www.eastsurrey-alliance.org/>

Staff flu vaccination campaign 2022/23



54% of First Community's frontline healthcare workers were vaccinated against the flu virus this year. Of staff vaccinated, 88% attended one of our onsite vaccination clinics whilst 12% were vaccinated by their own GP or local pharmacy.

We did not achieve the target of vaccinating 90% of frontline workers and are working to understand how we can support people to access the vaccine in 2023/24.

Eighteen-week referral to treatment (RTT) targets – Audiology and Integrated Care and Assessment Treatment Service

Integrated Care and Assessment Treatment Service (ICATS) 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. During the reporting period:

- We did not achieve our target of 92% of patients referred to ICATS completing their treatment pathway in 18 weeks, we achieved 86%. This was due to increased waiting times following the pandemic, both within First Community and in providers to which we refer people to. We are working to improve this in order to meet our target
- We have not achieved our target of 100% of people referred to audiology completing their treatment within 18 weeks of their referral date, instead achieving 50%. This was due to an increase in the number of referrals and demand for the service during the reporting period.

Minor Injury Unit (MIU) wait times



The longest wait in minutes at our MIU for each month can be seen in the table below:

Month	April 22	May 22	June 22	July 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
Average Wait Time in Minutes	14	13	15	18	21	25	19	13	16	17	16	18

Bed occupancy on Caterham Dene Ward

Our target for bed occupancy is 95% to ensure we use our resources effectively. During the reporting period we have not always met this because we have had to manage Covid-19 outbreaks, close beds, and have experienced delays in accessing packages of care to support discharges to people's own homes and nursing homes.

Quality	April 22	May 22	June 22	July 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
Bed Occupancy	93.0%	91.0%	91.0%	91.0%	97.0%	93.0%	92.0%	94.0%	91.0%	98.0%	98.0%	89.0%

Community Beds

We continue to provide community beds, four of these are for people with rehabilitation needs and two are for people who are unable to weight bear following a fracture. We also open extra beds in conjunction with our partners to respond to local need, especially during winter months. These beds are based in local care homes with First Community providing in reach rehabilitation and discharge planning.

We aim to get people home or to their preferred discharge destination within 28 days. This has increased from 21 days because people have increasing complexities requiring longer rehabilitation, delays in accessing care and during some months because we have flexed our admission criteria to respond to the wider healthcare system need to have acute hospital beds for the acutely unwell.

This means we are caring for people requiring more rehabilitation and / or complex discharge planning.

Quality	April 22	May 22	June 22	July 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
Average Length of Stay	26	39	26	37	29	30	26	29	24	33	32	28

Work with our partners towards neighbourhood provision

We have worked with Growing Health Together to provide local community services to our neighbourhoods.⁸ This facilitates services to be responsive to the health needs identified by local communities.

To support the development of neighbourhoods, an East Surrey Children's Steering Group has been established and has had several meetings. The Executive Director of Operations for First Community and the Associate Director for Children, Young People and Families are part of the group. The group is working together to look at priorities and actions for the East Surrey Place to take forward. Early indications for priorities are long term conditions, in particular asthma and diabetes, access to urgent care services and development of a localised, neighbourhood approach to supporting children young people and their families



People seen at the Minor Injury Unit (MIU)

More people have been seen at the MIU because we now have a GP working in the team to respond to the needs of the local system.

Reporting Period	2020/21	2021/22	2022/23
Number of people seen	20,863	16,586	21,982

Year	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
MIU Attendances 2022/2023	1375	1971	1828	1866	2093	1861	1950	1851	1994	1798	1583	1812
MIU Attendances 2021/2022	1375	1568	1423	1479	1687	1627	1387	1306	1234	1187	1128	1185
MIU Attendances 2020/2021	1837	1747	1712	1945	1827	1703	1492	1754	1831	1661	2131	1223
MIU Attendances 2019/2020	702	993	1083	1305	1287	1234	1058	1176	1173	1176	885	1234

Café Milk...partnership working in our community



Café Milk (previously known as baby cafes) are a partnership between First Community, breast feeding counsellors, and volunteer peer supporters.

We are supported by Reigate and Banstead Council, Tandridge District Council, The Harlequin Theatre, Oak Hall Church and YMCA Horley Family and Young People Centre who provide us with venues to support parents and feeding their babies.

During the reporting period 1,365 parents attended Café Milk, 510 of whom were new mothers. This has increased from 754 attendances during the previous reporting period.

New birth visits



An average of 95% of people who gave birth during the reporting period received a visit from our 0-19 service within 14 days of the birth of their baby.

Month	April 21	May 21	June 21	July 21	Aug 21	Sept 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22
% of New Birth Reviews Completed within 14 Days	87.70%	96.10%	92.10%	80.00%	87.10%	89.30%	92.70%	80.60%	98.40%	96.00%	92.20%	96.45%
Month	April 22	May 22	June 22	July 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
% of New Birth Reviews Completed within 14 Days	96.50%	94.10%	98.30%	91.75%	92.40%	95.80%	97.10%	95.60%	96.10%	83.00%	99.40%	100.00%

In January 2023 we began a pilot to extend the new birth visit from 14 days to 21 days after the birth of the baby.

Nice Guideline NG194 suggests the new birth visit (NBV) by a Health Visitor can be carried out 7-10 days after the midwifery discharge therefore extending the tolerance to 21 days post-delivery.

New birth visits that will be excluded from the new tolerance of up to 21 days are as follows:

- Families who have already been identified as requiring Universal Plus (UP) and Universal partnership Plus (UPP) level of service
- Families identified through Midwifery liaison as requiring extra support e.g., traumatic birth, low mood, adverse family circumstances, prolonged jaundice
- Babies in or who have previously been in Neonatal Intensive Care Unit (NICU)
- Young women (19 years or under)
- Women with physical and cognitive disabilities
- Women with severe mental health illness
- Women who had difficulty accessing postnatal services care.

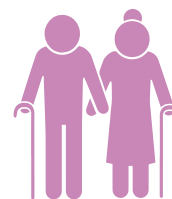


Expected benefits:

- Increase the ability to optimise the opportunity to receive care from the same health visitor, as many health visitors work part-time and not at weekends, so a larger window for this first postnatal contact would be most realistic
- Reduce overlap of professional support from Midwifery and Health Visiting in the first 14 days therefore increasing the best use of resources. By having visits more spread out it would enable parents to ask questions and have the baby's progress checked as changes occur throughout the postnatal period
- More flexibility to plan NBV's over a geographical area therefore reducing fuel consumption and time in line with sustainability goals and the NHS Green Plan
- Positive experience for families as it is not uncommon for the time between the final midwife contact and the first postnatal health visitor contact to be within a few days or in some cases a few hours of each other, which can be overwhelming. Having these early postnatal contacts so close together is not beneficial to the woman or baby when both the woman and baby are experiencing rapid changes. Furthermore, it can create a long gap between the first and second postnatal health visitor visit
- Increasing the gap between midwifery and health visitor contacts could enhance the support for breastfeeding as a further feeding assessment would be completed at the NBV which would be four to 11 days after the initial assessment. This will also reduce the gap between the NBV and six to eight week visit when feeding issues may develop
- Reduction in decline of a health visitor NBV around 10-14 days as the midwifery visits are often scheduled for the same time frame.

Ageing well

A key achievement of our work around ageing well is the increase in people not being admitted to the acute setting (admission avoidance) due to being supported by our urgent community response services.



Referrals for admission avoidance continue to rise across responsive services as we develop and refine pathways of care to support people to remain in their own homes when they are unwell.

Referral numbers to date:

	Dec 21	Jan 22	Feb 22	Mar 22	April 22	May 22	June 22	July 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
Referral numbers	47	42	51	76	55	57	65	57	61	84	67	81	71	96	63	99

Children's 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, 7, 8 and 9. 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	2021/22	2022/23
Year 8 HPV1	80%	73%	73%	73%
Nasal Flu (Year 1, 2, 3 and 4, 5 and 6)	68%	71%	65%	69%

We also administer nasal flu to other year groups, and we will be working to increase this number during the next reporting period:

	2021/22	2022/23
Year 7	56.60%	57.2%
Year 8	51.60%	53.8%
Year 9	48.10%	51%

During the last reporting period we offered all children in year 10 and 11 the flu vaccination because of the Covid-19 pandemic. This reporting period, flu vaccination has been offered to children in school years 10 and 11 that are identified as extremely vulnerable (meaning they suffer from specific conditions that make them more vulnerable to getting sicker from flu). We vaccinated 69.2% of the year 10 cohort and 65.4% of the year 11 cohort who were under this criteria.

First Community has continued to deliver BCG to groups identified to be at risk, as described on the [NHS website](#).

Bump and Beyond - antenatal offer

In January 2022 there was a Children and Family Health Surrey (CFHS) introduction of 'Bump and Beyond'.

This is a group antenatal contact offered virtually and face to face in family places. This means we can offer contact to all families, whereas previously we only saw people with additional needs.

In March 2023, we changed Bump and Beyond to a virtual class in response to change in demand.

First Community has had 193 contacts through this initiative since its start until 31 March 2023.



Are we well led?

Council of Governors (CoG)

The Council of Governors (CoG) is an elected group of staff that represent shareholder views, opinions, ideas and concerns and act as an interface between staff and the Board. Governors support the company's strategic areas of work to ensure that shareholders' interests are represented and designed into the solutions that we as a company generate.

One of the measures that CoG uses to measure staff engagement is by the number of shareholders in the company and governors in office:

	2018/19	2019/20	2020/21	2021/22	2022/23
Number of shareholders	70%	66%	61%	70%	61%
Number of CoG members	9	9	11	9	9

In 2023, we will be proposing a change to an 'opt out' model of shareholding, whereby all new joiners are automatically enrolled as shareholders unless they choose to opt out.

CoG's portfolios in the past year have included:

- Resolving shareholder concerns
- Publicising the benefits of employee ownership to staff
- Recruitment of the new Chief Executive Officer, Sarah Tomkins
- Extension of Non Executive Director terms of office and approving NED remuneration
- Attending Building User Groups, Flex for the Future, Productivity Group, Committees, and Board meetings
- Attending every induction day to speak about CoG and recruiting new staff as shareholders
- Participating in projects about estates moves as the voice of staff
- Sharing ideas with other Community Interest Companies on how to maximise the benefits of employee ownership
- Recruitment of associate members
- Speaking at the Annual General Meeting
- Communicating key messages to shareholders via First News. First News is a weekly internal staff newsletter.



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 11 Duty of Candour conversations, eight were in response to the iGAS outbreak.

Patient and Public Involvement

We have progressed with our ambition to strengthen patient and public participation in all that we do to help us to shape the way we provide care and services. We have continued to expand our network of people, known as the First Community Network, who are willing to be involved and share their perspectives and experience to help inform some of the work that is being undertaken by teams in First Community.

We now have 19 people on the network who have been involved in 17 projects. These projects include reviewing new policies, procedures and information leaflets and participating in audits such as patient-led assessments of the care environment on Caterham Dene Ward. We also have two members of the First Community Network who attend the monthly falls prevention project on the ward and their involvement is invaluable in helping us to reduce the risk of patients falling whilst on the ward.

To allow us to continue to build on and improve how we involve patients and the public, we have also developed tools, alongside members of First Community Network, to evaluate the impact and experience of their involvement.

What our First Community Network members say

"Being part of the First Community Network is not a huge time commitment for me and I have found my engagement with the team to be truly rewarding"

"I believe that my input and experiences along with the expertise from healthcare professionals will provide better results for patients"

"If I was to tell a friend about my experience. I would say, 'don't be afraid of not being able to contribute, as every voice is listened to and considered, and can make a difference to the way community healthcare is delivered'"

"In general, I would say that I have received more back from working with these groups than I've given but I hope my contribution has been useful...you get an awful lot back for a relatively small amount of time spent on it...it's very fulfilling"

"I now volunteer for the First Community Network and really look forward to helping improve the way community health services are developed and improved in the local area"

We have also successfully recruited a Patient Safety Partner (PSP) who is currently working with First Community to make care safer for patients. Our PSP is paid for their involvement and is currently looking at various ways in which we can broaden patient, public and staff involvement further to help to build upon our culture of collaboration and shared leadership. Our PSP has also helped to raise the profile of patient and public involvement across the organisation and helps us demonstrate our commitment to involving patients and their families in everything that we do.

We aim to continue to progress further with our involvement work and build on the organisational culture where patient and public involvement is at the heart of everything we do as a matter of course. We plan to begin collecting equality and diversity information for members of the First Community Network to ensure it is representative of the community we serve.

Staff Survey

First Community was delighted to be rated as the second-best community NHS provider to work for in the country following the publication of the 2022 NHS Staff Survey results.

The results of the annual survey showed an amazing 74% of staff would recommend First Community as a place to work. Last year's survey saw a 73% response rate, compared to 80% the previous year (2021).

We are encouraged by the results of the 2022 survey, in particular that:

- 85% (compared with 77% average score amongst community trusts) of staff would be happy with the standard of care provided by this organisation if a friend/relative needed treatment
- 81% (compared with 70% average score amongst community trusts) of staff would feel confident that the organisation would address concerns about unsafe clinical practice
- 83% (compared with 71% average score amongst community trusts) of staff feel safe to speak up about anything that concerns them in the organisation.

We are grateful to all our staff that completed the 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 and have set up a working group to respond in areas where our staff are telling us there is room to make improvements.

First Community is also taking part in the Pulse Survey as a temperature check with a health and wellbeing focus.



Equality, Diversity and Inclusion

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



During 2022/23 we published four equality objectives for the period 2022-2025:

1. All changes and improvements made to our services are taken with the needs of our population (using population health management insights), with meaningful consideration given to improve or address health inequalities.
2. To work collaboratively with health, education and social care partners in Surrey to reduce inequalities experienced by people (patients, staff and communities).
3. To make First Community a great place to work where everyone is free from violence, discrimination, bullying or abuse and has equitable access to opportunities to develop, progress and achieve their full potential.
4. To develop inclusive and compassionate leaders to support a diverse and representative workforce to continue to deliver outstanding care to meet the individual needs of our patients and communities.

Further information can be found in our [annual equality report](#)

Key steps towards achieving these objectives were:

1. The introduction of a new equality impact assessment for all policies affecting our staff, with wider participation in making changes to our policies.
2. Improvements in staff satisfaction from colleagues of ethnic minority backgrounds.
3. New inclusion and equality training as part of our First Leadership management programme

Speaking up: Raising concerns

First Community staff can speak up or raise concerns 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 speaking up
- The Non-Executive Director with responsibility for speaking up
- Floor to Board in five minutes (any of the Executive or Non-Executive Directors)
- Chairman of the Board
- The Clinical Governance Manager
- The People Team
- Council of Governors (with additional freedom to speak up ambassador role)
- Adult Safeguarding Lead
- Children's Safeguarding Lead
- Local Counter Fraud Specialist or Director of Finance for fraud concerns
- Union Representative
- REACH 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 of Freedom to Speak Up

- 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.



During the reporting period First Community has...

- Recruited two new Freedom to Speak up Guardians who have completed their training and will be developing the role
- Begun to review how information is triangulated to enable an overview of safety and culture activity
- Trained two Freedom to Speak up Ambassadors who support the pro-active messaging of how people can speak up and signposting
- Had no Freedom to Speak Up issues raised
- Had three concerns raised regarding communication and team dynamics.



Sustainability Strategy – Green Plan



In June 2022, First Community launched its Green Plan, setting out the organisation's commitment to delivery and describing our approach to 'Care Without Carbon'. Our Green Plan is in line with NHSEI's climate change strategy 'Delivering a Net Zero National Health Service'. It includes targets to reach Net Zero Carbon (NZC) by 2040 for direct emissions, and 2045 for indirect emissions.

To deliver sustainable healthcare, First Community is working firstly to minimise the need for healthcare activity; to reduce its environmental or health impact, whilst at the same time improving health outcomes.

This is reflected in the organisation's Sustainable Healthcare Principles:

- 1. Healthier lives:** Making use of every opportunity to help people to be well, to minimize preventable ill-health, health inequalities and unnecessary treatment, and to support independence and wellbeing.
- 2. Streamlined processes and pathways:** Minimising waste and duplication within the organisation and wider health system to ensure delivery of safe and effective care.
- 3. Respecting resources:** Where resources are required, prioritising use of treatments, products, technologies, processes and pathways with lower carbon, environmental and health impacts.

The Green Plan follows the Care without Carbon framework, and sets out how we will achieve our environmental sustainability goals across eight key elements. This ensures we are taking a coordinated approach, directly tackling the key challenges in delivering sustainability within the NHS and integrating it within our operational activities.

The organisation's Director of Finance and Resources is our executive lead for sustainability. Delivery of each element is then managed by a senior lead, with progress monitored at the quarterly Sustainability Oversight Group.



Part 4

Children and Family Health Surrey



Children and Family Health Surrey (CFHS)

Quality Account Content for 2022 / 23

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

Bump and Beyond - antenatal offer

- In January 2022 there was a Children and Family Health Surrey (CFHS) introduction of 'Bump and Beyond'
- This is a group antenatal contact offered virtually and face to face in family places. This means we can offer contacts to all families, whereas previously we only saw people with additional needs
- In March 2023 we have changed Bump and Beyond to a virtual class in response to change in demand
- We have introduced a booking platform to help people access Bump and Beyond
- Topics covered in the session:
 - Health visitor role / expectation of service
 - Becoming a family / life with a new baby Infant Feeding / safer sleep
 - Emotional health.



Parental Feedback:

- QR code at the end of each session
- 4.61 out of 5 rating 100% (March 18th 2023) would recommend very comprehensive and allowed lots of opportunities to ask additional questions. There are definitely advantages being virtual (it made it a lot easier for me to fit in around work).

"Very comprehensive and allowed lots of opportunities to ask additional questions. I feel a lot more confident now."

Surrey Wide 0-19 Advice Line

- The 0-19 Advice Line continues to be 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 33,409 calls, compared with 30,713 calls during the previous reporting period. The advice line was accessed more in the last reporting period due to restrictions to drop in clinics due to the pandemic
- We monitor the number and themes of calls and adjust our service accordingly
- Advice given was around feeding (including reflux, colic, wind), sleep, minor illness, behaviour and development including toileting.



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, focusing on the needs of the child, parents, and family; families in the community; closing the outcome gap; information, communication and engagement; and workforce. We continue to work with our partners, including service users to build the Best Start Strategy which brings together the First 1000 days with other workstreams. This is due to be published in May 2023.



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.



85 (compared with 147 during the last reporting period) engaged interactions during the reporting period

We are planning to increase our visibility at schools to raise awareness of Chat Health.

Themes include pregnancy, contraceptive, mental health advice and sexual health advice.

Update on The Surrey-Wide Inclusion Health Team

The two original projects funded by Surrey Heartlands and Surrey County Council's Public Health Department (Gypsy Roma Traveller and homeless families' Health Outreach) have continued to grow and develop, including provision of support to Home Office commissioning a growing number of hotels across Surrey, to house asylum-seekers and refugees. These have included asylum-seekers from all over the world. Previously, these vulnerable groups were processed and placed in other parts of the UK, so, in Surrey, there was no existing infrastructure, processes or experience, across the system, to manage these challenges. The team have sought advice from national colleagues, learnt quickly, adapted practice to triage and prioritise the different levels of need and type of provision and developed multi-agency strategies and partnerships, with each Primary Care network and District or borough council, every time a new hotel or facility opened up. It has been a system-wide response, with shared learning and a co-ordinated approach. The inclusion team thought creatively about how to reach vulnerable children, young people and families from the local Gypsy, Roma and Traveller communities, asylum seeker and refugee communities. The service worked with all members of the family to identify potential unmet health needs within the family. Children, young people and families with additional needs were signposted to other services to assist including visa support and helping families to learn English.



Family Nurse Partnership

Surrey's Family Nurse Partnership (FNP) service supports young women aged 19 or under who are expecting their first baby early in pregnancy until their child is two years old. The service is delivered across the whole of Surrey. The voluntary programme provides on-going intensive, structured support from specialist nurses. They work closely with the young women to ensure they receive practical health and emotional support and advice for themselves and their babies. The future outcomes for both children and adults are strongly influenced by factors in pregnancy and first years of life, so this programme offers some of the most vulnerable babies and young parents a better chance in life. The Family Nurse Partnership (FNP) has continued to provide a full service offer face to face in clients homes throughout and following the lockdowns. Young parents have stated that the service has been their lifeline. The FNP supervisor role is now a job share enabling professional support and challenge to enhance service provision.



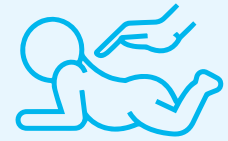
Work with our partners towards neighbourhood provision

Across Surrey workshops are taking place to explore with our partners and residents how we can provide effective community services to a neighbourhood.



Therapeutic Baby Massage Groups

Therapeutic baby massage groups are for families who have challenges with their relationships between the baby and parent. The groups have always been delivered by community providers who are trained and supported by Parent Infant Mental Health Services (PIMHS). PIMHS work in partnership with health visitors and nursery nurses who can refer people to be part of a group. Problems with resources has meant these groups have been run by PIMHS with limited sessions from CFHS since 2020 meaning a reduced opportunity to access these groups. CFHS have offered individual sessions where possible to mitigate against the reduced opportunity to attend a group.



- In 2018 / 19 there were 112 families who attended groups
- In 2019 / 20 there were 7 families attended in the community setting, because of the pandemic
- In 2020 / 21 there were 56 families who attended groups
- In 2021 / 22 there were 16 families who attended groups
- In 2022 / 23 there were 64 families who attended groups.

To enable more sessions to run in the future we have:

- Identified venues to host the sessions
- Identified staff who are trained and are considering how we can utilise different skills and roles for provision
- Forward planning to enable group sessions in east Surrey
- Reminded staff of how to set up groups.

Safe Space Health

- Safe Space Health was created to fill a gap in the school nursing service. School nurses had limited time to deliver health promotion for key stage three students and we wanted to increase the amount of health promotion that was given to this cohort
- Safe Space Health was created and designed with young people. The project adopted an Action Research approach and the look, feel and content of the website was decided by young people through sending out questionnaires and running focus groups across Surrey
- Each month the school nurses also blog about a health campaign that is age appropriate in order to increase health information. Where possible we try and team this with a physical event in school aimed at that campaign so that we can link the school nursing offer on and off line. When this has been done in the past it has been very positive and has also identified students that went on to attend school nurse drop in for further support



- Data is collected by our web designer and this is sent through on a monthly basis. The data includes how people found the website and what they looked at
- Safe Space Health allows school nurses to deliver lots of key health information to key stage three students, as well as other students without a strain on school nurse time. Students are signposted to Chathealth via the website if they need further support or would like to see their school nurse. Moving forward we are looking to advertise school nurse drop in's via the website as well as promote the different school nursing teams further and move away from blogs and include podcasts.



Delivering a tiered model through School Based Occupational Therapy (OT)

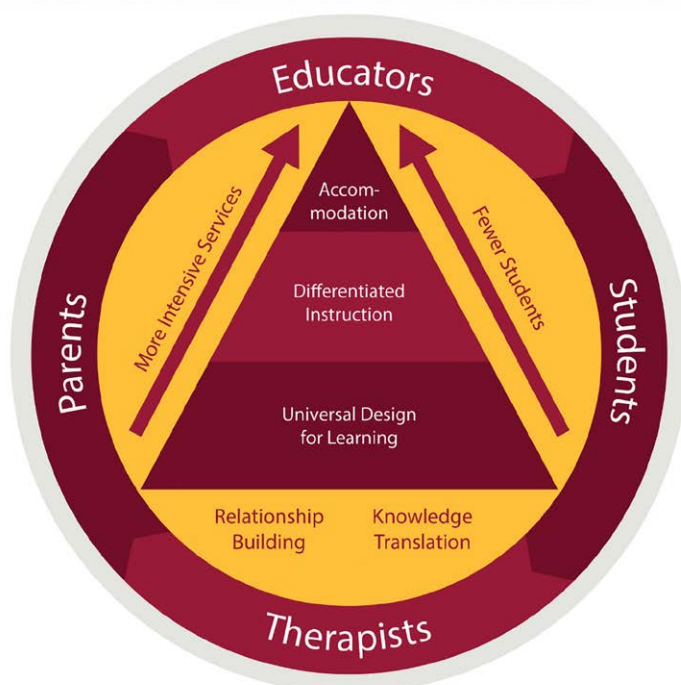
What makes it different?

- Minimising dependency on School access to OT via Education, Health and Care Plan (EHCP) and referral system
- Reduction of bureaucratic processes for Schools to follow when requesting support
- The service can reach a greater number of children via the reduction of boundaries
- Whole school approaches are shifted, longer term this allows for the greater incorporation of OT theory into teaching practice.

Partnering for change: An innovative school-based occupational therapy service delivery model for children with Developmental Coordination Disorder.

PARTNERING FOR CHANGE: P4C

Building Capacity through Coaching and Collaboration in Context



© Missiuna, Pollock, Campbell, Levac and Whalen, *CanChild*, McMaster University, 2015

Evidence and Trends

- June 2020: End of summer term prior to the implementation of a strategic balanced model. 73 Children were awaiting a first appointment based on School referral
- December 2022: End of Autumn term following 2 academic years of strategic balanced model. 16 Children were awaiting a first appointment based on a school referral
- There has been a continuous decline in referrals since the introduction of School Based Occupational Therapy.

New feeding pathway

To equip families with the tools to manage feeding from the earliest opportunity through a tiered (universal, targeted and specialist) multidisciplinary feeding pathway for children

Project aims

- Delivery capacity shared across the multi-disciplinary team
- To equip families with the tools to manage feeding from the earliest opportunity
- Reduction / appropriate management of dietitian and speech, language therapy dysphagia service referrals
- To identify capacity saving opportunities and benefits through having a structured pathway
- Identification of timely referral to acute feeding clinics, occupational therapy, dietician and paediatrician
- Between November 2022 and January 2023, 90 requests received for feeding support
- 42 parents attended the virtual parent workshop
- 31 parents went on to attend the face to face sessions across NE and SE venues.



1) How confident do you feel in understanding and supporting your child :

Before -

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

After -

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Outreach Immunisation

The team was approached by a Wellbeing coach for Farnham Centre for Health regarding starting a community vaccination clinic at the Hale community road centre.

The Hale Community Centre is a community resource that provides a range of services, activities and meeting spaces for people of all ages. The aim of the centre is to provide recreational, learning, business and social activities, which are accessible and affordable.

Hale road covers a population/demographic in the Sandy Hill area of Farnham. The centre is encouraging health professionals to be more visible in the community to support these families to access services.

It was agreed that the 0-19 Immunisation team would support with a vaccination clinic offering school aged vaccines initially to the local community.

Target Audience: School aged children who had missed been offered at school. Aimed to support greater uptake of vaccinations in this community.

Vaccines included:

- Influenza-Reception to year 6 and clinically vulnerable IM or nasal
- HPV-Year 8 and above who have missed at school
- Diphtheria, tetanus polio (DTP) and Meningitis ACWY year 9 and above
- MMR-Any aged who had not been vaccinated.



Annexe 1

Statement from commissioner



First Community Health and Care Quality Account 2022/23

Commissioner Statement from NHS Surrey Heartlands ICB

NHS Surrey Heartlands Integrated Care Board (ICB) welcomes the opportunity to comment on the First Community Health and Care draft Quality Account 2022/23.

We have reviewed the document and consider that it meets the Department of Health's national guidance on quality account reporting. The ICB is satisfied that the document gives an accurate account and analysis on the quality of services provided and has been written in an accessible format.

First Community Health and Care has continued their commitment to improving the quality and safety of care they provide to people who live and work in East Surrey and West Sussex throughout ongoing system pressures during 2022/23.

In 2022/23, the continuation of 2021/22 quality priorities with the addition of new ones enabled First Community to achieve their aims to improve patient experience and safe, effective clinical care with the use of formally trained chaperones and reducing variation in the assessment and management of lower limb wounds. We acknowledge their transparency about partially achieved priorities in 2022/23 and dedication to take them forward as appropriate. This will be positive for staff, as the Reflect and Learn approach is embedded and the launch of the carer's passport in July 2023; and for patients as training on developing a patient centred approach to quality improvement is further rolled out and evaluated.

The ICB supports the new quality priorities for 2023/34 – developing a pathway of care to enable people with heart failure to manage their symptoms at home, reviewing and improving record keeping, preventing conveyancing of patients to hospital, and increasing patient feedback via the Friends and Family Test. These priorities strengthen partnership working in East Surrey, improve triangulation of data to identify and share learning, and take the voice of service users into account for reflection and improvement.

In addition, we are pleased to see First Community's commitment to implementing recommendations in the new Patient Safety Incident Response Framework and look forward to working together in support as the framework is embedded across Surrey Heartlands providers. We are encouraged by First Community's work on the Learning Disability Standard to better identify people who need reasonable adjustments and make services more accessible and welcome the greater level of assurance in this report on infection prevention and control and initiatives to strengthen it.

In closing, we congratulate First Community Health and Care on being rated 'GOOD' across each of the five Care Quality Commission domains following an unannounced inspection in March and April 2022 and commend them on their commitment to undertake work informed by the inspection in a continuous learning culture.

We look forward to continuing to work in partnership with you in 2023/24.

Clare Stone

**ICS Director of Multi-Professional Leadership and Chief Nursing Officer
NHS Surrey Heartlands**

31 May 2023

This Quality Account was also shared with Surrey County Council's Health Scrutiny Committee, Health and Wellbeing Board and Healthwatch Surrey and no responses were received.

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, for example large print or easy read, or if you need help communicating with us, please contact:

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Call: **01737 775450**

Email: fhc.enquiries@nhs.net

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