First Community Health and Care

NHS

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

Quality Account 2016 to 2017

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 stakeholders in evaluating the quality of our services and determining 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 Quality Accounts are published on our website at:
www.firstcommunityhealthcare.co.uk

What does our Quality Account include?

Our Quality Account is divided into four sections:

Part 1 – a statement from our Chief Executive with an introduction and overview of who we are, what we do and highlights from this year's report.

Part 2 – review of our quality improvement priorities for 2016-17 and our priorities for 2017-18. Statutory statements of assurance relating to the quality of our services from 1 April 2016 to 31 March 2017. The content is common to all NHS providers, allowing direct comparison across organisations.

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

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

Glossary of terms: We have included a glossary of terms **(page 33)** which explains some of the terminology used.

Part 1
INTRODUCTION

Welcome to our Quality Account covering 1 April 2016 to 31 March 2017.

The account summarises how we monitor and improve the quality of our services, a review of our services over the past 12 months, and our quality improvement priorities for next year, 1 April 2017 to 31 March 2018.

Since I joined First Community in November 2016, I have been impressed with the commitment of colleagues to continually improve the quality of care and our services. This is demonstrated by consistently high Friends and Family scores, which averaged at 4.83 out of 5.00 over the year, and supported by 86% of colleagues saying they would be happy with the standard of care provided by First Community if a friend/relative needed treatment. Our annual quality improvement day attended by more than 100 colleagues again demonstrates the interest in, and commitment to, improving health outcomes for patients and service users.

In March 2017, we welcomed inspectors from CQC. At the time of publication we are waiting for the formal report which will be published later this year.

Looking back to our priorities for improvement this year, three of the six were fully implemented. The priority on training to prevent pressure damage was partially implemented and will continue as a priority for next year. The priority on AIS (Accessible Information Standard) is continuing for a second year to measure success and to ensure we meet patient needs. A sixth priority on dementia training is a three year priority. We are ahead of target on this priority and are on track to fully implement this by the end of next year.

In 2017-18, we have four new priorities for improvement covering: children and family services; widening the range of activities for patients at Caterham Dene Hospital Ward; piloting an early warning system; and engagement with staff through our Council of Governors.

I hope you find this account of interest and that it demonstrates how we are delivering our vision of **'Rejuvenating the well-being of our community.'**

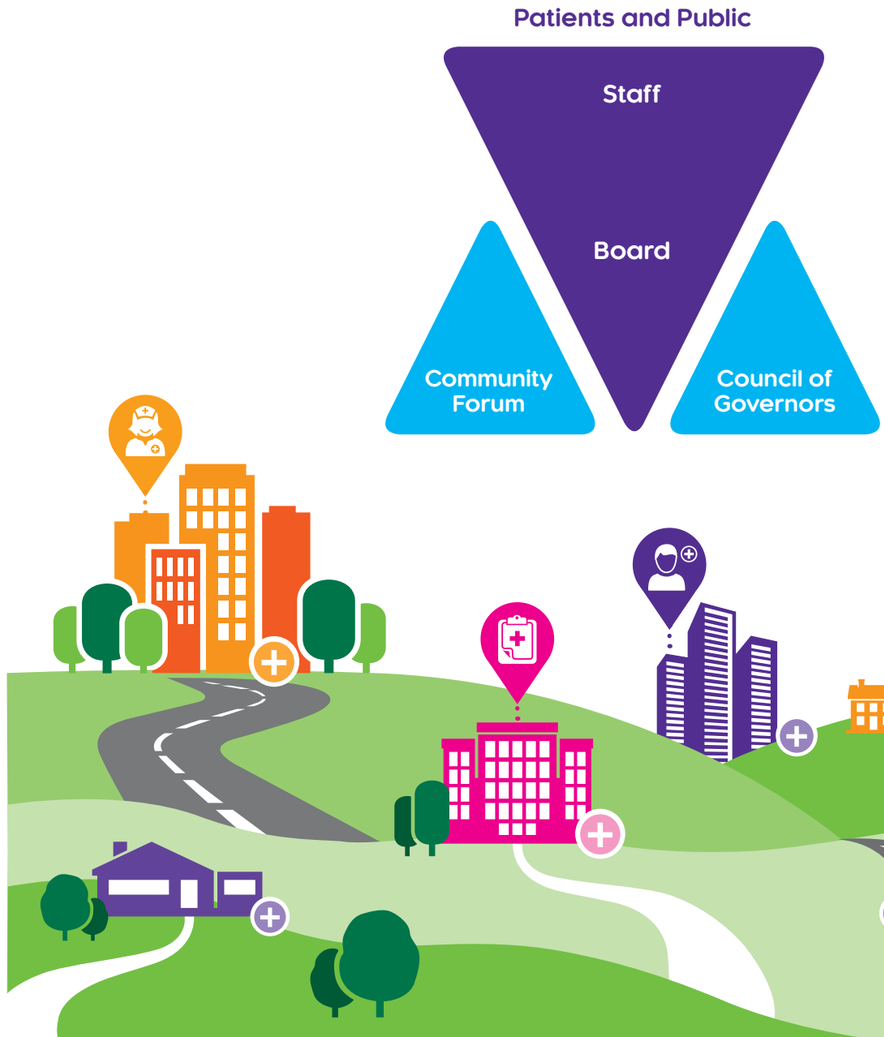
Sarah Gillard

Chief Executive

About First Community Health and Care

First Community Health and Care delivers front-line NHS services, providing first-rate care, through our first-rate people, offering first-rate value to our local community.

- We offer a friendly face with highly-rated, well run services, delivered by our skilled people. We provide community and specialist rehabilitation therapies and nursing, therapies and nursing in clinics, and children and family health care services. At Caterham Dene Hospital we have a minor injuries walk in unit, rapid assessment/ treatment clinic and we provide bed-based care
- As a not-for-profit organisation, any surplus we make is reinvested into our community services. We constantly strive to improve services for our community. Our passion is to deliver the highest quality of care for patients, service users and carers
- Staff are co-owners of First Community and are encouraged to become a shareholder. Being a shareholder gives staff a voice in deciding how money is reinvested and, with commissioners and people in the community, deciding how to continue to develop and improve services
- As an employee-owned organisation, we have created an organisational and governance structure that turns the traditional hierarchy on its head where managers and the Board support the function of clinical services and their interface with patients and public. The inverted triangle is stabilised by two smaller triangles–the Council of Governors and Community Forum.



Services Provided by First Community

Adult Services

Community & Specialist Rehabilitation Therapies & Nursing

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

Therapies & Nursing in Clinics

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

Minor Injuries Walk In

Rapid Assessment/Treatment Clinic

Bed Based Care

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

Children & Family Services

Health Visiting

School Nursing

Immunisations

Our East Surrey Community*

Ethnicity:

- 87.3% White British
- 5.42% White other
- 2.24% Other Asian (likely to be Nepalese)
- 1.39% Indian
- 1.31% Black African Caribbean
- 0.62% Pakistani
- 386 Gypsy Roma traveller. There is one official traveller site in east Surrey.

Population 177,913:

- 48.8% men
- 52.2% women
- 25% 0-19
- 60% 20-64
- 17% 65 and over
- 2.6% are 85 and over. [1]

*These statistics relate to the east Surrey area, where we provide most (around 90%) of our services. We also provide some services in West Sussex.. East Surrey CCG Health Profile 2015. Public Health Department, Surrey County Council (July 2015) **https://www.surreyi.gov.uk/resource.aspx?resourceid=1611&cookieCheck=true&JScript=1**

Statement of Directors' Responsibilities in respect of the Quality Account

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

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

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

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

By order of the Board

Miss Elaine Best
Chairman

10 May 2017

Part 2
OUR PRIORITIES FOR IMPROVEMENT

Looking Back – Reporting on our 2016-2017 Priorities for Improvement

For 2016-17 we chose six priorities for improvement. Three were new priorities and three carried forward from 2015-16. Each priority used the three domains of quality – patient safety, clinical effectiveness and patient experience – as well as staff experience.

Our Vision: Rejuvenating the wellbeing of our community
Quality Improvement priorities 2016-2017

Clinical Effectiveness 3 year priority

We will continue to implement dementia training: **75%** of staff will have received training on dementia by March 2017 and 100% by March 2018.

On target -partially implemented

We have exceeded our 2016-17 target by training **85%** of staff.

This priority will continue for 2017- 18 to achieve **100%** compliance by 31 March 2018.

Patient Experience

We will ensure patients with disabilities are able to communicate with us. We will provide information in formats they can understand and appropriate support by implementing the Accessible Information Standard (AIS) by 31 July 2016.

This was implemented but we are continuing this as a priority for a second year to review compliance

We have achieved the First stage of the AIS implementation

- staff trained in spring 2016
- patient needs recorded on EMIS (or paper records where EMIS not used)
- AIS question added to the Record Keeping Audit Tool.

From April 2017 we will audit data collected to check compliance,and measure success to ensure we are meeting patient needs. This priority will continue for 2017-18.

Patient Safety

We will raise ward staff's awareness of the Deprivation of Liberty Safeguards (DoLS) by supporting them in practice and enabling them to complete DoLS applications when required.

Fully implemented

1. Monthly, then fortnightly visits, to Caterham Dene Ward were undertaken by the Safeguarding Adults Lead to give staff the opportunity to discuss patients and identify those that meet the DoLS 'acid test.'
2. All permanent ward staff received comprehensive DoLS face to face training.
3. Seven patients were subject to a DoLS application from 1 April 2016 to 31 March 2017 compared to zero in 2015-2016.
4. A DoLS audit was carried out from 1 April 2016 to 30 October 2016 and an action plan is in progress to address the learning points identified. Areas of good practice and improvement were also identified e.g. the level of confidence to complete the DoLS form was very good.

Our Vision: Rejuvenating the wellbeing of our community
Quality Improvement priorities 2016-2017

Patient Safety Carried forward from 2015-16

90% of clinical staff will have received training by March 2017 to enable them to prevent/manage pressure damage effectively.

Partially implemented

76% (95/125) of eligible staff received training to 31 March 2017. We will carry this priority forward to 2017-18.

A new Tissue Viability Nurse joined in January 2017 and a programme of face to face training sessions started in March 2017.

To meet the target of **90%**, an action plan will be implemented to ensure that managers can check staff are trained.

Staff Experience

We will invest in the clinical development of our bands **1-4 staff**

Fully implemented

1. Workshop in May 2016 raised awareness of development and networking opportunities. 21 band 1-4 staff attended.
2. **Six apprentices** recruited in September 2016. Five continue to develop in post – two as health care assistants and three in business administrator roles.
3. **12 staff** completed the Care Certificate. A further course is planned for May 2017 following a scoping exercise to identify staff who would benefit from the course.
4. Clinical supervision – two groups for 10 non-registered clinical staff established.

Staff Experience Carried forward from 2015-16

100% (agreed exemptions) of staff will receive an appraisal and personal development plan (to reflect our new framework) within the 12 months up to March 2017.

Fully implemented

97.2% of eligible staff received an appraisal by 31 March 2017 (86% in 2015-16) (NHS Staff Survey 2016 reported 90% of staff in community trusts had an appraisal in previous 12 months).

We will continue to aspire to **100%** (with 95% approved as an acceptable standard through our internal governance).To achieve this we will continue with regular exception reports, encourage staff to check their own records and line managers to monitor their direct reports.

Looking Forward – How we Identified our 2017-2018 Priorities

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

First-rate care

First-rate value

First-rate people

Our 2017-18 priorities for improvement were developed through engagement with, and learning from, patients, carers and our staff. We considered feedback and learning to understand where to focus our quality improvement activity. We used the three domains of quality set out by Lord Darzi in 2008:

Clinical Effectiveness

Patient Safety

Patient Experience

Additionally, and in line with our values, we have included 'Staff Experience' as we value our staff and want to support them to develop professionally and lead happy healthy lives.

We have changed the way we engage with our stakeholders to develop our priorities for improvement for 2017-18. This is described below:

Draft list priorities compiled based on 2016-17 performance and national/ regional priorities.

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

The list was arranged under the headings: patient safety, clinical effectiveness, patient experience and staff experience with the ambition to have one priority under each domain.

The list was discussed and consulted internally through service managers, service leads and Council of Governors (a group of elected staff shareholders) to ensure staff engagement. Board made the final selection.

Further engagement with our stakeholders to develop our priorities and how we will measure them.

Looking Forward – Setting our Priorities for 2017-2018

Our Vision: Rejuvenating the wellbeing of our community
Quality Improvement priorities 2017-2018

Clinical Effectiveness

Year 3 of a 3 year priority

We will continue to implement dementia training: 100% of First Community staff will have received training on Dementia by March 2018.

Why we have chosen this…

Health Education England's ambition is every NHS staff member is dementia trained by 2018.

How we will achieve this…

- Make training available for all of our staff
- Offer face-to-face sessions and e-learning.
- Include dementia awareness training for all new staff on induction from April 2017.

How we will measure this…

We will monitor the number of people who have received this training.

Clinical Effectiveness

New priority for Improvement 2017-18

We will improve our clinical effectiveness and client access to 0-19 services through review and extension of a centrally manned Advice Line and ChatHealth texting service.

Why we have chosen this…

Feedback from practitioners, stakeholders and client focus groups.

National drivers, including the six high impact areas of health visiting and school nursing, one of which focuses on the reduction of A&E attendances.

How we will achieve this…

1. Provide and promote the 'Advice Line' for parents and carers and of ChatHealth text service to secondary school students across east Surrey.
2. Review and explore the impact of these two initiatives on patient outcomes, GP / A&E attendance and workforce efficiencies.
3. Support the extension of these services across Children and Family Health Surrey.

Measurement:

1. Evaluation and audit of the 'Advice Line' to include measurement of themes, call volumes, client feedback and workforce efficiencies.
2. ChatHealth – call volumes and themes and outcomes for young people, where possible.
3. Successful implementation and coverage of the Advice Line and ChatHealth across Surrey.

Our Vision: Rejuvenating the wellbeing of our community
Quality Improvement priorities 2017-2018

Patient Experience

Continued on from 2016-17

We will ensure that patients receive information in formats that they can understand and they receive appropriate support to help them to communicate by implementing the Accessible Information Standard in full by 31 July 2016. From April 2017 we will re-audit data collected to check compliance and measure success. This will continue as a priority for 2017-18.

STAGE 1
starting April 2017

Monitoring compliance through a new quarterly report:

- Number of patients with communication needs in each month
- Cumulative sum of patients with each type of communication need
- Total number of initial appointments each month
- How many times has 'no' been clicked more than 3 times for a patient?
- How many patients are known by more than one team.

Paper compliance to be monitored via the Record Keeping Audits

Maintain staff awareness of AIS through regular communication.

STAGE 2
starting September 2017

Collect qualitative data via a patient questionnaire.

Publish annual AIS report collating findings from data reports, Record Keeping Audit and qualitative data.

Patient Experience

New priority for Improvement 2017-18

We will improve the experience of in-patients at Caterham Dene Ward by reviewing the quality and range of activities available.

Why we have chosen this…

Feedback from patients and evidence of the positive impact of activity on mental and physical wellbeing.

How we will achieve this…

Use our volunteers to help coordinate and run activities on the ward.

- Invest in appropriate games for the ward
- Make activities accessible for people staying on the ward
- Produce a timetable of activities
- Use our volunteers to interact with patients to ascertain what activities they would like to see taking place on the ward.

How we will measure this…

1. Monitor our patient feedback (FFT).
2. Ask patients who are staying on the ward about their views and experience of the activities available.
3. Ask patients who are staying on the ward about what activities they feel would have been appropriate to participate in during their stay on the ward.

Patient Safety

Continued on from 2016-17

90% of our clinical staff will have received training by March 2017 to enable them to prevent/manage pressure damage effectively.

This has been carried forward from last year

As the target was not met (76% achieved by 31/03/2017). An action plan is in place to ensure that we meet the 90% target within the first quarter of 2017-18.

How we will achieve this…

A new Tissue Viability Nurse joined in January 2017 and a training programme started in March 2017. A further seven face-to-face sessions have been organised for the remainder of 2017 (84 places available).

How we will measure this…

Compliance will be monitored by exception reporting to service leads. Progress will be monitored via our Clinical Quality and Effectiveness Group and Integrated Governance Committee as a priority.

From April 2017 the Tissue Viability Specialist Nurse will also facilitate a short introductory session on induction to raise awareness with all staff.

Patient Safety

New priority for Improvement 2017-18

We will improve patient safety by piloting the use of an early warning score system in a community nursing team to identify and manage patients who are medically deteriorating.

Why we have chosen this…

In response to a patient related incident where a patient was admitted to the acute hospital with sepsis related to a pressure ulcer.

Critical care outreach and acute care teams have long encouraged the use of early warning scoring systems to enable a more timely assessment of, and response to, acutely ill patients. The National Early Warning Score (NEWS) is a guide used to quickly and objectively determine the degree of illness of a patient when compared to baseline measurements i.e. what is 'normal' for that patient. NEWS is now advocated and standardised for use in primary care.

How we will achieve this…

Q1. Develop new guidelines.

Q1. Develop a sepsis pathway and NEWS training.

Q2-Q3. Create a register of patients who have deteriorated.

Q4. Review records of patients that have deteriorated.

How we will measure this…

We will complete a deep dive review of patient records to establish whether it has been clinically effective.

Our Vision: Rejuvenating the wellbeing of our community
Quality Improvement priorities 2017-2018

Staff Experience

New priority for Improvement 2017-18

We will improve staff experience by reviewing how we engage with them through the Council of Governors (CoG) to ensure excellent two way communication with all constituents.

Why we have chosen this…

A report by The Kings Fund[1] in 2014 identifies clear links between staff engagement and better patient care based on analysis of staff survey data.This review also demonstrates a clear link between staff engagement and key dimensions of patient experience.

A staff survey in April 2016 indicated that:

- 34% did not know who their CoG rep was
- 44% answered 'no' to the statement "My CoG representative communicates with me to tell me what is going on and to give me a voice"
- 52% answered 'yes' to the statement "The CoG gives me a voice in the organisation"

How we will achieve this…

1. Produce an accurate, constituent list
2. Review CoG representative make up (specialisms and grades)
3. Review existing communication methods between CoG and constituents and develop a communication plan

How we will measure this…

1. Increase take up of NHS staff survey (from 63% in 2016).
2. Improvement in key scores from staff survey in priority areas identified from 2016 survey.
3. We will repeat our survey questions relating to the CoG and compare feedback to that of 2016.
4. We will increase the percentage of staff who are shareholders to 73% by March 2018.

1 Improving NHS care by engaging staff and devolving decision-making The King's Fund, 15 July 2014 **https://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/improving-nhs-care-by-engaging-staff-and-devolving-decision-making-jul14.pdf** Accessed: 16 May 2017

Statutory Statements of Assurance

The statutory statements in this part of our Quality Account relate to the quality of the service we provided from 1 April 2016 to 31 March 2017. The content is common to all providers allowing comparison across organisations.

Review of services

First Community has reviewed all the data available to them on the quality of care for all of the NHS services it provided from 1April 2016 to 31 March 2017.

Participation in clinical audit

Participation in national clinical audits and confidential enquiries enables us to benchmark the quality of the services we provide against other NHS organisations. It highlights best practice in providing high quality patient care and drives continuous improvement across our services. From 1April 2016 to 31 March 2017, there were three national clinical audits and no national confidential enquiries covering NHS services that First Community provides.

From 1 April 2016 to 31 March 2017, First Community participated in the three national clinical audits (National Diabetes Footcare Audit, Sentinel Stoke National Audit Programme and National COPD Audit Programme: Pulmonary rehabilitation). These are all still in progress. We take part in national audits to benchmark ourselves against national care guidelines and also against other services providing a similar service across the UK.

Reviewing reports of national and local clinical audits

Our clinical audit priorities are selected on the basis of national requirements, commissioning requirements and local evidence from incidents or complaints. First Community completed 141 local clinical audits and quality improvement projects in 2016-17.

Research

No patients receiving NHS services provided or sub-contracted by First Community from 1 April 2016 to 31 March 2017 were recruited to participate in research approved by the research ethics committee.

Goals agreed with our commissioners (CQUINs)

The key aim of the Commissioning for Quality and Innovation (CQUIN) framework for 2016-17 is to support improvements in the quality of the services and creating new, improved patterns of care (NHS England, 2013). First Community embraces the CQUINs framework as an incentive to deliver quality and innovation improvements above the baseline requirements set out in our NHS Standard Contract.

A proportion of First Community's income from 1 April 2016 to 31 March 2017 was conditional on achieving quality improvement and innovation goals agreed between First Community and East Surrey CCG, through the Commissioning for Quality and Innovation payment framework.

East Surrey CCG and First Community discussed the national CQUINs. None were deemed appropriate for the local context. The local CQUIN content was agreed in June 2016.

Care Quality Commission (CQC) Inspection March 2017

First Community welcomed an inspection team from CQC for three days in March 2017. At the time of publication of this quality account we are awaiting our CQC report, which will be published later in 2017.

Data Quality

First Community made significant progress in 2016-17 in collating data and sharing patient records to make improvements valued by patients.

Following a successful pilot with Caterham Valley Medical Practice, we rolled out EMIS web to 17 of the 19 GP practices in East Surrey CCG area. This means patients only have to tell their story once as well as providing better joined up care for patients as both First Community and GP staff can access shared medical records. These shared records include: medication, vaccination history, previous investigations, latest observations, and present, future and past appointments.

Sharing data enabled First Community to work with our local GP federation to run an Out Of Hours GP service at Caterham Dene Hospital over the busy winter period. This works well alongside our Minor Injuries Unit and improves patient care out of hours. The roll out of EMIS also supported improvements to joint working across Surrey with the Looked After Children and the Multi Agency Safeguarding Hub teams.

During 2016-17 we continued to improve how we capture and store data. We have improved how we standardise the information we collect and store it consistently–and do it more efficiently. This means we can improve how we analyse data, identify trends and plan improvements.

By using accurate patient data, alongside demographic information about our community, and improvements in our reporting capability, First Community is able to anticipate need and plan more accurately.

NHS Number and General Medical Practice Code Validity

First Community Health and Care did not submit records between 1 April 2016 and 31 March 2017 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

From 1 April 2016 to 31 March 2017, First Community was not subject to the Audit Commission's payment by results clinical coding audit.

Information Governance Toolkit attainment level

First Community's Information Governance Assessment Report overall score from 1 April 2016 to 31 March 2017 was 66% and was graded at Level 2. NHS South East Commissioning Support Unit (NHSSE CSU), our Information Governance (IG) partner, considers this to be an acceptable standard.

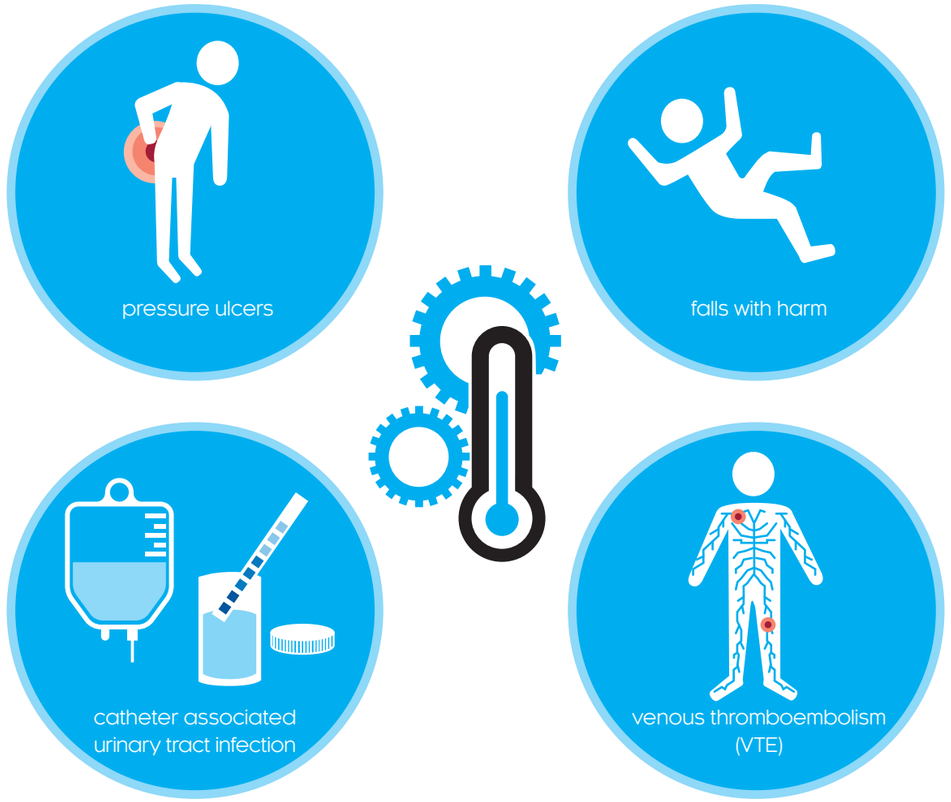
Part 3

OVERVIEW OF THE PERFORMANCE OF OUR SERVICES

Are we Safe?

Safety Thermometer

The Safety Thermometer reviews four key 'harms' that are deemed to be indicators of a safe organisation. The harms are:



This provides the overall percentage of patients who receive 'harm free' care. We report this monthly and feedback to our teams.

The average score from 1 April 2016 to 31 March 2017 was 96%.

The national figure for 'harm free' care is 93%.

Note–The NHS Safety Thermometer is designed to measure local improvement over time and should not be used to compare organisations due to differences in patient mix and data collection methods. Safety Thermometer data should also not be used for attribution of causation as the tool is patient focused.

Caterham Dene Ward and the community nursing team use the Safety Thermometer alongside additional information, such as: number of patients on the falls care pathway; completed care plans; and nutritional assessment (MUST). This enables the team to triangulate against patients with identified 'harms'.

Staffing levels on the ward

Staffing at Caterham Dene Hospital remained a challenge over the year. We achieved safe staffing levels by using bank and agency staff, who follow our in depth induction process. We have strong leadership on the ward to manage and support our substantive and bank / agency staff. This helps to maintain a safe working environment. We have a recruitment campaign to employ additional permanent Registered Nurses on the ward.

National Cleanliness Audit

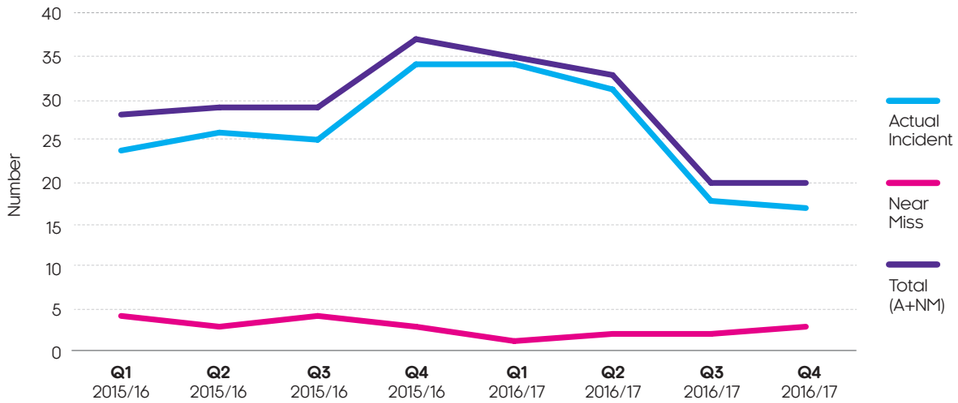
First Community prioritises the provision of a clean and safe environment. We use the National Cleanliness Audit to monitor and improve this. Caterham Dene Hospital exceeds the national standards for cleanliness achieving an average rating of 98% compared to a target of 95% over the year.

Ward shift consultation

In October 2016 we changed shift patterns on the ward at Caterham Dene from 12 hour to 7.5 hour shifts. This was in response to an increased acuity of our patients resulting in greater workloads making a 12 hour shift demanding for our staff. We used information from our call bell system to identify the busiest times to design new shift patterns around patient need. Since this change, there has been a reduction in slips, trips and falls. We cannot definitively attribute this reduction to the change in shift pattern, however, it is an indicator of patient safety and we will continue to monitor this.

Medicines incidents and learning

Medicines incidents continue to be monitored actively and reported at board level and through the monthly Clinical Quality and Effectiveness Group (CQ&E). There were 100 medicine incidents in 2016-17, with an additional eight near misses. This compares to 109 incidents and 11 near misses in 2015-16. There is no significant decrease or increase in incidents over the two periods. The figures are annually comparable.



There was a recurrence of an incident with Oxycodone hydrochloride, a Controlled Drug Schedule 2. An investigation took place to triangulate the facts and promote and share learning. This supports First Community's open and transparent culture alongside 'learning' and 'fair blame'. The incidents were explained and discussed with the patient, family members, staff and a seven point action plan prepared. The findings were discussed at Clinical Quality and Effectiveness Group to promote learning and improve patient safety. The specific incidents were also shared with First Community external stakeholders and all learning collaboratively shared to reduce harm to patients.

Incidents including learning and 'silver linings'

Over the year 937 incidents were reported – 716 clinical incidents and 221 non-clinical incidents. Although this is an increase of 41 from the previous year, it provides assurance that our open and fair blame culture encourages staff to report incidents quickly. This ensures trends are identified promptly to achieve a reduction in the risk of harm to our patients, carers and staff.

As a result of the investigation into serious incidents:

Caterham Dene Hospital ward:

- we increased the use of sensor mats
- introduced a robust rota to ensure emergency doors are alarmed appropriately.

Community nursing teams:

- ran an action learning session to review and ensure guidelines for patient care are implemented
- had a peer review of patient records to ensure best practice in patient care.

In October 2016 we held a workshop to share learning from Serious Incident investigations across the organisation. This was attended by 79 community and hospital staff as well as representatives from our commissioners and local social services. Staff involved in the investigations gave presentations about their involvement and the learning outcomes for patient safety.

Infection Prevention and Control

From 1 April 2016 to 31 March 2017

0 cases of MRSA or Clostridium difficile (C.diff) bacteraemias.

1 outbreak of diarrhoea and vomiting on Caterham Dene Ward. This was contained and there was no identified organism that caused the outbreak (no organism isolated).

Safeguarding Adults

On average seven cases per month are discussed with the adult safeguarding lead, three cases per month are raised as a safeguarding concern to Surrey Adult Social Care.

On 5 October 2016 a new system called the MASH (Multi-Agency Safeguarding Hub) started to triage and process safeguarding referrals for adults and children. The MASH has simplified the safeguarding referral process for staff.

In 2016-17 seven ward patients received DOLs referrals compared to none in 2015-16. This was due to increased awareness of staff at Caterham Dene Ward following DoLS training and increased specialist support. This training was a 2016-17 Quality Account priority.

We provided on-going training:

95% staff received Level 2 safeguarding adult awareness training in the past 3 years

100% of On-Call Managers received Level 3 safeguarding adult awareness training in the past 3 years

89% of clinicians had Mental Capacity Act (MCA) and DoLS training.

91% of staff had PREVENT training in the past 3 years (The Government's Counter Terrorism Strategy)

Domestic abuse awareness training

A new Domestic Abuse awareness course started in November 2016, facilitated by the lead for domestic abuse and adult safeguarding lead. The course is designed to enable adult and children services to better identify domestic abuse and ensure patients are sign-posted to the appropriate help.

Safeguarding Children

In 2016-17 we:

- developed a new Safeguarding Supervision model, using the Safer Surrey and Signs of Safety approach. This new approach has been embraced by both supervisees and supervisors. Practitioners have the opportunity to reflect on the risks, protective factors and outcomes for vulnerable children which helps inform practitioners' decision making. This has made it easier to evidence whether there have been sustainable changes
- received positive feedback from the Section 11 audit (a 2 yearly statutory audit to ensure we provide adequate safeguarding processes) completed in September 2016
- commenced a new electronic process for information sharing forms about all children who attend the East Surrey Hospital (ESH) (the Paediatric Liaison Health Visitors (PLHVs) with the Safeguarding team at ESH)
- started a new process where the PLHVs identify concerns about children not in education, employment or training (NEET). As a result they established contacts with education welfare and children missing education officers to ensure this group of children are identified on attendance at ESH and this information is passed on so these children can be followed up
- measured ourselves against **Not Seen Not Heard** (a review of the arrangements for child safeguarding and health care for Looked After Children in England produced by the CQC in July 2016) and have produced an action plan to reflect this
- Trained **92%** of staff in the 0-19 service in Level 3 Safeguarding Children's training. (We are set a target of **85%** by Surrey Safeguarding Board)
- Delivered Level 2 Safeguarding Children's training to all new employees of First Community at induction.

Looked After Children (LAC) Team

Over 2016-17 the LAC team:

- developed a competency framework for newly qualified 0-19 staff in their preceptor year. This will now be rolled out to all members of the 0-19 teams within the next year
- completed a training needs analysis for the 0-19 staff and then developed targeted training focused on what staff said they needed. This has included an introduction to Safer Surrey and lessons on how to complete Review Health Assessments (RHAs)
- developed stronger relationships with Social Care. This included a weekly drop-in at Social Care, training for newly qualified social workers on LAC processes and processes such as setting up secure emails
- established strong relationships with the local children's homes and make weekly visits.
- co-chair, with social care, the CPOG (Corporate Parenting Operational Group) in east Surrey.

Are we Effective?

Clinical audit

Our clinical audit programme empowers clinical staff to own their clinical audit and quality improvement activity. From 1 April 2016 to 31 March 2017 staff completed statutory and mandatory audits, such as hand hygiene and record keeping. Audit programmes are informed by local and national priorities and information, including incident data, national audits and NICE guidance. Outcomes as a result of clinical audit and quality improvement include:

- the use of patient stories by videoing patients telling us how we could have made their experience better enabling us to make our services patient centric
- efficiency savings together with extended opening times through the implementation of the health visiting team 0-19 advice line
- Parkinson's validated assessments as EMIS template e.g. Parkinson's sleep scale for use by our Nurse Specialist for Parkinson's to helps people with Parkinson's better manage their condition
- training for registered nurses on the *Five Priorities for Care* in the last days of life and communicating with dying patients and their families.

Clinical supervision

We continue to provide protected time for staff to engage in clinical supervision. Staff can choose ways that suits their individual needs from a menu of clinical supervision options. This model has been recognised nationally through publication in the Nursing Times and was shortlisted for a Nursing Times Award in 2015.

Engagement in clinical supervision activities has increased steadily since the menu of options was introduced in 2012.

	April 2013	April 2015	March 2017
Evidence of learning from clinical supervision	N/A	215	242
Staff who have attended clinical supervision training	92	166	201

Other achievements include:

- the development and use of logbooks. Staff are encouraged to complete reflective logs and record their supervision activity and learning; this also provides useful evidence for nurse / allied health professional (AHP) revalidation
- increased uptake of options other than facilitated groups
- a rolling programme of training for new facilitators by in-house leads
- introduction of facilitated supervision groups for non-registered clinical staff.

Revalidation

Revalidation is the new process that all nurses and midwives in UK need to follow to maintain their registration with the professional regulator, the Nursing and Midwifery Council (NMC). The new process from April 2016 aims to demonstrate that individuals practise safely and effectively. It encourages registrants to reflect on the role of the NMC Code in relation to practice and validates that each professional complies with the standards set out within it.

Each nurse and midwife must revalidate every 3 years to renew their registration.

While the process is the responsibility of the registered professional, First Community provides training, information, and support to ensure revalidation can be successfully completed. This includes an opportunity at appraisal and professional supervision meetings to reflect on revalidation preparation and living the standards set out in the Code.

We introduced a portfolio of evidence and provided an electronic portal – in partnership with our technical partners iWantGreatCare – so nurses can receive practice-related feedback. This is one of the eight requirements for revalidation. Monthly checks provide additional assurance that all staff needing to be registered, have a current registration.

Quality Improvement Day

Every year First Community hosts a quality improvement day to share quality improvement initiatives over the previous 12 months and promote learning across the organisation.

This year's event in March 2017 was attended by more than 100 people, including eight external stakeholders, who heard 15 presentations delivered by colleagues who led on quality improvement projects.

Implementing NICE guidance

Across the organisation, we continue to prioritise reporting on, and, implementing guidance from the National Institute of Health and Care Excellence (NICE). We use a reporting framework that allows each publication by NICE to be assessed for compliance and relevance within First Community in a timely manner, in keeping with the learning culture and ethos in First Community with action plans developed as required and tracked through our internal governance structure.

Relevant new medicines management guidance (technical appraisals or TAs) must be reviewed and shown to be compliant within a statutory 90 day timeframe and we have consistently achieved **100%**.

Our greatest success is the marked positive shift in engagement from front line staff with the reporting framework for NICE implementation. In 2013, only **44%** of templates were returned within the specified timeframe or the following month. By 2015, this rose to **63%**, evidencing the positive cultural shift within First Community. This will be reviewed again in May 2017, where we hope to continue to demonstrate an improvement in reporting timeframe.

Readmissions

As part of our 2016-17 CQUIN for integrated discharge, we held three multi-disciplinary teams meetings inviting Surrey & Sussex Health (SaSH) focusing on reasons for readmission to SaSH. These included medically deteriorating patients from infections, falls and respiratory difficulties. As a result we:

- implemented a sepsis pathway
- reviewed the falls pathway
- introduced an early warning score to identify and manage patients most at risk from medical relapse.

Are we Caring?

End of life–preferred place of care

Our aim is to support people at the end of their lives to die in the place of their choosing.

Our target with East Surrey CCG for our district nursing teams is to support a minimum of 80% of people in their last year of life to die in the place that they choose.

During 2016-17 the district nursing teams consistently achieved this target of 80%. The average over the year was **92%**. In September 2016 we did not meet our monthly target achieving 79%. This was reported to East Surrey CCG, which did not identify this as a concern.

Carers

First Community continues to use the Surrey Carers pathway. During 2016-17 we were one of the highest referrals using the carers prescription.
In recognition of this good work, First Community was invited to the 2016 HSJ awards with Surrey Carers.

Patient Family and Friends

Patient Family and Friends scores remained high over the year with an overall average of 4.83 out of 5 and **95.73%** of service users saying they would be likely to recommend our services to their friends and family if they needed similar care or treatment. This compares well to other similar organisations.

Mixed Sex Accommodation

We had no mixed sex accommodation breaches in 2016-2017.

Stammering Service

We offer the only service in rural Surrey for adults with stammering aiming to facilitate better management of communication and the psychological factors associated with the condition. We offer a combination of individual and group therapy to enable long support according to the patient's needs.

What our patients say:

> "I think of my stammer like a tiger, if you turn your back it will attack, if you face it you have more control."

> "Trying to run through water but you are surrounded by water and can't move. Now I can get out and run."

Are we Responsive?

Community Forum

First Community's Community Forum enables us to engage with, and hear the views, of the community about our service, our future and investment proposals.

Community Forum meetings are open to the public, including service users, carers, volunteers, representatives from health and social care agencies, GPs, local community groups, the local involvement network, the local council, voluntary sector organisations and local businesses.

With our local authority colleagues we identified that Blindley Heath residents had little access to transport links and few community activities. In response, we took part in an outreach event to consult with and provide health promotion advice to people in the community.

Flu vaccinations

Each autumn, First Community participates in the National Flu Campaign to encourage all employees to get immunisation against the seasonal flu virus. We use national campaign materials via NHS Employers to promote the campaign and, we offer additional flu clinics run by occupational health at our main sites across the community setting. To encourage staff uptake levels, this year we offered a voucher to the first four teams who achieved **75%** immunisation target.

2016-17	
Registered Nurses	36.6%
Other clinical staff	55.4%
Support staff	26.6%
Total	**35.7%**

The 2016-17 flu vaccination uptake was lower than in 2015-16 for Registered Nurses and other clinical staff but higher for support staff.

2015-16	
Registered Nurses	46%
Other clinical staff	79.2%
Support staff	24.2%
Total	**42.4%**

We will continue to work with colleagues, NHS Employers, Public Health England, occupational health service and partners to improve uptake rates in 2017.

Complaints and compliments

All teams regularly receive compliments in-person and through 'thank you' cards, social media, emails and letters. In 2016-17, we recorded 278 written thank yous and compliments. We also receive feedback through the Friends and Family Test.

In 2016 -17 we received 32 complaints. Six related to complaints involving other organisations, including Surrey & Sussex Healthcare, Surrey County Council and Patient Transport. These were responded to jointly.

Actions arising from the learning of investigations into complaints included:

- implementation of a 10 minute multi-disciplinary ward meeting including nurses, therapists, social services, GPs, ward matron and ward clerk to ensure consistent care and discharge plan for patients
- a review of community nursing documentation to improve the initial patient assessment and to support consistency of care
- improvements to patient pathway for orthotics to include monitoring of time from placing orders to receipt of goods to provide a more timely service to patients.

Audiology

As a direct access audiology service (a service not led by a medical or surgical consultant), we are set targets by NHS England around the length of waiting times. This is 18 weeks from referral to treatment and referral to first appointment within six weeks:

NHS England Target	Percentage target achieved 1 April 2016 – 31 March 2017
Referral to 1st appointment within 6 weeks	100%
Patients received assessment and treatment within 18 weeks of referral	100%

0-19 Advice Line

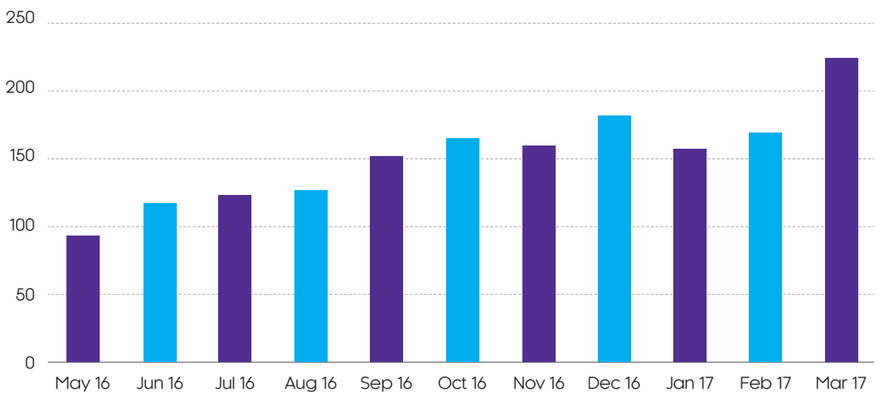
In May 2016 we set up a health visiting team Advice Line to:

- make our 0-19 services more accessible to parents and carers
- centralise our management of telephone calls across six geographic teams
- increase the time parents and carers can call the health visiting team
- reduce unnecessary visits to GPs and Emergency Services e.g. A&E Department.

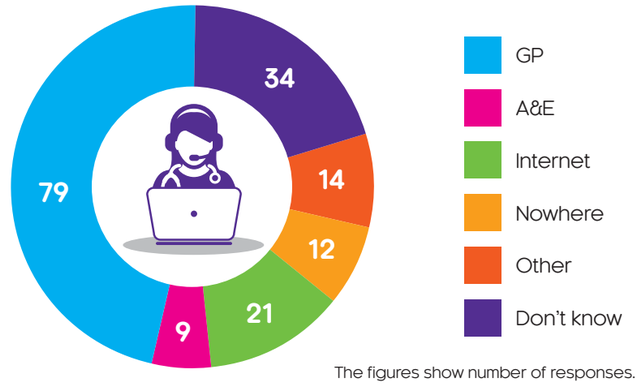
We promoted the Advice Line through a leaflet to all new clients, GPs, Children's Centres and all of our partners.

Impact of Advice Line:

The calls to this service have increased and are shown in the table below



From October 2016 to January 2017 we evaluated the service by asking clients who phoned the Advice Line where they would have gone if they had not called the advice line. The total number of responses was 169. This shows that the Advice Line is diverting people from GPs and A&E, which is one of the key aims.



The figures show number of responses.

Clinics for people with leg ulcers

In April 2016 we started a new service to set up best practice clinics for people with leg ulcers. We initially set up clinics in three locations:

Redhill – clinic ceased September 2016 as all leg ulcers healed and patients discharged with health and well-being advice.

Smallfield and Horley – two clinics per week in each location. We monitor healing rates at these clinics. We healed patient's leg ulcers at an average rate of within 11 weeks between April 2016–March 2017. (National standards dictate leg ulcers should be healed within 12 weeks and 24 weeks for more complex cases[2]).

We have seen 87 patients through these clinics. We have further plans to develop these clinics and are looking into setting up a clinic in the Tandridge area.

Waiting times at Minor Injuries Unit (MIU)

Our average waiting time for patients at the MIU at Caterham Dene from Arrival to treatment in 2016-17 was 23 minutes. Our target is 2–4 hours. We saw 9956 patients over the year, this equates to an average of 830 per month against a target of 386.

Breastfeeding – UNICEF

In December 2016 UNICEF undertook our Baby Friendly Reaccreditation. We reaccredited with **outstanding** feedback. The assessment this time was done jointly with Surrey County Council Sure Start Centres.

In all four areas our marks were exceptional.

Some messages from the feedback:

- Excellent evidence of consistent messages given to parents from health and children centre staff, demonstrating how effective our partnerships are
- Our continuity of care – feedback was excellent; all women interviewed could name their health visitor and said they had the same one throughout their care
- The services felt "joined up" – evident that our working relationships with children centre staff was good
- Positive feedback on introducing family foods and the work the community nursery nurses have done on this
- They loved the health drop-ins and complimented us on our ability to respond to ever changing health needs.

2 Wounds UK. Best Practice Statement: Holistic management of venous leg ulceration. London: Wounds UK. Available to download from: **www.wounds-uk.com**

Are we well led?

Council of Governors

Through 2016-2017, the Council of Governors (COG) continued to play an integral part in the shaping of First Community and its ethos as a social enterprise.

As representatives of our staff, members of the Council of Governors promote and encourage participation by our shareholders. This yearCoG presented the 'In your shoes' communication strategy to the Board, participated in staff engagement activities and judged and presented 'Team of the Year' at the staff awards.

TheCoG has specific functions set out in the company articles. This year,CoG members were involved in the appointment of the new Chief Executive, and, as shareholders, have had a voice in the assurance of the Community Interest Company's principles and responsibilities as a transparent and genuine social enterprise.

Duty of Candour

The Duty of Candour is our statutory and contractual duty to be open and honest when things go wrong.

From April 2016 to March 2017, no incidents of severe harm[3] were reported. In the nine incidents where moderate harm[4] occurred, a Duty of Candour discussion took place with the patient or next of kin. All patients were invited to take part in our internal investigation and offered a copy of the final report. This report identifies any lessons learned and recommends actions that are put into place to ensure the incident is not repeated in the future.

To ensure compliance, all action plans are monitored through First Community's incident reporting system. Quarterly and annual reports are prepared for the Clinical Quality and Effectiveness Group and then go to the Integrated Governance Committee and to the Board. Our Duty of Candour compliance is also monitored monthly by East Surrey CCG.

NHS Benchmarking Data

To allow us to compare our outcomes and patient experience, we have started to participate in the NHS Benchmarking Network. This Network exists to identify and share good practice across the Health and Social Care sector.

From 2017 we will include more clinical services and be able to use this to measure and improve the quality of our services. Currently we are working to ensure the information we submit accurately describes the clinical services we provide.

Awards

KSS Leadership and Innovation Awards 2017

In March 2017 Faye Hopkins-Thorpe, clinical service lead for audiology, was runner up in the Emerging Leader category at the Kent Surrey & Sussex (KSS) KSS Leadership and Innovation Awards 2017.

Gatwick Diamond Business Awards – Innovation and Technology

First Community's 0-19 team's introduction of Chat Health and Advice Line were shortlisted in the 2017 Gatwick Diamond Business Award for Technology and Innovation.

Queen's Nurses

During 2016 Sarah Buxton, Service Manager for Community Home Support Services, was awarded the 'Queen's Nurse' title. This is available to nurses who have demonstrated a high level of commitment to patient care and nursing practice.

3 'Severe harm' means a permanent lessening of bodily, sensory, motor, physiologic or intellectual functions. Regulation 20 The Health and Social Care Act 2008 (regulated Activities) (Amendment) Regulations 2015

4 'Moderate harm' means harm that requires a moderate increase in treatment, and significant but not permanent harm. Regulation 20 The Health and Social Care Act 2008 (regulated Activities) (Amendment) Regulations 2015

Staff Engagement

For the first time, First Community took part in the NHS staff survey. As a social enterprise we have an option to take part. We chose the Picker Institute to administer our survey.

Our engagement score was 4.04 (out of 5.00), which puts us among the top scoring NHS organisations. The national score for NHS Trusts was 3.79.

89% said care of patients is First Community's top priority compared to **74%** nationally.

73% staff would recommend First Community as a place to work, compared to **55%** nationally.

93% said staff said their role makes a difference to patients/service users ,compared to **83%** nationally.

We also had a good response rate. Compared to the other community providers whose survey was administered by the Picker Institute, our return rate was **63%** compared to **51%** nationally.

This is also a good indicator of an engaged workforce.

Staff Family & Friends Test

In the 2016 NHS staff survey, **86%** staff said they would be happy with the standard of care provided by First Community if a friend/relative needed treatment.

This compares to **74%** with other similar community-based NHS organisations nationally.

CQUIN

The key aim of the Commissioning for Quality and Innovation (CQUIN) framework for 2016–17 is to support improvements in the quality of the services and the creation of new, improved patterns of care (NHS England, 2013).

First Community embraced the CQUINs framework as an incentive to deliver quality and innovation improvements above the baseline requirements set out in our NHS Standard Contract.

During 2016 -17 there were two CQUINs, which were fully achieved.

1) Integrated Community Care Model

To develop integrated community models of care which are integral to the East Surrey Primary Care Networks and the whole system urgent care programme of work. This model is being co-designed with key stakeholders.

2) Integrated Community Discharge Pathways

This is the second year of a two year CQUIN. This CQUIN aims to deliver quality improvements and innovation for patient discharge and transfers between organisations and services.

At the end of the financial year we achieved the outcomes defined within the CQUIN.

Glossary of Terms 2016-17

Accessible Information Standard (AIS)

Standard introduced by NHS England to make sure people who have a disability, impairment or sensory loss get information in a format that he/she can understand and access.

Appraisal

An annual review and support discussion between a staff member and their line manager, which reviews performance over the past year, sets objectives and identifies learning and development needs for the year going forward.

Baby Friendly Initiative (BFI)

A worldwide programme developed by UNICEF and WHO to ensure that health care organisations are able to offer the highest standards of care for pregnant women and breastfeeding mothers and babies. The Initiative ensures that all health professionals are trained to offer the best possible advice and support to breastfeeding mothers so that their babies can have the very best start in life.

Bacteraemia

The presence of bacteria in the bloodstream.

Care Quality Commission (CQC)

The regulator for all health and social care services in England, ensuring that the Government standards or rules about care are met.

Catheter Associated Urinary Tract Infection (CAUTI) (UTI)

An infection in the urinary system including the urethra, bladder, ureters and kidney. Germs can enter the urinary tract through the catheter and cause an infection. The most important risk factor for developing a CAUTI is prolonged use of a urinary catheter.

Clinical coding error rate

Medical terminology written by clinicians to describe a patient's diagnosis and treatment into recognised codes. The accuracy of this coding is a fundamental indicator of the accuracy of patient records.

Clostridium Difficile (C-Diff)

A common bacterium of the human intestine. It becomes a serious gastrointestinal infection when individuals have been exposed to antibiotic therapy, and/or have experienced a long-term hospitalisation, and/or have had an extended stay in a long-term care facility.

Commissioning for Quality and Innovation (CQUIN) payment framework

The CQUIN payment framework enables commissioners to reward excellence, by linking a proportion of NHS providers' income to the achievement of local quality improvement goals.

Controlled Drug

Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs. Examples include: morphine and pethidine. www.nhs.uk/chq/Pages/1391.aspx?CategoryID=73

Deprivation of Liberty Safeguards

The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a care home or hospital only deprives someone of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them.

EMIS

The specialist IT system we use to record and share patient health records. EMIS stands for Egton Medical Information Systems.

Employee-owned organisation

An organisation that is totally or significantly owned by its employees.

Hospital Episode Statistics

Hospital Episode Statistics are collected into a data warehouse maintained by the Health and Social Care Information Centre containing details of all admissions, outpatient appointments and A&E attendances at NHS hospitals in England. This enables health care providers to be paid according to levels of activity.

Information Governance Toolkit attainment level

The Information Quality and Records Management attainment levels assessed within the Information Governance Toolkit provide an overall measure of the quality of data systems, standards and processes within an organisation.

Kings Fund

UK Health charity that shapes health and social care policy and practice.

Minor Injuries Unit (MIU)

A service which does not require an appointment to deal with minor injuries that cannot be treated by a GP or practice nurse. Caterham Dene MIU is for people 18 years and over.

MRSA

A type of bacteria resistant to several widely used antibiotics. This means infections with MRSA can be harder to treat than other bacterial infections.

Multi-agency Safeguarding Hub (MASH)

A single point of contact for all safeguarding concerns for children and young people.

National Cleanliness Audit

A simple, easy-to-apply methodology enabling hospitals in England to assess the effectiveness of their cleaning services against national standards of cleanliness in the NHS.

NHS Number and General Medical Practice Code Validity

The patient NHS number is the key identifier for patient records. Improving the quality of NHS number data has a direct impact on clinical safety.

NICE

The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care. NICE publishes guidance, advice, quality standards and information for health, public health and social care. NICE also provides resources to help maximise use of evidence and guidance.

Participation in Confidential Enquiries

Confidential Enquiries are special enquiries that seek to improve health and health care by collecting evidence on aspects of care, identifying any shortfalls in this, and disseminating recommendations based on these findings. They include the Confidential Enquiry into Maternal Deaths and Child Health (CEMACH), Confidential Enquiries into Stillbirths and Deaths in Infancy (CESDI), the National Confidential Enquiry into Patient Outcome and Death, and the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness.

Picker Institute

A leading international charity in the field of person centred care.

Pressure Ulcer

Also known as pressure sores, bedsores and decubitus ulcers, pressure ulcers are localised damage to the skin and/or underlying tissue that usually occur over a bony prominence as a result of pressure, or pressure in combination with shear and/or friction.

Quality Account

Annual publications that all healthcare organisations providing NHS services must produce.

Secondary Uses Service

When a patient or service user is treated or cared for, information is collected which supports their treatment. This information is also useful to commissioners and providers of NHS-funded care for 'secondary' purposes - purposes other than direct or 'primary' clinical care - such as: Healthcare planning. (www.digital.nhs.uk/sus)

Tissue Viability

A growing speciality that primarily considers all aspects of skin and soft tissue wounds including acute surgical wounds, pressure ulcers and all forms of leg ulceration. (Tissue Viability Society 2009).

UNICEF

United Nations Children's Fund (formerly United Nations International Children's Emergency Fund). UNICEF UK is a registered charity raising funds and awareness to support UNICEF's work to protect child rights worldwide, in accordance with the UN Convention on the Rights of the Child (CRC). UNICEF UK also runs programmes in schools, hospitals and with local authorities in the UK.

Venous Thromboembolism (VTE)

When a blood clot breaks loose and travels in the blood.

WHO

The World Health Organisation is the directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends.

Statement from East Surrey Clinical Commissioning Group

On behalf of East Surrey Clinical Commissioning Group we welcome the opportunity to comment on the draft quality account received on 18 May 2017. We have reviewed the document and consider that it meets the Department of Health's national guidance on quality account reporting. There are some real areas of strength outlined in the report, which we recognise from our regular quality meetings with First Community Health and Care.

First Community Health and Care have demonstrated good progress with last year's priorities. Examples include progress against key priorities, rationale for their continuation and the selection of priorities for 2017/18. We commend the fact that there is evidence of involvement from patients, carers and staff in choosing the next year's priorities and the breadth of services that will benefit from these improvements to the quality of care.

We note the overall improvement in the presentation of data within the account and the public friendly style; however the account may benefit from a brief explanation of EMIS web and reducing the use of acronyms.

Previously we have noted in the statement that a stronger focus on outcomes would strengthen the account. The organisations decision to participate in the NHS benchmarking network with effect from 2017 will support this endeavour.

The quality account demonstrates focussed work around the patient safety element, such as changed shift patterns in response to patient and staff feedback and workshops to learn from serious incidents. The culture of education and training to support safety and clinical effectiveness with ninety seven per cent of staff receiving regular appraisals continues as a golden thread and the improvement in NICE guideline compliance reporting was notable.

Overall this quality account has represents a good reflection of progress to date and we look forward to continue working in partnership with First Community Health and Care to support the quality improvements planned for 2017/18.

NHS
East Surrey
Clinical Commissioning Group

Healthwatch Surrey and Surrey County Council did not submit comments on the quality account this year.

First Community Health and Care

NHS

Further Information and Feedback

If you would like to find out more about our services, please visit our website at **www.firstcommunityhealthcare.co.uk**

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

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