

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

Quality Account

2023-2024



Quality Account

2023–2024

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Preface

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

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

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

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

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



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 2023 to 31 March 2024. 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 ...

To work in partnership with people living and working in our community to deliver outstanding lifelong local NHS healthcare, supporting everyone to achieve their potential

Our values are ...

First-rate care,
by First-rate people
at First-rate value.

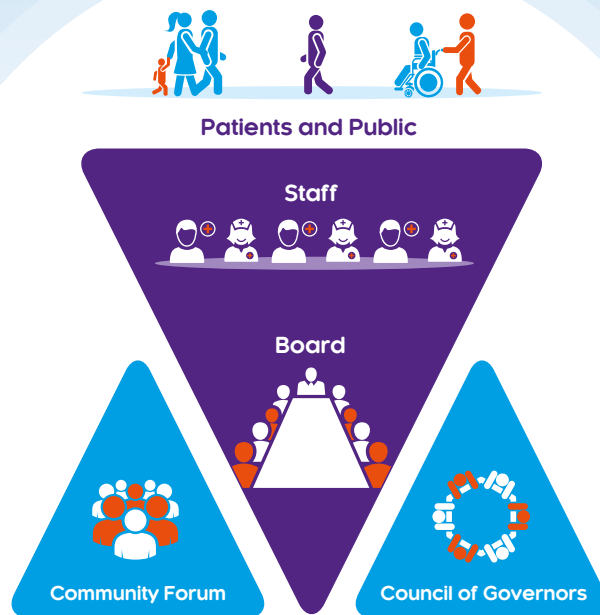
First Community is part of the NHS family and provides community healthcare services to people in east Surrey and the surrounding area. We offer a friendly face with highly rated, well-run services, delivered by our skilled people.

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 become shareholders when they join. 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.



Working in partnership at East Surrey Place

We work collaboratively to arrange and deliver healthcare with Surrey Heartlands, Surrey and Sussex NHS Healthcare Trust, two GP federations - Alliance for Better Care and Dorking Healthcare. We also work with five primary care networks and St Catherine's Hospice along with Reigate and 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, motor neurone disease (MND), rare neurological conditions and stroke specialist nursing)
- Early supported discharge (ESD) for stroke
- Cancer prehabilitation
- Community physiotherapy
- Falls
- District nursing
- Heart failure service
- Respiratory nursing & pulmonary rehabilitation
- Oxygen
- Continence (adults)
- Intermediate care team
- Tissue viability
- Proactive care team
- Speech and language therapy
- Urgent community response
- Virtual ward
- Nurse advisors for care homes



Therapies in clinics

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



Bed based care

- Inpatient intermediate care ward (nursing and therapies)
- Minor Injury Unit.
- Community evening and night service

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 2023/24.

I am delighted to present First Community's 2023/24 Quality Account and have the opportunity to share some reflections on the past 12 months and my first year as Chief Executive.

The organisation, like many of our partner organisations, has faced a number of challenges this year, with increasing financial pressures and demands on health and social care services both locally and nationally. Despite this, First Community continues to provide first-rate care.

I'd like to thank all our community partners for continuing to put the health and wellbeing of our local residents at the heart of everything we do, along with our dedicated workforce who continue to deliver quality, first-rate care to our community.

We've had many successes and moments to be proud of throughout the 2023/24 reporting period and I'm pleased to highlight some of these to you now.

We were delighted to be able to see children at our Caterham Dene Minor Injury Unit. Children aged five plus can now be seen and treated for minor injuries, and this positive development will really help children and families, easing the pressure on local A&E departments.

You can find out more about this [here](#).

Our Urgent Community Response (UCR) team has continued to grow from strength to strength, with a high demand and increasing referrals to the service. The efficient and effective running of the service has helped to deliver timely urgent assessments and treatment to people in their own homes to avoid hospital admissions for so many. This improves outcomes for patients and eases the pressure on local acute hospitals.

I was thrilled to see the [Inclusion Health Team](#), who we host at First Community on behalf of the Surrey-wide partnership, presented as winners of the Complex Needs in Primary Care category at the prestigious [Burdett Nursing Awards](#) this year. This recognition is well deserved and testament to the team for the exceptional care they continue to deliver to marginalised families across Surrey.

I am incredibly proud of our 2023 NHS staff survey results which show that First Community is the best provider of NHS care to work for in the whole country. Some of our results were the highest we have ever achieved, which demonstrates that first-rate care by first-rate people is at centre of all our decision making. You can read more about this outstanding achievement [here](#).

Our positive speaking up culture, recognised in the 2022 NHS staff survey, was highlighted in the [National Guardian's Office Annual Report](#) and laid

Introduction continued

before parliament. This is another great achievement, and I'm so pleased to see that we've continued to see evidence of our positive speaking up culture this year (as evidenced in the 2023 NHS staff survey results). First Community has various mechanisms available for staff to raise their concerns and this open, learning culture is something I'm extremely proud of.

This year we launched 'Our Plan', First Community's new business plan, which has a collective focus on four key priorities: people, performance, partnership and planet. Our Plan, along with our [company values and vision](#) reflect what is important to everyone at First Community, as well as the wider health and care system.

We continue to prioritise collaborative working in the East Surrey Place Health and Care Partnership to ensure that the organisation remains focused on its vision to work in partnership to deliver outstanding lifelong local NHS healthcare, supporting everyone to achieve their potential.

As an organisation we are committed to continuous learning, and I am delighted to see that we have achieved six of our eight priorities for improvement inw 2023/24. You can read more about these on pages 13 to 25.

This included improving the support we provide to staff, who are carers, by reviewing our carers policy and

continuing to promote resources and support available to colleagues.

We also reduced variation in the assessment and management of lower leg wounds to keep our patients safe and ensure we improved clinical effectiveness. You can read more about this in the report below.

Looking ahead to 2024/25, we have outlined new priorities for improvement in several areas, including reducing waiting times in our Musculoskeletal (MSK) service and working further to reduce the risk of falls for patients on our Caterham Dene Ward.

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 Quality Account an interesting read and that it highlights how focused we are on maintaining and improving quality, patient safety, patient experience and the wellbeing of our staff to provide first-rate care with and for the local community.



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 consistent with internal and external sources of information including:
 - Board minutes and papers for the reporting period
 - Papers relating to safety and quality reported to the Board over the reporting period, in particular the performance pack
 - The results of the national NHS staff survey for 2023.

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

6th June 2024



Sarah Tomkins
Chief Executive Officer

6th June 2024

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.

Looking back – Reporting on our 2023/24 priorities for improvement

In 2023/24 we progressed eight priorities for improvement - four new priorities and four carried forward from 2022/23. We set these priorities using the three domains of quality – patient safety, clinical effectiveness, and patient experience - as well as staff experience. The tables below provide a quick overview of these priorities with further detail provided later in the report.

Priorities continued from 2022/23.

Title	Description	Achieved?
Supporting staff who are carers	We will improve how we support our staff members that are carers.	Yes
Developing a patient centred approach to Quality Improvement (QI)	Ensure clinical effectiveness, continual improvement and learning by developing a patient centred coaching approach to QI.	Yes
Reducing variation in lower leg wounds	Continue to keep our patients safe and ensure we are clinically effective by reducing variation in the assessment and management of lower limb wounds.	Yes
Reflect and learn	Give staff a safe place to reflect and learn by embedding our new approach to clinical supervision – ‘Reflect and Learn’	Yes

Priorities for 2023/24

Title	Description	Achieved?
Heart Failure at Home	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.	Discontinued as part of this Quality Account whilst we continue to work on this with our partners. See page 21.
Record keeping	Review and update record keeping standards and associated audit process to ensure this best meets the needs of the clinical services.	Yes
Preventing conveyance to the acute hospital	Increase referrals from the 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.	Yes
Friends and Family Test (FFT) feedback	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.	Partly. We will be doing more around this.

Supporting staff who are carers

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;
- We first included this as a priority for improvement in our 2019/2020 Quality Account and paused work on this during the Covid-19 pandemic.

What we have done:

- An awareness session was held in July 2023 with staff attending from across all services in First Community. This session introduced the Carers Passport to colleagues;
- During Carers Week in June 2023 an article was included in the staff newsletter providing information and signposting;
- During Q2 the Carer's Policy was reviewed;
- We will continue to promote the Carers Passport and the carers resources on the Intranet and continue to support managers in the implementation of flexible working and in discussion with staff about caring roles.

How we have measured our success:

We repeated the carers survey in Q3 2023/2024, and we've seen several improvements (shown below). There is still more work to do to promote caring resources and the Carers Passport.

- Staff who had applied for flexible working increased from 0% in 2020 to 29% in 2023, and all of those who applied had their request agreed;
- A reduction in those considering retiring early from 50% to 14%;
- Those who have been signposted to carers information by their managers increased from 0% to 29%;
- Those not knowing about the carers information on the Intranet decreased from 100% to 86%;
- A reduction in those who report their health has been affected by caring from 88% to 29%;
- The Carers Passport on the Intranet has received 37 views and the Carers Survey showed that 86% of respondents were aware of the passport. The Carer Confident Scheme has been repeated and is showing a move from 'active' to 'accomplished'.

What next

- We will continue monitor the roll out of the Carers Passport by counting the number of views accessed from the Intranet;
- We will continue to provide information for staff on caring resources;
- We will continue to repeat the Carer Confident Scheme and Carer Survey to ensure we continue to improve.

Developing a patient centred approach to Quality Improvement (QI)

Achieved

What we said we would do:

Ensure clinical effectiveness, continual improvement and learning by developing a patient centred 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 QI, 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 QI and coaching skills. It will allow a pathway for staff to grow from learning about QI to becoming QI champions and coaching others through projects.

What we have done:

- Rolled out the use of Radar for the reporting of QI work, which involved training, ongoing support and monitoring. This provides a more robust method of reporting and monitoring QI work and associated action plans. Radar is an electronic system to record events such as incidents and complaints;
- Added a prompt to the Radar form to consider whether the First Community Network could be involved in QI work;
- Updated the services reporting structure in the Clinical Quality and Effectiveness Group to facilitate increased shared learning of QI work;
- Updated the project reporting form to a poster to facilitate increased shared learning. Displaying projects as a poster makes them more presentable and easier to read;
- Updated the online Inclusion Health Friends and Family Test (which offers translations) and promoted this with the team;
- Trialed individualised invites to QI training for all staff, dependent on their stage of the QI Pathway;
- Began promoting QI training in the monthly corporate induction. Introduced a follow-up email to all new starters regarding the QI Pathway and inviting them to watch the 'What is QI' video;
- Started collecting equality and diversity information from the First Community Network to ensure it is representative of those who use our services;
- Created and shared a QI training staff survey to explore barriers to accessing QI training and implemented associated actions to improve access;
- Developed a description of training offers, including time required and learning outcomes as indicated in the NHS staff survey results. This was added to the Intranet and promoted in the staff newsletter, within team meetings and team site visits.

How we have measured our success:

- Monitoring the number of staff who attend QI training and evaluation of the training. During this reporting period the 'What is QI' video was viewed 119 times, a significant increase compared to the 18 months prior when it had been viewed 68 times. In addition, nine staff attended the Introduction to Clinical Audit training. Quality Improvement teaching has also been accessed by 25 attendees via the QI Leaders Network and by 30 staff members via the First Leadership training. Additional training on using Radar to record QI was accessed by 54 individual staff members and two teams;

- Monitoring the number of QI projects undertaken and completed, and the range of QI methods being used across First Community. Between April 2023 and March 2024 across First Community, 179 clinical audit and QI projects were undertaken;
- Monitoring the number of QI projects that are undertaken with service user involvement. Between April 2023 and March 2024 across First Community, six QI projects were undertaken with service user involvement;
- Once the new patient feedback method(s) are implemented we will monitor their usage. In 2022/23 we worked alongside the Inclusion Health team to develop a survey which the team can use to gather feedback from marginalised groups. The team also now has online access to the Friends and Family Test in a variety of languages. Additionally, our transition to the Patient Safety Incident Response Framework (PSIRF) has also focused on patient involvement and reducing health inequalities, as outlined in our [Patient Safety Incident Response Plan](#).

What next:

We are in the process of developing self-paced QI e-learning, to support more staff to be able to access relevant learning.

Reflect and learn

Achieved



What we said we would do:

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

Why we chose this:

- The reflect and learn approach to clinical supervision was finalised in November 2020 after a staff consultation in 2019;
- Uptake was delayed by the Covid-19 pandemic;
- 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:

- A reflect and learn staff evaluation was completed and staff who did not access reflect and learn were also encouraged to participate. Actions were taken to increase the uptake;
- Personalised invites were sent to staff inviting them to attend the Introduction to Reflect and Learn training or access a reflect and learn option;
- The reflect and learn guidance was updated, integrating the Professional Nurse Advocate (PNA) role which provides staff with an additional ad-hoc option for clinical supervision;
- Worked closely with trained PNAs to discuss promoting the role and increasing access to PNA facilitated supervision. This included creating a PNA email address, developing a poster, implementing reporting structures and promoting in the organisation’s staff newsletter;
- The benefits of being a facilitator were explored within facilitator update meetings and were used to support promotion of the role, resulting in training of new facilitators;
- The structure and content of the facilitator updates has been reviewed following the facilitator evaluation, resulting in increased attendance;

- Updated reflect and learn logbooks following feedback, to shorten them and ensure they are inclusive to non-clinical staff;
- Promoted reflect and learn options, including in team meetings and team site visits;
- Updated learning themes to triangulate more easily with staff survey themes;
- Joined the marketplace within the monthly corporate induction and used this to promote reflect and learn options, with a follow-up email to staff;
- Developed a pathway for trained PNAs to become reflect and learn group facilitators.

How we have measured our success:

- The number of staff accessing reflect and learn activities: We have received feedback from 75% of clinical staff on which of the reflect and learn options they have selected from the menu. Facilitated groups 43% is the most popular;
- The number of staff accessing adult safeguarding supervision: The table below indicates the number of staff who accessed adult safeguarding supervision during this reporting period and how this compares to the previous reporting period.

Supervision Type	Ad hoc	1-1 formal	Reflect and Learn	Drop-in sessions	Total
2022-23 (Quarter 3&4) data	108	10	Lead attended 2 x reflect and learn sessions	4 drop in sessions arranged with 12 attendees	132 (6 month period)
2023-2024	251	16	Lead attended 3 x Reflect and Learn sessions	9 drop in sessions arranged with 26 attendees	296

The number of staff accessing adult safeguarding supervision has increased during this year, with total contacts for supervision at 296. Supervision has been accessed from the adult safeguarding lead via ad-hoc supervision, 1-1 formal supervision, attendance at reflect and learn sessions. The adult safeguarding lead has continued to offer quarterly drop-in sessions at Phoenix House and Caterham Dene Hospital. Opportunities for supervision are advertised at induction, during training and via team meetings, and staff have taken these opportunities to discuss safeguarding cases that they require advise and support with. The adult safeguarding lead plans to undertake a safeguarding supervision audit next year to gain a better understanding of this data.

- The number of facilitators attending update meetings and accessing adult safeguarding supervision training. During the reporting period 22 facilitators attended one of the quarterly facilitator update meetings, a significant increase from four during the previous reporting period. Plans have been made to incorporate updates from the adult safeguarding lead into one facilitator update meeting each year;
- The number of trained facilitators and groups running. Across First Community we currently have 31 trained reflect and learn facilitators (increased from 25 last year) and 15 groups running (increased from 10 last year);
- The frequency with which adult safeguarding concerns are discussed at reflect and learn group sessions. During the reporting period adult safeguarding concerns were discussed at reflect and learn group sessions 19 times, 10 times as a challenge and nine times as an opportunity for learning.

What next:

- We will continue to promote and support access to reflect and learn activities across the organisation, gathering data from services;
- We will continue to 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 issues are discussed at reflect and learn group sessions and to support facilitators learning needs.

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 would increase healing and reduce 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 \(2020\)](#).

This was achieved in 2022/23, however we included in the reporting for 2023/24 due to an Invasive Group A Streptococcus (iGAS) outbreak. We wanted to further develop our Lower Leg Wound Pathway with a particular focus on infection prevention and control (IPC).

What we have done:

- The Tissue Viability team has designed a Lower Limb Pathway to outline a pathway of care to promote rapid diagnosis and enable fast access to appropriate treatment or service provision for patients requiring more complex care in lower limb wounds;
- The team has set up training to ensure clinicians can develop and/or maintain their competencies. This training has been well attended and we have measured the success from staff feedback which is highly positive. Healing rates and our Commissioning for Quality and Innovation (CQUIN) standard has also been achieved and improved;
- We developed an online survey for data collection which continues to be a success as it is easy for teams to access and complete, and for interpretation of results;
- There has been focused infection prevention and control audits and training which will continue;
- We have introduced heightened surveillance of wound swabs which means we can identify infections in a timelier way, ensuring access to appropriate care and treatment.



How we have measured our success:

We used the measurement set out in the CQUIN work for the reporting period 1 April 2023 to 31 March 2024.

This relates to CQUIN13: 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 the National Institute for Health and Care Excellence (NICE) guidelines.

TABLE 4:

Denominator	Total number of patients treated in the community nursing service with a wound on their lower leg (originating between the knee and the malleolus)
Numerator	Of the denominator, the number where the following audit criteria for diagnosis and treatment are met within 28 days of referral to the service or, for a patient already receiving care from that service, within 28 days of a non-healing leg wound being identified and recorded: <ul style="list-style-type: none">• Documentation of a full leg wound assessment that meets the minimum requirements described in lower limb assessment essential criteria;• Patients with a leg wound with an adequate arterial supply (ABPI > 0.8-1.3) and where no other condition that contra-indicates compression therapy is suspected, treated with a minimum of 40mmHg compression therapy;• Patients diagnosed with a leg ulcer due to suspected venous disease, and/or peripheral arterial disease/chronic limb threatening ischaemia are documented as having been referred (or a request being made for referral) to vascular services for assessment for surgical interventions.

First Community is unable to readily identify the denominator, nor the numerator so will be including a minimum sample of 100 records using quota sampling.

- During Q1 13 / 20 (65%) achieved the CQUIN
- During Q2 19 / 29 (66%) achieved the CQUIN
- During Q3 13 / 26 (50%) achieved the CQUIN
- During Q4 17 / 25 (68%) achieved the CQUIN.

We asked 100 people for feedback, 31 of whom responded. There isn't a universally defined 'good' response rate to patient surveys, achieving higher response rates is essential for generating valid and reliable results in patient surveys. National patient survey response rates are given below, however direct comparison cannot be made due to sample sizes of national surveys being much larger and the different demographic of patients:

GP patient survey (2021) response rate of 35.8%

NHS inpatient survey (2021) response rate of 39%

Cancer patient experience survey 2022 response rate of 53%



People told us:

97%

Said they felt at ease during their care and felt listened to

93%

Felt their care was adequately explained to them

90%

Felt involved in their care

94%

of people with lower leg wounds said they washed their hands and / or used hand gel after the nurses had changed their dressings

"The nurses looked after my mum well. They involved us in the care and explained to us what the plan was."

"I would like to thank all the nurses for their help and kindness during the last few months, they have been amazing."

"Always happy with all instructions, and care is clearly explained."

"Royalty could not have received better care, my problem is keeping the leg healed (I will try harder). My grateful thanks to all the nurses. Thank you."

"Very grateful for the treatment received, very pleased."

"I am full of admiration for the care and attention of all the nurses - would highly recommend!"



What next:

- We will continue the work, including the audits and training, and the measurements set out in the CQUIN;
- Further training dates have been set for 2024;
- We will continue to undertake quarterly audits to measure outcomes;
- We will continue to ask for patient feedback.

Heart Failure at Home

Discontinued as a priority in our Quality Account

We said we would 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.

This is an East Surrey Place led project which we are supporting. As First Community are not leading this piece of work, it will no longer be a priority for improvement in our Quality Account. However, we continue to work with our partners to take this forward. We continue to support patients through our Heart Failure service and other services.

Record keeping

Achieved



What we said we would do:

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

Why we chose this:

- The record keeping audit is a statutory requirement for NHS providers;
- Anecdotal evidence indicated limitations with the record keeping audit processes which were 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 was 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.

What we have done:

- A task and finish group was created which included representation from scheduled care, unscheduled care, children's services, business Intelligence (BI) and the lead nurse for infection, prevention and control and patient safety who provides First Community's record keeping training. Feedback was also obtained from the information governance and safeguarding teams;
- The group reviewed related First Community policies, national guidance, professional body guidance and explored what other organisations do;
- The group explored what is and what is not working which identified barriers to effective record keeping, barriers to learning from the current audit process and other approaches teams have already adapted;

- Teams within the task and finish group trialled the updated record keeping audit process and feedback from clinical staff was obtained. The audit process was further updated and trialled again;
- A requirement for further guidance was identified and this was added to the document to support staff with completing the record keeping audit, and the record keeping standard and audit document was updated and approved.

The changes have been fed back to senior leaders within the Clinical Quality and Effectiveness Group and included within teams' quality improvement plans for 2024/25.

How we have measured our success:

- Implementation of updated record keeping standards/audit tool and process. The new process has been trialled with teams within the task and finish group. It has been added to all the team's quality improvement plans for 2024/25;
- In the reporting period 77% of services completed and uploaded a record keeping audit onto the organisation's electronic tracker compared with 50% in 2022 / 23;
- Proportion completed with standards met. The services that trialled the updated process did not meet all the standards set. Feedback indicated that questions included in the updated record keeping standard are relevant, allowing the identification of actions to improve record keeping practices. This means the new process provides greater opportunity for learning and improvement of record keeping;
- Clinical time saved – we were unable to obtain baseline data to measure against. However, feedback from the task and finish group conveyed that the included standards were all meaningful and the time spent was therefore worthwhile;
- Staff satisfaction – we captured feedback from clinical staff during the trial:

Very user friendly.

Easy to use in survey style.

Much quicker process, easy to navigate.

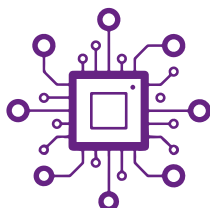
User friendly format, fairly intuitive.

Good check and reminder of general 'housekeeping' on EMIS.

Don't think it was too long and asked lots of relevant questions. it took me 20 minutes per patient which is reasonable. All questions made sense.

What next:

- There is ongoing work to develop templates within EMIS (electronic patient record system), and where possible the record keeping standards will be incorporated.



Preventing conveyance to the acute hospital

Achieved



What will we do?

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

- 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;
- Increase the number of people referred and number of people remaining at home.

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 (A&E) department to ask all ambulance crews if the patient they had taken 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.

What we have done:

The targets set, were based on the referral numbers as a whole at that time. The service has seen an increase in the number of referrals to the service and as a whole is above what we expected, meaning an adjustment to our target of 15% of referrals from SECamb to 10% which we have achieved. The ambition for NHS 111 referrals to make up 5% of our referrals was ended due to having no influence on national call centres. We will be reporting on referrals as business as usual as we continue to support people to remain in their own homes.

Increase SECamb referrals to 10% per month of the total referrals and number of people referred and number of people remaining at home:

Number of referrals

MONTH	PARAMEDIC (SECamb)	Total number of referrals
April 2023	8	
May 2023	8	
June 2023	7	
Total Q1	23 (5%)	426
July 2023	7	
August 2023	21	
September 2023	14	
Total Q2	42 (11%)	400
October 2023	18	
November 2023	30	
December 2023	19	
Total Q3	67 (13%)	508
January 2024	20	
February 2024	23	
March 2024	18	
Total Q4	61 (12%)	489

The increase in number of referrals to the service is a positive reflection of the work completed to raise awareness and align pathways, such as the pathway for caring for people who have fallen, to enable a timely assessment. These referrals are triaged within responsive services enabling the right level of input to be provided and a visit from responsive services or an onward referral to the falls prevention team.

Increase NHS 111 referrals to 5% of the total referrals into the UCR service each month:

Surrey Heartlands as a system are enabling 14 UCR partner providers to have access to open up the stack (build-up of calls) for 'pulling' computer aided dispatch (CAD) jobs. This will enable category three (requiring response within two hours) and category four (response within three hours) to be reviewed and accepted by responsive services (UCR or the Intermediate Care team) if appropriate. This work started on 7 August 2023 which involved building relationships across partners. Further progress will commence in May 2024 which will further increase referrals to the service and achieve the ambition of NHS 111 referrals being 5% of the total referrals into the UCR service each month.

What our patients say...

The charts below show the number of Friends and Family Test (FFT) responses since 1 April 2023. In total there has been 125 reviews of the service, all of which have been positive. The team continues to collect FFT feedback to gain understanding of the patient experience.

"Brilliant service!!! What a great idea to have all these people come into your home and treat my mother-in-law."

"I found your nurses incredibly kind and considerate and informative."

"Everyone is so efficient, friendly and so willing to help everyone. I certainly cannot fault them in any way."

"The service is absolutely perfect and cannot be bettered."

"Your nurses were efficient, friendly and kind, the attention given to detail was 100%. Nothing in the way of help was spared."

"Team attended within the two hours and both ladies were kind and did a great job. They checked out my breathing and talked to me about my symptoms."

What next:

We will continue our work to increase referrals from the South East Coast Ambulance Service (SECAMB) and NHS 111 to First Community's Urgent Community Response (UCR) team to prevent people being conveyed to the acute hospital.



What we said we would 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.

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 2024 / 25.

The number of FFT reviews received since 1 April 2018 can be seen below for comparison:

Reporting Period	Number of Reviews
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
1 April 2023 – 31 March 2024	3603

What we have done

- 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 use QR codes, paper forms and business cards. During the reporting period we have developed a text method for feedback and rolled out tablets to services to enable them to gather feedback in a timely way. We have ‘you said, we did’ boards to tell people how we have learnt from what they have told us;
- We have shared learning at our monthly quality group and continue to develop ‘champions’ who promote FFT and feedback for each service;

Whilst we have increased the number of responses and ensured we are sharing feedback to our monthly Clinical Quality and Effectiveness Group, we still think there is more we can do to develop how we use this feedback, so we are rolling this priority over to enable us to do more focused work in 2024/25.

How will we measure our effectiveness?

- We will measure the number of responses;
- We will measure the number of responses for each method of asking for feedback;
- Number of emails sent by our chief nurse and feedback shared;
- Spotlight sessions at our clinical quality and effectiveness group.

Looking forward...our priorities for improvement 2024/25

How we identified our priorities...

Our priorities for improvement for 2024/25 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 as well as the [CQC assessment framework](#) and our strategic direction of people, planet, performance and partnership:

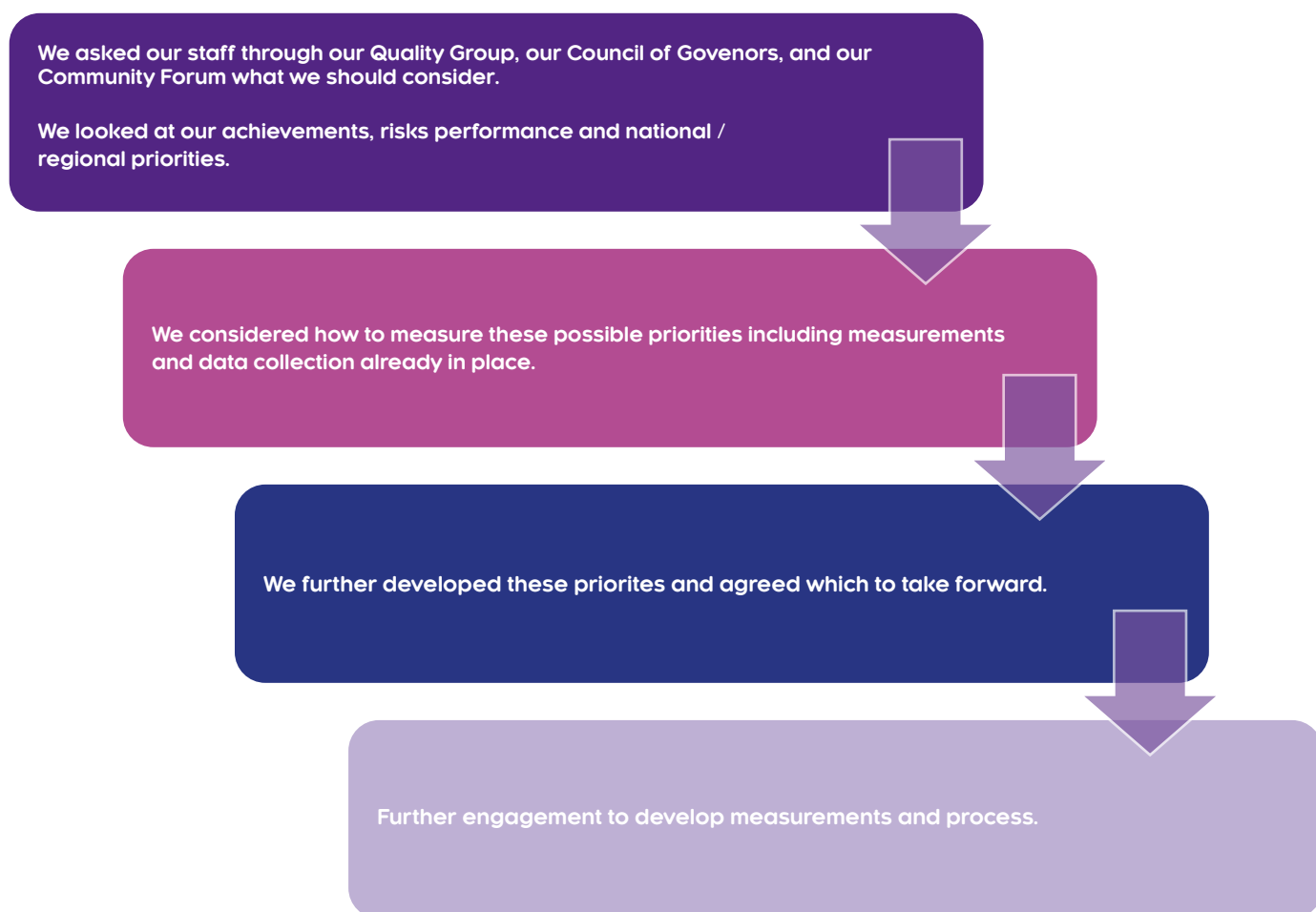
People - Recruitment and retention and living and working in our community.

Performance – financial viability, data collection and monitoring and quality and safety impacts, outcomes and impacts.

Partnerships – importance of internal relationships and partnerships and external partnerships, use our scope of influence working to tackle priorities across partnerships to improve services for local people.

Planet – delivering our sustainability plan.

This is how we have developed our priorities for quality improvement 2024/25:



What? What are we going to do...	Why? Why have we chosen this...	Strategic Theme	CQC Statement	How? How are we going to do it...	Outcome measures? How will we know if we are successful...
Reduce waiting times in the Musculoskeletal (MSK) service to within 19 weeks over the next 12 months.	High waiting times potentially leads to more complex and chronic MSK conditions which require more urgent attention. Impacts on staff morale and organisational reputation. Increases inappropriate referrals to our First Contact Physiotherapists (FCPs) for 'in house' physiotherapy.	Performance	<p>Safe – identifying and acting on risks.</p> <p>Effective -assessing needs and evidence-based care.</p> <p>Responsive – listening and involving people.</p> <p>Well-led – staff and patient involvement and continuous learning and improvement focus.</p>	<ul style="list-style-type: none"> • Monthly meetings to review the data; • Monthly reporting on progress through the organisation's performance pack; • Deliver an internal networking day between physiotherapy teams across the organisation; • Work across the organisation to reduce duplication and streamline the patient journey; • Deliver an assessment day for an identified patient cohort to quickly and efficiently assess and signpost and speed up the patient journey; • Deliver a signposting day to ensure that other identified needs such as social isolation are met. 	<ul style="list-style-type: none"> • Lower numbers of informal complaints and less mention of long waits on Friends and Family Test (FFT) feedback; • Reducing waiting times and reach the desired target of within 19 weeks.
Increase the involvement of the people who use our services in quality improvement and other projects.	<p>Involvement is essential to ensure any improvement work meets the needs of those who use our services.</p> <p>Limited recruitment to First Community Network in 23/24.</p>	People	Responsive – listening to and involving people	<ul style="list-style-type: none"> • Regular public involvement group meetings, with the First Community Network, to review data and develop and implement actions; • Promotion of First Community Network within teams and in the community. 	<ul style="list-style-type: none"> • Number of First Community Network members; • Number of quality improvement (QI) projects with public/patient involvement; • Number of projects with involvement from the First Community Network.
Review and update the observational hand hygiene audit and ensure glove use is clinically indicated.	Poor hand hygiene increases health care associated infection and compromises patient safety. There is variation across our clinical teams in the way hand hygiene audits are undertaken and use of gloves when this is not clinically indicated.	People Planet	<p>Safe - infection prevention and control.</p> <p>Well led – environmental sustainability.</p>	<ul style="list-style-type: none"> • Review of the observational hand hygiene audit tool; • Promotion of targeted hand hygiene education, observations and feedback to teams; • Support from First Community's infection prevention and control network members who represent clinical services across First Community; • Training and resources developed for teams on glove use. 	<ul style="list-style-type: none"> • Number of hand hygiene audits with standards met; • Number of completed action plans; • Number of audits uploaded onto Radar; • Feedback from teams and infection, prevention and control link network members; • Reduction in numbers of gloves used.

What? What are we going to do...	Why? Why have we chosen this...	Strategic Theme	CQC Statement	How? How are we going to do it...	Outcome measures? How will we know if we are successful...
Increase uptake of the <u>Professional Nurse Advocate (PNA) offer</u>	<p>PNA activity enhances staff health and well-being.</p> <p>National target of 1 in 20 nurses trained as a PNA.</p> <p>We have six trained PNAs and need to ensure their skills are utilised.</p>	People	<p>Effective – staff skills and knowledge.</p> <p>Well-led – learning, improvement and innovation.</p>	<ul style="list-style-type: none"> • Promotion of PNA training; • Promotion of PNA sessions; • Offer PNAs group facilitator roles; • Regular PNA meetings and inclusion in facilitator updates; • Create and implement process to support PNAs from training into role. 	<ul style="list-style-type: none"> • Number of trained PNAs; • Number of PNAs in training; • Number of restorative supervision sessions conducted by a PNA; • Number of individuals receiving restorative supervision by a PNA; • Number of career conversations delivered by a PNA; • Number of individuals receiving a career conversation; • Number of improvement projects supported by PNA; • Survey of staff to understand knowledge of the role.



Patient Safety Incident Response Framework (PSIRF) priorities:

What? What are we going to do... AIM	Why? Why have we chosen this...	Strategic Theme	CQC Statement	How? How are we going to do it...	Outcome measures? How will we know if we are successful...
Safer administration of insulin for people living in their own homes.	This is a PSIRF priority and is included in PSIRP.	Partnerships Performance Sustainability	Safe – medicines Management Effective – how staff, teams and services work together?	<ul style="list-style-type: none"> • Monthly meetings to identify learning/ review the data; • Complete after actions reviews (AARs) for relevant incidents; • Track improvements via an action plan. 	<ul style="list-style-type: none"> • Number of insulin medication errors; • Increase in confidence of staff across community nursing.
Improve the post falls management of patients under the care of the Intermediate Care team (ICT) who fall in their own home.	This is a PSIRF priority and is included in PSIRP.	Partnerships Performance Sustainability	Safe – managing risks Effective – staff skills and knowledge, supporting people to live healthier lives Well-led – governance and management	<ul style="list-style-type: none"> • Bi-monthly multi-disciplinary team (MDT) reviews to identify learning; • Bi-monthly meetings with MDT to review learning and identify and implement actions; • Develop and implement a post-falls checklist and process. 	<ul style="list-style-type: none"> • Number of falls; • Numbers of post-falls assessments completed within 24 hours; • Number of falls debrief forms completed; • Number of post-falls checklists completed.
Reduce the risk of falls and associated harm on Caterham Dene Hospital Ward.	This is a PSIRF priority and is included in PSIRP.	Partnerships Performance Sustainability	Safe – managing risks, learning when things go wrong Effective – how staff, teams and services work together.	<ul style="list-style-type: none"> • Monthly MDT meetings to identify learning and review actions; • Replace <u>swarm</u> process with PSIRF learning response to enhance shared learning. 	<ul style="list-style-type: none"> • Number of falls; • Number of Patient Safety Incident Investigations (PSIIs); • Number of completed learning responses; • Completion of blood pressure assessments to understand a person's risk of falling.
Improve the process for administering controlled drugs given as required, increasing the timeliness for patients.	This is a PSIRF priority and is included in PSIRP.	Partnerships Performance Sustainability	Safe – medicines management Effective – how staff, teams and services work together Caring – kindness, respect and compassion Responsive – person-centred care.	<ul style="list-style-type: none"> • Monthly meetings to understand the problem/learning and identify and implement improvement actions; • Set target timeframe; • Complete AARs that fall outside this timeframe. 	<ul style="list-style-type: none"> • Time from need identified to when controlled drug (CD) given; • Number of disruptions; • Patient pain level; • Quantity of CDs in medicines cupboard; • Percentage meeting target timeframe.

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 2023 to 31 March 2024. The content is common to all providers, allowing comparison across organisations.

Review of service

During the period 1 April 2023 to 31 March 2024, 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 2023 to 31 March 2024) represents 100% of the total income generated from the provision of relevant health services by First Community Health and Care for the reporting period.

Participation in national clinical audit and confidential enquiries

During the period 1 April 2023 to 31 March 2024, seven national clinical audits and zero national confidential enquiries covered relevant health services that First Community provides.

During that period First Community participated in 71% (five out of seven) 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 2023 to 31 March 2024 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).



The national clinical audits and national confidential enquiries that First Community participated in, and for which data collection was completed during 1 April 2023 - 31 March 2024 are listed below, alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National clinical audits and national confidential enquiries	Number of cases submitted as a percentage of the number of cases required
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme	100% of eligible patients were asked to participate. 96% of those consented and cases were submitted.
National Audit of Cardiac Rehabilitation	Unable to participate
National Audit of Care at the End of Life	No cases required submission
National Audit of Inpatient Falls	100%
National Diabetes Foot Care Audit	23 cases submitted Unknown percentage as total number of cases required unknown
National Obesity Audit	Unable to participate
Sentinel Stroke National Audit Programme (SSNAP)	87%

The reports of six national clinical audits 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:

National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme

The Pulmonary Rehabilitation team has continued to deliver services and pulmonary rehabilitation classes at a pre-pandemic level. They have made significant progress towards pulmonary rehabilitation accreditation which involves:

- Production of a full-service standard operating procedure (due for completion by April 2024)
- A review of risk assessments (completed)
- A review of staff training and competencies (completed)
- Engagement in service-specific staff feedback (ongoing)
- Exploration of patient feedback via questionnaires and focus groups, and completion of a quality improvement project in relation to feedback from the focus groups (ongoing).

Local data also indicates that there is a large cohort of long-term respiratory patients who 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 chronic obstructive pulmonary disease (COPD) and a Medical Research Council (MRC) 3+ score.

National Audit of Cardiac Rehabilitation:

We have been unable to submit data for this year due to staff capacity. We now have a fully recruited team for our Cardiac Rehabilitation service and initially focused on reinstated classes and reducing the wait list. We are working on redesigning the service templates to ensure they collect essential data and working to submit data for the next reporting period.

National Audit of Care at the End of Life:

Reporting for the National Audit of Care at the End of Life was paused until January 2024, while the national audit process was reviewed and therefore no report has been produced.

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

First Community's end of life nurse advisor has committed to:

- Continue to review and provide training/teaching sessions. To include training at varying levels to cover all staff in contact with patients, including allied health professionals (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:

The ward at Caterham Dene Hospital has taken part in this year's National Audit of Inpatient Falls. We submitted 100% of all relevant cases, which was one case, as only one hip fracture was sustained during the reporting period that was not sustained from a fall. We plan to continue to submit relevant data for the next reporting period.

Over the past year the ward's multi-disciplinary falls prevention group has continued to work to reduce the risk of people falling whilst an inpatient on the ward. This includes use of motion sensors, falls and moving and handling equipment familiarisation for staff on the ward, introduction of wrist bands and awareness of the transition to the Patient Safety Incident Response Framework (PSIRF). The group will continue over the next year to learn from incidents and ensure falls prevention remains high on everyone's agenda. This will allow us to identify and respond dynamically and quickly to changes in factors contributing to inpatient falls.

National Diabetes Foot Care Audit (NDFA):

We have been unable to submit all cases this year due to staff capacity, including a vacancy for our lead in diabetes and high risk. We have now recruited to this position and have been working to ensure that we increase our data submission in the next reporting period.

We are unable to identify the total number of cases required for submission as we do not currently have a process in place to collect this information. Therefore, we also plan to review our service templates to allow us to capture this data, providing an improved oversight of cases required and required improvement work to achieve this.

National Obesity Audit:

Upon reviewing the Weight Management Services 2022/23 (final) publication for the National Obesity Audit it was identified that First Community were not represented because data in the community services data set submissions was not being coded on the electronic patient records. Further work is being done within the Dietetics team to explore barriers to coding so that plans can be put in place to rectify this for the next reporting period. The Dietetics team are also planning to complete a service review to continue to improve and optimise the service they provide.

Sentinel Stroke National Audit Programme (SSNAP):

The audit did not identify any issues with service delivery. There has been an improvement in the transfer of records between partner agencies on our local stroke pathway following a series of meetings and the implementation of an agreed system. This is reflected in the increased number of records included in our SSNAP database. We continue to work with our partners in the acute hospital and our subacute rehabilitation site to ensure ongoing timely transfer of patient records. Further work is required to address the transfer of records for patients referred from outside of our standard stroke pathway, including those that are referred from out-of-area acute hospitals and local GP services.

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 179 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 do not attempt cardiopulmonary resuscitation (DNACPR) audit showed improvement from last year although it still identified areas where improvement is needed. One improvement is reviewing the ReSPECT form when there is a change of care setting and actions have been outlined to support staff in this area, including training on different topics such as the ReSPECT form and having challenging conversations;
- An audit of continence product use carried out by Caterham Dene Ward has provided assurance that patients who were using incontinence pads were either prescribed incontinence pads to manage incontinence or using them as a patient preference, and all had consented to do so. However, a clear need could not be identified in all cases of patients using incontinence sheets. An action plan has been produced, including plans to review the proforma continence care plans and provide staff with micro teaching sessions;
- In an onward referral audit, the Audiology team found that most onward referrals had been made and were appropriate. However, they still identified some learning and actions, including improving the use of one-to-one sessions, reminding staff that they can add more time to an appointment if needed and reviewing information available for patients who may have queries;
- Improvement work is ongoing to implement NEWS2 (National Early Warning Score) within the district nursing teams and has been completed on Caterham Dene Ward to enable early identification of a deteriorating patient and give teams confidence in the escalation of care.

Research

The number of patients receiving NHS services provided or sub-contracted by First Community Health and Care from 1 April 2023 to 31 March 2024, that were recruited during that period to participate in research approved by a research ethics committee within the National Research Ethics Service was seven.

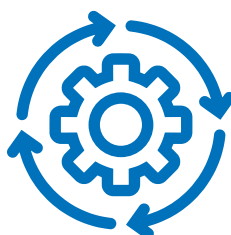
CQUINs

Goals agreed with our commissioners (CQUINs)

First Community's income in 2023/24 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation system to work on CQUIN schemes relevant to the services provided. First Community did work on the following CQUINs:



CQUIN	Description	Update
Flu vaccinations for frontline healthcare workers	Achieving 80% uptake of flu vaccinations by frontline staff with patient contact.	Not achieved. 49% of First Community's frontline healthcare workers were vaccinated against the flu virus this year. Of staff vaccinated, 94% attended one of our onsite vaccination clinics whilst 6% were vaccinated by their own GP or local pharmacy. We did not achieve the target of vaccinating 80% of frontline workers and are working to understand how we can support people to access the vaccine in 2024/25.
Malnutrition screening in the community	Achieving 90% 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.	First Community were unable to collect data during Q1, 2 and 3. First Community collected data in Q4. All patients were included in the audit. 99% had a MUST assessment within 24 hours of admission. 99% of these were completed within 24 hours of admission. 99% of those that needed a care plan had one with the actions within it acted upon. The nutrition screening assessments were not always calculated correctly, and some elements were missing so there has been targeted training sessions to improve this. This CQUIN work will continue during 2024 / 25 to ensure the improvements are maintained.
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, please see page 34.
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.



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

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.

First Community has completed all of the actions informed by the inspection including:

- Undertake six monthly surveys for all staff on one to ones. In September 2023 130 staff responded, 84% have 6-8 weekly one to ones, 13% have one to ones that are not regular, 3% do not have one to ones;
- Sepsis training – basic sepsis training is now part of basic life support training for all of our clinical staff. In addition we have been rolling out NEWS2 to our ward and trialling it for our community teams. NEWS2 training includes sepsis. All registered staff working on our ward and Minor Injury Unit will have intermediate life support training. There has also been a trial of Managing the Deteriorating Patient' training and e learning training to understand if this is required in addition;
- Continued to implement statutory training for all staff in supporting people who have a learning disability and/or autism, 77% of First Community staff have completed the online training as of 31 March 2024;
- 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. At each shift a clinician is allocated this task and this is recorded in the patient's clinical record;
- Relocated one of our community nursing teams to a new office;

First Community's focus for 2024 / 25 will be to undertake a detailed GAP analysis on the CQC's new framework. We will use this to learn and improve.

Data Quality

Data quality – using EMIS

First Community is continuing to keep data quality at the top of its agenda. We recognise that this is an area that should be done right the first time around so have started from the basic fundamentals. This involved getting our templates right to collect the right data, ensuring that this is accurately entered and continuous improvement while empowering staff with the right training and tools to help support them.

Our Data Quality Improvement Plan (DQIP) is focused around four distinct data quality pillars which are EMIS (EPR) system optimisation, user optimisation training, data quality and 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 2023 to 31 March 2024 by the Audit Commission.

Data Security and Protection Toolkit

The Data Security and Protection Toolkit (DSPT) assessment for 1 July 2022 to 30 June 2023 was submitted in line with the national timeline and First Community exceeded standards on 30 June 2023. First Community is on target to meet or exceed the standards and our submission is due on 30 June 2024.

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 2023 to 31 March 2024 no patients died whilst an inpatient at Caterham Dene Ward.

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 one patient died within 72 hours of transfer. This case was reviewed at First Community's mortality review group which recognised the opportunity for further learning. Therefore, this case is currently undergoing a patient safety incident investigation and we will report on the learning in our next quality account.



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 (IPC)

We have recruited a specialist nurse for infection prevention and control and patient safety who works alongside the lead nurse infection prevention and control and patient safety to provide clinical leadership and expertise across all levels of the organisation. This has enabled us to raise the profile of IPC through direct engagement with teams, promotion of patient safety, and to help drive the development of organisational learning and improvements of IPC.

We have:

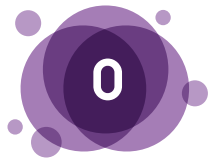
- Continued to update and review the national Infection Prevention and Control Board Assurance Framework at our Quality Committee. This enables us to identify any gaps against the Health and Social Care Act 2008: code of practice on prevention and control of infections, and ensures that our Board has assurance and oversight of the actions we are taking;
- Reviewed our IPC Policy and aligned it with the national IPC manual. This standardises IPC guidance and reduces variation, making it easier for health and care staff to apply effective IPC precautions;
- Implemented a process for teams to order their own personal protective equipment (PPE) supplies, enabling teams to order the correct amount according to need, helping to reduce waste, increase efficiency of PPE use and reduce the courier costs associated with a centrally managed system;
- Developed and implemented an ongoing training programme, providing targeted team teaching on current IPC topics including measles, Covid-19, e-coli, urinary tract infections and management of outbreaks;
- Relunched and recruited more members to our IPC link practitioner network. This means we now have IPC representatives within teams playing a vital role in improving practice by leading and motivating their colleagues to promote and implement IPC measures and being role models and visible advocates of IPC.

In response to national concerns around declining measles, mumps and rubella (MMR) vaccination rates and the raised levels of circulating measles in England, we have reviewed how prepared we are to be able to prevent, detect and manage an increase in measles cases. We are continuing to review:

- How many staff are vaccinated against measles;
- PPE stock, including FFP3 masks to ensure we have the capacity to respond to an outbreak;
- Our communication plan with staff and patients to ensure key information is communicated to the right people at the right time;
- Our isolation facilities within our Minor Injury Unit (MIU) at Caterham Dene Hospital;
- Capacity and processes within the Immunisation team to be able to respond to help and have a robust plan in place.

Infection control on Caterham Dene Ward

Within the reporting period...



Cases of MRSA
bacteremia's



C-Diff/ D&V
outbreaks



E coli
bacteremia's

There was one Covid-19 outbreak at Caterham Dene Hospital Ward in November 2023 involving four patients who tested positive for the virus. The outbreak was managed appropriately, and all patients affected were well and the infection did not affect their length of stay on the ward. We worked in partnership with our patients and their families to enable patients to continue to have visitors during the outbreak.

Invasive Group A Streptococcus outbreak

In November 2022, there was an outbreak involving eight 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 that was linked to patients receiving care by community nursing teams.

During the reporting period the investigation by local and national experts has been closed and we have continued to review our IPC practices in the community and how we respond to outbreaks of infection. This includes:

- Updating the organisational wide IPC policy to include specific areas relevant to community nursing;
- Provided teaching sessions to teams on current IPC topics and how to respond to outbreaks of infection;
- Developed an IPC engagement programme to increase IPC support to clinical teams. This allows the IPC team to be visible and able to work closely with teams to raise awareness, promote best practice and help to create a positive and proactive culture of infection prevention and control.

Discharge interface with our partners in the acute

We have taken part in work with our partners in the acute setting and social care to review and improve the way people are referred to our services. This was a collaborative approach led by the acute Kaizen team. We will continue to work in partnership with our partners with the ambition of improving pathways and patient experience of a seamless transfer of care.

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 this monthly and make improvements when necessary. Cleaning audits continue to be undertaken monthly at Caterham Dene Hospital with 95% being the standard. The table below shows the ward and the Minor Injury Unit (MIU) have consistently achieved this standard of cleanliness during the reporting period. The variability of the scores reflect the changing nature of both settings and demonstrates how IPC standards are monitored and maintained every month. The scores reflect a high level of cleaning.

Measure												
Quality	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Caterham Dene Hospital National Cleanliness Audit %	96%	96%	96%	96%	96%	96%	96%	97%	96%	97%	96%	98%

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. This is reported to our Board via our performance pack. 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.

The complexity of our patient cohort has changed and, in response to this we have adjusted our safer staffing levels by increasing the number of health care assistants on each shift to be able to respond to patient need and keep them safe. We have successfully recruited to roles on the ward supported by First Community's innovative recruitment focus.

We continue to prioritise the safety of our patients and staff by risk assessing admissions and staffing levels.



Implementing the National Patient Safety Strategy

Strategy's key initiative	First Community's position
<p>PSIRF: The Patient Safety Incident Response Framework (PSIRF) sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety</p>	<p>Transitioned to PSIRF on 18 September 2024.</p>
<p>LFPSE: Learn from Patient Safety Events (LFPSE) was rolled out from July 2021, as the successor to the previous National Reporting and Learning System (NRLS). LFPSE is an NHS-wide reporting system to share patient safety data to improve national safety and support local responses to safety events.</p>	<p>Transitioned to LFPSE on 1 November 2024.</p>
<p>Patient safety specialists: patient safety specialists are individuals who have been designated to provide patient safety leadership. Each patient safety specialist is dedicated to providing expert support to their organisation and is expected to have direct access to their executive team, which facilitates the escalation of patient safety issues or concerns.</p>	<p>First Community have four patient safety specialists including the chief nurse who is the direct access to the executive team.</p>
<p>Involving patients in patient safety: prioritising involving patients, their families and carers and other lay people in improving the safety of NHS care, as well as the role that patients and carers can have as partners in their own safety. There are two parts to this: Involving patients in their own safety and patient safety partner involvement in organisational safety.</p>	<p>First Community has successfully recruited two patient safety partners, read more and about patient involvement on page 65. First Community has trained involvement leads to lead on involving patients and those close to them in patient safety investigations. In 2025 / 26 First Community will undertake a shared decision-making audit and start to involve patients in after action reviews (AAR). AARs are a learning response to learn from incidents and events that go well.</p>
<p>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 round 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.</p>	<p>Patient Safety - Board & Leadership team - 79% of relevant staff have completed. Patient Safety - Level 1 - 92% of relevant staff have completed. Patient Safety Level 2 - 83% of relevant staff have completed. We continue to promote this training through regular reporting and a targeted approach emailing people directly to complete to reach our target of 90%.</p>
<p>National Patient Safety Alerts.</p>	<p>All alerts are centrally co-ordinated and reviewed by our chief nurse. You can read more below.</p>

National patient safety 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. During the reporting period we were unable to complete all actions for one alert within the timescale set out. This alert was regarding the safety of medical beds, trolleys, bed rails, bed grab handles and lateral turning devices and associated risk from entrapment or falls (NatPSA/2023/010/MHRA). We were able to notify our partners of this and took action to protect the safety of people affected by the alert.

Below are the actions required to be completed by 1 March 2024 and how First Community has responded.

Action required	First Community's position
Update your organisation's policies and procedures on procurement, provision, prescribing, servicing and maintenance of these devices in line with the MHRA's updated guidance on the management and safe use of bed rails.	Action complete within timescale
Develop a plan for all applicable staff to have training relevant to their role within the next 12 months with regular updates. All training should be recorded.	Action complete within timescale
Review the medical device management system (inventory/database) for your organisation or third-party provider for devices within your organisation, including those which have been provided to a community setting (for example, the patient's own home). Keep this system up to date.	Action complete within timescale
Implement maintenance and servicing schedules for the devices in the inventory/database, in line with the manufacturer's instructions for use and/or service manual. Prioritise devices which have not had regular maintenance and servicing. If this is outsourced, compliance with the schedule should be monitored.	Action complete within timescale
Review patients who are children or adults with atypical anatomy as a priority. Ensure the equipment they have been provided with is compliant with BS EN 50637:2017 unless there is a reason for using a non-compliant bed. Record this on the risk assessment and put in place measures to reduce entrapment risks as far as possible.	Action complete within timescale
Review all patients who are currently provided with bed rails or bed grab handles to ensure there is a documented up-to-date risk assessment. Complete risk assessments for patients where this has not already been done and for each patient who is provided with bed rails or bed grab handles.	This is work in progress. Where there are active cases, staff are reviewing to ensure that this is a risk assessment in place. Process in place for staff to follow. Letters being sent to inactive patients.
Implement systems to update risk assessments where the equipment or the patient's clinical condition has changed (for example, reduction/improvement in weight or mobility), and also at regular intervals.	A lot of people with this equipment are no longer on our clinical caseloads and this means we have had to adapt in order to ensure we are balancing safety with service provision. We are working to provide people with information in the way of a letter and leaflet. We will not have capacity to review all patients annually so this information will signpost them to risks and when to seek help.

Patient Safety Incident Response Framework (PSIRF)

Published in August 2022, 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.

First Community set up a PSIRF Implementation Group in February 2023 that led work to enable successful transition to PSIRF from the Serious Incident Framework on 18 September 2023 to coincide with World Patient Safety Day.

First Community has developed a Patient Safety Improvement Plan, you can view this plan [here](#). The priorities set out for improvement also align with the priorities set out in this quality account.

Digital strategy

First community is committed to understanding our level of digital maturity by completing an annual digital maturity assessment (DMA) and using this as a framework to identify opportunities for improvement and further development.

We are developing a digital transformation plan that will enable us to grow our digital maturity, has specific time bound objectives and will be prioritised based on impact and expected benefits. Our strategy will support the delivery of 'Our Plan' by leveraging the tools we have and aligning to the measures of 'What good looks like' (WGLL). We will strengthen our digital leadership, governance and assurance to ensure our digital transformation is **'well led' and focuses on 'safe practice'**. We will add resilience where possible to these functions both internally and utilising external resource. We recognise the importance of staff and patient engagement in the development of our digital transformation plan and the empowerment of citizens is key, from accessibility to the improvement of self-care pathways.

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

81 % of staff reported that 'My organisation treats staff who are involved in an error, near miss or incident fairly' (compared to 78% 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	% of moderate harm caused in First Community
1 April 2023 to 31 March 2024	1343	98%	2%	81%	19%
1 April 2022 to 31 March 2023	1644	97%	3%	60%	40%
1 April 2021 to 31 March 2022	1150	97%	3%	77%	23%
1 April 2020 to 31 March 2021	1234	96%	4%	80%	20%
1 April 2019 to 31 March 2020	1203	96%	4%	80%	20%
1 April 2018 to 31 March 2019	938	95%	5%	73%	27%
1 April 2017 to 31 March 2018	765	87%	13%	76%	24%

As part of the Patient Safety Strategy, First Community launched the Patient Safety Incident Response Framework (PSIRF) in September 2023.

First Community reported no serious incidents during the reporting period. Under PSIRF, one incident has been reported and is currently being investigated as a patient safety incident investigation under PSIRF. This relates to the clinical treatment and timely escalation of a deteriorating patient.

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
Q1/2023/24	48	3	51
Q2/2023/24	43	4	47
Q3/2023/24	22	3	25
Q4/2023/24	27	3	30

Safeguarding adults

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



First Community actively engaged in the preparation for the implementation of Liberty Protection Safeguards until they were put on hold in April 2023, and will closely monitor any further developments to ensure we are ready for the new requirements should a new implementation date be announced.

We continue to safeguard those people who are unable to consent to being on Caterham Dene Ward by making Deprivation of Liberty Safeguard applications which allows us to restrict patients' liberty legally, safely and in their best interest. During 2023 there was a full review of the clinical model at Caterham Dene Hospital that resulted in a reviewed clinical model and the production of revised referral and discharge criteria. There have been three Deprivation of Liberty applications made by Caterham Dene during this period, which is a significant decrease from the 2022/23 period. This decrease has been attributed to the triaging of patients using the Caterham Dene Hospital criteria which has enabled the coordinator to accept fewer patients with cognitive concerns into the high dependency bays where patients are observed for their safety but not restrained.

The adult safeguarding lead has continued to see an increase in contact for advice and support in relation to safeguarding concerns, and complex mental capacity issues. Contacts have risen to 251 in 2023- 2024; this has also resulted in an increase in safeguarding concerns being raised with the Multi Agency Safeguarding Hub which are up from 101 in 2022- 2023 to 108 in 2023-2024.

Year	Discussion with adult safeguarding lead	Concerns raised with the Multi Agency Safeguarding Hub (MASH)
2021-2022	164	65
2022-2023	228	101
2023-2024	251	108

The adult safeguarding lead has continued to roll out safeguarding training in line with the [Adult Safeguarding Intercollegiate Document](#) and the Surrey Heartlands joint adult and childrens' training strategy, and compliance has continued to increase (Table 1). Training is delivered via e-learning packages and by virtual and face to face sessions which are tailored to include the results of audit, safeguarding enquiries and national and local changes.

The level 3 domestic abuse training is jointly delivered with the children's safeguarding team on a monthly basis which supports First Community staff with their knowledge and confidence with routine enquiry questioning and supporting disclosures of domestic abuse. There is new domestic abuse guidance (ratified March 2024) which further supports staff with making referrals and signposting for people at risk of domestic abuse.

Table 1: percentage of First Community staff who have completed safeguarding training as of 31 March 2024.

	Mental Capacity Act & DoLS	Safeguarding Adults Level 3 On-Call	Safeguarding Adults Level 3 Preventing Radicalisation - Basic Prevent Awareness	Preventing Radicalisation - Basic Prevent Awareness	Preventing Radicalisation - Prevent Awareness	Safeguarding Adults Level 2	Violence Against Women, Domestic Abuse and Sexual Violence	Domestic Abuse Level 3
31 March 2023	65.86%	81.82%	34.76%	93.94%	87.31%	94.46%	70.50%	2.44%
31 March 2024	85.36%	94.45%	86.06%	96.63%	94.67%	95.83%	84.37%	84.38%

The role of the adult safeguarding champion group has continued to develop, and there are now 10 safeguarding champions, all with a passion for adult safeguarding. This role ensures clinical teams have a more specialised point of contact within their services and assists the adult safeguarding lead with the sharing of information, communication of learning and any ad-hoc supervision their local teams may require. This year the group has seen guest speakers from the multi-agency partnership including the Police, East Surrey Domestic Abuse Service and the Multi Agency Safeguarding Hub at their meetings.

Following the development of the joint Adult and Children Safeguarding Supervision Policy last year, the policy has been implemented by the adult safeguarding lead. The lead has provided ad hoc telephone supervision, planned 1-1 sessions and quarterly drop-in sessions at Phoenix House and Caterham Dene Hospital, all of which have been well attended and utilised. There are plans in place to complete an audit of this supervision in quarter 1 2024-2025.

This year two audits have been completed:

From 1 May 2023 the First Community Routine Enquiry Standard Operating Procedure was updated to include the routine enquiry question being a mandatory question at all first attendance and thereafter on a monthly basis. In September 2023 a repeat routine enquiry audit was completed which has shown a significant increase from 17% to 45% in the percentage of people that were asked the routine enquiry question on first attendance.

In July 2023 a 'Making Safeguarding Personal' audit was completed which identified that making safeguarding personal continues to be part of practice for First Community staff. Areas for development included ensuring that the wishes and outcome of the adult were captured at the time of raising the concern, and that those people with a cognitive impairment had their next of kin involved where appropriate.

Safeguarding children

The safeguarding children team have experienced staffing challenges over the last year. The team has ensured First Community's continued input in multiagency safeguarding meetings as well as providing consistent staff cover in the Multi Agency Partnership (MAP). Our specialist children's safeguarding advisors participate in all aspects of the MAP process from initial triage to attendance at strategy meetings. The team has advocated on behalf of over 350 children in strategy discussions over the last year, ensuring that the voice of the child is captured in these high-risk cases.

All staff across First Community have access to meaningful and evidence-based children's safeguarding supervision – either ad-hoc or scheduled, depending on their role. The 'Think Family!' approach is firmly embedded across First Community and staff have access to joint adult and children's safeguarding supervision (as required) and access to domestic abuse level 3 training, which was implemented in March 2023, facilitated jointly by the adult and children's safeguarding teams.

Children's mental illness continues to be a huge concern across Surrey and the number of children presenting to A&E departments with severe and complex mental health issues continues to rise. It is anticipated that the new Adolescent Inpatient Unit, Emerald Place, opening in Charlwood for young people aged 13 up to the age of 18 will better meet the needs of children with mental illness and complex needs, therefore reducing the safeguarding concerns for those children. Our specialist nurses for children looked after will be able to access children admitted to the unit to support in addressing their health needs.



The ICON programme is an evidence-based programme consisting of a minimum of five brief 'touchpoint' interventions that reinforce the simple message making up the ICON mnemonic:

- I**nfant crying is normal, and it will stop.
- C**omfort methods will sometimes help, and the crying will stop.
- O**k to walk away if the baby is safe and the crying is getting to you.
- N**ever ever shake or hurt a baby.

It is now fully embedded within the health visiting practice across First Community and forms part of the routine contacts with parents and carers. The ICON (Babies Cry, You Can Cope!) campaign aims to help parents and carers cope with a crying baby and therefore reduce the number of infant deaths and serious case reviews where a baby has died or been seriously injured as a result of abusive head trauma (AHT).

Learning from local child safeguarding practice reviews, multi-agency audits, local and national serious safeguarding incidents, local and national research, feedback from partners and practitioners continues to inform improvements in practice. For example, targeted improvement work has significantly increased the number of clinical staff asking the 'routine enquiry' question, where appropriate, on initial contact with service users above the age of 16 years and monthly thereafter.

The team continues to work together with Surrey Safeguarding Children Partnership (SSCP) to deliver on the priorities for 2022-2024:

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.

Neglect

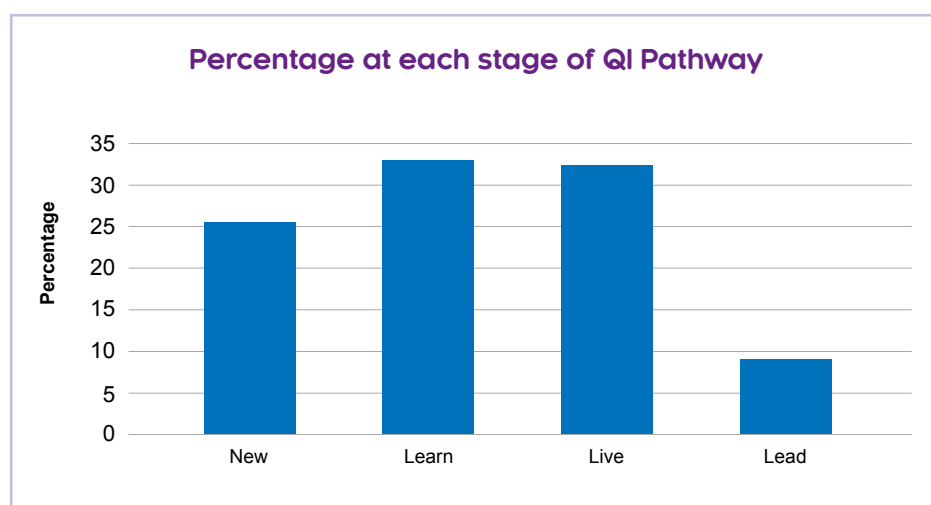
Staff bring cases of children at risk of neglect to their safeguarding supervision sessions and consideration is always given to completing Graded Care Profile 2 (GCP2). This is an assessment tool that helps practitioners to measure the quality of care a child is receiving and supports them to identify neglect. Neglect remains the most common category on a child protection plan, but the number of children subject to child protection plans continues to decrease. In line with the Family Safeguarding Model adopted by Surrey Children's Social Care, more children are being supported under the early help umbrella.



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 (QI) Pathway which underpins its ambitions for all staff to be equipped with improvement skills. We have received feedback from 79% of staff on which stage of the Quality Improvement Pathway they are on with most staff (33%) 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:

Pilates audit

Long Covid has caused sufferers to become isolated and scared to exercise due to the symptoms they experience. Funding from Sport England was used by the Long-Term Condition Support Services to allow patients access to a class environment and expert rehabilitative and medical support from a physiotherapist, benefiting patients' confidence to exercise safely. The audit found that the classes were successful and feedback from participants was very positive.

Evaluation of facilitators experience of reflect and learn

An evaluation of the experience of reflect and learn facilitators was carried out. This identified multiple benefits of the reflect and learn groups and the facilitator role and appeared to demonstrate improved experience of the facilitator updates following changes implemented last year. Some challenges were identified which will be explored as shared learning in the next facilitators update.

Education, Health and Care Plan (EHCP) - meeting a six-week Key Performance Indicator (KPI)

The project looked at current processes for managing EHCP assessments, which have a six-week KPI from point of referral to completion of assessment and recommendations. Paediatric occupational therapy (OT) and speech and language therapy (SaLT) were consistently failing to deliver reports within the time frame. Staff were reporting that the demand was impacting on their ability to deliver against children requiring therapy interventions on their caseloads, meaning that staff were working unpaid hours to deliver reports on time, or the staff were delivering the reports outside of the KPI. Improvement work was carried out resulting in SaLT and OT teams consistently achieving the 80% target. All clinicians reported that the changes were positive and enabled them to complete the work within the six-week time frame and within working hours, task stress was reduced, and there was a general sense of team satisfaction and more control over workload.

Delirium training

Delirium training was developed and completed for staff working at Caterham Dene Ward with the aim to improve staff knowledge around delirium, completion of behaviour charts and risk assessments, which may enhance patient care and safety. There was generally good participation and lots of discussion in sessions. The questionnaires demonstrated an overall positive improvement in delirium knowledge, understanding of dynamic risk assessment and confidence in completing behaviour charts and caring for someone with delirium after the training.

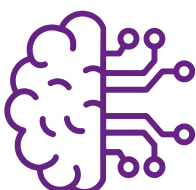
Annual Quality Improvement Day

First Community relaunched their annual Quality Improvement (QI) Day in 2022, after being unable to hold this since 2019 due to the Covid-19 pandemic. Each year attendees' feedback is reviewed, and improvements made to ensure the day is as effective and accessible to staff as possible. Following feedback after the annual QI Day in March 2023, it was decided to move the QI Day in 2024 to June to avoid the end of the financial year and winter pressures, supporting more clinical and non-clinical staff to be able to attend. Therefore, there was not a QI Day held within this reporting period.

Sharing learning from improvement

There are various other ways for quality improvement work to be shared at First Community, including within our QI leaders' network which we have continued to grow and develop. There are now 31 members of the QI network, with representation from various areas within the organisation. Between 1 April 2023 and 31 March 2024 three network meetings were held, with a total of 25 members in attendance. Each meeting included teaching and an opportunity to share and learn from quality improvement work taking place in other areas of the organisation.

	1 April 2020 – 31 March 2021	1 April 2021 – 31 March 2022	1 April 2022 – 31 March 2023	1 April 2023 – 31 March 2024
% of staff who have had an achievement review during the reporting period	81%	95%	88%	90%



We continue to set the expectation that all achievement reviews must be completed in the first two quarters 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 a good work / life balance.

During the reporting period we have changed the way we record our achievement reviews using the electronic staff record to do this. We know some staff have had issues completing this so have and will continue to support all staff in doing this. We are currently undertaking a review with all managers who have a responsibility for undertaking achievement reviews and have not done so. From this, we will understand what we can do to further support this process.

During the last reporting period we set about reviewing and improving our achievement reviews. We ran 18 virtual focus groups (91 people attended), a survey (55 people completed this) and a managers' focus group (24 managers attended). We set up an achievement review task and finish group with the ambition to make the achievement review meaningful and useful to all staff.

The following actions have been completed:

- Developed short guides for objectives and 1 to 1's.
- Reviewed our appraisee and appraisal training and updated it to give more time and emphasis around developing objectives.
- Reviewed of First Community's leadership course.
- Updated paperwork and language to make it more user friendly.
- Updated the one-to-one template, removing repeated sections and incorporating objectives and a check in on PDP progress.

In our 2023 staff survey...

96% of staff said they had had an appraisal in the preceding 12 months

30% of staff reported the appraisal helped them to do their job
(compared to 20% in 2022)

46% of staff said their appraisal helped them to agree clear objectives for their work
(compared to 35% in 2022)

44% of staff said their appraisal left them feeling the organisation values their work
(compared to 35% in 2022)

72% felt supported to develop their potential
(compared to 64% in 2022)

59% said there are opportunities to develop their career in this organisation
(compared to 55% in 2022)

72% were able to access the right learning and development opportunities
(compared to 68% in 2022)



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 67% of relevant NICE guidance had undergone a gap analysis with the rest in progress. It also highlighted that the process for monitoring subsequent action plans could be more robust.

A new NICE tracker was developed and trialled. A re-audit was completed after three months of implementing the tracker. This highlighted that all relevant NICE guidance since implementation of the tracker had undergone a gap analysis. It also highlighted more robust evidence of implementation of subsequent action plans which were monitored through the NICE tracker 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:

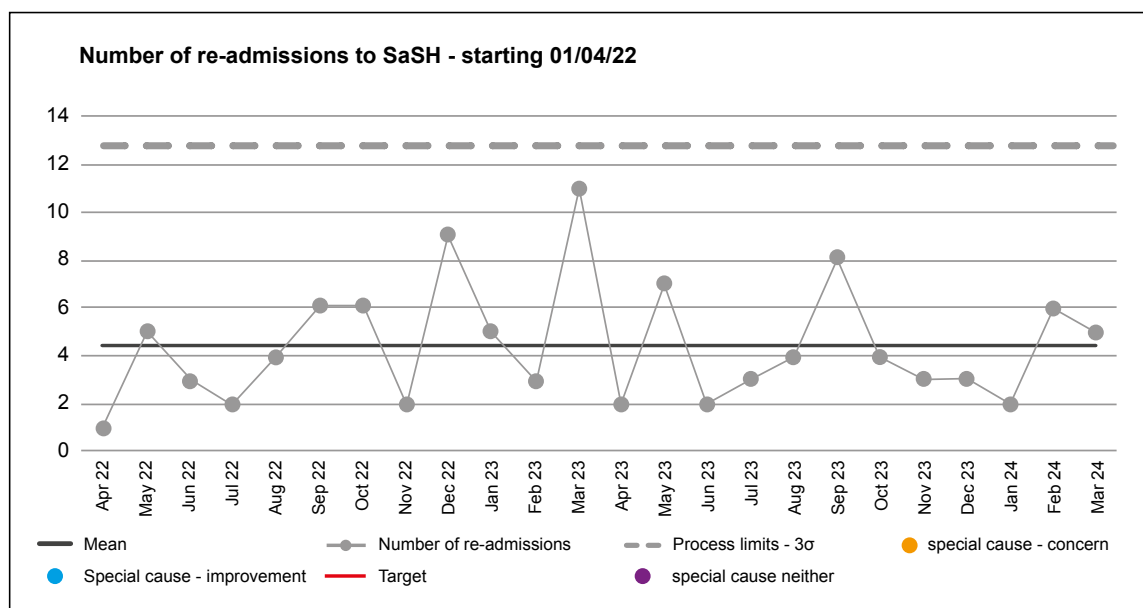
- Following the publication of 'NG225: Self-harm: assessment, management and preventing recurrence' specialist training on mental health was organised for staff working in the Minor Injury Unit;
- Following the publication of 'CG191: Pneumonia in adults: diagnosis and management' Caterham Dene Ward worked with GPs to ensure the CURB65 score is documented in patient records when assessing for pneumonia;
- Following the publication of 'NG227: Advocacy services for adults with health and social care needs' an advocacy intranet page has been developed as a resource for staff. Additionally, an advocacy referral option has been developed and implemented in EMIS templates. There is ongoing work to create an audit template, schedule and monitoring system.

Readmissions to the acute from Caterham Dene

On reviewing our service and readmissions there has been ten high dependency beds created to manage and support patients with more complex needs. There are two bays with five beds in each, one male bay and one female bay with enhanced staffing levels and continuous staff presence in this area.

We continue to 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.

The chart below demonstrates that the number of re-admissions each month has not significantly changed since April 2022 and changes seen are explained by normal variation.



Are we caring?

"I cannot say enough positive things about the care I am receiving. I'm always made to feel that my health is at the forefront of the carers mind. My progression simply would not have been possible without this care and attention."

"Very positive experience. Treated with kindness, compassion, and respect."

"I wanted to say a big thank you from mum and I, for everything. X and X you have been rocks of support throughout and guided this whole journey, your role is invaluable to the community and helps families so much. Thank you for your kindness, love and energy you brought to mum."

"Very lucky to have such caring staff that go the extra mile for you. Thank you."

"Thank you all so much for your kindness and compassion, you have helped us both cope with a difficult experience. Each visit expanded our knowledge so we could manage our situation."

"Thank you so much for today. You really put my mind at ease and have given me some great advice. Thanks so much for sending all the links so quickly!"

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 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).

During this reporting period we have rolled out the Oliver McGowan training with 77% of staff having completed this. We have continued to engage in the East Surrey Learning Disability and Autism Working Group and we also ensure that relevant learning from learning disability mortality reviews (LeDeR) feed into our Clinical Quality and Effectiveness Group.

We have continued to work on our policy, with involvement from the learning disability liaison nurses, and are also working to implement the method of identifying people who need reasonable adjustments. We aim to implement both over the 2024-2025 period. In 2024-2025 we also plan to re-audit our services in line with the NHS Improvement Learning Disability Standards for NHS Trusts to understand if we have made improvements and whether further improvements might be required.

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.

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%
Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec 23	Jan 24	Feb 24	March 24
90%	90%	95%	96%	88%	83%	100%	95%	100%	88%	100%	100%

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 94% (compared with 97% during the last reporting period) of people to die at their preferred place, continuing to exceed our target of 80%.

During the reporting period our community nursing service supported 225 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. During the reporting period 228 patients who died had a ReSPECT conversation recorded on a ReSPECT form.

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 Booklet](#)

The bereavement booklet is intended to be given when death is imminent, the patient has died or if the family have been receptive prior to this.

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

Year	2019 – 2020	2020 – 2021	2021 – 2022	2022 – 2023	2023 – 2024
Number offered as a percentage	62%	65%	52%	63%	42%

We have published a revised version of the bereavement booklet which is accessible on the First Community website and in paper form. We continue to promote the bereavement booklet within training sessions and support staff to offer this at the appropriate time. We plan to explore barriers to staff offering the booklet in order to guide future improvement work.



Carers

Our staff have completed 63 carer's prescriptions during the reporting period which allows Actions for Carers to get in touch with them and offer support.

The table below indicates how this compares to previous years.

Year	2020 - 2021	2021 - 2022	2022 - 2023	2023 - 2024
Number of carer's prescriptions completed	89	65	36	63

Complaints and compliments

There has been a total of 19 formal complaints during the reporting period. There were 14 for 2022/2023.

There has been a total of 68 informal complaints for the reporting period. There were 58 for 2022/2023.

Of the formal complaints:

- Seven 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;
- Six were not upheld, which means that our investigation found that the service was being delivered to an acceptable standard;
- Two complaints are in the investigation stage.

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

- To ensure the phone lines can be open during the designated times for podiatry we have implemented remote working which has increased the phone line sessions;
- Following a review of the manufacture timeframes the orthotics service has changed suppliers to enable a timely intervention;
- A review of the management and documentation of patient property on Caterham Dene Ward has taken place;
- Oliver McGowan training has been rolled out for all staff.

We received 1,423 compliments during the reporting period, this includes our 5* Friends and Family Test. We received 1,575 compliments during 2022/2023.

Audiology at First Community

First Community has held accreditation with the United Kingdom Accreditation Service (UKAS) since 2014. We complete a yearly submission and have a site visit every two years. We were reaccredited by the Improving Quality in Physiological Services Accreditation (IQIPS) in December 2023. This scheme is managed and delivered by 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 2023.

The feedback from the assessors this year was all very positive. They were particularly impressed by the quality of the clinical procedures observed, both in terms of the accuracy of the clinical processes, but also the patients ease and general care within the appointment. The service received, for the first time, no further action needed for any of the clinical appointments witnessed.

What our patients say...

"I felt valued as a patient and not feeling undervalued."

"Three cheers for all the staff."

"Staff at Crawley are always proactive."

"Being my first visit I was not sure what to expect and worried about having hearing aids, but the lady was very good and explained everything that was going to happen at every step. Very friendly and put me at ease."

"I felt welcomed and was treated with care and consideration. Issues were explained clearly to me and I had plenty of time for questions which were answered fully by the members of staff."

"The young lady was very polite and caring and took time explaining everything to me. I do not think the service could be improved, it was 100%."

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.

First Community included FFT as a priority for improvement for 2023/24 and you can read more about this on page 25.

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

- Ensure we offer face to face audiology appointments for people who lose their hearing aids;
- Reviewed the way some of our school-based immunisation clinics are run to ensure there aren't too many children waiting and staff are placed at a distance from each other.



Are we responsive?

Wound clinic at Caterham Dene Minor Injury Unit (MIU)

Our MIU offers appointments to people living in east Surrey that need complex wound management. It is 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-23	275
May-23	348
Jun-23	298
Jul-23	331
Aug-23	294
Sep-23	356
Oct-23	288
Nov-23	235
Dec-23	315
Jan-24	279
Feb-24	259
Mar-24	289

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 aim of having an impact on the health of people living in east Surrey.

The Community Forum held quarterly meetings during the reporting period (June, September, December, and March).

The forum is currently supported by over 30 voluntary sector organisations. Meetings contain updates from First Community's chief executive, with details also given on any other health-related projects or work in east Surrey 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. Details from each forum are detailed below.

June 2023 – Surrey Heartlands presented to the group about round one of the new health improvement fund, asking for applications from east Surrey and fielding questions from the group. Healthwatch provided an update and the Reigate and Banstead borough council's community team leader provided a local update on specific health and community projects. An east Surrey GP presented about population health insights and highlighted excellent data on areas and particular cohorts in east Surrey that have low health outcomes.

September 2023 – The voluntary, community and social enterprise (VCSE) post holder provided an update on the position to date. The post has been created to provide a voice for the sector at strategic level within Surrey. First Community gave an update on the carers passport and updated the group on a new spotlight agenda item that will allow two organisations each quarter the opportunity to showcase their services and highlight any current concerns.



December 2023 – The GP lead for Horley provided an update on Horley Neighbourhoods and Growing Health Together, showcasing some the excellent work that is happening in the Horley community. East Surrey College talked about different types of training and support the college can provide for the voluntary sector; this was explored further at the March forum. Colleagues from adult social care presented on the new directory connect to support Surrey, a new online directory replacing Surrey Information Point. The group were shown the different areas of support and how different organisations can add their information onto the new site. First Community Communications team are working with the team to ensure that all our services will appear on the site. The Westway Centre in Caterham provided an excellent spotlight that detailed clubs and activities they provide for their members, men and women in sheds, lego club and numerous ways to improve physical and mental wellbeing.

March 2024 – East Surrey College is looking to extend its commitment into the community and led an exercise looking at the training needs of the voluntary sector. The session focussed on three areas: personal, organisational and wellbeing. Highlighted areas of training were IT, AI knowledge, supporting a student placement, communication, grant writing and wellbeing of staff, managing burnout and physical activity in the workplace. Next steps and a programme of training will be brought to the June forum.

Surrey Community Action presented on the benefits of inclusive health research and the importance of involving members of the public and healthcare service providers and provided an overview of Research Ready Surrey (RRS). RRS is a collaborative six-month pilot programme between Surrey Community Action, Surrey VCSE Alliance, NHS Surrey Heartlands and the National Institute for Health and Care Research (NIHR). The aim is to make it easier for more VCSE organisations to access opportunities linked to health and care research, as well as insight, and for more of our communities to benefit from health and care research directly.

The First Community Network was promoted, and it was explained how valuable it is to develop and improve our services. The network is actively looking for new volunteers to join the network.

Looking ahead into 24/25 the forum will be extending its links with the local neighbourhoods and working with the East Surrey Place to understand progress across the six priority areas.

<https://www.eastsurrey-alliance.org/our-priorities>.

Staff flu vaccination campaign 2022/23

49% of First Community's frontline healthcare workers were vaccinated against the flu virus this year. Of staff vaccinated, 94% attended one of our onsite vaccination clinics whilst 6% were vaccinated by their own GP or local pharmacy.

We did not achieve the target of vaccinating 80% of frontline workers and are working to understand how we can support people to access the vaccine in 2024/25.

18-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 have a target of 92% of patients referred to ICATS completing their treatment pathway in 18 weeks, we achieved 94.4%;
- 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 47%. This is to increased demand for the service during the reporting period. We have recruited to a new post to be able to respond to this demand;
- We achieved our target of contacting 100% of people who referred to the audiology service within 6 weeks.

Minor Injury Unit (MIU)

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

Month	April 23	May 23	June 23	July 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Average wait time in minutes	14	13	15	18	21	25	19	13	16	17	16	18

In April 2024 the MIU started to see children aged 5 and above for minor injuries.

The number of people visiting our MIU has increased and for the reporting period includes children aged 5 and over.

Reporting period	2020/21	2021/22	2022/23	2023/24
Number of people seen	20,863	16,586	21,982	27,196

Year	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
MIU Attendances 2023/2024	2082	2457	2566	2502	2409	2380	2373	1956	2085	2140	1945	2301
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

People seen and treated within four hours of arrival is 100% for the reporting period.

What people who use the MIU say...

"Amazing with my 7-year-old girl who hurt her head."

"I could not be more pleased and impressed with Caterham Dene. Fantastic service and wonderful staff. Please never close."

"Amazing service, lovely staff. Seen quickly."

"Dad has dementia and they were very understanding and patient with him."

We make every contact count at our MIU. We were able to refer a gentleman with a leg injury to the local acute hospital because we were concerned about his heart rate. This resulted in him having cardiac surgery the same day. He told us..."you saved my life."

Bed occupancy and length of stay on Caterham Dene Ward

Our target for bed occupancy is 95% to ensure we use our resources effectively.

During the reporting period we met this target in nine out of 12 months.

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
Bed occupancy	93%	91%	91%	91%	97%	93%	92%	94%	91%	98%	98%	89%
Month	April 23	May 23	June 23	July 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Bed occupancy	96%	93%	94%	97%	92%	97%	98%	97%	98%	97%	97%	97%

We measure the average length of stay at our inpatient ward to ensure we are rehabilitating people to return home in a timely way. We recognise the complexity of people's needs varies and this is reflected in the average length of stay each month.

Month	April 23	May 23	June 23	July 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Average length of stay in days	25	27	36	28	33	29	31	29	29	41	34	31

Admissions and discharges to Caterham Dene Ward

We now have a dedicated admissions and discharges co-ordinator to work closely with our partners to ensure admissions are safe and we can support discharges in a timely way. This post started in July 2023 and releases time for our matrons to spend more time seeing patients and supporting staff.

Community beds

In July 2023 we closed six community beds, that were for people with rehabilitation needs. This was in response to the national drive to support people at home and in partnership with our system partners. We have reinvested in our urgent community response and virtual ward to support people at their home.

Work with our partners towards neighbourhood provision

We continue to work with system partners to develop our local neighbourhood offer to children, young people and their families in east Surrey.

To support the development of neighbourhoods, an East Surrey Children's Steering Group has been established and has now been running for over a year. The executive director of operations for First Community and the associate director for children, young people and families are part of the group.

The steering group members are working together to develop our local neighbourhood offer for children, young people and their families using data and intelligence from across the system to identify priority areas of need. During 2023/24 the group have focused on the emotional wellbeing of children and young people and have been successful in securing additional funding to develop family link support worker roles across the five neighbourhood localities. The implementation of these roles will be throughout 2024/25. In addition, the group is working with the wider Integrated Care System across Surrey to develop and improve care and support for children and young people with long term conditions, in particular diabetes and asthma.

Café Milk...partnership working in our community.

Cafe Milk is a community breastfeeding support group which runs three groups across east Surrey. The charity was set up by a group of local mothers in 2021 and is a partnership between the charity and the 0-19 health visiting team. Each session is facilitated by a breastfeeding counsellor, health visitor and / or community nursery nurse, and trained peer supporters.

In 2023 467 new mothers attended Cafe Milk across all three cafes, this is approximately 22% of mothers who gave birth in east Surrey that year.

Cafe Milk is supported by Reigate and Banstead Council, Tandridge District Council, Surrey County Council, First Community Health and Care, The Harlequin Theatre, Oak Hall Church, YMCA Horley Family and Young People Centre, The Patrick Evan's Foundation, Community Foundation for Surrey, and Growing Health Together.

There is now a website for Café Milk: [Cafe Milk - Home](#)

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.

The national target is that 70% of people are seen within 72hrs and during the reporting period 98% of people seen were seen within two hours.

	Target	April 23	May 23	June 23	July 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
% of two hour referral to treatment	70%	100%	100%	100%	100%	99%	100%	100%	99%	99%	98%	98%	100%

Referral numbers to date:

Date	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	55	57	65	57	61	84	67	81	71	96	63	99
Date	April 23	May 23	June 23	July 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	March 24
Referral numbers	78	85	85	67	88	65	84	94	86	92	91	95

Children's immunisations

First Community's 0-19 immunisation team deliver the following school-based immunisation programmes commissioned by Public Health England (PHE):

- Childhood Nasal Flu- LAIV to school years R, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 and 11. 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	2023/24
Year 8 HPV1	80%	73%	73%	73%	80.2%
Nasal flu (Year 1, 2, 3 and 4, 5 and 6)	68%	71%	65%	69%	67.5%

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	2023/24
Year 7	56.60%	57.2%	56.6%
Year 8	51.60%	53.8%	73.3%
Year 9	48.10%	51%	53.1%
Year 10			51%
Year 11			53.5%

*Flu was not offered universally to year 10 and 11 until 2023/24

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

Following a successful bid for funding from NHS England (NHSE), the Immunisations team have been involved in quality improvement work to improve equity of offer and access which is detailed further on page 80.

The funding has allowed the team protected time to establish methods of communicating the service offer, meeting the needs of some of the harder to reach groups whilst offering additional clinic locations to support access. It is hoped that following evaluation, some of the work will be embedded as business as usual.

Are we well led?

Council of Governors (CoG)

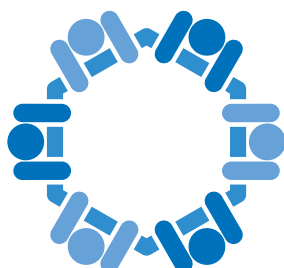
The CoG is an elected group of staff that represent shareholder views, opinions, ideas and concerns and act as an interface between staff and the Board. Governors support the company's strategic areas of work to ensure that shareholder's interests are represented and designed into the solutions that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

At the Annual General Meeting (AGM) on the 1 November 2023 shareholders in attendance voted to change First Community's shareholding model from opt-in to opt-out and to date no staff have opted out of being a shareholder. Shareholders in attendance were asked to vote on this change for the following reasons:

- Shareholding has traditionally been used as a measure of quality and staff engagement but there are other better ways of demonstrating this. For example, the response rate to the annual staff survey and pulse surveys;
- Many staff believe they are shareholders when they have instead accidentally overlooked the application process;
- Officially CoG can only represent shareholders and want to be able to represent everyone in the organisation;
- It takes a lot of administrative time to operate the 'opt-in' model. This time would be spent more productively on 'added value' tasks by CoG on behalf of shareholders;
- We have benchmarked ourselves against five other community interest companies and they all operate an 'opt-out' model of shareholding.

CoGs portfolios in the past year have included:

- Resolving shareholder concerns;
- Publicising the benefits of employee ownership to staff;
- Recruitment of the new non-executive director;
- Attending building user groups, flex for the future, committees, board meetings, and the staff survey working group;
- Attending every induction day to speak about CoG and the benefits of being a shareholder;
- Sharing ideas with other community interest companies on how to maximise the benefits of employee ownership;
- Speaking at the Annual General Meeting;
- Communicating key messages to shareholders via First News, our 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 two duty of candour conversations during the reporting period.

Patient and public involvement

We have progressed with our ambition to strengthen patient and public participation in all that we do to help us 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. This year we have also started to collect equality and diversity information for members of the First Community Network to ensure it is representative of the community we serve.

We now have 18 people on the network who have been involved in 33 projects, with involvement in 15 projects within this reporting period. These projects include reviewing new policies, procedures and information leaflets. We also have members of the First Community Network contributing to three of our four improvement priorities under the Patient Safety Incident Response Framework (PSIRF) and their involvement is invaluable in helping us to reduce risk to patients. Another member of the First Community Network sits on our public involvement group, which oversees and promotes patient and public involvement within First Community and provides support for any public involvement work being carried out.

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

We have now successfully recruited two patient safety partners (PSPs) who are currently working with First Community to be the voice of the patient in our safety governance framework. One PSP is a member of our group that oversees safety and quality governance. By attending this monthly meeting, they play a key role in supporting the organisation to understand what matters to patients by challenging and providing the group with an alternative viewpoint and being an advocate for people who use our services.

Another PSP has been a core member of the PSIRF implementation group and helped co-design the project from its inception to launch. This helped to ensure the perspective of people who use our services underpinned the whole process. Our PSP has also led on a piece of work involving listening to staff who have been involved in the complaints process. This has been valuable in understanding staff's lived experience, helping us to look at ways to further support staff and patients and continue to build on the open and responsive culture in First Community.

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.

Staff survey

First Community was delighted to be rated as the best provider of NHS care to work for in the country following the publication of the 2023 NHS staff survey results. For every element within the NHS People Promise, First Community saw a statistically significant improvement in scores.

The results of the annual staff survey showed an amazing 83.6% of staff would recommend First Community as a place to work (compared with 74% last year). The 2023 annual staff survey saw a 71% response rate, compared to 73% the previous year (2022). The median response rate for community trusts was 60%.

We are very pleased by the results of the 2023 survey, in particular that:

- **89%** (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;
- **83%** (compared with 70% average score amongst community trusts) of staff would feel confident that the organisation would address concerns about unsafe clinical practice;
- **76%** (compared with 65% average score amongst community trusts) of staff feel that their team has enough freedom in how to do its work – this was the most improved score year on year for First Community (63% in 2022).

We are grateful to all our staff that completed the staff survey. We are also keen to understand the reasons why some staff did not complete it. Our staff survey working group is underway once again with the purpose of analysing results and deciding where areas of focus for improvement should now be at the organisational level. First Community is continuing to take part in the pulse survey as a regular temperature check with a health and wellbeing focus – the organisation has already taken part in two short pulse surveys during 2024.

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.



We have 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 during the last year were:

- 1.** The introduction of impact assessments for all decisions made by the Board and other governance committees.
- 2.** Improvements in NHS staff survey 'recommend the organisation as a place to work' for disabled, lesbian, gay, bisexual and transgender/transsexual (LGBT+) and black, asian and minority ethnic (BAME) staff, with all groups scoring better than the NHS average.
- 3.** An increase in staff from ethnic minority communities working for First Community and reflective of the communities we serve.
- 4.** Working closely with our NHS partners to complete the Equality Delivery System which helps NHS organisations to identify further improvements.

Reach Network

The REACH (Race Ethnicity and Cultural Heritage) Network had a relaunch in the last financial year providing a safe space for staff who identify as part of the network (i.e., Black, Asian and Minority Ethnic) and also, to hold First Community to account on its activities to make the organisation a more inclusive workplace for all staff.

Speaking up: Raising concerns

The freedom to speak up guardian 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. The freedom to speak up guardian is available to anyone with access to anyone in the organisation, including the chief executive, or if necessary, outside the organisation.

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

- 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);
- Chair 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 (race, ethnicity and cultural heritage) 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 has reviewed and updated their speaking up policy in line with the national speak up policy and national deadline of 31 January 2024;
- We are committed to listening to our staff, learning lessons and improving patient care;
- 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 freedom to speak up guardians have developed a dashboard that collates themes from all of the speaking up avenues in First Community. This has been in draft development during Q3 and 4 of the reporting period and will begin formally reporting this through our governance framework in 2024 / 25;
- The board supports staff raising concerns and the freedom to speak up guardians were invited to a board meeting;
- During the reporting period there have been four freedom to speak up issues raised.

Staff survey and speaking up

The freedom to speak Up (raising concerns) sub-score has remained stable nationally, improving from 6.44 in 2022 to 6.46 this year (+0.3% percentage change). First Community's sub score is 7.85, an improvement from 7.6 in 2022.

There has been an improvement nationally for three out of the four freedom to speak up questions with First Community improving on all four:

- 87.67% of First Community staff reported they would feel secure raising concerns about unsafe clinical practice compared to 86.06% in 2022. Nationally there has been a slight decline from 71.89% in 2022 to 71.28% in 2023;
- 82.71% of First Community staff reported they are confident that the organisation would address their concern (increased from 81.02% in 2022). Nationally there has been a slight increase from 56.73% in 2022 to 56.81% in 2023;
- 83.59% (compared to 82.79% in 2022) of staff reported they felt safe to speak up about anything that concerns them in the organisation. There has been a slight improvement nationally from 61.52% in 2022 to 62.31% in 2023;
- 78.02% of staff reported that if they spoke up about something that concerned them, they would be confident the organisation would address their concern, compared to 73.22% in 2022. Nationally there was the biggest improvement for this question, from 48.69% in 2022 to 50.07% in 2023;

The freedom to speak up guardians will be taking a deep dive into the results to understand more about the speaking up culture at team level to enable us to focus our work in 2024 /25.



Verdict in the Trial of Lucy Letby NHSE Letter: Freedom to Speak up

Following the outcome of the trial of Lucy Letby, NHS England wrote to all NHS organisations outlining NHS England’s commitment to doing everything possible to prevent anything like this happening again, and asked boards to urgently ensure speaking up mechanisms were in place. The table below outlines these actions and First Community’s position as of 31 March 2024:

NHSE action	Evidence
All staff have easy access to information on how to speak up.	<ul style="list-style-type: none"> • All staff receive information on induction via a presentation from the freedom to speak up guardians (FTSUGs) and a raising concerns postcard; • The FTSUGs attend team meetings to introduce themselves and remind staff of how to raise concerns; • The FTSUGs have written in the newsletter; • First Community’s Patient Safety Plan includes an introduction from the FTSUGs; • The FTSUGs are members of the equality, diversity and inclusion (EDI) group; • The FTSUGs will be continuing to raise their profile by team meetings, annual senior team, newsletter and induction.
<p>Relevant departments, such as the People team, and freedom to speak up guardians are aware of the national Speaking Up Support Scheme and actively refer individuals to the scheme.</p> <p>The scheme provides a range of support for past and present NHS workers who have experienced a significant adverse impact on both their professional and personal lives, to move forward, following a formal speak up process.</p>	<ul style="list-style-type: none"> • The FTSUGs are aware and have made no referrals; • The People team have been made aware as a result of this letter. They have not made any referrals; • The FTSUGs have added monitoring referrals to the scheme to their reporting dashboard; • The People team will let the FTSUGs know of any referrals for monitoring purposes.
Approaches or mechanisms are put in place to support those members of staff who may have cultural barriers to speaking up or who are in lower paid roles and may be less confident to do so, and also those who work unsociable hours and may not always be aware of or have access to the policy or processes supporting speaking up. Methods for communicating with staff to build healthy and supporting cultures where everyone feels safe to speak up should also be put in place.	<ul style="list-style-type: none"> • The FTSUGs are visiting the night service and evening service; • There is a speaking up / raising concerns event on Radar that goes straight to the guardians; • The FTSUGs will use the staff survey results to understand where they need to raise their profile; • The FTSU Guardians have attended the REACH network and work closely with the Chair.
Boards seek assurance that staff can speak up with confidence and whistleblowers are treated well.	<ul style="list-style-type: none"> • Governance and reporting is in place; • FTSUGs attended a board meeting to undertake a review of speaking up when they came into post; • FTSUGs monitor and report detriment, both internally and through the quarterly reporting to the guardians office; • The FTSUGs continue to promote the “Speak up, listen up, follow up” training across the organisation.
Boards are regularly reporting, reviewing and acting upon available data.	<ul style="list-style-type: none"> • FTSUGs report twice yearly into the Board; • The staff survey for 2022 provides positive assurance around speaking up in First Community, however the FTSUGs continue to work to promote speaking up across all services; • The FTSUGs have developed a dashboard to triangulate speaking up data with other reporting methods such as Floor to Board; • The FTSUGs have half a day each a month protected ringfenced time.

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 NHS England'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:

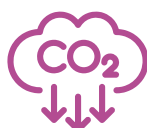
- 1. Healthier lives:** Making use of every opportunity to help people to be well, to minimise preventable ill- health, health inequalities and unnecessary treatment, and to support independence and wellbeing.
- 2. Streamlined processes and pathways:** Minimising waste and duplication within the organisation 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.

In the first 18 months, we have made substantial progress across all the elements of our Green Plan with success in:

- Staff engagement, including behaviour change and empowering our staff to understand why we need to think differently and take action about our resources;
- Integrated sustainability into our staff induction and online training for all staff;
- Achieved monthly reporting on journeys and patients contacts across the organisation, to reduce our travel by 20%. Provide staff with information about alternative travel options, car share, public transport and Ebike;
- Salary sacrifice car scheme – now only provides the option of electric cars for staff;
- Achieved our overall paper reduction figure by 10% in 2023 – and continue to make progress on streamlining processes and reducing our paper use. Moving to recycled paper in June 2024;
- Improving how we report on our utilities across all our sites and how we receive this data from NHS property services. This will help us to calculate our carbon footprint and reach our 26% reduction against our 2019/20 baseline in direct carbon emissions;
- Rethinking our clinical and non-clinical waste across all our sites and ensuring our staff understand the reasons why we must recycle and reuse wherever possible.



- Developed a sustainable events plan to support staff who are organising external events.
- Mapping our services to look at where we can achieve sustainable benefits.
- Introduced a sustainability award into our annual staff awards.
- Weekly news articles, training, and webinars in First News (staff internal newsletter).
- Our recruitment process is now fully automated, and sustainability has been included into job descriptions.
- Successfully recruited seven green envoys to support the work in the Green Plan.
- We are fully engaged with our local Integrated Care System (ICS), Surrey Heartlands, and our local authorities Reigate and Banstead Borough Council and Tandridge District Council and attend quarterly meetings.
- Integrated sustainability criteria into our procurement decisions and our new supplier guidelines.
- Improved the food offer at Caterham Dene to ensure healthy food options and reduce the number of weekly deliveries.
- Written a health and wellbeing strategy that aligns with the Green Plan
- Reviewing our staff wellbeing spaces – to ensure staff have a relaxing place to take a break and have outside meetings.



Part 4

Children and Family Health Surrey



Children and Family Health Surrey (CFHS)

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

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

Surrey Wide 0-19 Advice Line

The 0-19 Advice Line continues to be provided from two sites (east and west) across Surrey using one contact number. The purpose of this is to improve accessibility and deliver early help for families across Surrey. This means we can support families to prevent additional needs and ensure they can reach their full potential. The Advice Line also provides access to services for professionals.



Families speak directly with trained practitioners to understand their needs and goals, provide immediate advice and guide them to an appropriate level of support.

In the last year the Advice Line has received 33,676 calls, compared with 33,409 calls during the previous reporting period and 30,713 in 2021 / 22.

We regularly monitor the number and audit the themes of calls. We use this to adjust our service pro-actively for example if there is a large number for calls regarding infant feeding, we will push social media messages promoting the Café Milk and breast-feeding support that is available.

Advice given has been around feeding (including reflux, colic, wind), sleep, minor illness, behaviour and development including toileting. In addition, there is an 'admin call' that include clinic enquiries, appointment changes and requests for contact details.

Bump and Beyond - antenatal offer

In January 2022 there was a CFHS introduction of 'Bump and Beyond.'

This is a group antenatal contact offered virtually as people told us they would like to access this virtually as opposed to face to face. This means we can offer contacts to all families, whereas previously we only saw people with additional needs.

Bump and Beyond is a virtual class.

We continue to use 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:

Obtained via a QR code at the end of each session:

- 274 reviews
- 100% found the information useful.



“Session was informative, probably more so for first time mums. I’m a Covid-19 mum so joined to experience what I might have missed, but felt it was quite targeted at new mums hence 4-5.”

“Very thorough information, caring people who were very calm.”

“Really useful, lots of reassurance and helpful information.”

Chat Health



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

There were 71 (compared with 85 during the last reporting period) engaged interactions during the reporting period. Ten of these were received during the summer holidays. This has decreased and we are continuing to increase our visibility at schools to raise awareness of Chat Health. Themes include pregnancy, contraceptive, mental health advice and sexual health advice.

21 day pilot



In January 2023 we began a pilot in east Surrey to extend the new birth visit from 14 days to 21 days after the birth of a 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 to 21 days post-delivery. NBVs 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 a 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.

The aim was to:

- Increase the ability to receive consistent care from the same health visitors;
- Give parents a larger window of time to receive their NBV which improves parent choice of an acceptable time for a visit;
- Reduce overlap of professional support from midwifery and health visiting services in the first 14 days after delivery therefore optimising the use of resources, enabling additional opportunity for parents to be supported throughout the postnatal period and enhancing a positive experience for families;
- Improve the support for breastfeeding by reducing the gap between the NBV and 6-8 week visit when feeding issues may develop;
- More flexibility to plan NVBs in line with sustainability and the NHS Green Plan.

Evaluation:

- We have met the target of delivering the NBVs within 21 days of a baby's birth in the last 12 months between 83% and 100% of the time, with an average of above 90%;
- The Health Visiting team report that this has facilitated improved continuity of care, delivery of a more meaningful NBV by reinforcing information previously given;
- Feedback from parents was generally positive and supported extending the time between midwifery and health visitor contacts, enhancing continuity of care.

What our service users have told us:

"Happier for visits to be later rather than coming at the same time the midwife"

"Would rather of had a later visit"

"Happy with the service being offered at day 16, however, if this had been our first baby and more support needed then we would have preferred to be seen sooner"

What next:

- Continue to deliver new birth contacts within 21 days using risk assessments and within scope;
- The survey for service user feedback will be adapted to enable further review, improvements and learning;
- Gain feedback from health visitors on the impact on their practice, job satisfaction and service delivery;
- To share findings with commissioners and agreed continued use of 21-day tolerance with adaptations;
- To confirm with the midwifery service that the 21-day new birth pilot will become business as usual;
- To continue to monitor any incidents or complaints related to the timeliness of new birth visits;
- To share guidance and findings to enable the roll out Surrey-wide including lessons learnt and support of roll out process;
- To update the website with changes in practice;
- Consider sending an additional text prior to the new birth contact with details and information regarding support and accessibility to the 0-19 service;
- Consider extending the 6 – 8 week contact to 10 weeks and produce relevant data for 6 – 8 and 10 weeks.

The Surrey-wide Inclusion Health team

The Surrey-wide Inclusion Health team has continued to grow and develop, including provision of support to home office commissioning and a growing number of hotels across Surrey, to house asylum-seekers and refugees. These have included asylum-seekers from all over the world. The multidisciplinary team is made up of health visitors, community nurses, school nurses, nursery nurses, midwives, and a community engagement officer.



The team:

- Work closely with Surrey County Council (SCC) supporting Gypsy, Roma and Traveller (GRT) families building on strong trusted relationships;
- Deliver outreach public health services, working with primary care;
- Work within multi-agency teams supporting temporary asylum accommodation, homeless families and refugees facilitating access to universal, neighbourhood services and immunisations;
- Work with primary care to support the identification of vaccination needs and cross reference uptake data with location of traveller sites and community groups;

The Inclusion Health team has strong trusted links with these communities and deep understanding of their barriers to access health care services (including literacy and digital inclusion issues). These are used to co-produce evidence-based vaccination information and build acceptance for vaccination. Delivery of vaccinations will then be delivered in schools, community-based clinics and via site visits where required.

Nurse-led community kitchen for asylum seekers – improving nutrition

Once a month, asylum-seeking families are invited to cook and eat together, and celebrate the rich and varied cultures from their home countries.



These 'community kitchens' developed by the nurse-led Inclusion Health team at CFHS, have been running since March 2023 which involves the team volunteering outside of their working hours.

Asylum seekers can have unmet health needs and a priority for the Inclusion team is to promote health advocacy. Anecdotally the team were hearing that the quality of food asylum seekers were receiving was poor, they had limited access to fruit or vegetables and the team were concerned about the impact of poor nutrition.

The Inclusion team found out by surveying families living in the hotels, that they would be interested in cooking meals for one another.

With the support of the voluntary sector, and the facilities offered by local village and church halls, the community kitchen began. Funding from Surrey Country Council is used to supply ingredients and there is a schedule of people cooking for one another.



SEND report

Local Area Special Educational Needs and Disabilities (SEND) Inspection



CFHS fully engaged and participated in the Joint Care Quality Commission (CQC) and Ofsted Local Area SEND Inspection in September 2023. The inspection examines services provided by education, health and care and the aim is to hold the local area to account, by reviewing how the local area meets their responsibilities for children and young people aged 0-25 who have additional needs and disabilities.

Inspection outcome

The overall outcome was that ***“The local area partnership’s arrangements led to inconsistent experiences and outcomes for children and young people with special educational needs and/or disabilities (SEND). The local area partnership must work jointly to make improvements.”***

The report makes several clear recommendations for improvement, but also notes areas of good practice.

Improvement plan

The Local Area SEND Partnership has developed an improvement plan based on the recommendations of improvement from the inspection which covers four key areas:

1. Impact and outcomes – to improve the partnership’s ability to monitor impact of projects, intervention and outcomes.
2. Communication and relational working - improving communication with families and across the partnership.
3. Waiting times and quality – continuing to improve waiting lists and timeliness of needs assessment.
4. Alternative provision – to review local area offer.

Teams’ involvement with the inspection

The inspection followed the new SEND inspection framework and followed a three-week timetable of activities. Week one was predominately focused on data collection and identification and detailed analysis of six identified children. Three of the identified children were known to community health services and practitioners were involved in collating detailed chronologies and discussions facilitated by inspectors.

Week two focused on exploration of the Local Area Strategy and Self Evaluation Framework with area leaders, clinical teams, families and children. Inspectors were particularly interested to hear about the evidence and impact for children and their families. An intensive timetable of site visits, further case analysis and focus groups on key lines of enquiry were conducted in the final week.

Inspectors gave positive feedback following engagement with our clinicians, with one inspector stating it was the best day so far as the enthusiasm, family focus and commitment of teams was clearly evident in their work.

The final report highlighted areas of good practice, including improving joint working across education, health and care. The Youth Justice team, which includes our CFHS school nurse, was cited as a good example, as was the effective multi-agency working in early years, including our health visiting and children’s therapy services.



Speech and Language Therapy Surrey Social Communication and Interaction Pre-School Support (SCIPS)



SCIPS is a support programme commenced in September 2023 as a gradual rollout that aims to develop a child's social communication and interaction using a parent-mediated approach.

Service name: Early Years Speech and Language Therapy

Project aim: To offer a consistent and evidence-based Surrey-wide approach to supporting pre-school children, and their families, with social communication difficulties.

Children with social communication difficulties take up approximately 70% of early years speech and language therapy caseloads across Surrey. (CFHS 2023 data). Prior to SCIPS, intervention for this cohort was inconsistent across Surrey due to limited workforce. The Surrey SCIPS pathway will help to support a clinical research project initially developed at Reading University by transferring a successful intervention into community-based services.

The 5 Stages of SCIPS:	
JOIN	JOIN your child's world You will learn about ways you can join your child's play.
COPY	COPY your child You will learn about how copying and mirroring lets you share your child's play.
MORE	MORE of the same You will learn about ways to keep play with your child going for longer.
PLAY	PLAY a game with your child You will learn about how play routines allow you to support your child in to engage in balanced, to-and-fro play.
TALK	TALK with your child You will learn to support your child's understanding and spoken language.

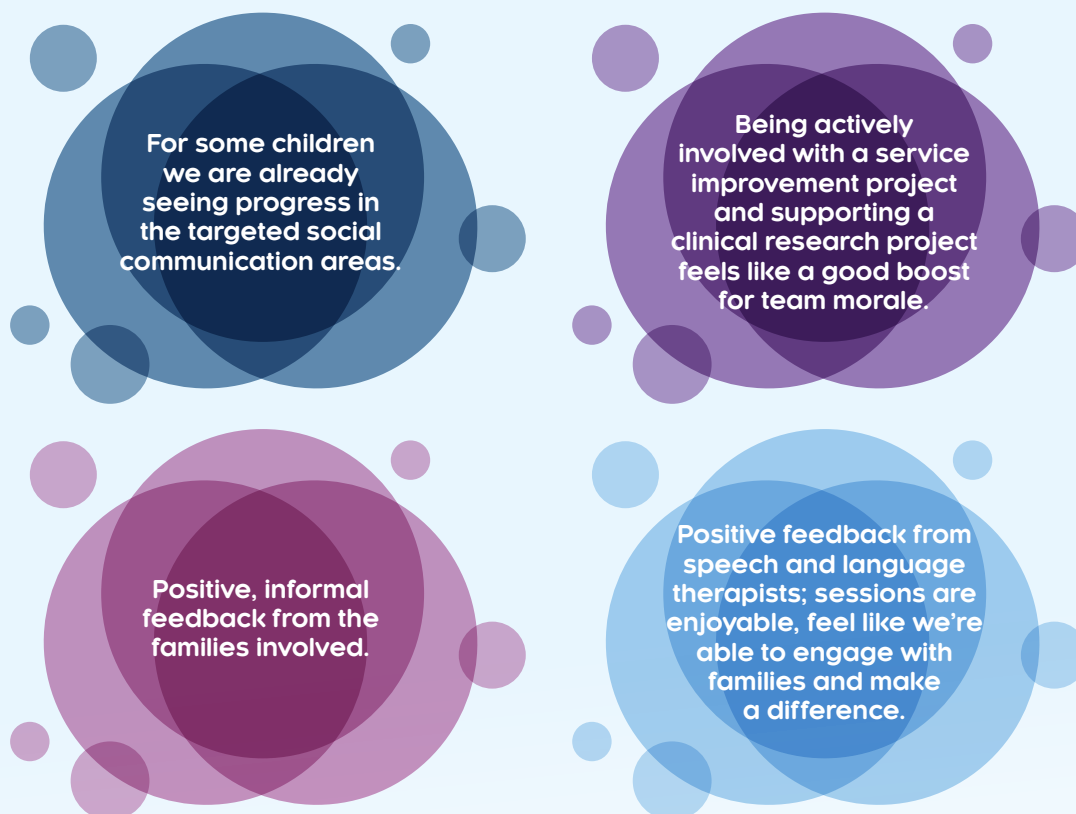
Parent-mediated approaches are an effective way of enhancing a child's social communication recommended by national clinical guidelines (NICE 2013)

Parents are best placed to support their child because they can then experience support with the people they usually communicate with in ordinary, everyday settings. The child can have their 'therapist' with them all the time increasing opportunities to practice skills in different settings.

Support sessions enable parents to practice strategies with their child while being coached and supported by a speech and language therapist (SLT).

We work together offering a personalised approach with parents to develop their skills so they can support their child's development.

Early evaluation



Surrey Sleep Awareness Campaign

This is a collaborative project to support sleep awareness for all children across Surrey following the success and positive parental feedback of the original work by the Specialist School Nursing team.



Sleep is essential for children's growth and development, and important for our mental, emotional, and physical wellbeing. A lack of sleep can affect our wellbeing and can cause depression, anxiety and difficulties regulating our emotions.

If a child or young person is struggling to sleep, it can be exhausting for them and for the whole family.

More than half of all children may have difficulties settling or sleeping at some point in childhood.

Service name: Developmental Paediatrics, 0-19 team, Therapies, Specialist School Nursing team, Surrey and Borders Partnership NHS Foundation Trust, Mind Works, Surrey County Council.

Project aim: To understand and reduce the increasing use of melatonin to support sleep for children with additional needs and learning disabilities.

Objectives:

- Special educational needs and disability (SEND) survey to special schools to understand melatonin use and diagnosis. Only children who have learning difficulties;
- Create a professional sleep pathway and aide memoir when assessing sleep issues for children;
- Scope and create a sleep resource of latest evidence-based resources. Presented at partnership sleep events;
- Create and deliver a sleep training programme, recorded, and adapted for different services;
- Create a sleep webpage with accessible and translatable resources offering early intervention for all children to prevent, where possible, the need for melatonin in future;
- Create a series of sleep support videos.

Outcomes to date:

- Sleep management training delivered - available as a recording from Allie (staff extranet);
- Professionals' resources scoped and sleep pathway created available from Allie and shared across services;
- [CFHS sleep webpage](#) and sleep resources for parents to access in different languages created;
- Video created and launched at a campaign event in October 2023;
- New sleep practitioner role created and commenced in January 2024 to support developmental paediatricians' melatonin reviews.



Increasing Influenza immunisation uptake in low uptake schools

The influenza immunisation programme is a school-based offer. This includes catch-up clinics and intramuscular vaccination offer in schools to support accessibility to gain immunisation consents.



Service Name: Immunisation team

Project aim: To increase uptake of flu immunisation and increase awareness of the two options (nasal spray or injections) for influenza vaccination to support those families who may decline due to porcine gelatine content.

Group focus: Children from reception to year 11.

Target: Currently Surrey is above the national average at 62.9% (Surrey). The national uptake is 47.5% (25 January 2024).

Methodology:

- Re-visited schools with low uptake if target not met;
- Missed appointments, offered clinic appointments;
- Clinic links automated on consent system;
- Scoped primary and secondary schools where there is a low uptake;
- Created local community opportunities in targeted areas e.g school assemblies / drop-in coffee mornings;
- Engaged with interpreter to address health inequalities within community drop-in to support understanding and uptake.

Outcome:

- Increased vaccine uptake in the three targeted schools engaged with;
- 30% vaccine increase where coffee and afternoon drop-in are offered alongside school nurse and interpreter: e.g Woking muslim community.

Future:

- Immunisation team to attend introductory days for reception children to raise awareness of vaccine and consent process;
- Increase the number of colleagues available to support at coffee mornings. Potential for further increase in uptake if more parents are offered one to one support for consent process;
- Investigate further engagement with faith leaders to extend community opportunities.



Speech and language therapy (SLT) early years primary care pilot



Speech and language difficulties are one of the most common developmental issues seen in pre-school children. This pilot tested the delivery of an innovative clinical pathway for children by situating a speech and language therapist within primary care to deliver early intervention through advice and support for children presenting with speech, language and communication needs (SLCN).

Service name: Early Years Speech and Language Therapy

Project aim: This project aimed to increase awareness of the identification and management of SLCN in children within primary care; deliver early intervention to offer timely support; triage referrals to the most appropriate services; and improve the quality of referrals from general practice to community Speech and Language Therapy (SLT) services in order to support the best utilisation of services.

Results and findings:

- 72 children referred (123.5% increase from previous year) out of which 50 were male and 22 were female. This in line with well documented evidence that SLCN is more prevalent in boys than girls. 64 children were seen:
 - 13 presented as WNL [in full]; 14 presented with mild difficulties
 - 9 required onward referrals
- 53% of the children were aged between 2-4 years old - in line with normal and expected development
- 96.6% of patients were seen within three weeks
- GP practice with a significantly higher referral rate covered an area that is classified as a lower layer super output area (LSOA) that is acknowledged as falling within the most deprived 30% of all small areas in England. This is an important finding and is consistent with the recognised higher prevalence of SLCN in areas of deprivation.

Feedback received:

- Parental feedback: 4.87/5 (based on 45 responses, rated as excellent)
- GP feedback:
 - Very easy to access service (4.57 out of 5)
 - Quality of service rated as excellent (4.86 out of 5)
 - Increase in confidence from 2.5 to 3.4 out of 5

Finalist for Chief Allied Health Professional Awards 2023

Conclusion: The project facilitated increased collaborative and integrated ways of working between primary care and community services, resulting in better utilisation of services and a streamlined patient-centred approach to the management of children's speech, language, and communication needs.

Creation of two new roles for children's community nursing

To provide specialist advice via two new children's community nursing (CCN) services.

Specialist lead posts supporting the delivery of quality, evidence-based care, via a professional point of contact for:

1. Children and their families who require complex care.

2. Families who choose to be at home for their child's end-of-life care.

Service name: Children's Community Nursing

Project aims: To embed the role of a **specialist lead nurse for complex care** to:

- Be a point of contact for both east and west CCN teams to support and guide staff to deliver latest evidence-based care;
- Have a knowledge of local current services offered across their geographical areas to support children, young people, and their families;
- Work alongside the lead nurse for palliative care and end-of-life with the CCN role;
- To develop a transition pathway for children moving to adult services;
- To ensure staff are competent in the use of medical devices that these children may need.

To embed the role of a **Specialist Lead Nurse for Palliative and End of Life Care** to:

- Be a point of contact for both East and West CCN teams to support and guide staff;
- Support staff caring for any child and their family on the children's continuing care caseload moving towards the end-of-life phase;
- Link and build relationships with Naomi House and Alexander Devine Hospices;
- Develop a training matrix for each banding of staff;
- Review standard operational procedures (SOPs) and policies relating to children's palliative care;
- Work alongside the lead nurse for complex care within the CCN team;
- Lead on implementing best practice and national guidance;
- Work with palliative lead in adult services and share practice;
- Develop resources for families about the medical examiner office process when a child dies;
- Develop a SOP for care after death, including different practices.



Capturing the voice of Children and Young People with Learning Disabilities

CFHS use IWantGreatCare for gaining patient feedback but there was no option for children and young people (CYP) with severe profound and multiple learning disability (SLD) to give feedback and have their voice heard. The 'capturing the voice' survey was created to give an opportunity for children and young people to have their voice heard within a supportive environment.

Service name: Specialist School Nursing

Background to the pilot project

We worked in partnership with the digital team and schools to introduce our 'capturing the voice' surveys. Three surveys were created: a standard version, an easier version, and a body language version so that we could be fully inclusive to children and young people with severe learning disabilities.

Methodology:

- Last year the Specialist School Nursing service launched a pilot project across our eight SLD schools. It yielded 10 responses, and these responses were to make minor changes to accessing the feedback template used to capture the voice of CYP with SLD;
- A survey accessed digitally via an iPad was created that used communication symbols familiar to the children and young people so they can share their feedback about the service they receive in a language that they understand and can be understood by others.

Pilot outcomes:

- Tested the surveys across eight SLD schools
- 10 responses
- Easy to use
- Reviewed and changes made – one access point into three surveys
- Data reviewed
- Added free text to capture quotes.

Next steps:

The data collection to date gives us feedback to evidence what we are doing well, what we could be doing better and to increase better quality of care.

- **CYP with SLD have a right to have their say, therefore, we took it upon ourselves to explore ways to enable these children to have their say on the care they receive.**
- **We also have a responsibility to act on their feedback.**

Annexe 1:

Statement from Surrey Heartlands Integrated Care Board



Statement from Surrey Heartlands Integrated Care Board

NHS Surrey Heartlands Integrated Care Board (Surrey Heartlands ICB) welcomes the opportunity to comment on the First Community Health and Care Quality Report 2023/24. The ICB is satisfied that the Quality Account is being developed in line with the national requirements and gives a comprehensive account and analysis of the quality of services.

First Community has continued their commitment to improving the quality and safety of care they provide to people who live and work in east Surrey throughout ongoing system pressures during 2023/24. First Community led the Surrey Heartlands system in the implementation of the new Patient Safety Incident Response Framework (PSIRF).

Surrey Heartlands ICB is pleased to see that First Community have achieved six of the 2023/24 priorities. We recognise the level of improvement obtained for Friends and Family Test (FFT) responses (3603 23/24 vs. 2264 22/23) and are pleased to see further work progressing in this area. We also applaud the commitment to Infection, Prevention and Control (IPC) shown in the wake of the IGAS outbreak and preparation for response to outbreaks of infections.

Surrey Heartlands ICB supports the new quality priorities for 2024/25 which support improved outcomes for patients and staff and take the voice of service users into account when considering quality improvement:

- Reduce waiting times in the Musculoskeletal (MSK) service to within 19 weeks over the next 12 months;
- Increase the involvement of the people who use our services in quality improvement and other projects;
- Review and update the observational hand hygiene audit and ensure glove use is clinically indicated;
- Increase uptake of the Professional Nurse Advocate (PNA) offer.

Surrey Heartlands ICB recognises the commitment First Community demonstrates to support system partners and alleviate system pressures through projects such as preventing conveyancing to the acute hospital, inclusion of paediatric patients within MIU, virtual wards, discharge interface, community forum and first community network.

Surrey Heartlands ICB congratulate First Community on the outstanding 2023 NHS staff survey results demonstrating they are the best provider of NHS care to work for in the whole country. This is echoed in the performance of the Urgent Care Response team which responded to 98% of patients within 2 hours compared with the national target of 70%.

Surrey Heartlands ICB would like to thank First Community Health and Care for sharing the 2023/24 Quality Report with us. We commend you for your achievements and successes over the past year. We look forward to continuing to work in partnership with you in 2024/25.

Clare Stone

**ICS Director of Multi-Professional Leadership
NHS Surrey Heartlands Integrated Care System**

20 May 2024

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

Annexe 2:

Statement from Healthwatch Surrey



Statement from Healthwatch Surrey

Thank you for the opportunity to comment on First Community Health and Care's 2023 -24 Quality Account. Over the past year, we have maintained a collaborative working relationship with First Community Health and Care (FCHC). We look forward to continuing this relationship.

At Healthwatch Surrey, we are committed to obtaining the views of Surrey residents about their needs and experience of local health and social care services. As such, we are pleased to note the extent to which service user involvement is part of the Quality Improvement projects. Making a range of methods available for patients to share feedback is incredibly important as outlined in our own work to improve the amount of feedback people share and we look forward to hearing about FCHC's progress towards this. Overall, we welcome the reflection and inclusion of feedback from patients across all of the priority areas outlined in the Quality Account.

Healthwatch Surrey will continue to gather experiences from service users and share these with FCHC to ensure people are given a voice to shape, improve and get the best from local health and care services. As an independent statutory body, we are always happy to help FCHC access lived experiences that can inform service development for improved patient outcomes.

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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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