

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 published Quality Accounts are also available for public scrutiny on our website at: www.firstcommunityhealthcare.co.uk/

What does our Quality Account include?

Our Quality Account is divided into three sections:

Part 1

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

Part 2

Review of our quality improvement priorities for 2017-18 and our priorities for 2018-19. Statutory statements of assurance relating to the quality of our services from 1 April 2017 to 31 March 2018. The content is common to all NHS providers, allowing direct comparison across organisations.

Part 3

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

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



INTRODUCTION



We were delighted to learn in 2017 that CQC rated our services as overall outstanding, following a thorough inspection of our services. Although the CQC Outstanding rating was awarded last year, in reality this is a reflection of our quality journey since we formed in 2011.



The quality of our health and care services is based on our long-term commitment to having the policies and guidelines, systems, training and support that enable colleagues across First Community to do their job. And our journey doesn't stop here. We now need to maintain our high standards and continue to improve our services.

Reflecting on the past year, and further changes as we work more closely with partners to provide joined-up health and care services to local people, we need to consider what we should do differently to maintain high standards as we work together, bringing them with us, and continuing to learn from others.

I remain proud of the contribution of our highly skilled and motivated staff team. Feedback from the second annual staff survey shows we have made strides forward. Our staff engagement score of 4.08 in 2017, compared to 4.04 in 2016, puts First Community among the top performing NHS organisations. Colleagues rate our services highly with 88% saying care of patients is First Community's top priority. Our Friends and Family Test remains high at more than 4.80.

It is particularly pleasing to see the length of stay at Caterham Dene Hospital reduce significantly over the year. With the right care, patients tell us they would prefer to receive treatment at home rather than in hospital and we want to enable this to happen.

Our priorities for next year reflect where we want to improve. Clinically we will focus on record keeping and catheter care as well as reducing the time for people waiting for routine outpatient musculoskeletal appointments. Recognising the impact of good leadership on First Community being able to provide high quality services, following a successful pilot in 2017-18, we will roll out First Leadership, a bespoke leadership development programme over the next year and beyond.

Chief Executive

About First Community Health and Care

Our vision: "Rejuvenating the well-being of our community"

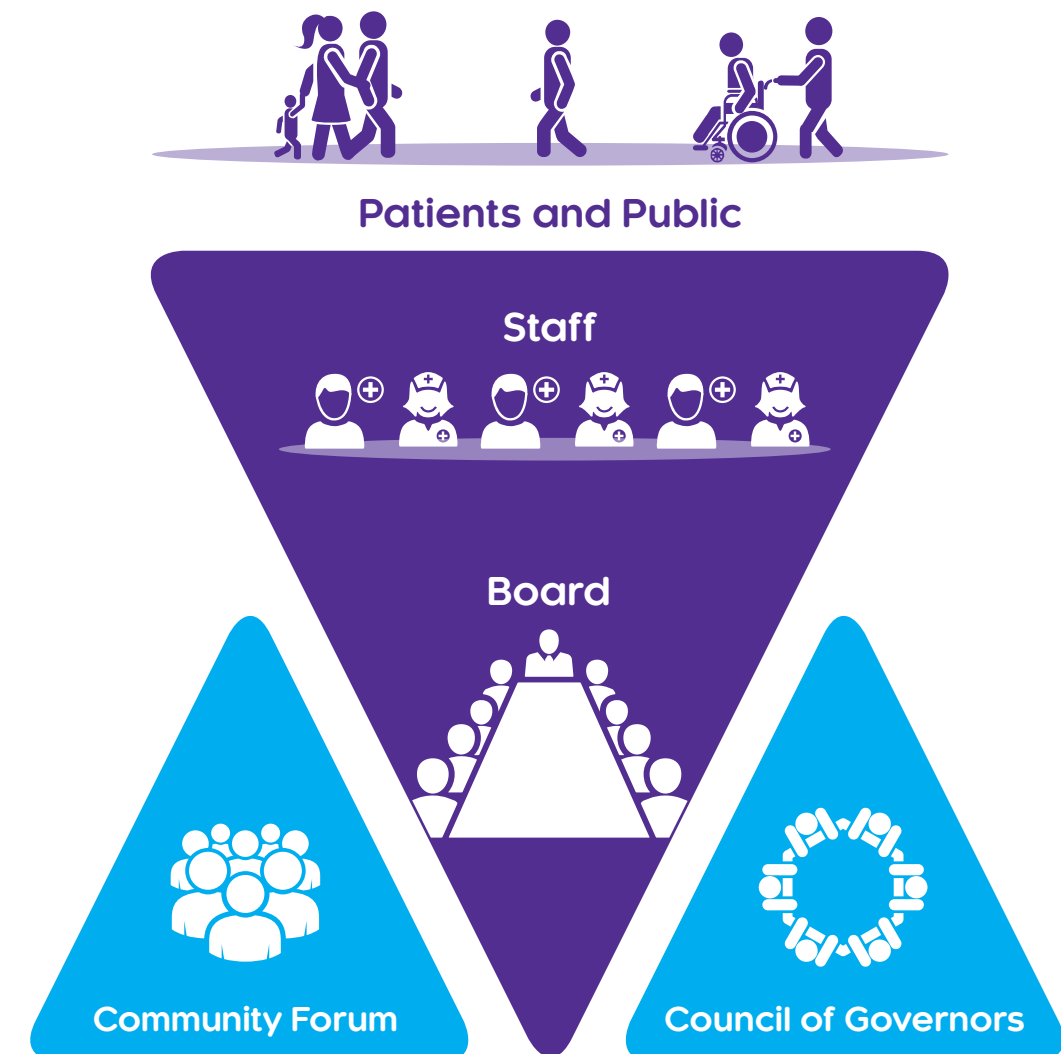
First Community delivers community healthcare NHS services for people in east Surrey and the surrounding area. CQC rated First Community as overall outstanding in 2017.

We offer a friendly face with highly-rated, well run services, delivered by skilled people. We provide high-quality nursing and therapy services in the community and at local clinics and children and family health care services. At Caterham Dene Hospital we have a rehabilitation ward, rapid assessment clinic and minor injury unit.

As an employee-owned community interest company, any surplus we make is reinvested in the services we deliver. We strive to improve services

for our community, and our passion is to deliver the highest quality of care for our community.

As an employee-owned organisation, we have an organisation structure that turns the traditional organisational hierarchy on its head, where managers and the 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.



Our Services

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

Adult Services



Community and specialist rehabilitation therapies and nursing

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



Therapies in clinics

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



Bed based care

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



Minor injury walk in



Rapid assessment/treatment clinic

Children & Family Services

Health visiting



Immunisations



School nursing



Therapies



Our East Surrey Community*

In 2017 the registered population is **181,742** in east Surrey

Around **18%** (32,365) of the population are aged **65+ years**

Surrey is generally not as ethnically diverse as the rest of England. In east Surrey **8.3%** of the population is of non-white ethnic backgrounds compared to **14.6%** for England. There are around **288 Gypsy, Roma, and Travellers** residing in **72 pitches** across seven sites..

There were **2,235** live births in 2015. A **third** were to **mothers over 35 years**. The East Surrey Clinical Commissioning Group birth rate for women aged 15-44 years (66 births per 1,000 women) is **slightly higher** than the Surrey average (63 births per 1,000 women).

www.surreyi.gov.uk/health-profiles/east-Surrey



Statement of Directors' Responsibilities in Respect of the Quality Account

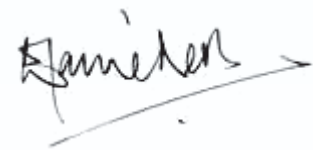
The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (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; and
- the Quality Account has been prepared in accordance with Department of Health guidance.

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

By order of the Board



Miss Elaine Best
Chairman

10 May 2018



OUR PRIORITIES FOR IMPROVEMENT



Looking Back – Reporting on our 2017-18 Priorities for Improvement

In 2017-18 we chose four new priorities for improving the quality of services and carried three forward from 2016-17. We set these priorities using the three domains of quality – patient safety, clinical effectiveness and patient experience – as well as staff experience. We will review our progress against each of these priorities before outlining our priorities for the coming year.

Staff Experience – Achieved

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

Why we chose this?

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

What we said we would do

Increase the percentage of staff who are shareholders to 73%. Implement a process to tell all new starters about CoG, who their representative is and how to become a shareholder

Increase the number of CoG members from 6-12, with a wider variation of grades, disciplines and geographical bases to enable greater coverage within the company and easier access for staff

Increase the awareness of CoG as measured by an internal staff survey. Create a designated CoG area on the intranet and include key message in the internal newsletter

Increase the number of employees completing the NHS staff survey from 63% in 2016

See an improvement in 2017 NHS staff survey in priority areas identified from 2016 survey

What we have done

Number of shareholders in **March 2018** was **72%**. This is **1% less** than our target and we will continue to further improve this. We are confident this number will continue to increase and will monitor through internal governance processes to ensure this increase continues.

CoG membership increased from **6 to 12 people**, with a wider variation of grades, disciplines and geographical bases to enable greater coverage within the company and easier access for staff.

10% in 2017-18 did not know who their CoG rep was compared with **34% in 2016-17**
35% of staff in 2017-18 answered 'no' to the statement "My CoG representative communicates with me to tell me what is going on and to give me a voice" compared with **44% in 2016-17**
74% of staff in 2017-18 answered 'yes' to the statement "CoG gives me a voice in the organisation" compared with **52% in 2016-17**

Response rate for **2017 72.2%**

Organisation and management interest in and action on health and wellbeing -1 indicates low recognition and 5 high recognition. (Key finding 19)
2017 3.87/5 compared with **2016 3.79/5**
 Percentage of staff reporting good communication between senior management and staff (Key finding 6)
2017 53% compared with **2016 49%**

Clinical Effectiveness – Achieved

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

Why we chose this?

- Feedback from practitioners and stakeholders and client focus groups.
- National drivers, including the six high impact areas of health visiting and school nursing, one of which focuses on the reduction of A&E attendances.

What we said we would do



Provide and promote

- 'Advice Line' for parents and carers
- ChatHealth text service to secondary school students across east Surrey



Review and explore the impact of these two initiatives on patient outcomes, GP / A&E attendance and workforce efficiencies

Support the extension of these services across Children and Family Health Surrey

What we have done

- Liaison Health Visitors promoted the advice line through GP practices (supported by updates given to GPs by heads of service), local maternity unit, children's centres and our website.
- Parents and carers are told about the advice line at every opportunity and contact with 0-19 teams.
- Information about the advice line is given to all parents via the Personal Child Health Record (red book) and sent to parents transferring into the area.
- Posters about the advice line and ChatHealth are displayed in GP practices.
- In a survey of clients (n=128) – **73%** reported they were aware of the advice line demonstrating the effectiveness of our promotion activities.
- ChatHealth has been promoted and extended to Banstead and Mole Valley by training school nurses to develop and promote the service within their secondary schools. This is done by posters, attending school assemblies and one to one contacts with teachers and students.

- Just over **1000 calls** to the advice line in a three month period.
- **72%** of calls about children aged under 3 months.
- The most common reason for calling was for advice on feeding, minor illnesses, toilet training and immunisations.
- A total of **47%** (during a three month period) of callers told us they would have contacted their GP had they not called the advice line and **5%** stated they would have attended A&E.
- ChatHealth gave advice on a range of issues including low mood, self-harm, sexual health, smoking, young carers.
- The number of contacts for ChatHealth has increased – for example in **October 2016 we had 42** messages and in **October 2017 we had 62**.

ChatHealth and **Advice Line** are now available to all families across Children and Family Health Surrey.

Clinical Effectiveness – Achieved

Why we chose this?

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

What we said we would do

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

What we have done

100% of our staff have undertaken Dementia training

Patient Safety – Achieved

Why we chose this?

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

What we said we would do

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

What we have done

- We took part in a system wide NEWS project in Kent, Surrey and Sussex led by the local NHS Academic Health Science Network (AHSN) to develop the use of NEWS across the system.
- We piloted NEWS in our community nursing teams and reviewed its use in practice.
- We found NEWS did not have an impact on the management of patients who are medically deteriorating.
- We identified the sepsis pathway as a more effective way of recognising and managing a medically deteriorating patient and have updated our sepsis pathway to reflect our learning.

Patient Safety – Achieved

Why we chose this?

For our patients who are at risk of developing pressure damage it is vital that all of our relevant clinical staff are trained to prevent and manage pressure damage effectively.

What we said we would do

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

What we have done

97% of the identified cohort have received training.

Patient Experience – Achieved

Why we chose this?

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

What we said we would do

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

What we have done

- We recruited volunteers to co-ordinate and run activities on the ward.
- We surveyed patients staying on the ward, and following positive feedback, responded by widening the range of activities. For example, patients told us they would like to play cards so we have provided some new cards.

Patient Experience – Achieved

Why we chose this?

We wanted to measure the implementation of the Accessible Information Standard.

What we said we would do

Following the implementation of the Accessible Information Standard (AIS) in 2016, we will re-audit data collected to check compliance and measure success.

What we have done

- Briefed new colleagues about AIS at induction.
- Provided regular reminders about AIS in employee newsletter.
- Completed a sample survey of patients from three teams (audiology, ward and dietetics) to assess the effectiveness of our processes and impact on patients. 95% patients said we met their communication needs if he/she needed to be communicated to in a different way.



Looking forward – How we Identified our Priorities for 2018–19

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 which reflect our core values of:

First-rate care



First-rate value



First-rate people

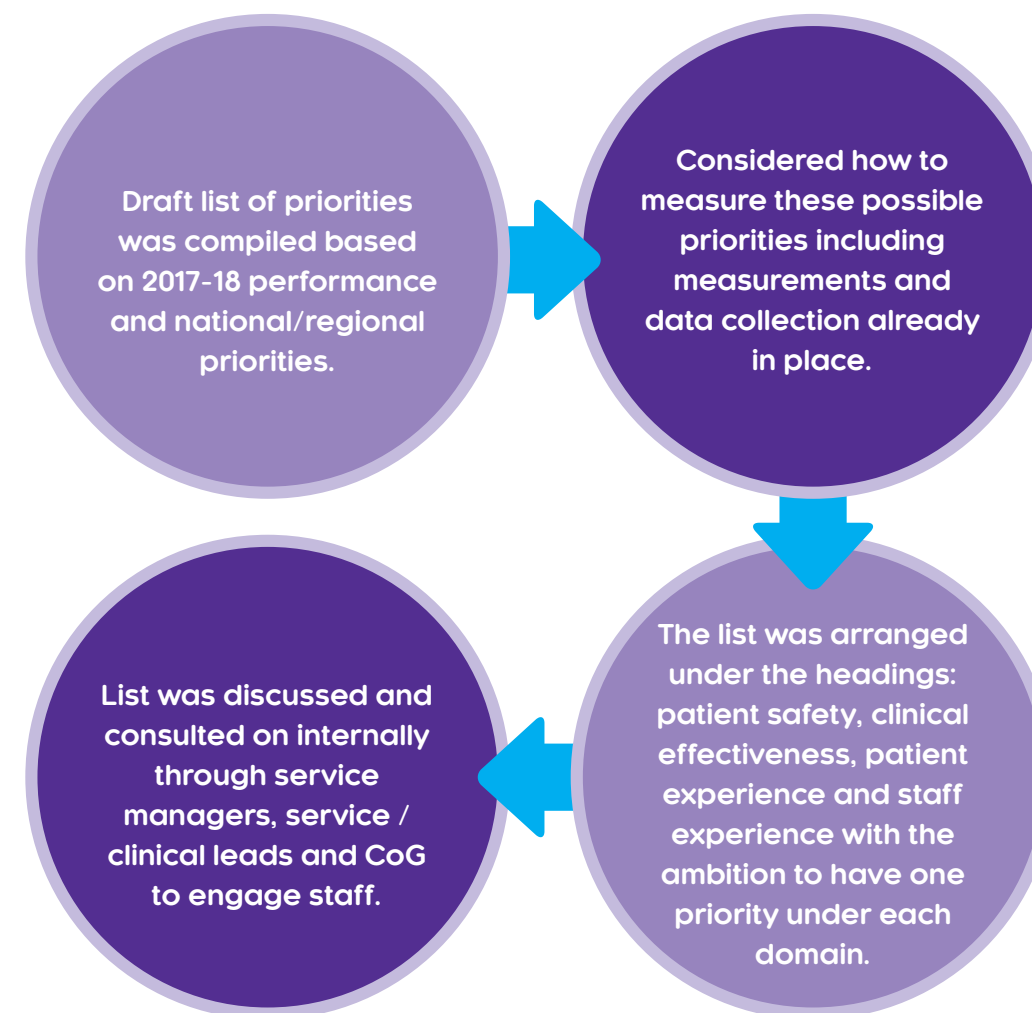


Our priorities for improvement for 2018-19 have been developed:

- Through engagement with and learning from stakeholders
- By looking at the feedback we receive
- By considering learning 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. Additionally, and in line with our values, we include 'Staff Experience' as staff are our greatest asset. Our aim is to support them to develop professionally and lead happy healthy lives.

We developed our priorities for quality improvement 2018-19 by:



Looking Forward – Setting our Priorities

Patient Experience

What are we going to do?

We will reduce the time people, aged over 16 years, have to wait for a routine outpatient musculoskeletal physiotherapy appointment to within 6 weeks.

Why have we chosen this

- Our data indicates people are currently waiting too long for an appointment.
- Feedback from our patients that they have waited too long for an appointment.
- We have improved the pathway for musculoskeletal services which will be compromised if there are long waiting times.

How are we going to do it

- For certain conditions we will undertake more telephone appointments rather than face to face appointments.
- Implement a new electronic referral system.

How will we know if we are successful

- We will measure how long people are waiting for a routine physiotherapy appointment.



Patient Safety

What are we going to do?

Patients with a urinary catheter will be cared for under a catheter care pathway.

Why have we chosen this

The E-Coli programme is a directive from NHS England to reduce E-Coli infections by 20% by 2020. Urinary catheters increase the risk of E-Coli infection. Ensuring people with urinary catheters follow an evidence based care pathway can help to reduce the risk of transmission infections.

How are we going to do it

- Work as part of a system wide working party to improve the use of catheter passports.

How will we know if we are successful

- Patients with a urinary catheter will have a catheter passport.



Clinical Effectiveness

What are we going to do?

We will support clinical staff (within adult services) to develop their clinical record keeping.

Why have we chosen this

- Record keeping features in our serious incident investigations.
- Good record keeping is essential to providing high quality, safe care.

How are we going to do it

- Design and embed a peer review record keeping audit process, which triangulates with other data such as compliments, complaints and incidents.

How will we know if we are successful

- Peer review audit results.
- Record keeping audit results.
- Analysis and learning from when things go wrong.
- Compliments and complaints.



Staff Experience

What are we going to do?

We will continue to invest in leadership training to develop confident, collaborative leaders.

Why have we chosen this

We are using the "Workplace Well-being Charter" to benchmark ourselves against best-practice standards for a healthy workplace. This process presented us with an opportunity to develop a leadership pathway to:

- empower people to lead and manage others with authenticity.
- give people access to the tools they need to lead empowered teams.
- build flexibility, resilience, and both management and leadership confidence across the organisation.
- move the organisation towards a devolved model, increasing trust and encouraging personal responsibility.
- increase self awareness and other awareness of others to promote a greater level of inclusion.

How are we going to do it

- Develop a training and support programme to enable our leaders to develop.
- Continue to embed a supportive learning culture to support our staff.

How will we know if we are successful

- Develop 50 leaders by supporting them through our leadership programme by 30 March 2019.
- Ask delegates for feedback.
- Use other sources as indicators of the success of the programme, for example annual staff survey.



Statutory Statements of Assurance

The statutory statements in this part of our Quality Account relate to the quality of our services from 1 April 2017 to 31 March 2018. The content is common to all providers allowing comparison across organisations.

Review of Services

During the period 1 April 2017 to 31 March 2018 First Community Health and Care provided NHS services. First Community has reviewed all the data available on the quality of care for all of the NHS services we provide.

Participation in national clinical audits and confidential enquiries

Participation in national clinical audits and confidential enquiries enables us to benchmark the quality of our services against other NHS organisations, highlight best practice in providing high quality patient care, and drive continuous improvement across our services. From 1 April 2017 to 31 March 2018 there were three national clinical audits and no national confidential enquiries covering NHS services that First Community provides.

First Community participated in the three national clinical audits which it was eligible to participate in:

Title of Audit	Number of cases submitted	% submitted
Transforming MND Care Audit	13	100%
National Audit of Intermediate Care	100	100%
UK Parkinson's Audit – Transforming Care May 2017 – Sept 2017	20	100%

National Audit of Intermediate Care 2017

First Community scored **above the national average** in both the therapy outcome measure (TOM) and Sunderland Score indicating that the service provides effective rehabilitation.

The average length on the caseload is **30 days**, which is close to the national average.

There is no wait for our service.

The service cost is below the national average per service user of **£868.50 compared to £996**.

Our Intermediate Care Service has a lower number of whole time equivalent staff per 100 service users of **1.5%** compared with the national average of **2.63%**.

The onward destination of service users was above the national average for people remaining in their own home and below for people readmitted to acute settings at **1.1% (national average 16.5%)**.

Areas we aim to improve include screening for frailty and cognitive impairment, as First Community falls below the national average in both areas.

National Audit of MND

As a result of this audit, to improve care for people living with MND (motor neurone disease) and rare neurological conditions, we have worked in partnership with the MND Association to develop a jointly funded specialist nurse post. This nurse began in post in December 2017. At the end of the year, in March 2018, the nurse was supporting **35 patients**.

UK Parkinson's Audit – Transforming Care

First Community is currently working on actions from this national audit and will report on them in next year's quality account.

Reviewing reports of national and local clinical audits

Our clinical audit priorities are selected on the basis of national requirements, commissioning requirements and local evidence from incidents, complaints and / or staff feedback.

First Community completed 44 local clinical audits and quality improvement projects in 2017-18.

Research

Two patients receiving NHS services provided or sub-contracted by First Community were recruited to participate in research approved by a research ethics committee from 1 April 2017 to 31 March 2018.

Goals agreed with our commissioners (CQUINs)

First Community's income in the reporting period (1 April 2017 to 31 March 2018) was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because First Community was working across the system to expedite transformation for new models of care.

Care Quality Commission (CQC)

Following an inspection from CQC at the end of March 2017, First Community's services were rated as overall outstanding. The CQC report was published in August 2017.

The CQC noted several areas of outstanding practice in the report¹ including:

“There was an incredibly open culture with accessible leadership demonstrated by the 'Floor to Board in 5 minutes' initiative. Staff really could speak with a member of the executive management team within 5 minutes of identifying a concern or idea, if they had not managed to get local advice or resolution or if they felt their comments affected the entire organisation.”

“We identified the pro-active care matron pilot scheme with the local acute NHS trust as an area of outstanding practice. This was because the service was taking an active role in working towards reducing emergency department admissions at the acute trust.”

“The Council of Governors was an elected group of staff members who took a proactive role in representing the shareholders interests in First Community Health and Care, acting as an essential conduit between shareholders and the Board of Directors. As members of the staff group, the Council of Governors promoted and encouraged participation by the shareholders in the company's affairs.”

“First Community re-invested company savings in a phlebotomy service for local house-bound patients. It proved so successful the services have now been commissioned.”

“We identified the yellow wristband system for alerting staff of patients with additional nutrition needs as an area of outstanding practice.”

“The service provided by specialist nurses was frequently described as a lifeline with care widened to include support for the patient and their relatives.”

First Community is one of a handful of organisations across England used as a case study in CQC's annual State of Care report 2016-17².



The report praises First Community for the “outstanding practice in embedding equality in all of their work, particularly with harder to reach communities, including the local Gypsy, Roma and Traveller communities.”

¹ www.cqc.org.uk/provider/1-274331683

² http://www.cqc.org.uk/sites/default/files/20171123_stateofcare1617_report.pdf

There were also areas where the inspectors said we should consider making improvements:

CQC Recommendation	What we have done	What we are going to do next
Ensure all areas of the Caterham Dene Hospital are cleaned in accordance with the national guidance.	<ul style="list-style-type: none"> Cleaning schedules are in place and monitored Reviewed equipment and removed what is not needed Audit schedule in place 	Continue with our schedule and audit to identify any improvements / changes required. 
Take action to ensure all nursing staff respond to call bells and patient requests for assistance in a way that meets patients' needs.	Please see page 30 to read about our work to improve this.	
Review health visitor caseloads and consider whether they should be in line with the ratio recommended following publication of the Laming Report (2010) or the Institute of Health Visiting guidance. 	<p>We reviewed workforce structures and capacity as part of transformation work in partnership with CSH Surrey and Surrey and Borders Partnership to deliver 0-19 services across Surrey.</p> <p>We are working to provide a consistent service across Surrey, which balances national recommendations, local risk and need, and cost effectiveness.</p>	<p>We continue to learn and develop innovative ways of working to ensure a universal, safe service for all children and families in the area.</p> 
Continue to develop a system for identifying children whose parents had not completed and returned the Under 12 months Review Parental Assessment form as this created a potential risk that a child with potential developmental delay or other vulnerability might not be identified and supported.	We reviewed our current system as part of our transformation work in partnership with CSH Surrey and Surrey and Borders Partnership to deliver 0-19 services across Surrey. The current process ensures that whilst we offer a universal service, we continue to target those with additional needs and requirements.	Recent national developments suggest that this method will no longer be the preferred method to assess children at this age. We will continue to review our service delivery as national guidance develops.
Consider whether families with a young child transferring into the catchment area should be offered a face-to-face appointment carried out in the family home to provide an opportunity for a holistic assessment and identification of risk.	Following an audit of current process, we are confident that current processes identify families who need to be offered a home visit and those who do not.	We will ensure we continue to follow our process and all families transferring into the area are offered a service that is appropriate for their level of need and risk.

CQC Recommendation	What we have done	What we are going to do next
Take action to ensure equipment is stored safely and appropriately.	This action related to equipment on the ward. We reviewed the space on the ward and how it is used. We are waiting for work to turn an unused bathroom into two rooms – a storage room and a new toilet for patients.	We have no further work planned after this work is complete.
Ensure all DNACPR forms for patients on Caterham Dene ward are fully completed. 	<p>We reviewed patient records and handovers. There was evidence that GPs are actively involved in having this discussion with patients and reviewing the patients who arrive from the acute sector with a DNACPR (do not attempt cardiopulmonary resuscitation) on admission.</p> <p>We have quarterly meetings with the GP lead to discuss any concerns the GP has and to ensure this continues.</p>	We will undertake an audit to ensure our actions have been effective. 
Ensure all staff know how to access the translation services.	We have surveyed our community nursing staff to find out if they are aware of using Language Line with people who do not speak English and raised awareness where required.	We continue to raise awareness formally and informally.
Ensure staff record patients at high risk of pressure ulcers and these patients are reassessed within the timeframe contained within the policy and guidance. 	Timeframes contained within our policy and guidance were too rigid and didn't allow for clinical judgement and decision making. As a result we reviewed our policy and guidance to reflect national guidance, evidence base and local working requirements and arrangements. We rolled out an "aide memoir" for nurses treating patients with a grade 2 pressure ulcer as a checklist to prevent deterioration to a grade 3 or 4 pressure ulcer.	We are planning to audit this in 2018 to ensure our staff are complying with the policy. 

Data Quality – Using EMIS

During the 2017-18 year, we continued to build upon the work carried out in 2016-17. Data Sharing with our local GPs on EMIS web continues to produce positive feedback and has strengthened relationships with local GPs and other clinicians.

Optimisation of the system is ongoing to improve the standard and quality of the data we collect, particularly around outcomes for patients.

NHS Number and General Medical Practice Code Validity

First Community did not submit records to the Secondary Uses service for inclusion in the Hospital Episode Statistics, which are included in the latest published data.

Clinical coding error rate

First Community was not subject to the payment by results clinical coding audit by the Audit Commission from 1 April 2017 to 31 March 2018.

Information Governance Toolkit attainment level

First Community's Information Governance Assessment Report overall score for the reporting period was 83%. NHSSE Commissioning Support Unit (CSU), our IG partner, considers this to be an acceptable standard.

Investigations and learnings from deaths

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

During the reporting period (1 April 2017 to 31 March 2018) three people died while an inpatient on our ward.

- 0 in the first quarter
- 1 in the second quarter
- 1 in the third quarter
- 1 in the fourth quarter.

By March 2018, we carried out three case record reviews and no investigations for the three deaths included in the reporting period. There were no

cases where a death was subjected to both a case record review and an investigation.

The number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 0 in the first quarter
- 1 in the second quarter
- 1 in the third quarter
- 1 in the fourth quarter.

0 representing 0% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

These numbers have been estimated using a local mortality review checklist.

A summary of our learning

When a patient is at the end of their life and death is expected, decisions around how often to take clinical observations need to ensure patient comfort and safety. The senior nurse and doctor will now take a clinical decision and communicate this as required.

Following a case where not all of the nursing assessment was completed in full, we have reminded staff about completing records and monitor this through record keeping audits. We also took this learning into account when deciding our priorities for quality improvement going forward for next year, (see page 14)

0 case record reviews and 0 investigations completed after 2017 which related to deaths which took place before the start of the reporting period.

0 representing 0% of the patient deaths before the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using a local mortality review checklist

0 representing 0% of the patient deaths during the previous reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.





OVERVIEW OF THE PERFORMANCE OF OUR SERVICES



Are we Safe?

Infection control

Within the reporting period...



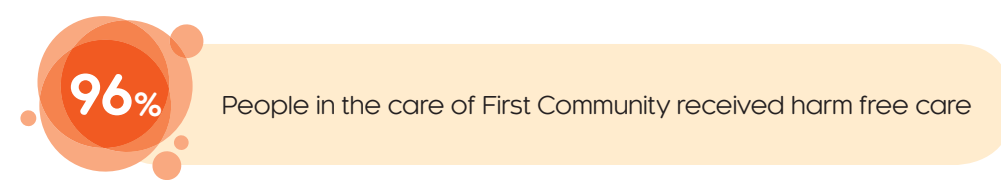
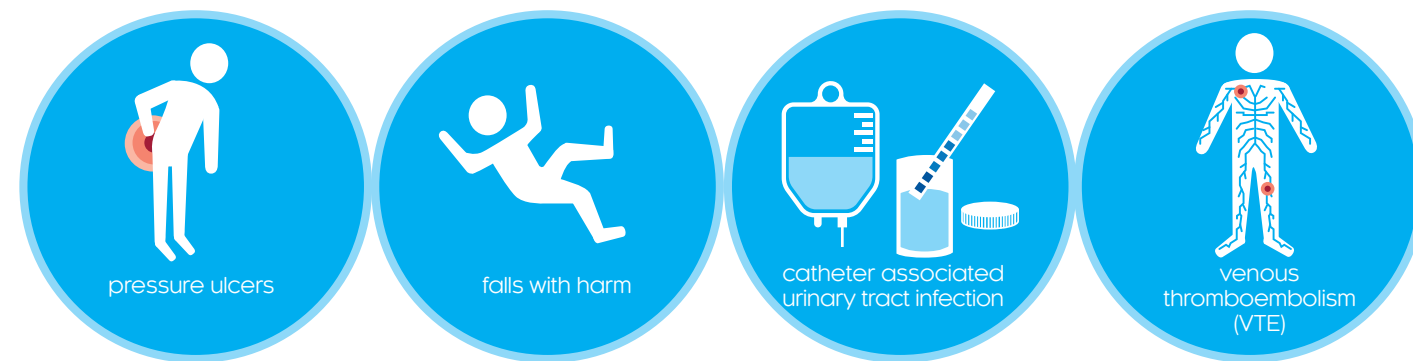
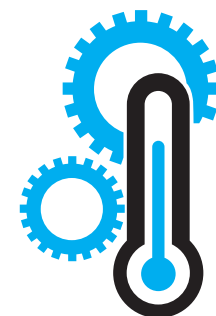
Number of MRSA, reported at Caterham Dene Ward
 Two cases confirmed, one in December 2017 and one in February 2018. Both patients were discharged from the acute sector to the ward. The ward was aware of their infection control status before admission and decolonisation treatment (as per our MRSA policy) and Infection Prevention and Control precautions were put in place.

Number of outbreaks on ward
 We had one outbreak of diarrhoea and vomiting on Caterham Dene Ward which was contained.

- The outbreak commenced on 22 March 2018.
- 13 out of 23 patients were affected by diarrhoea and vomiting, or both, by Sunday 25 March 2018.
- 3 cases of Noro virus were confirmed by laboratory testing.
- The ward had a staged reopening from Wednesday 28 March and was fully operational by 30 March.

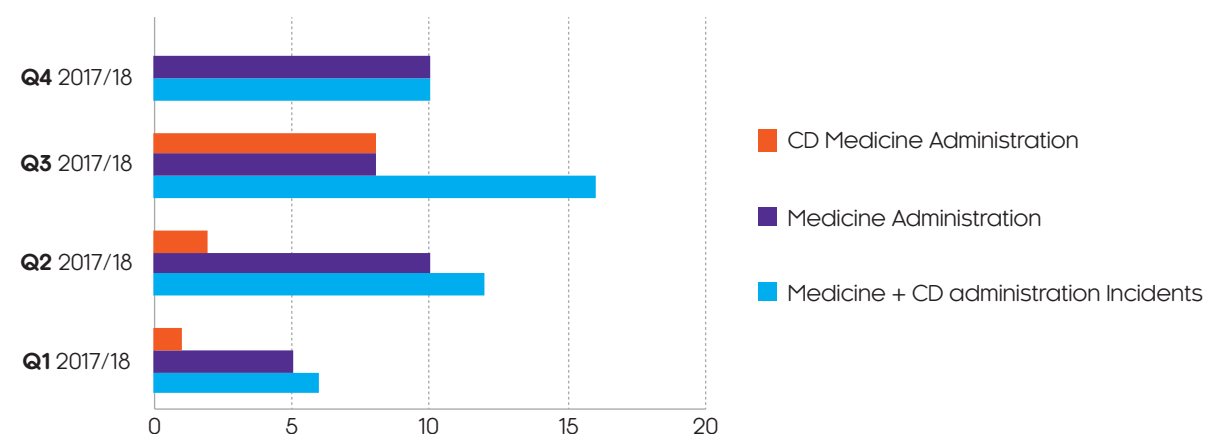
Safety Thermometer

The Safety Thermometer is a point prevalence survey that reviews four key 'harms' that are deemed to be indicators of a safe organisation. These harms are pressure ulcers, falls with harm, catheter associated urinary tract infection and new venous thromboembolism (VTE). This provides the overall percentage of patients that receive 'harm free' care. We report on this monthly and feedback to our teams. No patients in our care had more than one harm recorded. This indicates we take care to prevent patients deteriorating and suffering from harm.



Medicines Incidents

First Community relies on reporting errors to assess associated risks and devise policies or procedures to mitigate those risks. Errors exist that need to be reported so that they are not repeated, but reports are unlikely to come in if blame and retribution will be the result. Although the “fair blame” culture is favourable to a strong incident reporting culture, the concept of a “just culture” is one in which staff feel free to report errors and conditions – even their own errors – without fear of the bounce back upon themselves. First Community has adopted reporting supported by a just culture.



The graph above shows medicine administration incident errors increased in Quarters 1, 2 and 3 2017-18. Controlled drugs administration incidents went up from 1 in Quarter 1, to 8 in Quarter 3 despite First Community policies, guidelines and SOPs in place. This was discussed at the First Community governance meeting, at individual clinical team meetings and controlled drugs training put in place. There were no errors reported in the administration of controlled drugs reported in quarter 4 which suggests the benefits of a shared learning and just blame culture to reduce errors.

Incidents

Reporting period	2015/16	2016/17	2017/18
Number of incidents	896	937	811

During the reporting period, **763** incidents were from adult services and **48** were from children’s services.

87% of incidents in adult services were reported as no harm, or low harm, to people involved.

47 of the **48** incidents concerning children’s services were reported as insignificant in the level of harm caused. One incident, involving information technology, was deemed to have the potential to cause moderate harm. Action was taken to reduce the risk of harm and this was managed as part of our risk management process.

10% of moderate harms occurred outside of our services or were non clinical – for example the national cyber-attack on the NHS in May 2017.

The remaining **3%** of moderate harms were 20 pressure ulcers and one fall resulting in a fracture. Two were investigated as serious incidents and duty of candour invoked (see page 32). The remaining 19 were reviewed internally and no lapse in care was identified.

We have reduced the time taken for incidents to be reported and the table below compares the average time taken for reporting over the past four years.

2014/15	2015/16	2016/17	2017/18
12 days	6.2 days	4.7 days	3.1 days

We have changed the way that we liaise with colleagues in the acute sector when people are discharged to our care. Since we implemented this change, incidents involving discharges from the acute hospital into our services have reduced from 59 in 2016-17 to 31 in 2017-18

Safeguarding Adults

In our 2017 CQC report it said: “Staff demonstrated a very high level of awareness of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Staff made DoLS applications appropriately and in a timely manner and senior staff were well informed and able to discuss individual applications.”

Deprivation of Liberty (DoLS) applications:

We continue to safeguard people who lack mental capacity who are staying on our ward by making DoLS applications when we need to restrict their liberty to ensure we do this legally and safely, acting in their best interests. In recent years the number of DoLS applications were:



	Total number of staff trained in the reporting period 1 April 2016 to 31 March 2017	Total number of staff trained in the reporting period 1 April 2017 to 31 March 2018
MCA and DoLS	89%	95%
Safeguarding Level 2 (within last 3 years)	95%	94%
On Call Managers Level 3 Training	100%	82.6%

91% staff received training on Prevent Awareness, which is part of the government’s counter terrorism strategy. For further information see:

www.england.nhs.uk/ourwork/safeguarding/our-work/prevent/

Safeguarding Children

We trained **94.5%** of staff in the 0-19 service in Level 3 Safeguarding Children’s training against a target of 85% set by Surrey Safeguarding Board.

All new First Community employees received Level 2 Safeguarding Children’s training at induction.

98% of all practitioners who require safeguarding have received it within the appropriate timescales.

The Safeguarding Team works in partnership with Children and Family Health Surrey and with other agencies, for example education and Multi-Agency Safeguarding Hubs (MASH) to provide health focused input following safeguarding referrals under Section 17 and 47 of the Children Act 2004 and Section 42 of the Care Act 2014. This involves offering

support to local authority’s teams for children and adults around investigations and preparations for strategy meetings. There has been an increase in complex strategy discussions held about children at risk of exploitation which the named nurse for children and safeguarding attends.

In the reporting period (1 April 2017 to 31 March 2018), there were **87** safeguarding children referrals made. Neglect remains the main cause for concern. We are part of a neglect delivery group for Surrey Safeguarding Children’s Board, which aims to implement systems and processes for early identification of neglect and improving outcomes for children and families.

Hand Hygiene at Caterham Dene ward

We undertake monthly handwashing audits to remind staff about handwashing technique and support them to wash their hands as per infection prevention and control guidance. We have achieved **100%** in all of our hand hygiene audits.



Are we Effective?

Childhood Flu Vaccination Programme

The children's flu vaccine is offered as a yearly nasal spray to young children to help protect them against flu. The immunisation team provides the vaccine to children in reception class and school years 1, 2, 3 and 4. During the reporting period we achieved 69% coverage for the childhood flu vaccination programme. Public Health England requires 40%.

Quality Improvement Day

The First Community Annual Quality Improvement Day took place on Thursday 8 March 2018. Now in its seventh year, the day is a showcase for quality improvement, offering staff the opportunity for shared learning and networking with colleagues and stakeholders.

The day was attended by 99 colleagues and partners including eight external stakeholders, from East Surrey CCG, NICE, Library & Knowledge Services, Counter Fraud and Royal College of Nursing, as well as three non-executive directors, First Community's Chairman and Chief Executive.

Colleagues made 16 presentations over the day on a range of subjects across clinical and corporate services. They were:

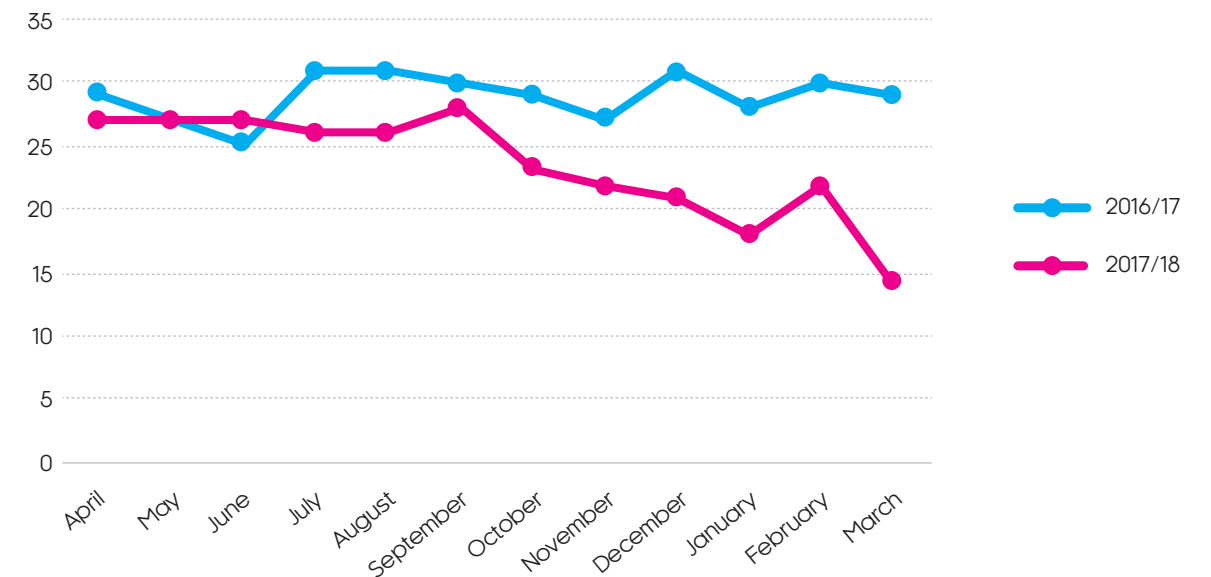


Early Supported Discharge for people who have had a stroke

This new service was launched on 30 November 2017. Since then 40 patients accessed this new pathway receiving earlier stroke rehabilitation within their home. Through the new pathway, First Community is working collaboratively with Surrey and Sussex Healthcare (SASH), Queen Elizabeth Foundation and Sussex Community Foundation Trust, developing a therapy network to share good practice.

Getting people home quicker from Caterham Dene Ward

The average length of stay has decreased significantly over the year from an average of **31 days in 2016-17** to an average of **23 days in 2017-18**.



This was as a result of:

- improving the way we plan for people staying on our ward to be discharged home by introducing welcome meetings with patients and families to discuss their expectations about their stay and discharge plans.
- increasing the provision of rehabilitation therapy on our ward from five to six days.

Average length of stay in March 2018 was lower due to the outbreak described on page 24.

Appraisals:

82% of our staff had an appraisal in 2017-18. We aim to improve this by:

- implementing an annual cascade of appraisals according to banding.
- setting an expectation that all appraisals must be completed in the first quarter of the year.

Acute hospital readmissions

We monitor our admissions to Caterham Dene Hospital to understand how many people are readmitted to an acute hospital. This helps us to understand if we are admitting the right people for rehabilitation and the reasons why people are readmitted to an acute so we can take steps to improve this.

Month	April 2017	May 2017	June 2017	July 2017	August 2017	September 2017
	17	11	6	9	8	4
Month	October 2017	November 2017	December 2017	January 2018	February 2018	March 2018
	4	4	6	6	9	11

Are we Caring?

End of Life, Preferred Place of Care

Complications at end of life mean we cannot always support people to die at the place they choose. Our target is for us to support **80%** of patients to die in the place they choose

This year our average was **87%**

National is **51%**



Bereavement packs

We record the number of bereavement packs we give to families and relatives of people who are at end of life to support them through this period. By monitoring this we can see how we are doing in real time and take actions accordingly.

	December 2017	January 2018	February 2018	March 2018
Total number of people in our care at the end of their life	21	24	8	25
Number of bereavement packs offered	71% (15)	67% (16)	62.5% (5)	72% (18)
Number of bereavement packs accepted	100% offered were accepted (15)	94% offered were accepted (15)	100% offered were accepted (5)	89% offered were accepted (16)

We are working to improve this by:

- Regular feedback and support to our clinicians
- Establish the reasons why packs aren't offered.

Mixed Sex Accommodation

We have had no breaches.



Employee Assistant Programme

One of our Health and Wellbeing @ First Community initiatives provides staff with access to free help, support and advice 24 hours a day on a range of topics through an employee assistance programme.

Family and Friends Test

Month	April 2017	May 2017	June 2017	July 2017	August 2017	September 2017
% of people who would recommend our services to family and friends	96.1	97.2	98.1	96.5	97.4	94.2
Month	October 2017	November 2017	December 2017	January 2018	February 2018	March 2018
% of people who would recommend our services to family and friends	90.1	96.6	99.3	95.2	98.6	96.9

Over the reporting period (1 April 2017 to 31 March 2018) people who would not recommend our services to family and friends is on average 0.65%. Our Chief Nurse, in collaboration with relevant staff, looks at all of this feedback throughout the year to understand how we can learn and make improvements. We have found this feedback to be overwhelmingly positive indicating possible errors when completing the form and others who tell us they would not recommend as they would not want their friend or relative to be unwell or require healthcare.

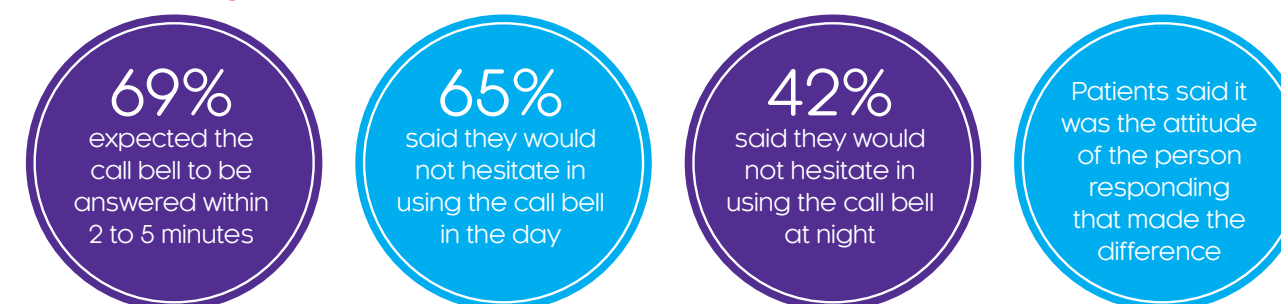
The CQC report said:

'First Community was proactive in ensuring every patient's voice could be heard. They shared 'live' feedback on their website/intranet. There had been 18,500 reviews over four years via iWantGreatCare.'

Answering Call Bells on the ward

When the CQC inspection team visited in March 2017, it recommended we should "take action to ensure all nursing staff respond to call bells and patient requests for assistance in a way that meets patients' needs".

We have investigated...



Patient survey:

We surveyed patients to understand what was important to them when calling for assistance. The results showed

Staff survey:

Staff told us they needed some changes made to the call bell equipment to make it easier for them to respond to call bells. They wanted more pagers and the alert times changed.

Benchmark against other community hospitals:

We contacted seven community hospitals, none of whom had a formal call bell policy or standard response time. We found call bell systems varied across providers.

As a result we:

- **Updated our customer care training:** we re-designed our customer care training to include patient feedback about call bells and explored this with staff as part of the training. We added strategies to allow staff to look after themselves at work and manage stressful situations.
- **Changed the call bell system:** We increased the number of pagers and wrist call bells for patients. We decreased the change in call bell alert sound from 5 to 3 minutes to alert staff to respond sooner.
- **Review and monitor what we are doing:** Our matrons review the call bell system and response times fortnightly with staff. Call bell response time targets are reported to the Board.

How are we doing?

Response times:

	Call bells responded to within 2 minutes	Call bells responded to within 5 minutes
February 2017	60%	82%
January 2018	64%	87%

Complaints: From 1 April 2016 to 31 March 2017, we received three complaints relating to call bells compared to one complaint from 1 April 2017 to 30 March 2018.

Are we Responsive?

Community Forum

Staff connect with the community through the Community Forum, a network of groups and organisations linking together to provide the best possible service locally. We had new members join in 2017-18 to widen the base of organisations and local people represented.

First Community's community forum met four times in 2017-18. The forum provided input into the creation of First Community's new three year strategy 2017-20 and contributed towards plans to join up health and social care services across east Surrey.



Flu Vaccinations

Year	Percentage First Community staff uptake (all staff)	Frontline Healthcare Workers—all NHS England Trusts and Local Teams – data up to 28/02/2018
2014-15	50.7%	Not available
2015-16	42.4%	Not available
2016-17	35.7%	63.4%
2017-18	47%	68.7%

The NHS Standard Contract (2017-19) set a contractual target for NHS providers to vaccinate 75% of staff involved in direct patient care.

We are planning ways to provide our staff with flu vaccinations for 2018 / 19 with the aim of improving our uptake.



Complaints and Compliments

We received 31 formal written complaints, three about children and family services.

We investigated and responded to all of our complaints within the agreed timescales.

Learning from complaints over the year included:

- We strengthened processes with the provider of our community based beds to ensure seamless care for our patients receiving rehabilitation.
- Made changes to administration processes with orthotics to ensure accurate documentation and recording of equipment provided to patients.
- Paediatric therapy team is working more closely with school teams out of the area to ensure seamless therapy for children with special needs.



Working with partners to reduce winter pressures on NHS services

We worked in partnership with ABC (the local GP federation) to provide space to set up an out-of-hours GP service at Caterham Dene hospital to reduce winter pressures on local NHS services. We will continue working with ABC.

Working with commissioners and private nursing home providers, we opened an additional nine community rehabilitation beds to increase the availability of rehabilitation for people in our community.



Children's Did Not Attend Rate

We are developing a text reminder service to reduce our non-attendance rates which will lead to a more efficient and productive service.

Month	April 2017	May 2017	June 2017	July 2017	August 2017	September 2017
% who did not attend	4.6%	10.8%	5.9%	10.5%	9.6%	9.6%
Month	October 2017	November 2017	December 2017	January 2018	February 2018	March 2018
% who did not attend	10.9%	10.3%	8.0%	9.7%	10.4%	10.7%

Minor Injury Unit

Attendances

Month	April 2017	May 2017	June 2017	July 2017	August 2017	September 2017
	1,212	1,224	1,293	1,299	1,372	1,278
Month	October 2017	November 2017	December 2017	January 2018	February 2018	March 2018
	1,245	1,263	1,129	1,028	987	1,206

The average wait time at Caterham Dene was **35 mins**.

Number of admissions

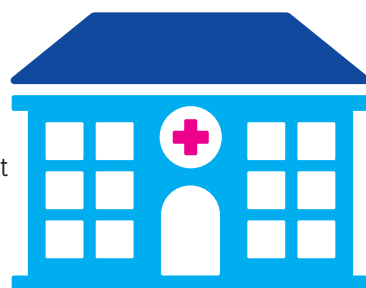
The number of admissions to the ward increased.

Month	April 2017	May 2017	June 2017	July 2017	August 2017	September 2017
	33	36	28	32	27	35
Month	October 2017	November 2017	December 2017	January 2018	February 2018	March 2018
	33	41	39	42	38	51

Leg Ulcer Clinics

In response to patient feedback, we set up leg ulcer clinics at two locations to provide specialist care closer to people's homes.

The average healing time at these clinics for leg ulcers caused by venous insufficiency is 7 weeks, which compares well to national healing rates. Guest et al (2015a)³, for example, reported venous leg ulcer healing rates of 44% over six months, while Guest et al (2017)⁴ reported venous leg ulcer healing rates of 61% over 12 months.



Working collaboratively with social care partners

We have been collaborating with Surrey County Council to improve services for people in east Surrey. From 3 April 2018, First Community's intermediate care team (ICT) and Surrey County Council's Adult Social Care Reablement Service will start to work collaboratively as one team to respond better to the adults they support with health and social care needs across east Surrey. The teams typically work with older people following a period of ill-health to support them to regain skills at home following a stay in hospital or to prevent them going into hospital. This collaborative working is in line with plans to integrate NHS and social care services.

Working to promote healthy lives of the gypsy roma traveller (GRT) community

The CQC observed in March 2017: "There was a commendable proactive approach to understanding the needs of different groups of people and to deliver care in a way that meets these needs and promoted equality. This was most evident in the way the service met the needs of the vulnerable, homeless, Gypsy, Roma and Traveller (GRT) and refugee communities and those in vulnerable circumstances with complex social needs."

There are many barriers to the GRT community accessing healthcare provision, such as literacy, mobility of life and cultural beliefs about health. The health outcomes of the GRT community are worse than the general population and so we need to provide our services in a different way to meet their needs.

We do this by working closely with other agencies. As soon as we become aware of GRT families, we make contact and provide advice to improve their health. We also work in partnership with the GRT community to improve their health outcomes. This means we take time to get to know them, through face to face contact not letters. We also use "traveller advocates" from these communities to help us reach GRT groups.

Some examples of our work...

IMMUNISATIONS – uptake in GRT communities is significantly lower than the rest of the population. We visit GRT communities and discuss the benefits of immunisations. If we then get consent our immunisations team visit and deliver immunisations. During the reporting period we have provided:

- Three HPV vaccines (giving protection from the human papillomavirus)
- One Men ACWY (giving protection against four strains of the meningococcal bacteria)
- Two teenage booster vaccines (Td/IPV)

MAKING EVERY CONTACT COUNT – at every contact we explore health issues that may be brought up by the communities and offer screening for blood pressure and blood sugar when this is needed.

DENTAL HEALTH – we have a fast track referral into the dental department at the local hospital. We have referred 10 children since January. This enables advice to be given to prevent further problems and how to care for teeth so other children may not need dental treatment.

³ Guest, J, Ayoub, N, McIlwraith, T, Uchegbu, I, Gerrish, A, Weidlich, D, Vowden, K and Vowden, P. (2015) Health economic burden that wounds impose on the National Health Service in the UK. *BMJ Open* 2015;5:e009283. doi:10.1136/bmjopen-2015-009283

⁴ Guest, J, Vowden, K and Vowden, P (2017) The health economic burden that acute and chronic wounds impose on an average clinical commissioning group/ health board in the UK. *JOURNAL OF WOUND CARE* VOL 26, NO 6, JUNE 2017

Are we Well Led?

Duty of Candour

We had two serious incidents during the reporting period where we carried out our Duty of Candour. One was in relation to a patient who developed a pressure ulcer, which is still under investigation. The other was a patient falling on Caterham Dene ward. We have been open and honest with those involved, offering the opportunity to be involved in the investigation into what happened and sharing our learning with them. Our learning related to the re assessment of patients after they have fallen to prevent further falls.

Children and Family Health Survey

On 1 April 2017 First Community starting working in partnership with CSH Surrey and Surrey and Borders Partnership NHS Trust to deliver children and family services across Surrey. Over the year, we have been developing a consistent approach to service delivery and workforce planning across the county.



Recruitment

Recruitment in some areas is a challenge across the NHS and this is reflected within First Community. In response, in January 2018, we launched a recruitment campaign across our Twitter (@1stChatter), Facebook (First Community and Caterham Dene Hospital) and LinkedIn (First Community Health and Care) channels and included case studies of members of staff.

As well as our focus on recruitment, we are also looking at how we can offer continued professional development that promotes career progression within First Community to retain and motivate colleagues throughout the organisation.

UKAS Accreditation

UKAS is the organisation that inspects and accredits audiology services in the UK. We were successfully reaccredited following a comprehensive inspection in January 2018. This means we have followed and met standards for high quality and safe audiology services set out by UKAS.

The inspectors made specific mention of the exemplary team leadership.



Staff Engagement

CQC recognised our engagement score in 2016 staff survey of 4.04 as one of the best nationally.






“There was a unanimous feeling that every individual member of staff counted and was valued, regardless of their role or position. Staff felt they could genuinely effect change and have a positive impact on the service delivered and the teams they worked in. The staff survey demonstrated very high engagement scores and work satisfaction scores. Data also suggested staff were highly likely to recommend the service to others.

First Community CQC report 2017

The 2017 staff survey showed an improved engagement score of **4.08**, with a response rate of **72.2%**






Staff Survey 2017 Results

Key Improvements since 2016

-  Fewer staff felt pressure from their manager to come to work despite not feeling well enough.
-  More people feel there are enough staff for them to do their job properly.
-  Staff given more feedback about changes made in response to reported errors.
-  More appraisals/performance reviews discussed organisational values.
-  More senior managers act on staff feedback.



Our core strengths

-  Feedback from patients/service users is used to make informed decisions within departments.
-  If a friend or relative needed treatment, staff would be happy with the standard of care.
-  Staff would recommend the organisation as a place to work.
-  Concerns raised by patients/service users are acted on.
-  Care of patients/service users is a top priority.

Issues to address

-  Staff working additional unpaid hours.
-  Staff satisfaction with their level of pay.
-  Discrimination from patients/service users, their relatives or other members of the public.
-  Harassment, bullying or abuse from patients/service users, their relatives or members of the public.
-  Taking positive action on health and well-being.

In response

- We have a recruitment campaign in progress.
- Staff satisfaction with pay is reflected nationally and we are working in line with the national pay award.
- We are continuing the work we started last year following the results of the staff survey to promote staff well-being, such as introducing "Walking Wednesdays", no meetings at lunchtime and using the "Workplace Well-being Charter" to benchmark ourselves against best-practice standards for a healthy workplace.
- We are encouraging staff to report discrimination, harassment and / or bullying from patients / service users as incidents so we can understand what action to take.

Publications / Achievements

Making a Difference Awards

Surrey Choices awarded First Community the 'Making a difference' award for our work employing people with learning disabilities in January 2018.

Anita Lamb, Health Visitor presented a poster at the CPHVA conference in October 2017: "A Phenomenological Study Exploring the Lived Experiences of School Nurses Addressing Issues of Confidentiality When Working With Adolescents Who Self-harm."

Charly Harris, Clinical Lead Long Term Conditions Support Service, Speech and Language Therapy Joint Team Lead published

"Condition specific care pathways: developing a consistent model of care in an adult community service" in Bulletin, the official magazine of the Royal College of Speech and Language Therapists (RCSLT).

https://www.rcslt.org/docs/bulletin/2018/march_2018

Renuka Spragg, Lead Pharmacist, was awarded Advanced Faculty Status with the Royal Pharmaceutical Society enabling demonstration of professional achievements and post-nominal awards, signalling the stage of advanced practice to colleagues, peers, employers, patients and the public.

Renuka Spragg, Lead Pharmacist, has published: "A self-administration of medication pilot project: patient and nurse views." British Journal of Nursing, 26(12), pp. 696-697 Published June 2017

Sharon Hutchens, Physiotherapist presented her research "Lived experience of having anal incontinence in the early postnatal period - An existential phenomenological study" at the International Conference of Human Sciences in July 2017

Statement from East Surrey Clinical Commissioning Group

East Surrey Clinical Commissioning Group (CCG) has welcomed the opportunity to provide a statement in response to the presented draft of Quality Account (QA) from First Community Healthcare (FCHC).

The CCG agrees that Quality Account presents a balanced picture of performance which reflects our regular quality meetings with FCHC. The CCG has further acknowledged key quality improvements and congratulates the organisation for achieving a rating of Outstanding following CQC inspection during 2017, particularly the outstanding practice in embedding equality with harder to reach communities, including the local Gypsy, Roma and Traveller communities.

It is felt that Quality Account, as a public facing document, may benefit from reducing the use of acronyms. The CCGs recommend that whilst some terms commonly used in the NHS will be explained in the glossary, an 'easy read' version or executive summary may be helpful for the benefit of wider audience.

The CCG commends the organisational collaborative working with health and social care partner's system wide, particularly the development of local stroke pathway and the integrated care teams which are positively impacting on timely discharge planning and support with health and social care needs across East Surrey.

In relation to Learning from death (LeDeR), it is now a national requirement that all deaths relating to Learning Disability patients are reported and reviewed according to the LeDeR methodology which is far more far reaching. The QA could benefit from an articulation of how FCHC will comply with this requirement.

Due to the national and local challenge to recruitment of healthcare staff, a more detailed section on workforce planning and development, including the organisation links with academic institutions, could offer a level of assurance about FCHC's future recruitment and retention plans. This could include information in relation to a HR / recruitment strategy and reference to associate nurse and apprenticeship programme which FCHC is undertaking together with how flu vaccinations for staff will be supported.

The CCG welcomes the priorities identified by FCHC going forward and considers that these have been developed using feedback received through stakeholders' engagement. The priorities are also aligned with the national and local priorities, for example the national initiatives on E. coli reduction and local priorities in delivery of a new MSK model of care.

Overall this quality account has represented a good reflection of progress to date and we look forward to continue working in partnership with FCHC to support the quality improvements planned for 2018/19.



East Surrey
Clinical Commissioning Group

Further Information and Feedback

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

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

Telephone: [01737 775450](tel:01737775450)

Email: fchcenquiries@firstcommunitysurrey-cic.nhs.uk

Twitter: [@1stchatter](https://twitter.com/1stchatter)

