Statement of Purpose

Regulation 3. Conditions of registration: general of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018, requires providers to submit a Statement of Purpose for each service within an organisation. Please submit this form as part of your registration application or upon request by the Care Commission (if registration has transferred). You must inform the Care Commission of any changes to your Statement of Purpose within 28 days.

1. Provider information		
Name	Family Nursing & Home Care District Nursing services	
Address of Provider	Le Bas Centre St Saviours Rd St Helier Jersey JE2 7LH	
Legal status of service	Family Nursing and Home Care (Jersey) Incorporated is an organisation incorporated in primary statute under the Family Nursing Services and Jersey Home Helps (Amalgamation) (Jersey) Law 1993	
2. Service information		
Service type	Care Home (adults)	☐
	Care Home (children/young people)	☐
	Day Care	☐
	Home Care	☒
Name of Service	District Nursing Services	
Address of Service	Le Bas Centre St Saviours Rd St Helier Jersey JE2 7LH	
Manager of the service	Tia Joyanne Hall	
Location of the service	Family Nursing & Home Care (FNHC) corporate/main base is Le Bas centre. Island wide delivered in patients home and designated clinic premises at new Era and St Peters	

3. Categories of Care Provided			
Old age	☐	Substance misuse (drugs and/or alcohol)	☐
Dementia care	☐	Homelessness	☐
Physical disability	☐	Domestic violence	☐
Learning disability	☐	Children (under 18)	☐
Autism	☐	Other (please specify)	☒
Mental Health	☐	Nursing Care to adults 18 +with range of conditions (exception children)	

Age ranges:	18 years +		
Types of Care	Nursing care Personal care Personal support	☒ ☐ ☐	*Refer to definitions in Regulation of Care (Jersey) Law 2014*

4a. Accommodation Services	
Total number of beds	N/A
Total number of bedrooms	N/A
Number of nursing care beds	N/A
Number of personal care/support beds	N/A

4b. Home care services		
Size of home care service	Small (less than 112 care hours per week)	☐
	Medium (112-600 care hours per week)	☐
	Medium plus (600-2250 care hours per week)	☒
	Large (2250 + hours per week)	☐
Number of hours of care delivered	Detail the average number of care hours delivered per week: N/A Detail the maximum number of care hours the service can provide: N/A Nursing care hours are dependent on demand and capacity within the service which fluctuate according to patient's nursing needs and acuity. Available nursing hours at time of application to the service are; Band 6 Team leader /Clinical nurse specialist X 5.8 WTE = 217.5 Hours Band 5 Sister X 5 WTE = 187.5 Hours Band 4 Community staff nurse 17.3 X WTE = 650 Hours Band 1 Senior healthcare assistant X 5.8 WTE = 217.5 Hours	

	Additional 0hrs contract staff are available. Available hours includes mandatory and essential training , planned and unplanned leave and non-patient contact time
4c. Day Care Services	
Maximum number of people using the service at one time	N/A
5. Aims and objectives of the service	

The philosophy or ethos of the service (where this is based upon a theoretical or therapeutic model, a description of that model).

District nursing services are delivered in accordance with Jersey Care commission standards for homecare
https://carecommission.je/home-care-standards/

FNHC strategic priorities 2019-2023 based on the CQC inspection framework are

- Safe –people are protected from abuse and avoidable harm
- Effective –peoples care, treatment and support achieves good outcomes, promotes a good quality of life and is based on best available evidence.
- Caring – staff are involved and treat people with compassion, kindness, dignity and respect.
- Responsive – services are organised so that they meet people's needs.
- Well led – The leadership, management and governance assure the delivery of high quality person centred care , supports learning and innovation and promotes an open and fair culture

https://www.fnhc.org.je/media/43133/strategy-2019-to-2023.pdf

FNHC's District Nursing (DN) Service (which includes District Nursing and Specialist Nursing) delivers community nursing care to adults (18+ years old) and is part of the wider integrated health and social care system that:

- Safeguards and protects vulnerable adults and children.
- Places patients at the heart of the service.
- Offer a timely response and clinical excellence.
- Involves service users/public in the development of future services where possible.
- Provides care that consistently delivers a positive experience and best outcomes for patients.
- Improves efficiency and patient flow through a single point of access to DN services.
- Makes every contact count (right care, right time delivered by the right person)
- Delivers high quality care closer to home and within local communities.
- Focuses on services that improve population health, target local need and utilise Community assets.
- Strengthens partnerships with primary/community/voluntary care providers.
- Increases scope of practice by maintaining a skilled competent workforce that mutually benefits staff, the organisation and service users.
- Promote equality, dignity and respect, valuing diversity.

- Behave in an open, transparent and honest way, even when there is unintended outcome (including Duty of Candour)
- Encourages creativity and innovation

The service ensures that patients
- Manage their independence for as long as possible
- Experiences and improves well-being
- Are healthier for longer
- Understand and manage their own health and wellbeing
- Are cared for at home avoiding hospital admissions

The DN service delivers an integrated model of care that is coordinated, proactive, holistic and preventative, empowering people to play a central role in managing and planning their care. The DN team focuses on prevention that is:

- Primary - Seeks to avoid onset of illness through targeting of vulnerable and high risk groups giving advice, support and sign posting to a range of services.
- Secondary - Seeks to shorten episodes and duration of illness
- Tertiary - Seeks to limit disability or incapacity realising the potential for reablement

The District Nursing (DN) service which includes specialist nursing roles (tissue viability and continence nurses) delivers safe, high quality clinical care, which is sustainable and responsive to demand. Holistic needs assessment, patient centred care planning and care are delivered in the person's own place of residence or clinic setting as determined by the individuals' clinical need and degree of mobility.

This service is for adults over the age of 18 years. Young people between the ages of 16-18 years will receive seamless care supported across Children's and Adult's services based on individual clinical need and choice.

In order to deliver this standard of care, the DN team ensures that the right skill base and competency levels are deployed across the workforce.

The team embeds the philosophy of the 6C's of nursing (Chief Nurse of England 2012), which include the qualities of Compassion, Courage, Competency, commitment, Care and Communication.

The team enables the service to work effectively and provide the most appropriate packages of care, the team collaborates with all members of the wider multidisciplinary team, including GPs, specialist nurses, home care, carer respite, therapies, social services, mental health services and the voluntary sector.

The service operates equitably across the Island with designated nursing teams aligned to geographical areas and linked to groups of GP practices / clusters.

The District nursing team is a key member of any MDT supporting the delivery of out of hospital care.

The DN service operates an ambulatory model of care. People will be seen in clinics wherever possible, subject to clinical condition and level of mobilisation.

Home visits are offered to housebound patients or patients assessed with conditions that are requiring a home visit. In this context, Housebound is defined as “service users who are unable to leave their home environment / care setting through a physical and/or psychological illness”.

Non-housebound patients are seen at a clinic facility.

The current service operates between 08.30hrs to 23:00hrs, 7 days per week.
Clinics are operated Monday to Friday 08:30hrs – 17:00hrs. Clinics on Saturdays, Sundays and Bank Holidays are also operated as needs arise. Service hours are flexible to meet patient nursing care need.

6. Range of Care Needs Supported

The DN service is available to all eligible adult Jersey residents, irrespective of age, race, gender, disability or sexual orientation.

Visitors to the island requiring District Nurse care are pre-planned through their current District Nursing service (or equivalent) and they are advised of the need for insurance and cost of service. FNHC will charge accordingly for non-emergency care as this is outside of HCS funding. For visitors’ emergency care, FNHC will refer to the Jersey General Hospital.

Access to the service is through referral and initial assessment including full discussion with the patient, GP and other key professionals/family members /informal carers (where appropriate) involved in providing care.
The DN service ensures equity of access for people with sensory impairment and/or physical disability, including people who are most vulnerable
.
The FNHC DN Team accepts referrals from:

- People who are registered with a Jersey GP or are under the care of a consultant
- People who consent to referral/treatment
- People over the age of 18 years who have clear needs for skilled District Nurse intervention

The specialist expertise and care that the DN service provides, but is not limited to:

Wound Care and Tissue Viability- Comprehensive wound care assessment and treatment plans are provided for:

- All post-operative wound care including management of drains
- Pressure ulcer prevention and management.
- Leg ulcers
- Trauma injuries
- Superficial burns
- Abdominal wounds
- Post radiotherapy care
- Negative pressure wound therapy where funding supports.

Catheter Care – a comprehensive holistic assessment and care plan is developed, to include such areas as general health, bladder capacity, bowel habit, dexterity, comprehension and sexual activity. Staff in the service have the competencies to:

- Insert and secure Urethral catheters, undertake routine catheter changes, home for non-ambulant patients and a clinic setting for ambulant patients.

- Care for patients with urinary catheters
- Undertake Trials without catheter
- Assess residual urine by use of a portable ultrasound
- Teach and support individuals to undertake clean intermittent self-catheterisation, including catheter bag exchange
- Manage Supra-Pubic catheters
- Review the requirement of a catheter to reduce the risk of acquired urinary tract infections

Stoma Care – comprehensive assessment of and care plan is provided for patients with newly created stoma / fistula (stoma or fistula, including bowel or tracheostomy). Patients are educated and supported to self-care over a period of time. Patients are also be supported by ordering products through the Subsidised Product Scheme

Continence Care – comprehensive assessment, reassessment, advice, support and education is offered to all patients referred with continence issues. A care plan is developed in partnership with the patient, focusing on identification of and treating the cause of incontinence. If this is not possible appropriate information will be provided on obtaining aids/appliances, or initiating a pad service via the Subsidised Product Scheme.

Falls Risks Prevention
As part of any nursing care package the DN service will consider those patients at risk of falling by Identifying factors which contribute to or increase the risk of falls through assessments and may onward referral to an MDT that will support the elimination or mitigation of the risk.

Palliative Care / End of life - assessment, support, symptom control and management in accordance with Gold Standards Framework. http://www.goldstandardsframework.org.uk/ The DN team will work in partnership with the Hospice and in accordance with, the jointly developed standard operating procedures to deliver services and patient choice that support patients and carers with access to prompt care and equipment during end of life stage.

Long Term Conditions – assessing the need for nursing input and contributing to management of people with long-term conditions, including but not restricted to: respiratory disease, diabetes, frailty and coronary heart disease, including undertaking appropriate planned reviews, blood tests, IV antibiotic therapy, patient education and the amendment or alteration of treatment.

Public Health - contributes to all relevant Public Health / health promotion strategies to improve the wider determinants of health and as part of ongoing nursing intervention 'making every contact count'.

Referrals are accepted through a single point of access and agreed referral criteria.
Referrals are accepted directly from:

- Primary Care professionals (GPs, Practice Nurses, Pharmacists, Dentists, Optometrists, OT's, physios etc.)
- Social Workers
- Hospital
- RRRT
- Specialist Community Nurses
- Mental Health Services
- Therapists working in the Community
- Homecare Providers who are on the Approved Provider Framework
- Hospice

- Voluntary and Community Sector organisations
- Residential and Nursing Homes
- Housing
- Environmental Health
- Public Health
- Self –Referrals for patients previously known to the service with a change in their known problems.

The DN service is unable to accept referrals for patients requiring an emergency response which may include patients with unexplained chest pain, acute head injury, accidental injuries that may require an acute response.
The clinic does not provide an emergency 'drop in 'service.

7. How the service is provided

Planned Care - Referrals are accepted by email or telephone, using the FNHC referral form 2019.
The service is commissioned to and currently accepts referrals between 08:30 hrs and 17:00 hrs, Monday to Friday. Evening referrals are accepted via the Hospital switchboard from 17:00 hrs – 22:15hrs. Weekend and bank holiday referrals are accepted from 08:30 hrs - 22:15 hrs via the Hospital switchboard. Referrals at weekends and in the evening are manged by a process of clinical triage nurse who coordinates and prioritises according to clinical need.

Urgent Care - The response times for patients waiting for a DN intervention is between 4 and 72 hours, depending on urgency of nursing need. Patients requiring date specific, weekly, monthly or 3 monthly nursing interventions, will be contacted as appropriate to care needs. The response time required is determined by the receiving clinical coordinator following review of the referral information and discussion with the referrer where appropriate.

The admin hub team will attempt to contact the patient and referrer within 2 hours of receipt of referral during hub core hours to confirm receipt of referral. However this may not always be possible /appropriate if the patient is in hospital or the referrer is uncontactable i.e. a GP in a surgery.

Assessment of care - A grade 5/6 Nurses will undertake the initial assessment on all patients with anything other than simple/routine care needs. Where this is not possible the grade 5/6 nurse will review the assessment and care plan developed by their team members within 48 hrs and record their review on EMIS.

Admissions undertaken by a grade 4 Nurse will be discussed with Grade 6 or 5 before the end of their shift at the daily team handover.

Professional judgement is exercised when determining the assessment templates to be completed during the first ,visit however this data should comprise as a minimum of:

- A comprehensive health and social needs assessment will be completed within the first 3 contacts including any additional assessments deemed necessary. The assessment will include staff safety checklist, waterlow assessment, nutritional screening tool, falls risk assessment and moving and handling assessment .
- Relevant nursing care plans
- Relevant risk assessments

Where it is not possible to complete part of the admission process within the set timeframes, this will be discussed at handover, documented on EMIS and a plan put in place for completion.

The nurse will develop care plans for the identified care needs and obtain consent for care. Care planning and prioritising of care needs is made in conjunction with the patient and where appropriate, family/carer.
Patients are offered the following patient information leaflets:-

- 'How we use your records'
- 'Infection Prevention & Control and Health & Safety Practices
- 'We are here to help from birth to end of life'
- 'Preventing Pressure ulcer'

Discharge planning is commenced at the admission stage. An estimated date of discharge from the service is recorded on the initial assessment (excluding patients on the Gold standard framework (GSF)

Where patients are identified to be on the GSF this is recorded on the palliative care template. The GSF coding is reviewed as appropriate. This will ensure that their information and status are aligned to the GP practice GSF list for discussion at the planned GSF meetings.

The Clinical coordinator for the team is responsible for scheduling appropriately skilled staff to visit the patient.

Where appropriate non housebound patients will be offered a timed clinic appointment. There will be a discussion with the patient to agree a plan for their early transfer of care to clinic setting when clinically indicated. Home visiting is only offered to patients who are housebound, in the early stages of a painful procedure or having care better suited to being undertaken in the home environment.

If the patient has grade 1 or above pressure ulcer an ASSURE incident report is completed. For patients whose Waterlow score is above 10 a SSKIN (Skin, Surface, Keep, incontinence, Nutrition) bundle is commenced.

https://improvement.nhs.uk/resources/Using-SSKIN-to-manage-and-prevent-pressure-damage/

If the patient is at risk of falling or has a fall at any time whilst under the care of the DN team, a falls risk assessment will be completed using the Falls Risk Assessment Tool (FRAT)

If the patient presents as 'unwell' during any contact with the team they will undertake clinical observations and complete a hard copy NEWS https://www.england.nhs.uk/ourwork/clinical*policy/sepsis/nationalearlywarningscore/* and EMIS Sepsis screening tool template if indicated and escalated according to FNHC NEWS escalation policy.

Patients on the caseload on a 'long term 'basis are offered the opportunity to complete the online patient satisfaction survey on the IPAD every 6 months. Patients on the caseload for a shorter period are offered the opportunity to complete the patient satisfaction survey on discharge.

Respite Care – if a patient requests or is deemed to require crisis respite care the DN team can refer to the rapid response team or an urgent referral through SPOR to a social worker is made.
If the respite care is not urgent a referral to social work again will be progressed through SPOR.
With all referrals the GP is informed.

Care and support

The focus of nursing care is to return the patient to independence and health or support patients in end of life, to achieve a dignified symptom controlled death. The service aims to promote health enhancing activities and reduce risk of ill health.

The service works with other professionals, patients, their family and carers as appropriate, delivering an MDT approach to support and coordinate care.

Care plans are developed with patients and information is given about risks and responsibilities to support efficacy of nursing care and patients to make informed decisions about their care needs.

Patients are supported to continue active participation in work, education or social activities outside of the home by offering timed clinic appointments.

Specialist nurses for stoma, continence and Tissue viability provide training, expertise along with support for staff and patients, including development of polices, competency frameworks and training.

Adult and children are safeguarded by staff who follow working together to safeguard children 2019 and adult (2018) and children (2019) roles and competencies for healthcare staff RCN intercollegiate documents, along with adhering to relevant safeguarding policy and procedures. FNHC are actively involved in Jersey safeguarding partnership board *https://safeguarding.je/* and both adult and children in addition to the policy and performance sub groups.

Communication and involvement

FNHC Website provides information about the services we offer *www.fnhc.org.je*
Written information about the service is provided and discussed with patients and their families as appropriate and verbal information at assessment.

FNHC staff have access to the services of the Big word telephone interpreting service and written translation services ‘ Face to face translation services including Makaton and BSL can be accessed via HCS interpreting services.

Relevant leaflets including pressure ulcer prevention are available in different languages and include pictorial information that can be discussed with a patient who is unable to read.

The service works with other professionals, patients, their family and carers as appropriate, delivering an Multidisciplinary team (MDT) approach to support and coordinate care.
Care plans are developed with patients and information is given about risks and responsibilities to support efficacy of nursing care and patients to make informed decisions about their care needs.

Consideration is given to the patient’s capacity to make decisions. Where capacity to make a decision is in question a grade 5/6 will undertake a risk assessment and liaise with the GP to jointly undertake a formal capacity assessment that is then documented on hard copy The DN teams empower people to make decisions for themselves wherever possible, and protects people who lack capacity by ensuring they are at the heart of decision making about their lives. The Capacity and Self-Determination (Jersey) Law 2016 which came into force on 1st October 2018 maximises people’s participation in any decisions made on their

behalf, with such decisions made in their best interests.
https://www.jerseylaw.je/laws/enacted/Pages/L-30-2016.aspx
https:/safeguarding.je/we-content/upload/2016/12/2016-09-29-Final-Reviewed-Capacity-Policy-SAPB.pd

Rights and responsibilities

FNHC has a duty of care to protect the safety and wellbeing of both patients and staff. This is supported by a robust clinical and corporate governance, risk and quality assurance system.
As part of this system FNHC has a range of polices including;

- Confidentially policy
- Data protection policy
- GDPR
- Health and safety policy
- Subject access policy
- Complaints policy
- Whistle blowing policy
- Clinical policies and procedures
- HR employment policies

The nursing team delivers care that is informed by;

- A person's right to be safeguarded
- Human rights legislation
- Capacity and self-determination legislation
- Equality and diversity policy
- NMC code of conduct
- Health care support workers code of conduct
- 6 C's
- Best practice guidance in the absence of relevant legislation
- A range of clinical policies
- FNHC strategic delivery plan

Staff rights and responsibilities are protected by

- Employment terms and conditions
- Employment law
- Staff Handbook
- Allegations against staff policy
- Whistle blowing policy
- Health and safety policy
- NMC code of conduct
- Code of conduct for healthcare support workers
- Grievance policy
- Equality and diversity policy
- A range of clinical policies
- Union recognition
- Professional registration

8. Staffing arrangements	
This needs to detail how the staffing arrangements will meet people's care needs and specialist services detailed above.	
Numbers and qualifications of staff	All nursing staff within FNHC are registered with the NMC and are required to re-register annually and revalidate 3 yearly and this is monitored by HR. This also includes additional parts of the register for specialist qualifications such as public health nursing etc. All staff regardless of seniority or role and as part of our safer recruitment process have their qualifications verified (including professional registration and DBS check as required). Gaps in employment are also scrutinised when full employment history is not available and further informant sought as required. References and health checks are also conducted prior to appointment to ensure fitness to practice. Where higher level of experience or specialist knowledge is required, qualifications and knowledge will be identified within the person specification, and within the interview based competency questions as part of the recruitment process. Every member of staff also has an annual personal development plan and mid-year review. This is also a way of identifying professional training. Each staff member has their own training record (recorded by the education and training department) that records and monitors mandatory and professional training undertaken each year. Staff also receive regular management, clinical and safeguarding supervision.
Staff levels	Staff rotas are determined by demand/ capacity being informed by patient care needs and acuity. Over each 4 week period the DN service ensures that patients receive care from the most appropriate grade and skilled member of staff and that there is appropriate cover by grade in each team and across the whole service (please see an example of staff rota)  DN service sample rota June 2019.docx Although the rotas are planned over a 4 week period and 4 weeks in advance, they are reviewed on a daily basis to take account of any unforeseen changes.
Specialist staff	FNHC is commissioned for two specialist nurses. Currently there are three in post as FNHC has seconded an additional Tissue viability practitioner from within the DN team to support this area of work Band 6 x 0.8 WTE Tissue viability CNS Band 5 x 1 WTE Tissue viability practitioner Band 6 x 1 WTE stoma and continence CNS
Staff deployment	N/A

Delegated tasks	Accountability for delegation of nursing tasks remains with the registrant. Delegation of care to unregistered care staff is informed and overseen by the DN standard operating procedures patient pathway (2018) and Personal care and clinical tasks policy (2017). Patients where clinical task have been delegated remain on the caseload and the appropriateness of the care plan and delegation of care is reviewed regularly by the registered nurse, informed by the patients care needs. The service also has a competency framework for clinical task relevant to each grade. Both registrants and non-registrants receive training in all aspects of clinical care appropriate to their role and level of responsibility.
Other staff	Administration staff from the admin hub support the DN team Monday to Friday. Governance team including Clinical effectiveness lead Education and development lead Practice development lead Safeguarding lead Corporate and finance team
Staff training	All FNHC staff and committee receive corporate and local induction appropriate to there are of work and as identified by the manger and individual staff member. Induction includes completion of mandatory training, shadowing staff, competency assessment, and introduction to key staff in the organisation including the CEO. The induction covers EMIS our electronic patient record system and ASSURE our electronic risk management and incident reporting. FNHC has an annual education and training prospectus detailing mandatory training for both registrants and non-registrants including safeguarding adults and children (please see below).  Prospectus revised May June 2019.pdf Service specific training which includes but is not limited to Aseptic non touch technique , wound management, continence management with associated competency framework also can be provided.

9. Services and facilities	
Provision of food / drinks / snacks	N/A The District nursing service does not offer meal preparation services.
Activities	Nursing services delivered in patients home or clinic setting
Specialist equipment	Staff have clinical monitoring equipment appropriate to nursing assessment needs. Staff use clinical consumables to deliver nursing care. Annual inspections and calibration service process in place for clinical equipment. Safety alerts relevant to equipment used are disseminated and actioned as appropriate. Additional or more specialist equipment not commissioned by the States of Jersey is sometimes provided through fundraising and our charity work. It is however still managed with the same robustness, systems and processes.
Communal areas *(Care homes/Day Care)*	N/A
Dining areas *(Care homes/Day Care)*	N/A
Access to outside space *(Care homes/Day Care)*	N/A
Specialist bathing facilities *(Care homes/Day Care)*	N/A
Number single occupancy bedrooms *(Care homes)*	N/A
Number of shared rooms *(Care homes)*	N/A
Number of rooms with en suite facilities	N/A
Security arrangements	N/A

Office/meeting rooms *(Home Care, Care homes/Day Care)*	There is locked archive records storage at le Bas. Le Bas reception is staffed during office hours and electronic ID cards access to building is used to restrict access at all times. Signing in book for visitors, that protects the person's identity and respects confidentiality. If service users/professionals enter the building they are accompanied to the meeting room by the FNHC member of staff and then accompanied back out to reception to sign out on completion of the meeting. Staff meetings held in private space or individual offices and there are meeting rooms at Le Bas and G le G according to requirements. Consideration is always given to confidentiality and risk. FNHC have dedicated training rooms and equipment at G le G
10. Quality Assurance and Governance	
Complaints and concerns	Patients and people who use our services are able to make verbal complaints in person and by telephone and also written complaints by email, letter and through FHNC enquiry email enquiries@fnhc.org.je which is found on FNHC website and leaflets. Patients of staff can also contact any manger, CEO and any member of the FNHC committee. Anyone wishing to make a complaint can be supported through the process. FNHC has a complaints policy which details management of complaints and timeframes. Compliments and complaints are reported on by each service along with other performance, quality indicators and outcomes measures which is reviewed and monitored by commissioners at their external quality boards, the committee at the committee meetings and governance subgroup. The senior management team attend a monthly Quality Assurance, Governance & Performance meeting which ensures that FNHC continuously improves driving a culture of learning across the service and organisation
Organisational structure	 District Nursing Org Chart.pdf https://www.fnhc.org.je/media/43133/strategy-2019-to-2023.pdf
Service oversight	Service oversight is provided both internally and externally to FNHC.

	Internally, the service is monitored at the quarterly clinical governance and quality assurance group and the performance board led by the Governance and Quality Lead and CEO. The service and organisation is also quality assured, and risk managed by the committee to ensure appropriate clinical and corporate governance is in place. Reports are received by the committee at each meeting and though the finance and governance sub groups. Each service maintains a risk register which is managed by the operational lead and monitored by senior management team. High scoring risk are managed and mitigated through the corporate risk log reported to the committee. A quarterly performance dashboard is developed for each service including incidents, broken down by type and severity pressure ulcers, complaints and mandatory training. These all form part of the governance and quality assurance. FNHC committee also has oversight of service quality and performance data. Both adult and children safeguarding action plans are monitored at FNHC's internal safeguarding meeting, and through membership of the external safeguarding partnership board and completion of annual Safeguarding Partnership Board Memorandum of Understanding audit. FNHC also has an annual audit programme which includes but is not limited to record keeping, infection prevention and control and adrenaline. Externally FNHC reports to the commissioners who performance manage and quality assure the service on a quarterly basis at their Quality Board FNHC as a charity also holds a public Annual General Meeting (AGM) where it publishes all of the financial accounts, which are also externally audited, the chairs and CEO's reports. FNHC's new 5 year strategy (2019-223) and annual service plans also provide the organisation with oversight and accountability.
Involvement	Patients are offered the opportunity to complete the patient satisfaction survey based on NHS England friends and family test. https://www.nhs.uk/using-the-nhs/about-the-nhs/friends-and-family-test-fft/ FNHC Committee members are drawn from the public and from a range of professional backgrounds and life experiences which includes those who have used our service and may use our service in the future. FNHC also holds an AGM where financial accounts and CEO reports are presented and these are also accessible on our website. Learning

	from incidents, SCR's and complaints raised by those who use our services also inform service delivery and redesign. Service user's engagement and feedback at any events or at any contact with our organisation is encouraged. Staff also are invited to complete a staff engagement survey at least every 2 years, and the findings are developed into an action plan. The implementation of the plan is overseen by the staff wellbeing group.