



FAIRFIELD
INDEPENDENT
HOSPITAL

St. Helens

Quality Account



2018-2019

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Statements on Quality and Assurance - Part 1

PART 1: STATEMENTS ON QUALITY AND ASSURANCE

1.1 Statement from Chief Executive Officer

I am delighted to present the Quality Account for 2018/2019 for Fairfield Independent Hospital. The provision of high quality patient care is and will always be the highest priority of Fairfield. Our dedicated team of clinical staff and consultants are very much at the forefront of achieving this but we have an organisation wide commitment to ensure that we continue to improve year upon year. Everyone in our organisation has a part to play in the delivery of the services we offer. We put the patient at the heart of everything we do and seek to ensure that our patients achieve the best outcomes possible.

Quality matters to all of us working at Fairfield and we know that it is key to the success of our organisation. Our reputation is based on the provision of high quality, personalised care and our core values as a charitable organisation means we stand out from other private providers in the area. Our aim is simple: to build a strong safety culture all the way from the Board to our front line staff who deal directly with patients. We want strong leaders and managers at every level in the organisation, who are committed to quality and safety and who can promote a can-do attitude and a sense of belonging.

We recognise that providing health care is not without risk and that sometimes patients can be unintentionally be harmed in the care we provide. I am pleased to report that these events are rare and we are relentless in our pursuit of quality and each year we set ourselves demanding plans and targets to achieve our goals. This is supported by the development and training of our staff and the application of systematic and rigorous processes.

The ongoing issues regarding the dreadful breach of trust committed by the consultant surgeon Ian Paterson, which saw much harm to patients has prompted us to further review and further strengthen our procedures and governance. Being transparent when we get things wrong and encouraging a learning culture are key to us ensuring success in this area.

The Hospital has been delivering high quality health care to the local community for 45 years. We are extremely proud of our track record of providing good quality safe services as an independent health charity.

The Quality Account is designed to provide a transparent look at our organisation and to give confidence to our patients, partners

“Excellent service .”

April 2018

“Lovely people,
lovely service.”

May 2018

and commissioners. We can improve our services by listening and acting on what our patients tell us and ensuring that all patients receive a personalised service. We strive to develop our knowledge further to improve and develop evidence based clinical practice.

As an organisation we depend on our staff for their skills and expertise. They can only do their jobs effectively if we listen to them and learn from their experience and ideas. We continue to have a stable, motivated workforce with low levels of staff turnover. We value staff development and we have strong commitment to staff training and skill improvement.

We monitor the views of our patients in real time and I am very pleased to report that we have maintained the very high levels of patient satisfaction for another year. We value the feedback, comments and suggestions that our patients and commissioners make about our services. Our services are open to all via the insured, self-pay or NHS funding routes.

Our not-for-profit model is particularly suited to health care as it enables us to remain independent, to offer choice and puts the patient at the heart of everything we do. The difficult financial situation has served to emphasise the importance of values and integrity.

2018/19 was challenging economically for us all and our finances were stretched but the underlying financial strength of the organisation enabled us to make positive choices for patient safety and service. The Board made a conscious decision to close the Hospital for a three-week period over Christmas 2018 to carry out extensive capital works in order to provide enhanced patient safety in our theatre and decontamination unit. We are confident that with the new tariffs in April 2019, the focus we have made on efficiency and the increasing number of patients we have been treating, that we will make a small surplus in 2019.

The Board and the various sub committees provide stewardship and scrutiny of our organisation, providing assurances that our services are safe, effective, caring, responsive and well led.

The senior team at the Hospital and the Board have welcomed the opportunity, through this Quality Account, to clearly state our commitment to quality and make sure that we continue to improve. It sets out facts and information about the quality of our services which I hope you will find useful and easy to read and understand. If you have any queries or comments on our Quality Account then please let us know by emailing k.roche@fairfield.org.uk

Statements on Quality and Assurance - Part 1

At Fairfield, we actively promote a culture of openness and transparency. We have an ethos of encouraging staff to report incidents. We listen to complaints, learn lessons and are open and honest about any mistakes we have made and seek to make improvements. These opportunities have helped us establish a positive culture enabling the provision of safe care which permeates throughout the organisation.

The Quality Account has been compiled by members of the senior team and Board and we have also drawn upon the feedback we get from our patients.

As Chief Executive, I have a great sense of pride in what our staff have achieved during this last year and the care they provide to our patients. I would like to take this opportunity to thank all our staff who have made our Hospital what it is today. They have worked so hard to deliver the best care they can for our patients and I am proud of what they have achieved. There will always be more to do and I know our Board remain committed to delivering the highest possible standards of safe, effective care.

In making this statement, I can therefore confirm that I am able to state to the best of my knowledge that the information contained in this document is accurate at the time of publication.



Cheryl Nolan, Chief Executive Officer

“Was kept well informed.”

June 2018

“Made things
easy from start
to finish.”

July 2018

1.2 Board of Trustees Statement on Assurance

The quality and safety assurance framework at Fairfield Independent Hospital consists of both internal and external audit. Along with our own internal audits we also carry out audits of our external suppliers and monitor contracts via robust Key Performance Indicators.

For all aspects of audit we provide feedback and re-audits to ensure that we are continually improving and that we are learning from audits.

Supporting our audit framework we have also gained accreditations via ISO for Quality Management System (ISO 9001) and Information Security Management System (ISO 27001).

The Integrated Governance Committee (IGC) is the quality and safety focused Committee that enhances Board oversight and provides assurance regarding the services that we provide to patients. The Committee ensures that the systems and processes in relation to quality and safety are robust and well-embedded. It also provides a focus so that priority is given, at the appropriate level within the organisation, to identifying and managing risks to quality and safety.

The IGC ensure that the Directors of the Charity are:

- ~ setting and monitoring standards based on best practice and an evidence based approach;
- ~ driving forward continuous improvement across the organisation;
- ~ identifying, developing and implementing best practice;
- ~ identifying and managing risks in a structured way;
- ~ ensuring compliance with standards and regulatory requirements and taking corrective action as and when applicable;
- ~ carrying out audit and measuring patient feedback;
- ~ achieving quality and safety assurance.

1.3 Governance Statement

Our Board is led by the Chairman of the Trustees. It is important that the Hospital has a highly effective and efficient Board. As well as setting the strategic direction of the organisation and overseeing the delivery of planned results by monitoring performance against objectives, the Board also ensures effective stewardship and ensures high standards of corporate governance and personal behaviour.

Statements on Quality Assurance - Part 1

As a registered charity and a company limited by guarantee without share capital, we have to balance the requirements of running a not-for-profit business with the need to achieve our charitable aims and objectives, to demonstrate public benefit; adhere to the values of our charity; adopt best practices and act with integrity at all times.

The Chief Executive is responsible for ensuring that effective processes are in place so that the Hospital can discharge its legal duty for all aspects of governance and quality, and for the health and safety of patients, staff, visitors and contractors. The Chief Nurse has executive responsibility for the effective and safe delivery of clinical services. The Assistant Director of Governance supports the Chief Nurse in her role and in the implementation of the clinical governance agenda. They work with staff to ensure that systems and processes are in place to enable improvements in the delivery of safe, effective patient care.

Trustees' responsibility for good governance has been a key theme of the Charity Commission this year, and much helpful guidance has been released. The Board remains mindful of its responsibilities. This year, significant steps were taken to further strengthen the governance and assurance processes. We have reviewed and considered The Charity Commissions Governance Code, which replaced the Code of Good Governance. While this Code is not a regulatory requirement, as a well-governed charity we strive to model best practice. We are confident that the organisation is governed on a basis consistent with The Code's principles.

As a Board, we are also mindful of the ongoing policy objective work to raise the bar on corporate governance practices and effectiveness. The Board will consider how these new requirements impact our reporting approach in future.

The Trustees have concluded that the objectives of the Charity remain entirely for the public benefit. The Trustees are also satisfied that the activities of the Charity are overwhelmingly carried out to fulfil its charitable objectives; that there are no activities that are inconsistent with its objectives; and that the Charity meets the requirements of the policies described above.

“Excellent service, nothing to improve on.”

August 2018

“Looked after
really well.”

September 2018

PART 2: KEY PRIORITIES 2019/20

In 2018 we set a range of key performance indicators covering a 2 year period. For 2019/20 our primary goals are in four core areas:

- **Our Services:** To improve year on year the safety of our organisation for patients, visitors and staff and improve outcomes for our patients;
- **Our Patients:** To improve year on year the experience of our patients;
- **Our Staff:** To develop further a highly skilled, motivated, and engaged workforce that continually strives to improve patient care and Hospital performance;
- **Our Business:** To ensure our organisation is stable and viable with the resources to deliver its vision, develop its services and generate a year-end surplus.

2.1 To improve year on year the safety of our organisation for patients, visitors and staff and the outcomes for our patients.

Primary Objectives:

- To continue to improve the quality of care we deliver to our patients;
- To improve the health and wellbeing of our staff, patients and the wider community;
- To identify, manage and mitigate risks, and
- To ensure compliance with all regulatory standards.

2.2 To improve year on year the experience of our patients.

Primary Objectives:

- To continue to treat our patients with care and compassion;
- To go that extra mile for our patients and to provide first class patient centred care that exceeds patient expectations with all of our services, and
- To learn from mistakes and be open and honest with our patients.

2.3 To further develop a highly skilled, motivated and engaged workforce that continually strives to improve patient care and Hospital performance.

Primary Objectives:

- To further develop leadership within our organisation, and
- To redesign our workforce.

2.4 To ensure our organisation is stable and viable with the resources to deliver its vision.

Primary Objectives:

- To improve our internal efficiency;
- Harness the benefits of information technology;

Key Priorities 2019/20 - Part 2

- Exploit the opportunities for new markets, and
- Ensure our services offer best value for all of our commissioners and customers.

We are fortunate that as an independent charitable hospital we set and drive forward our own agenda. External shareholders do not influence our activity or take funds out of the business, as we do not have any shareholders. Our Board of Trustees is committed to ensuring that in all of our services we provide the best patient experience possible. We will continue in 2019/20 to publicise and promote our charity and develop further meaningful relationships with other charities and foundations.

2.5 Primary Corporate Objectives:

To improve year on year the safety of our organisation for patients, visitors and staff and the outcomes for our patients by:

Priority	Expected Outcome
Antibiotic prescribing	Ensuring antibiotics are prescribed in accordance with local formulary.
Sepsis	Ensure that any potential infected patients are assessed using the sepsis 6 assessment tool as per policy and appropriately treated within the timescales. The IPC lead will ensure the Hospital is up to date with national guidelines.
Improving care for those with dementia	Staff will complete cognitive assessment for all patients 75 and over. This will highlight specific needs for patients with early stage dementia and those with a confirmed diagnosis. The Hospital will be in a position to ensure Dementia patients have all their specific needs met from admission to discharge.
Launching the STAR service	This will be in partnership with the Katie Piper Foundation. The service will be a scars management and rehabilitation service.
Improving the health and wellbeing of our staff, patients and the wider community	Continue our programmes of health education and monitoring for patients in terms of smoking cessation and general guidance on health and wellbeing. Design and implement a health and wellbeing policy for our staff. By adopting the General Data Protection Requirements, we enhance the security and safety of patient records and their confidence in our management of patient confidentiality.
Risk Management	Continually review risk assessments across the Hospital annually. Development of a Human Factors training programme for all staff to increase staff awareness on risk. Review the process of incident reporting information feeding into the risk register to streamline trends analysis.

“Perfect as it is.”

October 2018

“Everything was excellent. So very grateful for the NHS for allowing me to choose Fairfield Hospital .”

November 2018

To improve year on year the experience of our patients by:

Priority	Expected Outcome
Treating patients with care and compassion	Making sure that we go that extra mile; recruiting staff who have a ‘can do’ attitude and display qualities at interview of care and compassion.
To meet all waiting time standards	Enhance our current monitoring of 18-week targets by implementing new management and reporting software and systems. We will ensure that we comply with all national targets.
To listen and learn from the patients who use our services	We ask our patients on a daily basis what they feel about the services we provide. In the main, the results are positive. We need to ensure that we do provide feedback to patients when they have made suggestions for service/experience improvement. Provide training for staff on accessible information. Staff are aware of their requirements as an alerter should a safeguarding issue be disclosed or witnessed.
To improve the discharge processes	Review of care pathways to ensure safe and effective discharge is documented. Benchmark the current discharge process against the productive ward module. Implement any changes accordingly.

To further develop a highly skilled, motivated and engaged workforce that continually strives to improve patient care and Hospital performance.

Priority	Expected Outcome
Organisational leadership development	Talent spotting and nurturing talent in a systematic way. Ensuring there are equal opportunities for all.
Workforce redesign	With an aging workforce we need to consider more enhanced roles for nurses and health care assistants. Working in partnership with other organisations will enable the Hospital to offer enhanced continuous professional development and more joint working.

Key Priorities 2019/20 - Part 2

To ensure our organisation is stable and viable with the resources to deliver its vision.

Priority	Expected Outcome
Improve internal efficiency	Reduction in waste in key areas.
Harnessing IT	Further development of reporting and analyses tools.
Exploiting new markets	Develop capacity and identify new markets.
Best value for all commissioners	Using available information benchmark against other similar hospitals.

2.6 Core Business Objectives

Governance

The Board will continue to set the strategic direction of the organisation. Whilst the role of the Board encompasses overseeing the implementation of all the organisation's plans, it also has a major role in ensuring effective stewardship and high standards of corporate governance and personal behaviour. It is important that the Hospital have a highly effective and efficient Board that has the skills, competence and business acumen to drive the strategic agenda. The Integrated Governance Committee focuses on governance and provides a forum for an in-depth focus on improving clinical safety and risk management.

As a registered charity and a company limited by guarantee without share capital we have to balance the requirements of running a not-for-profit business with the need to achieve our charitable aims and objectives: to demonstrate public benefit; adhere to the values of our charity; adopt best practices and act with integrity at all times.

Key Priority 2019/20	Proposed Outcome
Introduction of an integrated equality, quality and General Data Protection Regulations (GDPR) impact assessment process for business cases submitted for approval.	To ensure that there are no intended consequences on equality, quality and General Data Protection Regulations (GDPR) because of a business decision.

“My husband was so pleased at the excellent service he’s had in this hospital and relieved this was his choice.”

December 2018

“Lovely clean and welcoming hospital .”

January 2019

Key Priority 2018/20	Proposed Outcome
Comprehensive walkabout programme for all senior team.	Better understanding for all managers and staff of how departments work. Critical analysis of observations. Development and monitoring of corrective action where necessary. Joint learning cascaded and evidenced.
Incident reporting.	Risk Register review has highlighted the need for a review of the process of incident reporting and how this process feeds into the risk register. This will enable the risk register to reflect more closely the risks within the Hospital. Develop a process to monitor the new incident electronic reporting system. To ensure that all incidents are reported and actioned in a timely manner.
Build up a comprehensive evidence portfolio for next CQC visit based on new inspection regime for the independent sector providers.	Availability of key information that re-enforces the organisation’s commitment to quality, safety and positive outcomes and patient experience. Develop a strong medium term financial plan which matches medium term financial requirements within our financial resources. To ensure there is a clear assessment process to support compliance with the Care Quality Commission regulatory standards.
Consultant obligations and requirements.	To ensure that we have systems and processes in place to capture, monitor and action consultant outcome/performance data. To act as an early warning for any performance issues. Analysis and sign off of all Consultant appraisal documentation.
Code of Governance	To continue to ensure that we meet our obligations as a charity and comply with the Charity Commission’s Code of Governance. https://www.charitygovernancecode.org/en

We work closely with our commissioners throughout the year to monitor our performance in all areas of quality management. The clinical governance committee is our monthly forum attended by all of our clinical managers and is a key part of our governance structure. Progress with our quality goals, targets and priorities are

Key Priorities 2019/20 - Part 2

reported through our governance framework which enables monitoring from ward to Board. The Executive team are also reviewing our approach to CQC compliance management and reporting.

We will work towards further development of our KPI dashboard, looking to communicate performance across the whole organisation. We will focus on the KPI's to accurately reflect the 5 key domains set by the CQC: safe, effective, caring, responsive and well led. We have a programme of 'shop floor' visits planned. These will include clinical and non-clinical staff, Trustees and Execs. We will also review how we survey our staff and whilst we 'mirror' the NHS staff survey our Board are keen to ensure that we get as many responses as possible across the organisation.

Risk Management

Our strategy for quality is underpinned by four clear aims:

QUALITY (Q)	PEOPLE (P)	SERVICES (S)	EFFICIENCY (E)
Consistently delivering the highest possible quality of service , we can achieve.	Realising the full potential of everyone we work with and the talent of all our staff.	Transforming our services to improve them for the people we serve.	Being relentlessly efficient and effective to ensure we are financially sustainable.

To ensure we achieve these strategic aims we will ensure our business planning process details and cascades our plans to all parts of the organisation. Our current planning process includes annual appraisal, therefore, we can embed our aims and objectives into achieving personal objectives and thus our overall strategic goals.

The Board Risk Register continues to be a 'live' document with all risks being RAG rated and reviewed by the Board.

St Helens CCG carried out its own quality inspection during 2018/19.

Workforce

Our workforce is our biggest and greatest asset; we want to continue to work with them in building and developing a successful business in which they feel their work and the contribution they make is valued.

We are very lucky that we have a dedicated and committed workforce here at Fairfield, something on which patients regularly

“Everything was perfect and professional.”

February 2019

“Excellent hospital, great staff.”

March 2019

give positive comments when asked for feedback. During 2019/20, we are not envisaging large increases to our staffing establishment and will consider replacing staff who have resigned from vulnerable clinical areas or recruiting staff to service development areas.

The shortage of appropriately qualified skilled clinical staff continues to give cause for concern. We will continue to offer flexible working arrangements for staff throughout their careers with the Hospital. We need, wherever possible, to offer career opportunities across the organisation, allowing and promoting specialisation in fields where we have not done so before.

Productivity of staff is of paramount importance and we will continue the development of key indicators to provide evidence of improvements in our productivity by a range of measures. These measures could include changes, different ways of working, job rotation and secondment opportunities, all of which, if introduced, will be reviewed and evaluated.

The Hospital’s Nursing Strategy 2017 – 2020 looks at the key priorities for the nursing workforce as:

Work in new ways – staff will:

- understand and take advantage of national strategies;
- utilise national guidance to develop and enhance their practice, and
- focus on the wellbeing of the individual.

This will ensure staff are able to develop new roles such as Assistant Practitioners, and responsible and approved Clinicians in various specialities. By developing these areas, staff will be in a position to contribute to the safe and effective care of patients and continue to build the reputation of the Hospital as a leader in care. We will also incorporate workforce safeguards into our regular Board reporting.

Workforce key priorities 2019/20:

Key Priority	Action
Becoming employer of choice	Ensure that we maintain a good reputation with our staff for being a fair, open and honest employer. Offer flexible working arrangements and giving all staff members equal access to opportunities across the organisation. Supporting staff with regard to their health and well being.

Key Priorities 2019/20 - Part 2

Key Priority	Action
Attraction, recruitment and retention.	Making sure that our salaries and reward package are competitive and widely publicised. Review the reward package currently on offer. Offer CPD over and above mandatory requirements.
Equality and diversity.	To ensure that the diversity of the workforces mirrors wherever possible, that of the local community.
Training and education.	To offer training over and above the mandatory and statutory training requirements set by the organisation.
Talent and performance.	To aid with succession planning we will identify and nurture talent across all sectors of the workforce. We will make sure that opportunities are open to all.
Continue with Tier 2 registration.	To enable the Hospital to recruit from a number of different countries, outside the EU, we will ensure we keep our registration and offer to Tier 2 candidates.
Motivating, involving and engaging our staff.	Keeping staff informed and involved by regular communication, walkabouts, joint staff meetings and clinical forums. Implement the health and wellbeing strategy for 2018 to 2020.

“Excellent service.”

April 2018

Nursing Revalidation

All Registered Nurses due to be revalidated having successfully completed the revalidation process.

Student Placements

In 2019/20, the Hospital will host 16 student nurses. We now offer placements to Chester University students. The Hospital has commenced placements for operating department practitioners (ODP) students from Edgehill University as the theatre department now has three mentors who can offer the student a wealth of experience and a diverse clinical environment across many specialities.

Finance

The current income split is 70% from the NHS commissioned patients and the balance from private and self-pay patients.

The Hospital continues to be self-financing and has no private debt. In accordance with its charity regulator, it makes a small surplus each year that forms an investment for patient safety and comfort.

“Excellent hospital, great staff.”

March 2019

In some instances, because of the timing of expenditure and major projects, it will make a deficit but these will be the exception rather than the rule.

IT and Data Security

The Hospital's IT systems are built around its main patient database and this position will continue for the near future. The patient system will be reviewed in 2020 and other options considered. This timescale is driven by the current contract period which remains in force until March 2022. The current patient database does provide a sound base for further development and the integration of patient information with other systems. The Hospital has invested significantly in cyber security and cyber awareness training for its staff.

Competencies for Health Care Assistants

In 2019/20 there will be a number of competencies based on best practice for HCAs to complete. There are two new staff members, neither of whom are from a health care background. Both staff members have now commenced their NVQ Level 3 in care.

Leadership and Training

Investment in training will continue in 2019/20. Training forms part of the individual departments' suite of key performance indicators and is monitored to ensure compliance. Wherever possible we will utilise e-learning for staff and secure opportunities to visit other organisations and do some internal programmes such as 'walk in my shoes'.

- As part of our rolling programme of training and education, a further six RNs will complete the ALERT course in 2019. ALERT develops staff skills and competencies in order to recognise the early warning signs for Sepsis and other medical conditions that require clinical staff to intervene and prevent further complications for our patients.
- Two theatre staff have completed their Advanced Life Support certification and a further two staff members will complete at the end of 2019.
- A suite of competencies is ongoing for registered nurses that will be role specific and offer patients the assurance that Fairfield Independent Hospital has a skilled and competent workforce.

Key Priorities 2019/20 - Part 2

Currently staff are working on NEWS2 and sepsis pathways. New staff will also attend the ALERT course. Ward staff are undertaking Laser safety training, while OPD staff have completed scrub training. This will enable appropriate patients to undergo minor surgery in an outpatient setting rather than in theatre. All other mandatory training remains above the 90% completion target set by the Hospital.

- Theatre staff have undertaken further training e.g. First Surgical Assistant (FSA), in order that the Hospital can continue to offer patients skilled, efficient staff while utilising theatre resources and maintaining a high degree of safe care. One theatre staff member has completed the First Surgical Assistance course.
- The Trustee Directors, as part of their annual appraisal process, will have specific areas of training provided.

Proposed Capital Programme 2019/20

Key items from the programme include:

Location	Project	Project Cost £	Year
All Hospital areas	General upgrade of medical equipment	£50,000	2019
Theatre Sterile Services Unit	Electronic Traceability system	£30,000	2019
All Hospital areas	Mechanical and electrical equipment and building works	£25,000	2019
All Hospital areas	Upgrade of IT equipment, servers, printers and PCs.	£25,000	2019

Efficiency

Every organisation wants to get the best value for money from its suppliers. In order to achieve best value we will:

- continue to negotiate contracts with our suppliers in order to get best value and the best deal for the Hospital;
- participate in initiatives as required by our commissioners who are all looking to adopt best value principles;
- use the experience of our consultants to share their best practice initiatives.

“Excellent service.”

April 2018

“Lovely people,
lovely service.”

May 2018

Business Intelligence and Information Technology

The Hospital's IT systems are built around its main patient database and this position will continue for the whole of the period of this operational plan. The patient system will be reviewed in 2020 and other options considered. This timescale is driven by the current contract period, which remains in force until March 2022. The current patient database does provide a sound base for further development and the integration of patient information with other systems.

Charitable Objectives and Public Benefit

As a charity, the Hospital will continue to deliver services that are of public benefit.

Partnerships

Being an independent hospital, it is vitally important to have effective working relationships with our 'partners'.

The Executive Team will continue to ensure that they are 'connected' to what is happening both locally and nationally. This landscape is changing very rapidly especially around some of the proposals in the NHS Long Term Plan. At Fairfield, we do see ourselves as a key player in the local health economy and it is clear from our patient feedback that the patients who use our services do hold us in high regard. We are responsive to the GPs who refer patients to us and the patients who choose to come to Fairfield. It is unfortunate but again we have not been included by health commissioners/planners in the development of the plans for the future of the NHS in the North West. However, we will continue to offer support to the NHS, for example extra support beds to help alleviate winter pressures or helping to reduce waiting times by offering to carry out surgical procedures for those organisations who have high numbers of patients waiting for surgery.

Marketing and Communication

We will ensure that we include important information on our website for patients regarding the procedures we carry out. We will also provide links to other websites where patients can source credible information over and above what we have published.

Fundraising and alternatives

We are a trading charity and, as such, we are not perceived as needing to fundraise in the ways that other charities are seen.

Key Priorities 2019/20 - Part 2

However, we can exploit our status and history but we have to acknowledge that we are not resourced or required to run fundraising campaigns.

External Environment

The Hospital continues to be very susceptible to market forces. Like many 'private' hospitals, we continue to be a key partner with NHS Commissioners.

We will also ensure that we stay engaged with the CCGs and participate in any initiatives that are suitable and will:

- be at a realistic price;
- take up any spare capacity or utilise our site more efficiently, and
- not be detrimental to the efficiency and high standards of the Hospital.

Infection Prevention and Control

Fairfield Independent Hospital considers infection prevention and control to be a core element of quality and patient safety. We have a fantastic record of good infection control of which we are very proud and we want to make sure that this continues.

Infection Rates April 2018 - March 2019

	MRSA Positive Patients	C-Difficile Positive Patients	MSSA Positive Patients	E-Coli Positive Patients	Patients requiring Antibiotics following surgery	Infection Rate
April '18 - Mar '19	0	0	0	0	30	0.67%

Safety Thermometer Harm Free Rates April 2018 - March 2019

The NHS Safety Thermometer requires hospitals to measure harm and the proportion of patients who are 'harm free' from pressure ulcers, falls, urine infections (in patients who have a catheter) and blood clots. This survey is carried out on one day each month and is possibly the largest patient safety data collection of its kind across all hospitals.

	Harm Free
Fairfield Independent Hospital	99.9%
National Safety Thermometer Average	94%

“Was kept well informed.”

June 2018

“Made things easy from start to finish.”

July 2018

We will continue to support and develop the role of the Infection Prevention and Control Lead Nurse.

We are very aware that we do not publicise this information and during 2019/20 will ensure that we develop specific page on our website so this key information is available to patients with a couple of ‘clicks’.

Joint Advisory Group (JAG) Accreditation for Endoscopy

I am delighted to report that the Hospital is now accredited with JAG, which is an excellent result and evidence of the importance that the Hospital places on keeping patients safe. It would not have been possible without the dedication of our staff, the support of our Consultants and the investment made by the organisation in order to achieve this recognised quality initiative.

2.7 Summary of priorities for 2019/20 aligned to CQC domains

SAFE: That people who use our services are protected from abuse and avoidable harm

- We follow best practice standards (clinical, professional, safeguarding, information governance and operational) to provide the safest possible patient care.
- Staff are aware of their requirements as an alerter should a safeguarding issue be disclosed or witnessed, all staff have knowledge and an understanding of the reporting process. We will ensure that patients undergoing surgery at Fairfield Independent Hospital have appropriate arrangements in place for children and other dependants during their hospital stay.
- We will continue to have oversight of risks and issues affecting the safety of patients and staff and learn from mistakes and best practice.
- Safety is our number one priority — it is part of our culture.
- We will always have enough staff on duty with the right skills, knowledge, equipment and experience.

CARING: Ensuring that the service we provide treats people with compassion, kindness, dignity and respect and involves patients in all aspects of their care.

- Patients are looked after in a caring environment.
- Patients have access to the most up-to-date and accurate information to make decisions about their own care.
- Staff treat every patient as an individual and with dignity and respect.

RESPONSIVE: Providing services to meet peoples needs

- Care and treatments are designed to meet individual patient needs.
- We promote equality and equity in access to our services.
- Patients have timely access to our services.
- Listen and act on feedback from patients.

EFFECTIVE: People's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence

- Awareness of advances in research and technology for better patient outcome.
- Systematically review outcomes and clinical practice to identify improvement opportunities and implement evidence based practices.
- To provide consistently good services to include further investigation of health gain scores for total knee replacement.

WELL LED: The leadership, management and governance of the organisation make sure it is providing high-quality care that is based around individual needs. The organisation promotes learning from mistakes and has a culture that is open and fair.

- Recruit, develop and retain a highly motivated and expert workforce.
- Develop strategic and operational plans to meet current and future needs.
- Build improvement capacity and capability at all levels.
- Improve the financial stability of the organisation.
- Prioritise staff health and wellbeing.
- Promote equality and diversity.

2.8. Conclusion

Fairfield continues to be an integral part of the local health economy and the local community. Patients make a conscious choice to choose to come to the Hospital for their treatment and care.

We are aware of our limitations but everyone has a 'can do' attitude and are supportive of the ethos and the culture, which prevails across the organisation. As a 'not for profit' organisation, those who use our services can be confident that we would never put commercial gain before the safety and quality of the care that we provide.

“Excellent service, nothing to improve.”

August 2018

“Looked after really well.”

September 2018

PART 3: MANDATORY STATEMENTS

Overview and Review NHS Services 2018/19

During 2018/19 Fairfield Independent Hospital provided advice and treatment to 10,350 (2017/18 - 10,400) NHS patients referred from 337 (336) different GP practices and 37 (37) different CCG areas.

Fairfield Independent Hospital has reviewed all the data available to it on the quality of care for those services. The income generated by the NHS services in 2018/19 represents 100% of the total income generated for the provision of NHS services by Fairfield Independent Hospital.

3.1. Participation in clinical audits

During 2018/19 Fairfield Independent Hospital participated in 6% national clinical audits and 0% confidential enquiries of the national clinical audits in which it was eligible to participate.

No National Comparative Enquiry into Patient Outcome and Death (NCEPOD) was undertaken, as Fairfield Independent Hospital (FIH) was not eligible.

The national clinical audits that FIH were eligible to participate in during 2018/19 were as follows:

National elective surgery - Patient reported outcome measures (PROMS)

- Hip and knee replacements

National Joint registry (NJR) — hip knee and shoulder replacements.

Safety Thermometer — is snap shot record of a number of “Harms” to patients that may have occurred nationally, eg pressure sores, urine infection and blood clots. To date Fairfield has consistently recorded “no harms” for our patients. 94% of patients are reported as harm free nationally. Fairfield Independent Hospital reported 99.9% harm free from April 2018 to March 2019.

Breast Implant Registry — commenced in 2017 to ensure that patients who consent to their data input contribute to a national database — NHS Digital.

The Hospital received a certificate of accreditation from the NJR for the quality of its data submissions. FIH achieved 100% consent and link ability. The report showed that 70% of independent hospitals were reported as achieving a consent and

link ability rate greater than 95%, compared to 48% of NHS hospitals. FIH achieved a 100% consent and likability for the NJR and are currently undertaking a trial data source for the NJR.

The reports of national clinical audits were reviewed by the Hospital in 2018/19 and we do not qualify for any of the studies in progress.

The Hospital undertook an internal audit to assess patient outcomes following knee replacement surgery to enable the Hospital assure our patients. This audit was also in response to the fall in the health gain for knee replacement surgery as reported via PROMS. This audit indicated that FIH deliver safe effective joint replacement surgery, with outcomes our patient's aspire to. The audit compared FIH patients against national figures who, following a joint replacement, then went on to require a post joint replacement manipulation.

- Nationally less than 5% patient require a manipulation (MUA) post joint replacement
- FIH audit evidenced a 4.7% of patients who required a manipulation post joint replacement.

FIH have introduced a joint school for pre-operative joint replacement patients for which we are receiving excellent feedback. This has also lead to early mobilisation, great mobility and a return to 'normal' activity in a shorter time scale. Going forward, to reduce the need for manipulation post knee replacement, the Hospital will continue with the joint school and is about to embark on the AQUA quality standard for joint replacement. Once this is implemented the Hospital expects to see a further reduction in MUA and an increase in patients post-surgery reporting health gain.

3.2 Participation in Research

The Hospital does not participate in clinical research.

3.3 Goals agreed with NHS Commissioners (CQUIN)

Use of Commissioning Quality and Innovation (CQUIN) framework.

During 2018/19 we entered into an agreement with the NHS to provide services for the local populations. A percentage of the Hospital's NHS income was dependent on achievement of the CQUIN targets agreed with the NHS commissioners. I am pleased to report that the CQUIN targets were achieved.

Details of CQUIN targets and achievements are shown in Schedule 1.

“Perfect as it is.”

October 2018

“Everything was excellent. So very grateful for the NHS for allowing me to choose Fairfield Hospital.”

November 2018

3.4 Regulation

Fairfield Independent Hospital is regulated by the Care Quality Commission to provide the activities detailed below in accordance with Schedule 1 of the Health and Social Care Act 2008.

Regulated Activity - Diagnostic and screening procedures

Regulated Activity - Surgical procedures

Regulated Activity - Treatment of disease, disorder or injury

The Hospital has maintained its certified accreditation of ISO 9001 and ISO 27001.

3.5 Data Quality

Fairfield Independent Hospital submitted 34,855 (35,573) records during 2018/19 to the Secondary Uses Service (SUS) for inclusion in Hospital Episode Statistics that are included in the latest published data. The percentage of records in the published data, which included the patient's valid NHS number and GP identifier, was:

100% for admitted patient care

100% for outpatient care

3.6 Information Governance

The Hospital is continually reviewing its information governance to ensure that all information relating to and identifying individuals is managed, handled, used and disclosed in accordance with the law and best practice.

The Hospital published its self-assessment against the Data Security and Protection Toolkit in March 2019. The self-assessment demonstrated that it had met the standards set by NHS Digital.

3.7 Governance

Whilst the role of the Board encompasses overseeing the implementation all the organisation's plans, it also has a major role in the implementation all the organisation's plans, it also has a major role in ensuring effective stewardship and ensuring high standards of corporate governance and personal behaviour. It is important that the Hospital has a highly effective and efficient Board that has the skills, competence and business acumen to drive the strategic agenda.

As a registered charity and a company limited by guarantee without share capital we have to balance the requirements of running a not-for-profit business with the need to achieve our charitable aims and objectives: to demonstrate public benefit; adhere to the values of our charity; adopt best practices and act with integrity at all times.

Mandatory Statements - Part 3

In 2018/19 the key governance development areas were:

Objective	Progress
To continue to improve our methods of monitoring our performance against the Care Quality Commission Standards. We will regularly update and demonstrate evidence of our compliance. If we identify areas where we are not compliant, we will ensure that there are clear action plans in place that enable us to move to compliance quickly.	Reviews of all audits - completed. Engagement meetings with CQC - undertaken. Review of risk register and the work streams that 'feed' into the register - work ongoing. Implementation of electronic policies to provide audit and monitoring - completed.
To continue with management and Board "walk-a-bouts", testing processes, talking to staff and to patients and improving quality standards.	These have continued throughout the year and we see this will be a key feature of continued engagement.
We will continue to develop our governance framework by the introduction of further policies and procedures into the ISO framework.	This is an ongoing. Looking at electronic means of auditing policy acceptance by staff. Policies and ISOs are introduced as and when required.
Our audit programme for 2018/19 will be agreed by the Board and the MAC. The clinical audit programme will be linked into any incidents or adverse events that may have occurred and will demonstrate the learning that we would expect to see as a result. Regular ISO 9001 and ISO 27001 audits will also take place across the organisation.	Achieved. Reported to CCG as part of CQUIN.
We will continue to undertake Root Cause Analysis scenarios with senior staff at least twice yearly.	Table top exercises have taken place with staff on scenarios and live incidents. These have been well received.
We will continue to encourage staff to report incidents no matter how small, and investigate them positively to help us learn about our organisation and way we can improve our systems and make them less open to risks.	We have considered a move to an electronic incident reporting framework. However following an in-house review we felt resources would be better deployed in ensuring that the current manual system was robust. Staff are being encouraged to report incidents, no matter how minor, so that routine incident reporting is further embedded into our culture across the organisation.

“My husband was so pleased at the excellent service he’s had in this hospital and relieved this was his choice.”

December 2018

“Lovely clean and welcoming hospital.”

January 2019

Objective	Progress
We will continue to build up our Risk Register, updating the Board bi-annually and reporting incidents bi-monthly.	We are building up detailed individual department risk registers that feed into the main Risk Register.

3.8 Patient Satisfaction

The results for 2018/19 show:

- 99.5% of the patients rated the cleanliness of the Hospital as very good or excellent;
- 99% of the patients rated the overall standard as very good or excellent, and
- 100% of patients would recommend the Hospital to a friend or family member.

From April 2018 to March 2019, the number of questionnaires returned equated to a 70.2% response rate.

As part of the JAG standards, a patient satisfaction questionnaire is offered to FIH patients. This showed that from January 2019 to March 2019:

- 74% of patients returned their questionnaire;
- 87% of these patients rated FIH care as ‘excellent’, the remaining 13% rated FIH as ‘very good’, and
- 100% of patients rated FIH as treating them with privacy, dignity and respect;
- 95% of patients received their endoscopy prior to discharge; this figure is continuing to improve.

Friends and Family Test

Inpatient full year average 2018/19:

Average total number returned per month	Extremely Likely	Likely	Neither likely nor unlikely/Extremely unlikely/Don't know
175	94%	5.5%	.05%

Outpatient full year average 2018/19

Average total number returned per month	Extremely Likely	Likely	Neither likely nor unlikely/Extremely unlikely/Don't know
150	85%	14.5%	.05%

Complaints 2018/19

As a learning organisation, we actively seek out patient comments both positive and negative. If a patient makes a negative comment that is not a formal complaint, it is investigated and a response is sent to the patient with an apology and explanation. We genuinely feel that this pro-active, timely approach to negative comments reduces the number of formal complaints and shows our patients that we are listening to what they say.

17/18 figures shown in brackets:

Categories:	Clinical care	2	(4)
	Consultant	3	(7)
	Administration	3	(2)
	Attitude	2	(3)
	Total	10	(16)

All of our complaints are reported across the organisation from the Board to the 'shop floor' and we do keep a record of things that we have changed because of a patient bringing something to our attention. We provide the CCG with quarterly reporting on all NHS complaints, how they have been investigated, actions taken, learning and evidence of learning. We monitor trends for all complaints. All Consultant specific complaints are fed into the appraisal process at their NHS Employer.

3.9 Serious Untoward Incidents

There were no hospital serious untoward incidents reported for the period.

3.10. Workforce

We have no greater asset than our workforce; we want to continue to work with them in building and developing a successful business in which they feel their work and the contribution they make is valued.

During 2018/19 we increased our establishment in order to strengthen both our governance and clinical areas. We also replaced staff who have resigned from our organisation.

The shortage of appropriately qualified skilled staff continues to give cause for concern. We do offer career opportunities across the organisation and we have employed two apprentices during the year. Following Brexit, the uncertainty over the free movement of people will affect healthcare providers seeking to secure talented and skilled medical professionals.

As the charts shown below demonstrate we do have a workforce, where 76% of employees are in the over 40 age group and 55%

“Everything was perfect and professional.”

February 2019

“Excellent hospital, great staff.”

March 2019

are over 50. While this provides an experienced and highly competent workforce, it also has implications for training and ensuring our clinical staff are competent in the latest medical practice and continue to be professionally aware.

We have advertised on NHS jobs and have clearly articulated in our adverts why it is good to work at Fairfield and what the benefits are. Staffing levels are matched to clinical activity so we ensure that we provide a safe service at all times.

Short term sickness level across the Hospital has fluctuated over the year between but averages at about 2.23% Long term sick leave is more problematic for a small organisation like FIH but we have put measures in place to resolve LTS in accordance with our Sickness and Absence Policy. All managers ensure that they regularly monitor sickness levels and that staff, as appropriate, are referred to the Occupational Health Service.

Staff have met on a regular basis with the Chief Executive Officer. These meetings have proved very successful and are welcomed by staff. They allow a free flow of information, from the ‘horse’s mouth’ so to speak, enable questions and challenges to the decision making process and provide an up-to-date picture of where the organisation is in terms of commissioner contracts, finance and other factors.

We have continued to be a good employer offering flexible contracts to suit individuals at the various stages of their career. The fact that recruitment is so challenging means that the organisation has to be very flexible in the range of opportunities, employment packages and working arrangements that it offers its staff. We want to retain the highly skilled workforce that we have. We are also committed to developing our staff and offer training opportunities in line with appraisal and personal development plan objectives.

For the past few years, we have been providing leadership and training opportunities for all staff who work for the organisation in order that they can progress their careers. During 2018/19 we made a number of key appointments to the management infrastructure for staff who we have nurtured and invested in with regard to training and career enhancement.

Mandatory Statements - Part 3

Clinical Workforce (excluding Consultants)

The 2018/19 age profile of the clinical workforce is shown below:

Clinical							
Under 20	20-29	30-39	40-49	50-59	60-69	70-79	Total
0	17	8	24	37	15	2	103

Non Clinical workforce

The 2018/19 age profile of the non-clinical workforce is shown below:

Non Clinical							
Under 20	20-29	30-39	40-49	50-59	60-69	70-79	Total
1	7	12	18	32	19	2	91

Gender

The 2018/19 gender profile of the total workforce is shown below:

Gender	Under 20	20-29	30-39	40-49	50-59	60-69	70-79	Total
Male	0	20	7	9	10	4	0	50
Female	1	4	13	33	59	30	4	144

Student placements

Fairfield Independent Hospital continues to offer valuable placements to local nursing students. Many of our senior nurses are trained mentors with teaching and assessing qualifications. The universities carry out an independent audit of our facilities and staff education/qualifications levels. The Hospital offers a wide range of specialities allowing students the opportunity of following patients through every stage of their elective surgery, from pre-operative assessment to theatre, inpatient stay to physiotherapy as an outpatient. This offers a holistic overview of a patient journey. In 2018/19 the Hospital will host and assess 9 allocated student nurses with a further allocation in September 2019 of a minimum of 6 more nursing students as the hospital now offer placements to Chester University students.

“Excellent service.”

April 2018

“Lovely people, lovely service.”

May 2018

Competencies for Registered Nurses (RN)

The competency framework has been ongoing on the ward and outpatients, evidencing theatre competencies across medical devices in progress and will be delivered in 2019.

3.11. Clinical Risks Assessment and Management

Clinical risk management continues to be a fundamental part of our approach to quality and governance. Supported by the Assistant Director for Governance, we continued to use our risk framework in actively seeking to identify, reduce and mitigate against clinical risk; ensuring that our patients, their families and carers receive care and services that are both safe and effective whilst addressing their individual needs.

3.12. Training and Education

During 2018/19, staff have completed ALERT training. This course ensures staff are able to intervene at an earlier stage to prevent a patient deteriorating to a level that would require robust medical interventions. Eligible staff are on a rolling programme.

Female Genital Mutilation training – 92% completed by staff.

During 2018/19, the mean average for completion of all mandatory training was 90.5%.

All staff in Sterile Services have completed endoscopy training, water sampling and testing for the endoscopy washers.

All Ward HCAs have been trained in NEWS2 ensuring that staff are aware of any patient who may be deteriorating and how to escalate the issues.

3.13. Refurbishments/Capital Programme 2018/19

The associated works and investments that we have completed in 2018/19 include the following:

	Cost £
Upgrade of Theatre 2 with Ultra Clean Ventilation System	195,000
Dekomed washing system	50,000
New Theatre Saws and Orthopaedic equipment	47,000
Echo cardio machine	30,000
Defibrillators	16,000

Mandatory Statements - Part 3

Theatre Ultra Clean Ventilation

The work was undertaken to further ensure that the quality of air and the risk of infection was further reduced for all surgery. It has also provided the Hospital with a backup facility should the air-handling unit in one of the hospitals other theatres fail.

3.14 Environmental Issues

Segregation of the waste continued across the Hospital. New suppliers will be sourced on the basis that they have the recognised ISO 14001 Environmental Quality Management standard.

At Fairfield we are committed to the environment as well as our patients and we continue to promote a low carbon culture across our hospitals. We continually review how we operate our buildings and infrastructure to improve the carbon efficiencies.

3.15 Efficiency

- We have entered into longer term contracts in order to get discounts on products and consumables.
- We have not had the opportunity to participate in any NHS commissioner initiatives in 2018/19 but do continue with the MRI direct access scheme for West Lancashire CCG.
- Our move to a paper-light organisation in 2018/19 has not been without some teething problems. However, reduction in filing space for records has given us the potential to utilise our space more efficiently. When resources allow we will seek to develop this space for the benefit of our patients.
- We continue to outsource certain administrative functions to accredited suppliers.

3.16 Business Intelligence and Information Technology

During 2018/19 we restructured our IT service. This means that we now have a departmental structure which can focus our resources on improving our use of digital information, enhance our reporting and provide better IT support to our clinical and administrative staff.

3.17 Charitable Objectives and Public Benefits

As a charity, the Hospital will continue to deliver services which are of public benefit. The organisation also recognises that this must be demonstrable.

“Was kept well informed.”

June 2018

“Made things
easy from start
to finish.”

July 2018

3.18 Partnerships

During the past few years, we have developed strong foundations with our key partners, working with them so that our agreements are focused on the right priorities going forward. We have broadened our partnerships to take advantage of wider opportunities for driving change and improvement and of course development and diversification.

We have not had the opportunity to work with our NHS partners in providing any extra capacity during 2018/19. We did offer a minimum of 4 beds to specifically help with winter pressures but they were not utilised by either St Helens and Knowsley Teaching Hospitals Trust or St Helens CCG. With the increase in patient waiting times for surgery across the economy, it is disappointing that we have not been approached to carry out work on a sub-contractual basis to help reduce waiting times and help patients on the road to recovery so they are pain free.

3.19 Marketing and Communication

Our social media channels have all been branded and various communications are posted regularly. We have received a large number of very positive communications on social media and NHS Choices and have fed these back to the staff.

3.20 Other Risk Areas

The Charity is totally committed to minimising, managing and preventing risk through a comprehensive and systematic system of internal controls, whilst maintaining potential for flexibility, innovation and best practice delivery.

As part of the Hospital's assurance framework, the risk register has provided the Board with the detail of the high level risks within the organisation and how those risks are being/have been effectively managed.

The Hospital will continue to produce the annual Quality Account which details the quality of the services that we deliver.

The risk profile for the Charity includes:

- Financial
- Clinical
- Workforce
- Infrastructure risks

3.21 2018/19 Round-Up

The Board and staff at Fairfield are all aware that to remain a viable organisation we have to continue to offer high quality care in a safe and welcoming environment. However, the provision of that care has to be affordable and offer us the opportunity to make a surplus in order to reinvest in the organisation. Unfortunately, in 2018 due to a number of factors, including the NHS tariff and investment in operating theatres, we did make a deficit. We have worked with the CCG over the year to implement their policies and procedures for ensuring that the treatments we provide are clinically necessary and that patients get the right treatment by the right person at the right time.

“Excellent service, nothing to improve on.”

August 2018

4.1 Review Core Quality Indicators 2018/19

“Looked after really well.”

September 2018

Development area	Outcome to be achieved	Did we achieve it	Lessons learnt
Clinical Effectiveness			
Improve antibiotic prescribing.	Ensuring that antibiotics are prescribed in line with local formulary.	Yes	Monitoring takes place regularly and reported via CCG monitoring framework.
Sepsis	Ensure that any potential infected patients are assessed using the sepsis 6 assessment tool as per policy and appropriately treated within the timescales. The IPC lead will ensure the Hospital is up to date with national guidelines.	Yes	NEWS 2 has been implemented and staff have completed this training. New staff who have not completed the ALERT training will complete training in 2019. National Sepsis guidance has been reviewed alongside FIH current IPC policies. Minimal changes to documentation are required; no changes to process due to the early implementation of NEWS to the Hospital.
Improving care for those with dementia.	Staff will complete cognitive assessment for all patients 75 and over. This will highlight specific needs for patients with early stage dementia and those with a confirmed diagnosis. The Hospital will be in a position to ensure Dementia patients have all their specific needs met from admission to discharge.	Yes	Pre-operative assessment staff communicate with both theatre and the ward to highlight specific needs at the weekly scheduling meeting, this meeting enables staff from all clinical areas to meet and discuss any issues for the following weeks patients who will be attending the Hospital for surgery/diagnostics.

Core Quality Indicators 2018/19 - Part 4

Development area	Outcome to be achieved	Did we achieve it	Lessons learnt
Improving the health and well-being of our staff, patients and the wider community.	Continue our programmes of health education and monitoring for patients in terms of smoking cessation and general guidance on health and wellbeing.	Yes	Our audits indicate that staff are supporting the public in stopping smoking by offering advice and guidance at pre-op and admissions.
Workforce redesign.	Design and implement a health and wellbeing policy for our staff.	Yes	Being rolled out.
	By adopting the General Data Protection Requirements, we enhance the security and safety of patient records and their confidence in our management of patient confidentiality.	Yes	All staff have undertaken certified training on GDPR and now form part of mandatory training which is monitored regularly.
	Looking at more enhanced and different roles for clinical staff. Working in partnership with others.	Achieved in part - ongoing.	Enhancement of roles and development of competencies enables the organisation to retain staff. The cost of recruitment cannot be underestimated.
Patient Safety			
Risk Management	Continually review risk assessments across the Hospital annually.	An ongoing process.	Further training was required and this has now been completed.
	Development of a Human Factors training programme for all staff to increase staff awareness on risk.	Not undertaken	The Hospital made the decision to provide further training across all elements of risk management and incident reporting.

“Perfect as it is.”

October 2018

“Everything was excellent. So very grateful for the NHS for allowing me to choose Fairfield Hospital.”

November 2018

Development Area	Outcome to be Achieved	Did we achieve it	Lessons learnt
Risk Management	Review the process of incident reporting information feeding into the risk.	Yes	Process has been reviewed and a revised procedure has been implemented.
	Risk assess, as far as possible, the implications of a no deal Brexit.	Yes	Risk assessment has been completed and presented to the Board. Ongoing monitoring and making sure that the organisation stays 'connected'.
Evidencing good governance to a recognised standard.	Achieve the new ISO 9001:2015 standard and training on the new standard given to management and senior members of staff.	Yes	N/A
Clinical Audit	Our clinical audit programme for 2018/19 was linked to incidents/ adverse events that had occurred. It also demonstrated the learning that we expected to see as a result.	Yes	Care round audit showed some issues re the documentation, an action is in progress. Re-audit in Dec 2019.
JAG accreditation	Achieved	Yes	To ensure standards are adhered to at all times via monitoring at the Endoscopy User Group meetings.
Patient Experience			
Treating patient with care and compassion.	Making sure that we go the extra mile for patients.	Yes	Local anaesthetic patient audit regarding the process to theatre during and post surgery gave a 98% satisfaction rate.

Development Area	Outcome to be Achieved	Did we achieve it	Lessons learnt
Treating patient with care and compassion.	Recruiting staff with a can do attitude and who display qualities of care and compassion do patient focussed.	Yes	Local anaesthetic patient audit regarding the process to theatre during and post surgery gave a 98% satisfaction rate. Part of the interview processes for all levels of staff.
To improve the discharge process.	Review of care pathways to ensure that the discharge process is safe and effective and that discharge is documented. Productive ward model benchmarking.	Yes	Discharge criteria is met with patients leaving hospital with all relevant information this includes wound care signs & and symptoms of infection and DVT, medication information, follow up appointment and contact details if the patient has any concerns. GP's also have this information within the 24 hour time frame.
To meet all waiting time standards.	Enhance our internal processes for monitoring and reporting.	Underway.	Despite the fact that waiting time targets have be relaxed by the NHS we continue to maintain excellent waiting times for our patients, The Board is totally committed to the fact that wherever possible no patient who chooses to attend FIH should wait beyond 18 weeks for their treatment.
	Compliance with national standards.	Yes	To date there have been no breaches of the waiting time target that is monitored by the CCG.. Concerns have been raised at Board level regarding IFR process that has been introduced by many CCGs which delays patient care due to a CCG approval process. This will be monitored.

“My husband was so pleased at the excellent service he’s had in this hospital and relieved this was his choice.”

December 2018

4.2 Regularly Reported Indicators

“Excellent hospital, great staff.”

March 2019

Indicator	Total numbers in period 1 April 2018 to 31 March 2019	%
Inpatient mortality	0	0%
Peri-operative mortality	0	0%
Unplanned readmissions within 28 days	5	0.03%
Unplanned returns to theatre	6	0.11%
Unplanned transfers to another hospital	9	0.17%
Mortality within 7 days of discharge	0	0%
Pulmonary Embolism	1	0.01%
Deep Vein Thrombosis	2	0.03%
Surgical infection rate	30	0.6%
MRSA blood cultures	0	0%

4.3 Prescribed information

The indicators detailed below have been included by NHS England as part of the suite of information that should be included in the 18/19 Quality Account.

NHS Outcomes Framework Domain	Indicator	Results
Preventing people from dying prematurely	a) Summary hospital-level mortality indicator b) The percentage of patient deaths with palliative care coded.	Nil (0) patients died in the reporting period. Nil (0) palliative care in N/A to patients referred to FIH. Fairfield Independent Hospital considers that this data is as described.
Helping People to recover from episodes of ill health or following injury.	Patient reported outcome measures Hip replacement surgery. Knee replacement surgery.	Average health gain, based on Oxford scores. Full year figure 17/18 finalised figures. NHS England figures shown in brackets. Oxford hip score 23.1 (21.3) Oxford knee score 15.3 (17.1) Fairfield Independent Hospital considers that this data is as described.
	The percentage of patients aged 16 and over readmitted to the hospital within 28 days of being discharged.	In 2018/19 0.03% of patients were readmitted to the Hospital within 28 days of discharge. Fairfield Independent Hospital considers that this data is as described.
Ensuring that people have a positive experience of care.	Personal needs data from Health and Social Care Information Centre.	National data not available. In house questionnaire results detailed on Page 26. Fairfield Independent Hospital considers that this data is as described.

“Excellent service.”

April 2018

“Lovely people,
lovely service.”

May 2018

NHS Outcomes Framework Domain	Indicator	Results
Treating and caring for people in a safe environment and protecting them from avoidable harm.	Percentage of eligible patients who were admitted to Hospital and who were risk assessed for a venous thrombo-embolism. Cases of C- difficile reported. Rates of patient safety incidents and the number of such incidents that resulted in severe harm or death.	100% 0 (Nil) Fairfield Independent Hospital considers that this data is as described.
Patient safety.	The number of patient safety incidents reported during the period and the number and percentage of such patient safety incidents that resulted in severe harm or death.	0 (Nil) Fairfield Independent Hospital considers that this data is as described

Schedule 1 - Overview of CQUIN Targets & Achievements

CQUIN	Rational	Q4 Status
Antibiotic review	The purpose of this CQUIN proposal is to embed a systematic approach towards reducing the chance of the development of strains of bacteria that are resistant to antibiotics with a prompt identification and appropriate treatment of infections.	Report submitted. ACHIEVED
Safer timely discharge	There is a considerable evidence for the harm caused by poor patient flow. Delays lead to poor outcomes for patients, create financial pressures and impact on performance measures. We know that longer stays in hospital can lead to worse health outcomes and can increase their long-term care needs.	Report submitted – no issues. ACHIEVED
Increase flu vac uptake	Frontline healthcare workers are more likely to be exposed to the influenza virus, particularly during winter months when some of their patients will be infected. It has been estimated that up to one in four healthcare workers may become infected with influenza during a mild influenza season - a much higher incidence than expected in the general population. Year 2 target 75%.	A targeted campaign took place during the autumn of 2018 to increase the numbers of staff across all staff groups being vaccinated against flu. This included: drop in sessions, ad hoc sessions, in some cases specific appointments were available to staff to support the staff attend while clinical activity continued. As a result, 75% of front line staff were vaccinated against flu. ACHIEVED
Healthy food: 80% of drinks lines stocked must be sugar free (less than 5g of sugar per 100ml). In addition to the usual definition of SSBs it also includes energy drinks, fruit juices and milk based drinks (with sugar content over 10g per 100ml).	PHE's report "Sugar reduction – The evidence for action" published in October 2015 outlined the clear evidence behind focussing on improving the quality of food on offer across the country. Almost 25% of adults in England are obese, with significant numbers also being overweight. Treating obesity and its consequences alone currently costs the NHS £5.1bn every year.	Targets year 2 The vending facility available to patients, staff and visitors now offers reduced fat/sugar snacks below 250 calories and a range of sugar free drinks that are less than 5g sugar per 100 ml. Examples of drinks now offered are: Diet Coke, sugar free Tango, Vimto Zero, water and 7 Up Free. 80% of drinks are now sugar free. ACHIEVED

Schedule 1 - Overview of CQUIN Targets & Achievements

CQUIN	Rational	Q4 Status
<p>80% of confectionary and sweets do not exceed 250 kcal.</p> <p>At least 75% of sandwiches and other savoury meals available (wraps, salads, pasta salads) contain 400 kcal or less per serving and do not exceed 5.0g of fat per 100g.</p>	<p>Sugar intakes of all population groups are above the recommendations, contributing between 12 to 15% of energy tending to be highest among the most disadvantaged who also experience a higher prevalence of tooth decay and obesity and its health consequences. Consumption of sugar and sugar sweetened drinks. It is important for the NHS and other providers to start leading the way on tackling some of these issues, starting with the food and drink that is provided and promoted in hospitals.</p>	<p>Examples of snacks now available are:</p> <p>Yoghurt Break - 144 calories Berry Delights - 135 calories French Fries - 92 calories Cadbury snack - 97 calories</p> <p>ACHIEVED</p> <p>In consultation with suppliers, we have sourced low calorie alternatives to menu items. Examples being low fat mayonnaise, removal of sugar from certain recipes, eg soups, sauces. This has resulted in a menu containing 75% savoury meals offered (wraps, sandwiches, salads and main courses) being under 400 calories per serving.</p> <p>ACHIEVED</p>

Schedule 2 - Clinical Audit Progress Quarter 4

Fairfield Independent Hospital 2018/19 Clinical Audit Progress Quarter 4				
No.	Dept.	Title	End Date	Status
Rad02/18	Radiology	LMP re audit.	July 18	Complete – no further actions made.
T/02/18	Theatre	Effectiveness of the pre op huddle and debrief and use of NatSSIP's	Sept 18	Completed no further action necessary. Audit shown at Clinical Governance meeting Feb 19.
OPD01/18	Outpatients	Outpatients risk management.	July 18	Completed no further actions were deemed necessary. No changes to practice or process made
OPD03/18	Outpatients	Pre assessment day case requirements.	June18	Completed no further actions were deemed necessary. No changes to practice or process made.
PH03/18	Physiotherapy	Analysis or time for physiotherapy report to be sent to referrer.	Sept 18	Completed no issues. No further action required.
PH/8	Physiotherapy	DNA rates for physiotherapy.	Aug 18	Completed and now monitored on a monthly basis through the relevant ISO.
DEC01/18	CSSD	Traceability of flexible endoscope.	July 18	Completed no further actions were deemed necessary.
DEC02/18	CSSD	Staff competency standards within decontamination of reusable instruments.	Sept 18	Completed, no further actions were deemed necessary.
DEC03/18	CSSD	Traceability audit.	July 18	Completed no further actions were deemed necessary.
DEC04/18	CSSD	Annual competency assessment.	May 18	Completed no further actions were deemed necessary.
DECO6/18	CSSD	Patient survey for endoscopy procedures.	June 18	Completed no further actions were deemed necessary. The outcome of these are monitored on a regular basis.
DEC07/18	CSSD	Theatre staff competencies	June 18	Completed no further actions were deemed necessary.



The Gamble Building
Victoria Square
St Helens
WA10 1DY

Cheryl Nolan – Chief Executive
Fairfield Independent Hospital
Crank Road
St Helens
WA11 7RS

24th May 2019

Dear Cheryl

NHS St Helens Clinical Commissioning Group and NHS Knowsley Clinical Commissioning Group thank you for the opportunity to comment on the Fairfield Independent Hospitals Quality Accounts for 2018/19.

The CCGs commend the Hospital on its achievements in 2018/19 including:

- a) Zero levels of hospital acquired MRSA, MSSA, E-coli and C-difficile
- b) 99.9% harm-free care against the National Safety Thermometer Average of 94%.
- c) Implementation of NEWS2 with staff completing training
- d) Zero patient deaths
- e) Joint Advisory Group (JAC) Accreditation for Endoscopy
- f) Completion of cognitive assessment for all patients 75 and over to improve care for those with dementia
- g) 100% of NHS patients would recommend Fairfield Independent hospital to a friend or family member

This Account indicated the hospitals commitment to improve the quality of the services it provides and supports the key priorities for improvement of quality during 2019/20.

- a) To improve the safety for patients, visitors and staff and outcomes for patients.
- b) To improve patient experience
- c) To further develop a highly skilled motivated and engaged workforce
- d) To ensure the organisation is stable and viable

The CCGs acknowledge the CQC rating of Good as published in January 2017 and as suggested in last years feedback this could be referenced within the account.

Statements from External Sources

The Commissioners will continue to monitor Fairfield Independent Hospital through the bi-monthly Contract Review meetings to gain assurance that the quality and safety of services delivered to patients continues to improve and that effective governance processes are in place and embedded throughout the organisation.

Yours sincerely



LISA ELLIS
CHIEF NURSE/DIRECTOR OF QUALITY
NHS ST HELENS CLINICAL
COMMISSIONING GROUP



DIANNE JOHNSON
CHIEF EXECUTIVE
NHS KNOWSLEY CLINICAL
COMMISSIONING GROUP



Fairfield Independent Hospital - Quality Accounts 2018-2019

Comments and feedback

In general, there are some grammar and punctuation errors throughout the document that have been overlooked.

It's positive to see that a key priority is redesigning the workforce, which shows a commitment to making changes to the benefit of both patients and staff, as does the commitment to improving the wellbeing of staff and patients.

The improvement of care for patients with dementia is good to see, given the ageing population in St Helens, as is the attempt to identify patients with specific needs through cognitive assessments.

It's reassuring to see that consideration will be given to the attitude of potential staff during recruitment, from a Healthwatch perspective, as the attitudes of staff is often what we receive the most feedback about.

The introduction of an Infection Prevention & Control Lead Nurse is very positive and the fact that the hospital is above the national average for Harm Free Rates demonstrates commitment in this area. Measures to support patients with dementia and the sepsis pathway are particularly reassuring.

It is very impressive to see that patient satisfaction surveys showed that 99% of patients rated the hospital as good or excellent.

The presentation given on Friday 10th was very clear and again, very open and honest.



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