

QualityAccount



2019-2020

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Part 1: Statements on Quality and Assurance

Statement from Chief Executive Officer

I am delighted to present the Quality Account for 2019/2020 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.

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 Hospital has been delivering high quality health care to the local community for 46 years. We are extremely proud of our track record of providing good quality, safe services as an independent health charity.

The whole team are passionate about ensuring that our Hospital consistently delivers high standards of safe care for all of our patients.

The Quality Account is designed to provide a transparent look at our organisation and to give confidence to our patients, partners 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. Our staff team is committed to providing excellent standards of care at all levels across the organisation. We also value staff development and we have strong commitment to staff training and skill improvement.

“Outstanding care, kept fully informed and felt like a valued patient at all stages.”

April 2019

Part 1: Statements on Quality and Assurance

“Excellent care from everyone.”

April 2019

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.

The difficult financial situation has served to emphasise the importance of values and integrity. 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.

During 2019/20, we reinvested financial resources to enhance the infrastructure of the Hospital and we have some exciting developments planned for future years. 2019/20 was challenging economically for us all; our finances were stretched and as always, any surplus generated was reinvested in health care.

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

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. We are all working together to provide the best possible care for our patients and we believe we have demonstrated this in our Quality Account.

Part 1: Statements on Quality and Assurance

I would like to take this opportunity to thank all our staff who make 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.

Covid-19 did have a significant impact on the services provided by the Hospital in the reference period and it remains a hugely significant issue. We did not treat as many patients as we would have liked and we had to cancel the care and treatment of many patients who were scheduled to attend Fairfield. However, I am very proud of the way the Fairfield staff prepared so that the Hospital could be actively involved in the response to support the NHS.

The impact that Covid-19 will have on the Hospital going forward cannot be under estimated and the forward plans that have been outlined in this document may not come to fruition as times remain so uncertain.

Keeping people safe and providing patients with the best possible care will remain at the forefront of what we do and how we do it. We may take longer to provide care, we may provide it in a different way but our patients, staff, commissioners and regulators can be assured that we will do our best at all times.

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

“Staff are fantastic and very helpful. Food is excellent. Everything was perfect.”

May 2019

“Excellent from Outpatients to admission and discharge. Felt like a person, not someone on a conveyor belt. All staff excellent and friendly.”

May 2019

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 ensures 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.

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.

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.

Part 2: Key Priorities 2020/2021

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.

2. Key Priorities 2020/2021

Our core business priorities for 2020/2021:

- **Build on existing strong foundations** - To provide high quality outstanding care, every time. We know we are doing a good job, our patients tell us that we do. However, we know that we cannot stand still and that we are on journey to improve what we do and how we do it. Our focus on quality and safety will remain the major priorities for the Hospital over the coming years, and drive everything we do. We will provide the right care, in the right place, at the right time by the right people. We will identify and mitigate risks and we will learn from our mistakes Patient care and safety first and foremost.
- **Honest caring and accountable culture** - Making time to listen to our patients and staff. Considering the impact, our actions have on patients and colleagues. We do not treat anyone unfairly and tell the truth compassionately. Involving patients in decisions about their care and we are honest when things go wrong. We always report errors and raise concerns we have about care and do not withhold information from colleagues or patients. We never discourage staff from reporting concerns. In addition, actively promote that staff do report any concerns they may have. We take every opportunity to continuously learn. Everyone is encouraged to speak up and contribute his or her ideas to improve the care we provide. We do not unfairly blame people. We positively embrace change.
- **Valued, skilled and sufficient workforce** - We will aim to become an employer of choice locally with staff choosing to start and continue their careers with us. There is no doubt that recruiting and retaining the staff we need is a challenge, however through innovative and proactive strategies, good HR policies and valuing staff we will meet this challenge. We will offer flexible employment

“Very nice hospital and excellent staff throughout my day case. I felt very looked after.”

June 2019

“Excellent service giving total confidence in the procedure.”

June 2019

packages, support our staff when required and offer enhanced roles, training and CPD. We will work with our Consultant body to implement regulatory changes.

- **Ensuring our organisation is stable and viable with the resources to deliver its vision** - By improving our internal efficiency and by harnessing the benefits of information technology. Exploiting opportunities for new markets and ensure our services offer best value for all of our commissioners and customers.

Core Business Objectives for 2020/2021:

Governance

As an independent healthcare provider, our aim is to deliver the highest levels of patient safety, care and service. To do this, we believe our staff must be the most highly skilled professionals; our processes and procedures must meet or exceed healthcare sector standards.

Our Governance Framework supports the planning, delivery, monitoring and continuous improvement of all the care and support we provide. As a charity, we always put quality, safety and patient care above financial performance, our work will be evaluated against the following actions:

Key objective - Enhance our safety culture by:

- Embedding consistent, exceptional standards of practice across our operating theatres.
- Enhance early recognition and management of patient deterioration.
- Continue to improve medicines management.
- Implement AQUA.

Key objective - Learning lessons when things go wrong by:

- Examining, in detail, our existing processes and implement required improvements to achieve high quality incident reporting, investigation and learning.

Key objective - Enhance our governance by:

- Evaluating current processes and adapt, enhance and standardise quality reporting at every level across the organisation.
- Conduct quality assurance reviews of CQC standards and prepare for regulatory inspections.
- Review and mitigate risks by interrogation of risk register at Board and departmental level.
- Implement and monitor the recommendations of the Keogh Report for Consultants.

Part 2: Key Priorities 2020/2021

- Ensuring 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 with regard to Consultant/Clinician matter of concern.
- To ensure that the Board of Trustees meet the requirements as laid down by the Charity Commission and are subject to the Fit and Proper Persons Test.
- Trustees will undertake patient quality and safety walks to seek assurance and listen to the views of staff.

Quality of Care

In common with many other UK organisations and charities, the current regulatory and legislative landscape in which we operate continues to be subject to increasing change. Failure to recognise, adapt to and comply with the above may cause additional costs, penalties or other sanctions and damage to the reputation of our Hospital.

Our Quality Assurance Framework supports the planning, delivery, monitoring and continuous improvement of all the care and support we provide. As a charity, we always put quality, safety and patient care above financial performance and everything we do is evaluated against the following factors:

- Safety – Our aim is to meet the highest possible standards and avoid harm. We expect all of staff to uphold professional standards and act with care compassion and integrity at all times.
- Effectiveness – Providing evidence based health and well-being expertise and services that lead to excellent outcomes.
- Experience – We want all of our patients to have a positive experience and our aim is to make that care as personalised as possible.

Key objective - Provide the best possible safe care to our patients **by:**

- Mandatory training on key topics with regular checks on compliance.
- Being connected locally and nationally to what is going on with regulatory bodies and involvement in consultations.
- Continual assessment of regulations and policy changes.
- Audits and rigorous reporting.
- Compliance visits to all departments. Focus on promoting compliance behaviours.
- Audit to ensure all policies are up to date and accessible.
- Listening to our patients will enable the Hospital to offer services

“Very satisfied with the whole procedure.”

July 2019

“ Best hospital I’ve been to.”

July 2019

that meet their needs.

- Learning from incidents and implement changes as necessary.
- Offering flexibility within our services that will allow the Hospital to diversify.

Risk Management

The Hospitals aim is to promote a risk awareness culture in which all risks are identified, assessed, understood and proactively managed. This will promote a way of working that ensures risk management is embedded in the culture and becomes an integral part of the objectives, plans, practices and management systems.

Our Board of Trustees oversees our risk management activities, delegating responsibility to two Committees: Finance, Audit, and Integrated Governance Committee.

Key Objective - To actively identify, manage/mitigate and monitor risks across the organisation **by**:

- Regular annual review of risk management processes.
- Regular Board review of risk register and six monthly and quarterly review by IGC.
- Provide risk management training and tools for staff.
- Developing an approach to risk appetite that is practical and pragmatic, and that makes a difference to the quality of decision-making.
- Understanding the risks in any proposal and the degree of risk to which the organisation could be exposed while encouraging enterprise and innovation.

Workforce

At FIH we value our staff as individuals for who they are; they are all unique in their own way. All healthcare providers are fishing from the same ‘pool’ of staff so recruitment and retention across the sector is challenging. Whilst we offer a good benefits package, we are mindful that things such as pension are not as good as the NHS and some other providers. We have tried to keep pace with NHS pay increases and over the last two years have increased staff salaries in line with NHS pay awards.

Key objective - To recruit and retain a highly skilled dedicated workforce **by**:

- Ensuring that wherever possible we match NHS pay increases for staff and that our salaries are competitive.
- Investing in CPD and training for staff.

Part 2: Key Priorities 2020/21

- Engaging with colleges and Universities to offer placements and offering flexible employment opportunities through the various career stages.
- Spotting and nurturing talent.
- Offering secondments to staff.
- Promoting a culture of openness and transparency.
- Being an inclusive employer recognising diversity across the workforce.
- Looking after the health and well-being of our staff.
- Ensuring that the diversity of the workforce mirrors the local community.
- Ensuring that the process for recruitment of staff, consultants and trustee directors is rigorous and complies with all regulatory requirements, best practice and employment legislation where applicable.

The Estate

The Hospital is set in beautiful grounds and the building and gardens are well maintained but are underused in some areas. The issues around car parking have been resolved in the short to medium term. The Hospital building is largely purpose designed but there are challenges in medium to long term maintenance and in ensuring it is fit for purpose in terms of the changing requirements of healthcare provision. Man-made climate change will impact on our energy use – at the moment we provide air conditioning for theatres, the radiology suite and the physiotherapy area but we are aware that patients and staff are finding the clinic rooms, bedrooms and some of the office space uncomfortable at other times. We will have to develop a plan to manage temperatures in ways that do require expensive air conditioning throughout the offices. We are also significant users of energy and we want to make our business generate less carbon than we do currently. We will try to reduce our carbon footprint and introduce efficiencies in our energy use.

Key objective - To further improve the quality and safety of our estate and increase productivity from the areas that we use **by**:

- Maintaining operational stability, functionality and statutory compliance.
- Making best use of the space we have available.
- Reviewing underused spaces.
- Using our limited capital resource to improve the patient and staff environment.
- Development and implementation of an energy management strategy.

Capital plans are included in Schedule 2.

“Care, treatment and support exceptional. Staff a credit to their profession. Thank you so much.”

August 2019

“Very satisfied with all procedures, facilities and all aspects of care, information, etc.”

August 2019

Financial

Trying to match the commissioners' expectation in terms of restricting cost in the face of increasing health demand and cost growth has been a major challenge for all healthcare providers and FIH is no exception. The Hospital continues to be self-financing and has no private debt. In accordance with the principles of good business and its charity regulator, it plans to make a small surplus each year that forms an investment for patient safety and comfort. The uncertainty surrounding the outcome of Brexit and global economic growth rates serves to add to the economic unpredictability in the UK economy. Further, FIH faces, in the first years of the new plan, several significant investment requirements – particularly a new plain and fluoroscopy X ray machine.

Key objective - To year on year generate a surplus **by**:

- Looking at ways of reducing costs without compromising on quality and safety.
- Better use of digitalisation across the Hospital and maximising the use of IT.
- Balancing the books.
- More efficient cash flow forecasting.
- Targeting PMI and self-pay markets. Offering affordable fixed price packages to the self-pay market with our price guarantee and no 'hidden' extras.
- Working with insurers to develop network prices for a pathway of care.

Key objective - to remain a financially viable and stable organisation in the current and future economic climate **by**:

- Maintaining rigorous and robust capital expenditure approval and oversight processes.
- Regular monitoring and evaluation of key performance indicators.
- Development of long term plans and forecasts.

Partnerships

We finalised our partnership working with the Katie Piper Foundation in the form of a three year Service Level Agreement. It has been a steep learning curve for both organisations but has shown that if both parties want to and are willing to work together to improve the lives of patients then it is something that can be successfully achieved if both sides are willing to compromise. Continuously explore partnership opportunities and options with specialist partners to best serve the needs of FIH, our patients and workforce, now & in the future, including improving services currently provided as well as working with others to include services currently not provided by FIH.

Key objective – to provide a comprehensive suite of rehabilitation services to patients **by**:

- Build on the work already started in providing a comprehensive first class UK based burns service.

Part 2: Key Priorities 2020/2021

- Ensuring that the service is fully utilised so that more patients can receive treatment and lives can be changed.
- Comprehensive detailed analysis of outcomes can be made and published so that further funding can be sourced.
- As and when possible more of the FIH estate to be used for the service.
- Expand rehabilitation services into other specialties by carrying out a feasibility study to establish gaps in the market and offer a tailored rehabilitation services i.e. amputees / brain injury.
- Explore options for partnership working with others to include services currently not provided at FIH i.e. community/primary care services.

Information Technology and Cyber Security

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 has currently no identified "end of life" and the system provider is still investing in new functionality and meeting the requirements of the new health economy. The challenges of the 2020's will be to link the health provision across the range of providers in the region and the current system provides a sound foundation for these developments. The video consultation technology market is maturing and providers are more than ready to make an immediate impact on access for people who want it. The Hospital is well placed to explore these markets and if appropriate capitalise on such initiatives.

The opportunities of data sharing and collaborative working cannot be isolated from the threats posed by cyber attacks and the key objectives have to be linked. There is a present risk of a cyber security incident involving a breach of data protection. This could result in operational, legal, contractual and regulatory consequences, as well as reputational damage. Threats include increasing sophistication in targeted cyber attacks, collateral damage from destructive nation state attacks and unauthorised access to internet accessible data.

Key Objective – to further develop the Hospital's IT infrastructure **by:**

- Improved access to information to enhance management decisions and provide better insight to patient and management requirements.
- Added functionality for the website and internet in terms of booking appointments, requesting information, paying accounts.
- Increased interaction between the core systems so that information is passed between the main systems without manual intervention.
- Windows Server 2008 is no longer supported, we will need to upgrade at least 8 servers.
- I.Patient Manager is currently v.3, the latest is v.7.
- Network requires an overview.
- Further development of comprehensive failover (deliberately shutting the system off to test backup) and fallback testing on critical services.

“First class hospital with outstanding staff.”

September 2019

“Exceptional in all areas.”

September 2019

- Digital market exploration.

Key objective – to put measures in place to mitigate risks of attack **by:**

- Carrying out Security assessments of data processors, and certification to independently audit and test ISO 27001 and Cyber Essentials.
- Independent technical security testing and audit to benchmark cyber security capability maturity.
- Continual user awareness through a training regime of good cyber hygiene.
- Implementation of risk based continual improvement of cyber security technologies and controls, based upon the findings of independent assessments.
- Continual monitoring of changing cyber security trends.
- Robust processes in place for the transition from paper to electronic processing of information.

Conclusion

Covid-19 has had a significant impact on the work of the charity during 2019/2020 but we are confident that Fairfield will continue 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 have and will continue to offer support to the health economy during the pandemic and beyond.

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.

3. Overview and Review NHS Services 2019/2020

During 2019/20 Fairfield Independent Hospital provided advice and treatment to 10,559 NHS patients referred from 348 different GP practices and 40 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 2019/20 represents 100 per cent of the total income generated for the provision of NHS services by Fairfield Independent Hospital.

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.

Part 3: Mandatory Statements

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.

Our progress on the delivery of our Primary Corporate objectives 2019/2020

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

| Priority | Expected Outcome | Outcome |
|--|---|--|
| Antibiotic prescribing | Ensuring antibiotics are prescribed in accordance with local formulary. | To date antibiotic prescribing audit has shown that FIH prescribe in accordance with the Pan Mersey Formulary and STHK Trust antibiotic policy. |
| 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. | Ward Staff have completed sepsis training; all documentation is in place to complete Sepsis 6 pathway. OPD staff are currently undertaking 'Recognising Sepsis' to ensure all patients are assessed for Sepsis should they present with symptoms in OPD. IPC have revised the Sepsis policy and amended in line 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. | All who meet the cognitive assessment criteria are assessed all actions are completed prior to admission. |
| Launching the STAR service. | This will be in partnership with the Katie Piper Foundation. The service will be a scars management and rehabilitation service. | This service is now up and running and has been well received. In 2019/2020 we treated 21 patients and there is a rolling programme of patients to attend the service going forward. No patients have attended during the pandemic. |

“All staff very professional, respectful and were very attentive, a credit to Fairfield Hospital.”

October 2019

Part 2: Key Priorities 2020/2021

“First class treatment. I feel privileged to be treated here.”

October 2019

| Priority | Expected Outcome | Outcome |
|---|---|--|
| Improving the health and well-being of our staff, patients and the wider community. | <p>Continue our programmes of health education and monitoring for patients in terms of smoking cessation and general guidance on health and wellbeing.</p> <p>Design and implement a health and wellbeing policy for our staff.</p> <p>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.</p> | <p>All Achieved. This takes place and patients are sign-posted to relevant services.</p> <p>Health and Well Being Policy agreed.</p> <p>All necessary controls are in place.</p> |
| Risk management | <p>Continually review risk assessments across the Hospital annually.</p> <p>Development of a Human Factors training programme for all staff to increase staff awareness on risk.</p> <p>Review the process of incident reporting information feeding into the risk register to streamline trends analysis.</p> | <p>Risk assessments reviewed by Board.</p> <p>Achieved. Training programme in place.</p> <p>Achieved. All incidents reviewed and risk register updated or amended.</p> |

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

| Priority | Expected Outcome | 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. | Achieved. Interviews are structured around job key qualities with regard to the ICARE ethos of the organisation. |
| To meet all waiting time standards. | <p>Enhance our current monitoring of 18-week targets by implementing new management and reporting software and systems.</p> <p>We will ensure that we comply with all national targets.</p> | <p>Achieved.</p> <p>Achieved.</p> |
| 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. | Achieved. All responses to patients comments addressed in real time with responses to patients. |

Part 3: Mandatory Statements – Overview of NHS Services 2019/2020

| Priority | Expected Outcome | Outcome |
|---|---|--|
| To listen and learn from the patients who use our services. | Provide training for staff on accessible information. Staff are aware of their requirements as an alerter should a safeguarding issue be disclosed or witnessed. | Achieved. Achieved. Training undertaken. |
| To improve the discharge processes. | Review of care pathways to ensure safe and effective discharge is documented. | Care pathway reviews have been undertaken. However, the process has been completed / evaluated due to the pandemic delaying elective surgery. The process will be monitored and updated as the Covid-19 pandemic restrictions necessitate. |

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

| Priority | Expected Outcome | Outcome |
|--|---|---|
| Organisational leadership development. | Talent spotting and nurturing talent in a systematic way, ensuring there are equal opportunities for all. | Achieved. The organisation has provided on-going support for CPD for a number of staff. It adopts flexible working in order to allow staff to bring new ways of working to the work place. |
| Workforce redesign. | With an ageing 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. | Two HCAs will complete their NVQ 3. Flexibility within roles is encouraged; we have a scrub member of staff completing the FSA role; two anaesthetic staff are completing scrub competencies to offer further flexibility across specialties. OPD staff have also completed scrub competencies to facilitate minor surgery being moved out of theatre and into a minor surgery suite. OPD staff have completed laser training to enhance OPD dermatological and scar revision laser services. Re-deployment of a RN into the infection prevention and control team offer staff and patients access to information and advice across the working week. |

“Everything from admission to discharge has been excellent. All staff helpful and friendly day or night.”

November 2019

“Excellent care and service.”

December 2019

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

| Priority | Expected Outcome | Outcome |
|-----------------------------------|--|---|
| Improving internal efficiency. | Reduction in waste in key areas. | Achieved. Reduction in medical records, staffing and scanning costs. Reduction in food costs by changing suppliers and the quality has improved. Tied into fixed price contracts for 3 years to prevent annual increases. |
| Harnessing IT. | Further development of reporting and analyses tools. | Achieved. The Hospital has implemented a number of new clinical systems, for example Unisoft and has reviewed a number of suppliers to procure an incident reporting tool. |
| Exploiting new markets. | Develop capacity and identify new markets. | Prior to the pandemic the Hospital was in the process of drawing up a refreshed marketing strategy – this has been put on hold. |
| Best value for all commissioners. | Using available information benchmark against other similar hospitals. | The Hospital uses a number of different metrics with regard to the activity it provides for commissioner. As more data is ‘fed’ through the various data information sources, a clearer picture should emerge which will enable meaningful bench-marking. |

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.

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.

Part 3: Mandatory Statements – Overview of NHS Services 2019/2020

| Key Priority 2019/2020 | Expected Outcome | Outcome |
|---|---|--|
| Introduction of an integrated equality, quality and General Data Protection (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. | All business cases and policies are assessed in line with current guidance on equality impact assessments. |
| Comprehensive walkabout programme for all senior staff. | Better understanding for all managers and staff of how departments work. Critical analysis of observations. Development and monitoring of corrective actions where necessary. Joint learning cascaded and evidenced. | Achieved. Executive walkabouts take place with feedback and action plans to individual departments. |
| Incident reporting. | Risk Register review has highlighted the need for a review of the process of incident reporting and how this 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. | Departmental risk register is reviewed and updated on a monthly basis linked to incident reporting. A KPI has been introduced to monitor compliance with incidents actioned and closed within 10 working days. |
| 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 reinforces the Hospital's commitment to quality, safety and positive outcomes and patient experience. To ensure there is a clear assessment process to support compliance with the CQC regulatory standards. Develop a strong medium term financial plan which matches medium term financial requirements with our financial resources. | Departmental core service reviews have taken place ensuring evidence of compliance with CQC key lines of enquiry. A plan was in the process of being developed but due to the impact of Covid-19 this will have to be reviewed. |

“Fantastic service and treatment. All staff extremely kind and helpful.”

December 2019

“Professional and well organised.”

January 2020

| Key Priority 2019/2020 | Expected Outcome | Outcome |
|--|---|---|
| Consultant obligations and requirements. | <p>To ensure that we have systems and processes in place to capture, monitor and action consultant outcome/ performance data.</p> <p>To act as an early warning for any performance issues.</p> <p>Analysis and sign off of all Consultant appraisal documentation.</p> | <p>The new requirements for Consultants are being introduced as a result of the Paterson enquiry and are being incorporated into the Hospital’s practicing privileges policy.</p> <p>Any performance issues for any consultants are discussed with the Medical Advisory Committee and their responsible office.</p> <p>All documentation that is required has to be evidenced and signed off.</p> |
| Code of Governance | <p>To continue to ensure that we meet our obligations as a charity and comply with the Charity Commission’s Code of Governance.</p> <p>https://www.charitygovernancecode.org/en</p> | All achieved. |

Workforce

Our workforce is our most important asset and 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 pride ourselves on being kind and caring to our patients but we are also kind and caring to each other which is very important. Our workforce is committed to our organisation and patients regularly give us positive feedback on the level of care they have received. We make sure any feedback from patients – positive or negative is shared with staff.

Workforce Key Priorities 2019/2020:

| Key Priority | Action | |
|---------------------------------|--|--|
| Becoming an employer of choice. | <p>Ensure that we maintain a good reputation with our staff for being a fair, open and honest employer.</p> <p>Offer flexible working arrangements and give all staff members equal access to opportunities across the organisation.</p> <p>Supporting staff with regard to their health and well-being.</p> | <p>We offer flexible working patterns for staff.</p> <p>We launched our Health and Wellbeing strategy and have put on a number of specific sessions for mental health wellbeing for staff to access.</p> |

Part 3: Mandatory Statements – Overview of NHS Services 2019/2020

| 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. | The organisation has tried to keep pace with pay awards across the NHS in order to remain competitive. |
| Equality and diversity. | To ensure that the diversity of the workforce mirrors, wherever possible, that of the local community. | This is reflected in the WRES which shows that the Hospital meets the requirements. |
| Training and education. | To offer training over and above the mandatory and statutory training requirements set by the organization. | CPD forms part of appraisal and is offered to all staff. |
| Talent and performance improvement. | 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. | Achieved |
| 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. | Achieved |
| 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. | Regular staff newsletter. Launched the Staff awards in 2019. Quarterly staff meetings with CEO. Board walkabouts on a regular basis. Achieved. |

“Excellent care received from all members of hospital staff. Thank you so much.”

February 2020

The 2019/2020 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 | 11 | 14 | 23 | 33 | 14 | 2 | 97 |

| Non Clinical | | | | | | | |
|--------------|-------|-------|-------|-------|-------|-------|-------|
| Under 20 | 20-29 | 30-39 | 40-49 | 50-59 | 60-69 | 70-79 | Total |
| 0 | 8 | 17 | 11 | 33 | 23 | 4 | 96 |

“What a fantastic and professional service that is provided at Fairfield Hospital! Wonderful staff.”

February 2020

Recruitment and Retention

Recruitment remains challenging which 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.

Staff Survey

The completion of the survey is mandatory as part of our NHS Contract and needs to be completed annually. The organisation was very pleased to see the response rate continue to improve with 68% of staff completing the survey. This is an increase of 13% on the previous year. Whilst there are some areas that do require further investigation, action and analysis I do feel overall, the 2019 results are promising. This is a reflection of some of the actions we have put in place based on the 2018 findings which, in the main, have had a positive impact.

We will need to consider further the timings of appraisals especially for new starters. In 2019 there were a number of new starters so this would account for the number of staff confirming they had not had appraisals.

We do try to be a fair and flexible employer and we also try to keep pace with NHS salaries. It is in our best interests to do so to retain the staff that we currently have. However, I do feel that the salaries, especially around admin and clerical and the NHS pension, are a contributory factor for some staff thinking of leaving and this has been reflected in the survey results.

We had already picked up that there were some issues with inter-departmental communication and we have started to do inter-departmental huddles every morning - these seem to be working well.

The survey is of course anonymous and whilst it is an in-house survey, it is based on the core NHS staff survey questions.

The results were shared in detail with the Board, respective teams and staff and actions discussed how we could improve further. The results of the survey were circulated to the CCG as part of our routine monitoring.

Student Placements

John Moores University and Edge Hill University continue to place student nurses throughout the Hospital and feedback from tutors and students alike is excellent. We will continue accepting students and ensure that we have enough trained mentors to provide the necessary training and hands on experience for these students.

Part 3: Mandatory Statements – Overview of NHS Services 2019/2020

Capital Programme 2019/2020

Key items from the programme include:

| Location | Details | Project Cost £ | Year |
|--------------------|--|----------------|------|
| All Hospital areas | Upgrade of Hospital Servers | £60,000 | 2020 |
| Outpatients | Equipment for Gynaecology hysteroscopy” work in OPD. | £34,000 | 2020 |
| X-ray | Upgrade of the Ultra sound machine and probes. | £63,000 | 2019 |
| Decontamination | Installation of an Electronic Decontamination Traceability System. | £20,000 | 2019 |
| All Hospital areas | General Upgrade of Medical Equipment. | £20,000 | 2019 |

“Excellent friendly attentive team from arrival to discharge. Cannot thank you all enough. Thank you so much.”

External Environment

We will continue to support the NHS when it requests us to carry out work on a sub-contractual basis.

We will continue to respond to tender opportunities and will work with our partners wherever we can in producing joint submissions.

Participation in Clinical Audits

During 2019/2020 Fairfield Independent Hospital participated in 6.2% national clinical audits and 0% confidential enquiries of the national clinical audits and 0% national confidential enquiries, which it was eligible to participate in.

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 2019/2020 were as follows:

- National elective surgery – Patient reported outcome measures (PROMS):
 - Hip and knee replacements
 - Hernia
 - Varicose veins
- National Joint Registry (NJR) – hip, knee and shoulder replacements
- Breast and Cosmetic Implant registry
- Safety Thermometer – is a snap shot record of a number of “harms” to patients that may have occurred nationally. For example, pressure sores, urine infection and blood clots, to date Fairfield has consistently recorded “no harms” for our patients. NHS Digital.

The reports of national clinical audits were reviewed by the Hospital in 2019/20 and we intend to take the following actions to improve the quality of healthcare provided:

March 2020

“Outstanding care, kept fully informed and felt like a valued patient at all stages.”

April 2019

- Patient Reported Outcome Measures - the fact that the sample size is small means our data does not always show on the figures and is suppressed. Patients are always willing to provide feedback but some patients have commented that the amount of ‘paper’ they are expected to complete is unwieldy. Participation in PROMs is voluntary and whilst we do our best to encourage participation, we are mindful of comments that have been made. In 2019/2020 there were some problems with the postcode data submitted by the Hospital and this has affected the validation for the period. The issue has been resolved.
- National joint registry for hip, knee and shoulder replacements – we achieved 98.6% compliance for 2019/20. The reason for not achieving 100% which is the target was we missed the return compliance date. In order to ensure this does not happen again we have created an IT alert and improved our processes.
- At the end of 2019 the Hospital enrolled on the Advancing Quality Alliance (AQuA). The aim is to establish protocols to promote best practice and quality assurance by working in partnership with the Universities, NHS Improvement, Health Foundations, the Kings Fund, to reassure our patients, commissioners and regulators that the quality of care received in FIH is in line with national guidance.

Participation in Research

The Hospital does not participate in clinical research.

Goals agreed with NHS Commissioners (CQUIN)

Use of Commissioning Quality and Innovation (CQUIN) framework.

During 2019/2020 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.

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.

Data Quality

Fairfield Independent Hospital submitted 35,000 records during 2019/2020 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

Part 3: Mandatory Statements – Overview of NHS Services 2019/2020

number and GP identifier, was 100% for admitted patient care and 100% for outpatient care.

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.

Fairfield Independent Hospital's Information Governance Assessment report score for the period stands at 93%. This is the same figure as last year.

Patient Satisfaction

The results for 2019/2020 show:

- 97% of the patients rated the cleanliness of the Hospital as very good or excellent;
- 100% 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 2019 to March 2020, the Hospital admitted 3,368 NHS patients. The number of questionnaires returned equated to 68% response rate.

Friends and Family Test

Inpatient full year average 2019/2020:

| Average total number returned per month | Extremely likely | Likely | Neither likely nor unlikely Extremely unlikely Don't know |
|---|------------------|--------|---|
| 160 | 94% | 5.5% | 0.5% |

Outpatient full year average 2019/2020:

| Average total number returned per month | Extremely likely | Likely | Neither likely nor unlikely Extremely unlikely Don't know |
|---|------------------|--------|---|
| 180 | 92% | 7.8% | 0.2% |

It is worth noting that our response rate for completion of the Friends and Family Test did decline due to patients cancelling in February and March as a result of Covid-19.

Complaints 2019/2020

As a learning organisation, we actively seek out patient comments both positive and negative. If a patient makes a negative comment which is not a formal complaint, it is investigated and a response is sent to the patient with an apology and explanation.

“Excellent care from everyone.”

April 2019

“Staff are fantastic and very helpful. Food is excellent. Everything was perfect.”

Total number of formal complaints in 2019/2020 with previous year in brackets:

| | | |
|----------------|---|-----|
| Clinical care | 6 | (5) |
| Consultant | 5 | (1) |
| Administration | 6 | (3) |
| Attitude | 2 | (3) |

We have seen an increase in complaints during 2019/2020 compared to the previous year. Detailed investigation has highlighted that no patterns have emerged. 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 as a result of a patient bringing something to our attention. We provide the CCG with quarterly reporting on all complaints, how they have been investigated, actions taken, learning and evidence of learning.

Serious Untoward Incidents

There were no serious untoward incidents reported for the period.

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.

Leadership and Training

In 2019/2020, 100% of eligible staff completed all mandatory training including: Fire, Moving and Handling, Dementia, Mental Capacity, Safeguarding Adults and Children, Infection Prevention and Control, Sharps Handling, Blood Transfusion, Challenging Behaviour, Data Protection, Hospital Life Support, Immediate Life Support, Advanced Life Support, FGM, Sepsis, PREVENT, NEWS 2 and Making Every Contact Count.

The relevant staff have also completed the following – ALERT, Decontamination training, Tissue Viability, Safe Use of Medical Lasers and Mentorship.

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 2019/2020 but do continue with the MRI direct access scheme for West Lancashire CCG.
- Our move to a paper-light organisation in 2019/2020 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.

May 2019

Part 3: Mandatory Statements – Overview of NHS Services 2019/2020

Business Intelligence and Information Technology

The theme of 2019/2020 as regards IT was one of improving what we have with a minimum of investment. The three main areas of enhancement were:

| Objective | Outcome |
|--|---|
| Further development of the patient case note system to provide more access in more locations, eg in ward bedrooms and links to GP systems. | We now send a variety of documentation directly into GP file systems using the DOCMAN process and we have provided a fast, secure administrative Wi-Fi system throughout the Hospital which can carry all our clinical and operational systems. |
| Enhancing our existing patient system so it works efficiently with a texting system, new self pay services and the enhancements we plan to make in recording medical instruments and equipment, pathology systems, endoscopy management and patient tracking and processing. | We have made these investments and, while we have not changed the system for recording medical equipment, we have made improvements in a number of areas eg. we have a sophisticated endoscopy software system which has improved patient record keeping and reporting. |
| Enhancing our existing finance system so that it provides prompt reliable and accurate financial information. | We have not made any investment in this area. |

Charitable Objectives and Public Benefit

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

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. Our working relationship with the Katie Piper Foundation remains very strong.

Whilst CCG commissioners have not commissioned any extra support services from the Hospital due to Covid-19, the Hospital has made its resources and its facilities available to NHS England and these have been used since March 2020.

Marketing and Communications

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.

“Excellent from Outpatients to admission and discharge. Felt like a person, not someone on a conveyor belt. All staff excellent and friendly.”

May 2019

“Very nice hospital and excellent staff throughout my day case. I felt very looked after.”

Quality and Risk

During 2019/2020 we continued to have excellent results with regard to our infection control status. Our infection rates remain below our target of 1% with zero infection rates on MRSA, MSSA, C difficile and E.coli.

The Hospital has implemented Public Health England’s request for screening of patient who are at risk of *Carbapenemase Producing Enterobacteriaceae* (CPE) infection. Patients who meet the criteria have been screened; to date no patients have tested positive.

| | MRSA Positive Patient | C-Difficile Positive Patient | MSSA Positive Patient | E-Coli Positive Patient | Patients requiring Antibiotics following surgery | Infection Rate |
|--------------------------|-----------------------|------------------------------|-----------------------|-------------------------|--|----------------|
| April 2019 to March 2020 | 1 | 1 | 0 | 0 | 42 | 0.84% |

Infection Rates April 2019 - March 2020:

Fairfield Independent Hospital treated 5,000 patients during this period; one patient was diagnosed post discharge with an MRSA wound infection. The patient had been discharged infection free but returned with a swollen wound. The wound was swabbed, the microbiology report showed MRSA, however, the MRSA was found to be a superficial wound infection with no MRSA found in the blood stream. The wound was treated and healed within 7 days.

The C-Difficile positive patient was reported via the GP. An RCA was completed and the results of the RCA found that the patient had been prescribed antibiotics as a prophylaxis following surgery; this is against Hospital policy for this particular type of surgery. The Consultant and the referring CCG were informed of the findings and an action plan put in place. An Antimicrobial Stewardship audit was completed across all specialties looking specifically at prophylaxis antibiotic prescribing. No other issues were found and to date patients have appropriately been prescribed prophylactic antibiotics as per Hospital policy.

All other infections were treated with appropriate antibiotics as per Hospital policy and the Pan Mersey formulary.

Other Risk Areas

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

The Integrated Governance Committee was set up in order to bring all elements of governance together under one umbrella and is a formal committee of the Board. Its responsibilities include promoting good risk management and effective governance, both clinical and non-clinical across all services. It provides the Board with assurance of the effectiveness of the systems and processes for ensuring clinical safety and compliance with the standards of the Care Quality Commission and other inspectorate bodies. The committee takes cognisance of the work of the Trust’s Audit Committee and work with it as necessary to ensure an effective overall risk management system.

Part 3: Mandatory Statements – Overview of NHS Services 2019/2020

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

We continued to do our utmost in 2019/2020 to ensure that the systems we have in place do not leave us open to criticism, potential claims or put the organisation at risk. We have ensured that all claims are fully investigated and where procedures have not been followed that relevant action has been taken. All incidents were monitored by the Executive and the Board and learning from incidents was cascaded throughout the organisation as part of our commitment to continuous improvement.

2019/2020 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.

Who would have known when we were putting together our business objectives and completing annual appraisals how, from March 2020, the landscape we were all working in would change with the emergence of Covid-19 and the devastating effects that this virus has had.

As part of the work to free up an additional 30,000 extra hospital beds to deal with the Covid19 pandemic, NHS England announced a partnership agreement which resulted in almost 30 independent hospital groups (representing around 200 individual sites) being effectively block-booked. Fairfield has been party to these arrangements and our services, from 23rd March 2020, have been directly commissioned by NHS England rather than local CCGs.

These resources were to be used by the NHS in treating both Covid-19 patients and those patients needing urgent NHS treatment and, crucially, to provide extra capacity to be used during any surges in the virus. This included almost 8,000 hospital beds, 1,200 ventilators and more than 10,000 nurses, 700 doctors and 8,000 other clinical staff in the independent hospital sector, which have been made available to the NHS "at cost" meaning no profit will be made. The agreement began at the end of March for an initial 14 week period but has continued so we can support the NHS for as long as is required.

From Board to floor at FIH we all felt it was our duty and something we all wanted to do - to provide whatever support we could to the NHS. Some of our equipment was immediately deployed to local NHS Trust. Some of our staff put themselves forward for further training to assist in other hospitals. We offered our catering services to local nursing homes. We started to see and

“Excellent service giving total confidence in the procedure.”

June 2019

“Very satisfied with the whole procedure.”

July 2019

treat urgent patients whose treatment could not take place in the local NHS Trust.

During the first few weeks of lockdown we, like many other organisations, had problems with staff who were symptomatic and needed to self-isolate. Our staff were fantastic and responded flexibly providing cover for others and filling in where necessary.

Like all crises of this nature, there are of course many lessons to be learnt and we will review what we did and how we did it in due course. However, at the time of writing this report, we are still in the middle of a pandemic and there is still so much we do not know about it, so we will keep doing what we are doing and take a corporate and personal responsibility to keep our staff and our patients safe.

Part 4: Regularly Reported Indicators

4. Regularly Reported Indicators

| Indicator | Total Numbers in Period 1st April 2019 to 31st March 2020 | % |
|---|---|------|
| Inpatient mortality | 0 | 0 |
| Peri-operative mortality | 0 | 0 |
| Unplanned readmissions within 28 days | 10 | 0.2 |
| Unplanned returns to theatre | 5 | 0.1 |
| Unplanned transfers to another hospital | 13 | 0.29 |
| Mortality within 7 days of discharge | 0 | 0 |
| Pulmonary embolism | 2 | 0.04 |
| Deep vein thrombosis | 2 | 0.04 |
| Surgical infection rate | 42 | 0.96 |
| MRSA blood cultures | 0 | 0 |

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 19/2020 Quality Account. Some of the information is not yet routinely available for the independent sector; the source of the data has therefore been identified in the results column.

| NHS Outcomes Framework Domain | Indicator | Results |
|--|---|---|
| Preventing people from dying prematurely. | Summary hospital level mortality indicator. 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. | Oxford hip score 21.0% (23.1) Oxford hip score 16.7% (15.3) Previous year figures in brackets. Fairfield Independent Hospital considers that this data is as described. |

“Best hospital I’ve been to.”

July 2019

Part 4: Regularly Reported Indicators 2019/2020

“Care, treatment and support exceptional. Staff a credit to their profession. Thank you so much.”

August 2019

| NHS Outcomes Framework Domain | Indicator | Results |
|---|--|--|
| Helping people to recover from episodes of ill health or following injury. | The percentage of patients aged 16 and over readmitted to the hospital within 28 days of being discharged. | Patients in total (0.14%). 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 25. |
| | The percentage of staff employed in the reporting period who recommend the hospital as a provider of care to their friends and family. | 98% Fairfield Independent Hospital considers that this data is as described. |
| 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. | 100% |
| | Case of C-difficile reported. Rates of patient safety incidents and the number of such incidents that resulted in harm or death. | 1 Nil Fairfield Independent Hospital considers that this data is as described. |

“Very satisfied with all procedures, facilities and all aspects of care, information, etc.”

August 2019

Schedule 1: FIH Overview of NHS CQUIN (Quality) Targets and Achievements 2019/2020

| CQUIN No. | Indicator Descriptions | Weighting % | Performance | | | | | % Achieved |
|---|---------------------------------|-------------|-------------|-----|-------|----------|--|------------|
| | | | Q1 | Q2 | Q3 | Q4 | | |
| CCG2 | Staff Flu Vaccinations | 0.4166 | N/A | N/A | N/A | 92.13 | | 92.13 |
| CCG3a | Alcohol & Tobacco Screening | 0.1389 | 100 | 100 | 100 | 100 | | 100 |
| CCG3b | Tobacco Brief Advice | 0.1389 | 96.43 | 100 | 97.56 | 100 | | 98.20 |
| CCG3c | Alcohol Brief Advice | 0.1389 | N/A | 100 | 85.14 | 100 | | 93.03 |
| LCCG1 (local) | Staff Mental Health & Wellbeing | 0.4166 | Achieved | | | achieved | | 100 |
| Overall CQUIN % Value | | 1.25 | | | | | | |
| NB: Staff flu vaccination collected in final quarter | | | | | | | | |

Schedule 2: 2019/2020 Clinical Audit Plans by Department Q4

| Audit No. | Department | Audit Title | Aim | Methodology | Start Date | End Date |
|-----------|-----------------|---|--|---|------------|----------|
| D1 | Decontamination | Competency audit of decontamination equipment operators (Endoscopy and JAG). | Identify any learning needs. | Observation. | May 2019 | May 2019 |
| DEC05/18 | Decontamination | Annual staff survey of endoscopy. | Establish that all staff within decontamination are working to recognised standards (HTM 01-06). The management and decontamination of flexible endoscopes. | Skill analysis / observation. | Nov 2019 | Dec 2019 |
| Th/01/18 | Theatre | Annual Perioperative Audit (formerly QUAD Audit). | To assess the whole peri-operative process and to show that processes and procedures have met a defined set of criteria to assist in the delivery of safe and effective healthcare and ensure that all standards outlined by the AFPP are met. | Retrospective. | Oct 2019 | Dec 2019 |
| Th/02/18 | Theatre | Effectiveness of the pre-op huddle and debrief and the use of NatSSIPs documentation. | To ensure all elements of the pre-op huddle and post op debrief are communication effectively to appropriate personnel and to assess the introduction of NatSSIPs document as an effective tool. | Prospective sample size of 50 patients. | Apr 2019 | Mar 2020 |

Schedule 2: 2019/2020 Clinical Audit Plans by Department Q4

| Audit No. | Department | Audit Title | Aim | Methodology | Start Date | End Date |
|-----------|---------------|---|--|------------------------------------|------------|-----------|
| Wa/35 | Ward | Review of Management of PCAs. | To ensure that patients who have PCA's are monitored appropriately. | Retrospective over 3 month period. | Sept 2019 | Dec 2019 |
| Wa/36 | Ward | Medicines Management. | Ensure medicines are reconciled and delivered as per policy. | Retrospective | June 2019 | Sept 2019 |
| Wd /02/18 | Ward | Care rounds. | To ensure care rounds are completed in a timely manner, with full, legible documentation. This will ensure that patient's needs are addressed at the right time. | Retrospective | Sept 2019 | Dec 2019 |
| PHY/01/19 | Physiotherapy | Average Wait Time for First Physiotherapy Appointment. | To ensure first intervention is timely and staffing levels are correct. | Retrospective | April 2019 | Dec 2019 |
| PHY/02/19 | Physiotherapy | To Determine the Amount & Nature of Duty Doctor Assistance in Physio. | To establish reasons for duty doctor calls and whether they could be minimised. | Retrospective | April 2019 | Dec 2019 |
| TH/01/19 | Theatre | Initial Checking of Instrumentation pre & post operatively. | To improve patient care and prevent near misses/never events. | Prospective | May 2019 | Sept 2019 |
| TH/02/19 | Theatre | Local Anaesthetic patients being transferred back to ward (bypassing theatre recovery). | Improve efficiency & productivity of theatre time. | Prospective | May 2019 | Sept 2019 |
| WA/01/19 | Ward | Accurate NEWS Assessment. | To improve the monitoring and recording of the NEWS on patients. | Retrospective | Apr 2019 | July 2019 |

Schedule 2: 2019/2020 Clinical Audit Plans by Department Q4

| Audit No. | Department | Audit Title | Aim | Methodology | Start Date | End Date |
|-----------|-----------------|--|--|---------------|------------|-----------|
| WA/02/19 | Ward | Is it necessary for patients to stay in ward recovery for 6 hours following spinal Dexamorphine? | To improve activity and increase patient flow through recovery. | Respective | June 2019 | Sept 2019 |
| WA/03/19 | Ward | Compliance of monitoring VIP scores. | To improve compliance of monitoring VIP scores. | Retrospective | June 2019 | Sept 2019 |
| OPD/01/19 | OPD Pre-op | Performing ECG pre-operatively.. | To improve patient care, to prevent unnecessary tests being done. To confirm current practice meets the expected level of performance. | Retrospective | May 2019 | Sept 2019 |
| OPD/02/19 | OPD | Outpatient PLCP Audit. | To assess that the consultants clinical letter is in compliance with the PLCP guidelines. | Retrospective | Aug 2019 | Nov 2019 |
| RAD/01/19 | Radiology | Rejection Rates of Plain Film Radiographs. | To assess the rejection rates to see if they are within acceptable limits to make sure we are providing the best possible service. | Prospective | April 2019 | Aug 2019 |
| RAD/02/19 | Radiology | Accuracy of CT Results Templates. | To assess the accuracy of the CT Results templates, in order to highlight any issues and ultimately improve service efficiency. | Retrospective | April 2019 | Aug 2019 |
| DEC/01/19 | Decontamination | .Monthly Traceability Audit | To determine the performance, tracking and traceability of instrumentation | Questionnaire | May 2019 | Sept 2019 |

Schedule 2: 2019/2020 Clinical Audit Plans by Department Q4

| Audit No. | Department | Audit title | Aim | Methodology | Start Date | End Date |
|-----------|-----------------|---|--|---------------|----------------------------|---------------------------|
| WA/02/19 | Ward | Is it necessary for patients to stay in ward recovery for 6 hours following spinal Diamorphine? | To improve activity and increase patient flow through recovery. | Retrospective | June 2019 | Sept 2019 |
| WA/03/19 | Ward | Compliance of monitoring VIP scores. | To improve compliance of monitoring VIP scores. | Retrospective | June 2019 | Sept 2019 |
| OPD/01/19 | OPD – Pre-op | Performing ECG pre-operatively. | To improve patients care, to prevent unnecessary tests being done. To confirm current practice meet the expected level of performance according to NICE guidelines using the audit tool. | Retrospective | May 2019 | Sept 2019 |
| OPD/02/19 | OPD | Outpatient PLCP Audit. | To assess that the consultant's clinical letter is in compliance with the PLCP guidelines. | Retrospective | August 2019 | Nov 2019 |
| RAD/01/19 | Radiology | Rejection Rates of Plain Film Radiographs. | To assess the rejection rates to see if they are within acceptable limits to make sure we are providing the best possible service. | Prospective | 1 st April 2019 | 31 st Aug 2019 |
| RAD/02/19 | Radiology | Accuracy of CT Results Templates. | To assess the accuracy of the CT Results templates, in order to highlight any issues and ultimately improve service efficiency. | Retrospective | 1 st April 2019 | 31 st Aug 2019 |
| DEC/01/19 | Decontamination | Monthly Traceability Audit. | To determine the performance tracking & traceability of instrumentation. | Questionnaire | June 2019 | July 2019 |



Fairfield Independent Hospital – Quality Accounts 2019-2020

Comments and feedback

Overall, we found the Account to be an honest and transparent report from an objective viewpoint, through thorough assessment.

We were pleased to see the hospital's commitment to improving, despite already delivering a high standard of care and that quality and safety remains a priority. It is also refreshing to see an Account which focuses so highly on patient care, with less emphasis on finances and that any financial gain is being used to upgrade technology, medical equipment and staff training.

Comments from past patients in support of the service they received gives a powerful message. In particular, the comment around being treated like a person rather than someone on a conveyer belt was heartening.

One of our Advisory Forum members wished to respond to the Account by telling us how he has had two procedures at Fairfield and, on both occasions, experienced the highest standard of patient safety, care and quality, with dignity and compassion.

We are pleased to see that once again, the satisfaction survey has demonstrated a high level of satisfaction from patients who have received treatment.

It's positive to see that looking after the health and wellbeing of staff is seen as important, particularly given the challenges all healthcare professionals have faced during the COVID-19 pandemic. Also in relation to the pandemic and the need to change how people work, it is encouraging to see the commitment around utilising technology.

A clear report that demonstrates commitment to providing first class care while striving to improve at the same time.

Statements from External Sources



Nutgrove Villa
Westmorland Road
Huyton
Liverpool
Merseyside
L36 6GA

0151 244 4126

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

Date: 19th November 2020

Dear Cheryl

Quality Account 2019/20

NHS Knowsley Clinical Commissioning Group and NHS St Helens Clinical Commissioning Group thank you for the opportunity to comment on the Fairfield Independent Hospital Quality Account for 2019/20, and the presentation provided at the Mid-Mersey Quality Accounts 2019/20 Presentation Day on Friday 16th October 2020.

We would firstly like to acknowledge that the end of 2019/20 brought unprecedented challenges due to the COVID-19 global pandemic. The hospital responded by working in new ways, whilst remaining committed to maintaining safe, high quality care which has been reflected in the account.

CCGs have the following comments on the Quality Account 2019/20:

- It is positive that a new electronic incident reporting system has been implemented;
- Infection rate across all infections was commended as this remains at less than 1%;
- Clear objectives around governance framework, risk management and the need for continuous improvement;
- All CQUIN targets agreed with the CCGs were achieved;
- 99.6% of patients via the Friends and Family Test would recommend the Hospital.

This account highlights the priorities identified in 2019/20 and provides a clear review of outcomes demonstrating how well the Trust did in achieving those priorities to

Chair: Dr Andrew Pryce

Chief Executive: Dianne Johnson

Knowsley.CCGCommunications@knowsley.nhs.uk

Statements from External Sources

deliver high quality care to patients. Commissioners note the Quality priorities for 2020/21, including:

- Governance;
- Quality of care;
- Risk management;
- Workforce;
- Estates;
- Finance;
- Partnerships;
- IT and Cyber Security.

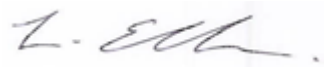
The CCGs acknowledge the update in progress in implementing Freedom To Speak Up.

NHS Knowsley Clinical Commissioning Group and NHS St Helens Clinical Commissioning Group will continue to offer support for any Quality monitoring applicable in 2020/21 to any associates of any contract with Fairfield Independent Hospital.

Yours sincerely,



Dianne Johnson
Chief Executive
NHS Knowsley Clinical Commissioning
Group



Lisa Ellis
Chief Nurse / Director of Quality
NHS St Helens Clinical Commissioning Group



Company

Fairfield Independent Hospital

Crank

St Helens

Merseyside

WA11 7RS

T: 01744 739 311, F: 01744 746 444,

Work Email, enquiries@fairfield.org.uk

Work URL www.fairfield.org.uk