

FAIRFIELD INDEPENDENT HOSPITAL



QUALITY ACCOUNT 2020/21

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PART 1

1. STATEMENTS ON QUALITY AND ASSURANCE

1.1 Statement from Chief Executive

I am delighted to present the Quality Account for 2020 for Fairfield Independent Hospital.

The Pandemic

What can I say about 2020? The world has changed significantly since March 2020 and the year has been dominated by the coronavirus pandemic, the worst global health crisis seen across the world for many generations. The numbers of people who have died, been ill or had their lives affected by the pandemic is difficult to comprehend.

I am very proud of the role Fairfield Independent Hospital played in supporting the NHS during the pandemic. Together with many other providers from the independent sector, we ensured that our services, equipment and facilities were available to the NHS. Our Trustees and Directors felt very strongly that as a local charity it was our duty to support the NHS as best we could and provide support to the local population at such a critical time in whatever way we could.

During the pandemic, we have provided urgent treatment for many NHS patients. We assisted the NHS to restart routine procedures by carrying out elective surgery for NHS patients. At the time of writing, over 4900 NHS patients have received care in our hospital. These people would have had further delays in their treatment had we not been able to offer support.

The overall impact of COVID-19 on the Charity cannot be underestimated. Our financial situation is very vulnerable. It also poses risk to our longer-term operating model and financial performance. The Directors anticipate that the Charity will continue its activities for the foreseeable future and our financial statements for 2020 were prepared on the going concern basis.

Many services, such as physiotherapy, have moved to an online delivery model and many of our patient consultations, where clinically appropriate, are being held virtually.

Going forward we will ensure that wherever possible, we will provide capacity to the NHS to support the recovery of elective waiting times and to contribute to the national effort.

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 in these very difficult and challenging times balancing their own fears and concerns for their families and loved ones with the need to attend the workplace to offer services to support the national effort during this crisis.

I am proud of what they have achieved, and the way they all worked together to support each other.

Throughout the pandemic, our thoughts have been with all of the families who have lost loved ones and those individuals who have been and remain very poorly.

Quality Agenda

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 record of accomplishment 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 our 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.

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.

During this very difficult time and our difficult financial situation has only 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.

The Board and the various sub committees provide governance, 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 and ensure learning has taken place. These opportunities have helped us establish a positive culture

enabling the provision of safe care that permeates throughout the organisation. There will always be more to do and I know our Board remain committed to delivering the highest possible standards of safe, effective care.

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.

A handwritten signature in black ink, appearing to read 'Cheryl Nolan', with a stylized, cursive script.

Cheryl Nolan, Chief Executive

Board of Trustees Statement on Assurance

The Hospital had no hesitation in offering support to NHS England during 2020, which meant that all regular activities came to a standstill, and, whilst the NHS covered a significant proportion of the running costs for a period of 5 months, we were still left with a considerable deficit at the year-end.

Activity increased towards the end of 2020 but the strict and necessary COVID precautions has meant that the Hospital ran well below its capacity.

The impact of the pandemic on staff has been severe ranging from staff being seriously ill with the virus, others having to “shield” or isolate with “shielding relatives” relatives. Every effort has been made to keep staff morale, as high as possible but realistically the impact of the virus on the physical and mental health of staff will be felt for many years to come. Overall, the Hospital has come through the pandemic and is gradually building back up to being a major part of the Healthcare system of the North West.

Pre and post pandemic we are totally committed to making sure that are services are built around quality and safety and are patient centric. 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, and when appropriate, action plans 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). A separate ISO system has been put in place across the Hospital for COVID, as systems and process have changed as a result of what we do and how we do it.

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

Governance Statement

The Chairman of the Trustees leads the Board. 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.

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.

PART 2

2. KEY PRIORITIES 2020 and 2021

Our core business priorities for 2020 and 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, assess and mitigate risks and we will learn from our mistakes Patient care and safety first.
- **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 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 the opportunities for new markets, and ensure our services offer best value for all of our commissioners and customers.

Core business Objectives for 2020/2021

Please note as per our Operational Plan is on a two yearly cycle and all of our objectives are applicable throughout 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:

Actions to achieve	How have we done in 2020	Any further development areas in 2021
Embedding consistent, exceptional standards of practice across our operating theatres.	We continue to carry out Local Safety Standards for all Invasive Procedures (LocSSIPs) carried out within the hospital.	Ongoing
Enhance early recognition and management of patient deterioration	In Autumn we introduced monitoring via audit, compliance with the appropriate scoring of NEWS2 and appropriate escalation of care per hospital policy. Compliance with policy is audited monthly.	Ongoing
Continue to improve medicines' management.		Ongoing
Implement AQUA		Ongoing
Ensure that we follow guidance re COVID	We have achieved this by following the relevant guidance as and when released	Ongoing

Key objective – learning lessons when things go wrong by:

Action	How have we done	Any items rolled forward
Examining, in detail, our existing processes and implement required improvements to achieve high quality incident reporting, investigation and learning	We have introduced an Incident Review Panel committee. Introduction of incident review and investigation workshops.	An electronic incident reporting system will be implemented in April

Key objective - Enhance our governance by:

Actions to achieve	How have we done	Any items rolled forward
Evaluating current processes and adapt, enhance and standardise quality reporting at every level across the organisation.	The Board receive regular KPIs and a dashboard has been developed. All KPIs are reported and publicised across the organisation	Ongoing We will introduce a new governance framework in 2021/2022
Conduct quality assurance reviews of CQC standards and prepare for regulatory inspections.	We have enhanced our processes for quality assurance based on the CQC emergency support framework developed during the COVID pandemic. We have engaged with CQC during the pandemic to provide re-assurance regarding the processes we have in place around infection control.	Ongoing
Review and mitigate risks by interrogation of risk register at Board and departmental level.	We continue to review risk regularly across the hospital. We have continually updated the IPC Board Assurance Framework throughout the	Ongoing

	COViD pandemic.	
Implement and monitor the recommendations of the Keogh Report for Consultants.	Work will continue across all areas of these reports and the Paterson Inquiry findings to ensure that Consultants provide a safe and effective service for all patients. The hospital has now updated and re-issued its Practising Privileges Policy to all consultants in line with recommendations.	This is ongoing and forms part of the hospitals governance framework
Ensuring that we have systems and processes in place to capture, monitor and action Consultant outcome/performance data.	Performance and outcome data is monitored across a number of internal and national frameworks	This is ongoing and forms part of the hospitals governance framework
To act as an early warning for any performance issues with regard to Consultant/Clinician matter of concern.	All staff are empowered if they are not happy with any aspect of consultant/clinician, care, performance or manner to immediately raise with a manager. In the case of clinical concerns, these are to be raised immediately. The organisation liaises with Consultants Responsible Officer's across many NHS organisations as and when the need arises.	This is ongoing and forms part of the hospitals governance framework
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.	All Board and Senior appointments are assessed via the Fit and Proper Persons Test as per hospital policy	Ongoing
Trustees will undertake patient quality and safety walks to seek assurance and listen to staff views.	This has been on hold due to COViD.	Will be rolled forward and will be expedited in line with Government advice as soon as it is safe and practicable to do so.

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 our Hospitals reputation.

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 our staff to uphold professional standards and act with care, compassion and integrity at all times.
- Effectiveness – providing evidence based health and wellbeing 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:**

Actions to achieve	How have we done	Items rolled forward
Mandatory training on key topics with regular checks on compliance.	Mandatory enhanced yearly training has been introduced for NEWS 2. Compliance is monitored monthly.	Training is ongoing
Being connected locally and nationally to what is going on with regulatory bodies and involvement in consultations.	This has been very important especially during the pandemic. We have been connected with the local health system in order that we can all pool resources and offer the most appropriate support where and when required.	This will continue as we continue to offer support to the NHS under an NHS contractual framework
Continual assessment of regulations and policy changes.	The changes that were being made to guidance sometimes on a daily basis during the pandemic made this very challenging. However, working as a team and calling on advice /support and best practice from other organisations we ensured that we adhered to all relevant guidance in order	Ongoing

	to keep our patients and our staff safe. As a COVID free hospital, we had to be rigorous in making sure that all guidance was adhered to. We have set up a complete new set of policies and procedures for COVID.	
Audits and rigorous reporting.	We continue to participate in national clinical audits including Patient Reported Outcome Measures (PROMS) and the National Joint Register	Ongoing
Compliance visits to all departments. Focus on promoting compliance behaviours	Due to COVID Board Safety walkabouts were suspended.	To reintroduce Board Safety walkabouts Summer 2021
Audit to ensure all policies are up to date and accessible.		Ongoing
Listening to our patients will enable the Hospital to offer services that meet their needs.	The comments we have received from patients who have been treated at FIH during the pandemic have been very positive. We have continually kept in touch with our patients who have been waiting for surgery to keep them apprised of the situation at the various stages of the pandemic and to ensure that their clinical priority had not changed because they have been waiting for treatment. This has been enabled via virtual consultations and review where clinically appropriate.	This will be kept under review as we assist the NHS in tackling the waiting lists.
Learning from incidents and implement changes as necessary.	We have introduced an Incident Review Panel committee.	Electronic incident system has been introduced in April 2021.
Offering flexibility within our services that will allow the Hospital to diversify.	Due to the pandemic, we have provided services that have been required to support the NHS. However as and when required we	If the Hospital is to remain a viable organisation we will need to look at further areas of diversification.

	have adapted our systems and process to accommodate new ways of working and this has confirmed the flexibility of the organisation in how we can respond quickly and effectively as and when required.	
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Risk Management

The Hospital's aim is to promote a risk awareness culture in which all risks are identified, assessed, understood, communicated 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 Committees: Finance, Audit, and Integrated Governance Committee.

Our list of key risks include but are not limited to:

- Financial
- Health and Safety
- Natural Environment
- Social and Cultural
- Reputation
- Legal

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

Actions	How have we done	Items to be rolled forward
Regular annual review of risk management processes.	This is undertaken in line with this timetable. A separate Risk Register was created as a result of the pandemic	Ongoing
Regular Board review of risk register six monthly and quarterly review by IGC.	As above	Ongoing
Provide risk management training and tools for staff.	We have commenced risk management training for Clinical Department Managers.	Ongoing

Developing an approach to risk awareness that is practical and pragmatic and that makes a difference to the quality of decision-making.	We continue to use qualitative risk reporting across the organisation. We are constantly assessing risk and these are all documented at individual department level.	During 2021 we will review our risk appetite and risk tolerance in line with the development of our Strategic and Operational plans, which will need to be developed in 2021. Going forward we will use the risk pyramid model in order to develop this further.
Understanding the risks in any proposal and the degree of risk to which the organisation could be exposed while encouraging enterprise and innovation.	Risk assessments are carried out on all business cases. It must be noted that the financial position of the organisation in 2020/2021 has meant that there has been minimal investment and the investment that has been made has been in line with the hospital's Capital Plan.	Ongoing

Workforce

At FIH we value our staff as individuals, 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.

Nursing revalidation continues with all Registered Nurses who are due to be revalidated successfully completing the revalidation process.

Key objective – to recruit and retain a highly skilled dedicated workforce **by:**

Actions	How have we done	Items to be rolled forward
Ensuring that we, wherever possible, match NHS pay increases for staff and that our salaries are competitive.	Whilst FIH staff are not employed under Agenda for Change we have made sure that we have kept pace with NHS percentage salary increases.	Reviewed on an annual basis
Investing in CPD and training for staff.	Most of the external training has not taken place. Staff have undertaken online training as and when appropriate	External training will commence
Engaging with colleges and Universities to offer placements.	This is ongoing. During the pandemic, we did not have any students on site. We would normally have 2 to 4	Ongoing

	<p>students per placement</p> <p>As part of our commitment to supporting training we are now offering placements to Doctors in Training (DIT) under the supervision of a consultant and as part of the scheme run by the North West Deanery.</p>	
Offering flexible employment opportunities through the various career stages.	We are a very flexible employer and offer various employment packages to staff	Ongoing
Spotting and nurture talent.	Work has commenced with regard to a review of the clinical teams across the organisation.	Ongoing
Offering secondments to staff.	Secondments continue to be offered to staff as and when appropriate. During the pandemic, many staff assisted in providing services in different parts of the hospital to ensure that we could provide safe and effective services and remain a COVID free hospital.	Will review via a more structured approach.
Promoting a culture of openness and transparency.	<p>We kept our workforce up to date during the pandemic via daily huddles, briefings, emails etc. We also made sure that we had regular contact with staff who were shielding so they felt included.</p> <p>We actively promote the role of the Freedom to Speak Up Guardian and encourage all staff to Speak up and Speak out.</p>	Ongoing
Being an inclusive employer recognising diversity across the workforce.	We continue to be a Tier 2 employer.	Ongoing
Looking after the health and wellbeing of our staff.	The toll that COVID has taken on staff mental health	Ongoing

	<p>and morale cannot be underestimated. The hospital made sure that our Mental Health Champion was available for any staff member. We provided information to all staff on the various support groups that were established to offer support. We carried risk assessments on all staff during the pandemic to ensure that reasonable adjustments were put in place for any staff member who needed them.</p> <p>Staff who have been affected by COVID have been supported throughout their illness and rehabilitation</p>	Ongoing
Ensuring that the diversity of the workforce mirrors the local community.	Our workforce does mirror the diversity of our local community. This can be validated by reference to our regularly reported workforce statistics.	Ongoing
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 hospital is confident that its policies and processes for recruitment of all staff are rigorous and comply with all employment legislation.	

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 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 currently do. We will try to reduce our carbon footprint and introduce efficiencies in our energy use.

It should be noted that most of this work will be carried forward to 2021/2022 as the financial consequences of the pandemic has restricted our ability to commit investment other than that previously agreed by the Board.

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

Actions	What has been done	Items to be rolled forward
Maintaining operational stability, functionality and statutory compliance.	ISO 27001 and ISO 9001 external audits have continued. During 2020, we went through both recertification audits successfully. An external fire risk assessment has been completed and PLACE assessments have been completed.	Ongoing
Making best use of the space we have available. Reviewing underused spaces.	Converting one of the bedrooms into a minor treatment room to undertake injections.	
Using our limited capital resource to improve the patient and staff environment.	The environment continues to be well maintained and during the year the majority of areas have been re-painted.	Will be reviewed as and when resources become available
Development and implementation of an energy management strategy.	A plan has been put in place. However, due to COVID-19 and lack of cash flow capital plans to install solar panels etc. have been put on hold.	Items identified in the Energy Management Plan to be put in place once finances improve following a loss of £900k in 2020.

Financial

This financial section has been prepared during the COVID pandemic, which has provided the biggest challenge to the Charity in its history. In the main, the COVID pandemic restricted the activity that the Hospital could undertake and this has had a significant impact on its financial performance in 2020. The hospital recorded a deficit for its 2020 financial year of £915k.

Even though the Charity faced the disruption brought by COVID it is in a strong position to treat the many thousands of patients that are seeking its help. Further, the way the Hospital has managed its activities through the pandemic and with the opportunities brought by the introduction of vaccines puts us in a strong position for 2021.

In 2020 the Hospital became part of the national response to COViD. From 23rd March 2020 to 7th September 2020 the Hospital was under contract with NHS England which provided block funding to finance the Hospital's services and to ensure it was available for any specific requirements related to the COViD emergency. However, this funding only covered the Hospital's costs and activity was limited by the need to hold resources in readiness for any support the NHS required in terms of beds and staff. During the first months of the pandemic the Hospital provided all its ventilators to the local NHS Trust and was unable to use its operating theatres. As soon as they were returned, the Hospital was able to resume some operations although its activities were limited. This was because there were practical issues over the availability of surgeons, anaesthetists and other medical staff, the protocols over safety and infection prevention during the pandemic and patient availability because of shielding and the level of COViD19 in the population. The Hospital has provided vital support to the local NHS Trust during the summer and autumn of 2020 and then again in 2021 and this has included theatre, outpatient and diagnostic patient attendances. This support was recognised by a new NHS contract that ran from the 7th September through to 31st December, and then a further contract, up to 31st March 2021 and provided funding for both the Charity's own NHS work and work that came from the local NHS Trust. While this work grew significantly during the autumn of 2020, the Hospital expected to make a significant loss in 2020 because of the limits on activity in the year as a whole.

The Hospital restarted providing NHS Choice appointments during the summer of 2020 and expanded these during the autumn. The Hospital has a growing waiting list of NHS patients who want appointments in outpatients and as admitted patients. It has been successful in the purchasing exercise undertaken by NHS England to increase the NHS capacity to deal with the growth in patients waiting because of the COVID pandemic.

The Hospital continues to be self-financing but found ourselves in the position of having to take out a government Coronavirus loan in order to help cover our costs and provide much needed financial resources. **Key objective** - to year-on-year generate a surplus **by:**

Actions	How have we done	Items to be rolled forward
Looking at ways of reducing costs without compromising on quality and safety.	This is an ongoing process. We would never compromise safety within the organisation.	Ongoing
Better use of digitalisation across the hospital and maximising the use of IT.	COViD forced this situation in as much as we have actively engaged with patients virtually, where clinically appropriate. Providing consultations and virtual clinics across many hospital services.	Ongoing and will be developed further.
Balancing the books	This was not achieved and we have recorded a deficit over £915k.	This will be a key priority going forward in terms of what we do and how we do it with more emphasis on management accounting and planning for activity that generates income.

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

Actions	How have we done	Items to be rolled forward
Maintaining rigorous and robust capital expenditure approval and oversight processes. Regular monitoring and evaluation of key performance indicators.	Capital expenditure had to be put on hold due to our financial position. Only urgent and necessary projects were undertaken	
Development of long-term plans and forecasts.	The hospital's operational and strategic plans will be due for renewal in 2021/2022	Ongoing

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, it is something that can be successfully achieved if both sides are willing to compromise. We will continuously explore partnership opportunities and options with specialist partners to best serve the needs of FIH, our patients & the workforce, now and 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:**

- Building on the work already started in providing a comprehensive first class UK based burns service.
- 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 using more of the FIH estate for the service.
- Expanding rehabilitation services into other specialities 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.

It is very unfortunate that due to the pandemic we have not been able provide services for any burns patients in this reporting period. Both charities have been hit hard financially by the pandemic. Both organisations have decided to take stock and decide on the best way forward for this service as when restrictions are relaxed.

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 challenge will be to link the health provision across the range of providers in the region and the current system and provide 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. During COVID the Hospital offered a range of alternatives to face-to-face meetings /consultations.

The continued 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. Even with the systems and processes we have put in place there is an ever-present risk of a cyber-security incident, involving a breach of data protection. Cyber attacks are becoming a lot more sophisticated and there are continual processes, upgrades etc. that need to be put in place to provide as much mitigation and re-assurance as possible.

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

Actions	How have we done	Items to be rolled forward
Improved access to information to enhance management decisions and provide better insight to patient and management requirements.	The Information and Performance Analyst is now trained to be able to provide information such as virtual consultations and 18 weeks RTT. More reports are required as part of contractual and national monitoring.	Ongoing
Added functionality for the website and internet in terms of booking appointments, requesting information, paying accounts.		Will be rolled forward.
Increased interaction between the core systems so that information is passed between the main systems without manual intervention.		Third party applications to increase workflow relies upon the patient manager upgrade. Rolled forward to 2021/22 and beyond
Windows Server 2008 is no longer supported; we will need to upgrade at least 8 servers.	This has been completed	
Patient Manager is currently v.3 the latest is v.7.	This has been completed	
Network requires an overview.	This has been completed. New router and firewalls have been installed. We now have	Ongoing

	capacity for voice of IP telephony and virtual conferencing	
Further development of comprehensive failover (deliberately shutting the system off to test backup) and fall back testing on critical services.		This has been rolled forward
Digital market exploration.	Discussions have commenced but no final decisions made.	Rolled forward to 2021/22 and beyond

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

Actions	How have we done	Items to be rolled forward
Carrying out security assessments of data processors and certification. To independently audit and test ISO 27001 and Cyber Essentials.	We have passed our NHS Data Security and Protection tool kit and ISO 27001 accreditations for 2021-22.	Ongoing
Independent technical security testing and audit to benchmark cyber security capability maturity.	The cyber attack we had in March 2021 was very unfortunate. We have a programme of actions that have taken place and more will be implemented.	Independent review is due June 2021
Continual user awareness through a training regime of good cyber hygiene.	We have improved communications. More can still be done.	Rolled forward to 2021/22.
Implementation of risk based continual improvement of cyber security technologies and controls based upon the findings of independent assessments.	Crowdstrike cyber security has been implemented across the organisation with 24/7 monitoring of the system via an independent expert company.	Independent review is due June 2021
Continual monitoring of changing cyber security trends.	Built into ISO 27001 audits. Hospital now uses Crowdstrike and independent 24/7 monitoring	Ongoing

Charitable objectives and Public Benefit

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

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

Infection Prevention and Control

Fairfield Independent Hospital considers infection prevention and control to be a core element of quality and patient safety and perhaps even more so during the past 12 months. Our record of good infection control of which we are very proud continues, particularly following the outbreak of the COVID pandemic. Staff have followed strict social distancing rules, hand-washing compliance and facemasks are worn appropriately keeping patient's colleagues and their families safe.

- Staff continue to be vigilant with their lateral flow testing, maintaining a one-way system across the hospital and national infection prevention and control standards.
- Risk assessments for aerosol generating procedures (AGP) have been completed for all high-risk procedures with all staff completing donning and doffing competencies following their fit testing for FFP3 masks.
- Hand washing and ANTT audits show a 100% compliance across all clinical areas. Non-clinical staff audit of hand washing techniques showed a 100% compliance.
- Housekeepers have increased the cleaning of 'high touch' areas to a minimum of twice daily and deep cleaning bedrooms following discharge of all patients.
- Outpatient rooms are cleaned after each face-to-face appointment, with treatment rooms deep cleaned pre and post procedure in particular for rooms where AGP's have taken place.
- We will continue to support and develop the role of the Infection Prevention and Control Lead Nurse.
- We will be proactive in minimising the risks to patients and staff (at present visiting is not allowed due to COVID and shortening lengths of stay) from acquiring an infection through treatment or during their stay within the hospital.
- We will continue to work with our NHS colleagues to ensure our practice is up-to-date and in line with national guidance and best practice to ensure the Hospital's infection rate remains below 1%.

- The Hospital has continued the 'One Together' Infection Prevention and Control Program in collaboration with the Infection Prevention Society, the Royal College of Nursing and 3M - Science for Life. The practical guidance helps to prevent surgical site infections, maintaining our infection rate below 1% for all patients admitted for surgery.

Conclusion

Whilst the pandemic is most certainly not over, we are seeing some light at the end of the tunnel. However, we cannot and will not become complacent. 2020/2021 was most certainly a year that we will all remember and was extremely challenging for all of us.

The Hospital continues to keep abreast of any changes to IPC and COVID guidance to maintain low infection rates and reduce the risks posed by COVID to patients and staff.

We will continue to support the NHS as best we can providing 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.

Part 3

Overview and Review NHS Services 2020/2021

It should be noted that COVID affected the number of NHS patients that we were able to see and treat so figures are lower than previous years.

During 2020/21, Fairfield Independent Hospital provided advice and treatment to 4,919 NHS patients from 26 different CCGs.

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 2020/21 represents 100 per cent of the total income generated for the provision of NHS services by Fairfield Independent Hospital.

Participation in clinical audits

During 2020/21 Fairfield Independent Hospital participated in 6% of 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 Fairfield Independent Hospital were eligible to participate in during 2020/21 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 a snap shot record of a number of “Harms” to patients that may have occurred nationally – currently suspended.

National Joint Register (NJR)

The Hospital had again received a certificate of accreditation from the NJR for the quality of its data submissions to the NJR. FIH achieved 99% consent and link ability. It was reported that 70% of Independent hospitals were reported as achieving a consent and link ability rate greater than 95%, compared to 48% of NHS hospitals.

Breast Implant Registry

The Hospital received data analysis from NHS Digital regarding data input to the breast implant register. The findings are 100% compliance for FIH for submitted data for all breast implant surgeries undertaken.

The reports of national clinical audits were reviewed by the Hospital in 2020/21 and we do not qualify for any of the studies in progress.

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 2020/21 because of COVID we did not agree any CQUIN targets with local commissioners as there was no NHS Standard Contract in place.

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 12000 records during 2020/21 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

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 indicates we have passed. (Please note the percentage figures provided in previous reports are no longer applicable to this assessment.)

Governance

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 to ensure high standards of corporate governance and personal behaviour. The Chairman of the Trustees leads the Board. 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.

Infection Control

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 Patients	MSSA Positive Patient	E-Coli Positive Patients	Patients requiring Antibiotics following surgery	Infection Rate
April 2020 to March 2021	0	0	0	0	23	0.7%

Patient Satisfaction

The results for 2020/21 show;

- 97% 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.
- 99% of patients would recommend the Hospital to a friend or family member.

Friends and Family Test

Inpatient full year average 2020/21

Average total number returned per month	Extremely likely	Likely	Neither likely nor unlikely. Extremely unlikely Don't Know
66	62	3.5	.05

Outpatient full year average 2020/21

Average total number returned per month	Extremely likely	Likely	Neither likely nor unlikely. Extremely unlikely Don't Know
27	22	4.5	.05

Complaints 2020/21

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.

Total number of formal NHS complaints – 9 (26) (figures in brackets are for 19/20)

Categories

- Consultant 5 (5)
- Administration 2 (6)
- Nursing 0 (0)
- Attitude 2 (9)
- Clinical 0 (6)

All our complaints are reported across the organisation to the Board and ‘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 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.

Serious Untoward Incidents

There was one Hospital serious untoward incident reported for the period. The incident related to a Cyber attack where the hospital became aware of malware on its email exchange server. Immediate actions were put into place and a full investigation was carried out. NHS Digital were informed straight away and were happy with the prompt actions that we had taken. NHS Digital confirmed that they were aware other organisations had also been targeted. NHS St Helens CCG were also notified as part of the incident management process in place with them.

I am pleased to report that no data patient identifiable information or otherwise was compromised.

Actions have been put in place as a result of the attack and the Hospital has commissioned extra 24/7 monitoring security.

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.

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 apprentices during the year.

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.

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.

The profile of our workforce is shown below:

Clinical Workforce (excl Consultants)

The 2020/21 age profiles of the workforce are shown below:

Clinical

Under 20	20-29	30-39	40-49	50-59	60-69	70 and over	Total
0	11	14	23	33	14	0	95

Non Clinical workforce

Under 20	20-29	30-39	40-49	50-59	60-69	70 and over	Total
0	8	17	11	33	23	2	94

Staff Survey

The completion of the survey is mandatory as part of our NHS Contract and needs to be completed annually. Even though we were in the middle of a pandemic, we did feel it was important to carry out the 2020 staff survey to gauge how staff were feeling and to try to address any issues or provide help and assistance.

The organisation was very pleased to see the response rate continue to improve with 77% of staff completing the survey. Whilst there are some areas that do require further investigation, action and analysis, I do feel overall that the 2020 results show the pressures that staff felt because of the pandemic from a work and personal perspective were overwhelming.

The level of job satisfaction appeared to have declined and I can totally understand this as for some weeks we had an empty hospital. Our staff are very patient centred and when we started seeing patients again, albeit in small numbers, morale most definitely improved.

As a result of the survey, we have continued with departmental daily huddles which we kept going during COVID. We have also provided staff with access to in-house mental health support and provided information regarding self-help organisations and websites for those wanting access to virtual support.

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 were discussed on how we could improve further.

Student placements

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 which offers a holistic overview of a patient journey. In 2020/21 the Hospital will host and assess 12 student nurses and a minimum of two nursing associates. The Hospital has two Operating Department Practitioner (ODP) students who have been assigned to Fairfield for their 3-year training program as our senior operating department practitioners are trained mentors with teaching and assessing qualifications. The universities continue to carry out an independent audit of our facilities and staff education/qualification levels.

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.

Competencies for Registered Nurses (RN)

Registered Nurses are continuing with clinical supervision and reflective practice to guarantee our nurses' revalidation requirements are met. The competency framework has been agreed and implemented in the ward and outpatients and theatre competencies have been implemented. However, the NMC is currently out to consultation regarding post registration standards for RN and Nursing associates. Once this report is released, a gap analysis will be undertaken against current competencies and the new standard in 2021 – 2022.

Training and education

During 20/21 all clinical staff across all departments received NEWS2 training to facilitate the care of COVID step down patients as theatres were closed due the anaesthetic/ventilator machines were sent to the local Trust Hospital. All external training was discontinued due to the pandemic. However, despite external training being unavailable, an average of 91% of staff completed their mandatory and statutory training, excluding the extra COVID training.

COVID training: All clinical staff completed Donning and Doffing of PPE alongside fit testing FFP3 masks to ensure staff were safe when carrying out AGP procedures. All clinical areas undertook the training to ensure staff could be redeployed across the Hospital in the event of sickness/shielding absence. Non-clinical staff completed How to be COVID Safe in the Workplace training - to maintain safe space, effective handwashing, the correct wearing of masks, the disinfection of frequently touched areas, not to share telephones and workspaces and the importance of ventilation.

Consultant Workforce

The consultant workforce consists of 38 Consultant Surgeons registered with practising privileges who provide NHS services to NHS patients.

Refurbishments/Capital Programme 2020/21

The associated works and investments that we have completed in 2020/21 include the following:

	Cost
Endoscopy scope guide	£40,000
General upgrade of medical equipment.	£30,000
2 x Clean steam generators.	£28,000
Suction and Oxygen into 10 bedrooms.	£25,000

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.

Business Intelligence and Information Technology

The theme of 2020/21 as regards IT was investment in security and system upgrades. Significant areas of investment were in providing extra capability for our consultants to enable virtual appointments to take place. We also invested in the security and administrative infrastructure of the Hospital.

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.

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.

Other Risk Areas

The Charity is totally committed to identifying, 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 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.

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.

2020/21 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.

From March 2020, the landscape we were all working in has changed with the emergence of COVID and the devastating effects that this virus has had.

We entered into the partnership agreement with NHS England to make all of our resources available. 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 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 sickness as many staff were symptomatic and needed to self-isolate. Our staff were absolutely 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. The majority of our staff (93%) have been vaccinated to date and continue to provide a caring and safe service. At the time of writing this report we are still in the pandemic and there is still so much we do not know about it.

There is light at the end of the tunnel. We will keep doing what we are doing and take a corporate and personal responsibility to keep our staff and our patients safe.

4. REVIEW CORE INDICATORS 2020/21

REGULARLY REPORTED INDICATORS

Indicator	Total numbers in period 2020/21	%
Inpatient mortality	0	0%
Peri-operative mortality	0	0%
Unplanned readmissions within 28 days	4	0.14%
Unplanned returns to theatre	0	0%
Unplanned transfers to another hospital	10	0.4%
Mortality within 7 days of discharge	0	0%
Pulmonary Embolism	1	0.040%
Deep Vein Thrombosis	1	0.040%
Surgical infection rate	23	0.7%
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 2020/2021 Quality Account.

NHS Outcomes Framework Domain	Indicator	Results
Preventing people from dying prematurely	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.	 Oxford hip score 21.0% (23.1) Reported health gain Oxford knee score 16.7% 15.3) Reported health gain

		<p>It should be noted that joint replacement surgery was put on hold throughout the pandemic</p> <p>Fairfield Independent Hospital considers that this data is as described.</p>
	The percentage of patients aged 16 and over readmitted to the hospital within 28 days of being discharged.	<p>0.14% of patients were readmitted to the hospital within 28 days of discharge</p> <p>Fairfield Independent Hospital considers that this data is as described</p>
Ensuring that people have a positive experience of care	<p>Personal needs data from Health and Social Care Information Centre.</p> <p>The percentage of staff employed in the reporting period who recommend the hospital as a provider of care to their friends and family.</p>	<p>National data not available. In-house questionnaire results detailed on Page 27</p> <p>Fairfield Independent Hospital considers that this data is as described</p>
Treating and caring for people in a safe environment and protecting them from avoidable harm	<p>Percentage of eligible patients who were admitted to hospital and who were risk assessed for a venous thrombo-embolism.</p> <p>Case of C- difficile reported. Rates of patient safety incidents and the number of such incidents that resulted in severe harm or death.</p>	<p>100%</p> <p>0 (Nil)</p> <p>Fairfield Independent Hospital considers that this data is as described</p>
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.	<p>0 (Nil)</p> <p>Fairfield Independent Hospital considers that this data is as described</p>

Schedule 1

PATIENT COMMENTS APRIL 2020 MARCH 2021

- “Excellent treatment from all staff during my stay. Very pleased with all the high standards” August 2020
- “The staff are all a credit to the hospital” August 2020
- “Absolutely first class – staff are friendly and respectful” September 2020
- “Wonderful – the hospital, staff & facilities” September 2020
- “Lovely hospital and staff would highly recommend” September 2020
- “Highly satisfied with my patient journey. Very friendly staff made me welcome” October 2020
- “First class treatment, staff and service – thank you” October 2020
- “The hospital staff could not have done more to make me feel comfortable” October 2020
- “Great place to have treatment. Friendly and efficient” November 2020
- “I was treated extremely well by all staff, I was kept informed at all times” November 2020
- “Caring, empathetic, friendly, informative, great quality in all aspects of care” November 2020
- “Excellent service all round” December 2020
- “Everything went well and all staff were professional in every way” December 2020
- “A lovely hospital, lovely ambience, very comfortable” December 2020
- “Excellent service, especially in these difficult times” December 2020

- “Would recommend this hospital. Excellent all round. The staff are a credit to the hospital” January 2021
- “Excellent treatment and care from all staff involved” January 2021
- “Five Star Treatment” January 2021
- “The whole process has been very efficient and patient focused” February 2021
- “Well organised, friendly staff made me feel comfortable” February 2021
- “A very pleasant hospital and staff are excellent” February 2021
- “Excellent from start to finish” February 2021
- “I found the whole procedure was well organised” March 2021
- “Staff at Fairfield are extremely professional and caring” March 2021

Schedule 2

FIH OVERVIEW OF NHS CQUIN (QUALITY) TARGETS AND ACHIEVEMENT 2020/21

**As no contract was entered into no CQUIN was agreed with local NHSW
commissioners**

Schedule 3

Fairfield Independent Hospital 2020/2021 Clinical Audit Progress Quarter 4				
No.	Dept.	Title	End Date	Status
TH/01	Theatre	QUAD Audit	March 2021	Completed, no further action necessary
TH/02	Theatre	Effectiveness of pre-op huddle and debrief	November 2020	Completed, to be re audited in May 2021
DE/01	CSSD	Competency audit of decontamination equipment operators (Endoscopy and JAG)	March 2021	Completed no further action required
TH/01/20	Theatre	Correct Surgical glove Technique	July 2020	Completed, full compliance no action required
TH/01/20	Theatre	Identify reasons behind Changes to Operation Lists.	July 2021	Completed, action plan completed no further action required
TH/03/20	Theatre	Safer surgical count	November 2020	Completed, actions recommended and implemented no further action required
RA/01/20	X-ray	Adequacy of Magnetic Resonance Imaging of the Shoulder	March 2021	Completed no further action required
OPD/01/20	Outpatients	Audit of vasectomy waiting times, DNA's and cancellation	October 2020	Completed changes to process made
OPD/02/20	Outpatients	Identifying patients who	March 2021	Completed no further action required

		have cancelled their surgery at different stages of the per-operative journey		
WA/03/20	Ward	Medicines Management	August 2020	Completed, actions recommended and implemented, no further action required
WA/04/20	Ward	NEWS	November 2020	Completed action plan implemented. Monitored on a regular basis via KPI

Schedule 4

Statements from external Sources



Healthwatch St Helens Response to the Fairfield Hospital Quality Account for 2020-2021.

A clear presentation that contained a lot of information.

Excellent to see, both from the Account and from the presentation, the level of communication with patients and the efforts made to make them feel informed about their treatment or, in some cases, the delay of their treatment due to the pandemic. From work Healthwatch has done around experiences during the pandemic, lack of communication and information has been highlighted regarding many providers so this is especially good to hear about, from our point of view. Very impressed that the infection rate is still below 1%.

It was very good to see that staff had been made available to support St Helens & Knowsley Hospital Trust during the pandemic.

We wish Fairfield Hospital the very best of luck for the future in continuing to keep up the good work.

Forster House
Waterside
St Helens
WA9 1UB

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

16th June 2021

Dear Cheryl

NHS St Helens Clinical Commissioning Group and NHS Knowsley Clinical Commissioning Group welcome the opportunity to feedback on the Fairfield Independent Hospital Quality Account for 2020/21.

Due to the Covid-19 Global pandemic, 2020/21 has been the most challenging year the NHS has ever experienced. We would like to start by acknowledging the invaluable support received from the hospital to ensure services, equipment and facilities were made available to the NHS. We would also like to thank all the staff at the hospital, who have worked so hard to support the national effort during the crisis, whilst continuing to deliver the best possible care to patients. The hospital's recognition of staff achievements and commitment to its workforce is evident throughout the Quality Account

Whilst the CCGs did not commission services for Independent Sector Providers for the majority of 2020/21, we were pleased to note the key objectives achieved by the hospital to support the aim of delivering the highest levels of patient safety, care and service.

The CCGs would like to congratulate the hospital for the following key achievements during 2020/2021:

- Zero levels of hospital acquired MRSA, MSSA, E-coli and C-difficile.
- Enhancing early recognition and management of the deteriorating patient by implementing monthly compliance audits against scoring of NEWS2 and escalation of care as per hospital policy.

- Introduction of an Incident Review Panel Committee and investigation workshops to achieve high quality incident reporting, investigation and learning.
- Consistently high patient satisfaction results noted as: 97% of patients rated the cleanliness of the hospital as very good or excellent, 99% of patients rated the overall standard as very good or excellent, 99% of patients would recommend the hospital to a friend or family member.
- Remaining a COVID free site.

The Quality account reflects the hospitals drive to retain and attract a highly skilled workforce and clearly identifies that staff are their greatest asset. The hospital is honest however, that the shortage of appropriately qualified skilled staff continues to be a cause for concern. Commissioners acknowledge that our staff are our greatest resource, and moving into 2021/22 there will be a need to look at how we support each other as a system and as we move into integration in terms of a 'package of workforce'.

As CCGs, we understand that the hospital has faced some significant challenges throughout the last year. The Quality Account however emphasises the importance of values and integrity, with the focus of putting the patient at the heart of everything it does. It is assuring that despite the challenges, the hospital remains committed to making sure that services are built around quality and safety and are patient centric. The CCGs support the core business objectives of: enhance our safety culture, learning lessons when things go wrong, enhance our governance, provide the best possible care to our patients, actively identify, manage/mitigate risk and monitor risks across the organisation, recruit and retain a highly dedicated workforce, further improve the quality and safety of our estate and increase productivity from the areas we use, further develop the hospitals IT infrastructure, as the ongoing key objectives for 2021/22.

We commend the hospital on its commitment to working with the CCGs in a collaborative and transparent manner, and we look forward to continuing to work in partnership over the coming year.

Yours sincerely



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



HELEN MEREDITH
CHIEF NURSE
NHS KNOWSLEY CLINICAL
COMMISSIONING GROUP