



# FAIRFIELD INDEPENDENT HOSPITAL

## Quality Account

2021/2022

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# PART 1

## STATEMENTS ON QUALITY AND ASSURANCE

### Statement from Chief Executive

I am delighted to present the Quality Account for 2021/22 for Fairfield Independent Hospital. The provision of high quality patient care is and will always be the highest priority of Fairfield. Our dedicated team of clinical staff and consultants are very much at the forefront of achieving this but we have an organisation wide commitment to ensure that we continue to improve year upon year. Everyone in our organisation has a part to play in the delivery of the services we offer. We put the patient at the heart of everything we do and seek to ensure that our patients achieve the best outcomes possible.

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

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

The Hospital has been delivering high quality health care to the local community for over 47 years. We are extremely proud of our track record of providing good quality safe services as an independent health charity.

The Quality Account is designed to provide an open, honest and 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. We value staff development and we have strong commitment to staff training and skill improvement.

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

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

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](mailto: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 that permeates throughout the organisation.

During 2021 health care continued to be dominated by the coronavirus pandemic.

I am very proud of the role Fairfield Independent Hospital played and continues to play in supporting the NHS and the local community. Our Trustees and Directors feel very strongly that as a local charity it is our duty to support the NHS as best we can and provide support to the local population at such a critical time.

The overall impact of COVID-19 on the Charity cannot be underestimated. Our financial situation is continues to be 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 2021 were prepared on the going concern basis.

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

Going forward we will continue to provide capacity to the NHS to support the recovery of elective waiting times and to contribute to the national effort.

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

As Chief Executive, I have a great sense of pride in what our staff have achieved during this last year and the care they provide to our patients. I would like to take this opportunity to personally 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 ensuring that the Hospital delivers the highest possible standards of safe, effective care.

In making this statement I can confirm that, to the best of my knowledge, the information contained in this Quality Account is accurate.



**Cheryl Nolan**, Chief Executive

## Board of Trustees Statement on Assurance

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

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

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

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

The IGC ensure that the Directors of the Charity are:

- Setting and monitoring standards based on best practice and an evidence based approach
- Driving forward continuous improvement across the organisation
- Identifying, developing and implementing best practice
- Identifying and managing risks in a structured way
- Ensuring compliance with standards and regulatory requirements and taking corrective action as and when applicable
- Carrying out audit and measuring patient feedback
- Achieving quality and safety assurance



## 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.

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 Director of Governance and Quality works with the Chief Nurse 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.

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

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

## PART 2

The hospital has a two year planning cycle so the objectives below cover the period 2022 and 2023

### STRATEGIC BUSINESS PRIORITIES:

- **Safely emerge from the COVID pandemic** – Identify new practices and new ways of working in order 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, safety and viability 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.
- **Focus on the fundamentals of care** – safety through learning is paramount by 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
- **Drive the organisation forward ensuring it is stable and viable with the resources to deliver its vision** - improving our internal efficiency and by harnessing the benefits of information technology. Exploiting the opportunities for new markets, and ensuring our services offer best value for the Hospital itself, for all of our commissioners and customers. Reviewing all services that we provide to ensure that they provide us with the resources to remain a stable and viable organisation and the ability to provide investment going forward. This may mean providing services in a different way or ceasing to provide certain services after careful cost benefit analysis.

## Core business Objectives

### 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 clinical departments
- Enhance early recognition of the deteriorating patient and sepsis
- Reduction in medication errors and enhanced management and reporting
- Improved documentation across the Hospital

#### 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
- Ensuring peer review of incidents, near misses and RCAs

#### Key objective - Enhance our governance [by](#):

- Adapting, enhancing and standardising quality reporting at every level across the organisation
- Conduct quality assurance reviews of CQC standards and prepare for regulatory assessments/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
- 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 staff views when it is safe to do so



## Quality and Safety

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 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:**

- Learn lessons and make changes from complaints and incidents
- Mandatory and CPD training on key topics with regular checks on compliance.
- Being connected locally and nationally to emerging priorities from the White Paper
- 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.
- 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 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

We recognise that our workforce is key to delivering our vision of and our strategic objectives. We want our staff to share the values and belief systems that engenders trust from our patients and their carers. We recognise that every interaction we have is an engagement opportunity, and an opportunity to live our values. This is how we aim to achieve our objectives and therefore our vision. 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 and salaries 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 few years and have increased staff salaries in line with NHS pay awards.

**Key Objectives** – to recruit and retain a competent and dedicated workforce by:

- Looking after the health and well-being of our staff
- Review pay scales across the organisation
- Sustain and enhance our reputation as a recognised employer of choice to attract and retain a high quality workforce
- Develop a workforce that is proud to work at FIH and feels developed and supported to make decisions, innovate and improve the lives of our patients and each other
- Enable change through innovation, transformation and productivity improvement to secure a stable future
- Improve and maintain learning, leadership and development to continually enhance opportunities for staff to progress their careers and further develop their skills. Build capacity for the organisation to be able to deliver its objectives
- Maintain a high level of staff satisfaction through training and support, to create a resilient and diverse workforce. This work includes taking forward the actions required from the Workplace Race Equality Standards (WRES)
- Ensuring that we wherever possible we match NHS pay increases for staff and that our salaries are competitive
- Engaging with colleges and Universities to offer placements
- Offering flexible employment opportunities through the various career stages
- Offering secondments to staff
- Promoting a culture of openness and transparency
- Being an inclusive employer recognising diversity across the workforce
- 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
- All Registered Nurses to have successfully completed the revalidation process

## 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 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 not 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 and our already exploring a number of options in order to achieve this.

**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 underutilised spaces
- Using our limited capital resource to improve the patient and staff environment.
- Development and implementation of an energy management /green plan

## Financial

The Hospital continues to be self-financing and is facing many challenges in its post COVID recovery. Plans are in place to bring the hospital back into financial balance and to generate a surplus in 2022 and 2023 which can be used for investment.

**Key objective** - to be in break-even financial position **by**:

- Implementing cost reductions without compromising on quality and safety
- Reviewing portfolio of services that we are offering and not providing those services that are not cost effective
- Reviewing all contracts with external suppliers to ensure we are getting VFM
- Better use of digitalisation across the hospital and maximising the use of IT
- 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 pathways of care

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

- Only providing services that are cost effective
- Procuring and implementing a new finance system that can provide timely accurate information and financial analysis required on which sound judgements can be made
- Regularly reviewing the services we provide and how they are provided to all commissioners
- Reviewing the company structure to ensure that it is fit for purpose in the current economic climate
- Maintaining rigorous and robust capital expenditure approval and oversight processes
- Regular monitoring and evaluation of key performance financial and activity indicators
- Development of long-term plans and forecasts based on financial viability and market forces

## Partnerships

Continuously explore partnership opportunities & options with specialist partners to best serve the needs of FIH, our patients & workforce, now & in the future, including improving services currently provided as well as working with others to include services currently not provided by FIH. To continue to offer support to the NHS to help clear the backlog of patients waiting for treatment.

**Key objective** – to consider areas of diversification:

- Explore options for partnership working with others to include services currently not provided at FIH
- Utilise the estate more effectively

## 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 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. As we are aware there is an ever 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 cyberattacks, collateral damage from destructive nation-state attacks, and unauthorised access to internet-accessible data. There were a number of lessons learnt from the FIH cyber-attack in March 2021 and these have now been built into the core infrastructure around the Hospitals cyber security.

**Key Objective** – to further develop the hospitals IT infrastructure **by:**

- Improved access to information to enhance management decisions and provide better insight to patient and management requirements
- Increased interaction between the core systems so that information is passed between the main systems without manual intervention
- Carry out full overview of network
- Further development of comprehensive failover (deliberately shutting the system off to test backup) and fall-back testing on critical services
- Digital market exploration
- Refresh website with better interactive functionality

**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

### Competencies for Health Care Assistants

We will continue with the competencies for HCAs. The two new staff members who are not from a healthcare background have completed their NVQ level 3 in care and passed with merit, a rolling program of role specific competencies have been developed from Skills for Health which are currently in progress, to maintain standards within all clinical areas and ensure underpinning knowledge is used to embed best practice.

### Leadership and training

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

- As part of our rolling programme of training and education a further six RN's will complete the ALERT course in 2022. ALERT develops staff skills. Due to the pandemic this training was not available, therefore we are developing an in house program covering Patient Controlled Analgesia (PCA) recovering from spinal anaesthesia to optimise early discharge. As part of this in house training staff have reviewed our early warning Sepsis screening tool, along with other medical complications following surgery and competencies in order to recognise the early warning signs for Sepsis and other medical conditions that require clinical staff to intervene and prevent further complications for our patients.
- Two theatre staff have completed their Advanced Life Support certification, a further two staff members will complete at the end of 2022. A suite of competencies is ongoing for registered nurses that are role specific and offer patients the assurance that Fairfield Independent Hospital has a skilled and competent workforce. Currently staff are working on NEWS2 and sepsis pathways. Ward staff are undertaking Laser safety training, while OPD staff have completed scrub training. This will enable appropriate patients to undergo minor surgery in an outpatient setting rather than a theatre. All other mandatory training remains above the 90% completion target set by the Hospital.
- Theatre staff have undertaken further training another member of the scrub team has completed their first Surgical Assistant part 1 & part 2 in order that the Hospital can continue to offer patients skilled, efficient staff while utilising theatre resources and maintaining a high degree of safe care. Other theatre practitioners have completed competences in other specialities to offer a flexible workforce to our patients and Consultants.
- The Trustee Directors, as part of their annual appraisal process, will have specific areas of training provided.

## Proposed Capital Programme 2022/23

Key Items from the programme include:

Location		Project Cost £	Year
All Hospital Areas	General upgrade of medical equipment	£50,000	2023
All Hospital Areas	Mechanical and electrical equipment and building works	£25,000	2023
All Hospital Areas	Upgrade of IT equipment, servers, printers and PC's.	£25,000	2023

### Efficiency

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

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

### 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.

### External Environment

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

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

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



## Joint Advisory Group (JAG) Accreditation for Endoscopy

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

## Summary of objectives aligned to CQC domains

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

- We follow best practice standards (clinical, professional, safeguarding, Information governance and operational) to provide the safest possible patient care
- Staff are aware of their requirements as an alerter should a safeguarding issue be disclosed or witnessed, all have staff have knowledge and an understanding of the reporting process
- We will continue to have oversight of risks and issues affecting the safety of patients & staff and learns from mistakes & best practice
- Safety is our number one priority its part of our culture
- We will always have enough staff on duty with the right skills, knowledge and experience and equipment

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

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

**RESPONSIVE:** Providing services to meet people's needs.

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

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

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

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

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

- Prioritise staff health and wellbeing
- Promote equality and diversity

## Conclusion

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

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

## PART 3

### MANDATORY STATEMENTS

#### Overview and Review NHS Services 2021/22

During 2021/22, Fairfield Independent Hospital provided advice and treatment to over 3,000 NHS patients referred from 368 different GP practices and 43 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 2021/22 represents 100 per cent of the total income generated for the provision of NHS services by Fairfield Independent Hospital.

#### Participation in clinical audits

During 2021/22 Fairfield Independent Hospital participated in 6% national clinical audits and 0% confidential enquiries of the national clinical audits in which it was eligible to participate.

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

The national clinical audits that Fairfield Independent Hospital were eligible to participate in during 2021/22 were as follows;

- National elective surgery - Patient reported outcome measures (PROMS)
- Hip and knee replacements
- National Joint registry (NJR) – hip, knee and shoulder replacements.
- Breast Implant Registry –commenced in 2017 to ensure that patients who consent to their data input contribute to a national database - NHS Digital.

The Hospital received a certificate of accreditation from the NJR for the quality of its data submissions. FIH achieved 100% consent and link ability. The report showed that 70% of Independent hospitals were reported as achieving a consent and link ability rate greater than 95%, compared to 48% of NHS hospitals. FIH achieved a 100% consent and likability for the NJR and are currently undertaking a trial data source for the NJR.

The reports of national clinical audits were reviewed by the Hospital in 2021/22 and we do not qualify for any of the studies in progress.

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

- Nationally less than 5% patient require a manipulation (MUA) post joint replacement
- FIH audit evidenced a 4.7% of patients who required a manipulation post joint replacement
- In 2021 /2022 the Hospital continued to submitted data to Advanced Quality Alliance (AQuA) to enable the Hospital to offer standardised best practice across joint replacement surgery. Two areas of concern have

been highlighted, these have been addressed, and from March to December 2021 the two areas of concern were at 87.4% which is below the required standard of 95%. The hospital will continue to monitor the audit results to evidence the effectiveness of the measures put in place in order to increase compliance to the required standard

### Participation in Research

The Hospital does not participate in clinical research.

### Goals agreed with NHS Commissioners (CQUIN)

Not applicable for period

### 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 34,855 (35,573) records during 2021/22 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. The self-assessment for the period demonstrated that it had met the standards set by NHS Digital.

### 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 ensuring high standards of corporate governance and personal behaviour. It is important that the Hospital has a highly effective and efficient Board that has the skills, competence and business acumen to drive the strategic agenda.

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

[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 2021	Any further development areas in 2022
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	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.	The antibiotic audit in 2021/2022 has seen an improvement against the previous years' findings particularly in appropriate prescribing and length of treatment.	Ongoing
Implement AQUA	AQUA has been implemented with two areas below standard 1. Documentation of the clinical reason for the non-administration of tranexamic acid. 2. Patients temperature measured prior to theatre. Actions have been put in place to increase compliance.	Ongoing
Ensure that we follow guidance re COVID	We continue to follow 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	Developed senior leaders training for systems, risk, human factors and organisational culture.	Ongoing

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  A new governance framework was introduced in 2021/2022
Conduct quality assurance reviews of CQC standards and prepare for regulatory inspections/ direct monitoring	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 COVID pandemic.	Ongoing
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        The medical practitioners Assessment framework will be updated when guidance is released.
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	All staff are empowered if they are not happy with any aspect of consultant/clinician, care, performance or manner	This is ongoing and forms part of the hospitals governance framework



Consultant/Clinician matter of concern.	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.	
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 now re-commenced However, it is completed in line with national IPC guidance	Ongoing

## Patient Satisfaction

The results for 2021/22 show:

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

From April 2021 to March 2022, the number of questionnaires returned equated to a 51% response rate which is less than last year and was in part due to the lack of activity in the first part of 2021.

As part of the JAG standards, a patient satisfaction questionnaire is offered to FIH patients. This showed that from April 2021 – Mar 2022

- 51% of patients returned their questionnaire
  - 85 % of these patients rated FIH care as 'excellent' the remaining 14% rated
  - FIH as 'very good'
  - 100% of patients rated FIH as treating them with privacy, dignity and respect.
  - 87% of patients received their endoscopy report prior to discharge this figure is continuing to improve.
- However following measure put on place this figure increased to 95% during Quarter 4 of 2021/2022

## Infection Prevention and Control

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

### Infection Rates - April 2021– March 2022

	MRSA Positive Patients	C-difficile Positive Patients	MSSA Positive Patients	E-Coli Positive Patients	Patients Requiring Antibiotics Following Surgery	Infection Rate
April 2021 to March 2022	0	0	0	1	29	0.96%

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

## Friends and Family Test

Inpatient full year average 2021/22

Average total number returned per month	Extremely likely %	Likely	Neither likely nor unlikely. Extremely unlikely Don't Know
86	97%	2.5%	.05

Outpatient full year average 2021/22

Average total number returned per month	Extremely likely	Likely	Neither likely nor unlikely. Extremely unlikely Don't Know
73	90%	9%	1%

## Complaints 2021/22

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

The increase in formal complaints has been noted. However the figures are consistent with complaints from previous years and reflects the increase in activity at the hospital.

Total number of formal NHS complaints – 24 (9) (figures in brackets are for 20/21)

## Categories

• Consultant	14 (5)
• Administration	3 (2)
• Nursing	2 (0)
• Attitude	1 (2)
• Clinical	4 (0)

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

## Serious Untoward Incidents

All serious incidents are reported to the Hospitals Board of Trustees, the local CCG and further detailed discussions are held at the Clinical Governance Committee and the Integrated Governance Committee. Serious incidents undergo systematic investigation to understand underlying causes, and to establish lessons learnt. This year the Hospital reported one Serious Incident to our Commissioners. A concise investigation was completed and a moderate patient harm was reported. Our Commissioners were assured that lessons learned had been implemented and signed the incident off as closed.

## Workforce

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

During 2021/22 increased our establishment in order to strengthen both our governance and clinical areas. We also replaced staff who have resigned from our organisation.

The shortage of appropriately qualified skilled staff continues to give cause for concern. We do offer career opportunities across the organisation and we have employed two apprentices during the year.

As the charts shown below demonstrate we do have a workforce, where 76% of employees are in the over, 40-age group and 55% are over 50. While this provides an experienced and highly competent workforce, it also has implications for training and ensuring our clinical staff are competent in the latest medical practice and continue to be professionally aware

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

Short term sickness level across the hospital has fluctuated over the year between but averages at about 2.5% which is higher than what we would like. Long term sick leave is more problematic for a small organisation like FIH but we have put measures in place to resolve LTS in accordance with our Sickness and Absence Policy. All managers ensure that they regularly monitor sickness levels and that staff, as appropriate, are referred to the Occupational Health Service.

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

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

#### Clinical Workforce (excluding Consultants)

The 2021/22 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	10	19	23	34	19	0	105

#### Non Clinical Workforce

The 2021/22 age profile of the non-clinical workforce is shown below:

Non Clinical

Under 20	20-29	30-39	40-49	50-59	60-69	70-79	Total
0	10	18	5	30	21	3	90

#### Gender

The 2021/22 gender profile of the total workforce is shown below:

Gender	Under 20	20-29	30-39	40-49	50-59	60-69	70-79	Total
Male	1	4	5	5	9	8	0	32
Female	2	16	32	23	55	32	3	163

## Staff Survey

The completion of the survey is mandatory as part of our NHS Contract and needs to be completed annually. The Board regard the survey as a very important tool in our HR function, as it gives valuable insight into how staff are feeling. The survey was carried out in November. Some areas do require further investigation, action and analysis. Unfortunately, there are very few comments given on the completed surveys in order that we can really deep dive into the detail.

The response rate was lower for 2021 ( 58%), which is a bit disappointing as it had been very good in previous year (70%) but was most certainly at an acceptable level in order to make informed analysis.

Some key actions are listed below:

- **Work Life balance** - Monitor flexible working requests and outcome of the requests to ensure they are fair and equitable.
- **Training, Learning and Development** - Look at some in-house training re major incident/emergency training
- **Line management** - results are quite good and reflect the supportive nature of the departmental managers so keep up the good work and regular team meetings.
- **Appraisal** - All relevant staff to have an appraisal by end February 2022.
- **Teamwork** - Team meetings to have a standing item re how morale is within the department –
  - what can we do to turn it round?
  - Continue with employee of the year
  - Staff newsletter to go out regularly
  - Continue with CEO JCC (staff committee) meetings
- **Job Satisfaction** – further analysis of pay and conditions for all staff in 2022
- **Senior Management**
  - More regular JCC meetings
  - CEO to do walk in their shoes in the different departments
- **Discrimination and Whistleblowing**
  - Remind staff of our various policies and that we will not tolerate any form of discrimination.
  - Promote the role of the FTSUG
- **Errors, Near miss and Incidents** - Learning from Mistakes training including taking ownership.
- **Violence, Bullying and Harassment**
  - Remind staff of the policies we have in place and of our Zero Tolerance policy
  - Ensure that patients are made aware that we will not tolerate such behaviour against our staff
  - Consider more training for staff on dealing with challenging customers (patients).
- **Occupational Health and Safety**
  - More information to staff on Apps and websites they can visit to help with stress and anxiety.
  - Re-inforce Before You Go.
  - Encourage staff to Speak Up and Speak Out
  - Encourage staff to take a walk outside if they are feeling particularly stressed either on their own or with a colleague.

## Student placements

Fairfield Independent Hospital continues to offer valuable placements to local nursing students. Many of our senior nurses are trained mentors with teaching and assessing qualifications. The Universities carry out an independent audit of our facilities and staff education / qualifications levels. The Hospital offers a wide range of specialities allowing students the opportunity of following patients through every stage of their elective surgery, from pre-operative assessment to theatre, inpatient stay to physiotherapy as an outpatient.

## Doctors in Training

It is clear that the NHS needs to increase its workforce to meet patient demand, future service expansion and to reduce vacancies. Due to the issues that COVID has had on doctors receiving timely surgical training the hospital has supported a number of trainee doctors to undertake supervised training at its facility. In all cases the doctor in training is supervised by a consultant who has been accredited to do so.

## Clinical Risks Assessment and Management

Clinical risk management continues to be a fundamental part of our approach to quality and governance. Supported by the Director for Governance and Quality , 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.

## Training and education

Eligible staff are on a rolling programme for all relevant training.

Female Genital Mutilation training – 95 % completed by staff.

During 2021/22, the mean average for completion of all mandatory training was 91.3%.

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

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

## Refurbishments/Capital Programme 2021/22

The associated works and investments that we have completed in 2021/22 include the following:

	Cost
DXC Server upgrade.	£60,000
New Lens 4K Surgical Imaging system.	£38,000
New Ophthalmic patient trolley.	£6,000



## Environmental issues

### Efficiency

Segregation of the waste continued across the Hospital. Our suppliers have the recognised ISO 14001 Environmental Quality Management standard.

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

- We have entered into longer term contracts in order to get discounts on products and consumables.
- Our move to a paper-light organisation in 2021/22 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.

### 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.

We continue to offer support to the NHS in order to help clear the elective backlog. We have a sub-contract in place with the local NHS Trust in order to see and treat the patients who have been waiting longest and are suitable to be transferred to Fairfield.

### 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.

### 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.

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

### 2021/22 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.

During the first few months of 2021 we were still in lockdown and this did impact on the amount of patients that we could see and treat and on our financial position.

Our staff continue to do a wonderful job and provide cover across the hospital as and when required so that patients have a good experience and outcome in a safe and caring environment. We will keep doing what we are doing and take a corporate and personal responsibility to keep our staff and our patients safe.

The Board and staff at Fairfield are all aware that to remain a viable organisation we have to continue to offer high quality care. 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.

## PART 4

### REVIEW CORE QUALITY INDICATORS 2021/22

#### Regularly Reported Indicators

Indicator	Total numbers in period 1 April 2021 to 31 March 2022	%
Inpatient mortality	0	0
Peri-operative mortality	0	0
Unplanned readmissions within 28 days	2	0.066%
Unplanned returns to theatre	3	1%
Unplanned transfers to another hospital	3	1%
Mortality within 7 days of discharge	0	0
Pulmonary Embolism	0	0
Deep Vein Thrombosis	1	0.064%
Surgical infection rate	29	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 18/19 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.  <b>Fairfield Independent Hospital considers that this data is as described.</b>
Helping People to recover from episodes of ill health or following injury.	Patient reported outcome measures  Hip replacement surgery  Knee replacement surgery.	Average health gain. Based on Oxford scores .Full year figure finalised figures for 19/20  NHS England figures shown in brackets  Oxford hip score 23.6 (22.3)  Oxford knee score 19.5 (17.3)

		<b>Fairfield Independent Hospital considers that this data is as described.</b>
	The percentage of patients aged 16 and over readmitted to the hospital within 28 days of being discharged.	In 2021/22 - 0.06% of patients were readmitted to the hospital within 28 days of discharge  <b>Fairfield Independent Hospital considers that this data is as described</b>
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 21  <b>Fairfield Independent Hospital considers that this data is as described</b>
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.  Case of C- difficile reported. Rates of patient safety incidents and the number of such incidents that resulted in severe harm or death.	100%  1 patient positive for C-Diff following discharge in 2021 – no severe harm or death from this incident patient recovered  <b>Fairfield Independent Hospital considers that this data is as described</b>
Patient safety	The number of patient safety incidents reported during the period and the number and percentage of such patient safety incidents that resulted in severe harm or death.	0 (Nil)  <b>Fairfield Independent Hospital considers that this data is as described</b>

## Schedule 1 – Patient Comments during the Reporting Period

Month	Comment
April 2021	"The staff were out of this world. This patient has mental health issues and they were excellent and very understanding. (Care for patient)"
May 2021	"I was very well looked after from start to finish. The ladies on the Ward are a credit to the Hospital, thank you!!!!"
June 2021	"This Hospital is the very best everything. From the cleaner, to the consultants and everyone in between"
July 2021	"Very nice positive people. I have no improvement comments. All seems good to me"
August 2021	"A very professional and impressive service from a cheerful and friendly team. Which makes a real difference. Room comfortable"
September 2021	"Big thanks and keep up the good work"
October 2021	"Very Happy with medical treatment. All staff very professional and the Anaesthetist was excellent"
November 2021	"Every member of staff was lovely and made me feel respected. They even sang to me."
December 2021	"Lovely friendly team! Thank you for holding my hand and looking after me"
January 2022	"Fantastic staff and professional care"
February 2022	"All staff were wonderful"
March 2022	"Excellent care and attention from all staff. Respectful and polite at all times. Nothing was ever too much trouble, thank you!"

Schedule 2 – Clinical Audit Outcomes

Fairfield Independent Hospital 2021/22 Clinical Audit Progress Quarter 4				
No.	Dept.	Title	End Date	Status
WA01/20	Ward	Improve VIP monitoring compliance	October 2021	Completed no further action necessary
WA01/21	Ward	Evaluation of patient feedback from EVLA clinic	December 2021	Completed no further action necessary
WA02/21	Ward	Improve overall compliance with quality standards	November 2021	Completed no further action necessary
TH01/21	Theatre	Accuracy of operating lists and procedures	November 2021	Completed no further action necessary
TH02/21	Theatre	Assessment of delays from ward to theatres	March 2022	Completed, action plan in place to be re-audited July 2022
TH03/21	Theatre	Assessment of PCA usage	March 2022	Completed no further action necessary
PH02/21	Physiotherapy	Evaluation of joint school feedback	December 2021	Completed no further action necessary
PH-01/21	Physiotherapy	To evaluate the benefit of radial shockwave therapy on MSK dysfunction on physiotherapy	March 2022	Completed no further action necessary
RAD01/21	Radiology	Completion and legibility of radiology request forms	March 2022	Completed, action plan in place to be re-audited July 2022
OPD02/21	OPD	Evaluate post-operative vasectomy infections	February 2022	Completed no further action necessary





Healthwatch St Helens Response to the Fairfield Hospital Quality Account for 2021-22.  
A clear Account that is easy to read and contains a lot of information.

The commitment to listening to staff and patients comes across in this Account and It is, as always, encouraging to see the hospital's commitment to improving an already good service.

It's always good to see the high level of communication and ensuring that patients understand what they are told, as this continues to be one of the main areas for concern that patients tell us about.

It was pleasing to see patient comments included in the Account - adds a 'human' feel to the Account.

Healthwatch St Helens continues to be impressed by the level of patient care and the high standards the Hospital maintains. We wish Fairfield the very best of luck in continuing to deliver a high standard of care and hope we can work together to gain patient feedback as we are now able to speak to people face-to-face.

Forster House  
Waterside  
St Helens  
WA9 1UB

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

14<sup>th</sup> June 2022

Dear Cheryl

Thank you for sharing your 2021/22 Quality Account at the presentation event held on 08<sup>th</sup> June 2022, hosted this year by NHS Knowsley CCG in partnership with the wider Merseyside CCGs and Cheshire & Mersey NHSE/I.

We welcome the opportunity to provide a written statement on Fairfield Independent Hospitals Quality Account for 2021-22 and would like to start by acknowledging that throughout 2021-22 healthcare continued to be dominated by the response to Covid-19 pandemic which had a significant impact on both staff and our patients. It is clear from the account the role the hospital played in supporting the NHS and the local community and moving forward the continued focus to support recovery of elective waiting times.

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 and the CCGs would like to congratulate the hospital for the following key achievements during 2021/2022:

- Maintained infection rate below 1% with zero levels of hospital acquired MRSA, C-difficile, MSSA.
- Continued Joint Advisory Group (JAG) Accreditation for Endoscopy.
- Compliance with the appropriate scoring of NEWS2 and appropriate escalation of care as per hospital policy to enhance early recognition and management of patient deterioration.
- Re-introduction of Board patient quality and safety walk abouts.
- Consistently high patient satisfaction results noted as: 99.5% 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, 100% of patients would recommend the hospital to a friend or family member.

The Quality account acknowledges the key role staff play in delivering high quality, safe and personalised care. The 2022/23 objectives to recruit and retain a competent and dedicated workforce place an emphasis on looking after the health and well-being of staff alongside training opportunities, being inclusive and promoting a culture of openness and transparency by encouraging staff to report and learn from incidents.

Commissioners support the core business objectives for 2022/23 identified within the account as: enhancement of safety culture, learning lessons when things go wrong, enhancement of governance, provide the best possible safe care to patients, to actively identify, manage/mitigate and monitor risks, workforce, to further improve the quality and safety of the estate, partnership working and to further develop the hospitals IT infrastructure.

The account is open and transparent about the financial impact Covid-19 has had on the hospital and the CCGs note the plans to bring the hospital back into financial balance without compromising on quality and safety. We feel that partnership working will be key in 2022/23 and it may be useful for the hospital to consider the implementation of a GP liaison role. Other larger independent hospitals have highlighted this role as being instrumental in developing relationships with colleagues in Primary Care.

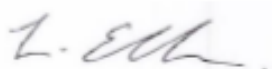
The quality account is comprehensive, and the CCGs have worked closely with the hospital during the year, gaining assurance of the delivery of safe and effective services. A range of indicators in relation to quality, safety and performance is presented and discussed at bi-monthly contract meetings between the Hospital and CCGs. The information presented within the Quality Accounts is consistent with information supplied to the commissioners throughout the year.

We commend the hospital on its commitment to working with the CCGs in a collaborative and transparent manner in 2021/22, and we look forward to continuing to work in collaboration and partnership over the coming year as we transition to the Integrated Care System (ICS).

Yours sincerely

On behalf of:

NHS St Helens Clinical Commissioning Group  
NHS Knowsley Clinical Commissioning Group  
NHS Liverpool Clinical Commissioning Group  
NHS Sefton Clinical Commissioning Group  
NHS Warrington Clinical Commissioning Group  
NHS Halton Clinical Commissioning Group  
NHS Warrington Clinical Commissioning Group  
NHS England and NHS Improvement, Cheshire & Mersey



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