



FAIRFIELD INDEPENDENT HOSPITAL

Quality Account

2023/2024



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PART 1

STATEMENTS ON QUALITY AND ASSURANCE

Statement from Chief Executive

I am delighted to present the Quality Account for 2023/24 for Fairfield Independent Hospital. The provision of high quality patient care is and will always be the highest priority of Fairfield. Our dedicated team of clinical staff and consultants are very much at the forefront of achieving this but we have an organisation wide commitment to ensure that we continue to improve year upon year. Everyone in our organisation has a part to play in the delivery of the services we offer. We put the patient at the heart of everything we do and seek to ensure that our patients achieve the best outcomes possible.

Quality matters to all of us working at Fairfield and we know that it is key to the success of our organisation. Our reputation is based on the provision of high quality, personalised care and our core values as a charitable organisation means we stand out from other private providers in the area.

We are relentless in our pursuit of quality and each year we set ourselves demanding plans and targets to achieve our goals. This is supported by the development and training of our staff and the application of systematic and rigorous processes.

The Hospital has been delivering high quality health care to the local community for over 50 years. We are extremely proud of our track record of providing good quality safe services as an independent health charity.

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

The Quality Account is designed to provide a transparent look at our organisation and to give confidence to our patients, partners and commissioners. We can improve our services by listening and acting on what our patients tell us and ensuring that all patients receive a personalised service. We strive to develop our knowledge further to improve and develop evidence based clinical practice.

As an organisation we depend on our staff for their skills and expertise. They can only do their jobs effectively if we listen to them and learn from their experience and ideas. We continue to have a stable, motivated workforce with low levels of staff turnover. Our staff team is committed to providing excellent standards of care at all levels across the organisation. We also value staff development and we have strong commitment to staff training and skill improvement.

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

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

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

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

Our financial situation continues to be vulnerable. It also poses risk to our longer-term operating model and financial performance. We continue to review the services we provide and how we provide them. As a stand-a-alone organisation our ability to capitalise on economies of scale is somewhat limited. Inflation and rising costs pose a real challenge for the organisation, along with our ability to recruit and retain high calibre staff from an ever decreasing pool. We will continue to explore efficiency opportunities, both in procurement and in our operations to help improve our financial performance without compromising the quality of care provided.

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.

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.

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. I am so very proud of all our staff for their tremendous commitment, and flexibility. 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. Our overriding priority will be to deliver safe, high quality care for all our patients and a brilliant place to work for our staff.

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

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 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 Director of Clinical Services and Quality has executive responsibility for the effective and safe delivery of clinical services. The Director of Clinical Services and Quality works with senior managers in the implementation of the clinical governance agenda. They work 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

STRATEGIC BUSINESS PRIORITIES:

- **Safely emerge from the 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 UP TO 2025

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

Patient Safety Incident Response Framework (PSIRF)

The Hospital is committed to making patient safety its first priority and PSIRF enables us to do this by advocating a coordinated and data-driven response to patient safety incidents.

PSIRF is imbedded within a wider system of improvement and prompts a significant cultural shift towards systematic patient safety management. The Hospital's approach acknowledges the importance of organisational culture and what it feels like to be involved in a patient safety incident.

PSIRF provides the Hospital with the opportunity to learn and improve, and to promote the safe, effective and compassionate care of our patients, their families and carers whilst also protecting the well-being of our staff.

Key Objectives

- Inclusive and compassionate engagement and involvement of those affected by patient safety incidents
- Application of a range of system-based approaches to learning from patient safety incidents
- Considered and proportionate responses to patient safety incidents and safety issues
- Supportive oversight focused on strengthening response system functioning and improvement

Patient Safety Priorities

- Unplanned transfer of care
- Unplanned re-admission
- Unplanned return to Theatre
- Medication errors

Workforce

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
- Continue to engage with colleges and Universities to offer placements
- Offering flexible employment opportunities through the various career stages
- 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 are 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

Green Plan

Fairfield Independent Hospital recognises how important it is for us to make sure we are committed to sustainability in everything we do.

We are committed to playing our part in delivering a Net Zero Service, recognising that, left unabated, climate change will disrupt care, with poor environmental health contributing to major diseases and economic disruption. Our Green Plan (2022-2026) sets out how we will improve the ways in which we use our resources, in ways that cause least harm to our environment and benefit those who use our services and our staff.

In addition to setting goals and putting plans in place to achieve them, we are committed to contributing to creating and supporting healthy lives and healthy environments, and we will be continuing to develop a culture where sustainability is part of everything we do.

Financial

The Hospital continues to be self-financing and is facing many challenges in the coming year. Plans are in place to bring the hospital back into financial balance and to look at options to provide much needed 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 that 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. To continue the work already started with Healthwatch St Helens.

Key objective – to consider areas of diversification:

- Explore options for partnership working with others to include services currently not provided at FIH and joint procurement opportunities.
- 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 has 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

As part of providing a safe service and expanding professional development. The following training has been provided throughout the year:

- Onsite training for staff to become competent in venepuncture and cannulation
- Online access to all clinical and health care support staff to undertake additional training in recognising and responding to the deteriorating patient. Specifically, NEWS2
- Ongoing development of Theatre Health Care Assistants to level 4 to support staff in recovering patients following spinal anaesthesia
- Dedicated training days covering a range of topics including point of care testing, undertaking ECGs, catheterisation and mobilisation of patients following joint replacement surgery
- Coaching sessions established to support senior managers in enhancing leadership skills
- Workshops to promote specific areas for improvement (e.g. pre-operative assessment, discharge planning, clinical handover and patient safety huddles)
- New positions recruited to support staff development e.g. Physiotherapy Assistant, additional HCA positions in theatre
- Additional training for staff to complete Advanced Life Support program

The Trustee Directors, as part of their annual appraisal process, will have specific areas of training provided.

Proposed capital programme 2024

Key Items from the programme include:

Location		Project Cost £	Year
Operating Theatres	Replacement of Anesthetic machine(s)	£100,000	2024
Operating Theatres	Replacement of Operating Table(s)	£70,000	2024
Out Patients Department	Surgical Laser	£120,000	2024

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 NHS CHESHIRE AND MERSEYSIDE NHS CHESHIRE AND MERSEYSIDE 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

Summary of objectives aligned to CQC domains

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

- We follow best practice standards (clinical, professional, safeguarding, Information governance and operational) to provide the safest possible patient care
- Staff are aware of their requirements as an alerter should a safeguarding issue be disclosed or witnessed, all 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. And we are well aware of this. We want all of our patients to have a positive experience and a positive outcome

We will continue to support the NHS as best we can by 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

MANDATORY STATEMENTS

Overview and Review NHS Services 2023/2024

During 2023/2024, Fairfield Independent Hospital provided advice and treatment to over 3200 NHS inpatients referred from 368 different GP practices.

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 2023/2024 represents 100 per cent of the total income generated for the provision of NHS services by Fairfield Independent Hospital.

Participation in clinical audits -

During 2023/2024 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 2023/24 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 2023/24 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 to assure patients. This audit was also in response to the fall in the health gain for knee replacement surgery as reported via PROMS and 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 required a manipulation post joint replacement

In 2023/2024 FIH continued to submit data to Advanced Quality Alliance (AQuA) to enable the Hospital to offer standardised best practice across joint replacement surgery.

Two areas of low compliance have been highlighted.

- Use of Tranexamic acid during joint replacement surgery
- Pre-operative patient warming one hour prior to transfer to theatre.

Both these indicators have shown increased compliance and the hospital will continue to monitor the audit results to evidence the effectiveness of the measures put in place to further improve results

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 30,318 records during 2023/2024 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 2023	Any further development areas in 2024
Embedding consistent, exceptional standards of practice across our operating theatres.	We have enhanced our safety culture with a number of targeted action plans. We continue to review and update our policies. Risks are regularly reviewed across the organisation	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 Training for staff as appropriate.	Ongoing
Continue to improve medicines' management.	The antibiotic audit in 2023 identified that the underperformance experienced in 2021 and 2022 have been resolved with improvements against the previous years' findings.	Ongoing  10.5 Antimicrobial prescribing audit Fc
Implement AQUA	AQuA has been implemented with two areas below standard 1. Documentation of the clinical reason for the non-administration of tranexamic acid increased to 55.0%. Patients temperature measured prior to theatre. Actions have been put in place to increase compliance which has now increased to 90% of patients having temperature taken within 1 hour of surgery	Underperformance by specific individuals have been identified and action plans are being created to address this. Again, underperformance by specific individuals have been identified and action plans are being created to address this with the aim of improving the current 90% achievement rate.
Ensure that we follow guidance re Pandemic	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	<p>Developed senior leaders training for systems, risk, human factors and organisational culture. We have a dedicated senior meeting to review risks and incidents We make sure we close the 'loop' and that all incidents are reviewed and actions implemented before closure.</p> <p>PSIRF has been implemented throughout the Hospital will all Executives and Heads of Departments completing L2 Safety Investigation training, and all other staff receiving PSIRF awareness training.</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing.</p>

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.	<p>The Board receive regular KPIs and a dashboard has been developed.</p> <p>All KPIs are reported and publicised across the organisation</p>	<p>Ongoing</p> <p>A new KPI dashboard is being developed to include 'at a glance' statistics.</p>
Conduct quality assurance reviews of CQC standards and prepare for regulatory inspections/ direct monitoring	<p>We continue to have periodic engagement meetings with CQC. To date no issues have been raised that give cause for concern</p>	Ongoing
Review and mitigate risks by interrogation of risk register at Board and departmental level.	<p>Risk is regularly reviewed across the hospital.</p> <p>PSIRF has been implemented and is in the process of imbedding</p>	Ongoing
Implement and monitor the recommendations of the Keogh Report for Consultants.	<p>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.</p> <p>The hospital has now updated and re-issued its Practising Privileges Policy to all consultants in line with recommendations.</p>	<p>This is ongoing and forms part of the hospitals governance framework</p> <p>The medical practitioners Assessment framework will be updated when guidance is released.</p> <p>Progress is regularly reported via NHS commissioner meetings</p>

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.	<p>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.</p> <p>The hospital participates in consultant whole system appraisal.</p>	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 and relevant guidance as per hospital policy /national guidance	Ongoing
Trustees will undertake patient quality and safety walks to seek assurance and listen to staff views.	This has now re-commenced with a combination of Trustee and Executive Directors undertaking unannounced patient and quality safety walks.	Ongoing

Patient Satisfaction

The results for 2023/2024 from the in-house survey 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.

As part of the Endoscopy standards, a patient satisfaction questionnaire is offered to FIH patients. This showed that from April 2023 – Mar 2024

- 37% of patients returned their questionnaire
- 82 % of these patients rated FIH care as 'excellent' the remaining 18% 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 and with additional measures put in place has increased to 95% during Quarter 4

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 want to ensure continues.

Infection Rates - April 2023– March 2024

	MRSA Positive Patients	C-difficile Positive Patients	MSSA Positive Patients	E-Coli Positive Patients	Patients Requiring Antibiotics Following Surgery	Infection Rate
April 2023 to March 2024	0	0	0	2	33	0.5%

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 2023/2024

Average total number returned per month	Extremely likely %	Likely	Neither likely nor unlikely. Extremely unlikely Don't Know
72	98%	1.5%	0.5%

Outpatient full year average 2023/2024

Average total number returned per month	Extremely likely	Likely	Neither likely nor unlikely. Extremely unlikely Don't Know
42	96%	3.8%	.02%

Complaints 2023/2024

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.

Total number of formal NHS complaints – 19 (figures in brackets are for 22/23)

Categories:

- Consultant 5 (5)
- Administration 8 (5)
- Nursing 0 (1)
- Attitude 1 (1)
- Clinical 6 (5)

We provide the NHS CHESHIRE AND MERSEYSIDE NHS CHESHIRE AND MERSEYSIDE ICB 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.

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.

Serious Untoward Incidents

All serious incidents are reported to the Hospitals Board of Trustees, NHS Cheshire and Merseyside – St Helens Place and further detailed discussions are held at the Clinical Governance and the Integrated Governance Committees. Serious incidents undergo systematic investigation to understand underlying causes, and to establish lessons learnt. This year the Hospital reported one Never Event 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.

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 68% of employees are in the over, 40-age group and 56% 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 contemporary 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 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 2023/2024 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	7	22	20	23	18	1	91

Non Clinical Workforce

The 2023/2024 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	11	17	8	29	33	1	99

Gender

The 2023/2024 gender profile of the total workforce is shown below:

Gender	Under 20	20-29	30-39	40-49	50-59	60-69	70-79	Total
Male	0	9	4	5	5	11	0	34
Female	0	9	35	23	47	40	2	156

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 September 2023. 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 on a par to last year at 58% (57% 2022)

Work Life balance

It is good to see some slight increases in managers helping staff to find a good work life balance. We continue to have a number of staff who have applied and been granted flexible working. Whilst we sometimes have to put requests on hold in line with business needs, they are in the main granted at some point.

Actions from 2023 survey

- We will continue to monitor the formal requests but will also look at the informal requests that staff request directly via their manager and the departmental diary as this may be the issue.
- There were 11 requests in 2023 all of which were agreed

Training, Learning and Development

The results are pretty much the same as previous with swings and roundabouts

Actions from 2023 survey

- We will monitor all requests and link into staff CPD via appraisal
- If we want staff to undertake more we need to provide appropriate training – accredited wherever possible

My immediate line manager

In the main, the results are quite good and reflect the supportive nature of the departmental managers. We will reinforce with the heads of department and Execs that feedback to staff is very important. It should be given, whether good or bad on a regular basis. Negative feedback can be delivered in such a way so staff don't really notice it is negative and they can come away from the conversation feeling motivated and driven to make the necessary improvements.

Appraisal

Some slight ups and downs in this section. With scores pretty similar to last year's. The appraisal process for 2023 is underway with all staff who have worked for the organisation for six months or longer, having a formal appraisal by end of February 2024.

Actions from 2023 survey

- Ensure high coverage of staff included in the appraisal process
- All appraisals to be completed by Feb 2024

Teamwork

Still some work to do on aspects of this section, as there has been some decline in some scores with staff feeling they are treated respectfully and seeking out opinions. It is sometimes difficult with the survey to get to the real underlying issue so we can tackle it. In the meetings the CEO has with staff, on a quarterly basis there are issues raised but nothing that would give cause for concern or require further investigation. I am pleased to say that the results look better than those from last year. Managers have stepped up a gear re team meetings and this has helped across the board with staff feeling more involved. There is still work to do on this as part of our process of continual improvement.

Actions from 2023 survey

Ensure that we promote the morale barometer at the managers' meetings so it can be cascaded to departmental team meetings.

Job satisfaction

Again, there are no surprises in this section. Staff are aware of the financial situation of the hospital, which may affect its future viability and of course, there is the pay issue as we continue to lag behind the NHS. The pay issue has recorded the lowest score. Whilst we have increased pay for some staff who have taken on extra duties and we have also mirrored the pay increases that have been awarded to the NHS there has not been a full review of the pay scales.

Actions from 2023 survey

- The organisation is considering its options going forward.
- We will review what we do and how we do it to see if there are any economies of scale 4 Approved by Board Feb 2024

Senior Management

The scores are consistent but I am pleased to say there have been some increases especially in involving staff in decision-making and senior managers' actioning staff feedback, which is good. There is always an opportunity for improvement.

Actions from 2023 survey

- Need to make sure that inductions are completed on a more regular basis so new staff get to know who is who.
- Senior managers to sit in on departmental team meetings

Discrimination and Whistleblowing

We have not been notified of any formal discrimination issues by staff. With regards to whistleblowing we have had two anonymous letters about the same thing and the Manager has been spoken to. The issues raised anonymously have been highlighted so that there is an awareness and improvements in management style can be made. This is being monitored. Nothing has been formally raised by the Freedom to Speak Up Guardian (FTSUG) regarding these matters Staff are regularly reminded to speak up and speak out.

Action from 2023 survey

- Review the role of the FTSU champions

Errors, Near miss and Incidents

There are some positives in the results and it is very good to see that staff feel they are encouraged to report incidents and that the Hospital takes action when things do go wrong. We continue to use the electronic incident reporting system for all incidents and incident review meetings take place to discuss incidents and close the loop as and when finalised. The new incident framework was introduced in 2023.

Actions from 2023 survey

- Embedding PSIRF into the organisation
- Providing more training for staff

Violence, Bullying and Harassment

This section still needs further work. Whilst we have not had any formal notifications of bullying or harassment from patients or other staff. We do try at every opportunity to get the message across that we have zero tolerance of such whether it be patients or staff. staff.

Actions from 2023 survey

- Continues to be a specific item on induction with particular emphasis on empowering our staff to speak up and speak out
- Is a standard agenda item on Health and Safety Meetings

Occupational Health and Safety/ Infection Control

No particular issues regarding the answers and whilst higher than other years there are more Not Applicable in this section. We continue to have the OH service provided by Wrightington, Wigan and Leigh NHS Trust and have an in-house infection control nurse.

Health and well-being

Similar results to last year with some ups and downs on hold in 2022.

Actions from 2023 survey

- Sickness has been very erratic through the year both long term and short term.
- Better monitoring of sickness absence as no staff member should be under pressure to come to work if they feel unwell

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. The hospital provides supported placements for doctors in training. 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 Clinical Services and Quality, we have updated our framework to include the Patient Safety Incident Response Framework which further enhances our ability to actively seek, 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. There is a plan in place to capture the few that remain outstanding.

During 2023/2024, the mean average for completion of all mandatory training was 92%.

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 issues.

Refurbishments/Capital Programme 2023/24

The associated works and investments that we have completed in 2023/24 include the following:

	Cost
Emergency Light replacement and upgrade	£13,000
UPS replacement	£12,000
Air Conditioning upgrade	£8,000

Environmental issues

Efficiency

Segregation of the waste continues to be a focal area across the Hospital, with greater segregation of recyclables a priority in order to meet the aspirations laid out in the Green Plan.

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 as detailed in the Green Plan. We continually review how we operate our buildings and infrastructure to improve the carbon efficiencies.

- We continue to explore and make use of contract options in order to get discounts on products and consumables. We have entered in to M&E and service contracts with local supplies that provide cost efficiencies and reduce the carbon footprint of the companies servicing us due to reduced travel distances.
- We continue to seek ways to reduce paper consumption and move to electronic methods of information gathering and distribution.
- We continue to outsource certain administrative and IT 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. In 2023/2024 we started to work in partnership with Healthwatch St Helens regarding surveying patients who attended our hospital. We jointly agreed both an inpatient and outpatient survey. The outpatient survey has been undertaken and the results showed

That 58 patients have completed the survey. The results indicated that 92% of those patients gave positive feedback on the service received at Fairfield Independent Hospital. A large part of the response expressed how pleased they were with the friendliness of staff, how professional the service was that they received and some advised the wait time for an appointment was short. Furthermore, we found that a small percentage of patients stated they had some difficulty getting through via telephone to book an appointment. We found a large portion of patients were referred to Fairfield Independent Hospital by their GP or the NHS and the same patients were more than happy with the service received.

To improve the service a handful of patients mentioned that they'd like the coffee machine back, additional chairs in clinic 2 waiting room and an additional comment was made on how open the booking area is; they had concerns that other patients waiting for their appointment would 'know your business'. The 8% of patients who didn't feedback positive comments stated that it was difficult to obtain an appointment by phone, the service was running late and that a particular patient had to wait four months for a referral, due to a miscommunication between their GP and Fairfield Independent Hospital.

The Hospital has made some adjustments based on the survey:

- More seating is now available on busy days
- Car park is monitored
- Telephones are monitored but more robust arrangements have been put in place for call transfer and outside of normal office arrangements.

We are currently working with helathwatch re a further survey across all areas of the hospital.

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

2023/2024 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.

Our financial position, like many other small hospitals, remains very challenging. The increases in costs for utilities and supplies for example means we have to improve our productivity in order to try and cover the costs. To ensure the continues viability of the organisation we have to take a pragmatic approach to areas within our organisation that are not making a margin.

Our staff continue to do a fantastic 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 that is affordable to patients, commissioners and to the organisation.

Part 4

REVIEW CORE QUALITY INDICATORS 2023/2024

Regularly Reported Indicators

Indicator	Total numbers in period 1 April 2023 to 31 March 2024	%
Inpatient mortality	0	0
Peri-operative mortality	0	0
Unplanned readmissions within 28 days	2	0.03%
Unplanned returns to theatre	2	0.03%
Unplanned transfers to another hospital	9	0.16%
Mortality within 7 days of discharge	0	0
Pulmonary Embolism	2	0.03%
Deep Vein Thrombosis	4	0.07%
Surgical infection rate	33	0.5%
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 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.	Average health gain. Based on Oxford scores. Full year figure provisional figures for 21/22 NHS England figures shown in brackets. Rate of return in period was low due to lack of activity. Oxford hip score 20.5 (22.8)) Oxford knee score 16.4 (17.6) Both scores for the hospital have increased on 20/21 scores.

		Fairfield Independent Hospital considers that this data is as described.
Patient readmitted within 28 days surgery	The percentage of patients aged 16 and over readmitted to the hospital within 28 days of being discharged.	In 2023/2024 - 0.1% of patients were readmitted to the hospital within 28 days of discharge Fairfield Independent Hospital considers that this data is as described
Ensuring that people have a positive experience of care	Personal needs data from Health and Social Care Information Centre.	National data not available. Friends and Family data reported on Page 18 Fairfield Independent Hospital considers that this data is as described
Treating and caring for people in a safe environment and protecting them from avoidable harm	Percentage of eligible patients who were admitted to hospital and who were risk assessed for a venous thrombo-embolism. Case of C- difficile reported. Rates of patient safety incidents and the number of such incidents that resulted in severe harm or death.	100% No patients were positive for C-Diff following discharge in 2023– no severe harm or death Fairfield Independent Hospital considers that this data is as described
Patient safety	The number of patient safety incidents reported during the period and the number and percentage of such patient safety incidents that resulted in severe harm or death.	1 Fairfield Independent Hospital considers that this data is as described

Schedule 1 - Patient Comments 2023/2024

	Comment
April 23	Wonderful staff, I cannot praise them enough, friendly, reassuring and very professional, thank you
May 23	The Nurses where fantastic made me feel at ease and like nothing was too much trouble, wonderful staff.
June 23	All staff happy and friendly a pleasure to deal with
July 23	Very efficiently run hospital everything explained waited a bit for pain relief, but understand how busy you are.
Aug 23	Welcoming, Peaceful quire environment, relaxing no hustle and bustle, staff are polite
Sept 23	Staff were friendly and caring throughout making a 'stressful' visit a lot calmer
Oct 23	From the moment we came in, everyone, including the ward clerk, HCA's & staff in theatre have all been professional, caring + very welcoming. Both my Dad, the patient + myself were given tea & biscuits during his stay. They even got a wheelchair to take him to theatre.
Nov 23	All the nurses and theatre staff made me feel really comfortable and put me at ease the whole time.
Dec 23	The entire experience has been wonderful. Please keep doing what you are doing as it was the best experience of this procedure I've ever had. Thank you.
Jan 24	I just want to say to all the staff everyone was very professional, polite and friendly, much appreciated 😊
Feb 24	I was treated with utmost respect by everyone and the care I got was brilliant. Thank you.
Mar 24	I was very happy with all the care and treatment I received, lovely hospital, very capable consultants and all staff very satisfied with my stay at Fairfield Hospital.

Schedule 2 – Clinical Audit Outcomes

2023/2024 Clinical Audit Plans by Department

Audit Number	Department	Audit Title	Aim	Methodology	Lead	Start Date	End Date	Progress
New Audits 2023-2024								
WA-01/23	Ward	Pain Management Audit	To develop a generic post-op pain management pathway which provides the best pain relief with minimal side effects	Retrospective Case Note Review	JC	April 23	Mar 24	Completed – audit of 3 Consultants prescribing 3 different pre/peri/post pain relief audit found distinct advantages for pts from 1 regime further work is ongoing with all other anaesthetists to establish a generic pain management pathway that can be tailored to individual pts taking into account individual patient needs
WA-02/23	Ward	Endoscopy Length of Stay	To assess if patients who receive Entonox instead of IV sedation are ready for discharge quicker	Prospective Data Collection Form	SB	April 23	Mar 24	Completed results Entonox use has reduced the length of stay - Mean average time of 55 min for sedated patients to 26 min for those using Entonox other actions ongoing
WA-03/23	Ward	Delayed Discharge Audit	To identify patterns/themes for delayed discharges	Retrospective Case Note Review	JC	April 23	Mar 24	Completed Actions – review process regarding discharge from IPM manager in a timelier manner – training required for more staff to undertake this IPM discharge process – Findings Ability to access current care packages although this is highlighted at pre-op currently external process mean patients are waiting a number of days for discharge
PH-01/23	Physiotherapy	Comparison of Recovery of Knee Range of Movement Post Total Knee Replacement Surgery	To establish any practices which facilitate optimal knee range of movement recovery	Prospective Data Collection Form	PM	April 23		Ongoing audit form completed data entry ongoing – low figures due to early discharge of pts - audit criteria to be discussed - reviewed now for 2024/2025
PH-02/23	Physiotherapy	To measure the improvement in patients receiving physio for faecal incontinence	To evidence the benefit of physiotherapy for the treatment of faecal incontinence	Retrospective Data Collection Form	CD	April 23		Questionnaire sent out patients awaiting returns for collation – delays due to sickness – audit cancelled due to insufficient patient numbers to establish any significant findings
XR-01/23	Radiology	Administration of	To identify an effective method of	Retrospective	MH	April 23	Mar 24	Completed The results suggest that the process is

		Orthopaedic Injections under X-ray Control	dealing with the influx of requests and to help improve our service	Data Collection Form				unnecessarily cumbersome due to the fact that every injection has to be individually arranged very often with the cooperation of the consultant. A change to the process with a 6 week evaluation will be commenced								
XR-02/23	Radiology	Demographic report omission audit	Reduce the information errors inputted to the PACs system	Retrospective data collection	MH	April 23	Mar 24	Ongoing awaiting PACS update completed PACS update completed 01.03.2023.- ongoing monitoring of errors – to date this has reduced								
CSSD - 01/23	Decontamination	Infection control compliance	To evidence that all staff are compliant with Infection control standards for instruments and themselves	Prospective data collection form	KM	April 23	Mar 24	Completed Audit compliance at 86% re-audit required in in 6 months – May 2024 as per guidance.								
TH-01/23	Theatre	AQUA compliance with (TXA) tranexamic acid prescribing for joint replacements.	To improve our current competence rate from 47% to 95%	Data collection form	VF	April 23	Mar 24	Completed 64 % of Consultants were non-compliance in prescribing Tranexamic acid OR documenting the clinical reasons for not administrating this equated to 4 Consultants. This falls short of the national standard of 95%. A period of reduction of these standards and a re-audit will be completed in 2024								
TH-02/23	Theatre	Comparison of IV versus Oral medication for pain relief post op in recovery and effect on length of stay	To assure ourselves that patient outcome/experience has improved in recovery including shorter stay	Retrospective computer search	KM	April 23	Mar 24	<div>Completed it is clearly demonstrated a reduction in time spent in recovery area across all specialties effective pain relief using IV analgesia as identified in the table below</div> <table><tr><td>General surgery</td><td><33 minutes</td></tr><tr><td>Orthopaedic</td><td><52 minutes</td></tr><tr><td>Plastics</td><td><60 minutes</td></tr><tr><td>Urology</td><td><20 minutes</td></tr></table>	General surgery	<33 minutes	Orthopaedic	<52 minutes	Plastics	<60 minutes	Urology	<20 minutes
General surgery	<33 minutes															
Orthopaedic	<52 minutes															
Plastics	<60 minutes															
Urology	<20 minutes															
OPD-01/23	Outpatients Nursing	Compliance with MRSA Policy	To ensure improved pre-operative MRSA screening compliance.	Prospective Data Collection Form	GR/LF	April 23	Mar 24	Completed – MRSA compliance was high however the documentation was an issue in pre-op assessment – additional training for staff & review of the policy / process with a re-audit to be completed June 2024								

OPD-02/23	Outpatients Nursing	Medicines Management Compliance – OPD Dispensing	Assurance required that outpatient prescribing policy is being followed (clinical 30)	Retrospective Data Collection Form	KR/KR	April 23	Mar 24	Completed – RMO & Consultants need to be reminded of the prescribing policy this was recirculated. Memo to Consultants to reiterate the policy, OPD RN's to ensure compliance to prescribing policy
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Healthwatch St Helens Response to the Fairfield Independent Hospital Quality Account for 2023-24.

Once again, Healthwatch St Helens have been invited to comment on the Quality Accounts for this past year. It is a clear Account that contains a lot of interesting information.

We're pleased to be mentioned in the Account and feel it's important to say that this is the second year that Healthwatch has been invited into the Hospital to engage with patients. We consider this ongoing relationship to be a clear demonstration of the drive to listen to patients' views and learn from their experiences.

As always, we enjoy reading the patient comments included in the Account, as they provide a personal touch.

The Account once again shows a commitment to improving an already good hospital. The challenge of recruiting and retaining staff is clearly acknowledged as is the determination to meet the challenge. The financial challenges are obviously a concern and the Account is open and honest that this might have an impact on certain service currently being delivered.

It is very positive to see the focus on looking after the workforce, as ultimately, a happier, healthier staff team will lead to better patient care. Particularly impressive is the commitment to supporting staff to find a work-life balance, which is not always a priority for some employers.

Everyone at Healthwatch St Helens wishes Fairfield Independent Hospital the very best of luck in continuing to deliver a high standard of care in these challenging times.

We look forward to carrying out the Enter & View visit, and the patient engagement visit planned for the coming months as well as continuing and developing our positive relationship.

Quality Account Statement 2023/2024 Fairfield Independent Hospital

Cheshire And Merseyside Place representatives for the Cheshire and Merseyside Integrated Commissioning Board (ICB) along with NHSE Specialist Commissioning welcomed the opportunity to jointly comment on Fairfield Independent Hospital Draft Quality Account for 2023/24.

The ICB appreciate the focus that Fairfield have maintained on quality and safety acknowledging that 2023/24 remained a challenging and busy year, impacted by increases in demand for care, focused work on recovery and reduction in waiting lists, compounded by the industrial action. The draft quality account is comprehensive, and the information presented within it is consistent with quality monitoring information supplied to the commissioners throughout the year to gain assurance that services delivered were safe, effective, and personalised for service users.

The feedback from the stakeholders is based upon the Quality Account submitted and the presentation delivered from Fairfield's Chief Executive on 20th May 2024.

The group noted as part of the quality highlights for 2023/24, the number of Quality Improvements that the organisation embarked on throughout the year. In particular, the changes made to significantly reduce on the day cancellations. Also, improved ways of working which involved looking at the different environments for the patient journey, this resulted in staggering 'times to come in', which has established the provision of safe effective services and improved patient experience.

Stakeholders also noted the focus the hospital has for its staff. It is clear from the account that the senior team and the Board both value and have pride in the achievements of all staff to deliver the best care for patients. This is further supported by a commitment to staff health and wellbeing and staff development via training, skills improvement opportunities, CPD and the offer of enhanced roles. It is assuring that the hospital continues to have a stable, motivated workforce with low levels of staff turnover, whilst acknowledging the challenges faced in recruiting the staff needed, however, innovative, and proactive strategies to address the challenges are referenced within the account.

We commend the hospital on the successful transition to the National Patient Safety Incident Response Framework (PSIRF) at the start of Q4 of 2023/24. The hospital embraced the new approach to developing effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety within the organisation. We acknowledge the transition to PSIRF for a small independent hospital was not without its challenges, however with your plan and policy in place we look forward to seeing the new approach to responding to patient safety incidents further embedded and developed during 2024/25.

Key achievements for 2023/24

Key achievements for 2023/24 including:

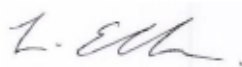
- Safe – Rolled out PSIRF, local safety priorities identified as: Unplanned transfer of care, Unplanned re-admission, Unplanned return to Theatre & Medication errors.
Improved process around risk management.
Maintained infection rate <1%.
- Effective – audits both local and national with progress and outcomes documented in the account.
Reducing long waiters in line with National Targets
- Well led – annual staff survey and annual appraisals with patient quality and safety walks to seek assurance and listen to staff view carried out by Trustees.
- Responsive – complaints management, feedback from patients is reviewed and examples of patient comments included within the account. Outpatient survey developed in partnership with Healthwatch.

Priorities carried forward for 2024/25 included

- Enhance safety culture
- learning lessons when things go wrong
- Enhance governance

The account is transparent and honest in relation to the Hospital's financial situation, which continues to be vulnerable. Stakeholders note that you will continue to explore efficiency opportunities, both in procurement and in your operations to help improve financial performance without compromising the quality of care provided.

We acknowledge the actions that Fairfield Independent Hospital is taking to improve quality as detailed in this Quality Account report and presentation. And, as part of an integrated care system, exploring and broadening partnerships to take advantage of wider opportunities for driving change, improvement, development, and diversification in 2024/25.



Lisa Ellis
Associate Director of Quality and Safety Improvement
Cheshire and Mersey ICB St Helens Place

Signed on behalf of the Cheshire & Merseyside ICB Place Associate Directors of Quality and Safety Improvement.