

DRAFT

# QUALITY ACCOUNT

2017/2018



## Table of Contents

	Page
Part 1: Statements on Quality and Assurance	3
Part 2: Key Priorities 2018/20	7
Part 3: Mandatory Statements	23
Part 4: Core Quality Indicators 2016/2017	36
Schedule 1: Overview of CQUIN Targets and Achievements	41
Schedule 2: Clinical Audit Progress Quarter 4	42
Statements from External Sources	44

# Statements on Quality and Assurance - Part 1

## PART 1: STATEMENTS ON QUALITY AND ASSURANCE

### 1.1 Statement from Chief Executive Officer

I am delighted to present the Quality Account for 2017/2018 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 44 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

“Thank you for looking after me and for a stress free day .”

March 2018

# Statements on Quality and Assurance - Part 1

“All staff were courteous, kind and efficient, put me at ease and answered any questions or queries I had.”

April 2017

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

During 2017/18, we reinvested financial resources to enhance the infrastructure of the Hospital and we have some exciting developments planned for future years. 2017/18 was challenging economically for us all; our finances were stretched and as always, any surplus generated was reinvested in health care.

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

We have continued in 2017/18 to build on our CQC rating of 'Good'; ensuring the organisation can demonstrate the quality and safety of the services it provides.

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 which permeates throughout the organisation.

The Quality Account has been compiled by members of the senior

# Statements on Quality and Assurance - Part 1

team and Board and we have also drawn upon the feedback we get from our patients. We are all working together to provide the best possible care for our patients and we believe we have demonstrated this in our Quality Account.

I would like to take this opportunity to thank all our staff who make our Hospital what it is today. They have worked so hard to deliver the best care they can for our patients and I am proud of what they have achieved. There will always be more to do and I know our Board remain committed to delivering the highest possible standards of safe, effective care.

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

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

**Cheryl Nolan**, Chief Executive Officer

“All staff were very professional, friendly and efficient.”

April 2017



# Statements on Quality and Assurance - Part 1

“It was very friendly and relaxed. Very happy.”

May 2017

## 1.2 Board of Trustees Statement on Assurance

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

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

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

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

The IGC ensure that the Directors of the Charity are:

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

## 1.3 Governance Statement

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

# Key Priorities 2018/20 - Part 2

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

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

## PART 2: KEY PRIORITIES 2018/20

Our primary goals are in four core areas:

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

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

Primary Objectives:

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

“I have been to Fairfield many times and all staff go beyond their call of duty. Everything is excellent .”

May 2017

“Staff put me at ease throughout my stay and procedure. Great place, great people.”

June 2017

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

Primary Objectives:

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

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

Primary Objectives:

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

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

Primary Objectives:

- To improve our internal efficiency;
- Harnessing the benefits of information technology;
- Exploiting the opportunities for new markets, and
- Ensure our services offer best value for all of our commissioners and customers.

We are fortunate that as an independent charitable hospital we set and drive forward our own agenda. External shareholders do not influence our activity or take funds out of the business, as we do not have any shareholders. Our Board of Trustees is committed to ensuring that in all of our services we provide the best patient experience possible. We will continue in 2018/19 to publicise and promote our charity and develop further meaningful relationships with other charities and foundations.

### 2.5 Primary Corporate Objectives:

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



## Key Priorities 2018/20 - Part 2

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

“Keep the Hospital as it is, pleasant and welcoming.”

June 2017

“1st class,  
professional and  
efficient.”

July 2017

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

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

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

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

# Key Priorities 2018/20 - Part 2

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

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

“The staff were excellent and very caring.”

July 2017

## 2.6 Core Business Objectives

### 2.6.1 Governance

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

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

Key Priority 2018/20	Proposed Outcome
Introduction of an integrated equality, quality and General Data Protection Regulations (GDPR) impact assessment process for business cases submitted for approval.	To ensure that there are no intended consequences on equality, quality and General Data Protection Regulations (GDPR) because of a business decision.

“Thank you to all the staff for their care and attention. I have appreciated it very much.”

August 2017

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

## 2.6.2 Risk Management

Our strategy for quality is underpinned by four main aims:

# Key Priorities 2018/20 - Part 2

To ensure we achieve these strategic aims we will ensure our business planning process details and cascades our plans to all

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

parts of the organisation. Our current planning process includes annual appraisal, therefore, we can embed our aims and objectives into achieving personal objectives and thus our overall strategic goals.

To further ensure the robustness of all our business decisions the Hospital will introduce a Quality Impact Assessment process and an Equality, Quality and General Data Protection Regulations (GDPR) Impact Assessment process. The GDPR short tool will prompt staff involved in developing schemes to consider the following:

- Patient safety (e.g. patient satisfaction, complaints, waiting times)
- Clinical effectiveness (e.g. safety thermometer, patient satisfaction)
- Patient experience (e.g. complaints, satisfaction)
- Staff experience (e.g. turnover/sickness absence)
- Equality and Diversity (e.g. waiting times/LOS), and
- Targets/Performance (e.g. all of the above and the wider range in the performance framework).

Each assessment will be scored, reviewed, signed off and challenged, if necessary, by the relevant sub-committee before submission to the Board. Where appropriate, risk assessments will be added to the risk management system to provide additional assurance that risks are being managed appropriately.

St Helens CCG carried out its own quality inspection during 2017/18. The result of the inspection is show in Schedule 4.

## 2.6.3 Workforce

Our workforce is our biggest and greatest asset, we want to continue to work with them in building, and developing a successful

“I can’t think of how the Hospital could improve - my stay was excellent!”

August 2017

“Everything from start to finish was excellent. Absolutely no issues at all.”

September 2017

business in which they feel their work and the contribution they make is valued.

We are very lucky that we have a dedicated and committed workforce here at Fairfield, something on which patients regularly give positive comments when asked for feedback. During 2018/19, we are not envisaging large increases to our staffing establishment and will consider replacing staff who have resigned from vulnerable clinical areas or recruiting staff to service development areas.

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

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

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

Work in new ways – staff will:

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

This will ensure staff are able to develop new roles such as Assistant Practitioners, and responsible and approved Clinicians in various specialities.

By developing these areas, staff will be in a position to contribute to the safe and effective care of patient and continue to build the reputation of the hospital as a leader in care.

**Workforce key priorities:**

2.6.4 Nursing Revalidation



# Key Priorities 2018/20 - Part 2

Nursing revalidation continues with all Registered Nurses due to be

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

revalidated having successfully completed the revalidation process.

## 2.6.5 Student Placements

In 2018/19, the Hospital will host 16 student nurses. We now offer placements to Chester University students. The Hospital will commence placements for operating department (ODP) students from Edgehill University as the theatre department now has three mentors who can offer the student a wealth of experience and a diverse clinical environment across many specialities.

“I really can't think of any improvements. My time at Fairfield was restful which has made a significant help in my recovery.”

October 2017

“Excellent facilities and friendly professional staff, made a stressful visit very comfortable, thank you all.”

October 2017

## 2.6.6 Finance

The current income split is 75% from the NHS commissioned patients and the balance from private and self-pay patients.

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

## 2.6.7 IT and Data Security

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

## 2.6.8 Competencies for Health Care Assistants

All health care assistants have completed Skills for Health Competencies which have been tailored to their work areas. In 2018/19, there will be a re-issue of Skills for Health competencies. This will be a refresher for staff who have previously undertaken these competencies and will provide evidence that new staff are working to Skills for Health standards. Fairfield Independent Hospital will encourage and support staff who feel they are capable of undertaking the new NVQ levels 4 & 5.

## 2.6.9 Leadership and Training

Investment in training will continue in 2018/20. Training forms part of the individual departments' suite of key performance indicators and is monitored to ensure compliance. Wherever possible we will utilise e-learning for staff and secure opportunities to visit other organisations and do some internal programmes such as 'walk in my shoes'.

- As part of our rolling programme of training and education, seven staff have completed the ALERT course. Two more staff will complete the ALERT course in 2018/19. ALERT develops staff skills and competencies in order to recognise the early warning signs for Sepsis and other medical conditions that

## Key Priorities 2018/20 - Part 2

require clinical staff to intervene and prevent further complications for our patients.

- Two theatre staff are studying for their Advanced Life Support certification that they will complete in 2019. Three theatre staff are attending JAG training to assist in JAG accreditation for the endoscopy during 2018.
- A suite of competencies is ongoing for registered nurses that will be role specific and offer patients the assurance that Fairfield Independent Hospital has a skilled and competent workforce thought we had done this. All other mandatory training remains above the 90% completion target set by the Hospital for 2017/2018.
- Theatre and Nursing staff will undertake further training e.g. First Surgical Assistant, 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. Two theatre staff will complete the course in May 2018, which takes place at Edge Hill University. A staff member from the Outpatients department completed the course in - Principles & Practice of Tissue Viability at University of Central Lancashire in August 2017
- In the Outpatients department, all Registered Nurses have completed their scrub competencies with the health care assistant's about to commence scrub assistant competencies to facilitate minor surgery lists, which will enhance the patients' experience and assist in the utilisation of theatres for more complex surgeries.
- The Trustee Directors, as part of their annual appraisal process, will have specific areas of training provided.
- Mentorship – The Hospital has appointed a further Operating Department Practitioner (ODP) who has a mentorship qualification. We will look to establish a teaching/mentoring environment for University ODP student placements.

### 2.6.10 Consultant Workforce

Consultants will continue to be encouraged to bring forward ideas for consideration with regard to service developments across the organisation. Staff will continue to be supported by the consultant body on areas of best practice and initiatives for doing things differently and working more efficiently.

“All staff were extremely professional and helpful. I felt value because nothing was too much trouble for them. All staff from entering the Hospital to going home were welcoming, friendly this is shown in how they treat patients, thank you.”

November 2017

“Everything about my stay was brilliant, the staff are kind and caring, food was good. Cleanliness was 100%. Dr is a lovely, kind man. Thank you.”

November 2017

## 2.6.11 Proposed Refurbishments and Capital Programme 2018/20

The associated works and investments that we intend to complete in 2018/20 include the following:

## 2.6.12 Hospital Refurbishment project

We are well aware of the need to keep our patient areas up to

Location	Project	Project Cost £	Year
X-Ray	Replacement of main plain X-ray system.	£265,000	2019/20
Theatre	Rebalancing air work in theatre and replacement of conventional canopy in theatre 2 to an Ultra Clean Ventilation.	£165,000	2018/19
All clinical areas	General upgrade of medical equipment.	£100,000	2018/19
Theatre	Replacement of Gastro-scopes.	£80,000	2019/20
Theatre	Replacement of Flexi Cystoscopy scopes.	£80,000	2019/20
Information Technology	Upgrade of servers, printers and PCs.	£60,000	2018/19
Theatre	Replacement of general surgery camera system.	£60,000	2018
Theatre	Replacement of Endoscopic stacker system.	£45,000	2019/20
Estates	Building survey works.	£50,000	2019/20
Decontam. unit	Replacement of the washers in decontamination unit.	£50,000	2018
Theatre	Replacement of orthopaedic power tools.	£37,000	2018
Theatre	Replacement of microscope.	£35,000	2019/20
OPD	Replacement of Echo-cardio machine.	£30,000	2018
Decontam. unit	Upgrade of steam clean generators.	£22,000	2018
Theatre	Replacement of Zeiss ENT microscope	£20,000	2018
OPD	Replacement of Ophthalmic examination microscope.	£15,000	2019/20

## Key Priorities 2018/20 - Part 2

Location	Project	Project Cost £	Year
OPD	Replacement of Ophthalmic slit lamp.	£15,000	2019/20
Recovery, OPD and Theatre	Upgrade of defibrillators in Recovery, OPD and Theatre.	£16,000	2018
Theatre	Replacement of the main extractor fan.	£10,000	2018
Catering	General upgrade of catering equipment.	£10,000	2019/20
OPD	Replacement of Ophthalmic display unit, LCD 26".	£7,000	2019/20
OPD	Replacement of Zeiss Insufflator.	£6,000	2019/20

date and modern. A Capital Development Group (CDG) was established in 2016 in order to develop and implement plans to refurbish and modernise patient areas.

We carried out extensive research with key stakeholders on how they felt the Hospital environment could be improved and the flow of patients made more efficient. Using the findings from our patients and staff, we have improved our outpatient area to make it bigger, brighter and enhance patient and staff comfort.

### 2.6.13 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.
- Establish a minor or day case theatre.
- Continue to put in place cost improvement initiatives at department level so that cost savings can be quantified and evidenced.

“Everything was perfect, no improvement needed.”

December 2017

“Staff very helpful and friendly.”

December 2017

## 2.6.14 Business Intelligence and Information Technology

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

## 2.6.15 Charitable objectives and Public Benefit

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

## 2.6.16 Partnerships

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

The Executive Team will continue to ensure that they are 'connected' to what is happening both locally and nationally. This landscape is changing very rapidly especially with the introduction of Sustainability and Transformation Plans. At Fairfield, we do see ourselves as a key player in the local health economy and it is clear from our patient feedback that the patients who use our services do hold us in high regard. It is disappointing that health commissioners and planners have excluded us from any involvement in the development of the plans for the future of the NHS in the North West. However, we meet monthly with the local CCG staff and we regularly contact other commissioners and providers. For example, Fairfield's offer to the NHS commissioners for extra support beds to help alleviate winter pressures in December 2017 and, while this was not taken up, the Hospital is still willing to assist in responses to urgent or pressing clinical needs.

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

## 2.6.17 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.



# Key Priorities 2018/20 - Part 2

## 2.6.18 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.

## 2.6.19 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 CCG's 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.

We continue to have regular requests from consultants to practice here. When considering such applications, we will continue to assess for any gaps in provision, possible development opportunities and areas of potential innovation on which we can capitalise. We continue to get a great deal of advice and support from our existing consultants who are supportive of the staff in their daily work. The Medical Advisory Committee (MAC) will continue to be part of the governance framework for the organisation, offering advice and support on incidents, risks and on the future development of services looking at new products and techniques, new ways of working and development.

## 2.6.20 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.

- We will continue to support and develop the role of the Infection Prevention and Control Lead Nurse.
- We will be proactive in minimising the risks to patients, staff and visitors, from acquiring an infection through treatment or during their stay within the hospital.

“Everything and everybody were welcoming and kind. Many, many thanks.”

January 2018

“You cannot improve perfection.”

January 2018

- We will continue to work with our NHS colleagues to ensure our practice is up to date and in line with national guidance and best practice to ensure the Hospital's infection rate remains below 1%.
- The Hospital has commenced the 'One Together' infection prevention and control program in collaboration with the Infection Prevention Society, the Royal College of Nursing and 3M - Science for Life. This program offers practical guidance on how we can all help to prevent surgical site infections. Skin prep competences have been completed by staff to further reduce surgical site infections.
- The Hospital has implemented Public Health England's request for screening of patients who are at risk of Carbapenemase Producing Enterobacteriaceae (CPE) infection and report the results monthly. However, an audit has shown that FIH have very few patients meeting the criteria : the hospital will continue to monitor CPE.

## 2.6.21 Joint Advisory Group (JAG) Accreditation for Endoscopy

Our final assessment for JAG will take place in the summer of 2018. The assessment team were impressed with what they saw when they visited for the initial assessment. As an organisation, we have invested in our infrastructure to support JAG accreditation with the appointment of key personnel and equipment.

## 2.6.22 Conclusion

Fairfield, undoubtedly, is an integral part of the local health economy and the local community. 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

### 3.1 Overview and Review NHS Services 2017/18

During 2017/18, Fairfield Independent Hospital provided advice and treatment to 10,400 (2016/17 - 10,870) NHS patients referred from 336 (343) different GP practices and 37 (37) different CCG areas. Fairfield Independent Hospital has reviewed all the data available to it on the quality of care for those services. The income generated by the NHS services in 2017/18 represents 100 per cent of the total income generated for the provision of NHS services by Fairfield Independent Hospital.

### 3.2 Participation in Clinical Audits

During 2017/18 Fairfield Independent Hospital participated in 6% national clinical audits and 0% confidential enquiries of the national clinical audits and 0% national confidential enquiries, which it was eligible to participate in.

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

The national clinical audits that Fairfield Independent Hospital were eligible to participate in during 2017/18 were as follows:

- National elective surgery — Patient reported outcome measures (PROMS)
  - ~ Hip and knee replacements
  - ~ Hernia - collection ceased from Oct
  - ~ Varicose veins – collection ceased from Oct 17
  - ~ National Joint registry (NJR) – hip knee and shoulder replacements
  - ~ Safety Thermometer - is snap shot record of a number of “Harms” to patients that may have occurred nationally For example pressure sores, urine infection and blood clots. To date Fairfield has consistently recorded “no harms” for our patients. 94% of patients are reported as harm free nationally. FIH reported 100% harm free March/February 17 to February 2018 - Source NHS Digital.
- Breast Implant Registry – commenced in 2017 ensure that patients who consent to their data input contribute to a national database - NHS Digital.

“No improvement needed. 100% care from everyone from arrival to discharge.”

February 2018

“Very pleasant experience, a lot less worrying than I thought! Lovely staff — very calming. Thank you.”

February 2018

The Hospital received a certificate of accreditation from the NJR for the quality of its data submissions. FIH achieved 98% 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.

The reports of national clinical audits were reviewed by the Hospital in 2017/18 and we do not qualify for any of the studies in progress.

### 3.3 Participation in Research

The Hospital does not participate in clinical research.

### 3.4 Goals agreed with NHS Commissioners (CQUIN)

Use of Commissioning Quality and Innovation (CQUIN) framework.

During 2017/18 we entered into an agreement with the NHS to provide services for the local populations. A percentage of the Hospital's NHS income was dependent on achievement of the CQUIN targets agreed with the NHS commissioners. I am pleased to report that the CQUIN targets were achieved.

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

### 3.5 Regulation

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

- ~ Regulated Activity - Diagnostic and screening procedures
- ~ Regulated Activity - Surgical procedures
- ~ Regulated Activity - Treatment of disease, disorder or injury
- ~ The Hospital has maintained its certified accreditation of ISO 9001 and ISO 27001.

### 3.6 Data Quality

Fairfield Independent Hospital submitted 35,565 (35,000) records during 2017/18 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 as:

100% for admitted patient care 100% for outpatient care  
100% for outpatient care

## 3.7 Information Governance

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

Fairfield Independent Hospital's Information Governance Assessment report score for the period stands at 93%. This is the same percentage figure as previous years. The target is 75%.

The Hospital has been reviewing its data protection processes in the light of the implementation of GDPR and has put in place a project plan to achieve the required standards and to build upon the existing frameworks for data protection for our patients and staff.

## 3.8 Governance

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

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

The key governance development areas were:

Objective	Progress
We will continue to improve our methods of monitoring our performance against the Care Quality standards and inspection regime. We will regularly update and demonstrate evidence of our compliance. If we identify areas where we are not compliant, we will ensure that there are clear action plans in place that enable us to move to compliance quickly.	Reviews of all audits. Regular engagement meetings with CQC. Review of risk register and 'feed' into the register. Implementation of electronic policies.

“Thank you for looking after me and for a stress free day.”

March 2018

“Thank you very much for making me feel at ease and being so friendly and efficient.”

March 2018

Objective	Progress
We will continue with management and Board “walk-about”, testing processes, talking to staff and to patients and improving quality standards.	Have continued throughout the year and we see this will be a key feature of continued engagement
We will continue to develop our governance framework by the introduction of further policies and procedures into the ISO framework	This is an ongoing. Looking at electronic means of auditing policy acceptance by staff. Policies and ISOs are introduced as and when required.
Our audit programme for 2017/18 will be agreed by the Board and the MAC. The clinical audit programme will be linked into any incidents or adverse events that may have occurred and also demonstrate the learning that we would expect to see as a result. Regular ISO 9001 and ISO 27001 audits will also take place across the organisation.	Achieved. Reported to CCG as part of CQUIN.
We will continue to undertake Root Cause Analysis scenarios with senior staff at least twice yearly.	Tabletop exercises have taken place with staff on scenarios and live incidents. These have been well received.
We will continue to encourage staff to report incidents no matter how small, and investigate them positively to help us learn about our organisation and way we can improve our systems and make them less open to risks.	We are looking to move to an electronic incident reporting framework . Staff are being encouraged to report incidents , no matter how minor, so that routine incident reporting is further embedded into our culture across the organisation.
We will continue to build up our Risk Register, updating the Board bi-annually and reporting incidents bi-monthly.	We are building up detailed individual department risk registers that feed into the main risk register

## 3.9 Patient Satisfaction

The results for 2017/18 show:

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



# Overview and Review - Part 3

From April 2017 to March 2018, the number of questionnaires returned equated to a 70.2% response rate.

In April/May 2017 - 43 patients had cataract surgery; we developed our own patient reported outcome form to assess the level of improvement to sight and quality of life for patients undergoing cataract surgery. The survey was sent to 43 patients with 55% of patients returning a completed questionnaire. Across the questions asked, the response showed circa 83% of patients reporting an improvement in sight and quality of life following surgery.

## 3.10 Friends and Family Test

### Inpatient full year average 2017/18

Average total number returned per month	Extremely likely	Likely	Neither likely nor unlikely. Extremely unlikely Don't Know
197	184	13	.05

### Outpatient full year average 2017/18

Average total number returned per month	Extremely likely	Likely	Neither likely nor unlikely. Extremely unlikely Don't Know
174	148	25	1.6

## 3.11 Complaints 2017/18

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

Total number of formal NHS complaints – 16 (10) (figures in brackets are for 16/17):

### Categories

Clinical Care	4	(5)
Consultant	7	(1)
Administration	2	(3)
Attitude	3	(1)

“All staff were courteous, kind and efficient, put me at ease and answered any questions or queries I had.”

April 2017

“All staff were very professional, friendly and efficient.”

April 2017

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 complaints, how they have been investigated, actions taken, learning and evidence of learning. We monitor trends for all complaints. All Consultant specific complaints are fed into the appraisal process at their NHS Employer.

### 3.12 Serious Untoward Incidents

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

### 3.13 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 2017/18 increased our establishment in order to strengthen both our governance and clinical areas. We also replaced staff who have resigned from our organisation.

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

As the two 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.

Sickness levels across the Hospital has fluctuated over the year between 2.5% and 5.4%. It should be noted that a number of staff have been on long term sick leave and are being managed in accordance with our Long Term Sick Policy. All managers ensure

## Overview and Review - Part 3

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.

### 3.14 Clinical Workforce (excl Consultants)

The 2017/18 age profile of the clinical workforce is shown below:

#### Clinical

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

### 3.15 Non Clinical Workforce

The 2017/18 age profile of the non clinical workforce is shown below:

#### Non Clinical

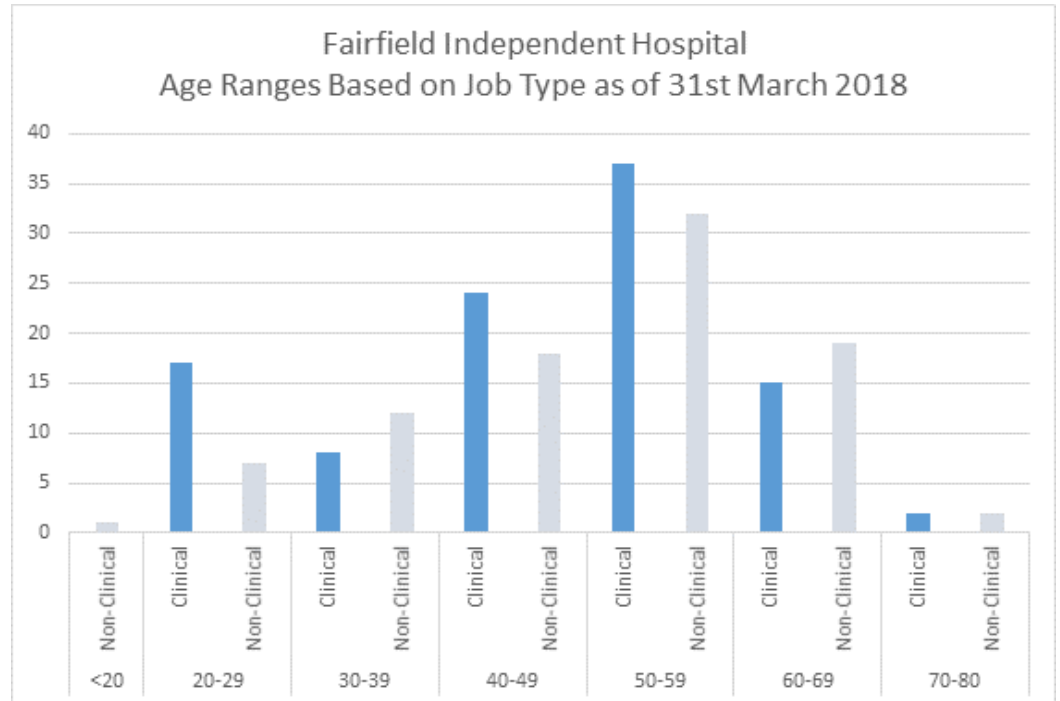
Under 20	20-29	30-39	40-49	50-59	60-69	70-79	Total
1	7	12	18	32	19	2	91

“It was very friendly and relaxed. Very happy.”

May 2017

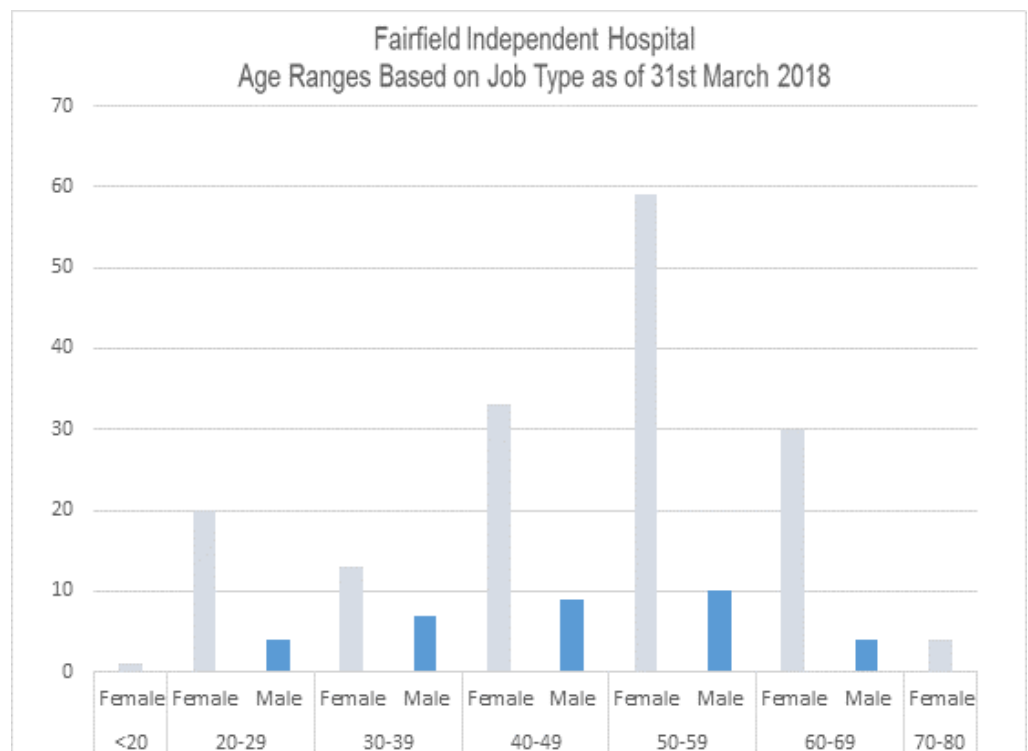
“I have been to Fairfield many times, all staff go beyond their call of duty. Everything is excellent.”

May 2017



The 2017/18 gender profile of the total workforce is shown below:

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



## 3.17 Staff Survey

The results from our 2017 staff survey were very encouraging. There was a slight fall in the number of respondents from 60% to 55%. 87% of those who responded would recommend FIH as a place to work.

In the 2017 survey, 31% of staff who responded said that they felt they had been discriminated against. These results gave serious concern for the Executive and the Board. A subsequent survey was carried out in February, 2018 specifically around discrimination. In total, 98 staff responded. Of those 98 staff, 3 said they felt they had been discriminated against. 2 felt it was because of age and 1 did not indicate. There were no further comments on the survey sheet to provide any more detail.

The overall response rate was 58% and of those 3% of staff stated they felt a manager or colleague had discriminated against them. These results are very different to the full staff survey results and reflect a different picture than that of the full survey.

However, we are not complacent over this issue and we will take some further actions, which will include:

- More training and discussion with managers regarding discrimination in the workplace with a special focus on working with an older workforce.
- Review the staff survey and see how we can make the answers to the questions more straightforward. This may mean that the results analysis will be different and that we may have to commence a slightly different trend analysis going forward.

## 3.18 Student placements

Fairfield Independent Hospital continues to offer valuable placements to local nursing students. Many of our senior nurses are trained mentors with teaching and assessing qualifications. The Universities carry out an independent audit of our facilities and staff education/qualifications levels. The Hospital offers a wide range of specialities allowing students the opportunity of following patients through every stage of their elective surgery, from pre-operative assessment to theatre, inpatient stay to physiotherapy as an outpatient. This offers a holistic overview of a patient journey. In 2018/19 the Hospital will host and assess 16 student nurses as we now offer placements to Chester University students.

“Staff put me at ease throughout my stay and procedure. Great place, great people.”

June 2017

“Keep the Hospital as it is, pleasant and welcoming.”

June 2017

## 3.19 Clinical Risks Assessment and Management

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

## 3.20 Competencies for Registered Nurses (RN)

Registered Nurses are continuing with clinical supervision and reflective practice to guarantee our nurses' revalidation requirements are met. The competency framework has been agreed and implemented in the ward and outpatients, theatre competencies are in the planning stage with a timetable for the agreed competencies to be implemented in 2017.

## 3.21 Training and education

During 17/18, thirteen staff have completed ALERT training. This course ensures staff are able to intervene at an earlier stage to prevent a patient deteriorating to a level that would require robust medical interventions. Eligible staff are on a rolling programme.

Female Genital Mutilation training – completed by 93 staff. All staff have completed their mandatory and statutory training.

Dementia champions are in place across all clinical areas.

## 3.22 Consultant Workforce

The consultant workforce slightly increased; we had 44 Consultant Surgeons registered with practising privileges who provide NHS services to NHS patients.

## 3.23 Refurbishments/Capital Programme 2017/18

The associated works and investments that we have completed in 2017/18 include the following:

Project	Cost
Full refurbishment of the Outpatient reception and waiting areas	200,000
General replacement of medical equipment in OPD, Wards and Theatre	40,000
Replacement of patient monitors in Recovery and Theatre	33,293



# Overview and Review - Part 3

Project	Cost
Replacement of 2x anaesthetic machines in Theatre	26,180
Replacement of the RO machine for the autoclaves/washers	24,000
Installation of new power supply and electrical box for mobile scanner	15,000
Refurbishment of the X-ray office	10,600
Creation of a new office in the old File Room space	9,500
Replacement of microscope in ENT	7,500
4x new electronic patient profiling beds	6,316

## 3.24 Environmental issues

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

## 3.25 Efficiency

- We have entered into longer term contracts in order to get discounts on products and consumables.
- We have not had the opportunity to participate in any NHS commissioner initiatives in 2017/18 but do continue with the MRI direct access scheme for West Lancashire CCG.
- Our move to a paper-light organisation in 2017/18 has not been without some teething problems. However, reduction in filing space for records has given us the potential to utilise our space more efficiently. When resources allow we will seek to develop this space for the benefit of our patients.
- We continue to outsource certain administrative functions to accredited suppliers.

## 3.26 Business Intelligence and Information Technology

The theme of 2017/18 as regards IT was investment in security and preparation for the introduction of the General Data Protection Regulations. Significant areas of investment were in providing extra information to our consultants using texts and updates to our medical record system and automating the links between diagnostic systems and the patient record. We also invested in the security and administrative infrastructure of the Hospital. This will ensure that patient records and administration have an efficient and sound operational base for the future. We

“1st class,  
professional and  
efficient.”

July 2017

“The staff were excellent and very caring.”

July 2017

implemented new email software that makes it harder to send incorrect or inappropriate information externally; we updated our firewalls and extended the security and systems management provided by third party experts.

### 3.27 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.

### 3.28 Partnerships

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

We have not had the opportunity to work with our NHS partners in providing any extra capacity during 2017/18. We did offer two beds to specifically help with winter pressures but they were not utilised.

### 3.29 Marketing and Communication

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

### 3.30 Other Risk Areas

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

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

# Overview and Review - Part 3

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

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

The risk profile for the Charity includes:

- Financial
- Clinical
- Workforce
- Infrastructure risks

## 3.31 2017/18 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. We have worked with the CCG over the year to implement their policies, procedures for ensuring that the treatments we provide are clinically necessary, and that patients get the right treatment by the right person at the right time.

“Thank you to all the staff for their care and attention. I have appreciated it very much.”

August 2017

# Core Quality Indicators 2017/18 - Part 4

## PART 4: REVIEW CORE QUALITY INDICATORS 2017/18

“I can’t think of how the Hospital could improve - my stay was excellent.”

August 2017

Development Area	Outcome to be Achieved	Did we achieve it	Lessons learnt
<b>Clinical Effectiveness</b>			
To improve our methods of monitoring our performance against the Care Quality standards and inspection regime.	Regular audits and governance walkabouts with Board members. Pull together all the monitoring we do into a dashboard for use by regulators, commissioners and Board.	Yes, in part.	The dashboard remains a work in progress.
Development of the patient case note system to provide more access in more locations, e.g. in ward bedrooms and with direct entry from clinicians.	Better access to notes and clinical information. Becoming more paper-light.	Yes.	Changes in culture regarding electronic and paper records.
The Hospital will assess patient experience of minor surgery/diagnostic procedures being undertaken in an outpatient clinic setting.	To improve patient experience and access and to improve theatre utilisation for major cases.	Yes, in part.	Ongoing assessment of patients outcomes. Flexi-cystoscopy diagnostic clinic underway; other minor surgery clinics in assessment phase progressing.
<b>Patient Safety</b>			
A suite of competencies is being developed for registered nurses that will be role specific and offer patients the assurance that FIH has a skilled and competent workforce.	To ensure that evidenced based clinical practices are standardised across the hospital and that the Hospital has a competent workforce.	Yes in part. All policies and procedures reviewed to ensure compliance to relevant guidance.	Further development of role specific competencies
To develop our governance framework by the introduction of further policies and procedures through the ISO framework.	Achieve the new ISO 9001:2015 standard and training on the new standard given to management and senior members of staff.	Yes achieved.	

# Core Quality Indicators 2017/18 - Part 4

Development Area	Outcome to be Achieved	Did we achieve it	Lessons learnt
Our clinical audit programme for 2017/18 was linked to incidents/adverse events that had occurred. It also demonstrated the learning that we expected to see as a result.	Results of clinical audits shown in Schedule 2.	Yes, but some audits will be subject to re-audit in 2018/19.	The Documentation audit has clearly shown some inconsistencies; these have been addressed with the individuals as a team - re-audits have been scheduled into the audit plan for 2018/19.
Root Cause Analysis training.	Table top exercises carried out.	Yes.	Staff welcomed the training so we will provide more in house tabletop exercises.
We will continue to build up our Risk Register, updating the Board bi-annually and reporting incidents bi-monthly.	A comprehensive Risk Register covering all risk areas.	Yes, and part of ongoing risk register enhancement.	Management will continue to monitor the internal and external environment to ensure the risk register captures both internal and external risks.
JAG accreditation.	To be accredited by the Joint Advisory Group for Endoscopy	1st stage completed with no major issues. Final assessment to take place August 2018.	
The Hospital has implemented Public Health England's request for screening of patient who are at risk of Carbapenemase Producing Enterobacteriaceae (CPE) infection. An audit will be completed in 2017 to assess this local area infection rate. This is an infection that is increasingly resistant to antibiotics with one of the most prevalent areas being North West England, in particular Manchester.	An audit was undertaken in 2017. However due to extremely small numbers of patients who met the criteria attending FIH, the audit was deemed inadequate.	The Hospital will continue to screen patients who meet the criteria.	

“Everything from start to finish was excellent. Absolutely no issues at all.”

September 2017

“I really can’t think of any improvements. My time at Fairfield was restful which has made a significant help in my recovery.”

October 2017

Development area	Outcome to be achieved	Did we achieve it	Lessons learnt
<b>Patient Experience</b>			
Seeking out in real time patient comments both positive and negative. Listening , learning and actioning.	Responding to patients in a timely fashion. Being open and honest in responses. Less formal complaints. Better experience for patients. Evidencing to patients that their views/ experiences matter and that we do listen and act .	Yes. Some patients have put forward suggestions for improvement, which we have taken on board and advised them accordingly.	Patients seem to value the prompt responses.
Carried out FIH specific PROMS for cataract patients.	We sent out our own questionnaire. The response rate was 55% of patients reported an improvement.	Yes.	Cataracts are now part of private PROMS collection.
Outpatient department refurbishment.	To provide a more comfortable and welcoming environment and improve patient flow into and out of the Hospital to alleviate bottlenecks.	Yes.	Improved facility and environment, which has been well received by patients and staff.

## 4.1 Regularly Reported Indicators

Indicator	Total numbers in period 1 April 2017 to 31 March 2018	%
Inpatient mortality	0	0%
Peri-operative mortality	0	0%
Unplanned readmissions within 28 days	8	0.2%
Unplanned returns to theatre	3	0.07%
Unplanned transfers to another hospital	9	0.2%
Mortality within 7 days of discharge	0	0%
Pulmonary Embolism	0	0%
Deep Vein Thrombosis	0	0%
Surgical infection rate	35	0.9%
MRSA blood cultures	0	0%



# Core Quality Indicators 2017/18 - Part 4

## 4.2 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 17/18 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.  Groin hernia surgery.  Varicose vein surgery.	Average health gain. Full year figure 16/17 NHS England figures shown in brackets  Oxford hip score 21.9 (21.3)  Oxford knee score 16.9 (16.3) -1.26 (-0.24)  Please note that from 01/10/2017 it was no longer a requirement to participate in nation PROMS for varicose veins or groin hernia.  <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 2017 - 0.09% 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. The percentage of staff employed in the reporting period who recommend the Hospital as a provider of care to their friends and family.	National data not available. In-house questionnaire results detailed on Page 26?  <b>Fairfield Independent Hospital considers that this data is as described.</b>

“Excellent facilities and friendly professional staff, made a stressful visit very comfortable, thank you all.”

October 2017

“All staff were extremely professional and helpful. I felt value because nothing was too much trouble for them. All staff from entering the Hospital to going home were welcoming, friendly this is shown in how they treat patients. Thank you.”

November 2017

NHS Outcomes Framework Domain	Indicator	Results
Treating and caring for people in a safe environment and protecting them from avoidable harm	Percentage of eligible patients who were admitted to hospital and who were risk assessed for a venous thrombo-embolism.  Case of C- difficile reported. Rates of patient safety incidents and the number of such incidents that resulted in severe harm or death.	100%  0 (Nil)  <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 - Overview of CQUIN Targets & Achievements

CQUIN	Rational	Q4 Status
<b>Antibiotic review</b>	The purpose of this CQUIN proposal is to embed a systematic approach towards reducing the chance of the development of strains of bacteria that are resistant to antibiotics with a prompt identification and appropriate treatment of infections.	<b>Report submitted.</b> <b>ACHIEVED</b>
<b>Safer timely discharge</b>	There is a considerable evidence for the harm caused by poor patient flow. Delays lead to poor outcomes for patients, create financial pressures and impact on performance measures. We know that longer stays in hospital can lead to worse health outcomes and can increase their long-term care needs.	<b>Report submitted – no issues.</b> <b>ACHIEVED</b>
<b>Increase flu vac uptake</b>	Frontline healthcare workers are more likely to be exposed to the influenza virus, particularly during winter months when some of their patients will be infected. It has been estimated that up to one in four healthcare workers may become infected with influenza during a mild influenza season - a much higher incidence than expected in the general population.	<b>Target Year - 1.70% of frontline staff.</b> <b>ACHIEVED</b>
<b>Healthy food:</b> <b>70% drinks must be sugar free or less than 5 gram per 100ml</b>	PHE's report "Sugar reduction – The evidence for action" published in October 2015 outlined the clear evidence behind focussing on improving the quality of food on offer across the country. Almost 25% of adults in England are obese, with significant numbers also being overweight. Treating obesity and its consequences alone currently costs the NHS £5.1bn every year.	<b>Targets year 1</b> 70% of drinks lines stocked must be sugar free (less than 5 grams of sugar per 100ml). In addition to the usual definition of SSBs it also includes energy drinks, fruit juices (with added sugar content of over 5g) and milk based drinks (with sugar content of over 10grams per 100ml). <b>ACHIEVED</b>
<b>60% of confectionery and sweets do not exceed 250 kcal</b>	Sugar intakes of all population groups are above the recommendations, contributing between 12 to 15% of energy tending to be highest among the most disadvantaged who also experience a higher prevalence of tooth decay and obesity and its health consequences. Consumption of sugar and sugar sweetened drinks. It is important for the NHS and other providers to start leading the way on tackling some of these issues, starting with the food and drink that is provided and promoted in hospitals.	60% of confectionery and sweets do not exceed 250 kcal. <b>ACHIEVED</b>
<b>60% sandwiches and other meals available contain 400 kcal or less per serving and do not exceed 5.0g of fta per 100g</b>		At least 60% of sandwiches and other savoury meals (wraps, salads, pasta salads) available contain 400 kcal (1680 kJ) or less per serving and do not exceed 5.0g saturated fat per 100g <b>ACHIEVED</b>

## Schedule 2: Clinical Audit Progress - Quarter 4

### SCHEDULE 2: CLINICAL AUDIT PROGRESS QUARTER 4

No.	Dept.	Title	End date	Status
Wa/34	Ward	Fasting Policy adhered to	January 2018	Completed. No issues identified.
Wa/35	Ward	Review of Management of PCA's	January 2018	Completed. New PCA charts commenced in 2017. Audit has highlighted training required for correct completion of the chart. Action plan – Training for all ward RN's, Theatre RN's and ODP's by the end of May 2018. <b>Repeat Audit September 2018</b>
Wa/36	Ward	Medicines Management	February 2018	Completed - Unsatisfactory document compliance. Action plan – correct completion of document training for all ward RNs and RMOs to be completed by end of April 2018. <b>Repeat Audit September 2018</b>
Xray/8	X-ray	Requesting of Xrays from other Hospitals	November 2017	Completed. The radiology team will prioritise and monitor any highlighted requests provided on the image exchange portal to ensure any imaging is available on PACS before the patient arrives for consultation.
Adm/19	Administration	OPD cancellations	End January 2018	Completed. Regular monitoring now taking place.
Adm/20	Administration	Destruction of case notes via Data Space	August 2017	Completed. Policy reviewed and amended.
Physio/7	Physio	Review of patient outcomes post knee arthroscopy	January 2018	Completed. New process in place and no issues highlighted
Physio/8	Physio	DNA rates for Physiotherapy	November 2017	Completed and rate on average below 2.8%. Spike in July 2017 to 5%. <b>Repeat audit July 2018.</b>
OPD/28	OPD	Pathology results	February 2018	Completed. Tracker system being used needs reviewing. <b>Repeat audit May 2018</b>
OPD/29	OPD Nurses	Minimising length of time at OPD appointment	August 2017	Completed. Modernisation of reception area has improved patient flow.

## Schedule 2: Clinical Audit Progress - Quarter 4

No.	Dept.	Title	End date	Status
TH/31	Theatre	Completion of the WHO surgical checklist	October 2017	Completed. Recommendations implemented and ongoing monitoring to ensure compliance. <b>Regular repeat audit</b>
TH/32	Theatre	Theatre list utilisation and changes to theatre list on the day	February 2018	Completed in part but on going. More work needed so will continue April 2018.
D/1	Decon.	Competency audit of decon. equipment operators.	December 2017	Completed in part as change in decon management during reporting period has led to delay. Will be rolled forward for 2018.
D/2	Decon.	Traceability of endoscopes.	Twice a year to be undertaken. July 2017 & December 2017	July completed, December completed end of January.



## ***St Helens Clinical Commissioning Group***

Direct Line: 01744 457296  
Email: [karen.edwardson2@sthelensccg.nhs.uk](mailto:karen.edwardson2@sthelensccg.nhs.uk)

The Gamble Building  
1<sup>st</sup> Floor  
Victoria Square  
St Helens  
WA10 1DY

Our Ref: KE/mh

20<sup>th</sup> February 2018

Cheryl Nolan  
Chief Executive  
Fairfield Independent Hospital

Emailed to: [c.nolan@fairfield.org.uk](mailto:c.nolan@fairfield.org.uk)

Dear Cheryl

### **Quality Provider Visit – 14<sup>th</sup> December 2017**

Firstly, apologies for the delay in sending the feedback from the Quality Provider visit undertaken on 14<sup>th</sup> December 2017.

On behalf of St Helens CCG I am writing to thank you for taking the time to accommodate myself and my colleague Paul Steele, Engagement Lead for the CCG.

We found the visit to be appropriately informative, detailed and we discussed a number of quality indicators such as incident reporting, infection control, patient feedback, equality and diversity and information governance regulations. We took a tour of the hospital and various departments and it was positive to see the ongoing improvements in relation to the wet rooms in the patients rooms. There was an extremely positive atmosphere, staff were happy and the patients are well looked after and treated with dignity and respect.

We discussed with your Chief Nurse staffing ratios and ongoing recruitment and have organised a further meeting with Paul Steel to speak with patients to get their experience and feedback which we hope to share with our Governing Body.

The visit was very positive and no issues were highlighted. This is a testament to the hard work and commitment from staff and the board and I would like to thank Julie for taking the time to meet with us.

/cont...



# Statements from external sources

- 2 -

Lastly, I look forward to continuing to work with you and the hospital to ensure we provide effective high quality care for local people.

Yours sincerely

A handwritten signature in purple ink, appearing to read 'K Edwardson'.

Karen Edwardson  
Lead Nurse – Quality & Safety



Direct Line: 0151 244 4126

Nutgrove Villa  
Westmorland Road  
Huyton  
Liverpool  
Merseyside  
L36 6GA

21st May 2018

Cheryl Nolan  
Chief Executive  
Fairfield Independent Hospital

Dear Cheryl

NHS Knowsley Clinical Commissioning Group and NHS St Helens Clinical Commissioning Group welcome the opportunity to comment on Fairfield Independent Hospitals Quality Account for 2017/18.

The CCGs commend the Hospital on its achievements in 2017/18 including:

- a) Zero levels of hospital acquired MRSA, MSSA, E-coli and C-difficile.
- b) 100% of NHS patients said they would recommend Fairfield Independent hospital to a friend or family member.
- c) Zero patient deaths.
- d) Zero patient medication errors.
- e) Accreditations gained via ISO for Quality Management System (ISO 9001) and Information Security Management System (ISO 27001).

This Account indicates the hospital's commitment to improve the quality of the services it provides and supports the key priorities for improvement of quality during 2018/19;

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

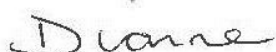
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# Statements from external sources

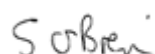
The CCGs would acknowledge the CQC rating of Good as published in January 2017 and suggest this could be referenced with the account.

NHS Knowsley Clinical Commissioning Group and NHS St Helens Clinical Commissioning Group will continue to monitor the quality of services provided by Fairfield Independent Hospital through the bi-monthly Contract Review Meetings, to gain assurance that the quality and safety of services delivered to patients continues to improve and that effective governance processes are in place and embedded throughout the organisation.

Yours sincerely



**DIANNE JOHNSON  
CHIEF EXECUTIVE  
NHS KNOWSLEY  
CLINICAL COMMISSIONING GROUP**



**SARAH O'BRIEN  
CLINICAL ACCOUNTABLE OFFICER  
NHS ST HELENS CLINICAL  
COMMISSIONING GROUP**



**Company**

Fairfield Independent Hospital

Crank

St Helens

Merseyside

WA11 7RS

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

Work Email, [enquiries@fairfield.org.uk](mailto:enquiries@fairfield.org.uk)

Work URL [www.fairfield.org.uk](http://www.fairfield.org.uk)