

The background of the cover features a large magnifying glass with a thick blue handle and frame. Inside the lens are concentric circles in shades of blue. A rainbow with vibrant colors (purple, blue, green, yellow, orange, red) curves across the top left corner. The text 'Quality account 2020/21' is centered within the magnifying glass lens.

Quality account

2020/21

Contents

Overview: Statement from Chief executive	3
Part 1: Priorities for improvement and statements of assurance from the board	6
1.1 Priorities for improvement	6
1.2 Statements of assurance from the board	31
1.3 Reporting against core indicators	57
Part 2: Other information and annexes	62
Annex 1: Commissioner Response	74
Annex 2: Patient Experience and Involvement Group Statement	79
Annex 3: Local Healthwatch Statement	81
Annex 4: Statement of directors' responsibilities for the quality account	82

Alternative formats

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Overview

Statement from Mr Neil Dardis, Chief executive



Welcome to the quality account for Frimley Health NHS Foundation Trust for 2020/21.

The past year has been unprecedented and probably the most challenging year that the NHS has encountered in its history. I am in awe of the response of our teams at Frimley Health – when our communities needed us most, our teams have risen to the greatest challenges we are likely to face. It has been a year of distress and sadness, but also a year in which the importance of the NHS to our communities has been affirmed. Despite the specific challenges in this extraordinary year, we have also seen the best from our NHS staff and the development of our exciting plans at Frimley Health.

Whilst recognising the challenges posed by the pandemic and the response of our teams, I am proud that we also continued our progress in terms of our strategic ambitions. Including the implementation launch of Epic, our electronic patient record, commencing our Frimley Excellence program to support a culture of continuous improvement as well as the building of our new Heatherwood Hospital in Ascot.

Frimley Health saw a significant challenge in terms of the demand COVID placed on our teams and services. During surge 2 we were the 4th highest hit trust in the UK, in terms of COVID-19 admissions and we more than doubled our intensive care capacity on both our acute main sites. Despite the impact the pandemic had on our services, non-Covid activity still formed a significant part of our clinical work. In addition to our emergency work we were able to carry out 45,000 planned surgeries for patients with the highest needs, we saw about 840,000 outpatients, some 85% of our previous year's total. I am hugely proud that we continued to be there for our community when they needed us by continuing to provide emergency and urgent care services.

While we can be proud of much of our performance throughout the year, managing the Covid pandemic had a significant impact on some of our performance metrics, particularly in relation to access to non-emergency services. This was a pattern across the NHS resulting from the pandemic focus and has resulted in the NHS now facing some of the longest waiting list backlogs it has seen for decades. Our waiting lists have been significantly impacted with the overall list growing from 34,000 to more than 43,000 patients.

However, we were among the national leaders on access to cancer services, which is an outcome of exceptional performance from multiple services. Frimley Health has consistently been among the best performers in the country and following the first Covid wave the Trust was the first in the region to restore key cancer access standards. In December Frimley Health was number one in the country and again led the way on restoring the metric after the second wave, although challenges remain.

Our mortality rate, as measured by the Summary Hospital Mortality Index, was below the standard index (expected rate after adjustments). Survival rates from Covid benchmarked better than the national average and we are proud that thanks to improvements in our understanding of the disease and treatment options, survival rates were even stronger in wave two than wave one. We believe this resulted in preventing more than 200 additional deaths. We had fewer cases of patients developing Clostridium difficile infections than our target (41 with an ambition of no

more than 60 for the year). However, we reported increased numbers of never events (seven) and MRSA infections (10) during the year and we are continuing to support staff to be able to maintain best practice even during the periods of sustained heightened pressure, for example through the launch of our human factors training. The Trust finished the year with a reported 75 serious incidents compared with 100 last year although the impact on the pandemic and changes in reporting requirements makes year on year comparisons problematic. We continued our focus on preventing falls – after an increase in falls during January related to the challenges in managing patients in the Covid-19 environment, we have returned to our original position.

Our staff vacancy rates for the year were the lowest we have recorded as a Trust, falling as low as 7% and ending the year on 8.5% of establishment. This was a factor in our spending on agency staff to cover temporary gaps in workforce need reducing to 3% of the total pay bill, below our 4% target. Mandatory training was also above target at 91%, but with appraisal rates falling to 71% as a reflection of time pressures during the year we have prioritised this during the first quarter of the current year. Our heightened sickness rates were a result of Covid-19 infection.

Improving our recruitment and retention of our nursing workforce is a key area of focus for us and we were delighted to be offered the opportunity to participate in the three-year Magnet4Europe Research and Development Programme led by Southampton University. The Magnet® Accreditation Programme is a globally recognised international gold standard for nursing excellence and outstanding patient care. Evidence shows that Magnet® accredited hospitals can attract and retain nurses through improving the workplace environment and health and wellbeing of staff via a framework of interventions. The programme commenced towards the end of this year, and we are delighted to have been twinned with the team from the Cleveland Clinic, Ohio in the United States as our supporting partner.

The response to the pandemic was only possible by working in partnership. The Covid-19 vaccination programme is one of the most important tools to contain the Covid-19 pandemic. The aim of the national programme was to vaccinate all adults between December 2020 and Quarter 3 2021/22. The programme was informed by the Frimley Health and Care Board directed by the national and regional mass vaccination programmes as part of the National Incident Response Board. As part of the Frimley Health and Care Integrated Care System, Wexham Park Hospital pharmacy was identified as a Hospital Hub within the ICS and was one of the first 50 Hospital Hubs to go live on the 8th December 2020 to deliver the Pfizer-BioNTech mRNA vaccine.

The Hospital Hub vaccinated 91.4% of all staff at Frimley Health with a 1st dose and 85.4% received a 2nd dose (as of 16th June 2021) and administered a total of 42,400 doses and we are proud of this immense achievement.

We continued to work with partners across the Frimley Health and Care ICS to develop better pathways for patients that are more joined up, reduce the need for in-hospital care and ensure best practice across our whole community. Our collective intelligence of population health needs, including wider determinants of care such as housing and income, are continuing to shape our shared ICS vision of creating healthier communities. Our collaboration also helped our pandemic response, particularly in supporting medically vulnerable members of the community and helping to reduce mortality rates over the second wave. The development of new pathways and ways of working such as virtual outpatient clinics, the creation of COVID and Non-COVID Emergency Departments with Point of Care testing and super 'green' elective pathways with specific staff working only in these areas all contributed to improving the safety of these vulnerable members of the community.

Our Informatics Department has been instrumental in developing the new national Waiting List MDS for elective Recovery and during 2021/22 we will become involved in several data validation and data quality projects.

We cannot underestimate the challenge presented to us around supporting those in our communities with mental health issues. Prior to the pandemic the NHS long-term plan published key ambitions for the NHS service. The long-term plan includes a commitment to improving mental health and learning disability services as a priority. This quality account highlights the challenges we face locally, and the trust is working very closely with ICS system partners to ensure all patients with mental health conditions are given the best possible care while they are

inpatients within the Acute Trust. The number and complexity of these patients has increased significantly linked to the Covid 19 pandemic, and specifically the lockdown restrictions imposed. This year we have implemented a weekly ICS level, detailed, and integrated review of every adolescent and child admitted. We review each case with Mental Health and Social Care providers to ensure we keep patients safe, and plan appropriate and timely discharge when patients are medically fit to go home or transfer to their ongoing placement. 'Home First' wherever possible is our aim, however support for families and carers is vital in this work and considerable reassurance and wrap around community mental health and social care services are needed to ensure parents are confident to care for their children at home within their local communities

I am humbled by the amazing efforts of our teams last year who continue to perform above and beyond what can reasonably be expected. Consequently, we have focussed on our staff health and wellbeing. This was an unprecedented year, but it was also a year in which communities and partners came together to support each other and we are grateful for all the support we received this year. There is no doubt that the multiple demonstrations of support and unity from our community were invaluable for our staff. Over the course of the first wave between April and June we had more than 600 deliveries from local companies to staff, 5,000 grocery bags from local supermarkets, 1,500 welfare boxes and more than 20,000 meals.

We received more than £1m in public donations related to Covid, including a share of the NHS Charities Together funding, much of which from raised by Captain Sir Tom Moore's sponsored walk. Some of this money was used to refurbish 51 staff rest areas - something staff told us they would value most, as finding space to decompress away from busy wards and departments was difficult.

We are also extremely grateful for the continued support of our volunteers, who did as much as Covid restrictions allowed to help our staff and patients throughout the challenging year. During the second wave we also funded a revisit from Project Wingman – the team of furloughed and former airline staff who laid on a first-class lounge experience for our weary NHS staff – and provided free drinks, snacks, and refreshments to staff at the busiest period (January to March) and extended opening of our staff restaurants to support them. We are grateful for all the support from our volunteers, and we look forward to welcoming many more of them back as restrictions are eased this year.

I would like to reiterate my pride and admiration for all the teams here at Frimley Health. Our staff are outstanding and I, the Board and our governors are grateful and proud of everything that they have done, and we will ensure we deliver our aim to be the best employer in the NHS – supporting our teams, valuing everything they do and enabling them to be the best they can be.

As we reflect on an unprecedented year, we recognise the challenges that lie in the year ahead as we recover and restore our services but also the phenomenal and exciting opportunities ahead in which we will see the opening of the fantastic new Heatherwood Hospital, launch our new digital systems, improve the care and quality of our services, and develop more ways of working with our partners for the benefit of the communities we serve.



Neil Dardis
Chief Executive
August 2021

Part 1

1.1 Priorities for improvement

This section of the report provides an overview of our approach to quality improvement, our improvement priorities for the upcoming year and a review of our performance over the last year.



Our improvement methodology

Frimley Excellence is our new Quality Improvement programme, which will help deliver our ambitions and help us progress towards our vision: 'Being a leader in health and wellbeing delivering exceptional services for our community'. Our Frimley Excellence team launched our Frimley Excellence Improvement System (FXIS). FXIS is a change to our ways of working and a new way for frontline teams and senior leaders to work together to clarify priorities, solve problems and contribute to strategic objectives. The FXIS system will foster a culture change as we embed a continuous improvement mindset in everything we do.

Our 2021/22 improvement priorities

Each year we are required to define our quality priorities. In recognition of the impact of COVID 19 on the progress of our ambitions set in 2020/21 and to reflect and align with our organisational strategy objectives we will be carrying forward the 5 quality priorities from 2020/21 and expanding to include a sixth priority relating to pressure ulcer prevention. These quality priorities are listed below:

1. Reduce the number of serious incidents relating to the suboptimal care of the deteriorating patient.
2. Reduce the number of hospital acquired infection rates.
3. Increase the number of women on a Continuity of Carer pathway.
4. Improve the patient experience in relation to discharge from hospital.
5. Reduce the total number of inpatient falls.
6. Reduce the incidence of hospital associated pressure ulcers in our inpatient settings

Our progress against these priorities will be monitored through our Care Governance Committee, Strategy Involvement Group, and the Quality Assurance Committee on behalf of the board.

Summary of 2021/ 22 Key Quality Priorities and Metrics

Improvement Priority	Rationale for selection	Measurements to be used
Reduce the number of serious incidents relating to the suboptimal care of the deteriorating patient (25% reduction by March 2022, from 2019/20 outturn)	As part of our FHFT strategy 2020-2025 we aim to improve the quality of our care through application of continuous quality improvement methodology. Recognition, response, and treatment of patients who deteriorate is essential to reducing harm optimising patient outcomes and improving quality. For 2020/21 we are committed to building on our success.	a) Serious Incident Rates for suboptimal care of the deteriorating patient b) Audit of compliance with NEWs standards c) National Cardiac Arrest Audit data
Reduce the number of hospital acquired infections	This ambition was only partially achieved in 2020/21. Regrettably, we saw a rise in MRSA bacteraemia. We are committed to ensuring our patients are cared for in an environment that optimises their recovery and reduces the risk of hospital acquired infection rates through delivery of evidence-based practice.	a) MRSA bacteraemia rate b) MSSA bacteraemia rate c) Clostridium difficile Infection rate d) E. coli bacteraemia rate e) Number of nosocomial outbreaks
Increase the number of women on a Continuity of Carer pathway to 35% by March 2022 (Note the national ambition and therefore trust ambition for 21/2022 has changed)	Our progress in 2020/21 towards achieving this 2-year ambition was steady and we remain committed to progressing the existing pathways and securing the right resources to deliver this ambition. Continuity of carer pathways positively impact upon clinical outcomes and experience for women	a) Total number of women booked onto a Continuity of Carer pathway b) Number of women from a BAME background booked onto a Continuity of Carer pathway

Reduce the total number of inpatient falls (40% reduction by March 2022, from 2019/20 outturn)	As part of our FHFT strategy 2020-2025 we aim to improve the quality of our care through application of continuous quality improvement methodology. We commenced our first trust wide continuous improvement programme in 2021/21 with the ambition to reduce the number of falls over 2 years.	a) Total number of falls b) Total number of falls per 1000 bed days c) Number of falls with serious harm
Reduce the incidence of hospital associated pressure ulcers in our inpatient wards (including community wards)	In 2020/21 the trust has seen a rise in the total number of pressure ulcers reported. Pressure ulcers can cause significant pain and distress for patients and can contribute to longer stays in hospital, increasing the risk of complications, including infection. We intend to use our continuous quality improvement methodology to support this reduction.	a) Total number of hospital associated pressure ulcers b) Fundamental and Better Audit (FAB) results for quality of risk Assessment and interventions c) The number of category 3 and 4 pressure ulcers
Improve the patient experience in relation to discharge from hospital. (10% improvement in our local survey questions on discharge that mirror the National Inpatient Survey & a 5% improvement in our local discharge survey around take home medications)	Partially achieved in 2020/21 through a successful roll out of discharge packs and a post discharge survey and support service, we recognise further work is required to improve patients experience of discharge. In particular, the patient's understanding, and knowledge of their medications is key.	<p>Overall experience of discharge planning – Key Questions</p> <ol style="list-style-type: none"> 1. To what extent did staff involve you in decisions about you leaving hospital? 2. Were you given enough notice about when you were going to leave hospital? 3. To what extent did hospital staff take your family or home situation into account when planning for you to leave hospital? <p>Specific to take home medications</p> <ol style="list-style-type: none"> 1. % Patients who agree a member of staff informed them about medication side effects to watch for when they went home or had an explanation on side effects 2. % Patients who agree they were given an explanation of how to take the medicine 3. % Patients who report they were given clear written or printed information about their medicines? <p>The number of reported incidents relating to TTA's</p>

Progress against our 2020/21 priorities

Last year we identified the 5 priority areas based on analysis of our patient experience survey, profile of safety incidents and root cause investigations of harm and the launch of our strategy objectives. The table below provides an overview of our progress

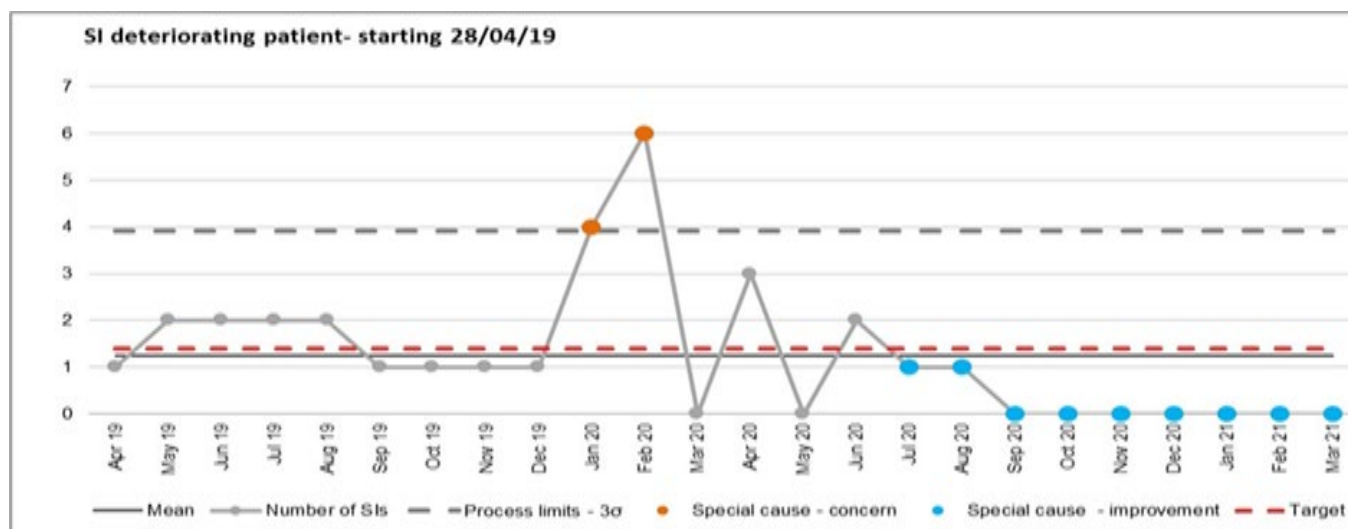
Improvement priority: Priority 1: Reduce the number of serious incidents relating to the suboptimal care of the deteriorating patient by 25%, by March 2022.

FULLY ACHIEVED: The Trust has assessed this measure as fully achieved on the basis we have seen a significant reduction in the number of serious incidents relating to the suboptimal care

What did we achieve?

2020/21 SI rate for suboptimal care of the deteriorating patient.

In 2019/20 the trust saw 25 serious incidents relating to the deteriorating patient. In comparison we have seen 8 during 20/21 with zero deteriorating patient serious incidents since August 20. We therefore achieved a significant reduction within the first year of this ambition.



Investment in expertise

- Made provisions for a second medical registrar to be available at nights.
- Implemented phase 1 of the re-modelling of our rapid response team, increasing the number of clinical experts within the team.
- Invested in human factors training, securing a human factors expert, and increasing access to training programmes.

Quality Improvement capability

Our Frimley Excellence team have trained and coached our deteriorating patient leads in QI methodology. Using this methodology, three continuous improvement workstreams relating to the deteriorating patient were launched in December 2020 (delayed implementation due to 2nd wave of COVID 19).

- Hospital at night, site, and staffing
- NEWS scoring and escalation
- Blood results from lab to action

Our application of QI methodology to improve communication between wards and laboratories when blood results are abnormal saw significant improvements, with 100% of abnormal blood results now being communicated in a timelier manner. This work was recognised nationally, winning first place in the 'Care of the unwell patient' category at Bristol Patient Safety Conference.

Responding to the deteriorating patient

- Sustained above national average results in our National Cardiac Arrest audit.
- Tested our recognition, escalation, and response to the deteriorating patient through a trust wide NEWS audit, noting improvements in accurate calculation of NEWS score, frequency of observations and correct escalation of patients.
- Reviewed our education programme to ensure our clinical teams are confident in recognising and escalating patients with a new onset of confusion.
- Took new opportunities to deliver our statutory and mandatory training on resuscitation in different ways, achieving well above our 85% ambition for resuscitation training at levels 1 to 3.
- Implemented NEWS score boards outside of patient bays and rooms to ensure NEWS scores were highly visible 'at a glance'.
- A Safety alerts programme was launched in Quarter 4 across the Trust focussing on a STOP-THINK-CHECK approach to combat the influence of human factors.

Engagement and listening to staff

We were able to share learning from serious incidents to a wider cross site multidisciplinary clinical audience through our Head of Patient Safety, Medical Director and Associate Director for Safety briefing events via virtual platforms. This additional engagement of more frontline teams fostered ideas for change and solutions.



Improvement priority: Priority 2: Ensure at least 35% of women are booked on to a Continuity of Carer (CoC) pathway by March 2021 (note the original ambition set by the trust was the national target of 55% which was moved to 35% in October 2020)

PARTIALLY ACHIEVED: The Trust has assessed this measure as partially achieved on the basis it is a two-year ambition and progress has been made throughout year 1 towards the national target with the last national results published in October 2020 showing we were above the national average.

What did we achieve?

2020/21 Continuity of Carer bookings for women

The most recent national data published in October 2020 by the national team is that 15.9% of women in England were booked on to a CoC pathway at 29 weeks. At Frimley Health 16.9% of women are booked on to a CoC pathway at 29 weeks and 27.2% of women from a BAME background were booked onto a CoC pathway. Despite the challenges we were pleased to have progressed to above the national average.

Launch of new pathways and refresh of existing pathways

Our progress was limited due to the challenges of the pandemic; however, we were able to successfully refresh our diabetes pathway. In addition, we piloted our Telephone Triage service, to improve the quality of advice to women contacting our maternity service. From 2021 Frimley Health will be moving to a geographical model for continuity of carer, meaning we will be providing a model of care based on need. We will therefore be able to prioritise those women most likely to experience poorer outcomes first, including ensuring we reach most women from Black, Asian, and mixed ethnicity backgrounds and from the most deprived areas.

Increase the number of community hubs

We were able to increase the number of community hubs during the pandemic. Further work is required in the future to secure additional permanent locations and to refurbish some existing locations.

Optimising our Midwifery workforce

Workforce continues to be our current focus. Over the year we worked closely with our human resources partners and staff wellbeing leads to support recruitment and retention of midwives. We have carried out a review of our midwifery establishment against the Birth-rate Plus recommendations and will be welcoming funding to increase our establishment from the National Maternity Safety Bid to achieve staffing levels as per the recommendations from the report on maternity services at the Shrewsbury and Telford NHS Trust. Optimising our midwifery workforce will be key to the delivery of the Continuity of Carer model.

Transforming ways of working

We had planned to run a specific training programme from an external provider with midwives related to Continuity of Carer during 2020/21. Unfortunately, the pandemic meant this opportunity was placed on hold. We now have plans to commence this in quarter 2 of 2021/22. Our newly appointed Local Maternity & Neonatal System Midwife is working in collaboration with our local midwives, obstetricians, and service users for implementation of continuity of carer teams in compliance with national principles and standards and phased alongside the fulfilment of required staffing levels.

Capture and act on women and staff experience

Early feedback from both women and staff in relation to Telephone Triage service has been extremely positive. As part of our 2021/22 plans we will develop this further to ensure we test out the experience in relation to the

geographical model, which will support all women in our communities to have the opportunity to be cared for by the same midwife.

Improvement priority: Priority 3: Improve the safe transfer of care from hospital to home, demonstrating a 10% improvement in scores for discharge questions National Inpatient and in-house Patient Experience Tracker surveys by end of 2021.

PARTIALLY ACHIEVED: Delays to the 2020 National Inpatient Survey mean we are unable to establish whether the Trust has been able to achieve the 10% improvement. The trust has assessed this ambition as partially achieved on the basis that our local surveys have demonstrated improvements and we implemented actions for changes in practice.

What did we achieve?

2020/21 Improvements in patient experience relating to transfer of care

The Trust's Mean Rating Score for the "Involvement in decisions about discharge" question in the 2019 National Inpatient Survey was 66%. The 2020 National Inpatient Survey was delayed until November 2020 owing to COVID-19. Results are currently scheduled to be available in Nov 2021. The National Inpatient Survey question set, and response options were revised between the 2019 & 2020 surveys, so the data illustrated on the chart below from our local experience surveys are not directly comparable – however they are a 'best fit'.

Notes on Chart:

Patient Experience Tracker: Calculated† PET Scores by month

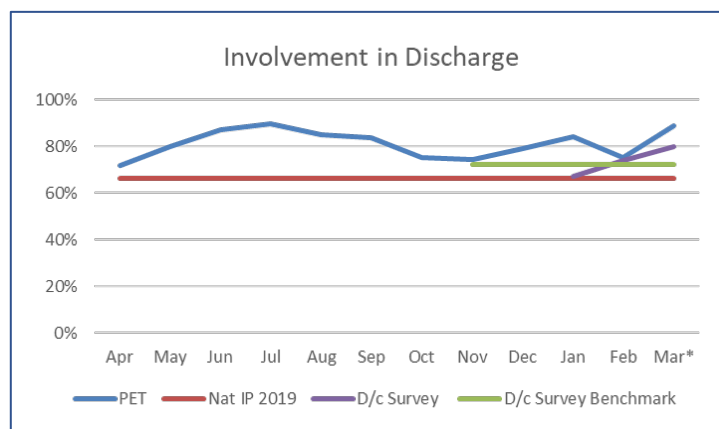
Nat IP 2019: Used as benchmark; Calculated† score for the survey results for cohort of sample of inpatients treated in July 2019; Score = 66%

Discharge Survey: Launched Nov 2020; Calculated scores†

Discharge Survey benchmark‡: Calculated† score = 72%

† (using likely but unconfirmed weighting)

‡ (calculated using November and December data)



Post discharge telephone survey

Capturing patients experience relating to discharge planning proved a challenge during the year, with volunteers unable to visit the wards to support completion of surveys. In view of this and the need for richer data specifically around the experience of discharge a new post discharge telephone survey was set up led by our volunteers. Now that the discharge survey is embedded, and the Trust is beginning to build a robust and significant data set it is reasonable to set a target against which performance improvement can be measured.

Improving information for patients

2020/21 saw the launch of the discharge folder across Frimley Health, the folder is a place for all discharge information which includes:

- Copy of the GP letter
- Discharge medications information

- Contact numbers for patients to access our medicines helpline
- Advice leaflets post care e.g., VTE prevention.
- A QR code to support patients to access the patient experience discharge survey.

Work also commenced on the creation of admission packs (project delayed due to COVID19), to encourage earlier planning for discharge and they include prompts for patients to ask their doctors:

- Why am I in hospital today?
- What is my plan for today and tomorrow?
- What is my discharge date?
- What do I need to do?

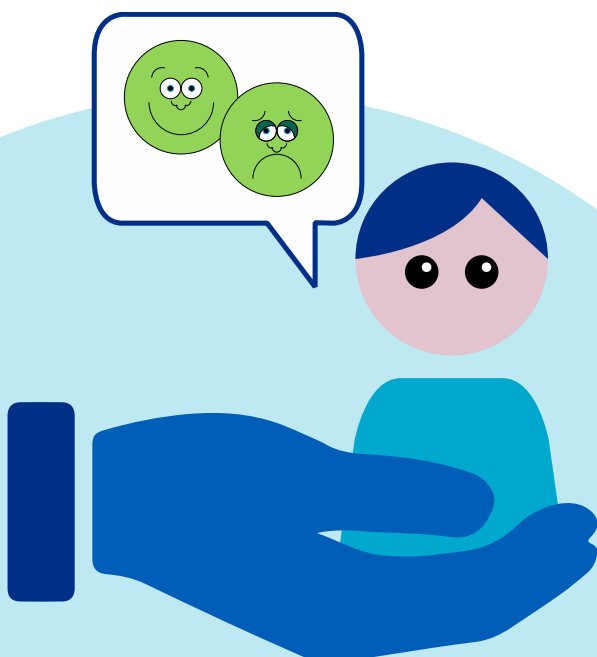
Discharge during COVID 19 pandemic

During the year, the pandemic challenged us in terms of the 'unknown' regarding the virus. High volumes of patient presentations to our hospitals, and the level of care dependencies changed the way we worked. Our patients with a diagnosis of COVID 19 were being discharged home when 'medically' well enough, but perhaps not feeling 'really well'. The emotional impact on patients and their mental health was also an area of concern for us and we developed a new 'Going home from hospital after Coronavirus' leaflet to support patients in terms of expectations around recovery, further signposting for support and information on how to access help if symptoms worsened, both in terms of physical and mental health.

Guidelines on emergency admissions and all discharges of patients during the Corona Virus (Covid-19) pandemic period at Frimley Health were developed and implemented rapidly. We were able to create a stepdown ward at our Heatherwood hospital site for patients 'medically' well enough to return home but unable to due to vulnerable individuals at home who were normally carers for the patient.

Listening to our staff

Visiting restrictions were highlighted by staff to be a real challenge for effective discharge planning. Communication with families and carers was limited to telephone/virtual calls. The pressure of COVID 19 impacted on the quality of our communication. Ward Ambassadors were recruited to support communications and a process for clinical teams to update relatives was established.



Improvement priority: Priority 4 Reduce Healthcare-Associated Infection rates







- a) Consistently achieve 90% in the WHO '5 Moments for Hand Hygiene audit
- b) Reduce use of invasive devices by 15%
- c) Ensure 90% appropriate use of antimicrobials.
- d) Limit the number of non-clinical patient moves.

PARTIALLY ACHIEVED: The trust has assessed this ambition as partially achieved on the basis that we were able to reduce our use of urinary catheters by 15% and we achieved reduction in cases of both Clostridium difficile Infection and E.coli bacteraemia.

What did we achieve?

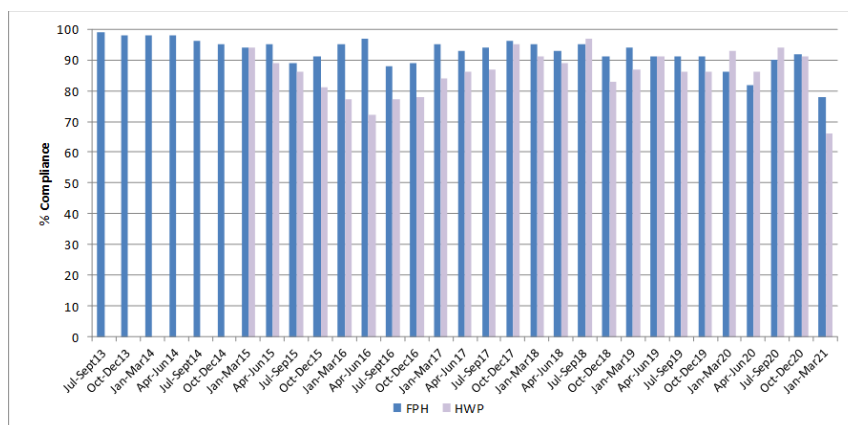
2020/21 Healthcare-Associated Infection rates

Overall reductions in both our Clostridium difficile HCAI's and E. coli bacteraemia were achieved, however we saw a significant increase in our MSSA bacteraemia and MRSA bacteraemia HCAI's. The trust was inspected by the Care Quality Commission in April 2021 as part of their continual checks on the safety and quality of health care services, data showed the trust had experienced an increase in hospital acquired healthcare infections such as Methicillin Resistant Staphylococcus aureus (MRSA), at a time when COVID-19 infections had risen. We are proud to have received a positive report which highlighted executive leadership and controls around infection prevention and control.

Healthcare-Associated Infection	Total number of cases 2020/21	Comparison to same reporting period 2019/20	Change
MRSA bacteraemia	10	4	
MSSA bacteraemia	45	37	
Clostridium difficile Infection	42	51	
Ecoli bacteraemia	98	127	
Kiebsiella spp bacteraemia	52	48	
Pseudomonas aeruginosa bacteraemia	20	20	

a) Hand Hygiene Audits

Our ambition in relation to this priority has been tested throughout the pandemic and we were **unable to consistently achieve 90%** in the WHO '5 Moments for Hand Hygiene audit



The use of gloves and long-sleeved gowns as part of the COVID19 Personal Protective Equipment (PPE) hindered effective hand hygiene. We did take steps during the year to improve this such as moving to short sleeved gowns and additional clinical area visits from our infection control and prevention team and senior nurses to support staff to feel confident in hand hygiene procedures.

Supply chain issues relating to hand sanitiser saw us unable to procure the bright red hand sanitiser bottles which fit into holders at the point of care. Whilst we were able to procure alternatives and place in the point of care areas, these were not so visible.

Recovery actions

- Delivery of statutory and mandatory level 1 & 2 IPC training exceeded our target
- Co-ordinated education and clinical challenge programme via our infection control teams, nursing leadership and deputy medical directors.
- Poster competition to engage frontline teams in promoting hand hygiene.
- Fundamental & Better Care walkabouts (each week).
- A focus on patient education around their own hand hygiene as well as staff.

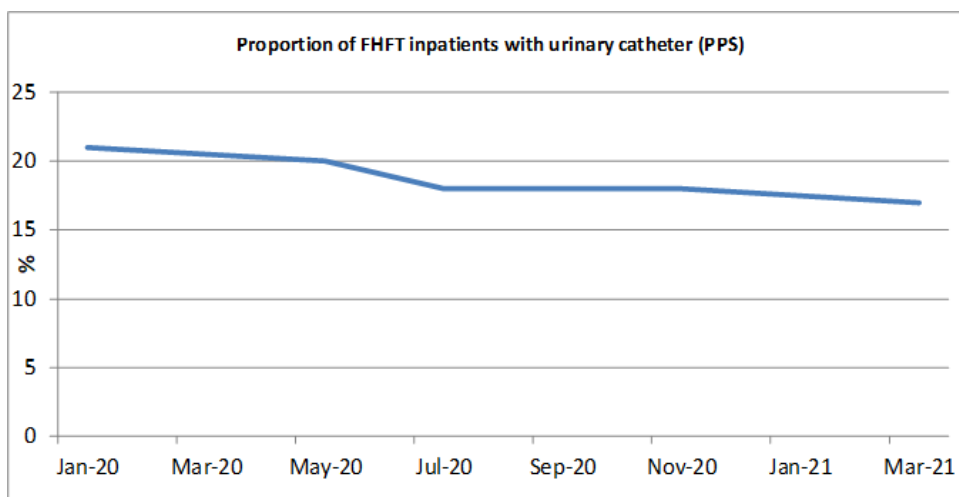
IPC Training Level	Achieved	Target
LEVEL 1	95.8%	80%
LEVEL 2	89.9%	80%



b) Reduce use of invasive devices

This ambition was achieved with a **15% reduction** in urinary catheter prevalence during 2020/21. There was a significant reduction of catheters being used for 'peri-operative use for selected surgical procedures' (3%), compared to Apr19 (16%). We recognise this is against a backdrop of reduced surgical activity due to COVID 19.

Focussed spot checks of care of urinary catheters were carried out in inpatient wards with high prevalence, or that had bacteraemia cases associated with urinary catheters.



The IPC Team continue to work with the Epic (EPR) programme team to enable on-going surveillance of urinary catheters, and to ensure electronic documentation is appropriate.

c) Ensure 90% appropriate use of antimicrobials

This ambition was not achieved. A 12% improvement on valid stop dates was noted from the first audit (50% up to 62%). Indication recorded fell slightly from 85% to 82%. Omitted/missed doses fell from 5% to 2%.

Recovery actions

- Antimicrobial stewardship audit programme is now in place quarterly.
- Two-point prevalence audit cycles were completed within the year with the 3rd due imminently.
- Audit results are now routinely shared at several key clinical committees and a specialty dashboard has been produced to identify areas with good practice and those which may need additional support/focus.

d) Limit the number of non-clinical patient moves

This ambition was not achieved mainly due to the response to surges in COVID where hospital wards had to be changed in short notice to meet demand

Moving into 2021/22 an IPC back to basics programme has been launched. The programme sets out clear key performance indicators.

Listening to our staff

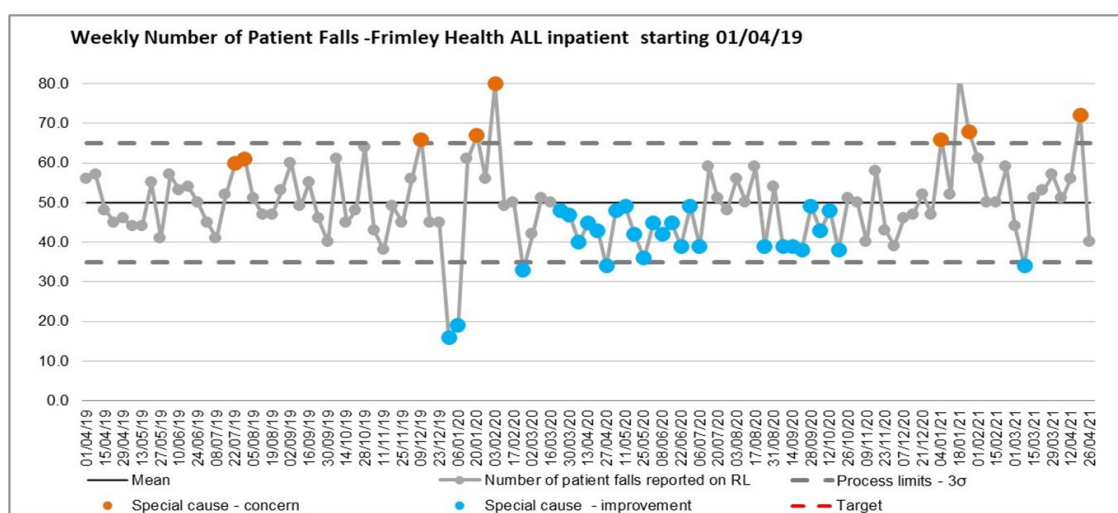
Our staff feedback and feedback from our CQC visit has demonstrated they feel respected, supported, and valued, with an open culture where they can raise concerns about infection prevention and control without fear. Staff feel we place an emphasis on the safety and wellbeing of their staff, and we promote equality and diversity in our approach to infection prevention and control. Staff also complimented our infection prevention and control training.

Improvement priority: Priority 5 To reduce the total number of falls by 40% by March 2022

PARTIALLY ACHIEVED: The trust has assessed this ambition as partially achieved on the basis that we were able to launch our continuous improvement work, seeing a reduction in falls in periods outside of the surge 1 and surge 2 of COVID.

What did we achieve?

2020/21 total falls outturn was 2609 compared to 2638 in 2019/20. This small reduction sees the trust off target in terms of progress towards the 2-year ambition of 40% by 2022



Increased numbers of falls were associated with both major surges of COVID 19. These increases were linked to increased numbers of emergency patients as opposed to elective admissions and the prevalence of hypoxia in patients with COVID 19. The use of personal protective equipment including masks hampered staff initially in communicating with patients and certainly during the second surge our staffing numbers were impacted heavily.

We had seen encouraging signs at the end of surge 1 in the pandemic around a reduction in falls, however surge 2 brought further challenges with a higher risk non -elective inpatient population across our acute sites. In addition to this our education and awareness around falls, together with a drive to increase incident reporting may have impacted the data.

Quality Improvement capability

Our Frimley Excellence team have trained and coached our clinical teams involved in the fall's improvement work in QI methodology. Using this methodology, seven continuous improvement workstreams have been developed to implement countermeasures in staged approach. These include:

1. Staffing – Ongoing evaluation of the impact of staffing on falls numbers
2. Equipment – Coordination of falls prevention equipment, explore task focus options to maintain the equipment.
3. Intentional Rounding (IR) – Trial and ongoing audit of new nursing tool for IR of high-risk patients, trial of visual management of lying and standing BP and subsequent audit.

4. Education - Exploration and development of education tools for best practice
5. Supporting our staff to have the skills and understanding to care for patients who require enhanced care. For example, patients with advanced dementia, specific mental health needs or those who are extremely high risk of falls.
6. Clinical assessment - Process mapping in progress
7. Medication – Audit completed regarding the impact of polypharmacy on falls, development of falls page on Trust drug chart. Poster campaign and teaching for staff programme launch.

Listening to our staff

Our clinical staff feedback that the extensive documentation for falls prevention was not practical and often led to assessments not being fully completed. Work was carried out with our frontline teams to develop a more simplistic tool to help identify and manage risk. Following a pilot of the new documentation this has now replaced the former document.

Clinical staff also reported challenges in accessing falls prevention equipment. We have invested in more of the required equipment and expanded our training programme around this, with regular walkabouts to ensure our clinical areas have what they need. Ward huddles have been a huge success.



Covid-19 Quality Improvement Activities

Throughout much of the pandemic, and always while the NHS in England was at its highest level of emergency preparedness and the pandemic classified as a Level 4 Incident, the Trust has operated under a command-and-control structure, akin to a major incident.

Our Trust Operational Command Centre was set up within the first wave of the pandemic, supported by site specific silver command teams. Through this command-and-control structure we were able to constantly re-assess our priorities, respond at pace to unprecedented demand on our services and consistently learn and focus on maintaining safe, quality services for our patients, whilst doing our very best to support our staff.

Ethics Steering Group

Recognising the challenges our clinical teams were likely to face in terms of making difficult decisions to prioritising treatments due to a potential worst case scenario where overwhelming demand could limit access to intensive care and ventilators, we established an ethical framework for clinical decision making during the pandemic in conjunction with our partners across the Frimley Health and Care system. A three-way decision-making process was established via Ethical Clinical Decision Groups (ECDG) comprising of the referring specialty consultant, and at least two other Consultants from the following specialties: respiratory medicine, acute medicine, emergency medicine or ICU/anaesthetics.

Our Ethics Steering Panel was led by our medical director and responded to urgent requests from the Ethical Clinical Decision Group (ECDG) as well as provided oversight and governance for the Ethical Clinical Decision Group (ECDG) decisions.

We were able to meet demand for intensive care and ventilators during both the 1st and 2nd waves of the pandemic.

Infection Prevention and Control

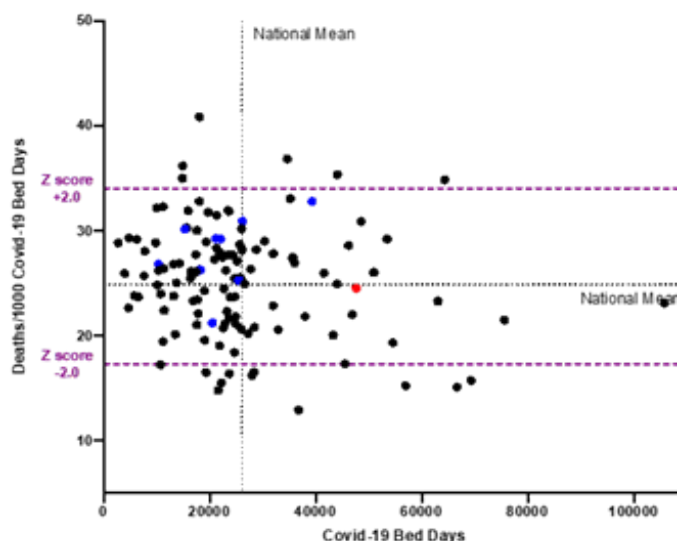
Key to keeping patients and our staff safe, our infection control teams worked tirelessly to provide expert advice, guidance, support, and training throughout the pandemic. We are grateful to our military colleagues who supported in a variety of ways during the pandemic, but who were key in training staff in the use of Personal Protective Equipment (PPE), Fit testing and providing ward level support for our staff, alongside our incredible IPC team. Our senior nursing teams provided additional out of hours cover to ensure clinical visits were made to all clinical areas to support staff, helping to reduce anxiety and promote correct use of PPE.

Health and Safety Executive Inspection

The Health and Safety team hosted an inspection by the Health and Safety Executive on the 3rd December 2020 at short notice late last year. The team showcased our Covid-19 protections in the workplace and impressed the inspectors. No formal recommendations were made because of the inspection.

Hospital-associated COVID-19 infection and transmission

As a Trust, we were one of the busiest in England with respect to Covid-19. We therefore had a higher number of deaths because we saw a significantly greater number of admissions compared to surrounding hospitals. Frimley Health NHS Foundation Trust's crude Covid-19 mortality has been consistently around, if not better than, the national mean throughout the pandemic, measured both as a percentage of admissions or per 1000 bed days – both of which are the nationally-recognised measures to benchmark and compare mortality. This can be seen in the chart below (Frimley Health is in red and other local/regional hospitals are in blue).



- Mortality has fallen over time from wave 1 to wave 2 from around 25% to less than 20% of all admissions. This fall was reflected nationally, and relates to evolving knowledge and improvements in clinical care (e.g. use of dexamethasone and other drugs).
- The Trust's wave 2 mortality figure was 19%, versus the national figure of 22%.
- There has been no significant mortality difference between the two acute sites during either wave 1 or wave 2.

Mortality has remained under close surveillance through a dedicated operational support team led by the Medical Director, with regular reports to the Trust Board since the onset of the pandemic.

All hospital deaths with probable or definite hospital associated COVID-19 infection as the primary cause of death during April 2020 to March 2021 have been reviewed in full by our Medical Examiners, using national guidance. We have commissioned an overarching serious incident review for all these deaths and have drawn together an improvement plan following an analysis of themes and learning from our internal reviews.

Covid-19 Trials

During the pandemic, Frimley Health have been able to deliver several high-profile clinical trials which are already yielding results effecting the clinical care of COVID-19 patients. Of note, the Trust delivered the RECOVERY trial across our acute sites and was one of the first providers to be able to offer randomisation to tocilizumab and convalescent plasma to our patients. At the height of the pandemic, the Trust was the fourth highest recruiter to COVID-19 research in the NHS and remains the one of the top recruiters to RECOVERY and the ICU led REMAP-CAP trial in the Kent, Surrey & Sussex region.

Covid-19 Testing

Our COVID-19 testing programme formed an integral part of our response to the pandemic, helping to reduce the spread risk of nosocomial infection. We are proud to have worked in collaboration with Berkshire and Surrey Pathology Services who have been at the forefront nationally in the development of rapid testing options.

Dedicated swabbing teams were established on both acute sites and were able to offer rapid testing for staff, their household members and our patients. We were able to ensure key staff members were able to return to work safely and quickly due to the success of our testing programme.

The availability of rapid testing for our patients ensured we could get them to the right clinical areas quickly and safely to optimise their care and treatment and an established inpatient swabbing programme ensured patients were routinely screened twice weekly. Our pre-admission screening programme also enabled us to continue with elective work for our patients with the highest needs.

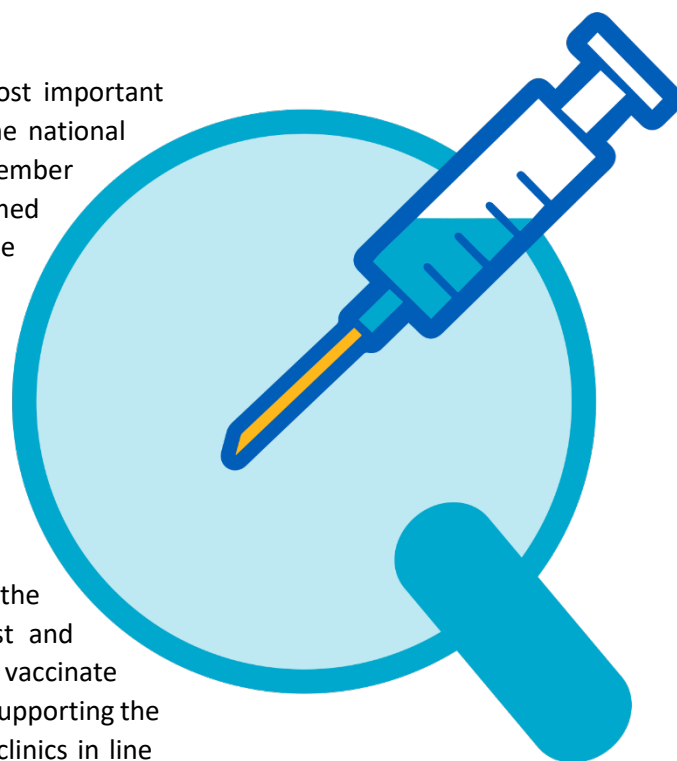
Lateral flow testing for staff was also introduced in accordance with national guidance again helping to reduce the risk of infection.

Vaccination Programme

The Covid-19 vaccination programme is one of the most important tools to contain the Covid-19 pandemic. The aim of the national programme was to vaccinate all adults between December 2020 and Quarter 3 2021/22. The programme was informed by the Frimley Health and Care Board directed by the national and regional mass vaccination programmes as part of the National Incident Response Board. As part of the Frimley Health and Care Integrated Care System, Wexham Park Hospital pharmacy was identified as a Hospital Hub within the ICS and was one of the first 50 Hospital Hubs to go live on the 8th December 2020 to deliver the Pfizer-BioNTech mRNA vaccine.

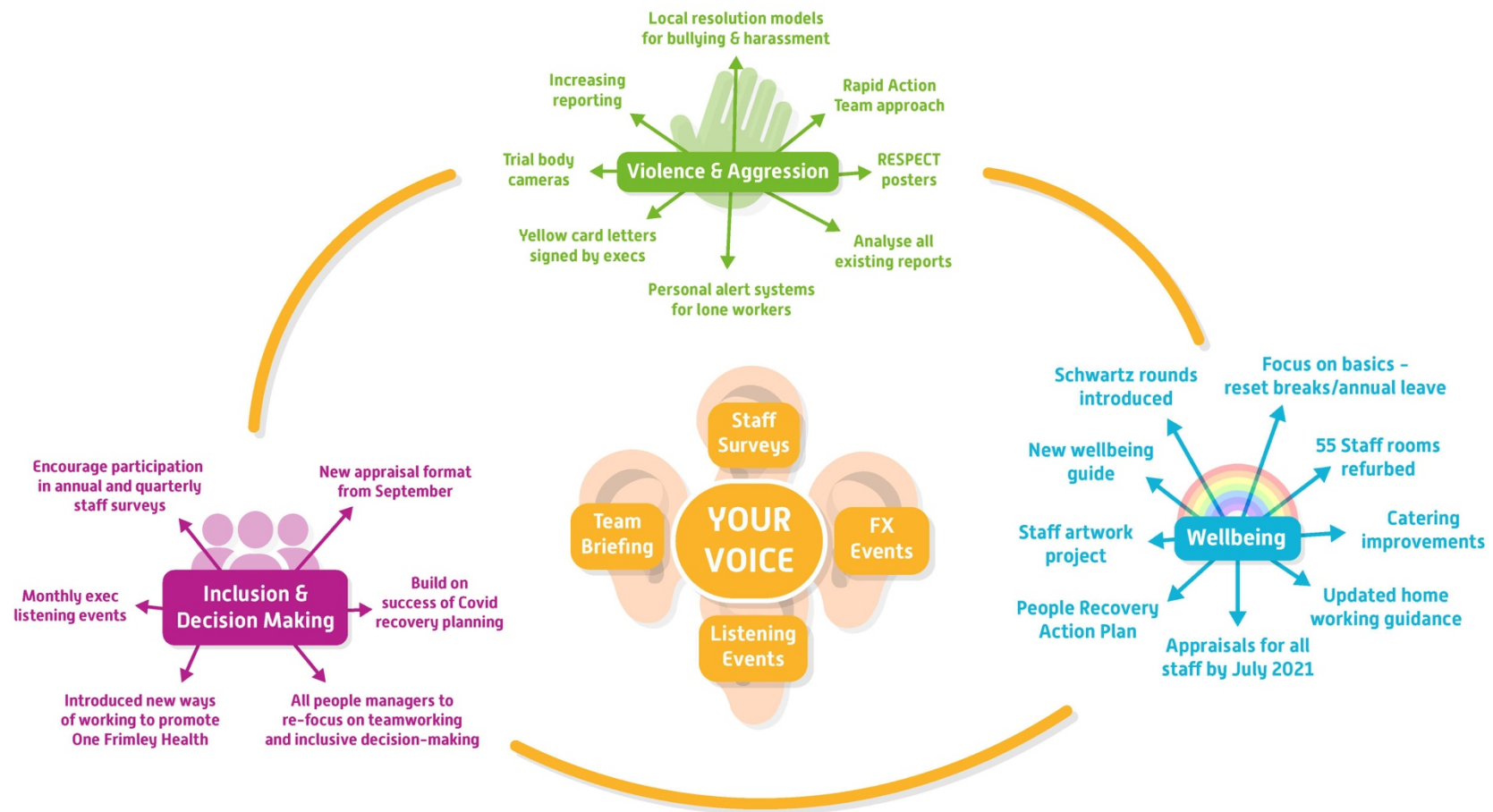
The programme Leadership team was headed up by the Chief of Nursing and Midwifery, the Chief Pharmacist and Deputy Medical Director. The hospital Hub was set up to vaccinate all health and care staff across the Frimley ICS as well as supporting the over 80's vaccination programme and high-risk allergy clinics in line with the JCVI Guidance. A bookings process was developed, and staff were redeployed to support the vaccination programme and required additional training to be able to administer the vaccine. The programme was delivered from the 8th December 2020 to 30th April 2021

The Hospital Hub vaccinated 91.4% of all staff at Frimley Health with a 1st dose and 85.4% received a 2nd dose (as of 16th June 2021) and administered a total of 42,400 doses.



Our Recovery Programme

The trust has reviewed the changes and additional services and processes that we put in place in response to the pandemic. We anticipate that many of these programmes will remain in the Trust for some time to come. This review will ensure that what we provide to our patients and staff remains of a high quality and relevant. Executive listening events were launched back in February 2021 to give everyone the opportunity to share their views and talk about any topic with the executive team. These events are designed so the leadership team can support staff throughout the Trust's recovery.



We said that we would...

- Improve collaboration with all system partners
- Work with system partners to ensure timely and efficient discharge from acute settings
- Transform the way we collectively care for our communities

Collaboration with System Partners

What we did...

- Introduced **Connected Care** to give patients and care professionals quicker access to relevant records
- Delivered leadership programmes for staff across ICS partners through **Frimley Academy**
- Adopted a collaborative approach to working through the **Planned and Unscheduled Boards** (formerly Urgent Care Boards)
- Collaborated with system colleagues to **vaccinate over 800,000** people within our ICS.
- Submitted a **bid for a diagnostic hub** in the community
- Created **integrated teams of different healthcare professionals** to provide proactive care for patients living with frailty

What we will continue to work on...

- Having established a solid elective recovery, continue work within the ICS to transform services to benefit our patients
- Build on working partnerships within the ICS following on from system reconfiguration
- Helping patients manage more of their conditions at home with greater range of integrated services

We said that we would...

- Ensure quality and safety standards reflect our strategic objectives
- Develop a governance process to support recovery and provide a way of working in the future to support the 'Next Normal'

What we did...

- All wards can now track their performance against our quality standards through specialist dashboards and the new 'Fundamental and Better Care' reviews.
- Quality Account priorities have been reset to reflect our quality focus
- Weekly senior nursing walkabouts introduced on acute sites to engage with frontline staff around quality and safety for patients, rapid problem solving and escalation
- Hosted CQC visit which focused on our infection control measures. Feedback was extremely positive and supportive
- Falls improvement and awareness work continued across all wards

Quality, Safety and Governance

What we will continue to work on...

- 'Fundamental and Better Care' proposal to Nursing and Midwifery Board to strengthen governance and ensure results are acted upon at ward level
- Sustaining the reduction in the number Serious Incidents arising from not recognising when a patient's condition is deteriorating
- Further reducing the number of inpatient falls by 40% by March 2022
- Reducing the number of hospital acquired infections through good infection prevention and control (IPC) practice, e.g. reduce use of invasive devices such as catheters and cannulas
- Ensure patients are cared for in correct clinical areas, to help reduce number of patients transferring to different beds

We said that we would...

- Develop a clear plan to restore urgent and elective care services
- Promote new ways of delivering urgent and emergency care such as 111-First, Same Day Emergency Care (SDEC)
- Capture and adopt new, efficient ways of working across elective care, e.g. virtual attendances and the Clinical Assessment Service
- Confirm the location of inpatient services on our acute sites
- Set out our 'One Frimley Health' clinical services strategy for the future

What we did...

- Developed a robust plan to increase activity to reflect 2019/2020 levels
- Established '111 First' across both acute sites. Introduced new SDEC pathway
- Delivered 25% of appointments virtually, including triaging new referrals
- Current ward layout to remain the same, and unlikely to change
- Reached 100% of Outpatient and Elective targets, with one of the most ambitious plans in the region

Restore and Transform Elective Services

What we will continue to work on...

- Ensure that we continue to meet the 2019/2020 target set out in our Recovery plan, despite impact of Covid-19
- Refine urgent care pathways to meet the 15% increase in activity across the system
- Ensuring elective activity remains consistently high during Summer 2021
- Share detailed contingency plan for managing Covid-19 patients
- Refine RSV and Winter Flu plans ready for September 2021

We said that we would...

- Support the recovery of our people by protecting their emotional and physical wellbeing
- Minimise long term emotional impact through various wellbeing initiatives and specialist psychological support
- Promote a more engaging and inclusive environment where staff feel truly valued
- Support our managers and leaders in the recovery of our people

What we did...

- **Six People webinars** - Virtual forums for staff to share their views. Discussions on supporting our recovery; healthier food options in staff only areas, meal deals, events, discounts to gyms, extra seating outside
- **Building working lives** - Working from home, flexible working, consistency in working processes across the Trust and more support for carers.
- **Shielding Support** - Reassuring staff returning to the workplace after shielding. Various communications to show a more secure working environment and processes put in place to protect staff
- **Mental Health First Aiders** - New training programmes funded by Frimley Health Charity to educate staff in mental health first aid.
- **Monthly Listening Events** - Virtual get togethers for all staff hosted by the executive team to encourage open discussion on any topic.

Supporting Our People

What we will continue to work on...

- Launch new well-being handbook "Taking Care of Ourselves, Our Teams and Our People", to provide advice about self-care and how to recognise when staff may need extra help
- 'Harnessing new skills' plan focusing on the positive elements of working differently during Covid-19
- Wider engagement with all staff channels including Staff Council, Joint Local Negotiating Committee, Staff Networks

We said that we would...

- Develop a five year operational and financial plan to incorporate aspects from other workstreams within recovery, including a five year Efficiency and Excellence plan
- Encourage frontline engagement and ideas on how to increase efficiency through the 'Spending Well' campaign

Use of Resources

What we did...

- Reorganised the efficiency team to support the Trust recovery from Wave 2
- Established a formal 'Planning Team' to provide ongoing modelling and support.
- September to March 2022 financial plan to NHS England being prepared
- Submitted a plan to NHS England on our aspirations around recovery and 'business as usual'
- Planned efficiency savings of £8.8m for first half of the year, which is currently on target.

What we will continue to work on...

- Continue to expand the digital home-working solution to allow more staff to work flexibly
- Submit financial plan to NHS England for September 2021 to March 2022 period by the end of summer
- Relaunch campaign about little things staff can do to make big efficiency savings, with incentive for frontline money-saving ideas
- Explore further income opportunities for the Trust through commercial / business development team and development of private patient offer
- Keep staff engaged and informed about the uncertain and changing financial scenario

We said that we would...

- Agree the future way of digital working for One Frimley Health
- Reduce email 'overload'
- Improve remote working through better use of technology
- Manage time in meetings more effectively and with good etiquette
- Pave the way for a healthier work/life balance

What we did...

- **Working from home** - Rolled out a better performing digital homeworking solution for staff called Checkpoint, promoted MS Teams for virtual meetings and remote communication.
- **Invested in new Electronic Patient Record system** - Our Epic EPR programme now fully underway, going live on 26 March 2022.
- **Conducted the first ever Trust-wide digital survey** - Responses from staff will help us identify any challenges we have in the Trust around our digital literacy level.
- **Charter of Good Email etiquette** - Communicated to all staff to reduce email traffic and prevent overload, promoted use of alternatives such as Teams
- Monthly Epic Transformation series showcasing how various pathways and ways of working will improve once the system is live

Using Digital to Transform Our Way of Working

What we will continue to work on...

- Continue to expand the digital home-working solution to allow more staff to work flexibly
- Develop a new 'Meeting Charter' to share with staff
- Continue to migrate to the new WFH solution to minimum of 200 staff per week

Community Services

Our community services team rose to the challenge of starting a new contract in the middle of a global pandemic and still found time to develop new and improved services. The community services teams across Northeast Hampshire and Farnham and Surrey Heath began work on a new integrated contract in April last year, as the Covid-19 pandemic took hold. Led by Frimley Health, working with Virgin Care, teams played a critical role in ensuring patients were able to transfer quickly from acute hospital services into either intermediate care or going back home, thereby freeing up beds to ensure there was capacity to deal with the pandemic. There has been an average of 5,500 contacts a month between patients and the community services teams in their first year, compared with an average of just under 5,000 in the previous year, due to the impact of the pandemic. This has meant more patients getting the health and care support they need in their own homes and in many cases preventing the need to admit patients to hospital care.



1.2 Statements from the board

This section includes mandatory statements about the quality of services that we provide, relating to financial year 2020/21. This information is common to all quality accounts and can be used to compare our performance with that of other organisations. The statements are designed to provide assurance that the board has reviewed and engaged in cross-cutting initiatives which link strongly to quality improvement.



Review of services

During 2020-21, Frimley Health NHS Foundation Trust provided and/or sub-contracted services for 168 categories of healthcare provision.

Frimley Health NHS Foundation Trust has reviewed all the data available to it on the quality of care in all 168 healthcare provision categories.

The income generated by the relevant health services reviewed in 2020-21 represents 2% of the total income generated from the provision of relevant health services by Frimley Health NHS Foundation Trust for April 2020 – March 2021.

Participation in clinical audits and national confidential enquiries

Clinical audit drives improvement through a cycle of service review against recognised standards, implementing change as required. We use audit to benchmark our care against local and national guidelines so we can put resource into any areas requiring improvement; part of our commitment to ensure best treatment and care for our patients.

National confidential enquiries investigate an area of healthcare and recommend ways to improve it.

During 2020-21, 56 national clinical audits covered relevant health services that Frimley Health NHS Foundation Trust provides.

During the reporting period Frimley Health NHS Foundation Trust participated in 100% of the national clinical audits which it was eligible to participate in and were open for data collection. The national audit participation table below contains further details of:

- The national clinical audits and national confidential enquiries that Frimley Health Foundation Trust was eligible to participate in during 2020/21
- The national clinical audits and national confidential enquiries that Frimley Health Foundation Trust participated in during 2020/21
- The percentage **or** number of cases submitted for each national clinical audit and national confidential enquiry that Frimley Health NHS Foundation Trust participated in, excluding patients who have signed up to data opt out. Please note the percentage of cases can only be provided where Hospital Episode Statistics have been provided to the Trust.



National Clinical Audit/ Enquiry	Eligible	Participated	% of cases submitted
Acute			
Case Mix Programme (CMP) Intensive Care National Audit & Research Centre (ICNARC)	✓	✓	100%
National Emergency Laparotomy Audit (NELA) Year 7	✓	✓	257 cases
National Joint Registry (NJR)	✓	✓	1367 cases
Major Trauma (Trauma Audit & Research Network (TARN)	✓	✓	WPH – 89% (451 cases) FPH - 100% (596 cases)
Serious Hazards of Transfusion (SHOT)	✓	✓	100%
RCEM Fractured Neck of Femur	✓	✓	100%
RCEM Pain in Children	✓	✓	Data collection yet to be completed (Deadline 03/10/2021)
RCEM Infection Control	✓	✓	100%
Society for Acute Medicine's Benchmarking Audit (SAMBA)	✓	N/A	National team postponed audit due to COVID-19
Cancer			
National Bowel Cancer Audit (NBOCAP)	✓	✓	100%
National Lung Cancer Audit (NLCA)	✓	✓	100%
National Prostate Cancer Audit	✓	✓	100%
Oesophago-gastric Cancer (NAOGC)	✓	✓	100% <i>N.B. Frimley Park gastric cancers are referred to Royal Surrey; only high-grade dysplasia (pre-cancerous cells) or palliative care patients will be included</i>
National Audit of Breast Cancer in Older Patients (NABCOP)	✓	✓	Trust does not directly submit data. NABCOP uses existing sources of patient data collected by national organisations, e.g. NCRAS.
Heart			
Acute coronary syndrome or acute myocardial infarction (MINAP)	✓	✓	100%
Cardiac Rhythm Management (CRM)	✓	✓	100% <i>N.B. WPH submitted 0% ablations.</i>
Percutaneous Coronary Interventions (PCI)	✓	✓	100%
National Heart Failure Audit	✓	✓	100%
National Cardiac Arrest Audit (NCAA)	✓	✓	100%
National Audit of Cardiac Rehabilitation	✓	✓	100%
Infection Prevention and Control			
Mandatory Surveillance of HCAI	✓	✓	100%
NHS Provided interventions with suspected /confirmed carbapenemase producing Gram negative colonisations / infections	✓	✓	100%

National Clinical Audit/ Enquiry	Eligible	Participated	% of cases submitted
Surgical Site Infection Surveillance Service (PHE)	✓	✓	100%
Long Term Conditions			
National Diabetes Foot Care Audit	✓	✓	FPH - 102 cases WPH – 90 cases
Diabetes National Inpatient Audit – reporting on diabetic inpatient harms	✓	✓	FPH - 4 cases WPH - 2 cases
Diabetes National Inpatient Audit – Core audit	FPH only	✓	687 cases <i>N.B. WPH service provided by community partner Trust</i>
Diabetes National Inpatient Audit – Bedside audit	✓	N/A	National team postponed audit due to COVID-19
National Diabetes Transition Audit	✓	✓	Data extracted from other Diabetes audit; no extra data is submitted
National Paediatric Diabetes Audit (NPDA)	✓	✓	100%
Inflammatory Bowel Disease (IBD) programme	✓	✓	102 cases
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)	✓	✓	97%
National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP)	✓	✓	73% <i>Partial submission due to the pandemic.</i>
National Asthma Audit Programme (NACAP)	✓	✓	23% <i>Partial submission due to the pandemic.</i> <i>N.B. 100% (Jan 21 – Mar 21)</i>
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme: Children and young people asthma (NACAP)	✓	✓	100%
National Pulmonary Rehabilitation Audit Programme (NACAP)	✓	✓	100%
National (Rheumatoid) Early Inflammatory Arthritis Audit (NEIAA)	✓	N/A	National audit portal closed during 20/21
UK Renal Registry National Acute Kidney Injury Programme	FPH only	✓	Data collected on all patients via CV5 (clinical application) then extracted by partner Trust who update the registry.
Medical and Surgical Clinical Outcome Review Programme (NCEPOD)			
No studies were carried out during 2020/21			
Child Health Clinical Outcome Review Programme (NCEPOD)			
No studies were carried out during 2020/21			
Older people			
Falls and Fragility Fractures Audit Programme (FFFAP): Inpatient Falls	✓	✓	16 cases
Falls and Fragility Fractures Audit Programme (FFFAP): National Hip Fracture Database	✓	✓	982 cases

National Clinical Audit/ Enquiry	Eligible	Participated	% of cases submitted
Sentinel Stroke National Audit Programme (SSNAP)	✓	✓	100%
National Audit of Dementia	✓	N/A	National team postponed audit due to COVID-19
Other			
Elective Surgery (National PROMs Programme)	✓	✓	April 2019 – March 2020* All Procedures - 1786 Hip Replacements - 799 Knee Replacement - 987 <i>*Results published August 2020</i>
National Ophthalmology Audit	FPH only	✓	Data is automatically extracted from Trust systems. Trust does not directly submit data. <i>N.B. there is no ophthalmology service at Wexham Park</i>
National Vascular Registry	FPH only	✓	500 cases <i>N.B. there is no vascular service at Wexham Park</i>
BAUS Bladder Outflow Obstruction (BOO) Audit	✓	✓	100%
BAUS National Audit of Patients with Renal Colic	✓		Data collection opened March 21
Endocrine and Thyroid National Audit (BAETS)	✓	✓	100%
National End of Life Care Audit (NACEL)	✓	N/A	National team postponed audit due to COVID-19
UK Cystic Fibrosis Registry	✓	✓	100%
British Spine Registry	✓	✓	WPH – 42 cases appx
National Comparative Audit of Blood Transfusion Programme	✓	N/A	National team postponed audit due to COVID-19
Women's and Children			
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK)	✓	✓	100%
National Neonatal Audit Programme: Neonatal Intensive and Special Care (NNAP)	✓	✓	Data extracted directly from BudgetNet system
National Maternity and Perinatal Audit (NMPA)	✓	✓	Data extracted directly from Maternity Services Data Set (MSDS)
National Pregnancy in Diabetes Audit	✓	✓	WPH - 46 cases FPH- 70 cases (<i>only case records details created on database, no clinical data uploaded</i>)

Due to the pandemic several national audits were suspended, or submission timetables moved to allow our clinical teams to focus on managing the care of patients affected by COVID-19, this approach was recommended by the Healthcare Quality Improvement Partnership (HQIP) and NHS England and

Improvement. The Trust continued data collection for all national audits, where possible. We have been commended for the data quality on several of our key national audit programs including Trauma Audit and Research Network (TARN), National Audit of Seizure management in Hospitals (NASH) and the National Joint Registry.

National clinical audit

The reports of national clinical audits were reviewed by the provider in 2020-21 and Frimley Health NHS Foundation Trust. All our national audit results are reviewed with the relevant senior leadership team/s at directorate level on a quarterly basis (note: these reviews were suspended during the pandemic). Oversight of national audit performance is via our care governance committee (formerly quality committee) and we share learning from national audit programmes via our clinical audit and effectiveness committee. Examples of review findings and proposed quality improvement work are highlighted below:

National Emergency Laparotomy Audit

An emergency laparotomy (emergency bowel surgery) is a surgical operation for patients, often with severe abdominal pain, to find the cause of the problem and treat it. General anaesthetic is used and usually an incision made to gain access to the abdomen. Emergency bowel surgery can be carried out to clear a bowel obstruction, close a bowel perforation and stop bleeding in the abdomen, or to treat complications of previous surgery. These conditions could be life-threatening. The National Emergency Laparotomy Audit was started in 2013 because studies showed this is one of the riskiest types of emergency operation and lives could be saved and quality of life for survivors enhanced by measuring and improving the care delivered.

The sixth annual report published in 2020 highlights the results for the principal performance statistics during 2018-19 as follows. Frimley Health achieved 100% case ascertainment for year 6.

National Performance Year 6	Frimley Health Performance Year 6
24,823 patients had emergency laparotomies in England and Wales and the national 30-day mortality rate was 9.3%.	Frimley Health carried out 359 emergency laparotomies (191 FPH, 168 HWPH). Adjusted mortality rate Yr6 FPH = 5.4% HWPH = 7.8%
The average length of stay was 15.4 days	Mean post-op length of stay in patients surviving to hospital discharge (days) FPH = 16.2 HWPH = 16.3
84% of patients now receive a preoperative assessment of risk	Frimley Health improved performance from year 5 on both sites and achieved 91.1% (FPH) 89.9% (HWPH). We participated in a NELA collaborative and trialled a new pathway document during this year.
97% of high-risk patients had consultant surgeon input before surgery	Where risk of death is > 5%. Preoperative input by a consultant surgeon and anaesthetist took place in 96% of patients (FPH) and 97% patients (HWPH)
94% of high-risk patients had consultant anaesthetist input before surgery	

85% of high-risk patients admitted to critical care	<p>Admitted to critical care post op when risk of death* $\geq 5\%$ FPH = 92.7% HWPH = 81.9%</p> <p>Admitted to critical care post op when risk of death* 5-10% FPH = 94% HWPH = 76.7%</p> <p>Admitted to critical care post op when risk of death* $>10\%$ FPH = 91.5% HWPH = 85.7%</p> <p>Prior to COVID-19 Frimley Health had plans in place for a surgical high dependency unit. It was anticipated this would support correct placement of patients in ICU. Plans were suspended during wave 1 & 2.</p>
90.5% of patients received a preoperative CT scan 62% of these patients had their scan reported by a consultant radiologist	<p>CT reported before surgery (Year 6) FPH = 71.7% HWPH = 64.9%</p>
Both anaesthetic and surgeon consultant presence intraoperatively is at 88.5%, but only 77.4% out of hours	<p>Consultant surgeon and anaesthetist present in theatre when risk of death* $\geq 5\%$ FPH = 97% HWPH = 95.5%</p>
Over 1/4 of patients needing the most urgent of surgery did not get to the operating theatre in the recommended time frame	<p>Over 80% of our patients arrived in an appropriate timescale. 80.7% (FPH) and 84.4% (HWPH).</p>
56% of patients are over the age of 65 Only 28.8% of frail patients over 65 had geriatrician input	<p>Assessment by elderly medicine specialist in patients > 65 years frail and 80+ FPH = 51.9% HWPH = 82.9%</p>

Our quality improvement work in relation to the NELA audit will be refreshed following surge 2 of COVID-19, with a cross site MDT team leading and will focus on

- Set up of Surgical Acute Dependency Unit on HWPH main site
- Reporting of CT
- Deeper dive audit into in/out of hours data
- Sepsis audit – refresh implementation of sepsis 6

Royal College of Emergency Medicine (RCEM) – Fractured Neck of Femur Audit

Patients attending the Emergency Department with a fractured neck of femur are amongst the most vulnerable in our society. We know that 10% will die after a month and 30% within a year. Such patients have complex medical, surgical, and rehabilitation needs, and a well-coordinated multidisciplinary team approach is essential for the best outcome, but it must start well in the ED setting. Early timely assessment and management combined with good access to surgical intervention have been key in helping to drive down morbidity and mortality. Four standards were measured in the latest audit.

Standard	National Mean	FPH	HWPB
Standard 1 - Fundamental Pain is assessed immediately upon presentation at hospital	49.63%	76.78%	49.95%
Standard 2 - Fundamental Patients in moderate or severe pain (e.g., pain score 4 to 10) should receive appropriate analgesia within 30 minutes (or in accordance with local guidelines) unless there is a documented reason not to	47.23%	61.57%	54.39%
Standard 3 - Developmental Patients should have an X-ray at the earliest opportunity	100%	100%	100%
Standard 4 - Developmental Patients with severe or moderate pain should have documented evidence of re-evaluation and action within 30 minutes of receiving the first dose of analgesic.	4.64%	8%	26%

Our quality improvement work in relation to the RCEM hip fracture audit will focus on:

- Pain assessment, documentation of intervention and re-evaluation

Our emergency department practice development leads and Matrons have been working with our nursing teams to improve documentation around pain management, this is also now looked at for all patients presenting in ED, via our ED safety checklist audit.

Despite areas identified for improvement we are pleased to see that we were above the national average for our performance in all standards but will continue with our ambition to meet all standards in full.

Sentinel stroke national audit programme (SSNAP) report (seventh annual report)

The clinical audit collects a minimum dataset for stroke patients in England, Wales, and Northern Ireland in every acute hospital, and follows the pathway through recovery, rehabilitation, and outcomes at the point of 6-month assessment.

We are delighted to see we have consistently achieved an overall first-class rating (Level A), for our hyper acute stroke service.

Overall performance for Sentinel stroke national audit programme (SSNAP) report (seventh annual report)

	Apr – Jun 2020	Jul – Sept 2020	Oct – Dec 2020	Jan – Mar 2021
1) Scanning	A	A	A	A
2) Stroke unit	C	C	D	C
3) Thrombolysis	B	B	C	B
4) Specialist Assessments	A	A	A	A
5) Occupational therapy	A	A	A	A
6) Physiotherapy	A	A	A	A
7) Speech and Language therapy	B	B	B	B

8) MDT working	A	A	B	B
9) Standards by discharge	B	A	A	A
10) Discharge processes	A	A	A	A
Team-centred Total Key Indicator level	A	A	A	A
Team-centred Total Key Indicator score	90.0	92.0	86	90

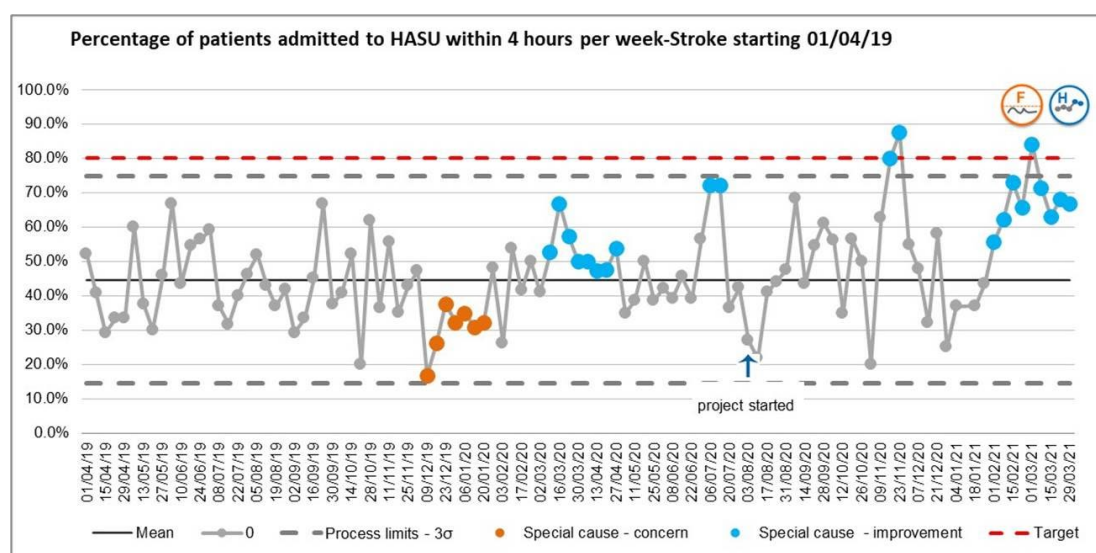
The Sentinel Stroke National Audit Programme (SSNAP) monitors how many patients who have had a stroke are admitted to a hyper acute stroke unit (HASU) within 4 hours of attending the Emergency Department (ED). A project group including Stroke specialist nurses, Consultants, bed managers and the ward team, with support from Frimley Excellence were mobilised to improve this with an aim to provide better patient outcomes.

The project scope targets not only those with a confirmed stroke - something that is often only confirmed after further investigation, but all patients with a suspected stroke who are treated in the Frimley Park Hospital ED.

The team were one of the first areas to use the new Frimley Excellence methodology, starting with clearly defining the problem and reviewing the available data to understand the current state. They hold a weekly stand up meeting where the most recent data is reviewed, and multidisciplinary discussions help develop understanding of the root causes. The team have then taken these causes and identified a selection of improvements that will be tested one at a time using Plan-Do-Study-Act (PDSA) cycles over the coming months.

Changes already tested include:

- MDT approach to identifying which patients are well enough to be stepped down from HASU to create more capacity for new admissions
- Raising awareness of 4-hour target through daily TOC briefings which reduced the number of non-stroke patients being placed on HASU
- Changes to the covid-19 swabbing process which allowed patients to be transferred out of side rooms faster



National joint registry (NJR) 17th annual report 2020

The NJR collects information on hip, knee, elbow, and shoulder joint replacement surgery and monitors the performance of joint replacement implants. The number of joint replacement operations fell significantly in 2020 during surge 1 and surge 2 of COVID 19, however we continued with elective surgery for priority 1 patients and priority 2 where capacity was available. The 2019 performance reported in 2020 shows our 90-day mortality is within expected range for hips and knees, and revision rates for hips and knees. The trust has won an award for data quality for the second year running.

National neonatal audit programme (NNAP) 2020 annual report on 2019 data

The NNAP assesses whether babies admitted to neonatal units in England, Scotland and Wales receive consistent high-quality care. The audit identifies areas for quality improvement in relation to the delivery and outcomes of care.

We are pleased to see that overall, 10/12 standards were better than the national average. In particular, the significant improvement made to antenatal magnesium sulphate standard from 2018 results in our Frimley Park neonatal unit from 79% to 92%.

We are working to improve:

- Temperature on admission - Simulation training with doctors and nurses is carried out on the unit which includes education around thermoregulation
- Antenatal steroids - Team have now recruited a doctor's assistant to help ensure NNAP data is captured and recorded on BadgerNet (Neonatal Care Summary System). This is now reviewed daily. The team will review whether this change will impact on data recording being carried out and correct
- Mothers milk at time of discharge - The team have currently applied for funding to support working towards neonatal stand-alone breast-feeding initiative. Breast feeding lead working closely with staff to ensure education of current practices and staff undertaking feeding assessments to help support mothers to provide breastmilk/breastfeed

National Asthma and Chronic Obstructive Pulmonary Disease 2021 report on 2019/20 data

The National Asthma and COPD Audit Programme (NACAP) for England and Wales aims to improve the quality of care, services, and clinical outcomes for patients with asthma (adult; children and young people) and chronic obstructive pulmonary disease (COPD).

Adult Asthma Audit

The 2019/20 data was published in January 2021. Trusts are advised that the following benchmarked standards should be a priority for quality improvement.

Standard	National average (mean) 2019/20	Trust Performance 2019/20	Actions taken by Frimley Health
Ensure 90% of patients presenting with an asthma attack	19%	27% FPH site our result was equal to or above upper quartile for that indicator	We have implemented the following:

are assessed for asthma severity, including measurement of peak flow, within 1 hour		21% HWPB site our result was above lower quartile but below upper quartile for that indicator	A new local pathway to be completed for any asthma patients has been introduced at FPH Emergency Department. HWPB Emergency Department has been carrying out training sessions to improve staff knowledge and confidence with the process of performing peak flows.
Ensure 90% of patients receive respiratory specialist review during hospital admission	52%	59% FPH site our result was above lower quartile but below upper quartile for that indicator 46% HWPB site our result was above lower quartile but below upper quartile for that indicator	We have introduced a proforma to capture specialist review. Specialist nurse recruitment has been a challenge. We have also developed a flagging system to asthma nurses of highlight patients attending ED with diagnosis of exacerbation of asthma and a decision to admit.
Ensure 95% of patients who have not been administered systemic steroids as part of pre-hospital care are administered this treatment within 1 hour of arrival at hospital	27%	26% FPH site our result was above lower quartile but below upper quartile for that indicator 34% HWPB site our result was above lower quartile but below upper quartile for that indicator	A review of cases was undertaken, and we established that systemic steroids were often administered prior to attendance at ED. The national team has reviewed and will be changing the dataset following our feedback.

Local clinical audit

During the year for a period of six months we formally suspended the local audit programme to enable frontline teams to focus on delivering care during the pandemic, this has delayed the completion of several local audit cycles. Applications to carry out local or regional audits associated with COVID-19 were reviewed by the trust operational command centre. Local audits required to provide assurance of changes in practice following on from serious incident learning also continued.

The reports of local clinical audits were reviewed by the provider in 2020-21 and Frimley Health NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Local Clinical Audit	Actions taken / planned
Improvements in Maternity for Gestational Diabetes Care	<ul style="list-style-type: none"> Gestational Diabetes Mellitus (GDM) patients are now being cared for in an antenatal clinic that runs alongside the combined endocrine/antenatal clinic. GP follow up continuing to improve, with now an average of 69% of patients having an appropriate follow up with their GP. Induction rates are continuing to reduce, currently at an average of 49%.

Local Clinical Audit	Actions taken / planned
BOAST Guidelines: Audit of the management of Distal Radius Fractures	<ul style="list-style-type: none"> Implementation of the Virtual Fracture Clinic has shown to improve the service provided for patients with distal radius fractures, with significant improvement seen in patients being assessed/seen much faster than the standard outlined in the BOAST guidelines.
Hand Procedures Audit	<ul style="list-style-type: none"> Trigger Finger – A new department process is in place to ensure GP referrals for Trigger Finger are triaged. Dupuytren's Contracture – In order to ensure clear documentation regarding the degree of contracture and that patients meet the new criteria for this procedure, the degree of Metacarpophalangeal Joint contracture (>30) or Proximal Interphalangeal Joint contracture (any) is documented at the time of the clinic assessment and listing for operation. Carpal Tunnel Syndrome – Changes in practice in the clinic has been implemented to ensure documentation, of persistent mild/moderate neurological deficit for a minimum of 4 months following injection at time of GP referral or clinic assessment, is completed to confirm that patients meet the required criteria for surgery.
Assessing the Quality of New Patient Referrals to the Orthodontic Department: 2 Cycle Retrospective Audit	<ul style="list-style-type: none"> Following the first cycle a new electronic referral system for orthodontic referrals to be sent from primary to secondary care was implemented. Introduction of electronic referral forms resulted in an improvement in the quality and clarity of information provided by referrers allowing for multispecialty care to be more readily identified and triaged from the electronic referral form.
Antibiotic Prescription in Acute Variceal Bleeding	<ul style="list-style-type: none"> A teaching session was held on, and information about, the importance of prompt antibiotic administration in acute variceal bleeding was shared amongst social media platforms utilised by the Trust to assist in the message being received by all junior doctors. The BASL decompensated cirrhosis care bundle will be uploaded onto the Frimley Clinical Guidelines application and Trust website to encourage its use on admission clerking. The care bundle will also be printed out for use in A&E when clerking patients who present with decompensation.
High BMI in pregnancy - A re-audit of management and outcomes	<ul style="list-style-type: none"> High BMI complications stickers are now being placed in all patients medical notes at the booking stage, by Midwives and Doctors at first antenatal visit. If a patient has a BMI of over 40, a referral to an Anaesthetist is now being made at the first visit. Patients with a high BMI are now being prescribed folic acid by the Midwives at booking.

Local Clinical Audit	Actions taken / planned
	<ul style="list-style-type: none"> Additional measures implemented to ensure the continued care of patients with high BMI include patients receiving a mental health screening at booking, having an environment risk assessment completed and being advised to focus on a healthy diet.
Assessing the Impact of Physiotherapy Rehabilitation on Bourne Ward using Validated Sarcopenia Outcome Measures	<ul style="list-style-type: none"> The Bourne ward's lead physiotherapist has an increased awareness of sarcopenia and uses screening/tests to identify a patient's risk and To ensure patients' rehabilitation gains to be sustained, the Bourne ward's lead physiotherapist has started implementing the use of TUAG & grip strength, if another more appropriate outcome measure is not required, and has started recommending the appropriate use of them on community referrals.
Patients' Satisfaction with Anaesthetic Services	<ul style="list-style-type: none"> The Anaesthetics department plan to emphasise the importance of using warming devices and ensuring more frequent temperature checks are carried out to help in reducing patients experiencing coldness after following surgery. Additionally, staff will be reminded of the need for more care to be taken when inserting airway devices. This should allow for a reduction in the number of patients suffering from a sore throat after their surgery.
COVID-19 Rehabilitation Demand Pathway Clinical Audit	<ul style="list-style-type: none"> Two types of Covid-19 exercise booklets, titled 'Physiotherapy and Covid-19' and 'Going Home after Covid-19', have been developed. The booklets are provided to all Covid-19 patients who have are an inpatient, regardless of whether they are on Physiotherapy caseload for Physiotherapy intervention or not. MDT Covid-19 rehabilitation class trial was established to support early rehabilitation for patients recovering from Covid-19.
Are We Meeting the Standards of Best Practice for the Prescription of Antibiotics and Simple Hand Injuries?	<ul style="list-style-type: none"> All prescriptions are now reviewed in Plastics Urgent Care Clinic, and if antibiotics are unnecessarily prescribed, they are immediately stopped. The department plan to develop local guidelines for antibiotic prescription for simple hand injuries and to create information posters to be displayed in the Accident and Emergency department and will help in raising awareness of appropriate antibiotics for simple hand injuries.
An Audit of Regional Anaesthesia Information Given to Labourers	<ul style="list-style-type: none"> A post discharge leaflet has been developed to explain the different complications women should be aware of and whom to contact should the need arise. It is planned that this leaflet will be attached to the regional anaesthesia information card that is provided to patients prior their procedure.
Re-audit of Newly Diagnosed Type 1 Diabetes Patients	<ul style="list-style-type: none"> Education has been provided at the Clinical Governance meeting to ensure level 3 CHO counting prior to discharge.

Local Clinical Audit	Actions taken / planned
	<ul style="list-style-type: none"> • The blood test forms are now available on ICE • A newly diagnosed patient discharge letter is to be created. • Patients are now being seen by the Psychologist on the ward at diagnosis or in the clinic.

National inquiries and reports

This year we have considered the findings and recommendations of 4 national inquiries/reports:

- 1 **The report of the Independent Medicines and Medical Devices Safety Review (The Cumberlege Review) published in July 2020:** The Cumberlege Review was commissioned by the Secretary of State for Health and Social Care. Its purpose is to examine how the healthcare system in England responds to reports about harmful side effects from medicines and medical devices, and to consider how to respond to them more quickly and effectively in the future.
- 2 **The Ockenden Report (emerging findings and recommendations from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust) published in December 2020:** In the summer of 2017, following a letter from bereaved families raising concerns where babies and mother died or potentially suffered significant harm whilst receiving maternity care at the Shrewsbury and Telford Hospital NHS Trust, the former Secretary of State for Health and Social Care, Jeremy Hunt, instructed NHS Improvement to commission a review assessing the quality of investigations relating to new born, infant and maternal harm at the Shrewsbury and Telford Hospital NHS Trust
- 3 **The Life and Death of Elizabeth Dixon: a catalyst for change (Dr Kirkup investigation and report commissioned by the former Secretary of State for Health and Social Care) published November 2020:** The investigation chaired by Dr Bill Kirkup looked at the events surrounding the care of Elizabeth and makes a series of recommendations in respect of the failures in the care she received from the NHS.
- 4 **Assessment of Mental Health Services in Acute Trusts: Care Quality Commission (CQC), published in October 2020:** Between September 2017 and March 2019, mental health inspectors provided specialist support on 105 CQC acute inspections to look at how well the mental health care needs of patients were being met across the trusts in emergency departments, acute medical wards, maternity wards, and children and young people's services. This report looks at the findings from these inspections and identifies areas where acute trusts, and the wider system, need to improve to meet the mental health needs of patients.

Each of the inquiries/reports highlight significant learning for the NHS. We have reviewed all findings and recommendations and have reported our review of assurance and plans to address further improvements required to our Trust Executives and Quality Assurance Committee.

Cumberlege Review:

Following a gap analysis of all recommendations we were able to provide assurance that we no longer use pelvic mesh and are pleased to have invested in the provision of services to optimise pelvic physiotherapy services. We have worked with our local GP's and expanded our clinical specialist support for women planning pregnancy or those in the antenatal stages of pregnancy who have epilepsy.

The Cumberlege review describes significant failures in the ability of the healthcare system to detect and protect patients from harm. Although the reports focus on system-wide errors and the recommendations are primarily at national level rather than for individual trusts, we have reviewed them to identify any themes and learning that we can use to improve patient and staff safety. We believe we have reasonable assurance that our existing governance and risk management processes would help prevent similar events which led to the commissioning of the Cumberlege report from happening at the Trust. This will be strengthened further as and when the national recommendations made by the reports are implemented. In the meantime, there are existing programmes of work which we are currently progressing which will provide further assurance, these include:

- Updating our consent policies and processes, including plans for electronic consent
- Introduction and implementation of the newly published NICE guidance on shared decision-making trust wide including utilisation of single patient decision aids.
- Strengthening our consent training programme
- Increase our incident reporting rates, with a particular focus on reporting of procedural or surgical complication rates
- Continue with our work programme to support staff to raise concerns and feel safe in doing so.
- Introduce new Interventional policy and guidelines to be developed ensure risks are minimised and strengthen governance through the research and development committee

The Ockenden Review:

In December, the Ockenden review detailed essential actions to be completed. During 2021/22 the Trust will submit evidence of compliance. This work includes the development and delivery of action plans during 2021/22. As part of the review, the Birth rate plus review identified any gaps with our birth rate ratio to workforce. Working with our partners, including the Local Midwifery System (LMS) and national groups and funding streams we can recruit to these posts which will be a significant focus in 2021/22. Alongside this workstream is a review of community midwifery estates. With our system partners we are looking to create a midwife hub at each place.

The Life and Death of Elizabeth Dixon:

The trust has reviewed the published report on this historic case and is assured that processes and systems are now in place to significantly reduce the risk of this occurring at the trust again. Our action plan, service developments particularly within maternity have been reviewed by our board and commissioners.

Assessment of Mental Health Services in Acute Trusts: Care Quality Commission

Following the publication of the CQC report, a gap analysis was conducted across Frimley Health in conjunction with a review of the mental health activity across the trust for the period of October 2020 to February 2021. Our review recognises the impact of the national lockdown in response to Covid-19, where the rapid withdrawal of support services, significantly impacted on people's mental health. The mental health impacts of Covid-19 are likely to be significant and sustained.

Our gap analysis indicates that whilst there is an adequate provision of mental health services for patients presenting to FHFT, there is not enough provision to support staff caring for the patients given the change in complexity of presentations. Over the next few months we will focus on;

- Improving the quality of care and patient experience for patients of all ages with mental health needs.
- Ensuring expert advice is available to staff on a day-to-day basis.

As we deal with increasing numbers of young people attending in mental health crisis with complex safeguarding and social concerns, an increase in complexity of mental health patients (adults) and an increase in adult presentations with alcohol intoxication requiring admission and detox, we will continue to work collaboratively with our system partners to provide care that meets or exceeds the required standards and implement our action plan to address gaps identified.

Participation in clinical research

The number of patients receiving relevant health services provided or sub-contracted by Frimley Health NHS Foundation Trust in 2020-21 that were recruited during that period to participate in research approved by a research ethics committee was 2619.

Participation in clinical research demonstrates Frimley Health NHS Foundation Trust's commitment to the quality of care we offer and to making our contribution to wider health improvement.

Frimley Health NHS Foundation Trust was involved in conducting 252 clinical research studies in 27 medical specialties (Anaesthetics; Cancer; Cardiology; Colorectal; Dermatology; Diabetes; Emergency Care; Haematology; ENT; Gastroenterology; Hepatology; Immunology; Infectious Diseases; Intensive Care; Neurology; Nursing; Obstetrics & Gynaecology; Oncology; Ophthalmology; Orthopaedics; Paediatrics; Renal; Respiratory; Rheumatology; Stroke; Urology & Vascular) during 2020-2021.

The trust also signed up to participate in the Magnet4Europe research and development programme which is designed to see if the internationally accredited Magnet recognition programme interventions can produce the same benefits for staff well-being and patient outcomes as has been evidenced in USA Magnet accredited hospitals. The research programme commenced with the launch of a baseline survey for nurses and clinicians to complete with Frimley Health identified as the top recruiter.

Clinical research and COVID-19

With the emergence of the COVID-19 pandemic in early 2020, research was at the forefront of the response with clinical trials seeking to find effective treatments, rapid diagnostics, and vaccinations. In partnership with the National Institute for Health Research (NIHR), Kent, Surrey & Sussex Local Clinical Research Network (KSSLCRN) and national and international trial sponsors, Frimley Health prioritised urgent public health COVID-19 research to deliver innovative and ground-breaking research to our patients. The Trust's Research & Development department supported the UK government and NIHR response by pausing non-COVID-19 research to fully support the fast-paced delivery of essential pandemic research.

During the pandemic, Frimley Health have been able to deliver several high-profile clinical trials which are already yielding results effecting the clinical care of COVID-19 patients. Of note, the Trust delivered the RECOVERY trial across our acute sites and was one of the first providers to be able to offer randomisation to tocilizumab and convalescent plasma to our patients. At the height of the pandemic, the Trust was the fourth

highest recruiter to COVID-19 research in the NHS and remains the one of the top recruiters to RECOVERY and the ICU led REMAP-CAP trial in the Kent, Surrey & Sussex region.

With a portfolio of 8 COVID trials and studies, over 2400 individuals have participated in research and we extend our heartfelt thanks to our patients and their families for making a significant contribution to future healthcare.

Commissioning for Quality and Innovation (CQUIN) payment framework

Frimley Health NHS Foundation Trust income in 2020-21 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because the national CQUIN programme was suspended by NHSE&I.

Care Quality Commission (CQC)

Statement from the Care Quality Commission (CQC)

Frimley Health NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is unconditional. Frimley Health NHS Foundation Trust is fully compliant with the registration requirements of the CQC.

The Care Quality Commission has not taken enforcement action against Frimley Health NHS Foundation Trust during 2020-2021.

Frimley Health NHS Foundation Trust has not participated in any special reviews or investigations by the Care Quality Commission during April 2020- March 2021.

Frimley Health NHS Foundation Trust underwent a CQC Inspection in November 2018 when they inspected Surgery and Maternity across the Trust and Community Inpatient Services provided from Fleet Hospital. The overall rating for Frimley Health was 'Good' with Safe, Effective, Caring, Responsive and Well Led all being rated as 'Good'. Maternity services were rated as 'Good' overall; however, the Safe domain was rated as 'Requires Improvement' on both acute sites.

Two key areas for improvement were:

- Maternity staffing levels to meet the national standard
- To ensure above 85% of staff have completed their mandatory training

Trust CQC rating – November 2018

	Safe	Effective	Caring	Responsive	Well-led	Overall
Frimley Park Hospital	Good → ← Mar 2019	Good → ← Mar 2019	Outstanding → ← Mar 2019	Outstanding → ← Mar 2019	Outstanding → ← Mar 2019	Outstanding → ← Mar 2019
Wexham Park Hospital	Good → ← Mar 2019	Good → ← Mar 2019	Good → ← Mar 2019	Good → ← Mar 2019	Outstanding → ← Mar 2019	Good → ← Mar 2019
Heatherwood Hospital	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
Community In-patient	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
Overall Trust	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019

As part of the CQC Inspection in November 2018, Frimley Health NHS Foundation Trust was issued with two Requirement Notices. The details are as follows:

Regulated Activity	Regulation	Action required	Progress update
Maternity & Midwifery Services	Regulation 18 HSCA (RA) Regulations 2014 Staffing	The Trust must ensure that midwifery staffing levels meet expected levels as determined by the nationally recognised acuity tool	Maternity staffing ratios in January 2021: <ul style="list-style-type: none"> Frimley Park – 1:26 Wexham Park – 1:28
Assessment or medical treatment for: Persons detained under the Mental Health Act 1983 Diagnostic & screening procedures Family planning services Maternity & midwifery Services Surgical procedures Termination of pregnancies Transport services, triage & medical advice provided remotely. Treatment of disease, disorder, or injury	Regulation 12 HSCA (Regulations 2014 Safe care and treatment	The Trust must take action to ensure mandatory training including safeguarding training rates meet Trust targets	Overall compliance with mandatory and statutory training at Frimley Health as at 24/3/21 was 90.38%.

Progress against the actions required to comply with these regulations is monitored through the Care Governance Committee and directorate performance reviews.

NHS number and General Medical Practice Code Validity

Frimley Health NHS Foundation Trust submitted records during 2020-21 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data:

Which included the patient's valid NHS number was:

- 99.5% for admitted patient care;
- 99.8% for outpatient care; and
- 98.2% for accident and emergency care.

Which included the patient's valid General Medical Practice Code was:

- 100% for admitted patient care;
- 99.9% for outpatient care; and
- 100% for accident and emergency care.

Data Security and Protection Toolkit attainment levels

Considering the COVID-19 pandemic, NHS Digital extended the deadline for submission of the Data Security and Protection Toolkit until June 2021; therefore, the Trust did not complete a submission.

Clinical coding

Frimley Health NHS Foundation Trust was not subject to the payment of results clinical coding audit during 2020-21 by the Audit Commission.

Frimley Health NHS Foundation Trust will be taking the following actions to improve data quality:

- Participating in external and internal audits of data quality
- The work is continuing to develop a data quality assurance framework.
- Liaising closely with directorates to improve the quality of data captured at source
- Continue to develop and refine data quality QlikView dashboards to reflect the need of the service.
- Continuing to participate in the annual Information Governance clinical coding audit. Highest level achieved in 20/21
- Developing data quality champions
- Continuing the data quality operational group
- Utilising GIRFT (Getting It Right First Time) and Model Hospital (two national programmes which provide data for NHS Trust's to compare performance and productivity) to improve the quality of Frimley Health's data



Learning from deaths

What have we learnt?

During 2020-21 2937 of Frimley Health NHS Foundation Trust patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 789 in the first quarter;
- 470 in the second quarter;
- 699 in the third quarter;
- 1214 in the fourth quarter.

By 19th March, 3757 cases were screened by Medical Examiners (inpatients) and the Lead Nurse for Mortality (patients within 30 days of discharge). In 387 cases a death was subjected to both a case record review or an investigation (this means a Structured Judgement Review (SJR) and/or a review and/or investigation by the Patient Safety team). The number of deaths in each quarter for which a case record review was carried out was:

- 102 in the first quarter;
- 65 in the second quarter;
- 63 in the third quarter;
- 76 in the fourth quarter

Data is subject to change due to the 12-week review period permitted to complete the reviews

In 25 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 14 in the first quarter;
- 6 in the second quarter;
- 5 in the third quarter;
- 11 in the fourth quarter.

7 deaths representing 0.24% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

In relation to each quarter, this consisted of:

- 1 representing 0.1% for the first quarter;
- 3 representing 0.64% for the second quarter;
- 1 representing 0.14% for the second quarter;
- 2 representing 0.16% for the second quarter;

Please note, these figures are subject to change following the completion of some Serious Incident investigations which were delayed due to the Trust response to COVID-19.

These numbers have been estimated using the following methodology:

Frimley Health calculates the cases for review which are either identified at screening, specialty deeper mortality review or reported as a Serious Incident. All these cases were reviewed under the Serious Incident

Review Framework and the judgement of being more likely due to a problem in care was made by senior clinicians not involved in the care of that patient.

Several common themes emerged from mortality reviews during 2020-21. They are as follows:

- **Psychiatric Liaison Service** – We have different service providers in the north and south of the patch however the fundamentals delivered are equitable. The clinicians review patients referred by ED within an hour and from the wards the aim is within 24 hours. Clarity has been established and patients do not need to be medically fit for discharge to be reviewed by this service, they do however need to be stable enough to interact with the team, for assessments to be effectively completed. This information was shared at the Cross-Site Mortality Review Group.
- **Diabetic Service** – Across the north and south of our area the commissioning of these services is allocated to different providers. The linking of the policies is still in progress due to this and some that are published are not out of their review date but are under review.
- **Point of Care Testing** – Concerns were raised as glucometer and ABG results were not always clear as to when out of normal ranges and by how much.
- **Ceilings of care and DNACPR** – common theme around Mortality reviews. Delays in establishing ceilings of care and DNACPR discussions. Leading to inappropriate or delayed end of life care.
- **Involving other specialities in patients with complex problems** – another common theme. The importance of consultant-to-consultant referral in difficult cases, “Stop and Read the Map” meetings triggered at 30 days admission, or sooner if diagnostic or treatment uncertainty.
- **Managing patients with behavioural problems or agitation** – recognition that this may be due to their medical condition, reminder of the major tranquilisation policy, use of 1:1 enhanced care, Registered Mental Health Nurses and security teams for support.
- **Missed results or misinterpretation of results** – recurring theme raised particularly by radiology team. Times of vulnerability include results following ward discharge and cross-speciality follow-up plans.

What have we changed?

- **Psychiatric Liaison Service** – The outcome of the investigation was shared at the Cross-Site MRG. Further work ongoing regarding engaging psych liaison team for patients with challenging behaviour when it is unclear whether the cause is medical or psychiatric.
- **Diabetic Service** – A cross site working group was established in November to improve the work around insulin practices and recognising hypo and hyperglycaemic episodes when in hospital.
- **Point of Care Testing** – These results will now be linked to the patient’s routine results so they are visible for clinicians and future plans will include flags to appear within the ICE platforms, so that laboratory tests can be requested to confirm the extent of the derangements. The point of care testing team has gone above and beyond during COVID with the Trust being part of the first wave of implementing point of care testing for COVID, nationally.

- **Ceilings of care and DNACPR** – new form “ReSPECT” (Recommended Summary Plan for Emergency Care and treatment) to be implemented in the Frimley Health ICS. Working group, led by Palliative Team oversees the implementation with the support of Mortality Lead. The ReSPECT process creates a summary of personalised recommendations for a person’s clinical care in a future emergency in which they do not have capacity to make or express choices. Such emergencies may include death or cardiac arrest but are not limited to those events. The process is intended to respect both patient preferences and clinical judgement. The agreed realistic clinical recommendations that are recorded include a recommendation on whether CPR should be attempted if the person’s heart and breathing stop.
- **Cross Site Mortality Review Group** – cross site permits learning points to be shared widely as a Trust. It permits changes to be implemented cross site, leading to uniformised care.
- **Stop and Read the Map** – A meeting of all the relevant specialists to reassess likely diagnosis and investigation or treatment plan. Triggered at 30-day admission or earlier if diagnostic uncertainty. Arranged by the owning consultant.

Initiatives for 2021/2022

- Continue the implementation of ReSPECT.
- Morbidity reviews to be added on RL System, allowing all specialities to document their Morbidity reviews in an electronic system, making the process of monitoring and sharing learning more robust and easier to achieve.
- Specialist Mortality Meetings to be cross-site, continuing the process started with the Mortality Review Group.
- Audits to assess prevalence and management of hospital acquired acute kidney injury.

In total 34 Structured Judgement Reviews and/or investigations by patient safety were carried out after April that related to deaths in the previous reporting period. 34 case record reviews and investigations completed after 1st April 2020 related to deaths which took place before the start of the reporting period.

These numbers have been estimated using the following methodology:

Frimley Health calculates the cases for review which are either identified at screening, specialty deeper mortality review or reported as a Serious Incident. All these cases were reviewed under the Serious Incident Review Framework and the judgement of being more likely due to a problem in care was made by senior clinicians not involved in the care of that patient.

Progress and Assurance Around Seven-day hospital services

From 2018, all NHS trusts have been required to report their activity and progress towards delivering high quality and consistent levels of service and care seven days a week. There are 10 defined standards for seven-day services, of which NHS England/ Improvement (NHSE/I) classify four as key standards. As a result of the pandemic NHSE/I suspended reporting against these standards.

Standard 1 - Patient Experience:

Patients, and where appropriate families and carers, must be actively involved in shared decision making and supported by clear information from health and social care professionals to make fully informed choices about investigations, treatment and on-going care that reflect what is important to them. This should happen consistently, seven days a week.

We recognise from our thematic analysis of complaints we don't always get this right. Weekly clinical walkabouts that include several senior nurses and deputy medical director have provided opportunities to talk to patients and staff, promoting the importance of shared decision making and communication.

Standard 2 – Time to first consultant review:

All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of admission to hospital.

Our previous annual audits have provided assurance this standard is met in 90% or above of cases. We commenced the 2020/21 audit against this standard at the beginning of March 2021.

Standard 3 – MDT review:

All emergency inpatients must be assessed for complex or on-going needs within 14 hours by a multi-professional team, overseen by a competent decision-maker, unless deemed unnecessary by the responsible consultant. An integrated management plan with estimated discharge date and physiological and functional criteria for discharge must be in place along with completed medicines reconciliation within 24 hours.

Whilst not formally audited during 2020/21, we have introduced weekly clinical walkabouts that include several senior nurses and deputy medical director. These walkabouts have provided opportunities for observing multi-disciplinary board rounds. A more formal audit of these is planned for 2021/22. We recognise that we do not currently meet our targets for medicines reconciliation within 24 hours.

Standard 4: Shift handovers

Handovers must be led by a competent senior decision maker and take place at a designated time and place, with multi-professional participation from the relevant in-coming and out-going shifts. Handover processes, including communication and documentation, must be reflected in hospital policy, and standardised across seven days of the week.

During 2020/21 we introduced standardised safety briefings at shift handover directly within our clinical areas, these reflect emerging quality and safety messages for staff to be aware of. The feedback from staff has been extremely positive and requests from our frontline staff have seen, what was originally a pilot, become standard practice.

Led by our deputy medical director, we will be launching a new hospital at night handover system in August of 2021. The handover will be formally structured to ensure consistency in the quality of communication. All clinical speciality registrars on call will attend, together with the site team and intensive care outreach. Clinical informatics systems have been developed to support sharing of information.

Standard 5 – Diagnostics:

Hospital inpatients must have scheduled seven-day access to diagnostic services, typically ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy, and microbiology. Consultant-directed diagnostic tests and completed reporting will be available seven days a week:

- Within 1 hour for critical patients
- Within 12 hours for urgent patients
- Within 24 hours for non-urgent patients

We have previously reported substantial assurance against this standard but plan to repeat this audit in 2021/22.

Standard 6 – Intervention/key services:

Hospital inpatients must have timely 24-hour access, seven days a week, to key consultant-directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements with clear written protocols

We have previously reported substantial assurance against this standard but plan to repeat this element of the audit in 2021/22

Standard 7 – Mental health:

Liaison mental health services should be available to respond to referrals and provide urgent and emergency mental health care in acute hospitals with 24/7 Emergency Departments 24 hours a day, 7 days a week.

Following the publication of the CQC report on their assessment of mental health Services in acute trusts, and the increased mental health presentations to our acute sites, the trust is closely monitoring activity levels and liaison mental health services response.

A fully funded Core 24 service is provided by Berkshire Health Foundation Trust, with Surrey and Borders Partnership (SABP) providing an enhanced service, though not a fully funded Core 24 service.

We are working closely with our system partners at Surrey and Borders Partnership (SABP) to submit a bid for a fully funded Core 24 service which we hope will be supported in 2021/22.

Standard 8 – Ongoing review:

All patients with high dependency needs should be seen and reviewed by a consultant TWICE DAILY (including all acutely ill patients directly transferred and others who deteriorate). Once a clear pathway of care has been established, patients should be reviewed by a consultant at least ONCE EVERY 24 HOURS, seven days a week, unless it has been determined that this would not affect the patient's care pathway.

We have previously reported substantial assurance against this standard but plan to repeat this audit in 2021/22. Our latest NEWS 2 audit indicates we are seeing improvements in the recognition and escalation of patients who are deteriorating. Again, our clinical walkabouts have provided opportunities for us to observe in practice appropriate use of board rounds and delegation to the right level of clinician.

Standard 9 - Transfer to community, primary and social care

Support services, both in the hospital and in primary, community and mental health settings must be available seven days a week to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review, can be taken.

We were able to optimise many opportunities to reshape many of our services and pathways during the pandemic to provide 7 day a week services and streamline patient's care pathways. Where these changes took place, we have captured these 'silver linings' and are reviewing through our recovery plans, what or how we may be able to continue providing in partnership with our ICS partners.

Standard 10 - Quality Improvement

All those involved in the delivery of acute care must participate in the review of patient outcomes to drive care quality improvement. The duties, working hours and supervision of trainees in all healthcare professions must be consistent with the delivery of high-quality, safe patient care, seven days a week.

We are committed to providing opportunities for our trainees to drive care quality improvement. We have a strong national and local audit programme and provide training and opportunities for them to lead on or participate in these programmes. With the introduction of FXIS we will be able to support them to develop QI capability and apply QI methodology to influence outcomes. The Magnet4Research programme provides a framework which is heavily focused on empirical outcomes and evidence shows as the principles of Magnet embed into an organisation, outcomes improve.

Rota Gaps

The impact of the junior doctor contract changes has been a real time reduction in the presence of junior doctors our wards. To counteract this a business case will be reviewed by our senior leadership team to address the shortfall. In addition, the trust proactively supports the development and recruitment of advanced nurse practitioners and specialist nurses to support and enhance our services. We have a designated manpower co-ordinator to ensure we can utilise bank and locum doctors as appropriate.



1.3 Reporting against core indicators 2020-21

Since 2012-13, NHS foundation trusts have been required to report performance against a core set of indicators using data made available by NHS Digital.



The following table shows our performance for the last three reporting periods and, where the data is made available by NHS Digital, a comparison with the national average and the highest and lowest performing trusts is given. However, it is not always possible to provide the national average and best and worst performers for some indicators due to the way the data is provided.

It is important to note that, whilst these indicators must be included in the Quality Account, the most recent national data available for the reporting period is not always for the most recent financial year. Where this is the case, the time used is noted underneath the indicator description.

Domain	Indicator	2020-21	National Average	Best Performer	Worst Performer	Trust Statement	2019-20	2018-19
Preventing People from dying pre-maturely	Summary Hospital-level Mortality Indicator (SHMI) value and banding	0.9817 As expected (Oct 2019 - Sept 2020)	1.0	0.6869	1.1795	Frimley Health NHS Foundation Trust considers that this data is as described for the following reasons. FHFT has robust processes in place for clinical coding and review of mortality data. Therefore, we are confident that the data is accurate. Frimley Health NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services, by implementing several Quality Improvement Strategies which aim to improve mortality and harm by focussing on a series of interventions (as can be seen throughout the content of this Quality Account)	0.9731 As expected (Oct 2018 – Sept 2019)	0.9122 As expected (Oct 2017 – Sept 2018)
Enhancing quality of life for people with long-term conditions	% of deaths with either palliative care specialty or diagnosis coding	43% (Sept 2019 – Aug 2020)	37%	61%	9%	Frimley Health NHS Foundation Trust considers that this data is as described for the following reason. The Trust has a very well-established Palliative Care Team, who provides care to patients in all areas of the hospital. Frimley Health NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by continuing to focus on palliative care as a key quality priority for our patients.	44% (Mar 2019 – Feb 2020)	2018-19 data unavailable
Helping people recover from episodes of ill health or following injury	Patient reported outcome measure (PROM) for groin hernia surgery	NHS England undertook a consultation on the national Patient Reported Outcomes Measures (PROMs) programme in 2016.				Frimley Health NHS Foundation Trust considers that this data is as described for the following reason. PROM outcomes measure a patient’s health gain after surgery. The information is gathered from the patient who completes a questionnaire before and after surgery. From the data available, the case mix adjusted average health gain shows that the Trust is not an outlier when compared nationally.		
	Patient reported outcome measure for varicose vein surgery	As a result of the findings of that consultation, NHS England has now taken the decision to discontinue the mandatory varicose vein surgery and groin hernia surgery national PROM collections.						
	Patient reported outcome measure for hip replacement surgery	0.440 (Apr 2019– Mar 2020) Finalised	0.453	0.529	0.344	Frimley Health NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services, by continuing to audit and monitor	0.451 (Apr 2018– Mar 2019) Finalised	0.434
	Patient reported outcome measure	0.322	0.334	0.409	0.221		0.329	0.333

Domain	Indicator	2020-21	National Average	Best Performer	Worst Performer	Trust Statement	2019-20	2018-19
	for knee replacement surgery	(Apr 2019– Mar 2020) <i>Finalised</i>				PROMs outcomes in order to identify and rectify any issues.	(Apr 2018 – Mar 2019) <i>Finalised</i>	
	30 day readmission rate for patients aged 0-15**.	6.08%	N/A	N/A	N/A	Frimley Health NHS Foundation Trust considers that this data is as described for the following reason. The data has been extracted from the Hospital Evaluation Data (HED) system. Readmission data is reviewed by specialties monthly and ultimately becomes the source of HED data.	5.17%	5.46%
	30 day readmission rate for patients aged 16 or over**	8.05%	N/A	N/A	N/A	<p>Frimley Health NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services, by:</p> <ul style="list-style-type: none"> Continuing to routinely monitor readmission performance data Introducing a post discharge survey for patients to capture their experience but in addition assist in supporting to resolve any clinical concerns. Introducing a discharge information pack to hold all the information for the patient in one place, including contact numbers should they have concerns or queries following their discharge. 	6.79%	7.03%
	Responsiveness to the personal needs of inpatients	65.9 (Apr 2019- Mar 2020)	67.1	84.2	59.5	<p>Frimley Health NHS Foundation Trust considers that this data is as described for the following reason. The data is produced by the Care Quality Commission using results from the National Inpatient Survey.</p> <p>Frimley Health NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services, by developing and monitoring local action plans based on patient and carer feedback.</p>	66.0 (Apr 2018- Mar 2019)	68.1 (Apr 2017- Mar 2018)
Ensuring people have a positive experience of care	% of staff who would recommend the Trust to their family or friends Q18d "If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	79.9% (2020 Staff Survey)	74.3%	91.7%	49.7%	<p>Frimley Health NHS Foundation Trust considers that this data is as described for the following reason. The data is extracted from the NHS Staff Survey which is produced by an external organisation with adherence to strict national criteria and protocols.</p> <p>Frimley Health NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services, by:</p> <ul style="list-style-type: none"> Embedding the values through systems such as recruitment, induction, appraisal and staff recognition awards Providing executive listening events for all staff 	78.4% (2019 Staff Survey)	81.4%

Domain	Indicator	2020-21	National Average	Best Performer	Worst Performer	Trust Statement	2019-20	2018-19
Treating and caring for people in a safe environment and protecting them from avoidable harm	% of admitted patients who were assessed for venous thromboembolism	The VTE data collection and publication is currently suspended to release capacity in providers and commissioners to manage the COVID-19 pandemic. This was communicated via letter on 28 th March 2020.				Despite the suspension of national VTE data collection Frimley Health has continued to collect and publish this data internally. Our performance dipped slightly over a period of 2 months during the year. Actions were taken to advise all specialties where 95% or higher had not been met and this was a key message from the VTE committee and safety committee. Performance has subsequently improved	97%	97%
	Rate per 100,000 bed days of cases of C.difficile infection reported Financial year counts and rates of C. difficile infection (patients aged 2 years and over) by acute trust – Trust apportioned cases only	5.04	13.2	0	51	Frimley Health NHS Foundation Trust considers that this data is as described for the following reasons. The source data is routinely validated and audited prior to submission. All cases of clostridium difficile are reported and investigated by the Infection Control Team and undergo formal root cause analysis investigation. The findings are then reported to the Board of Directors. Reporting is in line with the requirements of the Health Protection Agency (HPA) and Monitor. Frimley Health NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services, by: <ul style="list-style-type: none"> • Making infection control one of our highest priorities and ensuring all staff are fully compliant with mandatory training with antiseptic non-touch technique. • Ensuring formal root cause analysis meetings (chaired by the Medical Director, Director of Nursing and Quality or the Director of Infection Prevention and Control) take place for every 'post 72 hour' C. diff case. • Ensuring learning is fed back to care groups and assurance of progress on actions is an agenda item at monthly Hospital Infection Control Working Group meetings and monitored by the Trust Board. 	6.1 (Apr 2018 – Mar 2019)	9.7
Treating and caring for people in a safe environment and protecting them from avoidable harm	Rate of patient safety incidents per 1,000 bed days reported within the Trust (Prior to 2014-15 rate was based on 100 admissions)	43.6 Number of incidents = 9900 (Oct 2019 – Mar 2020)	54.3	15.7	177	Frimley Health NHS Foundation Trust considers that this data is as described for the following reasons. All data is validated prior to submission to the National Reporting & Learning System. The NRLS enables all patient safety incident reports, including near miss and no harm events, to be submitted to a national database on a voluntary basis designed to promote learning. It is mandatory for NHS trusts in England to report all serious patient safety incidents to the CQC as part of the CQC registration process. To avoid	34.9 Number of incidents = 8009 (Oct 2018 – Mar 2019)	30.9 Number of incidents = 7316 (Oct 2017 – Mar 2018)
	Rate of patient safety incidents that resulted in severe harm or	0.04 Number of	0.27	0.0	1.95		0.06 Number of	0.05

Domain	Indicator	2020-21	National Average	Best Performer	Worst Performer	Trust Statement	2019-20	2018-19
	death per 1,000 bed days (Prior to 2014-15 rate was based on 100 admissions)	incidents = 9 (Oct 2019-Mar 2020)				<p>duplication of reporting, all incidents resulting in harm should be reported to the NRLS who then report them to the CQC.</p> <p>Frimley Health NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services, by:</p> <ul style="list-style-type: none"> Continuing to reinforce the incident reporting process across Frimley Health. Reviewing and aligning reporting categories across Frimley Health. Embedding the Frimley Health incident reporting policy and processes for investigation, learning and implementation of changes in practice. Continuing to identify work streams from the incident reporting profile to improve practice. 	incidents = 14 (Oct 2018-Mar 2019)	Number of incidents = 13 (Oct 2017 - Mar 2018)

National Friends and Family Test (FFT)

This is a nationally mandated measure for patient experience as part of healthcare providers' contracts. The question is: "If a member of your family or a friend needed similar treatment how likely are you to recommend this ward/department/service?" There are six response options:

- Extremely likely;
- Likely;
- Neither likely nor unlikely;
- Unlikely;
- Very unlikely; and
- Don't know

The table below shows the overall score for the full year by service/department.

Patient Group	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
A&E department	90%	91%	94%	95%	94%*	94%
Inpatients	97%	96%	97%	97%	98%*	98%
Outpatients	95%	96%	97%	97%	97%*	98%
Community services	98%	97%	98%	99%	99%*	99%
Maternity services	95%	96%	97%	99%	98%*	99%
All services/departments*	95%	95%	97%	97%	97%*	97%

The requirement for Trusts to report FFT results to Unify / NHSE & NHSI was suspended between March 2020 and December 2020.

Part 2: Other information

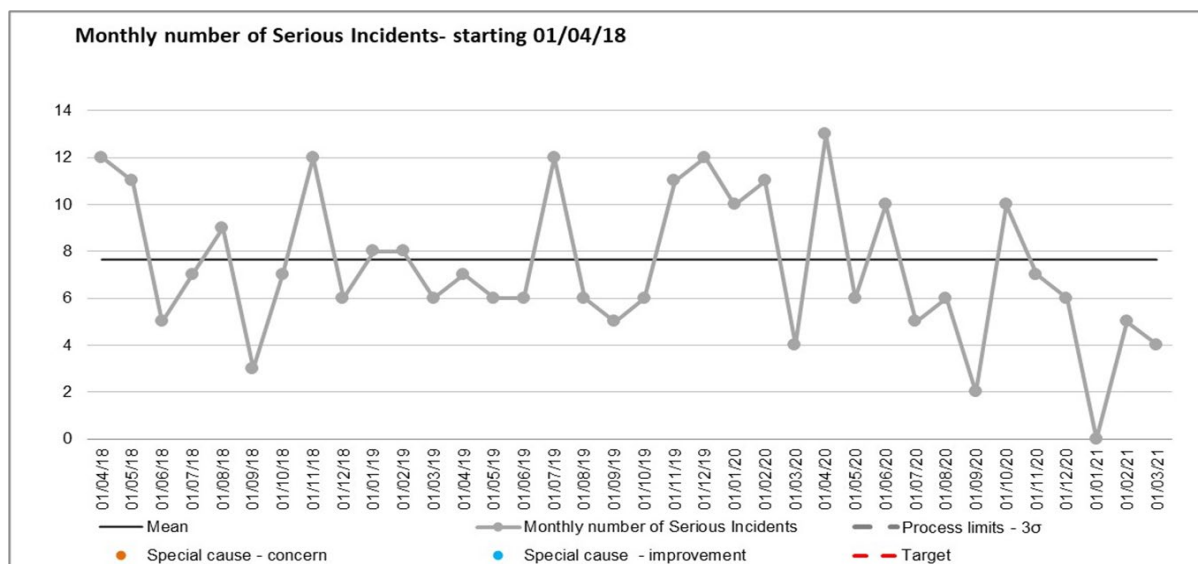
Review of performance in 2020-21



Patient Safety Overview

Serious Incidents

A total of 75 serious incidents have been reported during 2020/21 compared with 100 in the previous financial year, 2019/20 equating to a 25% reduction. During the year we introduced a structured response to reviewing moderate incidents. Part of this process involves clinicians presenting clinical incidents to a serious incident review panel.



Never Events

Never Events are serious incidents that are considered preventable because guidance or safety recommendations providing strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.

A total of 6 never events have been reported by Trust from April 2020 to March 2020, with all 6 events occurring in the first 3 quarters of the year (see table below). A multidisciplinary deep dive review identified the themes and commonalities in the incidents and an aggregated report was produced and shared across the organisation. We introduced a human factor training programme, including a STOP-THINK-CHECK approach for our teams because of the thematic review and will continue to roll out over 2021/22. The safety team have developed a detailed improvement plan based on the in-depth analysis of the never events.

Apr 2020	Urology - Wrong site surgery, rectified at the time
Jun 2020	Surgery - Air /Oxygen
Aug 2020	Dermatology - Wrong site surgery, rectified in follow up
Nov 2020	Maternity - Retained foreign object
Nov 2020	ITU - Misplaced NG tube
Dec 2020	ED Medication via wrong route

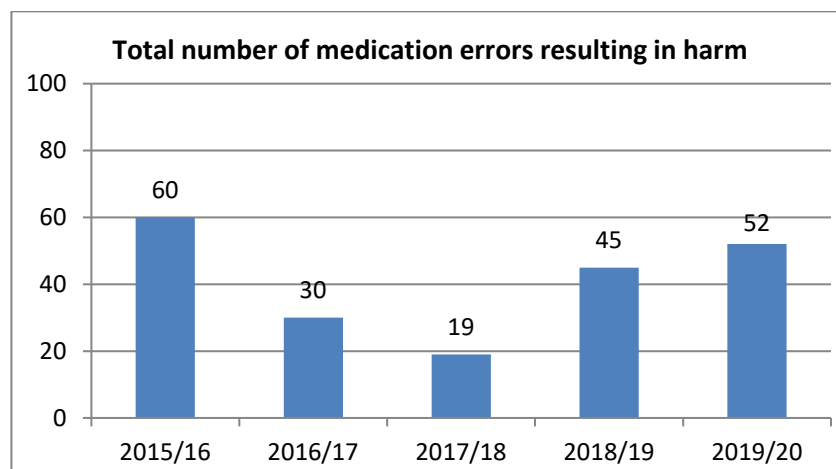
Medication safety

Medication errors at Frimley Health rarely cause harm to patients because our systems are designed to prevent this from happening. However, medication errors that have potential to cause harm do sometimes occur.

A total of 37 harms were reported in 2020/21 in comparison to 52 in 2019/20 and 45 in 2018/19.

The table below shows the level of harm as result of these medication errors and in comparison, to the previous year. It should be noted that these incident numbers are during a period where we saw an overall decrease in incident reporting which makes year on year comparison challenging.

	2018-19	2019-20	2020-21
Low harm	41	45	28
Moderate harm	3	6	9
Severe harm	1	1	0



Medications Safety Committee

The Trust now has a well-established single Frimley Health Medications Safety Committee which is instrumental in aligning practice and sharing of ideas and learning. Attendance at the committee is formed of nursing (those in clinical roles), clinicians both at consultant and junior level and pharmacists. The committee has focused on aligning clinical practice and has commenced work to support improvement in the levels of incident reporting.

The committee has been instrumental in driving the clinical audit programme for medicines safety, including;

- Antimicrobial stewardship standards
- Safer medicines storage
- Improved oversight of Controlled Drug management and safety incidents
- Action to improve patients' weights being taken and documented to support accurate prescribing of weight-based doses

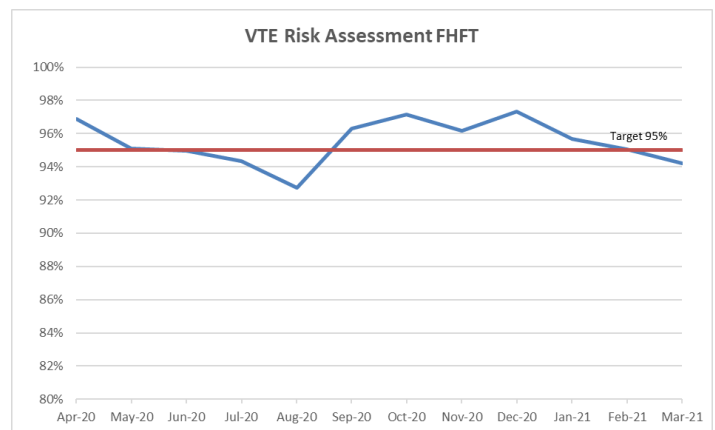
The committee has been also key in supporting the re-instatement of training onto preceptorship and patient safety programmes in relation to management of diabetes.

Our ambitions in 2021/22 are to work with the ICS medicines optimisation leads and focus on the implementation of NICE guidance for shared decision making. We will be focusing on the implementation of our EPR, continuing to work with EPIC and our frontline teams to build and deliver a system that enhances medicines safety.

Venous thromboembolism

Venous thromboembolism (VTE) is a condition in which a blood clot (thrombus) forms in a vein or blood vessel which can lead to pain and swelling. If the blood clot becomes dislodged it can travel in the bloodstream (embolism) and can potentially block vital arteries which can be fatal. When the embolism blocks a vital artery to the lung it is called a pulmonary embolism (PE).

VTE has been a top clinical priority for the NHS since the 2011-12 operating framework was published.



The aim for 2020-21 was to continue to assess at least 95% of patients for their VTE risk in every month of the year. Regrettably, there were 3 months where this was not achieved, however this was promptly addressed through clinical forums and awareness and education walkabouts.

Our new insights into treating and caring for patients with COVID-19 have highlighted the need for more aggressive thromboprophylaxis, which, though beneficial to patients can lead to a higher risk of bleeding. The Trust is very proud to have developed and implemented a COVID-19 thromboprophylaxis protocol early in the pandemic to support and guide clinician decision making.

One of our challenges in 2020/21 was to improve the correct prescribing and dosing of dalteparin. Our learning from incidents has shown that early documentation of patient's weight on the drug chart was not always in place. We have used key messages from our medicines and VTE committees to raise awareness of this. We have sourced pat slides with weighing scales to promote the weighing of patients in our Emergency Departments and assessment areas after listening to staff about how they felt improvements could be made. These will be introduced in early 2021.

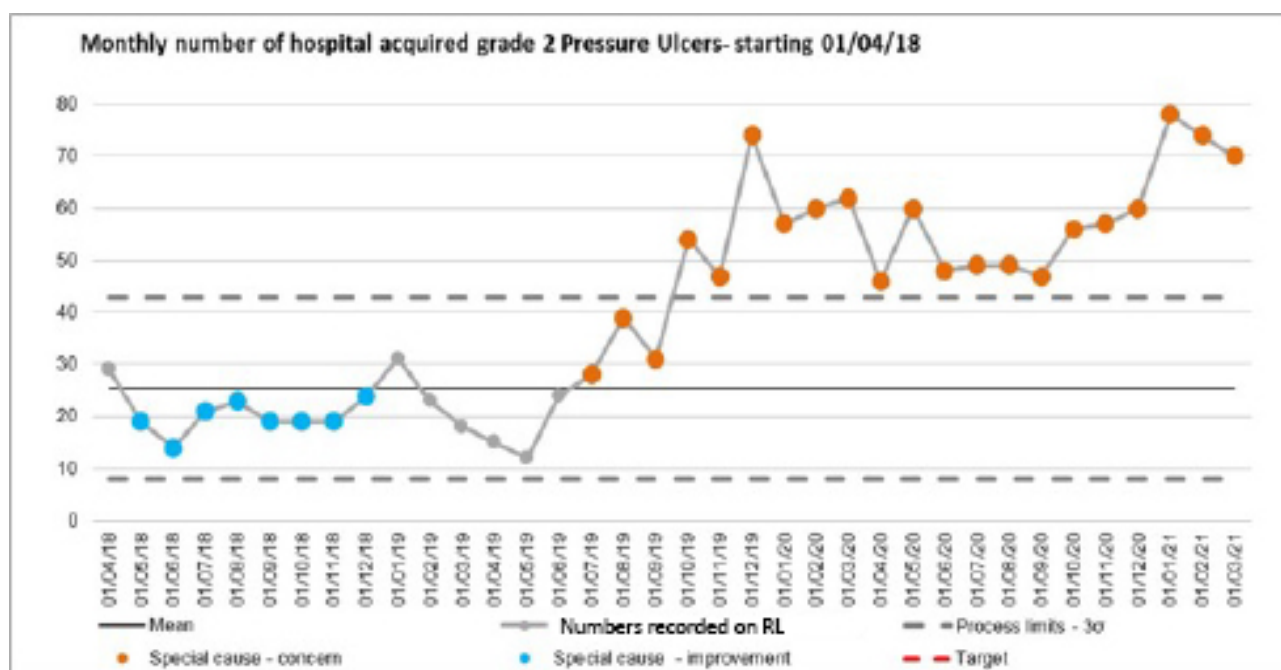
We are currently working reducing medicines errors in terms of omitted doses of dalteparin, working with teams to ensure charts are reviewed at handover/on ward rounds.



Pressure Ulcers

As highlighted earlier in the report we have seen a marked increase in the number of grade 2 and have therefore taken the decision to take this forward as a quality priority for 2021/22.

Whilst we have encouraged the incident reporting of pressure ulcers and application of national guidance in our validation processes, we have also noted the increased number of higher risk and acuity of patients during the pandemic. It should be noted that guidance on recommendations for the definition and measurement of pressure ulcers was published in June 2018 by the NHSI with changes to be implemented during 2019, our incident numbers do reflect these new recommendations.



Actions taken during 2020/21 to improve pressure ulcer prevention include:

- Re-commencing our Fundamental and Better Care Audit Programme – A monthly audit carried out by senior nurses that includes a review of evidence-based practice relating to risk identification and interventions to reduce/manage pressure damage.
- Continuation of multidisciplinary rapid review approaches to higher grade pressure ulcers.
- Overarching trust action plan for improvement.

Clinical Effectiveness

The Trust builds on the established culture of monitoring clinical outcomes and learning from best practice examples to improve the quality of health outcomes for our patients. Our information system, Hospital Episode Database (HED), allows us to compare our specialty clinical outcomes nationally to identify areas where there is room for improvement.

Our national and local audit programmes describe in more detail on pages 24-35, as to how we use best practice standards to improve patient outcomes.

Patient Experience

The fundamental purpose of any hospital is treating the clinical condition of patients. However, excellent care is much more than that. The experience of our patients is of equal importance to their health outcomes and is central to our mission to provide high quality care which is the main rationale for the work we do. The Trust has been utilising a combination of qualitative (subjective/opinion) and quantitative (objective/factual) patient feedback / intelligence over several years.

Examples are patient surveys, feedback from social media (Twitter, Facebook, NHS Choices, and the Trust direct email to the Chief Executive), complaints and compliments, as well as national surveys and patients and carer experience events. We use handheld devices in both inpatients and outpatient areas to enable “real time” feedback.

The Trust continues to work collaboratively with patients and the public including Governors, three local Healthwatch organisations and CCG Lay members to improve patient experience through listening to our patients, learning from feedback and working in coproduction. Frimley Health conducts two Trust-wide surveys into the patient experience. These are a local Patient Experience Tracker (PET) and the nationally mandated Friends and Family test (FFT).

We continue to work with our patients and public in supporting the new Heatherwood build asking for their advice and support on what they would like to see within the building to make their visit to hospital easier.

As a result of COVID-19 several plans have been changed or put on hold. Among the workstreams that have been successfully launched we are pleased that the new Discharge Folder has been embedded in all wards.

The creation of the new Frimley Excellence Team leading the Quality Improvement workstream supports us to use continuous improvement methodology to improve patient experience. One tangible success from the Frimley Excellence work has been the launch of staff volunteering as Ward Ambassadors to relieve some of the pressure from front-line staff in supporting the patient experience during COVID-19.

Patient Experience Tracker (PET)

The PET survey was introduced in January 2014 and is conducted among the inpatient cohort at the patient bedside. The survey asks questions about different aspects of the patient experience and the care patients receive. The survey asks both quantitative and qualitative questions. Most of the quantitative questions – and response options – are copied directly from the National Patient Survey for inpatients to ensure that validated questions are being asked. The quantitative questions are followed by a qualitative question to understand why the patient gave the response they did.

Results are regularly circulated to the wards and reported to the hospital board. The survey is reviewed annually to ensure the questions remain relevant, and the feedback is useful and appropriate to the Trust's overall strategy.

We continue to monitor our performance against the indicators below. These are monitored as part of Frimley Health Foundation Trust's PET survey and are not governed by standard national definitions.

The impact of COVID-19 on the volume – and consequently significance – of the data collected needs to be noted. In 'normal' times the PET survey is conducted by an army of volunteers taking the time to talk to patients at the bedside and in the region of 10,000 surveys would be conducted in a 12-month period. Between April 19 and Feb 20 (inclusive) over 9,900 surveys were conducted. Between April 2020 and Feb 2021 (inclusive) only 1,300 surveys were conducted – by ward staff and some staff "Ward Ambassador" volunteers – across the Trust.

Patient Survey Question	2016-17	2017-18	2018-19	2019-20	2020-21
Did nurses talk in front of you as if you weren't there? (% Respondents Saying "No")	New	93%	92%	90%	85%
Were you ever bothered by noise at night from other patients? (% Respondents Saying "No")	66%	69%	68%	64%	69%
If you needed it, did you get enough help from staff with eating and drinking? (% Respondents Saying "Yes, always")	90%	91%	86%	85%	86%
Within the first couple of days of admission did a member of staff ask you about your home situation? (% Respondents Saying "Yes")	83%	88%	89%	90%	88%
Beforehand, did a member of staff explain the risks and benefits of the operation or procedure in a way you could understand? (% Respondents Saying "Yes, completely")	New	92%	91%	95%	93%
Have you and your family or carers been involved enough in discussing your discharge from hospital? (% Respondents Saying "Yes, completely")	82%	85%	83%	78%	69%

COVID-19

One of the most significant impacts that the COVID-19 pandemic has had on the Patient Experience is the suspension of almost all visiting of patients by friends and family. There are only a few, very specific situations in which visitors are allowed into the Trust's hospitals. In response to this the Patient Experience Team launched some initiatives to ease and improve communication between patients and carers / relatives unable to visit in person.

These included:

- Setting up a 'Family Contact' email inbox for each of the four main hospital sites so family members could send emails with photos / updates / news etc. which were printed off and taken to patients on wards
- Acquiring several tablet computers, setting them up with video call software and distributing them to all wards across the Trust so that Patients and Relatives could speak to each other in person

The maternity and paediatric services and wards largely continued as normal – albeit with some restrictions on visiting – throughout the period of disruption.

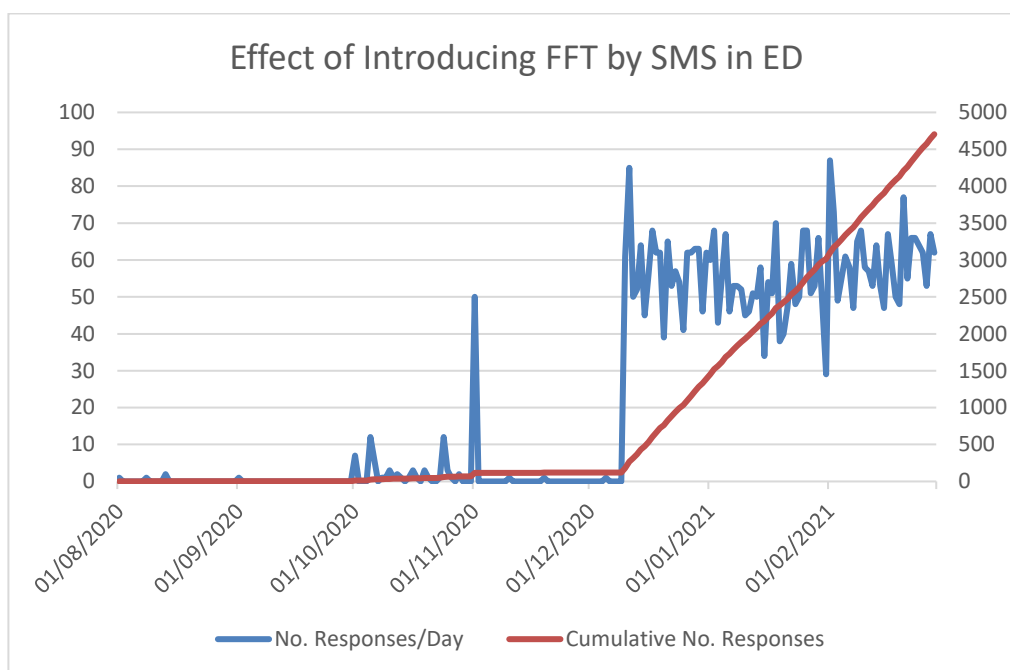
Additionally, the Chemotherapy Day Services from Wexham Park and Frimley Park hospitals temporarily relocated to the private BMI Princess Margaret Hospital in Windsor. The Chemo team and BMI conducted a survey among patients using the temporarily relocated services and the results from respondents were overwhelmingly positive. The biggest area of concern was in relation to delays in treatment – however processes were changed to minimise disruption and delay. The other main area for comment was about a lack of a fruit option on the lunch menu. Following this feedback fruit and other options were made available on request.



National Friends and Family Test (FFT)

Contract changes / SMS

In 2020 the Trust appointed IQVIA as the provider of FFT services – replacing Picker Institute Europe who had been providing the service since 2015. The change in provider was relatively straightforward with only a few minor issues. One of the key reasons IQVIA was appointed was their approach to collecting feedback by SMS / text message. Once the contract started it took just over four months – as result of resource issues – for the SMS collection to go live in the Trust. However as soon as the system was up and running the impact on the number of responses received was incredible. The chart below shows the impact of SMS on the collection FFT feedback in ED:



From the date the contract started (1st August) to 9th December the mean number of FFT responses received per day was 0.9. Between 10th December and 28th February, it was 56.6.

As well as ED SMS is now the default method of FFT feedback collection in:

- DSU – at both HWD & WPH
- Paediatric Inpatient Wards – both Ward 24 at WPH and F1 at FPH
- Pre-Operative Assessment – at both HWD & WPH
- Lithotripsy (HWD)

Additionally, it is expected to be rolled out as the default method across maternity services by mid-March 2021. Furthermore, work is underway to align services and reporting schedules so that FFT by SMS can be rolled out across outpatients Ophthalmology and Physiotherapy services.

Response Volumes and Results

Between April 2020 and Feb 2021 inclusive, responses were collected from 31,747 patients –a COVID-19 related fall of 57% from 73,582 on the same period the previous year.

Effect of Children's ED

The Children's ED at WPH puts a lot of effort into collecting feedback – in 2020/21 it accounted for 46% of responses collected from ED (35% in 2019/20):

Selected Other Patient Experience Workstreams

- Surveys
 - National Surveys
 - Working with wards and services to develop action plans in response to 2019 Inpatient Survey results and feedback
 - Liaising with suppliers and colleagues internally to ensure the Trust's successful participation in 2020 surveys including UEC, CYP & Inpatient
 - Discharge Survey
 - Set up and launched / rolled out discharge survey
- EPIC / My Chart
 - Leading multi-disciplinary working group on development of MyChart functionality
- Launching post-discharge 'check-up' telephone calls to patients
- Launched 'Phone-a-Friend' service

Volunteers

COVID-19 has had a significant impact on the number of people wanting to come into hospitals and volunteer, as well as those we could safely involve due to personal risk factors. At the beginning of March 2020, the number of active volunteers across the Trust was 728 and the team was in the process of increasing volunteer numbers. As the spread of the pandemic escalated all 'normal' volunteering stopped and a month later the number of active volunteers was down to about 30. There was no buggy service and no volunteers on the wards. The volunteers that still wanted to and were risked assessed as being able to come into the Trust were engaged in donation distribution across the Trust. A significant number of volunteers from Ascot racecourse drove staff between sites in cars that had been donated by BMW.

Voluntary Services Team support tasks within Wave 1

From April onwards the Voluntary Services Team was re-deployed to distribute donated goods that came into the Trust. Working with the Fundraising team and the military at Frimley, tens of thousands of items were distributed to front line staff across the Trust. Help also came from staff who had been seconded from other parts of the Trust to work with the Voluntary Services Team.

Distribution of items included:

- Almost 6,000 Easter Eggs
- Hundreds of bags of groceries and "welfare crates"
- Approximately 25,000 meals donated by 'Lush by Tom Kerridge' event catering
- A huge amount of food, drink, and cosmetic items – including fresh fruit and veg deliveries 3 times a week
- Tens of thousands of Krispy Kreme doughnuts

During this time staff and the volunteers worked every weekend. The team was boosted by a visit from the Countess of Wessex – who helped distribute food parcels to front line staff – as well as two visits made by chef Tom Kerridge.

Expansion of Volunteer Involvement – Summer 2020

From August onwards, the volunteering activities started to change as limited numbers of risk-assessed volunteers started to return. Returning volunteers included those in ED, Radio Frimley Park, the bookshops, reception and wayfinding roles. ‘Mask volunteers’ were recruited to distribute masks and assist with hand sanitisation at the three main hospital sites. Volunteers were also deployed to support phlebotomy teams at the Frimley and Heatherwood sites for several weeks. These volunteers helped staff deal with the large number of patients who were attending for blood tests on a ‘drop in’ basis before the new automated system was implemented.

During this time much work was undertaken on the development and implementation of the volunteer’s database. Funding for this was part secured through the CEO’s Change Challenge and implemented with help from Information Technology and Information Governance.

Volunteer and Voluntary Services Team Support Tasks – Waves 2 & 3

Volunteers were still deployed as above during the second and third waves of the pandemic (October through to February) - however, there were also several new roles into which volunteers were deployed:

- The Vaccination Hub at Wexham.
- Wayfinders at Heatherwood
- Patient Experience Discharge Survey at Farnham
- Vaccine Clinic for Outpatients at Wexham

The Voluntary Services team was again (partially) redeployed to support emergent needs associated with the roll out of the vaccinations as well as other roles as necessitated by the changing situation including:

- Telephoning patients to make (and rearrange) vaccine appointments
- Helping feed patients at lunchtimes
- Team leading the Ward Ambassadors on Saturdays
- Managing the Discharge Survey project, including line management of two redeployed staff members
- Managing the ‘Family Contact’ email inboxes at Frimley (5-6 days a week) and at Wexham (Saturdays) involving printing, distributing, and occasionally reading messages to patients and liaising with family members.

The ‘Family Contact’ inboxes have made a huge difference to family liaison and patient experience. Below is a message from a relative regarding this activity:

“Emma responded to my request to pass on a message to my father who was hospitalised this month due to a sudden decline in his Alzheimer symptoms. She not only passed on my emails, but also made a point of visiting him whenever she could, dropping off a regular newspaper for him and having a chat with him. He was so confused and upset in hospital and every time I spoke to him after I knew Emma had visited, he was in such better spirits and far more lucid. I can't thank Emma enough for looking after him during this frightening time and for keeping in touch with me regularly too. It meant the world to me and my family. Thank you, Emma.”

Volunteer Communications

Regular 'Volunteer Updates' were sent to all volunteers and virtual meetings using MS Teams were also organised throughout the year. These regular contacts with the volunteers mean the teams have received some great feedback and 'Stories from Lockdown' as well as pictures from gardens during the different seasons.

Looking Ahead

Many volunteers have now received their first vaccination, and some have even been lucky enough to have received their second jab. Plans are being made regarding the return of volunteers over the coming weeks and months and it is hoped that during the coming year the numbers of volunteers will surpass the numbers before the pandemic.

Complaints, Patient Advice and Liaison service and GP feedback

We continued to encourage patients to try and resolve concerns as early as possible through our PALS service and maintained our formal complaints process throughout 20/21. The insight gained has allowed us to drive improvements by sharing with the relevant Trust leads. We have continued to offer a response to the CCG Quality teams in response to GP feedback by liaising with the specialty teams.

Performance against key national priorities 2020-21

NHS Improvement (NHSI) is the health sector regulator which monitors performance against set national objectives as part of their assessment of governance for NHS providers. As part of this Quality account, we are required to report on the following national indicators:

The below table includes data as of April 20 – January 2021

Indicator	NHSI Threshold	FHFT 2020-21
Maximum time of 18 weeks from point of Referral to Treatment (RTT) in aggregate – patients on an incomplete pathway	>=92%	66.5%
A&E: maximum waiting time of four hours from arrival to admission/transfer/discharge	>=95%	Not applicable ¹
All cancers: 62-day wait for first treatment from ² <ul style="list-style-type: none">• Urgent GP referral for suspected cancer• NHS Cancer Screening Service referral	>=85% >=90%	84.6% 83.1%
Clostridium Difficile (C. diff) – Total cases (Number due to lapses in care)	(<=61) (<=61)	32 0
Maximum 6-week wait for diagnostic procedures	<=1.0%	23.9%
Venous thromboembolism (VTE) risk assessment	<=95%	95% ²

Annex 1: Commissioner Response

Statement

The Frimley CCG is providing this response to the Frimley Health NHS Foundation Trust Quality Report for 2020/21.

Quality Report 2020/21

The Quality Report provides information and a review of the performance of the Trust against quality improvement priorities set for the year 2020/21 and gives an overview of the quality of care provided by the Trust during this period. The priorities for quality improvement are also set out for the next 12 months. The document clearly identifies the Trust's successes to date, and areas for further improvement.

Reviewing the report, the CCG confirms that as far as it can be ascertained it complies with the national requirements for such a report and the following are of specific note:

- The report provides information across the three domains of quality – patient safety, clinical effectiveness, and patient experience
- The mandated elements are incorporated into the report
- There is evidence within the report that the Trust has used both internal and external assurance mechanisms
- The CCG is satisfied with the accuracy of the report, as far as they can be, based on the information available to them in the final version reviewed prior to publication.

We would like to take this opportunity to commend the Trust on its response to the COVID-19 pandemic. From the outset, the Trust adapted quickly to the demands of the circumstances and the response at both an organisational and individual level has been admirable. During this difficult time the Trust has worked in partnership with commissioners and other providers to ensure a whole-system approach to quality and to ensure that centralised quality impact assessments were carried out in a period of rapid change. This ensured due consideration of interdependencies between the Trust and other parts of the system, and the communication of rapid changes across the system. The Trust has also been part of the mutual aid response around the use of PPE and has helped other healthcare providers where they can. There has been continued engagement in a system approach during the restoration of services; in partnership with the Commissioners and other providers, the Trust has been able to identify new ways of working that will help sustain the NHS over the longer term.

The CCG also notes the extraordinary contribution of the Trust's staff during the pandemic. Many staff members have been redeployed from their usual roles to help manage the pandemic and maintain a high-quality service. People employed by the Trust have adapted to support the pandemic response in many ways; clinical, managerial, and administrative. They have willingly undergone retraining and induction into new areas of work; some of course in the areas of highest risk and greatest demand on individual resolve, such as the ITUs. They have exemplified the very best of the NHS.

The Trust continues to operate strong quality functions supported by a governance framework that allows organisational and strategic oversight alongside local ownership and individual responsibility. Over the last twelve months during the pandemic, routine reporting and meetings have been disrupted, however, the

Trust has continued to keep the CCG informed of significant risks, challenges, service changes and any subsequent quality impact.

Prior to the pandemic, the previous format of CCG / Trust Clinical Quality Review Meetings had ceased, making way for a more integrated model of partnership working and mutual assurance. As part of this new model, CCG quality leads have been welcomed at the following Trust internal meetings:

- Care Governance Committee
- Patient Experience Forum
- Never Event Panels

This has saved clinical time and allowed the quality leads to gain greater insight and assurance around the Trust's work at first-hand.

Patient Safety

Serious Incident reporting remains transparent and investigatory work thorough. The quality and patient safety teams at the Trust are highly motivated, committed, and visible; the links between both of these teams and their counterparts in the CCG is strong and continues to work well. The Trust continues to work with quality leads in the CCG to evaluate investigatory learning and to refine investigation processes to really understand the factors that contribute to incidents. The development of a human factors expert role to support the Trust is evidence of this commitment. Prior to the pandemic, the CCG would arrange a monthly panel to discuss the outcomes of investigations, to identify themes and to make decisions on closure. We have maintained this function in a different "virtual" form during the pandemic, with feedback being sent to the Trust on receipt of SI investigation reports. This relationship has been positive and patient-focused with good communication and partnership working. Commissioners have been invited and attended internal Trust panels to review Never Events and been given the opportunity to raise questions and join the discussion. This assurance on the Trust's internal processes is invaluable and demonstrates a strong governance structure and commitment to ensure that learning from incidents is maximised and appropriate actions put in place to improve service provision and mitigate risks. The Trust recognises that there is work to be done around the management of the deteriorating patient which has been a particular theme and commissioners are supportive of the inclusion of this in the priorities for the coming year. While there have been several Serious Incidents of the 'Never Event' category reported by the Trust, the CCG have seen a strong response to the themes and commonalities in these incidents.

Clinical Effectiveness

The Trust continues to operate an effective clinical audit function which underpins its improvement programme, and we acknowledge the engagement and efforts that have gone into participation in national audits alongside a broad local clinical audit programme. The Trust uses these audits to learn more about the clinical effectiveness of its services and to drive improvement work.

Patient Experience

The Trust has a committed team working consistently to improve patient experience and a strong volunteer workforce making a difference to patients. The passion for improving the lives of patients and relatives comes across at the Patient Experience Forum where the Trust is regularly looking for new and inventive ways to improve patient experience. The Trust Patient Advice and Liaison Service (PALS) also provides a link through which clinical feedback raised by primary care services can be explored and addressed with the CCG; we are currently working with the Trust to refine this system to ensure that we maximise its potential for the resolution of issues and the improvement of pathways. During the pandemic, the Trust faced the difficult obligation of curtailing visiting arrangements for inpatients; this duty was fulfilled with good communications and explanations to patients, carers, and relatives both at corporate and ward levels.

Regulatory Compliance and Improvement Work

The CCG acknowledges:

- The Trust's continued positive standing in respect of CQC inspection findings.
- The Trust's commitment to implementing the recommendations following the publication of national reports such as the Cumberlege Review and the Ockenden Report etc.
- The Trust's achievement and success of the Medical Examiner role, which is fully embedded in the Trust's work, and by their continued engagement with the ICS Mortality Review Group.
- The Trust's requirements to report against delivering seven-day hospital services against the 10 defined standards. Although some standards have not been formally audited due to the pandemic work has continued, to achieve better standards of care for the local population.

Priorities for the Past Year 2020/21 and the Forthcoming 2021/22

The Trust has given a clear account of its quality priorities for 2020/21. The CCG recognises and acknowledges the impact of the Covid-19 pandemic, has had on these priorities, and supports the organisational decision to carry this forward to 2021/22.

The CCG notes the following:

Priority 1: 2020/21 Serious Incident rate for suboptimal care of the deteriorating patient

The CCG acknowledges the improvements made to support the care of the deteriorating patients and the investments made to education and training. We are pleased to see that this work will continue to be among the priorities for 2021/22 as it continues to be a theme in the serious incident investigations.

Priority 2: 2020/21 Continuity of Carer bookings for women

The CCG acknowledges the significant work that has been progressed in maternity services, through the pandemic. The feedback from the Telephone Triage service pilot was very positive and we are supportive to see these plans develop in 2021/22.

The Trust was able to increase the number of community hubs during the pandemic, although we recognise further work is required to secure additional locations and refurbishments.

Priority 3: 2020/21 Improvements in patient experience relating to transfer of care

The CCG acknowledges the challenge of capturing patients experience over this past year and is pleased to see the innovative way to capture this using the post discharge telephone survey using the Trust's volunteers.

The discharge of patients or the transfer of care remains an ongoing issue across the NHS and social care; the CCG is pleased to note that it remains among the Trust's top priorities. The success of this work relies not only on individual Trusts and providers but the system as a whole. It is hoped that some of the recent successes in partnership working, born out of the pandemic, will provide a basis for enhancing future work in this area.

Priority 4: 2020/21 Healthcare-Associated Infection rates

The CCG acknowledges overall reduction in both Clostridium difficile HCAI's and E. coli bacteraemia that have been achieved, however, recognises the challenges for MSSA bacteraemia and MRSA bacteraemia HCAI's.

The CCG acknowledges the positive report made by the CQC following their unannounced inspection in April 2021 with regards to infection prevention and control.

We are pleased to see the notable improvements made in the reduction of using invasive devices particularly that of urinary catheters. The work being undertaken with the Epic (EPR) programme team to enable on-going surveillance of urinary catheters will continue to support these improvements.

Priority 5: 2020/21 total falls outturn was 2609 compared to 2638 in 2019/20. This small reduction sees the Trust off target in terms of progress towards the 2-year ambition of 40%.

The Trust has seen a reduction in falls across the Trust and the CCG acknowledges the training and education that has been put in place especially in relation to QI methodology. Listening to staff feedback has supported the improvements made in the documentation for falls prevention which has helped to identify and manage risk effectively. The Trust has recognised there is scope for further improvement work to be undertaken and this is reflected in the continuation of this area of work as a priority in 2021/22.

Priorities for 2021/22

The CCG fully supports the Trust's decision to continue with the 2020/21 priorities with the addition of the following:

Priority 6: Reduce the incidence of hospital associated pressure ulcers in our inpatient wards (including community wards)

The CCG recognises that in 2020/21 the Trust has seen a rise in the total number of pressure ulcers reported. We recognise this is a crucial area of work and using the education and knowledge gained in 2020/21 in the use of the quality improvement methodology this will support further reductions.

Summary

The CCG is pleased to be able to give positive comments on the Trust's Quality Report, and we fully support the Trust's chosen priorities for the coming year. We are confident that the Trust has identified and has plans in place to address key challenges in the coming year, both internally and as a partner in the Integrated Care System, and that it will continue to build on its successes to date.

Annex 2: Patient Experience and Involvement Group

The Patient Experience and Involvement Group (PEIG) on behalf of the Council of Governors welcomes the opportunity to comment on this year's comprehensive Frimley Health NHS Foundation Trust Annual Quality Account 2020/21.

In a year when the unprecedented challenge of COVID-19 relentlessly placed an enormous demand on the Trust, the governors are hugely appreciative of the significant amount of work that all staff have undertaken while under so much pressure. As a council we are humbled by their drive and dedication in continuing to seek improvements in the quality of patient care and experience while working through a pandemic. Embracing and pursuing the Frimley Excellence Programme has demonstrated that improving quality of care remains a key focus for the Trust's staff.

The governors acknowledge the strength of the leadership and direction given to the Trust's Recovery Programme as they sought to emerge from the impact of the pandemic and applaud how well the Trust led the way in maintain and re-established services, especially the Cancer Services.

The governors appreciate the strides made against last year's 5 key Quality Improvement priorities and recognise that this is work in progress and accepts that they will be carried forward into this year's priorities. The governors are heartened to see the achievement in the reduction Serious Incident relating to deteriorating patients in the first year of the target and that the learning is being shared. We are pleased to see that there is progress towards Continuity of Care of booking for women accessing maternity services. With regards to Improving Transfer of Care we acknowledge the adverse impact the pandemic had on making more progress towards this target but welcome the production of a new Discharge folder for patients and the introduction of a post discharge survey. The governors recognised the reduction in Clostridium Difficile infections however disappointed in the significant rise in MRSA Bacteraemia resulting in a CQC visits. We are however heartened that the Trust received a positive report following the visits. The encouraging signs in the reduction of falls with significant harm are acknowledged and we are heartened to see the Frimley Excellence programme continue to support this work.

The significant increase in category 2 pressure ulcers is of particular concern and we welcome the focused attention to reducing this patient safety issue and that it has been chosen as the 6th key quality improvement priority for the coming year.

We welcome the continued strong participation in the wealth of National Audit Programmes demonstrating the commitment to improving quality of care through reflection and learning.

The Governors appreciate the work undertaken to formulate actions plans based on the gap analysis identified through the reviews of the 4 National Enquiries. We would strongly support the recommendation to increase the investment in an additional mental health lead for Frimley Health to support staff caring for patients presenting with complex mental health issues.

We appreciate the work undertake on the mortality reviews and the actions and changes that have been made from the learnings identified.

Governors continued to be concerned with the slow progress against the Stroke 4-hour target but understand that this is a key project for the Frimley Excellence programme for this coming year championed by the Trust's

chairman. We would wish to see how acute stroke patients who present at Wexham Park and require transfer to the Hyper Acute Stroke Unit (HASU) at High Wycombe are being treated and reported.

Governors appreciate the raft of work undertaken to gather meaningful information, both quantitative and qualitative, from patients with regards to their experience of care. We will continue to work with the Trust's Patient Experience leads to support the engagement and involvement of the community.

The staff, we know, are the Trust's biggest asset and we are optimistic to see the lowest vacancy rates ever recorded. We welcome the drive to continue improve requirement and retention through the participation in the Magnet4Europe Research and Development Programme.

Meeting four times a year, the PEIG have the opportunity to receive, scrutinise and discuss the Trusts Quality Priorities and Indicators at our meetings. Triangulated with our Boards Seminars and patient experience reports the PEIG feels assured that the Quality Account accurately reflects the Trust's quality improvement programme, quality performance reporting and identifies the key areas requiring addressing.

Mary Probert

Public Governor Surrey Heath and Runnymede
Chair, PEIG

Annex 3: Statement from local Health Watch



Wednesday 8th September 2021

Healthwatch welcomes the opportunity to comment on NHS Frimley Health Foundation Trust's Quality Account. Over the past year Healthwatch has had a collaborative relationship with the Trust. We have been able to share the voice of local people in the form of themes arising from our collection of insight and our project work; and we have raised any cases of particular concern and received responses.

We look forward to continuing to work with the trust as part of the Patient Experience Forum and Quality & Performance Board and hearing more about how patient experience contributes to Quality Priorities going forward into 2021/22.

Yours sincerely

Kate Scribbins

Kate Scribbins
CEO Healthwatch Surrey

And

Neil Bolton-Heaton

Neil Bolton-Heaton
Head of Healthwatch – Hampshire, Windsor Ascot and Maidenhead, Slough, Bracknell Forest.

Annex 4: Statement of directors' responsibilities for the quality account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation Trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation Trust boards should put in place to support the data quality for the preparation of the quality report. In line with national guidelines, we moved to adopt the same requirements for NHS foundation Trust boards in 2019/20 and have continued this year.

In preparing the quality account, directors are required to take steps to satisfy themselves that:


- the content of the quality report meets the requirements set out in the NHS foundation trust annual reporting manual 2019/20 and supporting guidance Detailed requirements for quality reports 2019/20
- the content of the quality report is not inconsistent with internal and external sources of information including:
 1. board minutes and papers for the period April 2020 to May 2021
 2. papers relating to quality reported to the board over the period April 2020 to May 2021
 3. feedback from Clinical Commissioning Groups
 4. the annual governance statement May 2021
 5. feedback from local Healthwatch and local authority overview and scrutiny committees
 6. the trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009
 7. the national staff survey 2020
 8. the Head of Internal Audit's annual opinion of the trust's control environment May 2021
 9. Mortality rates provided by external agencies (NHS Digital and Dr Foster).
- the quality report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the quality report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice

- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- the quality report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report. The quality account was reviewed at our Trust Board where the authority of signing the final quality accounts document was delegated to the chief executive officer and chair.

By order of the board

Date: 3 September 2021



Mr Pradip Patel
Chairman



Mr Neil Dardis
Chief Executive

**Collaborating
with our partners****Advancing our
digital capability****Improving quality
for patients****Transforming
our services****Making our
money work****Supporting
our people**

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