



Quality Account

2021 - 2022

Committed to excellence

Working together

Facing the future

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Part 1:

Statement on quality from the Chief Executive of Frimley Health NHS Foundation Trust

Welcome to the Quality Account for Frimley Health Foundation Trust (FHFT) for April 2021 to March 2022, a year in which I have been privileged to work alongside colleagues who have continued to provide the best possible care for patients in unprecedented circumstances while delivering on major projects that will put us in a great position to continue offering exceptional services in the future.

In the past year we have had to meet the challenges facing the NHS while continuing with major strategic programmes and transformation projects to create the improvements that will secure better quality care for our patients in the longer term. As ever, our Trust values – Committed to Excellence, Working Together and Facing the Future – have underpinned everything that we do and provided the motivation to help us to deliver the best quality of care possible for our patients.

Unprecedented demand on NHS services throughout 2021-22 combined with the ongoing impact of COVID-19 affecting the number of patients and available beds and the challenge of vacancies and high staff absence rates through sickness or isolation, whilst also trying to reduce the time patients wait for cancer and planned care, has exacerbated already substantial pressures.

This meant we could not always provide the level of access and care for our patients that we would want for them and this has been reflected in the results outlined in this report. However, despite the challenges, our teams continued to support each other to maintain high standards for our patients, and we were able to deliver progress in relation to the quality improvements we set ourselves for the year. This included sustained progress with our Frimley Excellence continuous quality improvement programme to reduce falls (by 25-30% in the areas using this approach) and reduced the number of serious incidents relating to deteriorating patients over the last two years through a range of improvements including introduction of a Hospital @ Night service, outreach teams and quality walkabouts.

Our aim to reduce hospital acquired infection rates saw us end the year with the sixth lowest infection rates in the country for *Clostridium difficile* (C.diff). This is an astounding result, especially given how much the



Trust was impacted by the pandemic that increased antimicrobial usage and the associated C. diff risk that entails. We also showed an improvement in relation to MRSA and little change in MSSA. We did, however have higher rates for E.coli and so improving this will be a priority for this year.

To help us achieve our aim to reduce avoidable pressure ulcers, we successfully encouraged our teams to report all incidents to give us an accurate baseline to measure our improvement work against. Our plans to use our



continuous quality improvement methodology to reduce incidents was delayed due to the impact of responding to the pandemic.

Whilst we have seen slight improvements in our local surveys about our patients' experience in relation to discharge from hospital, we expect to significantly improve this once our new electronic patient record has been introduced. We will be particularly focusing on medications patients take home from hospital, as this is an area that we have already highlighted could be improved.

We adjusted our priorities around Continuity of Carer in maternity after the national guidance changed and so focused on the key essential building blocks around midwifery staffing, recruitment and retention. We will implement the new plan in the year ahead.

We have set our priorities for these quality improvement workstreams so that we can continue to progress in 2022-23 while optimising the use of our new Epic electronic patient record, which goes live in June 2022.

In addition to our focus on quality improvements, we also progressed our major strategic projects that will be the building blocks to a better future. By the end of March 2022, we were able to open our fantastic new £99m elective care hospital at Heatherwood in Ascot that will deliver more and better elective and diagnostic services in a fantastic new environment. And we were on the brink of delivering our new electronic patient record system (in June 2022), which will be the biggest transformational change we are ever likely to make by bringing together more than 200 different systems onto one secure and accessible database that will revolutionise how we care for patients. We also welcomed our first patients to the new intermediate care unit at Heathlands in Bracknell - an exciting collaboration with Frimley Clinical Commissioning Group and Bracknell Forest Council where our 20-bed therapy-led unit caring for patients transitioning from hospital is co-located with a dementia care nursing facility.

Through innovation, passion and skill, our teams have delivered significant quality and service improvements throughout the year, for example:

- **Improved facilities for patients**, for example Ward 7 at Wexham was upgraded to be one of the region's best environments for patients with dementia.
- **Expanding our community midwifery hubs** to offer more support for women closer to home and a same day emergency care service for gynaecology at both our acute sites, so fewer women need to be admitted for treatment.
- **A new one-stop clinic for prostate cancer** at Heatherwood, co-ordinating scans, biopsies and other investigations into one appointment. This has reduced diagnosis times from 28 days to 12, reducing worry for the patients and allowing any treatments needed to start sooner.
- Frimley Health is the **first trust in the UK to use pain pumps for breast cancer patients**, allowing them to go home on the same day as their surgery. The use of the pain pumps has seen 73% of patients who have had mastectomies discharged within hours of the procedure. The Trust has paved the way for other hospitals in the UK and is now nationally regarded as a centre delivering high quality regional anaesthesia and pain management.
- **A new youth forum** that will help give younger people a stronger voice and drive improvement for care and what we offer to young people.
- **Working ever more collaboratively with partners in Frimley Integrated Care System**, which was the only ICS one out of 42 in the country to be rated as 'consistently high performing' under NHS England's new regulatory regime. For example, providing therapies in primary care settings, developing new pathways, such as musculoskeletal services, neurology and frailty, that improve communication between professionals, make care easier for patients to access, prevent unnecessary admissions and enable more treatments to be provided locally.
- Many of our specialty-based patient surveys continue to receive **significant positive feedback from patients** showing that, when patients need us most, they receive the compassion and care they need.
- **Wexham maternity achieved stage 2 of the UNICEF Baby Friendly Initiative**, which supports and promotes breastfeeding.
- **Frimley Park Hospital neonatal unit achieved the top Platinum accreditation** for the Bliss Baby Charter with 98.5% positive feedback rating from parents
- Wexham Park Cardiology Team became **one of only 50 to be accredited by the British Society of Echocardiography (BSE)** for its high standards and quality of practice.

The demands from the pandemic and its consequences over the past two years have been relentless on our incredible staff and yet they have remained focused on what our patients need, treating every patient as an individual and always striving to provide the best care and compassion even under the most difficult circumstances.

I am in awe of everything our people do each and every day and I have encouraged them to be extremely proud of what they have achieved over the past year. I was therefore delighted that we were short-listed in three categories at the prestigious annual HSJ awards - Acute or Specialist Trust of the Year, the Environmental Sustainability Award and the Military and Civilian Health Partnership Award, a further endorsement of the collective achievement of our teams.

Our teams demonstrate our Trust values on a daily basis and by being committed to excellence, working together and facing the future, we are ensuring we move closer to achieving our ambition to be an outstanding trust delivering the best patient outcomes, safety and experience through a culture of continuous quality improvement.



Neil Dardis
Chief executive



Frimley Health – the impact of COVID

Our priority is and always will be to improve the care for our patients. We set six priorities for improving quality for 2021/2022 based on what we considered would make the biggest difference to our patients, with our Frimley Excellence programme supporting teams to deliver against them.

We feel it is important to understand and contextualise the true impact of COVID on the Trust and how the Trust has needed to adapt, prior to our summary of performance as this did impact on our performance and has influenced our choice of quality priorities for the forthcoming year.

Our 2020/21 Quality Account reflected the challenges Frimley Health Foundation Trust and the rest of the National Health Service faced in terms of the first year of the COVID 19 pandemic. Moving into 2021/22 we continued to operate in unprecedented circumstances, still treating high numbers of patients for COVID within our Intensive care units and Medical High Dependency Units. During this reporting period we had 3526 inpatients with COVID.

The high demand for non-COVID related care in terms of acute admissions combined with the need for 'green' pathway provision to deliver our ambitious recovery programme for elective work has added significant additional challenges. Significantly there has also been the increase in the large numbers of patients seeking help and care for mental health issues often in a more acute phase and these presentations include children and young people.

Inevitably we faced challenges with staffing across all disciplines. Isolation rules and continuing sickness levels

from COVID had a big impact on our staffing levels. In conjunction with the need for additional wards (escalation areas) to be opened to deal with clinical demand, and the need for enhanced care to support our patients with acute mental health crisis's all staff have faced a huge challenge. Our ambition is to be the best employer in the NHS and much of our focus this year has been to support staff during periods of relentless pressure over the past two years that has taken its toll on morale and workforce supply across the NHS. We developed a range of wellbeing and mental health support available to all staff and produced a compendium to enable all colleagues to access the services when they needed them. We recruited more than 3,000 employees over the year (permanent, bank, fixed-term and locum staff), a significant increase over previous years. This included 487 nurses, 712 doctors and 1,009 clinical support staff. We have identified 'hot spots' for recruitment, for example in radiology, maternity and theatres, where we have targeted recruitment efforts. Supporting our people with a focus on recruitment and retention, reward and recognition and listening is part of a three-year People Plan to truly make Frimley Health a great place to work.

Despite the challenges faced with the continuing pandemic we continued our momentum with the transformations critical for the future. An overview of these are summarised below.



Frimley Health Foundation Trust – Transformation Programme

Heatherwood Hospital

The opening of our new elective care hospital at Heatherwood in late March following an investment of £99m was a really special day. This marked the completion of many years of planning and three years construction. The project team and Heatherwood staff worked extremely hard to ensure that we hit the ground running we are now looking to maximise the potential of the new hospital to help us tackle our elective care challenge. Any sadness over leaving the old Heatherwood site after a century of good service was outweighed by the excitement of the new facility and what it can bring for our patients. We welcomed local and national media to the site to highlight what the new hospital will mean for patients. We expect to be able to deliver an additional 4,000 surgical procedures a year at Heatherwood with greater capacity for diagnostic and outpatient services. Having a dedicated elective centre, one of the best of its kind in the NHS, enables teams at the site to focus completely on planned care without the unpredictable demands of urgent and emergency care.

Heathlands intermediate care unit

In March, we were delighted to welcome the first patients to our new intermediate care facility at Heathlands in Bracknell, following four years of planning with Bracknell Forest Council and Frimley CCG. Heathlands is an exciting

collaboration with commissioners and the local authority to enable health and social care to work more closely together for local residents. The £11m project includes a larger dementia nursing care facility run by Windsor Care alongside Frimley Health's 20-bed, therapy-led unit for patients who are transitioning to or from hospital, or for patients who would benefit from a short period of care there instead of in an acute hospital. The unit offers consultant managed clinical care, but in an environment and care model where every patient interaction is focussed upon rehabilitation. The purpose-built facility represents a new approach to care and further enhances our position as a provider of high-quality community services.

Community services

Our Heathlands development aligns with further progress in our care for patients in the community with the extension of our Frailty Virtual Community Ward. Urgent community response teams now operate from 9am to 8pm seven days a week across our catchment, with the capacity to support category three and four ambulance call-outs. The service has already been operating in the south of our catchment involving Frimley Health community colleagues and now Berkshire Healthcare has enabled an extension to the rest of our catchment. Teams can be contacted by primary care clinicians, 111 or 999 services as a potential alternative to hospital care for older

frail patients and arrive within two hours – responders from the team may include a consultant geriatrician, clinical practitioner or therapist depending on the need, with potential assessments and interventions including point of care testing, intravenous therapies and further onward referral to community and social care teams if necessary.

This enables patients to remain safely at home for longer and reduces pressure on hospital services. The service has received excellent feedback from patients and their families and cares for up to 24 patients a day, helping to reduce avoidable hospital attendances.

Frimley Park intensive care unit upgrade

The first phase of our intensive care unit (ICU) refurbishment at Frimley Park, which focused on ICU B, opened to patients in March. The extensive upgrade has two new isolation rooms to care for patients with highly infectious diseases such as COVID-19 or Ebola, and three new side rooms. The new state-of-the-art filtration systems change the air 10 times every hour and give staff a safe, hygienic space to put on or remove personal protective equipment in anterooms. The unit has been redesigned around the needs of critical care patients - for example, bed pendants emit light to aid patients suffering from delirium and sky panels in the ceiling bring natural light above the bed space. The second phase to refurbish ICU A is underway and expected to finish in September 22. When finished, the £2.3 million investment will increase ICU capacity at Frimley Park by a third, taking it from a 12-bed to a 16-bed unit. In addition to the ICU refurbishment we also opened our Wexham Park Surgical Acute Dependency Unit (SADU) facility which enables us to deliver a higher level of care in the surgical ward footprint avoiding putting unnecessary pressures on ITU/ theatre recovery. Located in ward 10 SADU currently has 2 beds with plans to increase to 4. There are plans to increase the number of beds in our Wexham Park ITU during 22/23.

Electronic patient record (EPR) – EPIC

Our electronic patient record programme will have gone live at the time of publication of this quality account. This will be the biggest transformational change that the Trust has ever made, so it is crucial that our people and our infrastructures are ready. Due to the exceptional pressures on services and staffing in early 2022 and the likelihood that these would continue for a number of weeks at least, in January we took the difficult decision that it would not be possible to safely release up to 300 staff per day for essential training for our new Epic electronic patient record go-live date in late March. Therefore, in the interests of protecting our patients and staff, we moved our go-live date to 11 June 2022.

Our EPR has the potential to deliver significant benefits in terms of patient safety, quality and experience, improving efficiency and freeing up more time for clinicians to spend with patients.

FHFT has also invested in an additional feature of the EPIC system called MyFrimleyHealth. This is a portal which allows patients to access all the details of their case notes, including letters and results. It will enable patients to be fully aware of their care plan and review appointment schedules. This is a major step in improving transparency and engagement in patients own healthcare

Part 2: Priorities for improvement and statements of assurance from the board

2.1 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 last year.

Frimley Excellence improvement methodology

In 2020/21 we launched Frimley Excellence Improvement System to deliver our vision: ‘being a leader in health and wellbeing, delivering exceptional services for our community’. Our ambition is for every member of our trust to recognise and use Frimley Excellence as the method of making improvements and problem solving.

The Frimley Excellence Team was formed to lead, coach & mentor others in the Frimley Excellence methodology across Frimley Health. The team’s role is to support, grow & embed improvement through the organisation by empowering staff to use the Frimley Excellence way.



During 2021/22 Frimley Excellence has gone from strength to strength, although we were unable to deliver on all planned elements of our Frimley Excellence Strategy due to the combination of the pandemic and operational and staffing challenges.

Our Capability workstream is upskilling our staff to embed new skills of continuous improvement. Underpinned by Lean Six Sigma methodologies, our teams learn skills that equip them to identify opportunities for improvement and deliver a structured improvement activity.

Over the last year, following our international accreditation with the Lean Competency System (from Cardiff University) in January 2021, we have certified over 70 staff as white belts, and trained more than 150 yellow belts. Our training at yellow belt level has been adapted for a virtual delivery, but we are now moving towards delivery in physical locations as COVID rules allow. Bespoke training has also been delivered to specific groups of staff such as some of our Preceptorships Nurses, and junior doctors. We were delighted to see 93 quality improvement projects registered during this reported time period.

In 2020/21 our Frimley Excellence team supported our frontline teams with two of our quality account priorities and we will be looking to expand this support for all other priorities in 2021/22

Our 2022/23 improvement priorities

Each year we are required to define our quality priorities. In recognition of the continuing impact of COVID 19 on the progress of our ambitions set in 2021/22 and to reflect and align with our organisational strategy objectives we will be carrying forward 5 of our ambitions into 2022/23 to improve the quality of care for our patients. These quality priorities are listed below:

- 1. Improving the recognition and response for deteriorating patients**
- 2. Improving prevention of falls and post falls management where they occur**
- 3. Improving the patients experience of discharge from hospital**
- 4. Implementation of the new national plan for continuity of carer**
- 5. Reduce hospital acquired infection rates (Ecoli bacteraemia)**

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.

The rationale for choosing these priorities and measures to be used are shown in the table on page 13. The success measures for the quality account priorities in 2022/23 were agreed through a number of forums, including.

- Top leaders meeting
- Care Governance
- Senior Leadership Committee
- Quality Assurance Committee
- Patient Experience and Involvement Group

Feedback from Patient Experience Involvement Group, Healthwatch and our inpatient survey results also highlighted the need to continue with our improving patient discharge workstream. Our frontline teams feedback also influenced the decision to continue with the focus on falls reduction and deteriorating patient as key quality priorities. We will monitor our progress against the 5 chosen quality priorities through our Care Governance Committee.

Improvement Priority	Why we chose this priority	Measurements to be used
Improving the recognition and response for deteriorating patients	Our patient's safety is of the utmost importance. We are proud of the progress we have made in reducing the number of serious incidents relating to the deteriorating patient over the last 2 years. However, we are committed to further reduction in serious harm and sustaining our improvements made so far.	<ul style="list-style-type: none"> • NEWs trigger/escalation and response time for patients admitted to critical care (requirement of CQUIN programme for 2022/23) • Number of serious incidents relating to the deteriorating patient • Reduction in the number of ward based cardiac arrests
Improving prevention of falls and post falls management where they occur	Falls are the most frequently reported incident affecting hospital inpatients each year in England alone and can significantly impact a person's quality of life. Whilst it is not possible to prevent all falls in hospital research has shown that when clinical teams work together, they can reduce falls by 20 – 30%. Whilst we made progress with our falls reduction ambitions, full achievement of our ambition was hampered throughout the pandemic.	<ul style="list-style-type: none"> • Total number of falls • Total number of falls per 1000 bed days • Number of falls relating resulting in serious injury • FHFT Performance in KPI's for falls and fragility national audit including safe handling/timely medical review post fall
Improving the patients experience of discharge from hospital	Whilst our local surveys showed we had some improvements in 2021/22 we are committed to ensuring we deliver a significant improvement. Feedback from patients, families and local system colleagues triangulated with our incident reports indicate a particular area of focus should be on medications patients go home on.	<ul style="list-style-type: none"> • Percentage of patients understanding of medications on discharge (Local patient survey) • Implementation of and requirement of CQUIN programme for 2022/23 • Survey question relating to whether patient/family knew they were being discharged, what their plans were and whether they were supported. • Progress with Patient experience charter
Continuity of Carer Model – implementation (Year 1 of 5 year plan)	<p>The continuity of carer model is a way of delivering maternity care so that women receive dedicated support from the same midwifery team throughout their pregnancy.</p> <p>Critical to successful implementation of this model is to put in place the building blocks required. The key building block is to ensure our Maternity Service is able to provide a workforce in line with national recommendations</p>	<ul style="list-style-type: none"> • Recruitment and retention rate/ Progress with Birth Rate plus recommendations • Staff engagement survey
Reduce hospital acquired infection rates	We recognise that we face a significant challenge in reducing our Ecoli bacteraemia rate, both within the Trust and across our ICS	<ul style="list-style-type: none"> • Incidence of inappropriate short term urinary catheters • Ecoli bacteraemia rate

2022/23 Quality Priorities

Progress against our 2021/22 priorities

Last year we identified the 6 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.

Priority One	Reduce the number of serious incidents relating to the suboptimal care of the deteriorating patient by 25%, by March 2022. This ambition was originally set over 2 years from 2019/20.
Achievement Rating	FULLY ACHIEVED
Rationale for Rating	The Trust has assessed this measure as fully achieved on the basis we have seen a significant reduction of 68% in the number of serious incidents relating to the suboptimal care since 2019/20. In 2019/20 the trust recorded 25 serious incidents relating to the deteriorating patient. We saw a reduction to 8 at the end of 2020/21 and have sustained our position with 8 reported in 2021/22 maintaining the significant reduction achieved in the first year
Challenges	<ul style="list-style-type: none"> • COVID continued to hamper the delivery of some of our continuous improvement workstreams, predominantly due to staff sickness and requirements for isolation. • Thematic analysis of our serious incidents relating to deteriorating patients have been related to recognition and escalation of onset of new confusion, identification and management of sepsis and fluid balance/optimisation.
Actions/ Changes in Practice	<ul style="list-style-type: none"> • Hospital at Night launched across the trust. This brings together key clinical teams and site managers at the start of the nightshift to ensure clear handover of patients and flagging of any concerns, provides an overall view of site safety and challenges and allows for the delivery of key safety messages. • Our Outreach team have supported ward teams with daily check in visits to provide bitesize education and review of patients with a particular focus on addressing the themes from serious incidents. • Expansion of Rapid Response team allowing for increase in cover and support out of hours
Focus for the future	<ul style="list-style-type: none"> • Full implementation of Call4Concern initiative • Optimisation of EPIC to support recognition, escalation and response to deteriorating patients with automatic alerts for nurses and doctors • Increase training for frontline teams to develop greater confidence in recognising and acting on new confusion • Refresh focus and audit programme for sepsis and AKI • Continue to work with our Frimley Excellence team on improvement programmes to address themes from serious incidents

Priority Two	Reduce the number of hospital acquired (nosocomial) infection rates (HCAI)
Achievement Rating	PARTIALLY ACHIEVED
Rationale for Rating	<p>The Trust has assessed this measure as partially achieved on the basis we have met our objectives in 3 out of 6 HCAI measures and improved our benchmarking position for some but not all HCAI rates as can be seen in Table 1 and Figures 1 to 3 on pages 12 to 13. We have demonstrated an excellent performance for hospital-onset CDI, we had the 6th lowest rate in the country, improving from the 12th lowest. We also conducted a Nosocomial (Hospital) COVID-19 Outbreak Review and Investigation conducted in the latter part of 2021 which identified learning for the trust.</p>
Challenges	<ul style="list-style-type: none"> • Demands on Infection Prevention and Control Team to support frontline teams and leadership teams to manage COVID and reduce nosocomial outbreaks and facilitate delivery of elective care recovery programme • Inappropriate use of PPE – heavy reliance on gloves, retraining of staff • Side room availability
Actions/ Changes in Practice	<ul style="list-style-type: none"> • Our infection prevention and control team led the huge effort to continue to support our frontline teams to optimise hand hygiene across the trust. We are proud to have maintained our training levels for Infection Prevention and Control Level 1 and 2 above 85% and have seen our compliance with the '5 Moments for Hand Hygiene' recover well to over 90% in the last two quarters of the financial year. • We have implemented a quality improvement project to reduce the incidence of cross contamination
Focus for the future	<p>We remain an outlier for Ecoli bacteraemia, therefore this is a priority area for improvement in 2022/23. In addition to working across Frimley Health and Care our ICS our hospital focused actions will be</p> <ul style="list-style-type: none"> • Review and Investigation conducted in the latter part of 2021 • Maintaining high standards of hand hygiene for staff, patients and visitors • Reducing inappropriate short-term indwelling urinary catheter working with our Frimley Excellence team to use QI methodology. • Where indications for insertion of short-term indwelling urinary catheters are met – we will ensure they are inserted properly, reduce the length of time they remain in situ and ensure patients are supported to keep well hydrated • Reduce • the risk of hospital acquired infection rates through delivery of evidence-based practice through a robust training and audit programme

Table 1. Number of HCAI cases against objective/Rate per 1000 bed days

HCAI	Objective	Total 2021/22	HOHA Rate/ 100k bed days 2021/22 (comparison to 2019/20)
MRSA Bacteraemia	No available cases	5 cases	1.09 ()
MSSA Bacteraemia	No formal objective	50 cases	10.94 ()
CDI	58	52 cases	5.69 ()
Ecoli Bacteraemia	251	212 cases	27.13 ()
Klebsiella spp. Bacteraemia	62	60 cases	8.97 ()
Ps aeruginosa Bacteraemia	20	35 cases	4.81 ()

However, we are proud to have demonstrated an excellent performance for hospital-onset CDI, we had the 6th lowest rate in the country, improving from the 12th lowest.

FHFT can be seen as the red line in the graphs below.

Figure 1.

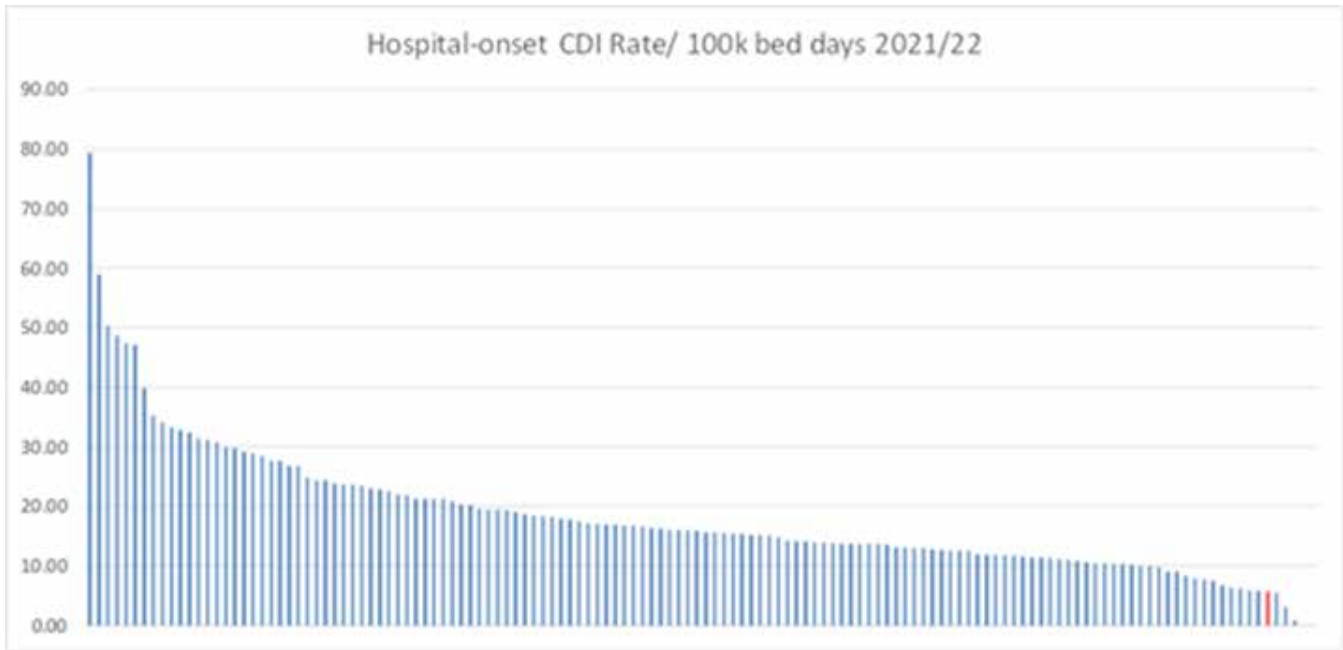
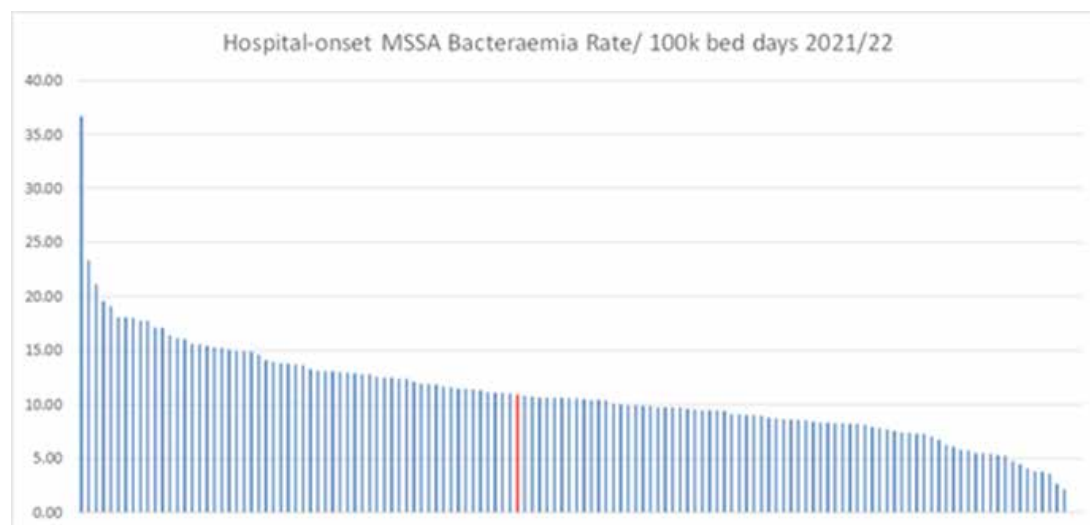


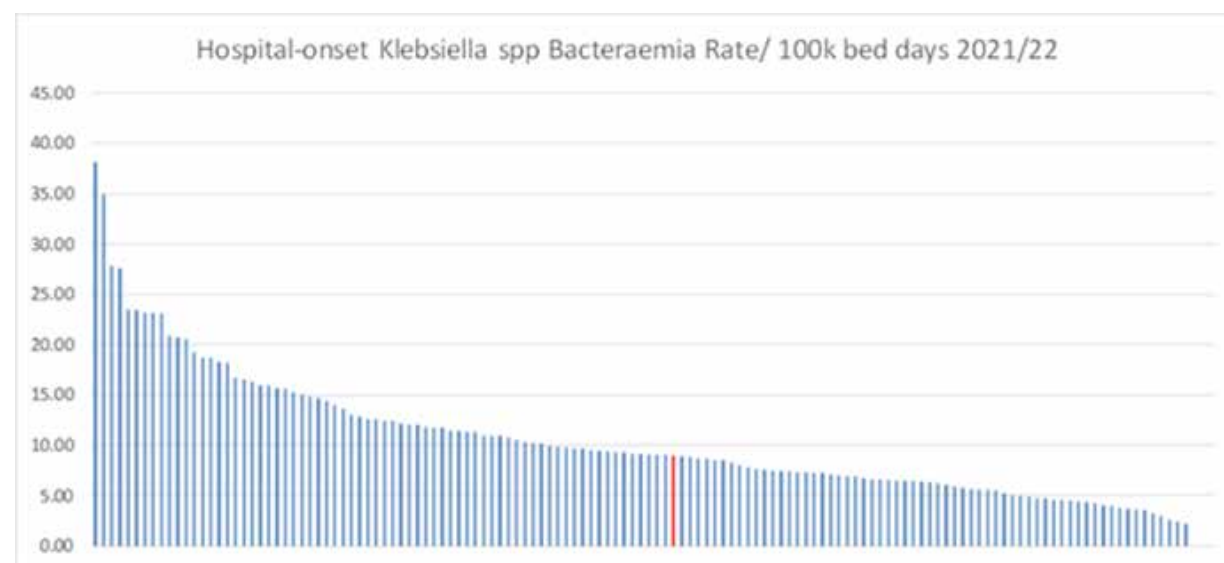
Figure 2.

In addition, we saw small improvements in national benchmarking for Staph aureus (MRSA & MSSA) bacteraemia moving 57th highest rate to 60th highest, although the MSSA rate overall had increased.



Although there was a slight increase in Klebsiella bacteraemia rate, we saw a significant improvement in our benchmarking place from 49th highest to 71st highest.

Figure 3.



Nosocomial (Hospital) COVID-19 Outbreak Review and Investigation

Learning from nosocomial outbreaks is key to understanding how we can change and improve practice to prevent future outbreaks

Nosocomial Infections are strictly defined by PHE as:

Hospital Hospital-Onset Probable Healthcare-Associated (HO.pHA) – a positive specimen date 8-14 days after hospital admission.

A COVID-19 Outbreak is strictly defined by PHE as:

Two or more cases in a single setting (for example, in a single ward or having shared a location) that have become symptomatic or detected on screening on or after day 8 of hospital admission.

In the case of staff-only outbreaks, a confirmed shared exposure within the workplace is sought prior reporting of the outbreak.

FHFT reported a total of 33 outbreaks associated with COVID-19 to NHS England between 19/10/2020- 21/3/2021

FHFT commenced a review of the patients that contracted COVID-19 (nosocomial) whilst in the care of Frimley Health Foundation NHS Trust (FHFT) between October 2020 and March 2021 (Surge 2). Our aim was to provide an open account of the findings of the enquiry, explore any system failings and reflect on the learning from the COVID-19 outbreaks in line with the Trust's culture of openness, transparency, and continuous improvement. In total we reviewed 809 patients as part of the lookback exercise.

Our objectives were to:

- Identify the number of patient cases that met the Public Health England (PHE) definition of Probable Healthcare Associated or Definite Healthcare associated COVID-19 infection
- Identify if there were missed opportunities to identify a potential outbreak at an earlier stage
- Identify themes and trends rising from outbreak investigations
- Identify required improvements rather than apportion blame
- Understand how reoccurrence can be reduced or eliminated
- Make recommendations for learning and action plan any identified gaps

The review was led by the infection prevention and control team and the Chief Nurses office. The key themes considered were:

- Estates – The built environment. Specifically around ventilation and side room availability
- Infection Prevention and Control (IPC)
- Staffing
- Response to inpatient COVID-19 exposure

Our major learning from the lookback was that we did the right thing in reviewing the outbreak and being open with families. Correspondence from our families showed how they valued our candour and expressed their gratitude for the care and work our teams carries out during this unprecedented time. We received many positive reports around the clinical care given during the pandemic.

However, we also learnt we didn't always get it right. The concerns and distress from loved ones regarding the fact that they were not able to be at the bedside with loved ones in some cases and the difficulties with communication with our wards has led to several actions, including investment in, and availability of technology to support communication such as tablets. A message service was set up and run by our volunteers, who also assisted patients where needed to use the technology provided. We have stepped up our communications around visiting guidance and involved our nursing leadership teams in the decision making around local guidance.

We also learnt that at times we didn't get the clinical care right in terms of some of the fundamental areas of care such as communication, prevention of pressure ulcers and promotion of continence. We have increased our Senior Nurse Leadership walkabout programme as a response. We have also reviewed and enhanced our approach to training clinical staff who are redeployed to unfamiliar clinical environments.

Priority Three	Ensure at least 35% of women are booked onto a Continuity of Carer (CoC) pathway by March 2021.
Achievement Rating	PARTIALLY ACHIEVED
Rationale for Rating	The Trust has assessed this measure as partially achieved on the basis we have carried out work to ensure the key essential building blocks around midwifery staffing in terms of recruitment and retention can be put into place as per national recommendations. Since we set this ambition there has been a change nationally in terms of how Trusts should approach the transformation to CoC model which is explained below.
Challenges	<ul style="list-style-type: none"> • Recruitment and Retention of Midwives both a local and national challenge
Actions/ Changes in Practice	<ul style="list-style-type: none"> • During 2021 the maternity service secured partial funding from NHS England to achieve Birth Rate Plus recommendations on midwifery staffing. Further funding for 14 whole time equivalent midwives has been approved by our executive board and will be included in the 2022/2023 budget • We have appointed a recruitment and retention midwife to ensure we are able to explore opportunities and actions that will assist us to recruit and retain in our teams • We have also completed our benchmarking exercises requested by NHS England for the first Ockenden (2019) report and Clinical Negligence Scheme for Trusts and (CNST) (2021 Year 4). The positive results of which are described on page 16.

Better Births, the report of the National Maternity Review, set out a vision for maternity services in England which are safe and personalised; that put the needs of the women, her baby and family at the heart of care; with staff who are supported to deliver high quality care which is continuously improving. At the heart of this vision is the idea that women should have continuity of the person looking after them during their maternity journey, before, during and after the birth.

This continuity of care and relationship between care giver and receiver has been proven to lead to better outcomes and safety for the woman and baby, as well as offering a more positive and personal experience; and was the single biggest request of women of their services that was heard during the Review. Better Births found that some women were receiving this care and recommended that the NHS in England should roll out continuity of carer to a much greater number of women.

In October 2021, guidance was published to support Local Maternity and Integrated Care Systems to deliver CoC at full scale. The guidance reflects on the challenges involved in implementing and sustaining this model of care. The guidance identifies essential building blocks and support needed for further roll out.

FHFT have therefore focused on ensuring the key essential building blocks around midwifery staffing in terms of recruitment and retention can be put into place. We aim to achieve in full, the recommendations from the last Birth Rate Plus review in December 2020 and currently have a target of a ratio of 1 midwife to 27 women delivered (1:27)

Ockenden (2019)

In terms of the Ockenden report 2019 (<https://www.donnaockenden.com/downloads/news/2020/12/ockenden-report.pdf>) we submitted our assurance report and evidence to NHS England in June 2021 in relation to the seven Immediate and Essential Actions (IEA's) requested.

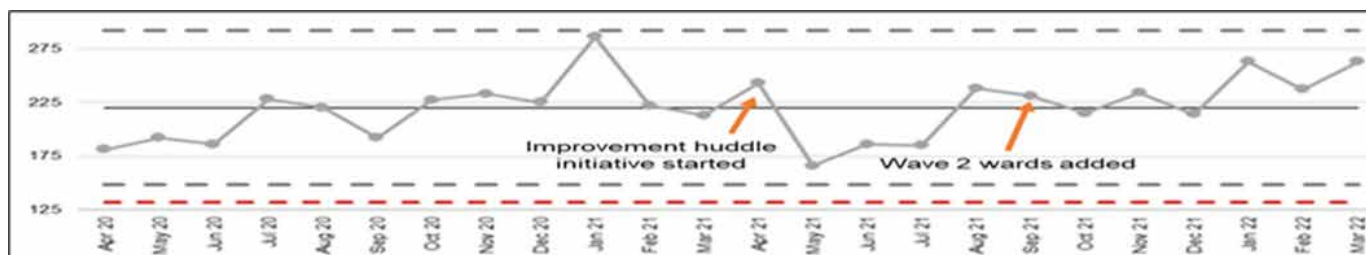
The Trust has received feedback from NHS England on how they had assessed the Trust's assurance for the second time. Overall, the Trust has been seen as an exemplar service within the Southeast Region in the way evidence was presented and assurance given for compliance. We have reviewed our internal audit programme to ensure we continue to test the implementation of our actions.

CNST Year 4

For year 3 we were compliant with all 10 Safety Actions, and this was signed off by our Executive Board in July 2021. We have now received confirmation from NHS Resolution that we achieved compliance in full. The timeframes for compliance with year 4 were paused due to COVID.

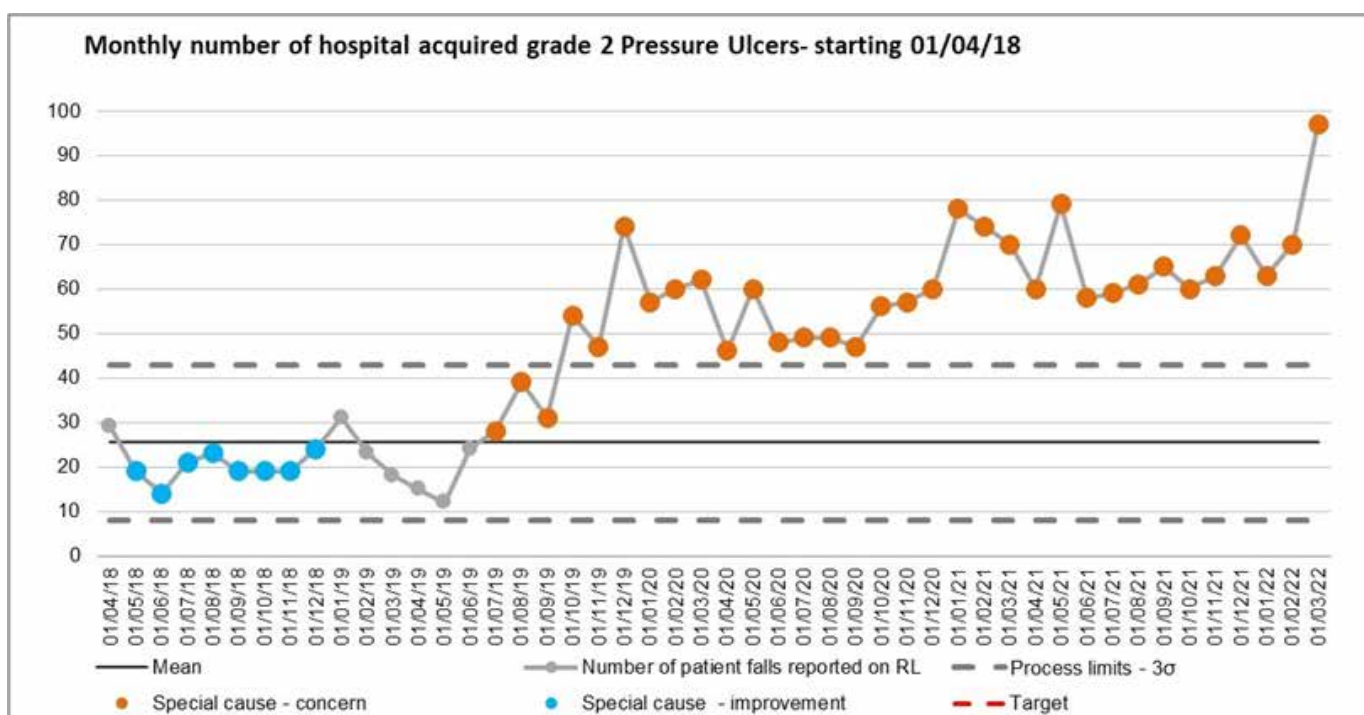


Priority Four	Reduce the total number of inpatient falls (40% reduction by March 2022, from 2019/20 outturn)
Achievement Rating	PARTIALLY ACHIEVED
Rationale for Rating	The Trust has assessed this measure as partially achieved on the basis we have seen a reduction in falls. Although slight, at an overall 2% reduction for the whole trust our wave 1 wards were able to achieve a reduction of 25-20% and sustain this progress with our Frimley Excellence continuous quality improvement programme



Challenges	<ul style="list-style-type: none"> • Sustainability of huddles when staff are operationally challenged. Senior clinical staff have been engaged to maintain momentum. • Increasing number of escalation areas opening in response to bed pressures • Reduced capacity of project team and practice development team to support project wards and huddle process to the required standard due to conflicting priorities (such as EPR). • Reduced visiting and volunteer support which previously supported patients in terms of companionship/distraction therapy
Actions/ Changes in Practice	<ul style="list-style-type: none"> • An intentional rounding pilot has shown positive falls reduction in the trial wards • Stay in the Bay – frontline teams using a baton approach to handover to another member of staff so there is always a member of staff in the bay • A Falls Risk assessment workstream commenced with the clinical teams to review and improve current process in preparation for our digital EPR use. • A Falls Equipment workstream was established to review and improve ward use of equipment. • New Enhanced Care Policy developed and launched • A cross site training day was held in March 22 around falls prevention, appropriate use of equipment and was well received by our frontline teams • Implementation of daily staffing huddles to provide trust site overview of staffing challenges and cohesive working across specialties to support staffing gaps and identify wards where more vulnerable/at risk patients may be that require additional support. • Themed Fundamental and Better Care Walkabout Programme in place led by Senior Nurses to assess quality, safety and patient experience elements and support staff to understand performance and seek solutions
Focus for the future	<ul style="list-style-type: none"> • Utilise 'live' patient safety and quality dashboards within EPIC to ensure patients have falls risk assessments completed in a timely way & care interventions are 'ordered' on the system to support reduction of risk • Roll out intentional rounding trust wide • Continue with the Frimley Excellence quality improvement methodology – ensuring clinical engagement with QI huddles • Re-engage with and build on our volunteer numbers, supporting them to come back on the wards • Implement recruitment and retention strategies to reduce Healthcare Support Workers vacancies • Audit our Enhanced Care policy and its application within practice – to identify areas for improvement and best practice

Priority Five	Reduce the incidence of avoidable pressure ulcers in our inpatient wards (including community wards) Pressure ulcers are graded with increasing severity from category 1–4, according to the European Pressure Ulcer Advisory Panel classification system (EPUAP, 2009).
Achievement Rating	NOT ACHIEVED
Rationale for Rating	The Trust has assessed this measure as not achieved on the basis we have seen a rise in grade 2 pressure ulcer incidences reported and have not been able to progress our improvement work to the extent we had planned for 2021/22. However the benchmarked 2020 report on the National Hip Fracture Database (published December 2021) shows that 99.5% of our patients on our Frimley Park Hospital site and 99% of Patients treated for a Hip Fracture did not develop a pressure compared to the national aggregate of 86.97%, following improvement work led by senior nursing team in Orthopaedics. Our ambition is to reach the standard of 100% consistently.



Challenges	<ul style="list-style-type: none"> • We intended to use our continuous quality improvement methodology to support this ambition for a reduction in pressure ulcers, utilising the support of Frimley Excellence. Full progression of this workstream has been hampered due to the impact of COVID. • Whilst we have strongly encouraged reporting for pressure damage at any point in the patients journey and expanded our services, we need to ensure that we are putting the right interventions in place early enough.
Actions/ Changes in Practice	<ul style="list-style-type: none"> • The design and introduction of a New Protocol for pressure injuries which includes safety huddle requirements • Worked to incorporate changes in EPIC build and design to support practice – eg. 'live' safety quality dashboard and body mapping tool • Improving incident reporting of pressure damage including for patients attending hospital as well as admitted into hospital • Utilising the Fundamental and Better Care Audit and Walkabout Programme to educate and support frontline teams in improving pressure area care. • Launch of our new continence assessment and management bundle • Fundamental And Better Care (FAB) audit programme re-instated during 2021/22. We were able to maintain our performance on risk assessment for pressure ulcer prevention at 90 or above with the exception of June, November and March where we saw slight dips in performance. • Themed Fundamental and Better Care Walkabout Programme in place led by Senior Nurses to assess quality, safety and patient experience elements and support staff to understand performance and seek solution
Focus for the future	<ul style="list-style-type: none"> • Utilise 'live' patient safety and quality dashboards within EPIC to ensure patients have Waterlow risk assessments completed in a timely way & care interventions are 'ordered' on the system to support reduction of risk identified by assessment • Roll out intentional rounding trust wide • Commence Frimley Excellence quality improvement workstream ensuring clinical engagement with QI huddles • Utilise our FAB audit results to drive evidenced based practice, particularly in • Ensuring the frequency of repositioning required was documented on the repositioning chart • To ensure an air cushion is ordered in conjunction with an air mattress for patients who require this level of equipment • To increase appropriate use of heel protectors

Priority Six	<p>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.</p> <p>In our local survey we ask the following questions</p> <ol style="list-style-type: none"> 1. To what extent did staff involve you in decisions about leaving hospital 2. Were you given enough notice of when you were going to leave hospital? 3. Before you left hospital, were you given any written information about what you should or should not do after leaving hospital? 4. To what extent did hospital staff take your family or home situation into account when planning for you to leave hospital? 5. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital? 6. How well would you say the ward kept your family up to date with what was happening to you while you were in hospital?
Achievement Rating	NOT ACHIEVED
Rationale for Rating	<p>In autumn of 2020 FHFT developed a local patient experience discharge survey to find out what mattered to our patients around discharge and to help identify ways in which the Trust could monitor and measure and drive improvements around the discharge process in a more timely way.</p> <p>Overall, we are seeing slight positive improvements in our survey results but not to the levels we had hoped for. When we triangulate our local survey results with our complaints and medication safety incidents around TTA's we can see we must continue our ambition to improve. In addition, our local Healthwatch's have provide valuable feedback and recommendations around our patients experience in relation to discharge</p>
Challenges	<ul style="list-style-type: none"> • We intended to use our continuous quality improvement methodology to support this ambition utilising the support of Frimley Excellence. Full progression of this workstream has been hampered due to the impact of COVID and operational pressures. • Wait times for Tablets To Take Away (TTA's) on discharge can be lengthy often exacerbated by discharge prescribing being completed on the day of discharge rather than day before

Actions/ Changes in Practice	<ul style="list-style-type: none"> • All GP clinical concerns that refer to an issue or concern with TTA's are now reported as a medicines safety incident on our incident reporting system. This enables the frontline team who discharged the patient to review and learn from the incident. These incidents are now monitored and discussed at our medication and safety committee • Standardisation of the SAFER patient flow bundle and Board rounds across FHFT (The SAFER patient flow bundle is a practical tool to reduce delays for patients in adult inpatient wards) • Agreement on 'one version' of the Medically Safe for Discharge (MSFD) definition across FHFT • Standardisation of long length of stay review meetings (LLOS) for patients in hospital at >14 days and >21 days • Secured funding to increase IRIS service discharge team up to 7 days per week. • A discharge awareness week held across the organisation in July 2021 • Fundamental and Better Care Walkabout Programme – Improving patient experience of discharge focus. • We have continued to encourage the use of the discharge information pack across the trust. The information pack includes details on who to contact if any worries or concerns and also details of our medicines information helpline. • We have focused on working to design and build new processes within our new electronic patient record EPIC to expedite and measure discharge pathways. • We have redesigned the hospital discharge letter and a summary of care for our patients which can be printed or sent electronically. • We have invested in of MyFrimleyHealth record as part of our EPIC transformation programme. MyFrimleyHealth gives patients personalised and secure on-line access to portions of their medical records. It enables patients to securely use the Internet to help manage and receive information about their health. With MyFrimleyHealth, patients can use the Internet to: <ul style="list-style-type: none"> ◦ View their health summary from the electronic health record, including current medications. ◦ View test results. ◦ Access trusted health information resources. ◦ Communicate electronically and securely with their medical care team
Focus for the future	<ul style="list-style-type: none"> • <i>Improving discharge from hospital is a key strategic priority for 2022/23</i> • <i>We will continue with patients our local survey as patients have reported that they have found the discharge survey useful, not only because it is an opportunity to feedback on their care but also, we have been able to signpost and support them for any issues or concerns they have had on their return home.</i> • <i>In 2022/23 we will be implementing our "Everyday Matters" continuous quality improvement workstream to support this important ongoing priority</i> • <i>We will continue to seek local General Practitioners feedback when there have been issues with medicines prescribed on discharge as this will allow us to monitor progress.</i> • <i>We are working with community pharmacies to ensure medicines-related communication systems are in place to support patients in their understanding of and adherence to medicines.</i> • <i>We are confident that with our improvement workstreams in place moving forward and the launch of MyFrimleyHealth record we would see a stronger result for our patients experience in 2022/23.</i>

2.2 Statements of assurance from the board

This section of our Quality Account includes statements of assurance from our board on information that is enshrined within quality accounts regulations. The information in this section therefore follows a 'Form of Statement' (it must be written in a certain way).

This information is common to all quality accounts and can be used to compare our performance with that of other organisations.

Review of services

During 2021-22, Frimley Health NHS Foundation Trust provided and/or sub-contracted services for 167 categories of healthcare provision.

Frimley Health NHS Foundation Trust has reviewed all the data available to them on the quality of care in all 167 healthcare provision categories.

The income generated by the relevant health services reviewed in 2021-22 represents 2% of the total income generated from the provision of relevant health services by Frimley Health NHS Foundation Trust for April 2021 – March 2022.

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 2021-22 68 national clinical audits and 2 national confidential enquiries covered relevant health services that Frimley Health NHS Foundation trust provides

During 2021-22, Frimley Health NHS Foundation trust participated in 100% of the national clinical audits and 100% of national confidential enquiries of which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Frimley Health NHS Foundation trust participated in, and for which data collection was completed during 2021-2022, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of the number of registered cases required by the terms of that audit or enquiry where available.

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)	✓	✓	FPH: 162 cases WPH: 141 cases
National Joint Registry (NJR)	✓	✓	Heatherwood: 867 Wexham: 200 Frimley Park: 775
Major Trauma (Trauma Audit & Research Network (TARN)	✓	✓	WPH – 97% (392 cases) FPH – 82% (364 cases) Awaiting end of year case ascertainment performance, on track for 100%
Serious Hazards of Transfusion (SHOT)	✓	✓	(March-April 2022) 21 Trust incidents and 2 reports reportable to either SABRE and/or SHOT
RCEM Pain in Children V1	✓	✓	GPH – 150 cases WPH – 128 cases
RCEM Infection Prevention and Control V2	✓	✓	Data collection yet to be completed (Deadline 03/10/2022)
RCEM Pain in Children V2	✓	✓	Data collection yet to be completed (Deadline 03/10/2022)
Society for Acute Medicine's Benchmarking Audit (SAMBA)	✓	✓	FPH – 110 WPH – 72 cases
Cancer			
National Bowel Cancer Audit (NBOCAP)	✓	✓	FPH – 110 WPH – 219 100%
National Lung Cancer Audit (NLCA)	✓	✓	Run by calendar year and not financial year FPH – 232 WPH – 160 100%
National Prostate Cancer Audit	✓	✓	FPH – 228 WPH – 200 100%
Oesophagus-gastric Cancer (NAOGC)	✓	✓	FPH – cases are uploaded by the treating site WPH – 32 100% <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 Clinical Audit/ Enquiry	Eligible	Participated	% Of cases submitted
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. FPH – 101 WPH – 55 100%
Heart			
Acute coronary syndrome or acute myocardial infarction (MINAP)	✓	✓	WPH – 815 cases FPH – 652 cases
Cardiac Rhythm Management (CRM)	✓	✓	Devices: WPH – 461 cases FPH – 299 cases Ablation: WPH – 70 cases FPH – 110 cases
Percutaneous Coronary Interventions (PCI)	✓	✓	WPH- 1022 cases FPH – 1 case
National Heart Failure Audit	✓	✓	WPH – 719 cases FPH – 559 cases
National Cardiac Arrest Audit (NCAA)	✓	✓	100%
National Audit of Cardiac Rehabilitation	✓	✓	970 cases
Infection Prevention and Control	✓	✓	
Mandatory Surveillance of HCAI	✓	✓	1202 Cases
NHS Provided interventions with suspected /confirmed carbapenems producing Gram negative colonisations / infections	✓	✓ FPH – All quarters WPH – 3 quarters HWH – 3 quarters	100% of confirmed cases
Surgical Site Infection Surveillance Service (PHE)	✓	✓	Data submitted on 1375 operations
Long Term Conditions			
National Diabetes Footcare Audit	✓	✓	FPH - 130 cases WPH - 171 cases
Diabetes National Inpatient Audit – reporting on diabetic inpatient harms	✓	✓	FPH – 12 cases WPH - 4 cases
Diabetes National In patient Audit – Core audit	FPH only	✓	155 cases <i>N.B. WPH service provided by community</i>
National Paediatric Diabetes Audit (NPDA)	✓	✓	100%

National Clinical Audit/ Enquiry	Eligible	Participated	% Of cases submitted
Inflammatory Bowel Disease (IBD) programme	✓	✓	WPH - 91 cases FPH – 90 cases
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)	✓	✓	593 submitted 593 Total 100%
National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP)	✓	✓	Q1- FPH:62, WPH:62 Q2 – FPH:55, WPH 68 Q3 – FPH: 83, WPH: 92 Q4 - FPH: 71, WPH: 73 100%
National Asthma Audit Programme (NACAP)	✓	✓	Q1- FPH:26, WPH:44 Q2 – FPH:17, WPH 39 Q3 – FPH: 31, WPH: 55 Q4 - FPH: 35, WPH: 32 100%
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme: Children and young people asthma (NACAP)	✓	✓	100%
National Pulmonary Rehabilitation Audit Programme (NACAP)	✓	✓	Q1- FPH:15, WPH:63 Q2 – FPH:13, WPH 27 Q3 and Q4 awaiting final deadline (8th July 22) 100%
National (Rheumatoid) Early Inflammatory Arthritis Audit (NEIAA)	✓	N/A	WPH – 126 cases FPH – 1 case
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)			
Epilepsy	✓	✓	Cases from 2020 FPH – 2 cases WPH – 2 cases
Child Health Clinical Outcome Review Programme (NCEPOD)			
Transition from child to adult health services	✓	✓	1st October 2019 – 31st March 2021 FPH – 7 cases WPH – 5 cases Deadline 4th July 2022
Older people			
Falls and Fragility Fractures Audit Programme (FFFAP): Inpatient Falls	✓	✓	20 cases
Falls and Fragility Fractures Audit Programme (FFFAP): National Hip Fracture Database	✓	✓	FPH – 573 cases WPH – 505 cases

National Clinical Audit/ Enquiry	Eligible	Participated	% Of cases submitted
Sentinel Stroke National Audit Programme (SSNAP)	✓	✓	FPH – 715 cases WPH – 249 cases
National Audit of Dementia	✓	✓	FPH – 50 cases WPH – 50 cases
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 Vascular Registry	✓	✓	265 cases – however, not all of these cases have been completed <i>N.B. there is no vascular service at Wexham Park</i>
National End of Life Care Audit (NACEL)	✓	✓	40 cases - 100%
UK Cystic Fibrosis Registry	✓	✓	150, 100%
British Spine Registry	✓	✓	WPH – 74 cases appx FPH – Partial submission, awaiting validation
National Comparative Audit of Blood Transfusion Programme a. 2021 Audit of Patient Blood Management & NICE Guidelines b. 2021 Audit of the perioperative management of anaemia in children undergoing elective surgery	 a. ✓ b. ✗	 a. ✓ b. ✗	a. FPH 31 HWPH 30 b. Not participated in Perioperative as Trust not eligible
Women's and Children			
Maternal, New-born and Infant Clinical Outcome Review Programme (MBRRACE-UK)	✓	✓	100%
National Neonatal Audit Programme: Neonatal Intensive and Special Care (NNAP)	✓	✓	100%
National Maternity and Perinatal Audit (NMPA)	✓	✓	Data extracted directly from Maternity Services Data Set (MSDS)
National Pregnancy in Diabetes Audit	✓	✓	WPH – 37 cases FPH- 32 cases

All national audits

- We will work to improve and sustain our case ascertainment levels
- We will re-instate all quarterly directorate national audit review meetings (including Maternity and Obstetrics) to discuss most recent trust data and benchmarked indicators and agree our quality improvement areas (suspended during COVID)
- We will celebrate improvements and success
- We will work to optimise automated reporting from our EPR system EPIC to enable a greater focus on quality improvement

National Emergency Laparotomy Audit (NELA) - (Year 7 data December 2019 – November 2020 latest published benchmarked data)

This clinical audit collects data around the care delivered to emergency patients with acute abdominal problems that have exploratory and often interventional surgical procedures on their bowel.

Actions taken

- We increased our Intensive Care footprint and opened a surgical acute dependency unit on our Wexham Park site (already established on our Frimley Park site), this will aid us getting high risk patients into the right place of care
- We opened our elective care centre, this will allow us to optimise theatre space on our acute site for our Emergency cases (improving time to theatre)
- We have improved our pre-operative documentation of risk of death. This was better than the national standard of 85% and national aggregate scores of 85%.

Further Actions to be taken

- Continue with our improvement in case ascertainment (this means we provide better quality data). We have performed above the national aggregate (78.8%) and have the ambition to reach 100% consistently
- We will strengthen our decision-making process using a wider multidisciplinary team to establish whether an operation is the most appropriate course of action, looking at all aspects of patient outcome and not just chance of survival.
- We will explore opportunities to further increase input from our care of the elderly consultant team within surgery and increase the use of frailty assessments

National Hip Fracture Database – (Published and benchmarked data from 2020 report)

The national hip fracture database examines an emergency pathway that carries best practise advisory's for promoting a good outcome for patients suffering some of the most common and debilitating fractures. These types of fracture often carry a high rate of death and disability and so following the best practise advisories is essential to ensure our patients have the best chance of survival and quality of life, in the future.

Actions taken

- The opening of our elective care centre will allow us to optimise theatre capacity for our urgent non-elective work on other sites. This should have a positive impact on time to theatres for our patients with Fractured NOF.
- We focused on reducing pressure ulcer incidence
- Further Actions to be taken
- We will be reviewing our data quality and times for direct access to our Trauma and Orthopaedic wards
- We will be launching the DrEaMing (drinking, eating and mobilising) CQUIN across our elective surgical pathways in 22/23. The principles of this CQUIN are also applicable to emergency surgery and we hope to see further reductions in length of stay throughout 22/23 as an outcome.

National Diabetes Core Audit (NDA)

Part of the National Diabetes Audit programme the NDA Core Audit aims to answer 5 questions

1. Is everyone with diabetes diagnosed and recorded on a practice diabetes register?
2. What percentage of people registered with diabetes received the nine National Institute of Health and Care Excellence (NICE) key processes of diabetes care?
3. What percentage of people registered with diabetes achieved NICE defined treatment targets for glucose control, blood pressure and blood cholesterol?
4. What percentage of people registered with diabetes are offered and attend a structured education course?
5. For people with registered diabetes what are the rates of acute and long-term complications (disease outcomes)?

As part of the outpatient consultation our clinicians record measures and outcomes onto an audit platform. This data can then be extracted into the national database. Our transition to EPIC, our electronic patient record means this system will be obsolete and therefore technical support was suspended. The impact of this was that clinicians were unable to record details and actions of the care process in a timely way during clinics onto the audit platform. Actions were still recorded within patient notes but not audited in full and this led to partial submission of data.

Actions taken

- **We have identified a solution through our EPR system EPIC – a clinic template has been built to capture information required**

National inquiries and reports

This year we have considered the findings and recommendations of 2 national inquiries and reports

Independent review into Southern Health NHS Foundation Trust – Nigel Pascoe QC was appointed in 2019 to undertake a paper-based independent investigation to consider the circumstances of five people between October 2011 and November 2015, which occurred whilst they were under the care of Southern Health NHS Foundation Trust. A second stage report was published in September 2021 which made a number of recommendations for Southern Health Foundation Trust in relation to the 8 areas below

1. Complaints Handling
2. Communication, Liaison and 'Care for the Carer'

3. Incident Investigation
4. Supervisory Structures
5. Action Plans
6. Quality Improvement
7. Just Culture and Accountability
8. Leadership, Succession and Strategy Planning

At the request of the ICS, FHFT undertook a review of 4 main areas to assess compliance and identify areas we should consider for improvement.

1. Complaints Handling
2. Communication, Liaison and 'Care for the Carer'
3. Incident Investigation
4. Supervisory Structures

Following our review, we will be continuing our existing plans to embed our updated Complaints Handling Policy and Process, working closely with specialties to ensure specialty level investigations take place with clear actions plans and tangible evidence of changes in practice.

FHFT has a Carers Strategy and communication plan, and we are pleased to have secured NHSE funds to employ substantive staff member to liaise with families/carers with regards to D2A and to our ICS carers colleagues training our volunteers/PALS/Nepalese buddies to identify carers. We have regular carers meetings and have support workers to signpost to services and support for carers. We will be focusing on rolling out training across the organisation so frontline staff are able to further connect with and support our Carers Strategy.

We are currently planning to adopt the principles of the Patient Safety Response Incident Framework (PSIRF) and National Standards for Patient Safety Investigations (published by NHSE/I in March 2020). As part of this work, we will be implementing patient safety partners who will be able to assist in capturing the views and feedback of patients, families and carers about the Serious Incident process.

We will also increase the diversity of sub-committees to ensure they are wholly representative of the population we serve. 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 mothers 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

The Ockenden Review Trust Response:

As highlighted in our reporting of progress against our 2021/22 on page 23 we submitted an assurance report and evidence to NHSE/I which relates to the Ockenden Review. This work included the development and delivery of action plans during 2021/22. As part of the review, the Birth rate plus review identified the 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.

We are currently reviewing the recently published final report of the Independent Review of Maternity Services at The Shrewsbury and Telford Hospital NHS Trust, published in March 2022 to establish our improvement plans and actions to be taken in line with recommendations, not only at Maternity level but at trust wide level.

Update on progress on reports reviewed in 2020/21

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 was 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.



The trust has made significant progress in actions taken to meet the recommendations, these include:

- **New Interventional Procedures Policy and Guidelines produced which includes requirements for the monitoring of complications/incidents, patient experience and quality measures. There is also a requirement for applicants to demonstrate how the NICE guidance on shared decision-making will be embedded**
- **New Interventional Procedures Committee – Terms of Reference and membership agreed with committee due to be in place by Quarter 2 of 22/23**
- **Electronic application form designed and tested**
- **Central database for applications established**
- **Participation in the Pelvic Floor Registry launch by NHSE/I – the trust was praised for its leadership and support in setting this up.**
- **Expansion of our Pelvic Floor Physiotherapy service**
- **Re-introduction of our Complaints, Litigation, Patient Experience and Safety review meetings**
- **Designed new consent training programme including delegated consent. This has been approved and will be available for face-to-face training or online from quarter 2 of 2022/23**
- **Work with EPIC to build in electronic consent forms**

Local Audits

The reports of 59 local clinical audits were reviewed by the provider in 2021-2022 and Frimley Health NHS Foundation trust intends to take the following actions to improve the quality of healthcare provided.

Our local audit programme is supported by Consultant Audit Leads within specialties and overseen through our Clinical Effectiveness and Audit Committee. Specialities also use other forums such as clinical governance, academic half days to share and learn from local audits.

Local Clinical Audit	Actions taken / planned
HIV screening in Acute Medicine	<ul style="list-style-type: none"> • Successfully introduced HIV testing in ambulatory care, which has resulted in picking up 2 positive cases • A poster is now being displayed in the Ambulatory Assessment Unit and Emergency Department highlighting the importance of testing and battling the stigma around the disease • There are plans to include HIV teaching during local induction in the Trust as another HIV related audit (Neck lumps and HIV testing – are we doing enough?) has also highlighted the need for the awareness of HIV testing
Hospital At Home Pilot Project	<ul style="list-style-type: none"> • This pilot gained funding to be extended, which is now awaiting formal funding to continue as a substantive service. • Pilot RAG status is green for Fit For Purpose, Timescale, Finance. • This has enabled a 93% admission avoidance rate from accepted referrals. • Patient feedback rated the overall service and clinical care received as 'Excellent'
Chest pain; senior review in ED	<ul style="list-style-type: none"> • This found an improvement in the number of patients getting a consultant sign off prior to discharge from the Emergency Department • A pop-up has been implemented on the clinical system prior to discharging a patient prompting for the need for consultant sign-off in patients over 30 years old presenting with atraumatic chest pain • A register is being produced with a list of named registrars and specialty doctors who have sufficient experience to be able to do the sign off.
Response of the Emergency Department and Psychiatry teams to Mental Health Crisis	<ul style="list-style-type: none"> • Following this audit, the Mental Health Triage sheet is being reviewed to ensure it aids an appropriate risk assessment by nursing team and to enable an increased percentage of early referrals • The Emergency Department and Psych Liaison teams are conducting a review to identify the causes of delay with reviewing referred patients
Accuracy of Fine Wire Localisations	<ul style="list-style-type: none"> • This highlighted that there is a 99.5% accuracy in fine wire localisation under stereo and us guided, which is above the requirement by NHSBSP guidelines • This is going to be maintained as an annual audit for future years. • With each re-audit the teams will re-evaluate any need for changes in both practice and audit requirements for changes in localisation procedures to future proof - as and when any new procedures are implemented.
Sepsis pathway re-audit (Are we following neonatal sepsis pathway)	<ul style="list-style-type: none"> • This re-audit enabled a review on key factors and proved very positive results such as the cost of daily unnecessary bloods dropped from £9.7 to £4.2 • It also confirmed that the contaminated positive blood cultures dropped from 3.3% to 2%
Percentage of acute admissions with decompensated liver disease seen by a gastroenterologist / hepatologist within 24 hours	<ul style="list-style-type: none"> • The use of BASL decompensated cirrhosis care bundle is now encouraged on admission clerking following this audit. • The relevant guideline has been published on Ourplace (the Trust Intranet page) and a bundle has been added on the Trust Guidelines App. • Education from this audit is now included in the Top 20 teaching days for SHO's and FY1 and FY2 teaching days.

ROP guidelines for premature babies	<ul style="list-style-type: none"> Following this audit, a 'Fail safe officer' has been recommended. This is to act as a fail-safe to monitor babies who meet the criteria for ROP screening and to ensure they get their screening on time. The department are currently finding someone who is willing to be the fail-safe officer. A key recommendation from this audit is to ensure that there is adequate cover in advance. There is a plan in place to arrange alternative cover if necessary.
Quality Assessment of Colorectal Cancer Surgical Techniques	<ul style="list-style-type: none"> All outcomes that were audited have been achieved successfully, with all targets met, if not exceeded. These are: Laparoscopic procedures, 74% (target 64%), 12 or more lymph nodes 98% (target 90%), R0 resection 97% (target 90%), Negative CRM 92% (target 92%), Mean LOS 7.23 (target average 4 to 10 days), Anastomotic leakage 4% (target < 5%), URTT 4% (target 8.4%), Unplanned readmissions within 30 days 5% (target 11.6%) and Mortality rate 0% (target <3%)
COVID standard management in ICU during the second wave	<ul style="list-style-type: none"> All patients received Dexamethasone/Steroids as per guidelines as well as Anticoagulation as per INARC's guidelines. 123 out of 153 patients were recruited into REMAP-CAP / Recovery studies for covid, making Wexham park one of the highest recruiting centres in the UK. Patients were also prone as needed as well as guided by oxygen requirements.
Supracondylar Fracture Management A National Service Evaluation (SupraMan)	<ul style="list-style-type: none"> Varying surgical techniques were utilised with two percutaneous wires in a cross configuration which was most commonly performed. Revision surgery within 30 days for deep infection or loss of position was <1%.
Re-audit: Time lag between Ante-Grade stent insertion and requesting definitive treatment	<ul style="list-style-type: none"> This audit highlighted many positives of current practice following the previous audit. This included areas such that a list of AG stent insertion was easily available on demand, all requests were under the Urology team's care and some requests put on the same day or even the day before A significant decrease in the time lag has been shown - from 13 days down to 3.5 days There is to be a discussion with IT to add an automatic pop-up window to request the definitive next step for AG stent at same time of requesting AG stent insertion (in line with the upcoming EPIC software)
Audit of management postmenopausal women undergoing bilateral Salphingo-oophorectomy	<ul style="list-style-type: none"> We have found that the False negative rate at Wexham Park Hospital is lower than national standard and our complication rate is very low. We adhered to NICE guideline by not operated on postmenopausal complex ovarian cyst with raised RMI of >250 (except one case, which was discussed in MDT and histology was benign later). Although histology results are not always available on ICE, the histopathology lead was contacted regarding this. In the future, EPIC should also help to resolve this. It has also been considered to allow clinicians admin time to follow up on results and to be able to write to them as 4 of these patients were not informed of the histology.

Evaluation of novel potassium binders (Lokelma and Veltassa) awareness, usage and barriers to prescription at Wexham Park Hospital

- There were no concerns raised from this audit, however, it was recommended that the use of novel potassium binding drugs in hyperkalaemia treatment to be implemented and then added to the relevant Guidelines to ensure that it is clear for when it is to be used.
- This audit also carried out a detailed questionnaire which included responses from a wide range of healthcare providers whereby they explored barriers into prescribing, dispensing, administered novel potassium binding drugs. This included lack of awareness of drugs, need for it to be implemented into guidelines with protocol. From this, departmental teaching is being introduced to help find an easy access in emergency stores to reduce barriers around prescription, dispensation, and administration.

Participation in Clinical Research

Research is essential to find out which treatments work better for patients. It plays an important role in discovering new treatments and making sure that we use existing treatments in the best possible ways. Research can find answers to things that are unknown, filling gaps in knowledge and changing the way that healthcare professionals work. Some of the common aims for conducting research studies are to

- Diagnose diseases and health problems
- Prevent the development or recurrence of disease and reduce the number of people who become ill
- Treat illness to improve survival rates or increase the number of people who are cured
- Improve the quality of life for people living with illness

Research and clinical trials are an everyday part of the NHS. People being cared for in the NHS benefit from past research and continue to benefit from research that is currently being carried out.

During 2021/22 FHFT Research and Development (R&D) team focused on delivering urgent public health studies as well as restarting non-COVID-19 research. We were delighted FHFT recorded the highest level of accruals on record along with the highest level of funding from the clinical research network. This success was down to the

hard work and dedication of R&D team in partnership with the many staff members who contribute to research activity. This activity has provided patients with an unprecedented opportunity to be involved in research.

The number of patients receiving relevant health services provided or subcontracted by Frimley Health NHS Foundation trust in 2021/22 that were recruited during that period to participate in research approved by a research ethics committee was 3026.

During the year, there have been changes to the structure and function of the department. There has been a focus on bringing the different research teams together and building activity across the whole Trust. A new system for assessing and adopting studies has started. We hope this will maximise the return on our current resource. In the short term, we will adapt to Epic and then make full use of its potential. Later this year we will develop a new strategy, which will include building stronger links with the Integrated Care System and local academic partners.

Hepatology Research and Development

The Hepatology Research and Development team celebrated being the top recruiter to the BOPPP trial for liver disease since research restarted in July 2021.

If successful, the research could save up to 11,000 lives and help over 60,000 people with the disease in England and Wales annually.

Running at Frimley for two years and funded by the National Institute of Health Research (NIHR) Health Technology Assessment (HTA) programme, the BOPPP trial aims to test if early use of a common beta-blocker (usually used to treat high blood pressure) is a cost-effective treatment to prevent bleeding in patients with liver cirrhosis.

The study aims to recruit 1,200 patients, with 44 NHS Trusts currently involved. Frimley Hepatology Research and Development team are dedicated to recruiting patients to this important study and have so far recruited 19 patients to the trial.

Magnet4Europe

In January 2020 Frimley Health was given the opportunity to participate in an exciting research and development study called Magnet4Europe. The study examines how workplace redesign and interventions from the globally recognised USA Magnet® Accreditation Programme can positively impact recruitment and retention in nursing, improve health and wellbeing, staff satisfaction and in turn improve patient outcomes.

The Magnet® programme focuses strongly on ensuring front-line nurses have a say in decision making and are at the forefront of innovation and research. It also aims to foster exemplary professional practice in terms of how our nurses as a profession deliver care to our patients, families, carers and wider community. The programme also supports nurses as a profession to foster improved working relationships with the wider healthcare team.

Our first steps in 2020 were to participate in a baseline survey of our frontline clinical staff to review rates of burnout, teamworking and decision-making involvement. We then completed a gap analysis to assess where FHFT was in terms of the programme elements.

Over 2021/22 we have worked closely with our twinning partner in the programme from Cleveland Clinic Ohio to review our results, learn more about the Magnet® programme and support us with next steps. So far, we are proud to have achieved the following:

- **Recruited the first wave of our Magnet Champions to support the role out of the Magnet4Europe Programme and engagement of frontline teams**
- **Appointed a shared decision-making lead**
- **Designed our Magnet4Europe Awareness training programme**
- **Agreed our proposal and roll out plan for shared decision making**
- **Built Magnet4Europe into our Education and Nurse Leadership Models**
- **Developed with frontline nurses and midwives a five-year nursing and midwifery strategy due for launch in May 22**
- **Planned for a programme visit from our Cleveland Clinic Ohio colleagues in May 2022**
- **Participated in international and national Magnet collaboratives**

Research award

One of our lead critical care pharmacists was given a prestigious Research Support Award for her role in helping recruit patients into COVID clinical trials.

The award, from the National Institute for Health and Care Research Clinical Networks (NIHRCRN) Kent, Surrey and Sussex, was one of four winners chosen by a panel of experts to recognise people who support R&D teams across the region. For the Acute Trust: COVID-19 category, receiving a £500 reward for the Trust. The nomination stated that without her help “We would have been unable to safely recruit, manage and monitor all of the participants we have managed to recruit to these clinical trials”.

Commissioning for Quality and Innovation (CQUIN) payment framework

Frimley Health NHS Foundation Trust income in 2021/22 was not conditional on achieving quality improvement and innovation goals through the CQUIN payment framework because the CQUIN programme was suspended by NHSE/I.

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. Progress against the actions required to comply with these regulations is monitored through the Care Governance Committee and Directorate Performance reviews. Our Chief Executive, Medical Director and Chief Nurse meet quarterly with our Regional CQC Inspector. Additionally, our Chief Nurse/Deputy Chief Nurses have monthly meetings with our Trust CQC Inspector to discuss any concerns raised or areas of good practice. During the pandemic CQC adopted a risk-based approach to inspections.

Frimley Health NHS Foundation Trust has not participated in any special reviews or investigations by the Care Quality Commission during April 2021- March 2022. In March 2021, the CQC carried out an unannounced focused inspection of the acute services provided by the Trust to look at infection prevention and control. The inspection was in response to the CQC's continual checks on the safety and quality of health care services and data which showed the Trust had experienced an increase in hospital acquired healthcare infections such as Methicillin Resistant Staphylococcus aureus (MRSA), and the rate of COVID-19 infections had risen.

The CQC report, published in June 2021, concluded that colleagues felt respected and valued, could raise concerns without fear and were committed to continually improving services. They found that teams had the skills and abilities to manage infection control effectively, governance was good, and everyone was clear about their roles in

preventing infection. They also found that staff were committed to learning and improvement and that the Trust's vision and strategy supported excellent infection control practice in the longer term.

The CQC found no breaches in regulations during their focused inspection and, as this was an inspection of infection prevention and control procedures at the Trust, the CQC did not rate the service at this inspection, and the previous ratings from inspection in November 2018 remained the same.

Frimley Health NHS Foundation Trust last underwent a routine 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 action were:

1. The Trust must ensure that midwifery staffing levels meet expected levels as determined by the nationally recognised acuity tool
2. The Trust must take action to ensure mandatory training including safeguarding training rates meet Trust targets

The Trust has invested in midwifery staffing and the midwife to birth ratios have improved across both sites. The Trust has also since repeated the Birth Rate+ exercise and due to increasing complexity of women cared for the recommended ratio has decreased further, and recruitment and retention programmes are in place to achieve this.

Maternity staffing ratios in March 22:

- Frimley Park – 1:27
- Wexham Park – 1:23

Overall compliance with mandatory and statutory training at Frimley Health as at 19/04/2022 was 90.46. We continue to monitor these 2 key areas to ensure progress is sustained for delivery of safe care which can be evidenced as and when our next CQC inspection takes place.

	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

NHS number and General Medical Practice Code Validity

Every patient should have a unique NHS number. It helps healthcare staff and service providers to identify patients correctly and match patient details to patient health records. It helps trusts to

- Create and maintain a complete record for each patient
- Enables information to be shared safely within and across organisational boundaries

Frimley Health NHS Foundation Trust submitted records during 2021-22 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:

99.6% for admitted patient care;
99.7% for outpatient care; and
98.8% for accident and emergency care.

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

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

Data Security and protection toolkit levels

NHS Digital is the data and technology partner of the NHS in England. They make sure patient information is protected and can be shared legally and used safely to improve health and care. As a trust we take our responsibility for looking after information very seriously. The Data Security and Protection Toolkit is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian's data security standards.

NHS Digital extended the deadline for submission of the 2020/2021 Data Security and Protection Toolkit to June 2021 where the Trust OR Trusts

did not meet the standards but submitted an improvement plan. The Trust status has since moved to Approaching Standards.

The build and implementation of EPIC our electronic patient record system has had the full involvement of our Information Governance team to support optimisation of data security and protection

Clinical coding

Frimley Health NHS Foundation Trust was not subject to the payment of results clinical coding audit during 2021-22 by the Audit Commission.

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

- **The Data Quality Framework has been endorsed by Senior Leaders and will be used to improve awareness of staff's responsibilities regarding good quality data**
- **Data Quality Performance manager has been recruited to drive forward the Data Quality Framework's action plan**
- **All staff entering any data onto our new EPR system will receive data quality training alongside their system training**
- **Transition to using the new EPR for Data Quality reporting/correction and identifying opportunities for improvement using the new system**
- **Liaising closely with directorates to improve the quality of data captured at source**
- **Expanding membership of the Trusts two Data Quality groups**
- **Utilising GIRFT (Getting It Right First Time) and Model Hospital (two national programmes which provide data for NHS Trusts to compare performance and productivity) to improve the quality of Frimley Health's data**
- **Continued to participate in the annual Information Governance clinical coding audit. Highest level achieved in 21/22**
- **Continued development of Clinical Coding & Data Quality Audit programme and Audit Feedback Groups**

Learning from Deaths

Every year thousands of patients come to Frimley Health Foundation Trust for care and treatment. Most receive treatment, get better and are able to return home or go to other care settings. Inevitably, some patients will die. Whilst most deaths are unavoidable and would be considered to be "expected", there may be a small number of cases where care in hospital was sub-optimal and contributed to the death or provided lessons for the future.

Learning from deaths of people in their care can help providers of care improve the quality of the care they provide to patients and their families and identify where they could do more.

FHFT follows the National guidance on learning from deaths. This provides a framework to help standardise how providers identify, report, investigate and learn from deaths and we are committed to continually improve our care through the learning.

During 2021-22 2449 of Frimley Health NHS Foundation Trust patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 557 in the first quarter;
- 616 in the second quarter;
- 785 in the third quarter;
- 756 in the fourth quarter.

By 16th May, 3489 cases were screened by Medical Examiners (inpatients) and the Lead Nurse for Mortality (patients within 30 days of discharge). During 2021, 302 cases were escalated for further review (by the Medical Examiner) and, from those cases, 255 cases a death was already 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 escalated for further review by the Medical Examiner in each quarter was:

- 61 in the first quarter;
- 71 in the second quarter;
- 74 in the third quarter;
- 95 in the fourth quarter

The number of deaths in each quarter for which a case record review was carried out was:

- 58 in the first quarter;
- 68 in the second quarter;
- 68 in the third quarter;
- 61 in the fourth quarter (data as at 16th May 2020)

Data is subject to change due to the 12-week review period permitted to complete the reviews. Due to National Guidelines, all the nosocomial Covid deaths were investigated by patient safety and infection control (cases are included in the numbers above).

4 deaths representing 0.02% 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:

- 2 representing 0.004% for the first quarter;
- 0 representing 0.0% for the second quarter;
- 2 representing 0.003% for the third quarter (Data not fully validated for third quarter)
- 0 representing 0.0% for the fourth quarter (Data not fully validated for fourth 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 of 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.

A description of the actions Frimley Health has taken during 2021/22 and further actions for 2022/23 as a result of our learning from deaths are displayed in the page 42

Learning from Deaths	Action/Change in practice
<p>Elderly Care</p> <ul style="list-style-type: none"> • A full assessment of Elderly patients presenting with abdominal pain is key to ensure a proper diagnostic • Clinicians to be aware of Bowel Obstruction as a differential in elderly patients presenting with nausea & vomiting (especially if confused, have dementia) • Check renal function and ensure PPI prescription in use of NSAIDs 	<ul style="list-style-type: none"> • New abdominal pathway under design • Learning shared at speciality mortality and trust mortality meetings. • Learning presented in Associate Director for patient safety briefing • Key messages around NSAIDs highlighted at medicines safety committee and distributed via global communications
<p>Escalation of deteriorating patient</p> <ul style="list-style-type: none"> • Limitations of NEWS2 – low news score does not always reflect the actual acuity of the patient, escalate if patient is sick independently of NEWS2 score • Always review Arterial or Venous blood gases when they have been taken & transcribe blood ketone levels alongside blood gases • Always ensure follow up of abnormal results • Sepsis – early administration of antibiotics if suspected/confirmed • All departments should use the Acute Kidney Injury Bundles • Ensure accurate documentation of stool charts and fluid balance to support clinical assessment 	<ul style="list-style-type: none"> • Education ‘roadshows’ and check and challenge visits to clinical areas in place to offer support and safety netting by the Rapid Response team around key topics • Learning shared at speciality mortality and trust mortality meetings. • Learning presented in Associate Director for patient safety briefings • Call4Concern launched across 2 main acute hospital sites • EPIC build to incorporate Sepsis/AKI bundles. • Alerts for IV Antibiotics administration requirement in EPIC will support timely administration • New project initiative regarding escalation and action on abnormal results initiated • Audits to assess prevalence and management of hospital acquired kidney injury done and results showed the care provided is adequate, these will continue in 2022/23
<p>Communication with patient/relatives and documentation</p> <ul style="list-style-type: none"> • Timely involvement of Palliative Care Team in terminally ill patients prior to their final presentation • Discharge process – ensure patient has capacity prior to make decisions. • Make sure all relevant conversations and rationales are documented as well as documentation about decision making and discussions 	<ul style="list-style-type: none"> • Recommended Summary Plan for Emergency Care and Treatment. (ReSPECT) implemented. • and trust mortality meetings. • Learning presented in Associate Director for patient safety briefings • Continue educational programme around safeguarding and mental capacity and improvement workstreams on safe discharge
<p>Review X-Rays and CT scans</p> <ul style="list-style-type: none"> • When reviewing chest X-Rays look at the whole image – e.g. dilated small bowel loops may be present. • If ongoing hip pain and what looks like a normal X-Ray – consider CT Hip for possible missed neck of femur fracture. 	<ul style="list-style-type: none"> • Learning shared at speciality mortality and trust mortality meetings. • Learning presented in Associate Director for patient safety briefings

2.3 Reporting against core indicators

In the table below are a set of core indicators on which NHS foundation trusts are required to report performance against. These indicators must be compared with the national average and show the NHS trusts and foundation trusts with the highest and lowest performance levels for each indicator.

Domain	Indicator	2021-22	National Average	Best Performer	Worst Performer	Trust Statement	2020-21	2019-20
Preventing People from dying pre-maturely	Summary Hospital-level Mortality Indicator (SHMI) value and banding	0.9780 As expected	1.0	0.7193	1.1860	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.	0.9817 As expected (Oct 2019 - Sept 2020)	0.9731 As expected (Oct 2018 – Sept 2019)
Enhancing quality of life for people with long-term conditions	% of deaths with either palliative care specialty or diagnosis coding	43% (Nov 2020 – Oct 2021)	47%	57.6%	39.2%	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.	43% (Sept 2019 – Aug 2020)	44% (Mar 2019 – Feb 2020)
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	0.475	0.465	0.576	0.392		0.440 (Apr 2019– Mar 2020) Finalised	0.451 (Apr 2018– Mar 2019) Finalised
	Patient reported outcome measure for knee replacement surgery	0.291	0.313	0.400	0.176		0.322 (Apr 2019– Mar 2020) Finalised	0.329 (Apr 2018 – Mar 2019) Finalised
	30 day readmission rate for patients aged 0-15**.	6.28%	NA	NA	NA	This indicator has not been benchmarked by NHS Digital	6.08%	5.17%
	30 day readmission rate for patients aged 16 or over**	6.49%	NA	NA	NA		8.05%	6.79%

Domain	Indicator	2021-22	National Average	Best Performer	Worst Performer	Trust Statement	2020-21	2019-20
Ensuring people have a positive experience of care	Responsiveness to the personal needs of inpatients	74.1%	74.5%	85.4%	67.3%	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.	65.9 (Apr 2019-Mar 2020)	66.0 (Apr2018-Mar 2019)
	% of staff who would recommend the Trust to their family or friends Q21d "If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	76.0%	67.8%	89.5%	43.6%	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.	79.9% (2020 Staff Survey)	78.4% (2019 Staff Survey)
Treating and caring for people in a safe environment and protecting them from avoidable harm	% of admitted patients who were assessed for venous thromboembolism	VTE data national collection and publication remained suspended.				NA	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 28th March 2020.	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	4.98	15.79	0	80	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.	5.04	6.1 (Apr 2018 – Mar 2019)

Domain	Indicator	2021-22	National Average	Best Performer	Worst Performer	Trust Statement	2020-21	2019-20
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)	49.4	58.4	27.2	118.7	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 duplication of reporting, all incidents resulting in harm should be reported to the NRLS who then report them to the CQC.	43.6 Number of incidents = 9900 (Oct 2019 – Mar 2020)	34.9 Number of incidents = 8009 (Oct 2018 – Mar 2019)
	Rate of patient safety incidents that resulted in severe harm or death per 1,000 bed days (Prior to 2014-15 rate was based on 100 admissions)	0.01	0.27	0	0.96		0.04 Number of incidents = 9 (Oct 2019- Mar 2020)	0.06 Number of incidents = 14 (Oct 2018- Mar 2019)

Performance and improvement actions for core indicators

Summary Hospital-level Mortality Indicator (SHMI) value

The SHMI value is better the lower it is. The banding level helps to show whether mortality is within the “expected” range based on statistical methodology. There are three bandings applied, with a banding of two indicating that the mortality is within the expected range. The FHFT SHMI value is within expected range, and we are committed to continuing to reduce mortality rates.

Frimley Health NHS Foundation trust intends to take or has taken the following actions to improve this indicator, and so the quality of its services by

- Monitoring and improving our performance against clinical standards/best practice through our national audit programme and implementation of the Getting It Right First Time (GIRFT) recommendations
- Ensuring we continue to learn from deaths through robust Mortality reviews
- Patient reported outcome measure for hip replacement surgery and knee replacement surgery

The EQ-5D value is a generic health status measure patients prior to having hip or knee replacements will complete a baseline questionnaire regarding their baseline health eg. Mobility, pain, self-care ability, this will then be repeated post-surgery. A higher EQ-5D value demonstrates a better outcome.

Frimley Health NHS Foundation trust intends to take or has taken the following actions to improve this indicator, and so the quality of its services by

- Delivering our transformation programme for elective care with the opening of our new Heatherwood hospital
- Improving our shared decision making in accordance with NICE Guidance
- Engaging our patients to participate in the PROMs programme
- Actively reviewing our PROMs performance at Directorate and trust level
- Monitoring and improving our performance against clinical standards/best practice through our national audit programme and implementation of the Getting It Right First Time recommendations

Re-admission rates for patients

National benchmarking is not available for this indicator. The trust has seen an improvement in re-admission rates for patients aged 16 or over in comparison to 2020/21.

Frimley Health NHS Foundation trust intends to take or has taken the following actions to improve this indicator and so the quality of its services by

- **Routine monitoring of re-admission rates at speciality/directorate level**
- **Conducting re-admission audits where a rise is noted to determine cause and changes in practice if required**
- **Improving our planning and communication around discharge, actively involving patients, carers and families**

Percentage of staff who would recommend the Trust to their family or friends

The trust scored above the national average for this measure, but this score has deteriorated from 2020/21. However our NHS national staff survey results compared favourably overall with other acute trusts, our ambition is to be among the very best. Responses to 45 questions were significantly better than average, 35 about the same and only 12 significantly below average.

Frimley Health NHS Foundation trust intends to take or has taken the following actions to improve this indicator to improve the indicator, and so the quality of its services by

- **Building on our quality improvement programme Frimley Excellence to give staff the capability to make change and empower them in delivering continuous improvement**
- **Ensuring our staff feel listened to and valued building on our existing health and well being support**
- **Teams have been using their results to address issues of concern and the survey will help to inform our recruitment and retention strategy**

Rate per 100,000 bed days of cases of C.difficile infection reported

Frimley Health NHS Foundation trust intends to take or has taken the following actions to improve this indicator, and so the quality of its services by

- Improving our antimicrobial stewardship programme utilising the benefits of our EPR system EPIC to support clinical practice
- Continuing to ensure our Hand Hygiene meets expected standards
- Maintaining cleanliness standards in the environment and of our equipment
- Continuing with our infection prevention and control audit programme

Rate of patient safety incidents per 1,000 bed days reported within the Trust

Frimley Health NHS Foundation trust intends to take or has taken the following actions to improve this indicator, and so the quality of its services by

- Continuing to improve staff awareness of the positive impact incident reporting has on care and service delivery
- Ensuring we are responsive in delivering change as a result of incident reporting. For example, our response to staffing incidents and violence and aggression incidents (see patient safety overview in part 3)

Rate of patient safety incidents that resulted in severe harm or death per 1,000 bed days

Frimley Health NHS Foundation trust intends to take or has taken the following actions to improve this indicator, and so the quality of its services by

- Continuing with our Frimley Excellence workstreams to support the reduction in serious incidents related to the deteriorating patient and diagnostic delays
- Continuing with our Frimley Excellence workstreams to support the reduction in the total number of falls and falls with harm
- Continuing with our Human Factors Training Programme

National Friends and Family Test (FFT)

This is a nationally mandated measure for patient experience as part of healthcare providers' contracts. Patients who have used our services are asked the question "Overall, how was your experience of our service?" Patients can rank their answer from "very good" to "very poor". They also have the opportunity to explain the score they have given by adding comments

The table below shows the % of positive responses ("Very Good" or "Good") to the question FHFT has received by Department.

Patient Group	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
A&E department	90%	91%	94%	95%	94%	94%	79%
Inpatients	97%	96%	97%	97%	98%	98%	97%
Outpatients	95%	96%	97%	97%	97%	98%	96%
Community services	98%	97%	98%	99%	99%	99%	97%
Maternity services	95%	96%	97%	99%	98%	99%	96%
All services/departments	95%	95%	97%	97%	97%	97%	90%

Part 3: Other Information

This section of the Quality Account is used to present an overview of the quality of care offered by Frimley Health NHS Foundation trust based on our performance in relation to

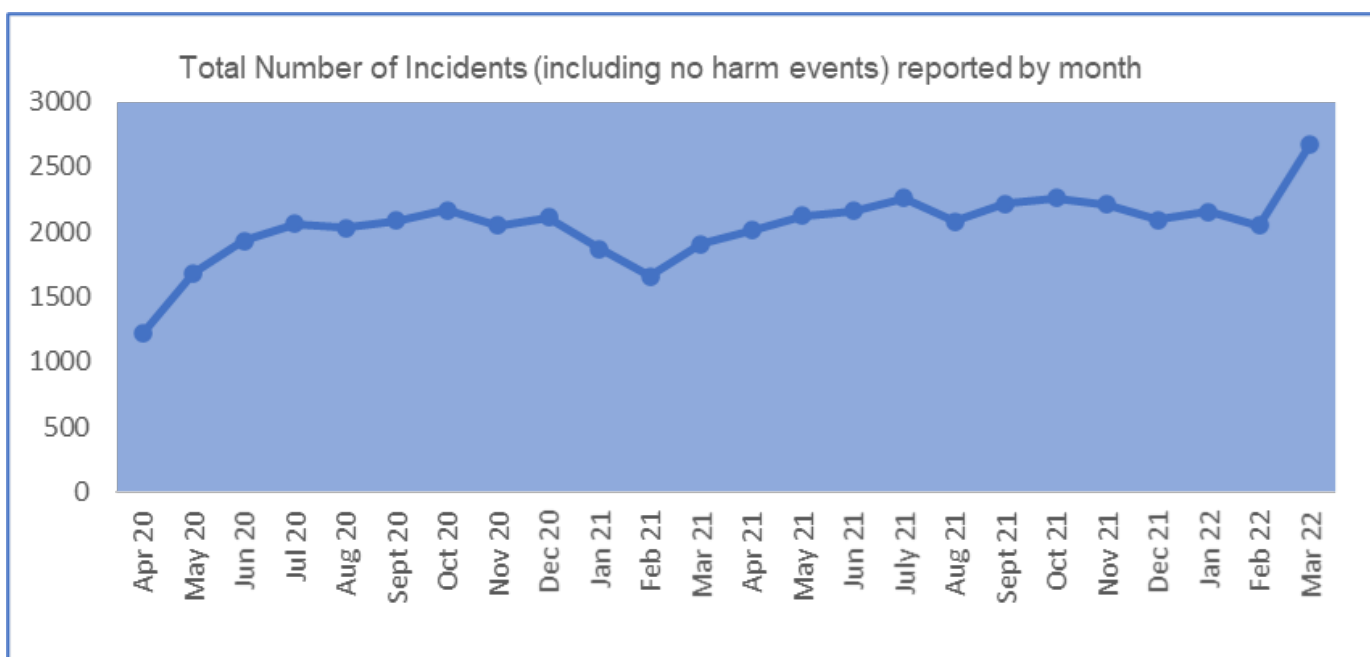
- Patient Safety
- Patient Experience
- Clinical Effectiveness (This will include a prescribed selection of indicators in relation to the NHS Oversight Framework)

Patient Safety Overview

Incident Reporting

The reporting of patient safety incidents helps us to protect patients from avoidable harm by increasing opportunities to learn from mistakes and where things go wrong. A 'low' reporting rate from a trust should not be interpreted as a 'safe' organisation and may represent under-reporting. Conversely a 'high' reporting rate should not be interpreted as an 'unsafe' organisation and may actually represent a culture of greater openness. FHFT positively encourages staff to incident report, and we are constantly seeking ways to ensure our staff feel safe to do so and that they feel we will be responsive.

Our incident reporting rate increased during the end of the last quarter of 2021/22 as can be seen in the graph below



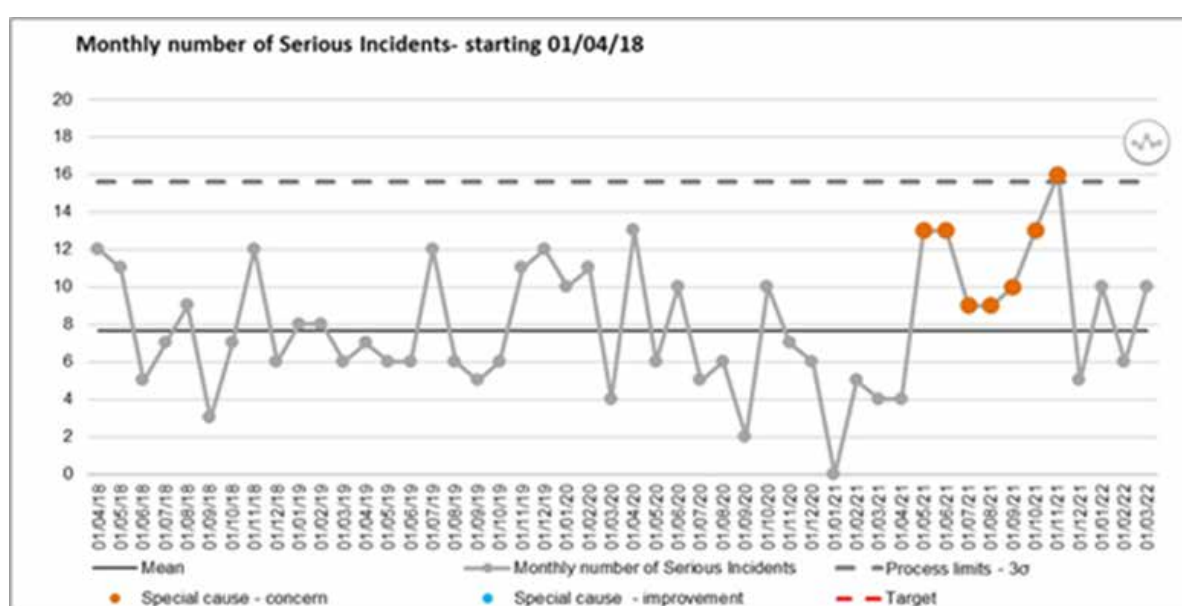
Our top 5 reporting categories are

1. Pressure Ulcers
2. Falls
3. Staffing Issues (159% increase in the last quarter of the year)
4. Bed availability/Capacity (33 incidents recorded in 20/21, 523 in 21/22)
5. Clinical triggers

We have also seen an increase in Mental Health related incidents, including violence and aggression towards our own staff. Our Emergency Departments, General Medicine and General surgery saw increased incident reporting levels. Our reporting categories very much reflect the pressure the organisation has been under during the reporting timeframe and the ongoing issues arising from COVID-19.

Actions in response to our top 5 categories

- We aim to progress our quality improvement programme with Frimley Excellence to support a reduction in pressure ulcers
- We will continue with our quality improvement programme with Frimley Excellence to reduce falls
- We established new support mechanisms and embedded oversight measures on Registered Nurse and Healthcare Support Workers staffing and management of shift gaps through daily staffing huddles, use and application of the safer care tool.
- We recruited more than 3,000 employees over the year (permanent, bank, fixed-term and locum staff), a significant increase over previous years. This included 487 nurses, 712 doctors and 1,009 clinical support staff.
- We have continued to develop our Nursing Associate (NA) programme, recruiting and training a further 50 NAs who offer greater flexibility with ward resourcing and an opportunity for many of our staff to develop their careers
- Teams have been using their results from the national staff survey to address issues of concern and the survey will help to inform our recruitment and retention strategy



Serious Incidents

Serious Incidents are events in health care where the potential for learning is so great or the consequences to patient, families and carers, staff or the organisations are significant that they warrant additional resources to mount a comprehensive response. There is a National Serious Incident framework which describes the process and procedures to help ensure serious incidents are identified correctly, investigated thoroughly and most importantly learned from to prevent the likelihood of similar incidents happening again.

Total number of Serious Incidents per financial year

2021/22 Reported between 01/04/21 to 31/03/22	2020/21 Reported between 01/04/20 to 31/03/21	2019/20 Reported between 01/04/19 to 31/03/20
119	76	100

Serious Incidents in the context of a pandemic

The national Covid-19 pandemic has been unprecedented times for the NHS and it is recognised that the Trust was the 4th highest in the country for the number of Covid-19 in patients over the first 2 years of the pandemic. It is important to recognise this local context of the organisation and the impact related to the Covid pandemic when analysing the data and recognising its likely impact on the increase in the serious incident numbers. Every speciality and every clinical pathway has been affected in one way or another. There have been a number of contributing factors which indirectly have impacted on the increase in the number of incidents reported including serious incidents and the progress of the improvement workstreams. This has included:

- Increase in the number of escalation areas/beds across both acute sites (up to an extra 130 beds).
- Increase in the patient's acuity due to Covid related illness
- Peaks in emergency department activity with a significant increase in the number of attendances at times, particularly seen between lockdowns
- Increase in ITU capacity and increase in acuity within our high dependency areas mainly MADU with challenged nurse staffing levels in the surges
- Re-deployment of staff to unfamiliar clinical areas with reduced skill mix and at times derogated staffing levels
- Increase in staff sickness due to Covid and isolation criteria
- No visitors/significant reduction of visitors in the organisation supporting their families
- No volunteers/significant reduction of volunteers to support the clinical staff and patients
- Rapid move to virtual working in many outpatients settings

Two main areas where we have seen a rise in serious incidents are:

1. Maternity (due to change in HSIB criteria)

The national maternity reporting criteria has changed in this last reporting period. Previously, any incident that met the HSIB criteria did not necessarily meet the Serious Incident reporting criteria, however since April 2021 all referrals to the HSIB must be reported as a serious incident. Therefore, in comparison to the previous years based on the Serious Incident criteria alone the numbers for this current reporting period would be 7 of the 26 reported. This would be in line with the reporting profile for maternity over the last 2 years.

Although referrals for HSIB have increased due to the change in referral criteria it is important to note that a number of the final reports contain no or very minimal recommendations and reflects best practice in relation to the care of women and their babies. Of the 22 investigations completed to date 5 reports contain no recommendations and 6 reports contain 1 recommendation. Where there has been wider learning identified this is being embedded by the maternity safety team.

2. Diagnostic and Treatment Delay

The increase in reporting for diagnostic and treatment delay is thought to be in part related to the impact from the Covid pandemic, and in part due to increased recognition and reporting of problems. Analysis of this group of incidents revealed the following key themes:

- Failure of clinicians to see or act upon results
- Delay in appointments or investigations
- Clinician decision making error
- Radiology reporting error
- MDT / cancer pathway process issue
- Administrative / communication
- Interpretation error in endoscopy or histopathology

A workstream to mitigate these issues commenced in late 2021, using our Frimley Excellence methodology. The Associate Medical Director for Patient Safety has also been involved in EPIC design related to visibility of investigation results, mechanisms to support acknowledging results and actioning, and escalation of unacknowledged results. The Associate Medical Director for Safety and Cancer Lead Clinician have had parallel involvement in EPIC design related to Cancer MDT pathways and documentation which will launch in June 2022. Post implementation learning will be crucial to ensure any safety issues are identified.

Never Events

Since April 2021 to March 2022 we have reported 3 never events, with none in the last quarter of the year. This is a reduction from previous years.

Date	Never Event	Key Contributing Factor
May 21	Wrong Implant	Human error
July 21	Retained Foreign Object	Process Deviation
Oct 21	Wrong site Surgery	Under Investigation

Action taken

- We have implemented Human Factors Training for high-risk areas and now have 18 training facilitators in the Trust.
- Updated our Doctors toolkit with induction information and a clinical guidelines application
- All new clinical guidelines have a one-page key point summary to ensure they are more accessible in practice

Medicines Safety

Medicines safety is overseen by FHFT's medicines safety committee which is multidisciplinary. The Medicines Safety Officer and Deputy Medicines Safety Officer work closely with lead pharmacists and the Quality Lead to review incidents with clinical teams and identify key areas for focus and improvement. Over 2021/22 the committee have focused on ensuring there has been engagement with the EPIC team and frontline staff to build a clinical system that would support reduction of risk around prescribing and administration of medicines.

Top 3 themes in medicines incidents

1. VTE chemical prophylaxis – all Hospital acquired VTE's that are reviewed that include an omission or error related to chemical prophylaxis will have an RL6 incident form generated to capture the medicines incident element.
2. Diabetes medicines – safe management of insulin and sliding scales. The complexity of diabetes management and the wide range of medication regimes available can be challenging
3. Take home medicines – reducing prescribing and administration issues

Medicines incidents with harm

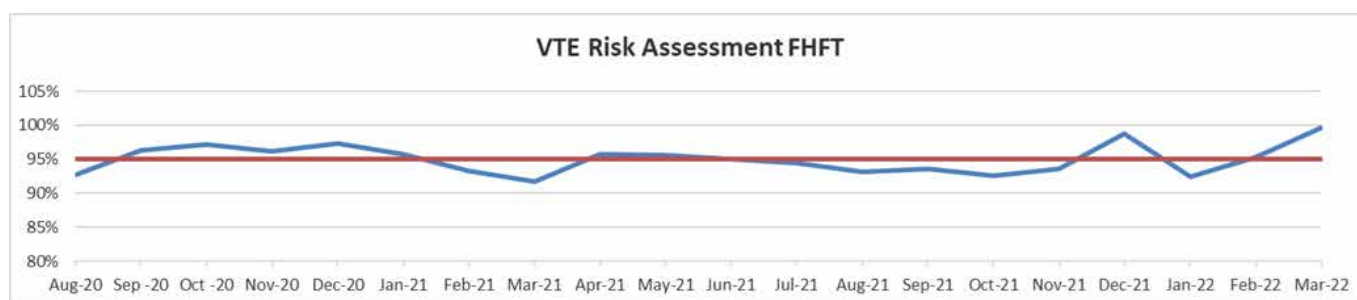
The increase in moderate medication errors reported relates to complex high risk medications including anticoagulation, insulin and intravenous medications primarily being administered in complex clinical areas which require further treatment

Level of Harm	2019-2020	2020-2021	2021-2022	Diabetes Medicines - Actions	VTE chemical Prophylaxis - Actions	Take home medicines (TTA's) - Actions
Low Harm	45	28	41	<ul style="list-style-type: none"> Diabetes team, Education Team and Patient Safety Team are developing a training programme to support our frontline teams in caring for patients with diabetes and understanding of medication and management of hypoglycaemia and hyperglycaemia. 	<ul style="list-style-type: none"> VTE committee have shared learning from cases where there have been errors in prescribing/administration or omission VTE committee now has surgical membership Patient transfer slides with scales purchased for a number of assessment areas and Trauma and Orthopaedics to facilitate correct weight being recorded on admission (supports correct weight-based prescribing) Prompts built into EPIC for prescribers 	<ul style="list-style-type: none"> Refreshed our education package for medicines competencies for Registered Nurses to ensure this important area of administration is completed correctly Used our junior doctors briefing to share incidents and learning
Moderate Harm	6	9	19			
Severe Harm	1	0	0			

Venous Thromboembolism

VTE Risk Assessment Monitoring and Compliance:

Whilst national reporting of VTE performance was suspended during the pandemic the Trust has continued to collect this data and share it to increase visibility. It is discussed regularly at VTE committee where all clinicians are reminded of the importance of accurate assessment of both VTE and bleeding risks. Issues identified in incidents are also reflected upon at the committee and learning shared, across directorate teams. There have been occasional months where % of assessments completed within 24 hours have not met the 95% target.



Hospital Acquired VTE incidence

Throughout the year we have reviewed all cases of hospital acquired Pulmonary Embolism for learning. In 2021/22 we had no preventable deaths from hospital acquired VTE, however we had 3 cases of hospital acquired VTE that were preventable and led to moderate harm, we have since ensured that Duty of Candour has been applied. The learning from these 3 incidents relates to patients who had undergone day case surgery with a history of VTE that had not been recognised and patients' post-surgery who had chemical prophylaxis omitted.

In 2022/23 we will be setting a new baseline from our EPR system EPIC on VTE assessments completed within 24 hours and monitoring outcomes in terms of prevalence of Hospital Acquired VTE (Preventable & Non -Preventable) that result in harm as part of our EPR benefits realisation programme

Patient Experience Overview

This section of the report provides an overview of FHFTs performance in relation to National (including the Friends and Family Test FFT) and Local Patient Experience Surveys. We also look at patient responses and feedback received through social media, and our compliments and complaints. We aim to demonstrate how we have learnt from our patient experience information and describe the workstreams we have in place or are planning to improve our patient's experience. Further information on patient experience at Frimley Health will be available in our annual patient experience report due for publication in June 2022.

The NHS Patient Survey Programme

The NHS Patient Survey Programme (NPSP) collects feedback on adult inpatient care, maternity care, children and young people's inpatient and day services, urgent and emergency care, and community mental health services.

The NPSP is commissioned by the Care Quality Commission (CQC); the independent regulator of health and adult social care in England.

The Adult Inpatient Survey 2020 - Results were published in 2021.

Patients were eligible to participate in the survey if they were aged 16 years or over, had spent at least one night in hospital, and were not admitted to maternity or psychiatric units and were discharged from hospital in November 2020

The Adult Inpatient 2020 survey was significantly different to previous years' surveys with regards to methodology, sampling month and questionnaire content. The questionnaire was amended significantly, with changes to both question wording and order. The 2020 results are therefore not comparable with previous years' data and trend data is not available.

Frimley Health's survey response rate was 50%, higher than the average response rate for all trusts and an increase from 2019 when we had a 46% response rate.

Overall, our results were "about the same" as other trusts with one area somewhat worse than expected, as detailed in the review of our improving discharge priority.

Summary of where we could improve	Areas where our patient experience is best
<ul style="list-style-type: none"> • Equipment and adaptations in the home: hospital staff discussing if any equipments or home adaptations were needed when leaving hospital • Support from health or social care services: patients being given enough support from health or social care services to help them recover or manage their condition after leaving hospital • Home and family situation: staff considering the patients home and family situation when planning from them to leave hospital, if needed • Talking about their worries and fears • Involvement in decisions: patients being involved in decisions about leaving hospital, if they wanted to be 	<ul style="list-style-type: none"> ✓ Feedback on care: patients being asked to give their views on the quality of their care ✓ Quality of food: patients describing the hospital food as good ✓ Contact: patients being given information about who to contact if they were worried about their condition or treatment after leaving hospital ✓ Keeping in touch during the COVID-19 pandemic: patients being able to keep in touch with family and friends during their stay in hospital ✓ Changing wards during the night: staff explaining the reason for patients needing to change wards during the night

Actions we have and are taking to improve in response to the survey findings include.

- Re-launch of our carers programme
- Pilot of an admission booklet using Frimley Excellence methodology and inclusion of a patient focus group – this will support patients to be involved in planning for discharge at the point of admission
- Launch of our “Everyday matters” workstream

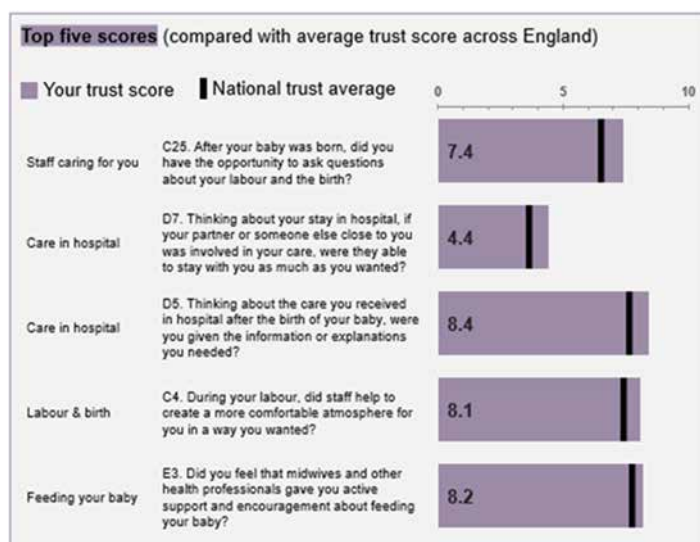
The National Maternity Survey 2021

The survey took place in February last year when the country was in the middle of its third national COVID-19 lockdown. Almost 260 women cared for by Frimley Health took part. Our survey response rate was 43% in 2021 compared to 44% in 2019. The average trust response rate for 2021 was 53%.

We were pleased to see posters advertising the survey become available in different languages and we will be optimising the use of these in the next survey in our hospitals and midwifery hubs to promote increased participation as well as wider use of social media platforms.

The survey results saw parents praise our Maternity teams for the personalised care they give to women in labour and for the information and support they provide post-birth.

We scored better than most other trusts in England in five key questions of the 2021 National Maternity Survey.



The national survey highlighted areas where we could improve the experience of parents these included the following.

- At the start of pregnancy seeing or speaking to a midwife as much as you wanted
- Provision of information about coronavirus restrictions and any implications for maternity care
- Being given enough information from either a midwife or doctor to help you decide where to have their baby
- Being given a choice as to where postnatal care would take place
- Giving enough information about physical recovery after birth

Maternity service improvements

Key areas that the maternity service has progressed since the 2019 survey was in infant feeding and involving women in care/decision making.

We were delighted that our Wexham Park Maternity Unit achieved Stage 2 of UNICEF UK's Baby Friendly Initiative and is now just one step away from becoming fully accredited. In the UK, the Baby Friendly Initiative promotes and supports breastfeeding and aims to strengthen all mother-baby and family relationships.

To reach Stage 2, the Wexham team had to demonstrate that staff had been trained to UNICEF's high standards in helping women to make informed decisions

Information on COVID and maternity care:

As part of Frimley Health and Care System we have worked closely with the Maternity Voices Partnership (MVP) to develop information in different languages including care during COVID

The website is created by local women, midwives and General Practitioners and contains signposting and information from planning a pregnancy to post pregnancy and how parents can care for their themselves and their baby. Further information is available at www.frimleyhealthandcare.org.uk/maternity

Call the midwife

During 2021/22 we conducted a successful pilot of a Maternity and Midwifery Advice and Support (MAMAS) Line. This is a collaboration with South Central Ambulance Service (SCAS) which provides a single point of contact for women from 16 weeks into their pregnancy through to 28 days postpartum.

Early feedback has been extremely positive, and we will be introducing this as a permanent service in April 2022. As part of the service a team of our midwives will give consistent, evidence-based advice to women who are concerned about their pregnancy or who think they may be in labour. They will signpost other callers to alternative services when appropriate.

Children and Young People's services

Youth Forum

We are proud to have launched a new Youth Forum for people aged 11-19 who want to take an active role in helping the Trust to change the way it provides healthcare to young people. Frimley Health has appointed its first-ever nurse specialist dedicated to smoothing the transition of young people between paediatric and adult healthcare services. The specialist nurse is cross-site and liaises with NHS specialities and external agencies to identify, develop and maintain co-ordinated care and transition planning, and to facilitate effective communication between paediatric and adult teams.

Our Patient Experience Tracker (PET)

The national inpatient survey is an extremely valuable way of capturing our patients experience and understanding the trusts performance when benchmarked against other trusts. It is however important that we are able to continuously capture the experience of our patients in order to be more responsive and assess the impact of changes in practice we make. Our volunteers are absolutely key in the collection of our local patient experience data, they visit our wards and assist patients to use tablets to complete the surveys. We saw the impact of COVID in terms of our volume of responses as our volunteers were unable to visit wards. We are pleased to be welcoming our volunteers back and the volumes of responses are continuing to recover, following the decline during the pandemic. In total we received over 2000 responses to our PET question in this reporting period

Breakdown of Local PET Survey Results

Our PET has 11 key questions for all inpatients and an additional 3 for inpatients who underwent an operation or procedure. In comparison to 2020/21 results for each question with the exception of one have dipped, which may be as a result of some of the operational challenges and the restrictions on visitors and volunteers.

PET Survey Question Results – 2021-2022 vs 2020-2021	20-21	21-22
Were you involved as much as you wanted to be in decisions about your care and treatment? (% “Yes definitely”)	77%	74%
Did nurses talk in front of you as if you weren’t there? (% “No”)	86%	86%
Were you ever bothered by noise at night from other patients? (% “No”)	71%	64%
Were you ever bothered by noise at night from hospital staff? (% “No”)	82%	83%
Did you find a member of staff to talk to about your worries and fears? (% “Yes, definitely”)	74%	69%
If you needed it, did you get enough help from staff with eating and drinking? (% “Yes, always”)	87%	84%
Were you offered a wash - either a shower, a strip-wash or a bed-wash - daily? (% “Yes”)	90%	84%
Was this your preferred type of wash? (% “Yes”)	96%	92%
Did our staff ensure your privacy and dignity was maintained whilst washing? (% “Yes”)	100%	99%
Within the first couple of days of admission did a member of staff ask you about your home situation? (% “Yes”)	88%	85%
Beforehand, did a member of staff explain the risks and benefits of the operation or procedure in a way you could understand? (% “Yes, completely”)	94%	93%
Beforehand, were you told how you could expect to feel after you had the operation or procedure? (% “Yes, completely”)	87%	86%
Before the operation or procedure, did the anaesthetist or another member of staff explain how he or she would put you to sleep? (% “Yes, completely”)	92%	90%
Have you and your family or carers been involved enough in discussing your discharge from hospital? (% “Yes, completely”)	71%	69%

Actions to improve

Conducted FAB Friday walkabouts – our senior nurse leadership team, practice development and other allied health professionals visit wards. Our senior nurses have supported with personal care and worked alongside ward teams to role model and set practice expectation

Trained volunteers to support with mealtimes, participated in nutrition and hydration week campaigns, refreshed our protected mealtimes standard, launched a new finger food menu and ensured regular key messages relating to practice around nutrition are available

Refurbished our older persons unit at WPH and this has helped to provide more pleasant washing/showering facilities. We are continuing with our capital refurbishment programme and our Trauma and Orthopaedic ward at WPH refurbishment will commence in May 2022

Friends and Family Test (FFT)

The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether patients are happy with the service provided, or where improvements are needed. It's a quick and anonymous way for patients to give their views after receiving NHS care or treatment. Our ambition is to move Frimley Health into the top 10 position of national rankings

Response Volumes

Our response volumes dipped in the latter part of 2021, but are recovering month by month driven by inpatient, emergency departments and outpatient areas. We now have over 38 services set up to collect FFT feedback by SMS, a popular method with patients by which they can provide feedback.

We are working with our clinical teams to continue to increase the response rate, ensuring there is visibility of this at ward and unit level.

National Friends and Family Test (FFT)

This is a nationally mandated measure for patient experience as part of healthcare providers' contracts. Patients who have used our services are asked the question "Overall, how was your experience of our service?" Patients can rank their answer from "very good" to "very poor". They also have the opportunity to explain the score they have given by adding comments

The table below shows the % of positive responses ("Very Good" or "Good") to the question FHFT has received by Department.

Patient Group	2019-20	2020-21	2021-22
A&E department	94%	94%	79%
Inpatients	98%	98%	97%
Outpatients	97%	98%	96%
Community services	99%	99%	97%
Maternity services	98%	99%	96%
All services/ departments	97%	97%	90%

Patient Feedback via FFT

Waiting times and communication in our Emergency Departments have been a predominant cause of the increased negative feedback responses in our FFT results. This is very reflective of the operational pressures the trust is facing, especially in relation to the volume and nature of attendances to our Emergency Care Departments. Demand throughout 2021-22 has been unprecedented, and our emergency department attendances were up 7.4% on 2019-20 to more than a quarter of a million for the first time. Whilst we recognise this is reflective of the national challenges we will be working closely with our Emergency Departments to understand the ways in which we can improve our patients experience, particularly around communication

Complaints & Patient Advice and Liaison Services

Patient Advice and Liaison Service

FHFT continues to see increasing numbers of contacts with our Patient Advice and Liaison Service (PALS). PALS was introduced into the NHS to ensure we listen to patients, their relatives, carers and friends, and answers their questions and resolves their concerns as quickly as possible. We also find it is often a point of contact for patients/families and carers to compliment our services. We view high levels of contact with PALS as a positive indicator as it allows us to get things right at an earlier stage.

Complaints

The Trust received 650 complaints in 2021/22, compared to 605 20/21 and compared to 914 in 19/20.

Complaints offer insight into the quality of care and patient experience we deliver for our patients and relatives. Whilst specific learning is not always identified the feedback often highlights a need to reinforce practice, for either an individual and often for the wider team. Complaints are discussed at Clinical Governance Specialty meetings and specific forums such as end of life forum, dementia forum, to ensure specialist overview.

Some examples of changes we have made in response to complaints are highlighted in the table below

You said	We did
Complaint reiterated the need to offer advice on benefits and support available when a diagnosis of Parkinson's Disease is made	This advice will be offered as routine practice in the patients first appointment and documented in the clinic letter.
We did not have the right equipment in our Emergency Department to protect a fracture	Emergency Department are developing a standard operating procedure on lines of escalation when specific equipment is not available in ED
Personal property was sometimes lost, not kept or stored in an appropriate manner	<ul style="list-style-type: none"> • Patient Property policy refreshed and re-launched. Ward sisters and Matrons asked to support in encouraging staff to follow policy
Communication – not knowing who staff were/staff not introducing themselves	<ul style="list-style-type: none"> • Utilised our clinical forums to highlight concerns raised and remind teams of best practice of introducing themselves • Refreshed our uniform policy and requirements for this to be followed now COVID PPE requirements have been minimised to mask wearing. This supports patients to understand which role our staff are in. • Encouraged re-ordering of #hello my name is yellow badges & general prompting of staff to wear these
Communication – difficult with visiting restrictions and carers not being involved	<ul style="list-style-type: none"> • We provided 'tablets' to wards to support virtual visiting • We are updating and re-launching our carers booklet and guidance • Language badges for our staff. 702 badges covering 66 languages which will be launched in April 22. Whilst not to provide a formal interpretation service we hope our patients and families will be able to recognise and converse with staff familiar to their first language.
We could provide more assistance at mealtimes	<ul style="list-style-type: none"> • We have trained a number of our volunteers to assist with mealtimes

We should improve our approach to continence care	<ul style="list-style-type: none"> • We developed and launched a new continence assessment tool and provided training to ward teams • We have developed an audit tool as part of our FAB audit programme to test our implementation of the tool and application of care actions • Intentional rounding piloted with success and will be rolled out across the trust
You have found virtual appoints during COVID helpful	<ul style="list-style-type: none"> • We have continued to offer virtual appointments and use Attend Anywhere. • Attend Anywhere is an online application that provides a virtual 'waiting area' for patients before they are called into their virtual appointment.

Voluntary Services

Without doubt our volunteers who make such a difference for our staff and patients were very much missed during the pandemic. Many of them remain registered but are currently not actively volunteering due to the ongoing presence of COVID. Of our 930 registered volunteers we have 502 who are currently actively volunteering and have a further 31 volunteers in our recruitment pipeline. The introduction and use of TRAC in Voluntary services resulted in an increase in the volume of applications; it has sped up and made the volunteer recruitment process more 'user friendly'.

Our volunteers are currently involved in the following projects and activities:

- **Wayfinding – ensuring patients and visitors get to where they need to be**
- **Hand sanitizing / Masks - ensuring patients and visitors are kept safe**
- **Buggy Drivers – helping patients with mobility issues to get from A to B in our large hospitals**
- **Companionship – spending time with our patients receiving end of life care**
- **Nutrition and hydration– supporting our ward teams to assist patients requiring food and drink**

As well as our patients our volunteers look after our staff. We have volunteers who are Mental Health First Aiders, they support our Frimley Eats Wellbeing team project and have helped deliver countless gifts and thank you's to staff.

NHS National Complaints Framework pilot

The NHS National Complaints Framework (NHSCF) is due for implementation by March 2022. The aim of the National Framework is to standardise PALS and complaints management across the NHS.

Over 2021/22 a pilot was carried out in over 60 NHS organisations, including acute, primary care, mental health, dentistry etc. All NHS staff will undertake mandatory training to support timely response to complaints in order to promote swift and proportionate responses.

In preparation for the new framework we commissioned an internal audit which concluded moderate assurance and recognised our clear Complaints Policy and Procedure which staff should follow when handling complaints.

Further to recommendations from the audit we have strengthened our directorate leadership around complaints responses and are exploring additional ways in which we can share learning and evidence change in practice.



Clinical Effectiveness

Sentinel stroke national audit programme (SSNAP) 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 hyperacute stroke service. This clinical indicator has been chosen for our reporting as improving our hyper acute stroke unit (HASU) within 4 hours was one of our first Frimley Excellence supported quality improvement programmes and part of our Strategic Ambitions for 2020/21.

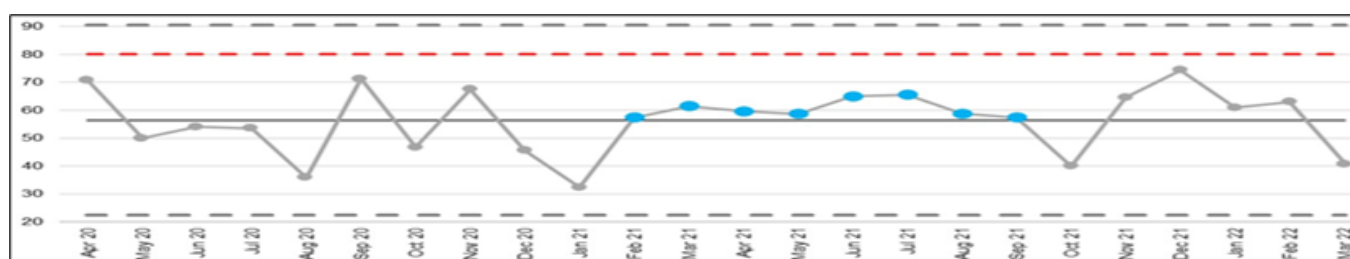
Overall performance for Sentinel stroke national audit programme (SSNAP) report

	Apr – Jun 2021	Jul – Sept 2021	Oct – Dec 2021	Jan – Mar 2022
1) Scanning	A	A	A	A
2) Stroke unit	C	C	C	C
3) Thrombolysis	C	B	B	B
4) Specialist Assessments	A	A	B	A
5) Occupational therapy	A	A	A	A
6) Physiotherapy	A	A	A	A
7) Speech and Language therapy	C	B	B	B
8) MDT working	A	B	B	B
9) Standards by discharge	B	B	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	90.0	90.0	90.0
Team-centred SSNAP level (after adjustments)	A	A	A	A
Team-centred SSNAP score	90.0	90.0	90.0	90.0

- We have successfully recruited another substantive stroke consultant and to have our Stroke Nurse Specialist team fully recruited to.
- Our Stroke Appeal raised an incredible £1.1million.
- The money raised will be used to fund the expanded stroke unit that is currently being built at Frimley Park. The bigger unit will have additional rooms and a landscaped outdoor area.
- These new rooms will provide flexible, quiet spaces that will be used to for therapy and assessments, including cognitive assessments, speech and language therapy and complementary therapy.
- The new unit will also provide an additional lounge for patients and their families away from the acute ward, as well as a new staff room.

Stroke Unit – 4hr direct admission

People with suspected acute stroke should be admitted directly to a hyper acute stroke unit (HASU) within 4 hours. Our ambition has been to achieve this in at least 80% of cases. The significant operational pressures have resulted in challenges around timely assessment in the Emergency Department and two ringfenced beds (beds that are deliberately kept free to allow an acute stroke admission directly in) needing to be reallocated.



Access to Treatment and Waiting Times

The impact of the pandemic over the past two years has significantly increased waiting times across the NHS. Reducing this will remain one of our biggest challenges for the year ahead and beyond. The number of patients on our waiting list has increased by more than 50% since 2019.

	Target	Q1	Q2	Q3	Q4	2021-22
Referral to treatment time: waiting less than 18 weeks %	92%	73.9%	72.3%	68.5%	65.1%	69.1%
Cancer 62-day wait						
For first treatment of all cancers	85%	81.2%	79.1%	77.3%	69.6%	76.6%
For all cancers screening	90%	71.0%	87.1%	78.9%	58.9%	73.4%
Diagnostics < 6 weeks						12.6%

Restoring our elective activity to help patients waiting for planned care has been prioritised as part of our recovery. However, efforts have been hampered by the exceptional emergency and urgent care activity and additional COVID challenges, which has reduced capacity for planned procedures within our hospitals. This is reflected in our referral to treatment time where, like most trusts in the NHS undergoing similar pressures, we were unable to meet the target. We have supported initiatives to reduce the proportion of patients who are admitted to hospital, such as same day emergency care and rapid community response teams, and we are working with colleagues in community and social care services to reduce the time taken to discharge patients. We have also aimed to support patients on waiting lists through our 'waiting well' initiative and increase elective activity where possible, for example opening the new elective care hospital at Heatherwood which we expect to deliver 4,000 more operations in the first year than the facility it is replacing.

Our performance in relation to cancer, where rapid diagnosis and treatment is strongly related to patient outcomes, held up slightly better as we continued to prioritise these patients. Although our performance compared relatively favourably with trusts across the country, it did not match what we would hope and expect for our patients. The below table records our access performance during the reporting year.

Getting It Right First Time

Getting It Right First Time (GIRFT) is a national programme designed to improve the treatment and care of patients by reducing unwarranted variations through in-depth clinically-led peer review of services, using benchmarked data, and presenting a data-driven evidence base to support change. By tackling variations in the way services are delivered across the NHS, and by sharing best practice between trusts, GIRFT identifies changes that will help improve care and patient outcomes, as well as delivering efficiencies, such as the reduction of unnecessary procedures, and cost savings.

The Getting It Right First Time (GIRFT) workstream is delivering over 40 different workstreams, with over 25 Frimley Health services having received a GIRFT visit to date. Since July 2020 there have been 8 GIRFT deep dives held locally at the Trust which have been well attended with positive feedback regarding our services whilst also identifying areas of opportunity for improvement.

Specialties which have received a GIRFT visit

2020: Lung cancer, gastroenterology, plastics

2021: Day surgery, ED, paediatric trauma, neurology

2022: HVLC/Urgent Care (future visits confirmed for neonates provider level and urology)

An overview of visit findings are:

Lung cancer

- The CT-guided lung biopsy service at both sites is rapid, flexible and patient-centred
- There are well established nurse-led follow-up clinics in Frimley for patients who have had surgery
- There is same day reporting of GP Chest Xray/radiotherapy, as well as for patients who have been recommended for best supportive care.

Gastroenterology

- All three endoscopy units are JAG accredited and uploading to the National Endoscopy Database (NED)
- Good access to CTVC
- Registered for Improving Quality in Liver Services (IQILS)
- Good patient outcomes for the IBD service

Plastics

- The trust has significantly improved their access and speed of delivery for hand trauma surgery since Covid started. Job plans have changed allowing them to have focus on the trauma work with a registrar.
- During Covid, the team led the development of building a website called 'My Injured Hand' this is currently looking to be badged by BSSH and looking to build it as a hand trauma website, <https://www.myinjuredhand.com>

Paediatric Trauma & Orthopaedics

- Instigated undertaking manipulations in the ED
- Good femoral fracture practice

There are also a number of cross cutting projects related to our GIRFT work, including Annual Litigation, Surgical Site Infections, Thrombosis, Veterans Covenant Healthcare Alliance (VCHA), and High Volume Low Complexity (HVLC) programme.

GIRFT has a new dedicated area on our Trust Intranet pages (OurPlace) providing a single source of information to our staff (Image 11). Work to embed GIRFT into our new Heatherwood Hospital and Epic, is helping to ensure that best practice is embedded throughout our services.

Current GIRFT Trust-wide projects

We had a very positive meeting with Prof Tim Briggs (National Clinical Lead for GIRFT) in March this year focussing on elective recovery. The GIRFT team congratulated us on the fantastic work we are doing and were impressed with our ambitious plans for the future particularly around improving day surgery rates. In the formal feedback letter, it was noted that we have the 'potential to be an exemplar System nationally, and one GIRFT would like to use as an exemplar to others'.

Outstanding good practice included the day case mastectomy breast pathway with innovative use of regional anaesthesia and ambulatory local anaesthetic pumps and the use of an app for better patient engagement and reassurance post procedure for tonsillectomies.

A multi-disciplinary, Day Surgery Working Group chaired by our GIRFT Day Surgery Lead, was established in June 2021. Clinical representation from the key specialities and data analysis has driven change in practice. GIRFT forms part of the Trust strategic objectives for 2022-23 to ensure we continue to transform our services by leading the tackling of elective waiting lists and maximising the benefits of Heatherwood Hospital. The group will continue to work towards our ambitious plans to support wider elective recovery and theatre efficiency.

Our GIRFT Project Manager has taken a significant lead in supporting the local armed forces agenda including the re-signing of the covenant pledges last year in June to coincide with our 25-year partnership with the Joint Hospital Group South East (JHGSE). This successful collaboration was also on to the shortlist for the HSJ Awards 2021 for the Military and Civilian Health Partnership Award.

An Armed Forces Working Group has been set up with representatives including our military colleagues at JHG, HR dept, reservists on the Frimley site, and the Head of Patient Experience to ensure ongoing continued focus high-quality care for veterans and those who serve or have served in the UK armed forces and their families. Recruitment is currently in progress for a dedicated Armed Forces Champion role across Frimley Health to lead a wider programme of improvements ensuring the armed forces community is not disadvantaged. This post has been funded by the Armed Forces Covenant Fund Trust as part of a pilot project for Supporting Armed Forces in Acute Hospital Settings.

Seven Day Services

In December 2012 NHS England published Everyone Counts: Planning for patients 2013/14. It stated, for the first time, that the NHS would move towards routine services being available seven days a week. Ten standards were developed which aimed to improve clinical outcomes for patients admitted to acute hospitals, regardless of the day of their admission.

Standard	Definition	Progress
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	
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.	There was not a national audit requirement for this during 2021/22. Our previous national submissions have provided assurance we meet this standard in 90% or more cases. A local retrospective audit is currently underway for emergency patients admitted in October 21
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.	

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	<p>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 was extremely positive and they have become standard practice.</p> <p>Our hospital at night handover system is now standardised across sites and takes place 7 days per week. The handover is formally structured to ensure consistency in the quality of communication. All clinical speciality registrars on call attend, together with the site team and intensive care outreach. The handover includes a briefing on the site position in terms of flow and capacity, key safety messages and handover of patients.</p>
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Standard	Definition	Progress
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	We have previously reported substantial assurance against this standard but have not audited in 2021/22.
Standard 6 – Intervention/ key services:	<p>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</p> <p>We have previously reported substantial assurance against this standard but have not audited in 2021/22</p>	We have previously reported substantial assurance against this standard but have not audited in 2021/22
Standard 7 – Mental health:	Mental health services are 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	We continue to work across the ICS to align this service provision. We recognise the increased need for mental health support in adults and children and young people. We have recruited a Mental Health Lead for the trust to support our existing safeguarding and mental health team and to provide clinical expertise and support

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 2022/23. Our latest NEWS 2 audit for 21/22 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 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 FX we have been able to increase QI capability and apply QI methodology to influence outcomes. The Magnet4Research programme also provides a framework which is heavily focused on use of quality improvement methodology to improve empirical outcomes

Annex 1:

Statements from commissioners, local Healthwatch organisations and overview and scrutiny committees

Commissioner Response

Frimley Health NHS Foundation Trust QUALITY REPORT 2021/22: Commissioner Response Statement

The Frimley CCG is providing this response to the Frimley Health NHS Foundation Trust Quality Report for 2021/22.

Quality Report 2021/22

The Quality Report provides information and a review of the performance of the Trust against quality improvement priorities set for the year 2021/22 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 from NHSE/NHSI and the following are of specific note:

- The report provides information across the three domains of quality – patient safety, effective clinical care 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 draft reviewed prior to publication.

We highly commend the Trust on its continued response to the COVID-19 pandemic and managing the unprecedented demand on all NHS services. A flexible and efficient approach to managing the everchanging ask of COVID-19 was evident, with particular focus on the Omicron variant in late 2021.

This has been challenging in all areas and the Trust have responded to the continual high pressure / demand along with supporting staff fatigue and absence. In addition to the high demand for ICU / Medical HDU came an increase in acute admissions and the need for opening escalation areas, increase in presentations of Mental Health crises and a focus to recover elective care services. Pressure was evident in many diverse pathways.

The Trust has endeavoured to continue achieving quality improvement works during this time, motivating staff which has led to the nomination of HSI awards and some truly great developments, for example, achieving the opening of Heatherwood in Ascot, working in partnership on the opening of Heathlands intermediate care unit and planning for the launch of EPIC in June 2022. The Frimley excellence team has contributed to promoting Quality Improvement works and supporting staff in implementation.

Also, during this time recruitment and retention works have been successful and a dedicated programme for staff wellbeing and mental health is highly commended. The staff continue to strive to focus on patient need to provide excellent care with compassion. The staff survey has been reviewed and any concerns / themes are being addressed to promote further recruitment opportunities. The CCG compliment their drive even during these times of relentless pressure.

Throughout this period, FHFT and commissioners reviewed their working practices, to promote streamlined ways of working together and planning for the future with Integrated care systems evolving. Relations have been strengthened and the CCG are informed of all significant risks, challenges, service changes and any subsequent quality impact. Quality impact assessments have been promoted and shared throughout the system. Continued CCG presence at the below meetings have consolidated this further and ensured assurance is gained from varying domains:

- Care Governance Committee
- Patient Experience Forum
- Never Event and Serious Incident Panels
- Directorate meetings

Patient Safety

Reporting is encouraged throughout the Trust with a 'no blame' and 'just culture' adopted. The Patient Safety team and Quality team continue to work in a dedicated manner and maintain good relations with the CCG

Quality team. Serious incident investigations continue to be produced to a high quality and shared accordingly. Virtual Panels remain and encourage in depth and open discussions, evaluating the cases at hand. Themes analysis continues and Frimley excellence are supporting works on improvement programmes. Main themes identified have been in relation to maternity and delay in diagnosis / treatment.

Commissioners have continued to be alerted and attend internal Trust panels to review Never Events and been given the opportunity to raise questions and join the discussion. 3 have been noted during this reporting period. This assurance on the Trusts 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 needs to be continued work around the management of the deteriorating patient. The CCG have seen a strong response to the themes and commonalities in these incidents.

Effective Clinical care

A robust governance structure is evident, and the Trust have participated 100% in national audits and national enquiries as requested. A local audit programme has also been active, and it is clear, research and development has been able to be considered within practice once again. Works have been COVID and non – COVID related, e.g. Magnet4Europe ongoing works.

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 CCG attend the Patient Experience Forum where the Trust is regularly looking for new and inventive ways to improve patient experience. An admissions booklet has been produced and being rolled out to support the patient journey and manage expectation. FFT's have continued to be collected to obtain the view of our service users.

The Volunteer workforce has been invaluable with supporting the opening of Heatherwood and supporting patients / families at all levels. The Trust Patient Advice and Liaison Service (PALS) continues to support the clinical feedback workstream. This partnership working is crucial to obtaining the potential resolution of issues and the improvement of pathways.

It has been noted the readmission rate has improved compared to 2020/21 and the Carer strategy / communication plan launched with funding secured for new post to progress this role.

Regulatory Compliance and Improvement works

CQC visited in March 2021 and reported in June. This was a focussed IPC review. The CCG are aware two areas were identified requiring attention and FHFT are complimented on their rapid actions to address these issues / areas of improvement.

CQUINs have been reintroduced for 2022/23 and the Trust have identified key areas for works linking in with the trust objectives.

Priorities for the Past Year 2021/22 and the Forthcoming 2022/23

COVID-19 has impacted on performance against the 21/22 objectives due to a variety of reasons and shaped the way services were provided. The CCG supports the Trust in carrying over 5 of these priorities forward to 2022/23.

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

The CCG note a reduction of 68% since 2019/20, this is a positive achievement. Through additional training / education and further services being actioned, e.g. Hospital at night, call for concern initiative. Staff huddles throughout the day and roll out of the safer care tool will assist this also. Further works are continuing in to 2022/23 which will support this priority to excel.

Priority 2: Healthcare-Associated Infection rates –

The CCG acknowledge the 6th lowest rate in the Country for Clostridium Difficile, yet other infections have increased, e.g. MRSA. It is apparent the Infection prevention control team had many additional roles / demands during the pandemic. The account notes a total of 33 COVID-19 outbreaks were reported October 2020 – March 2021. These were fully investigated, and the positive / negative learnings fully appreciated by all involved. Transparency was evident and families appeared to value this.

Even so, the IPC team have continued to promote the 5 steps of hand hygiene and initiated QI works to reduce cross contamination. Ecoli and in dwelling catheters remain a focus.

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

Priority 3: Continuity of Carer bookings for women –

The CCG acknowledges the significant work that has been progressed in maternity services. The MAMAS Telephone Triage service pilot was very positive, and the service is being rolled out in April 2022. The Community hub workstream also continues.

Priority 4: Reduce the total number of inpatient falls

The CCG appreciate the difficulty in achieving this priority, particularly with the pressures experienced. Falls have a significant impact on all involved. Being partially achieved shows some good works have taken place such as Intentional rounding, and Fundamental and Better care (FAB) walkabouts along with a focus from the Frimley excellence programme. The CCG are pleased there are further plans to address this going forwards.

Priority 5: Reduce the incidence of avoidable pressure ulcers in our inpatient wards (including community wards)

The CCG recognises that in 2021/22 the Trust has seen a rise in grade 2 categorised pressure ulcers reported and are aware not all improvement works planned could not take place over the time period. With the roll out of EPIC, FAB walkabouts, Frimley excellence support and other initiatives, we hope reductions will occur in this crucial area of healthcare. Further attention is recommended to this priority is required as the status is not achieved.

Priority 6: Improve the patient experience in relation to discharge from hospital.

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 Trusts key priorities and a small increase in positive survey results has been gained. The success of this work relies on the whole system. A number of initiatives are noted including Everyday Matters works, increased focus on medicine safety and investing in My-Frimley-Health record linked to EPIC. Multi Agency Discharge Events are taking place and discharge information packs promoted including the contacts for the Information helpline. Further actions planned to address this area are positive for the year ahead

Priorities 2022/23:

The CCG supports the Trusts decision to carry forward 5 of the 2021/22 priorities with an aim for further improvements to be achieved. The CCG are pleased to see the wider consultation on the priorities for 2022/23 which demonstrates the need to continue the quality improvement workstreams commenced in 2021/22.

Summary

The CCG is pleased to provide positive comments on the Trusts Quality Report, and we fully support the Trusts 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. Introduction of the new Patient Safety Incident Reporting framework and National Standards for patient safety are already in the planning stage and with the introduction of EPIC and My-Frimley-Health record, the next year is going to be an exciting time to observe the further developments for our Frimley ICS population.

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 2021/22

The governors acknowledge the second very difficult year of unprecedented demand from COVID-19, coupled with the Recovery Programme and the addition of very high A&E attendances. The governors would like to thank staff and the leadership who have continued to show dedication, resilience and adaptability to provide the best care for patients.

Assurance

The Quality Report demonstrates the systematic approach to delivering high quality patient care and using audit, a culture of openness, a desire to listen to and learn from patients together with the Frimley Excellence Programme as a process for continuous improvement.

There is evidence that a wide range of sources are used to assess the quality of care both qualitatively and quantitatively. Governors also seek assurance through the Patient Experience and Involvement Group (PEIG) which meets four times a year to discuss and scrutinise relevant reports; and from Board seminars and regular reports from its Quality Assurance Committee.

2021/22 quality priorities

The governors are pleased to see the full achievement of the first quality priority to improve the recognition of and response for deteriorating patients through thematic analysis and service initiatives.

However, it is concerning that three priorities have only been partially achieved and two priorities not achieved. Governors recognise the pressure on staff from COVID-19 and acknowledge that as a significant contributing factor affecting performance, and supports the plans put in place to make the needed improvements.

The plans are a comprehensive mix of analysis, new initiatives, better use of ICS system working, recruitment and training, and the benefit of Epic the new electronic patient record system which has just been implemented.

The hospital acquired infection rates are a mixed picture, with very positive results on controlling CDI but disappointing results on Ecoli Bacteraemia. Governors support the focus on Ecoli Bacteraemia for the year ahead while maintaining the measures for other infections.

As pressure ulcer targets were not met the targets will now be addressed through a formal workstream in the Frimley Excellence Programme which the governors support.

2022/23 quality priorities

As is evidenced there is more work to do on the current priorities so governors are pleased that four priorities will be carried forward to the coming year.

The Trust has taken a very robust approach to assessing itself against the Ockenden review so there are clear objectives and plans to improve the safety and experience of maternity. Governors are very supportive of the continuity of carer model priority, especially with the focus on staff recruitment and retention.

The priority on the patient experience of discharge involves the Trust working with the wider system partners in the ICS. Governors are very supportive of continuing this priority as a good discharge process should help patient flow and reduce delayed discharges as well as improving the experience for each patient.

Strategic objectives

The Trust has managed to continue delivering its strategic objectives during the pandemic which is a great achievement, and this includes the opening of the new Heatherwood hospital. Heatherwood is very attractive, state of the art, efficient hospital and is key to the elective Recovery Programme. The feedback to governors on the new hospital has been very positive.

Epic went live in June and is expected to be a source of much quality data, process innovation, and new ways of working.

The statement from the Chief Executive is a positive overview of the way the Trust is constantly assessing its performance on quality and patient experience, and looking ahead at ways to sustainably improve. The statement demonstrates real innovation and drive to work collaboratively with partners in the ICS for the benefit of patients.

The governors would like to reiterate their thanks to the staff for continuing to strive for improvements in patient care and quality. It is hard to thank them enough.

With the assurances set out, PEIG feels assured that the Quality Account 2021/22 accurately reflects the Trust's quality improvement programme, quality performance reporting, and identifies the key areas that need addressing.

Sarah Peacey
Public Governor Bracknell and Wokingham
Chair PEIG

Statement from local Healthwatch

Wednesday 29th June 2022

Healthwatch welcomes the opportunity to comment on NHS Frimley Health Foundation Trust's Quality Account. Due to the tight turnaround required by the Trust for Healthwatch to comment this year, we are unable to provide feedback on specifics within the 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, attending the Patient Experience Forum and hearing more about how patient experience contributes to Quality Priorities going forward.

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 2

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 2021/22 and supporting guidance detailed requirements for quality reports 2019/20 (no updated guidance published for 2021.22)
- 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 2021 to June 2022
 2. papers relating to quality reported to the board over the period April 2021 to June 2022
 3. feedback from Clinical Commissioning Groups
 4. the annual governance statement.
 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 2021
 8. the Head of Internal Audit's annual opinion of the trust's control environment
 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:



Mr Pradip Patel
Chairman



Mr Neil Dardis
Chief Executive

Appendix 1

Full list of National Audit Reports Published between April 2021 and March 2022

National Audit	Report Published	Data period referring to
National Neonatal Audit Programme	10 March 2022	1 January 2020 to 31 December 2020
RCEM Infection Prevention and Control	1 March 2022	5 October 2020 to 4 April 2021
National Bowel Cancer Audit	10 February 2022	April 2019 to March 2020
Intensive Care Audit (ICNARC)	10 February 2022	April 2018 to March 2019
National Lung Cancer Audit 2021	13 January 2022	January 2019 to December 2019
National Prostate Cancer Audit	13 January 2022	1 April 2019 to 31 March 2020
RCEM – Pain in Children	1 January 2022	5 October 2020 to 4 October 2021
National Oesophago-Gastric Cancer Audit	9 December 2021	April 2017 to March 2020
Sentinel Stroke National Audit Programme	9 December 2021	1 April 2020 to 31 March 2021
National Joint Registry 2021	16 November 2021	1 January to 31 December 2020
National Vascular Registry	11 November 2021	January 2018 to December 2020
National Audit of Inpatient Falls 2021	11 November 2021	January 2020 to December 2020
National Emergency Laparotomy Audit	11 November 2021	01 December 2019 to 30 November 2020
National Hip Fracture Database	11 November 2021	January 2020 to December 2020
Maternal, Newborn and Infant Clinical Outcome Review Programme	11 November 2021	2017 to 2019
National Maternity and Perinatal Audit Sprint report	11 November 2021	1 April 2015 to 31 March 2018
National Maternity and Perinatal Audit Clinical report	14 October 2021	1 April 2017 and 31 March 2018
National Pregnancy in Diabetes	14 October 2021	January 2020 to December 2020
National Heart Failure Audit (NHFA)	14 October 2021	April 2019 to March 2020
Myocardial Ischaemia National Audit Project	14 October 2021	April 2019 to March 2020
National Audit of Cardiac Rhythm Management	14 October 2021	April 2019 to March 2020
National Audit of Percutaneous Coronary Intervention (PCI)	14 October 2021	April 2019 to March 2020
National Lung Cancer Audit 2020	14 September 2021	January 2018 to December 2018.
National Diabetes Audit	12 August 2021	January 2019 to March 2020
National Clinical Audit of Seizures and Epilepsies for Children and Young People (Epilepsy12)	8 July 2021	1 December 2018 to 30 November 2019
National Audit of Care at the End of Life	2 July 2021	1 April 2019 to 31 May 2019
National Paediatrics Diabetes Audit	10 June 2021	April 2019 to March 2020
NACAP - COPD	10 June 2021	April 2019 to March 2020
National Audit of Breast Cancer in Older Patients	1 April 2021	January 2018 to December 2018

