NHS
Frimley Health
NHS Foundation Trust

Frimley Health NHS Foundation Trust

Quality Account

April 2022 to March 2023

Contents

Part 1: Statement on quality from the Chief Executive of Frimley Health NHS Foundation Trust

Welcome to the Quality Account for Frimley Health Foundation NHS Trust (FHFT) covering the period April 2022 to March 2023. This year has witnessed substantial transformations, including the introduction of our new electronic patient record (EPR), the successful opening of the new Heatherwood Hospital – one of the best planned care facilities in the NHS, the innovation of out-of-hospital care and the expansion and development of our acute services. This change programme has led to significant improvements in care and provided a platform for FHFT to continue to provide outstanding care for many years to come.

These accomplishments have been realised amid significant challenges faced by NHS services, both nationally and locally. We have experienced unprecedented demand, financial pressures, ongoing effects of the covid pandemic, winter pressures, industrial action, high staff vacancies and recovery of backlogs of waiting lists resulting from the pandemic.

I want to recognise that this means we have not always been able to provide the care that we aspire to, and at times our patients have had to wait longer than they should. On behalf of FHFT, I want to apologise for this. I know that every single member of the team wants to provide the best care for our patients, and we are all committed to making the changes that need to happen to improve our patients' experience for the future.

With this context in mind, I am hugely proud that we have implemented the biggest change that our Trust has ever undertaken with the introduction of our electronic patient record (EPR). Switching from more than 260 legacy systems and paper records to one unified system for all our patients, wherever they are treated, was a massive undertaking that has transformed the way we work and care.

Any large-scale transformation, like a new patient record system, takes time to reap the benefits in full and stabilise from the change. Implementation of our EPR (Epic) has not come without its challenges and the impact on our reporting capability on key national quality and performance metrics for the first year has been significant. This will be evident throughout this quality account as we report on our core indicators and national audit and patient outcomes programme. As a Trust we have been very transparent regarding these challenges with local, regional and national teams. We continue to work alongside our Epic partners to resolve challenges with data reporting.

We have seen our teams embrace digital transformation, and we are already seeing significant benefits. For example:

Patient experience: Patients can manage their appointments and communicate directly with clinicians via the MyFrimleyHealth Record app – which has already replaced the maternity 'blue book' and improved communication with midwifery teams – and EPR has expanded our capacity to treat more people in 'virtual wards' in their own homes.

Patient safety: With better monitoring and alerts we have reduced allergy related medications incidents by 78.3 per cent, with harm from incidents down 40 per cent, and we have improved monitoring of healthcare associated infections and care for deteriorating patients.

Service transformation: clinicians can access and update patient records from anywhere and communicate instantly and securely, with benefits including saved time, better tracking of patients and fewer transfers needed.

Staff experience: With information automated, wards can prepare better for care and discharge, out of hours care is better organised and more robust, and different teams do not have to ask patients the same questions – just some of the ways that EPR is taking pressure off teams.

Productivity and efficiency: Smart tools for much quicker updating of records, automatic dictation of letter and notes and a streamline booking centre are some of the ways EPR is freeing up staff to care for patients and reducing our use of paper (down 56% already).

We are just at the beginning of our EPR journey and there are many more benefits to quality, efficiency and finances to come.

Our £100 million investment in our new Heatherwood Hospital has led to significant improvements, such as delivering 20 per cent more hip and knee operations with 40 per cent of patients able to go home within 24 hours and performing up to 20 cataract operations a day in our high-volume cataract surgery hub, reducing the waiting list to just two to four weeks. And our high-volume injection service in the macular service is an exemplar nationally. The Heatherwood team will be able to provide fantastic care for many years to come in this state-of-the-art hospital, ensuring we can tackle our waiting lists when patients need that most.

Other improvements this year include the progress and innovation we have made in areas such as our frailty service – with same day emergency care, virtual wards and urgent community response helping to prevent admissions for 83 per cent of their patients. So, not only are patients being cared for within their own homes, but they recover more quickly seeing an average 'length of stay' of 2.9 days on our virtual wards compared to nine days for the same cohort of patients in hospital.

We are making significant advances in our specialist services. For example, in cardiology, with our interventional cardiology labs undergoing a £2m equipment refurbishment. We are also one of only a handful of integrated care systems in the country to introduce cardiology community hubs that are helping patients get quicker access to non-emergency heart care. This means our patients can access diagnostic services and preventative cardiovascular care closer to their homes – helping to free up specialist care in our hospitals and allow patients to be diagnosed and treated more quickly.

We have continued to invest heavily in our estate and facilities, including £7m expanding and improving our intensive care units at both acute sites and more than £1.5m refurbishing Ward 1 at Wexham. Other investments include creating a new discharge lounge for Frimley

Park and developing a new simulation suite at Wexham Park, which will help us become a centre of excellence for clinical training.

I am incredibly proud of all we achieved in 2022-23, particularly in the context of the year's exceptional challenges. And we are excited to continue improving, for example, we have continued to see fewer serious incidents relating to deteriorating patients since we began measuring this metric in 2019-20 and this remains a priority to improve further. We also improved our response times to deteriorating patients last year, performing well above the national target of 60 per cent, and consistently above 80 per cent.

We also surpassed our target to reduce ward-based cardiac arrests by the end of the year; and in maternity we achieved a substantial reduction in the number of babies born below 27 weeks – with 77 per cent fewer in 2022-23 than the previous year.

Recommendations by patients and service users through the Friends and Family Test for inpatient and maternity services have also been in the upper quartile nationally. While more than 90 per cent of patients felt that staff had taken their family or home situation into account when planning for them to leave hospital towards the last two quarters of the year.

Our infection prevention and control (IPC) team has been supporting our ward teams and working with system partners to put in place actions to reduce E. coli bacteraemia, ending the year with 190 cases, better than our target of 219.

Despite these great achievements, we know that we can do more. For example, although we are still seeing fewer falls than before our targeted improvement work on this, we did see a slight increase in the number incidents, so we are investigating the causes behind this to implement further improvement actions.

We also know that one of the biggest drivers behind long waits in emergency departments (EDs) is a lack of flow within the hospital, so we introduced our *Every day matters* programme, to support more timely discharges, in the latter part of the year. It is gaining momentum and will support not only a better experience of discharge from hospital, but importantly improved flow and therefore reduced delays in our EDs.

Moving into 2023-24 we will continue to use our Trust's quality improvement methodology, Frimley Excellence, to identify areas for improvement and implement plans to work together to achieve excellence for our patients.

Further detail about our 2023-24 quality priorities can be seen on page 18.

Looking ahead, we are also excited to continue to deliver the benefits from our investments in our EPR, new Heatherwood Hospital and work with system partners. In addition, plans for our new £47 million building at the Frimley Park site, providing state-of-the-art diagnostic facilities and additional wards within a modern environment, is set to be built by late summer 2024 and will make an enormous difference to our patients' experience. In the longer term, the announcement in May that Frimley Park Hospital has been included in the New Hospital Programme and will be replaced with a new state-of-the-art hospital by 2030 will provide an ultra-modern and efficient environment our patients and staff deserve.

I would like to thank all of our teams at Frimley Health for their continued extraordinary efforts to provide high quality care to our patients while managing significant demands on our services each and every day. I am also very grateful for the continued support we are fortunate enough to receive from our amazing team of volunteers who all give their time so freely to enhance our patients' experience.

I never underestimate the importance of our NHS to the communities we serve, and we remain determined to improve the quality of care for our patients. I am confident that by being true to our values and realising more of the benefits of our major transformations we can face the challenges ahead.

Neil Dardis

Chief Executive Frimley Health

State of the Art Electronic Patient Record (EPIC) transformation

In June 2022 we launched our electronic patient record system EPIC with the first 12 weeks of go live predominantly focused on supporting frontline teams to utilise the system safely and effectively and to provide responsive resolution to any issues raised.

Without doubt EPIC offers us opportunities to transform care and removes the risk of our teams having to use multiple systems as prior to EPIC we had over 200 databases/IT systems and paper records.

Some examples of feedback from our teams on the benefits they are seeing so far include

- Having all the information in one patient record – *"It's so much easier and safer seeing the patients' clinical history and plans when they are transferred to my ward from the Emergency Department"*
- Multidisciplinary (MDT) approach – "All of the MDT records are in one place now it's so much easier to understand all the care and treatment plans for my patients"
- Saving time on documentation – *"It's great I don't have to write out patient details on lots of forms over and over again which means I get more time with my patients"*
- Safer calculation of National Early Warning Scores (NEWs2) – *"Epic saves lots of time by calculating the NEWs score automatically and I think that's much safer for my patients"*
- Collaborative working – *"We don't have to keep bleeping doctors as we can now request reviews on EPIC, prioritise them and we know they have seen the request and will come and review our patient"*
- Porters are able to work more efficiently - *"We don't have to wait for nurses to complete paperwork, and we can see exactly what jobs we need to do, patients get to departments for investigations quicker"*
- Hospital at Night – *"We have a better clinical overview and can distribute workload safely and effectively"*

Our Medication safety committee has also reported that we have seen a 78.3% reduction in allergy related medications incidents since the introduction of our electronic patient record. Patient harms from allergy related medications incidents have dropped by 40%. The system displays allergy status of a patient where all staff can see it and warnings are highlighted in red.

We have also been able to set up cancer alerts in the system. This means abnormal results are highlighted to the requesting clinician and also create an alert for the cancer office so we can commence early tracking of the pathway.

Significant transformation rarely comes without challenges, and post go live it was identified that a number of mandatory reports had data quality problems relating to EPIC build issues and a recovery build was required. As a result, the Trust agreed a data quality improvement plan (DQIP) with the Integrated Care System Leads and Regional NHSE team.

We also have a digital safety board who actively review instances or concerns around clinical risk where reporting capability is compromised. This ensures that any rebuilds within the system can be prioritised appropriately.

Oversight of the progress with the resolution of reporting issues is closely monitored through our Executive led EPIC Programme Board. We are confident these issues can be resolved, and EPIC will ultimately improve our data quality and support teams to improve patient outcomes. Key areas of reporting affected by data issues are:

- National Audit Programme participation (see page 31)
- Commissioning for Quality & Innovation (CQUIN) programme returns (see page 28)
- Core indicator reporting (see page 55)

In terms of the above requirements where reporting was affected, we took the following actions.

- Conducted internal 'snapshot' audits of cases identified where possible. The audit sample size was smaller than required to meet the numbers required for the national audits but provided internal oversight
- Reviewed existing national audit and CQUIN data to identify the focus for quality improvement work, working with clinical teams to progress these
- Continued to closely monitor other intelligence to test quality and clinical effectiveness

In terms of the National Audit programme submissions, it may be that future published reports over the next 2 years could see FHFT benchmarked as a negative outlier for case ascertainment/data quality which can adversely skew clinical outcome data. This is due to the fact that some national reports are not published up until 2 years later than the data collection. We will continue our focus on quality improvement around clinical outcomes across these areas.

There are 3 main workstreams in place to address the challenges in our reporting capability and these are:

1. Reducing clinical coding[1] backlog whilst maintaining coding levels and depth of coding for current activity
2. Rebuild of clinical pathways within EPIC to support capture of clinical activity and decision outcomes
3. Increase level of training for frontline clinical staff to ensure clinical documentation is entered into correct fields within the system to add data collection and coding

All 3 workstreams will support our capability to submit to the NHS Digital Commissioning Data Sets (CDS). These data sets are patient level data sets intended to deliver robust, comprehensive, nationally consistent and comparable person-based information on hospital activity to support a variety of purposes. We recommenced reporting to the CDS in April 2023

[1] Clinical coding applies codes to various aspects of patient care. For example; the type of operation they had or the diagnosis they presented with

We have been invited to share our learning around implementation of Epic EPR at a national NHS England event for other trusts planning to introduce the system. We have also been asked to work with the national team to develop EPR communications and engagement plans and content templates covering from procurement to post go live, and hope this will ease challenges and support other trusts as they undergo similar transformation.

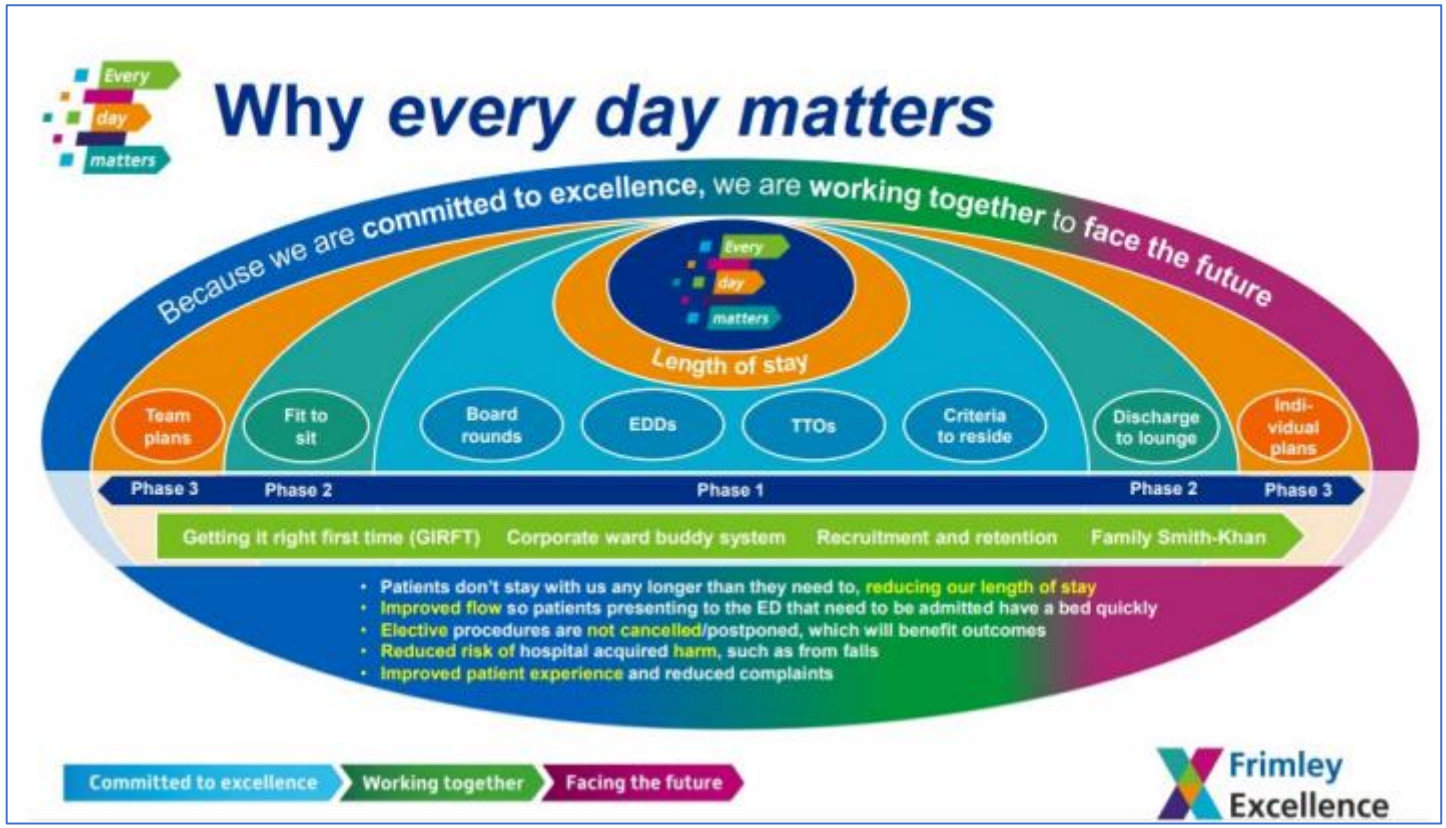
Frimley Health – Recovery and transformation for the future

Reflective of the National NHS objectives for this year, our Strategy Objectives for 2023/24 have been set to support our recovery and achieve the transformations required to deliver our vision of Frimley Health as a leader in health and wellbeing, delivering exceptional services for our communities.

Strategic Ambition	5 year Objective	1 year Objective 23-24	1 Year Metric 23-24
Improving Quality for Patients	Top 10 trusts for safety and patient experience	Improve antimicrobial stewardship and overall patient experience	• Compliance with hospital post-prescribing review at 48 and 72 hours - <40% receiving IV antibiotics beyond the point where they meet switching criteria • Trust and confidence in doctors and nurses question included in Patient Experience Tracker – from 89% & 88% to 93% & 92% respectively
Supporting our People	Top 10 best trusts to work for in the country	Deliver year 1 of 3 year People Plan	• Reduce turnover rate from 15.5% to 12% • Reduce vacancy rate from 13.3% to 9% • Reduce time to hire from 55 to 40 days • Improved NSS score on would you recommend FHFT as place to work from 59% to 64% • Reduce spend on agency to a maximum of £1.8m per month
Collaborating with our partners	To reduce the need for hospital based care	Improve our overall LoS through Everyday Matters	• Reduce number of MFFD by 15% from 225 to 191 • Reduce NEL LoS by 12% from 7.5 to 6.6 days • Improve number of pts admitted/discharged within 4 hrs to >76% by March '24
Transforming our services	To provide consistently excellent care as 'One Frimley Health'	Improve access to elective care	• Reduce Waiting List – eliminate 65 week waits • Improve theatre utilisation to at least 85% • Achieve 85% Day Case target • Reduce Outpatient follow-ups by 25%
Making or Money Work	To be in the top 10 trusts in the country for efficiency	Deliver year 1 of the 3 year financial plan	• Achieve CIP target of £33.3m • Achieve planned year-end position
Advancing our Digital Capability	To be in the top 10 digitally advanced trusts in the country	Delivery of Epic benefits through optimisation of system	• Value of financial benefits attributed to Epic £tbc • Improved Digital Maturity Assessment – HIMMS level

Every Day Matters

At Frimley Health we understand that Every Day matters when patients are in our care, so in October 22 we launched our new initiative “Every Day Matters”



The initiative focuses on helping patients get home as quickly and as safely as possible by eliminating delays in the discharge pathway that are within our gift. Through Every Day Matters we aim to release beds, reduce wait times and cancelled appointments, and cut treatment backlogs – all while keeping patients safe and cared for.

Improving patient flow is critical to enable us to deliver our ambitions and plans. We are encouraging everyone at Frimley Health to reflect on how they, no matter what role they are in, can influence in making Every Day Matter for our patients. We will also be working with our patients, their families and carers to ensure they are encouraged and feel confident in playing an active role in their care and treatment.

The Every Day Matters Programme is clinically led and during 22/23 7 key improvement workstreams were established to optimise reductions in length of stay

Table to outline 7 Key Activities in 22/23

1. Communication	Engaging all our teams & local population in the programme to understand the importance of their role
2. Timely Take out (TTO) medications – Ward level	Earlier prescribing of TTO's, ensuring patients understand their medication
3. Timely Take out (TTO) medications – Pharmacy	Improving turnaround times of TTO's once received by pharmacy
4. Board Rounds	Setting standards for streamlined daily Multidisciplinary Board rounds
5. Ward Buddies	Support from senior leaders for designated clinical areas to help drive improvement
6. Fit to Sit & Increase use of discharge Lounge	Investment in our discharge lounge and work with ward teams to provide areas for patients to await transport or medications
7. System discharges	Using 'MADE' (Multiagency Discharge Event) weeks, to accelerate discharges and pilot new practice

We now have an established Every Day Matters (EDM) Steering Group set up to improve patient centred care. The group will

- Provide operational and strategic direction to the Every Day matters programme
- Define and review progress metrics for the programme objectives
- Review and oversee planning and actions for EDM workstreams
- Cascade key messages and communication through FHFT and beyond

The EDM Steering group is led by the Associate Director for Patient Capacity and Flow supported by a consultant lead.

As we move into 2023/24, we will be launching Key Performance Indicators to drive and oversee progress of the programme and we hope to see

- A 23% reduction in non-elective Length of stay (LOS) from 7.8 days to 6 days
- 20% of patient discharges to go via our discharge lounges
- A 95% match between Estimated Date of Discharge (EDD) and Actual Date of Discharge
- 80% of To Take Out (TTO) medications received by pharmacy before 11am on the day of discharge
- A reduction in private transport booking
- A 21% reduction internal delays on the Medically Safe for Discharge (MSFD) list

- A reduction in complaints and concerns from patients, families and carers in relation to the discharge process and experience
- Improvements in our local and national patient experience surveys in questions that relate to discharge planning

Additional workstreams which support Every Day Matters

We were delighted to welcome the Emergency Care Improvement Support Team (ECIST) who will be provide additional support and expertise alongside the trust for six months to support our plans to reduce length of stay. We'll also be receiving support to review the current 0 – 72-hour model of care.

Our Directorate business plans for 23/24 include investment and expansion of our Same Day Emergency Care Services, including cardiology and general surgery. We will also be looking to expand on our successful virtual wards for frail/elderly patients. This will support the reduction of admissions to hospital and provide a better experience for patients. We will be participating in the NHS benchmarking programmes for Same Day Emergency Care Services and virtual wards to use our data to drive and measure these improvements.

During 22/23 we invested in a new discharge lounge facility on our Frimley Park Hospital site, the facility now mirrors our Wexham Park Hospital Site facility and can now provide a care service to patients who are bedbound as well as those who are fully mobile.

Our new office block on the Frimley Park Hospital site has allowed us to create a working 'hub' for our internal discharge team, social workers and other key stakeholders who provide a multidisciplinary patient centred approach for discharge planning. This has facilitated a more collaborative approach and supports a more efficient discharge process.

Use of technology to support Every Day Matters

Pharmacy

New pharmacy robots were installed at Wexham Park, saving us hundreds of hours of prescription waiting time. The systems in the pharmacy office and the pharmacy stores have been extremely efficient in managing stock across the wards and have streamlined medication access. The robots have also improved out-of-hours medication dispensing.

Musculoskeletal (MSK) Service

A new app, getUBetter, was launched across the Frimley Health system to help patients with musculoskeletal (MSK) injuries and conditions manage their symptoms at home.

Designed by clinicians in emergency care and checked by multiple GPs, physiotherapists and orthopaedic consultants, the free app delivers evidence-based advice to patients, so they have the right information to help them recover.

Breast cancer care

We were the first trust in the UK to use pain pumps for breast cancer patients, allowing for discharges within hours post-procedure. Seventy-three per cent of patients who underwent mastectomies were discharged on the same day compared to 6% before the pumps were introduced. This development helped us become accredited ESRA (European Society of Regional Anaesthesia) as a centre delivering high quality regional anaesthesia and pain management.

CEO Change Challenge

Change Challenge puts frontline staff innovation to the fore. In 2022/23 eight ideas from frontline staff to improve care were funded as part of our CEO Change Challenge. Money awarded in the Dragon's Den style competition enables winners to put their innovative plans for improvement into action with guidance from our Frimley Excellence team.

These ideas included

- The purchase of surgical equipment to create minor procedure room in Wexham Park Hospital's Plastics Urgent Care Clinic. This would allow the team to run a same-day service for certain procedures, freeing up valuable theatre time and saving many patients a return trip to hospital.
- Purchase of a FysioMeter C-Station that measures strength, balance, reaction time and jump height in patients with lower leg problems affecting their calf strength and balance. It will help the physio team track patients' progress and use evidence-based exercise programmes in their care
- Funding for Sara Combilizer tilt table chairs for use in ICU and orthopaedics. The multi-functional devices help in the mobilisation of patients out of bed, particularly in ICUs. They enable patients to be positioned into lying, sitting and standing positions without having to perform transfers in between. Early mobilisation of patients is proven to aid recovery and reduce length of stay
- Piloting the use of surgical tables that enable patients to sit up while awake during hand operations instead of lying flat. These will be easier to use, improve communication between staff and patient and lead to a better patient experience
- Trial of BioFire for point of care testing for respiratory viruses in children in the emergency department and PAU. The kit will reduce test turnaround times and unnecessary prescribing of antibiotics and help patients go home sooner, also reducing costs.

Other staff innovation and ideas relating to Every Day Matters

Local frontline quality improvement is encouraged at Frimley Health. We were delighted to see an improvement project led by one of our Matrons evolve from a pilot on a medical ward become a trust wide change. A placemat was created to welcome patients onto wards and provide key information they or their families/carers might need. The placemat is designed in a way to promote Every Day Matters and both patients and staff were involved in the design

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

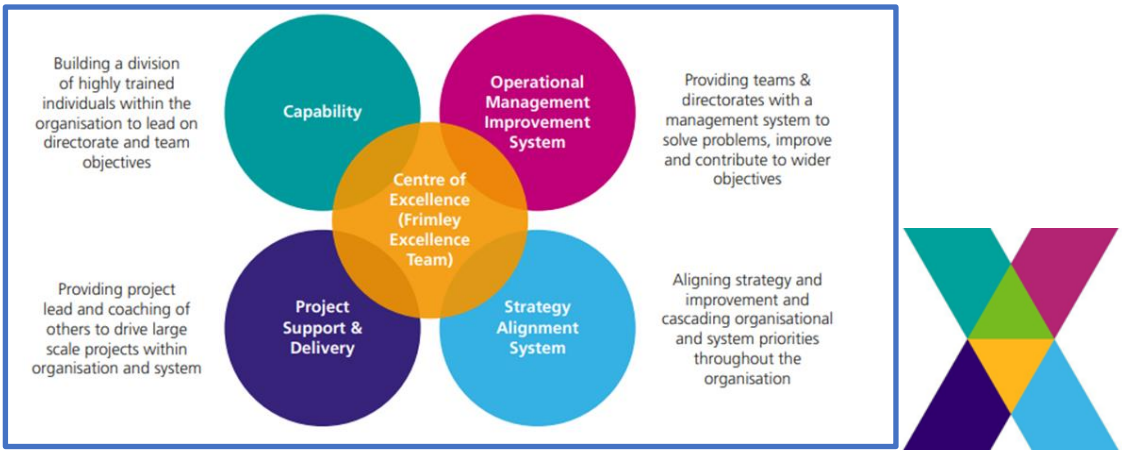
2.1 Priorities for improvement

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 2022/23 Frimley Excellence has continued to grow and we made good progress on all elements of our Frimley Excellence Strategy including progress against elements which had previously been delayed due to the combination of the pandemic and operational and staffing challenges in the previous years.

Our Capability workstream continues to upskill 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, we have maintained our international accreditation with the Lean Competency System (from Cardiff University), we have certified over 780 staff as white belts, and trained more than 100 yellow belts. Training at yellow belt level – initially adapted for a virtual delivery – has moved to face-to-face. We have also trained 20 staff to green belt level – with a particular focus on providing support to staff engaged in delivery of our strategic ambitions. This takes our capability to over 1100 staff across the organisation, with plans for launch of e-learning in 2023-24 to increase this number significantly.

Our Frimley Excellence Improvement System (FXIS) has been rolled out across our new Heatherwood hospital. This supports ward to board alignment of improvement activity, and consistent application of the Frimley Excellence way of delivering continuous improvement each day. Teams are excited and proud of their achievements – striving to provide a fantastic elective care centre, underpinned by NHS GIRFT best practice.

We were delighted to see 89 local quality improvement projects registered during this reported time period. Some examples of these are highlighted on page 41.

Alongside our planned strategy implementation, Frimley Excellence supported a number of other projects and programmes to support the organisation deliver its core transformation priorities. These included support to readiness of the opening of Heatherwood hospital, and for the go-live of our electronic patient record – Epic. They were also a key source of expert support in the delivery of our Deteriorating Patient workstream.

Our 2023/24 improvement priorities

Each year we are required to define our quality priorities. For 2023 to 2024 we have chosen 6 key priorities.

1. Improving our pressure ulcer prevention and management in both our acute and community hospital settings
2. Improving our recognition and management of sepsis in our Emergency Department, Adult, Paediatric and Maternity wards and units.
3. Supporting our surgical patients to optimise their recovery
4. Improve our antimicrobial stewardship, switching patients from IV antibiotics to oral when they meet the clinical criteria
5. Improve our waiting times in the Emergency Department
6. Improve trust and confidence in our nurses and doctors

Our progress against these priorities will be monitored through our Care Governance Committee 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 18. The success measures for the quality account priorities in 2022/23 were agreed through a number of forums, including.

• Care Governance

• Senior Leadership Committee

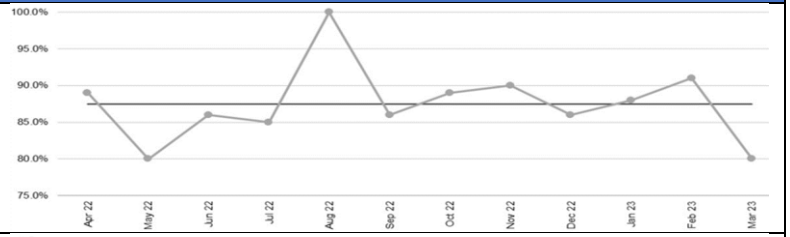
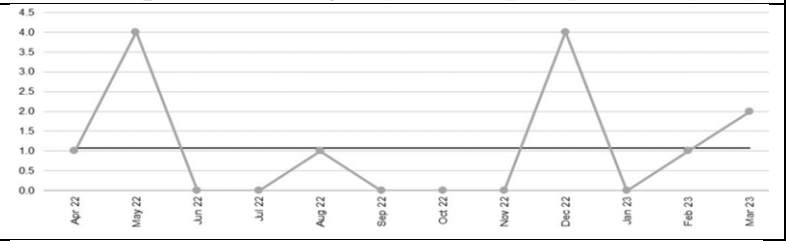
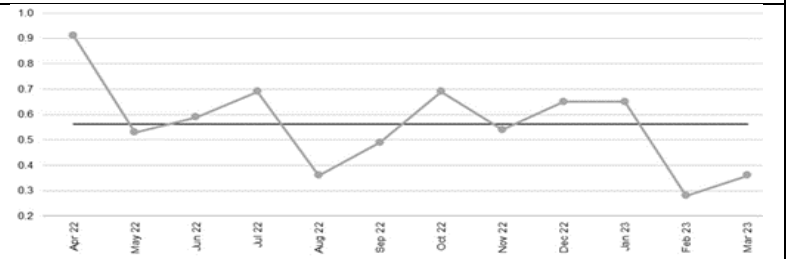
• Quality Assurance Committee

These priorities have also been agreed as part of the directorate business planning ambitions for 2023/24.

Improvement Priority	Why we chose this priority	Measurements to be used
Improving our pressure injury prevention and management in both our acute and community hospital settings	Although there has been a reduction in pressure injuries over the last quarter of 22/23, the number of pressure injuries reported remains higher than reported in previous years. The effects of pressure injuries include pain, loss of function, reduced mobility, distress, prolonged treatment, septicaemia and even death. Pressure injuries reduce quality of life, delay recovery and have a significant impact on patients, their family. It is important that we act to reduce the incidence of pressure ulcers to reduce harm to patients and to not delay their recovery/discharge home. By ensuring appropriate assessment and care interventions are in place we can expect to see a reduction in category 2,3,4 and deep tissue injuries	85% of acute and community hospital inpatients aged 18+ to have a pressure ulcer risk assessment that meets NICE guidance with evidence of actions against all identified risks
Improving our recognition and management of sepsis in our Emergency Department, Adult, Paediatric and Maternity wards and units	Sepsis is a serious condition with a high mortality rate, the faster a person with sepsis receives treatment, the greater the chances of survival and the lower the risk of long-term complications. FHFT has seen an increase in the number of sepsis related incidents and as part of our deteriorating patient workstream will be refreshing our sepsis management programme. This will also support improvement in our standards for the National Emergency Laparotomy Audit (NELA)	90% of patients with a NEWs of 5 or more to be screened for sepsis and have antibiotics within 1 hour where clinically required.
Supporting our surgical patients to optimise their recovery	Research has shown that the earlier a person gets out of bed and starts walking, eating and drinking after having an operation, the shorter their recovery time will be. This also helps to prevent post-operative blood clots and respiratory complications and should result in a reduction in length of stay for patients. This will support FHFT's Every Day Matters Programme	80% of surgical patients are supported to drink, eat and mobilise after surgery
Improve our antimicrobial stewardship, switching patients from IV antibiotics to oral when they meet the clinical criteria	Effective antimicrobials are required for preventive and curative measures, protecting patients from potentially fatal diseases, and ensuring that complex procedures can be provided at low risk of infection. Antimicrobial resistance (AMR) is the loss of antimicrobial effectiveness, and although it evolves naturally, this process is accelerated by the inappropriate or incorrect use of antimicrobials. Direct consequences of infection with resistant microorganisms can be severe and affect all areas of health, such as prolonged illnesses and hospital stays, increased costs and mortality, and reduced protection for patients undergoing operations or procedures.	Achieving 40% (or fewer) patients still receiving IV antibiotics past the point at which they meet switching criteria
Improve our waiting times in the Emergency Department	Longer waits in the Emergency Department are associated with overcrowding higher mortality and poor patient experience	No less than 76% of patients are seen within 4 hours by March 2024.
Improve trust and confidence in our nurses and doctors	Trust and confidence are key components of the clinician-patient relationship. There are many benefits that can accrue from a trusting relationship, including open communication of information, improved adherence to medical advice, improvement of health outcomes and better patient experience.	5% improvement in the question from the national patient experience survey 2022

Progress against our 2022/23 priorities

This section of the report reviews our progress against the priorities chosen for last year. Our 5 priority areas were chosen from what our patients told us in the patient surveys, what incidents we had reported and the learning from them. In this section we will reflect on what we have achieved, describe the improvement actions we have undertaken, the challenges and future focus for these workstreams.

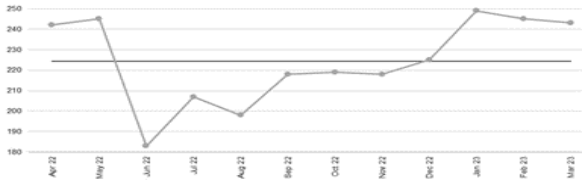
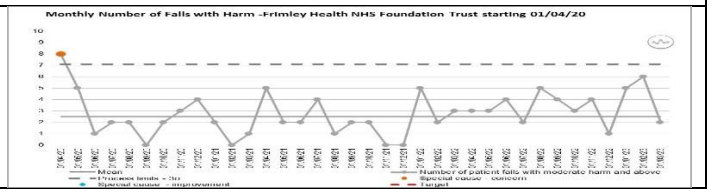
Improvement Priority 1		Achievement Rating	Performance Charts
Improving the recognition and response for deteriorating patients	Metric 1: Patients admitted to critical care had been seen within 10-minute response time	**ACHIEVED:** We consistently performed above national target month on month throughout year	
	Metric 2: Reduction in serious incidents relating to the deterioration	**NOT ACHIEVED:** 13 Serious incidents related to the deteriorating patient were reported in 2022/23. This is an increase from 2021/22 when 8 were reported, but the numbers remain significantly less than in 2019/20 when we saw 25 occur.	
	Metric 3: Reduce the number of ward based cardiac arrests to 0.45 per 1000 hospital admissions by the end of the year	**ACHIEVED:** Our monthly performance ranged from 0.53 to 0.69 per 1000 hospital admissions	

Improvement Priority 1 - Improving the recognition and response for deteriorating patients – Overview & future focus

Epic has provided us with an excellent opportunity to ensure accurate and timely patient observation recording using the national early warning system (news 2) and our teams feedback indicates we have better oversight of the deteriorating patient and ability to respond in a timelier manner. As we are becoming more familiar with Epic, we have opportunities to improve how the system can support our teams in the care of the deteriorating patient. At the time of launching the system, care bundles which prompt and record specific requirements and interventions for clinical conditions such as sepsis, Acute Kidney Injury (AKI) were in place, but our clinical teams have found these difficult to use in the new EPR. We have therefore increased our training and are involving our frontline teams in improvement projects to rebuild these care bundles in a way that they can access them easily and optimise their use. This focus will also support us to address the findings and learning from the serious incidents that related to the deteriorating patient during the year.

In terms of our cardiac arrest rate per 1000 hospital admissions, we were pleased to see we achieved our ambition in the last quarter of the year. We have recognised through our audit data and deep dives into cases that our clinical teams need further support and training in having 'difficult conversations' around recognition and planning in relation to ceilings of care and end of life care decisions. We are looking to increase availability of our current training programme which has received excellent feedback from our teams who say it provides them with the skills and confidence to have these conversations with patients and families and involving them in decisions. we will also continue with the implementation of ReSPECT and we have a shared decision making conference planned for September 23 with the national lead for Shared Decision Making as our guest speaker.

Our Call for Concern service launched in 22/23. This provides a direct contact for patients/relatives/carers to our deteriorating patient team; it enables them to ask for help if they have any concerns regarding their care or treatment that they feel has not been addressed by the clinical team. This will extend into paediatrics from April 23.

Improvement Priority 2		Achievement Rating	Performance Charts
Improving prevention of falls and post falls management where they occur	Metric 1: Reduce the total number of falls	**NOT ACHIEVED:** Falls increase from 2675 in 2021/22 to 2692 in 2022/23 (0.6% increase).	
	Metric 2: Reduce the total number of falls per 1000 bed days	Measure suspended as unable to provide full year data due to EPIC reporting challenges	
	Metric 3: Number of falls resulting in significant injury	**NOT ACHIEVED:** 42 falls resulting in significant injury compared to 28 in the previous year	

Improvement Priority 2 – Improving prevention of falls and post falls management where they occur - Overview & future focus

Whilst a number of our clinical areas have been able to maintain the FX improvement work to reduce falls through application of quality improvement methodology and falls huddles, other areas have found this challenging particularly where we have opened additional wards and faced staffing challenges, predominantly in the last quarter of the year. Over the last year we have worked to significantly increase our capability in relation to quality improvement skills and knowledge across the organization. This will support sustainability in our improvement work and empower our frontline staff to lead continuous improvement at local ward level. In terms of our staffing challenges and additional wards, we have agreed through our business planning the approaches we will take to reduce the use of temporary wards, creating these as permanent ward areas and as a result increasing our permanent and bank staff who are employed directly by Frimley Health. Having teams who are trained and developed through our FHFT clinical education and practice programmes and who work to our values supports the delivery of quality care.

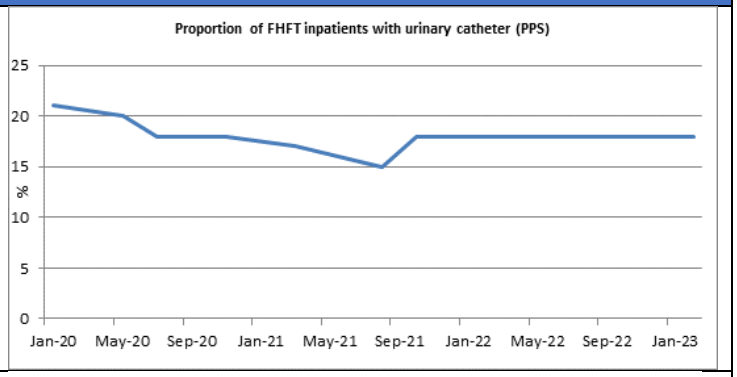
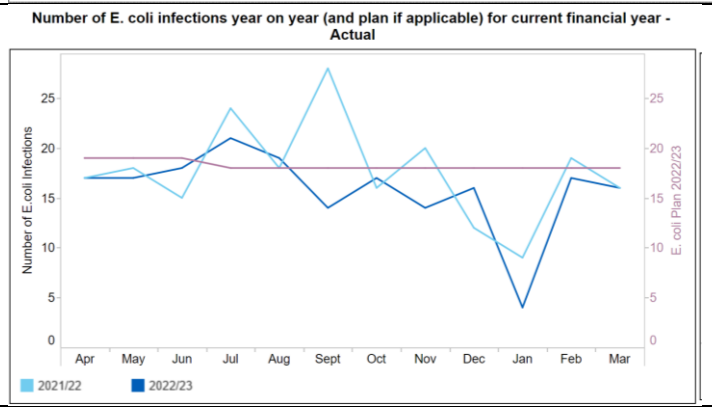
Throughout the year we have conducted 'Falls Swarms' in clinical areas where a patient has fallen and sustained an injury. These are 'real time' opportunities to involve staff, patients, families and carers in learning from safety incidents and making immediate changes in practice. Feedback from our clinical teams is that they find these both useful and supportive. We will also be resetting our timeframes for Risk Assessment and Care Interventions in EPIC to align with best practice. This will include having a falls risk assessment completed with 6 hours of admission or transfer to another ward. We will continue to provide additional training for staff as to how to care for patients at high risk of falls and application of the enhanced care policy. Our refreshed Fundamental and Better Care Audit Programme will provide monitoring and assurance at ward/unit, specialty and directorate level.

Improvement Priority 3		Achievement Rating
Improving Patients Experience of Discharge	Metric 1: Percentage of patients understanding of medications on discharge (Local patient survey)	**METRIC WITHDRAWN**: We were unable to conduct our local post discharge survey of patients which meant that monthly data on has not been available This was due to patient lists not being available. The latest national inpatient survey (2021) results published in 2022 showed a - 0.6 point change (decline in performance) in questions relating to patients' medication on discharge
	Metric 2: Survey question relating to whether patient/family knew they were being discharged, what their plans were and whether they were supported.	**PARTIALLY ACHIEVED:** Our local patient experience survey of 1382 patients between April 22 and September 22 showed that 54.6% of patients agreed that they or their family/carers had been involved in discussing their discharge from hospital either completely or to some extent. In October 22 our local patient survey was amended to bring the survey questions in line with the National inpatient survey. Between October 22 and March 23, 62.5% of patients reported staff had involved them in decisions about leaving hospital either 'a great deal' or a 'fair amount'. Over 90.8% of patients felt that staff had taken their family or home situation into account when planning for them to leave hospital either 'a great deal' or a 'fair amount'. Although we are unable to directly compare the results due to a change in the survey methodology this could indicate a positive shift in the experience reported by patients. The trust scores relating to decision making, the home and family situation to be considered and additional equipment or changes to home being discussed improved slightly from the 2020 to 2021 survey. There was also a significant positive difference in patients reporting being given information on what they should or should not do when leaving hospital

Performance in published National Inpatient Survey results	Overview & future focus
	Whilst not listed as a Quality Account Priority for 23/24 our Every Day Matters programme is a trust wide initiative and our strategic objectives have been set out to ensure we fully embed our Every Day Matters programme as it is critical we get our patient flow right. More detail on the programme and its importance is available on pages 11 to 13. Fully optimising EPIC and My Frimley Health Record implementation should also provide opportunities to involve patients more in terms of medications they are on.

		Number of respondents	2021 Trust Score	2020 Trust Score
The hospital and ward				
Q35.	To what extent did staff involve you in decisions about you leaving hospital?	420	7.0	6.9
Q36.	To what extent did hospital staff take your family or home situation into account when planning for you to leave hospital?	320	7.3	7.1
Q37.	Did hospital staff discuss with you whether you would need any additional equipment in your home, or any changes to your home, after leaving the hospital?	160	8.2	7.8
Q38.	Were you given enough notice about when you were going to leave hospital?	424	6.8	7.0
Q39.	Before you left hospital, were you given any information about what you should or should not do after leaving hospital?	403	8.1▲	7.4
Q41.	Thinking about any medicine you were to take at home, were you given any of the following?	334	4.4▼	5.0
Q42.	Before you left hospital, did you know what would happen next with your care?	388	6.5	6.5
Q43.	Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	395	7.8	8.0
Q44.	Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital?	229	8.3	8.2
Q46.	After leaving hospital, did you get enough support from health or social care services to help you recover or manage your condition?	226	6.2	6.2

▼▲ Significant difference between 2021 and 2020

Improvement Priority 4		Achievement Rating	Performance Charts
Reduce Hospital Acquired Infection Rates	Metric 1: Reducing Incidence of inappropriate short term urinary catheters	**ACHIEVED:** The prevalence of urinary catheters in inpatients at FHFT did not change during 2022/23, however did not exceed the national average of 19%. The proportion of urinary catheters not in use for a valid reason, reduced from 24% in 2021/22, to 15% 2022/23.	
	Metric 2: Reducing E. coli bacteraemia rate	**ACHIEVED:** A total of 190 healthcare associated E. coli bacteraemia cases were reported in 2022/23, against a target of 219. Bed days data was updated Jan 2023, showing an adjusted rate of 28.20 cases/ 100k bed days compared to 29.14 in 2021/22.	

Improvement Priority 4 –Reduce Hospital Acquired Infection Rates- Overview & future focus

During 22/23 we commenced the following actions which we will continue to progress in 23/24

- Aligning Trial Without Catheter (TWOC) pathways across the System and the trust. Work on nurse-led removal of urinary catheters no longer clinically required. A clinical guideline will be produced to support this decision making and training to accompany it.
- Using education and awareness programmes to eliminate use of urine dipstick results to diagnosis and treatment of Urinary Tract Infections in >65s in both primary and secondary care. This is important as up to half of older adults will have bacteria present in the bladder/urine (asymptomatic bacteriuria) and positive dipstick without an infection. This is not harmful and does not require treatment with antibiotics.
- Use of Epic for real-time monitoring of patients with invasive devices, including urinary catheters, which prompts action/ intervention for patients at greater risk of infection from those devices
- Reviewing the ways in which the catheter passport can be digitalised to enable better communication with patients and between care organisations in the System
- Our Infection Prevention and Control link nurses to act as champions for reducing hospital acquired infection rates and a source of expertise at ward level to ensure catheters are used only when clinically indicated and removed at the earliest opportunity

Improvement Priority 5	Measure Suspended
Continuity of Carer Model Implementation	The Trust suspended this measure following the changes to the national maternity programme in the light of the continued workforce challenges that maternity services face as set out by NHS England in September 2022 The continuity of carer model is a way of delivering maternity care so that women receive dedicated support from the same midwifery team midwives throughout their pregnancy. At the heart of the Maternity Continuity of Carer model is the vision that women should have consistent, safe and personalised maternity care, before, during and after the birth. It is a model of care provision that that is evidence-based. It can improve the outcomes for most women and babies and especially women of Black, Asian and mixed ethnicity and those living in the most deprived neighbourhoods. However, it has been made very clear nationally that in order to achieve these results and not compromise on safety. This model of care requires appropriate staffing levels to be implemented. All Maternity units were notified that unless this was achieved then Continuity of Carer programmes were to be suspended. Like many maternity services FHFT has been working hard on recruitment and retention of midwives across our units safely and our Maternity Services are working to increase recruitment and retention across our sites and until the required staffing levels are achieved our Continuity of Carer programme is paused but kept under review

Improvement work for recruitment and retention of Midwives
FHFT undertook the Birth Rate Plus review in 2020 and we secured funding for the recommended midwifery staffing, these are 1:24.5 for the Frimley Park Hospital Site and 1:23.5 for the Wexham Park Hospital Site. In addition to our recruitment and retention plan, which has been supported by NHS England during 22/23 we have taken the following actions to support recruitment and retention • Ensuring our Maternity service is proactive in responding to student and trainee feedback both at the time with education teams and local and national surveys. • Preceptorship program well established for newly qualified midwives, evaluated annually and adapted as required based on feedback. • Supernumerary status is agreed and protected during ordination to service

- Succession planning commenced to develop future leaders, development encouraged to progress leadership from band 6 and above (e.g. Mary Seacole & Florence Nightingale) & masters level study from band 7, in preparing for 8 and above roles.

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.

As described on page 3, FHFT is unable to provide the data to meet all requirements for the quality account.

Review of services

During 2022-23, Frimley Health NHS Foundation Trust provided and/or sub-contracted services for 85 categories of healthcare provision. Frimley Health NHS Foundation Trust has reviewed all the data available to it on the quality of care in all 85 healthcare provisions.

The 2022 Health and Care Act entailed significant structural change for NHS commissioning. Clinical Commissioning Croups (CCG)s were abolished and were replaced with Integrated Care Boards (ICBs). NHS Frimley Integrated Care Board was formed on 1 July 2022 under the Health and Care Act 2022, replacing NHS Frimley Clinical Commissioning Group. NHS Frimley is the new statutory NHS organisation responsible for planning and delivering health and care services.

More information on the Frimley Integrated Care Board can be found at https://www.frimley.icb.nhs.uk/about-us/icb-board

CQUIN Performance 22/24

CQUINS	Performance	Future Focus
Flu Vaccination	CQUIN not met – End of year vaccine uptake 46.6%	Quality Metric under Well Led for Directorate Performance Reviews & continued as a CQUIN for 23/24.
Appropriate Antimicrobial Prescribing UTI	Unable to provide data since June 22. End of year performance cannot be reported. Note in Q1 prior to reporting challenges FHFT performed well in 4/5 of the metrics (above CQUIN target).	Infection Prevention and Control Committee, IPC link nurses and specialty antimicrobial leads to continue with key messages regarding best practice. Ensure that samples are sent.
Deteriorating patient recognition & response	Achieved consistently above national target. Last quarter compliance overall = 97%	Continue to optimise EPIC, focus on current patient safety workstreams. Sepsis recognition, response and treatment QA priority for 23/24
Diagnostic Pathways Timing- cancer	Data for CQUIN submission not available as Cancer Alliance Metrics do not match those requested by NHSE. Reporting data quality issues since go- live of EPIC	Cancer wait times and pathways key focus for FHFT. Work underway to recover reporting and performance and this is being addressed through our operational plan /Directorate business planning. Further details can be seen in our clinical effectiveness section on page 85.
Treatment of Community Acquired Pneumonia (BTS guideline)	At the end of Q4 FHFT improved on 3/4 metrics. Performance relating to CXRAY timings and correct antibiotic prescribing met the CQUIN target of 70%. However, timing of antibiotics and documentation of CURB scoring were below targets and performance assessed on overall compliance. Therefore, CQUIN not achieved.	This continues as a quality improvement project for the respiratory and urgent care teams

Cirrhosis and fibrosis tests for alcohol dependent patients	Cases for quarter 4 are due to be submitted by end of May 23. However, service at WPH is not fully established and this will impact on FHFT performance	Continue development of WPH site service
Anaemia screening and treatment for all patients undergoing major elective surgery	Unable to source data after quarter 1 from EPIC. However, quarter 1 performance was above national targets	Continue with existing good practice
Timely communication of changes to medicines to community pharmacists via the discharge medicines service	FHFT were unable to submit data for this CQUIN – Due to inability to capture Community Pharmacy details on EPIC and send to Discharge medicines service platform	This capability to be reviewed once reporting stabilisation priorities met
Supporting patients to drink, eat and mobilise after surgery	FHFT were unable to submit data for this CQUIN	Template rebuilt in EPIC to capture data through automated report – currently in testing phase will be required for the continuation of the CQUIN in 23/24. This is also a quality account priority for the 23/24
Achievement of revascularisation standards for lower limb ischaemia	Cases for quarter 4 are due to be submitted by end of May 23. There have been challenges in ensuring case ascertainment and data completeness is optimised	Continue to work with surgical and interventional radiology vascular teams to ensure cases are uploaded. Review any breaches of 'five day timeframe' to support quality improvement work.
Shared Decision Making	Awaiting Specialist commissioning review of quarter 4 report. However, 75% achieved in SDM patient survey which meets CQUIN target	Continue to fully embed shared decision making into clinical practice across FHFT.

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. National Audit data that has been submitted for 22/23 has been manually collected/validated which supports a level of confidence around data quality.

National Confidential Enquiry into Patient Outcome and Death reviews

NCEPOD uses case note review in a sample of cases to assess the quality of care provided. The reviews are aimed at stimulating improvement in safety and effectiveness and provide an opportunity for reflection on clinical practice.

Medical and Surgical Clinical Outcome Review Programme	**Cases Allocated & Undertaken**
Crohn's Disease	12 allocated, 2 completed & returned
Testicular Torsion	7 allocated, 3 completed & returned
Community Acquired Pneumonia Hospital Attendance	18 allocated, 6 completed & returned
Child Health Clinical Outcome Review Programme	**Cases Allocated & Undertaken**
Transition from child to adult health services	12 allocated, 7 completed and returned

Actions the trust intends to take in relation to the National Confidential Enquiry into Patient Outcome and Death Programme are

- To appoint a new consultant ambassador for NCEPOD to support improvement in participation, learning and improvement
- Head of Medical Director Services will be part of new clinical audit and effectiveness committee to support links with NCEPOD case reviews and appraisal process

Specifically in relation to individual enquiries

- Testicular Torsion – new clinical guideline developed and presented at urology clinical governance, to be further discussed agreed at Emergency Department Clinical Governance.
- Community Acquired Pneumonia Hospital Attendance – Improvement workstream for CURB scoring and appropriate use of antimicrobials

National Audit Programme Participation

There were 74 HQIP audits listed for quality accounts in 2022/23, of these 59 were applicable to FHFT services. FHFT was unable to participate in the following audits applicable to its services due to the data reporting issues described on page 3.

- National Diabetes Core Audit
- National Ophthalmology Database Audit
- National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP)
- National Asthma Audit Programme (NACAP)
- National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme: Children and young people asthma (NACAP)

In addition to the audits above the trust did not participate in the Royal College of Emergency Medicine (RCEM) Consultant Sign Off audit due to operational pressures in the Emergency Department. An internal audit is now underway to test performance against standard

A table demonstrating participation and case ascertainment is included in Appendix 1

Actions the trust intends to take in relation to the National Audit Programme for 23/24 are

- To recover and stabilise our data capture and reporting
- To focus on quality improvement relating to key national audit recommendations and locally assessed risk
- Fully embed the new governance structure at corporate/directorate and specialty level to optimise oversight and leadership to drive improvement
- Celebrate improvements and successes

Review of published reports

There were 31 national audit reports published in 22/23. The list of published reports applicable to FHFT, as available in Appendix 2, and the actions we have taken in relation to these[2] are described in the clinical effectiveness section from page 85 onwards

National inquiries and reports

This year we have considered the findings and recommendations of 3 national inquiries and reports

Independent Review of Maternity Services at The Shrewsbury and Telford Hospital NHS Trust, published in March 2022 NHSE Ockendon FINAL REPORT

This report builds on the first report which was published in December 2020. In the first report Local Actions for Learning, (LafL) and Immediate and Essential Actions, (IEAs) where identified for implementation at The Shrewsbury and Telford Hospital NHS Trust and across the wider maternity system in England.

NHS England visited Frimley Health Maternity Units in August 2022

'Reading the Signals' into East Kent Hospitals Maternity & Neonatal Services by Dr Bill Kirkup 2022

[2] For further information about FHFT national audit performance and actions please contact Head of Quality, Audit and Clinical Effectiveness Bethany.bal@nhs.net

The report identifies 4 areas for action where the NHS could be much better

1. Identifying poorly performing units
2. Giving care with compassion and kindness
3. Teamworking with a common purpose and
4. Responding to challenge with honesty

Five recommendations were made:

1. Specific to East Kent Hospitals NHS Foundation Trust, to accept the reality of these findings; acknowledge in full the unnecessary harm that has been caused; and embark on a restorative process addressing the problems identified, in partnership with families, publicly and with external input

To wider NHS

2. The prompt establishment of a Task Force with appropriate membership to drive the introduction of valid maternity and neonatal outcome measures capable of differentiating signals among noise to display significant trends and outliers, for mandatory national use.

3. Those responsible for undergraduate, postgraduate, and continuing clinical education be commissioned to report on how compassionate care can best be embedded into practice and sustained through lifelong learning. Relevant bodies, including Royal Colleges, professional regulators, and employers, be commissioned to report on how the oversight and direction of clinicians can be improved, with nationally agreed standards of professional behaviour and appropriate sanctions for noncompliance

4. Relevant bodies, including the Royal College of Obstetricians and Gynaecologists, the Royal College of Midwives and the Royal College of Paediatrics and Child Health, be charged with reporting on how teamworking in maternity and neonatal care can be improved, with reference to establishing common purpose, objectives, and training from the outset. Relevant bodies, including Health Education England, Royal Colleges, and employers, be commissioned to report on the employment and training of junior doctors to improve support, teamworking and development

5. The Government reconsider bringing forward a bill placing a duty on public bodies not to deny, deflect and conceal information from families and other bodies. Trusts be required to review their approach to reputation management and to ensuring there is proper representation of maternity care on their boards. NHSE reconsider its approach to poorly performing trusts, with particular reference to leadership

FHFT Actions

Following the publication of the NHSE Ockenden report we put in place a comprehensive work programme to address the essential and immediate actions. In August 22 NHSI visited the trust and these actions were tested. Our teams were complimented on the many areas of good practice that were observed. Evidence we had captured for the actions relating to the Okenden recommendations and our process for this has subsequently been shared with the region as an example of good practice.

Three-year delivery plan for maternity and neonatal services, NHS England March 2023

The three-year delivery plan for maternity and neonatal services was published by NHS England in March 2023[3] This plan sets out how the NHS will make maternity and neonatal care safer, more personalised, and more equitable for women, babies, and families. It brings together the recent independent reports by Donna Ockenden on maternity services in Shrewsbury and Telford and by Dr Bill Kirkup on maternity and neonatal services in East Kent, and previously Morecambe Bay.

We have conducted a Frimley Health and Care System review of the plan, which has 12 objectives and considered our current status and key actions required. These are summarised on pages 35 & 36.

[3] https://www.england.nhs.uk/wp-content/uploads/2023/03/B1915-three-year-delivery-plan-for-maternity-and-neonatal-services-march-2023 . This

Objective	Current Status	Key Actions to be taken
1: Care that is personalised	• Personalised Care Plans launched electronically	• Audit application of personalised care conversations, and quality of documentation
2: Improve equity for mothers and babies	• Equity plan published Sept 22 • Interpreting services in place, provider changed March 23 to https://www.absolute-interpreting.co.uk • Serious Incidents reports review of ethnicity • Maternity Voices Partnership (MVP) has a 25% representation from women of Black/Asian/Ethnic Minority Backgrounds	• Implementation of our Equity Plan • Improve data flow on equity from EPIC/WRES/system analytics and Serious Incidents • Review our resources including My Frimley Health App & website against 'Accessible Information standard'
3: Work with service users to improve care	• MVP well-resourced and functioning effectively • Examples of co-production • MVP attend maternity clinical governance, hold quarterly patient experience meetings with trust, • MVP invited to participate in national planning on 'new-look maternity services for New Hospital Programme schemes	• Work with MVP to review & implement national strategies • Ensure MVP involved in co-production with all service developments.
4: Grow our workforce	• Trust has undertaken Birth Rate Plus review in 2020 and funded the ratios recommended (1:24.5 FPH & 1:23.5 WPH). • Recruitment and retention plan in place, retention midwife funded by NHSE & international recruitment lead. Return to Practice supported • Admin support reviewed in 2022 • Wider perinatal vacancies range from 5-20 % (midwifery >10% as of 1st April 2023).	• Establish perinatal workforce group to oversee initiatives • Bring workforce overview to LMNS Board • Develop wider perinatal workforce plan
5: Value and retain our workforce	• Trust has midwifery recruitment and retention plan in place, has been supported by NHS England during 2022. • Education Partnership role started May 23 • Maternity service is proactive in responding to student and trainee feedback both at the time with education teams and local and national surveys. • Preceptorship program well established for newly qualified midwives, evaluated annually and adapted as required based on feedback. • Supernumerary status is agreed and protected during ordination to service. • Succession planning commenced to develop future leaders, development encouraged to progress leadership from band 6 and above (e.g., Mary Seacole & Florence Nightingale) & masters level study from band 7, in preparing for 8 and above roles	• Review principles set out by NMC in relation to combatting racial discrimination against minority ethnic nurses, midwives and nursing associates' resource. • Progress dedicated mentor to newly appointed band 7s and 8 midwives
6: Invest in skills	• Training Needs Analysis has been undertaken in line with Core Competency Framework, this is reviewed annually to ensure compliance • Neonatal establishment in line with BAPM -guidelines • Where possible using bank obstetric staff rather than agency	• Workforce group to include investment in skills • LMNS Education lead mapping opportunities

Objective	Current Status	Key Actions to be taken
7: Develop a positive safety culture	• QUAD Perinatal & Culture Development Programme April 24 for 6 months. • Dedicated meeting with Board Safety Champions, NED and safety champions for maternity and neonates well established. Maternity & neonatal services regularly report though trust governance process, Quality Assurance Committee and trust board. • Board Safety Champions and NED regularly walkabout at both sites and speak to staff. • FTSU Guardian available in trust. • Listening events held quarterly for maternity service with safety champions • Escalation policies in place and updated in 2022 to ensure staff feel readily able to escalate any concerns re staffing, activity or patient safety. • FTSU guardian in post and available to all staff, all information on trust intranet. • LMNS participating in regional QUAD feedback	• Benchmark outcome tools to identify plan
8: Learning and improving	• ISA pilot - ISA start date June. • Trust currently progressing the implement PSIRF by whole trust not just maternity service. • Established governance process and structure including review of cases, incidents, complaints, audits and patient feedback. • Duty of Candour process well established	• Strengthen triangulation of data - implementation of EPIC has delayed data publication during 2022. • Strengthen culture, ethnicity and language when responding to incidents
9: Support and oversight	• PQSM reported quarterly. Data from national dashboard comparing similar Trusts. • Trust - governance process established for quality, safety & patient experience, open culture and sharing with LMNS in place. Senior team members from trust and LMNS meet to discuss all above and report via PQSM. • Executive and non-Executive board members for maternity and neonates appointed and in place. Meeting with maternity and neonatal leads on every other month. • Executive and non-Executive board members undertake regular walkabouts with maternity service including listening and speaking to staff. FTSU guardian at trust is utilised by staff when required	• Non exec lead, MVP to be included in complaints process • Embed EPR so data flows to national maternity dashboard. • Review FTSU tool
10: Standards to ensure best practice	• A 10 year look back on SB, NND & PNMR undertaken and presented through all governance forums in April 23 and LMNS Board during Q1. • Guidelines in maternity - well established process for production and updating - in line with NICE and national recommendations to support staff to deliver care	• Implement SBLV3, MEWS, NEWTT once national guidance is published • Complete self-assessment tool • Implement actions/learning from NND/SB review
11: Data to inform learning	• Submission to MSDS in place - compliance with year 4 CST safety Action 2. • Data submitted to NHS Resolution, HSIB & NPEU to continue be of high quality - feedback from CNST year 4 demonstrates full compliance	• Progress quality of data submission to MSDS post EPIC implementation. • Include ethnicity/equality in all reviews as part of summary from 1st April 2023
12: Make better use of digital technology in maternity and neonatal services	• Trust using national dashboard to compare with similar system and focus on variations.	• Improve our data submissions to national dashboard and improved identifying areas of variation and reasons. Develop services to reduce this variation. • Using MSDS to compare with similar systems

Update on progress with reports reviewed in 2021/22

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

Our 2021/22 Quality Account highlighted a number of workstreams and actions we were taking forward in relation to four key areas with the second stage recommendations in the following areas:

1. The handling of complaints
2. Communication and liaison with service users, carers and families
3. Investigations
4. Supervision

The handling of complaints

The trust is still awaiting the new complaint framework to be implemented nationally. We are actively using patient stories to learn from and hear where we need to change our practice and our focus is on improving how we embed and test that within our wards and directorates. Each complaint response includes a complaint satisfaction survey. Completed surveys are monitored

To help our teams understand how to handle complaints we deliver training to our junior doctors, preceptorship nurses and ward co-ordinators. We are re-designing a new session for our consultant induction programme.

Communication and liaison with service users, carers and families

During the year we engaged 'patient experience champions' for each clinical area who will help drive forward the plans to improve communication and liaison with service users, carers and families with their teams.

A Working Carers Passport is being trialled with members of the Staff with Disabilities and Carers Network. Our Carer Strategy/Booklet is in place, and we have a quality improvement workstream dedicated to this work for 23/24. We have also developed a training plan for staff and the 'Triangle of Care' which describes a therapeutic relationship between the person with dementia (patient), staff member and carer that promotes safety, supports communication and sustains wellbeing. is now part of our clinical staff training.

Investigations

Since last year we have continued to work on our strategy and plans for implementation of the Patient Safety Response Incident Framework (PSIRF) and National Standards for Safety Investigations launching plans with our frontline clinical teams at our Patient Safety Conference on the 17th March 2023.

The PSIRF has four key aims with regards to patient safety incidents:

Compassionate engagement and involvement of those affected; a system-based approach to learning; considered and proportionate responses; supportive oversight focused on strengthening response systems and improvement.

To increase the involvement of patients or their family members and our own teams in the current Serious Incident process and testing new approaches to how we respond to safety incidents at the trust. These approaches include more contemporaneous reviews within clinical areas where an incident has occurred. This provides the opportunity to involve staff, patients, families and carers. Over the last year we have also worked with families and patients affected by serious incidents and include impact statements as part of our investigations.

Supervision

We have in place a Board-level monitoring system for action plans and implementation of recommendations from investigations. In addition, we have oversight of actions and changes in practice from complaints at our Patient Experience Forum (PEF) and our directorate teams present updates on these regularly. We plan to strengthen our audit programme in 23/24 to test the implementation and sustainability of these, including audits relating to

- **Use and application of 'This is me'** - This is me' can be used to record details about a person who can't easily share information about themselves. For example, it can be used to record: a person's cultural and family background, important events, people and places from their life, their preferences and routines.
- **Use and application of Learning Disabilities passports and reasonable adjustments for hospital stay** - This can be adjustments such as enabling a carer stay in hospital overnight, provision of information in easy read or plain English, longer appointments time for patients to meet their learning disability nurse before they come into hospital

We will also be using patient and carer surveys alongside audits to assess the impact and success of improvements. Our Complaints, Litigation and Patient Safety meetings were also reintroduced during 22/23 and support the triangulation of complaints, litigation and patient safety intelligence data to provide assurance or identify care and services that may require additional support.

Local Audits

The reports of 59 local clinical audits were reviewed by the provider in 2022-2023 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
POPS at Frimley: A Measurement Journey with NHS Elect	• A perioperative service for older people undergoing surgery (POPS) was established at Frimley Health NHS Foundation Trust, with the aim of providing integrated, multidisciplinary perioperative care to older surgical patients. • The audit found significant improvements in patient outcomes such as earlier diagnosis for better treatment options and planning, faster review of patients, and reduced length of stays. This has ultimately led to significant cost reductions The audit findings have helped to strengthen a business case to secure longer term funding for the POPS service.
Management of Women Diagnosed with Endometrial Cancer Audit at Wexham Park Hospital	• Following this audit, a new triage system has been implemented for patients referred with post-menopausal bleeding (PMB). There is now a one-stop clinic in place for higher risk patients. • We are working on improving counselling for women presenting with PMB and are updating our information leaflets with a focus on this. • We have increased the number of our outpatient hysteroscopy clinics to improve patient waiting time.
Gynae-Oncology Unit MDT Re-Audit at Wexham Park Hospital	• This audit highlighted positive current practice; 100% of the patients audited were offered recommendations provided by the MDT and 95% of the patients went on to have the treatment recommended by the MDT.

	• There was a need identified to improve communication of the MDT recommendation to the GP and there is now a nominated person responsible for this. • Going forwards, we are working on documenting performance status and co-morbidities, aiming for a standard of 100% to ensure optimal treatment recommendations
Neo-natal Readmissions Audit	Following this audit, we have implemented the following: • Increased teaching on recognition of jaundice • Increased the presence of our infant feeding team on the wards and within clinics • Highlighted the importance to staff of recognising effective feeding prior to discharge • Put in place a bilirubinometer check for high-risk babies prior to discharge • Given parents clearer information prior to discharge on when to recognise they need to call for assistance/review
Local Clinical Audit	**Actions taken/planned**
MRI Tinnitus Guideline Update	We are assured of compliance with NICE guidelines for MRI scanning of unilateral tinnitus. Pulsatile tinnitus compliance noted but more detail needed on request forms • Discussed at local joint audit day. • Education of department on new NICE guidelines.
Audit of Skin cancer excision margins	Key findings: Based on the Bristol Skin Audit Tool. • Complete excision rate of 91% • Lateral margins compliant. • Deep margins adequate but could be improved. • Most SCCs are on scalp, deeper margins may not be practical. • Changes in practice implemented: • Discussed at local audit day. • New skin fellow starting soon, and the audit cycle will be repeated.
Re-Audit of Epistaxis Pathway	After the 2nd cycle there was a significant improvement in most parameters assessed Some interventions could be considered more often e.g. flexible nasal endoscopy for posterior bleeds and ambulating patients. Changes in practice implemented: • Posters and leaflets made and highlighted thoroughly within ENT and ED departments • Teaching presentation included in the new SHO induction packs We will be looking to implement the pathway across all our sites in 23/24
Tonsillectomy Re-Admissions	Key findings: High variation in post-operative prescriptions upon discharge. 3 had co-amoxiclav prescribed Average stay in hospital post presentation with bleed was 1 night – opportunity to increase the day-case rate Changes in practice implemented:

	Post-operative patient information leaflet / standard discharge summary created for EPIC
Re-audit of Gynae-oncology MDT Wexham Park Hospital **Site: WPH**	Key findings: We are 100% compliant with standards of MDT membership and attendance. Recommendations are recorded live and checked at the end of MDT. 95% of patients, discussed in MDT, received treatment recommended by MDT. 100% cases had RMI/CA125 documented. CNS was present in 100 % of the cases while providing the cancer diagnosis to patient. Performance status and comorbidities were documented in 85% of cases in the MDT referral proformas. Changes in practice implemented: Appointment of a locum doctor to have allocated time to screen the MDT list and liaise with the lead. Real-time updating of Somerset during MDT. Dedicated 2 part time CNS to support patients and families. Have a cut off time to include cases in MDT by every Thursday 6 pm.

Quality Improvement Projects

Owing to a successful quality improvement pilot project completed with the help of NHS Elect we now have funding approved for a Peri-Operative Care Service (POPS service) which gives additional Geriatrician input and time cross-site for a duration of 6 months (October 2022-March 2023). Examples of some of the other 89 registered quality improvement projects are shown in the table below.

Quality Improvement Project	Benefits
Pulmonary Rehab Service – Implementation of educational videos for patients	12 educational videos were produced for patients needing pulmonary rehabilitation. Testing of our patients experience of the videos have shown these to be very beneficial and well received by patients. We have also seen a reduction in the number of phone contacts from patients needing more information since the videos were introduced.
Venous thromboembolism – quality of assessment and prevention	We worked with our junior doctors and pharmacists to improve visibility of the assessment form and introduce best practice pop ups to advise on prevention.
Ear Nose and Throat (ENT) – Emergency pack- Standard operating procedure (SOP) and Kit	Our on-call ENT doctors developed an SOP to have an emergency backpack containing all the equipment they are likely to need if called to an ENT emergency out of hours. This allows them to deliver a safer more responsive service

Quality Improvement Project	Benefits
To ensure patients who have a reversal agent that is increasingly used in anaesthetic practice who are on the oral contraceptive pill (OCP) are aware that there is evidence that the efficacy of the OCP may be affected	Education sessions set up across relevant departments and leaflet devised for patients, to provide information for counselling of patients
Life After Hospital – introduction of psychoeducation session given to patients in post-acute stroke rehabilitation	Whilst receiving rehabilitation in a post-acute stroke rehab ward, patients and their carers are given a one-off session to help empower them to manage their long-term condition once they are home. Initial evaluation of the outcomes indicated that patient felt more empowered by this intervention. Further study will be conducted to see whether this intervention continued to empower patients once they are discharged from hospital (at one month follow up).
Setup & evaluation of an outreach physiotherapy orthopaedic service for: a) Patients who have been discharged home, from Hospital, with ROM knee braces, collars or TLSOs & no intermediate care team support b) Fractured neck of femur patients who have been discharged home, from hospital, with no intermediate care team support"	We are currently piloting this service and have had positive feedback from patients. We are awaiting the QI metric data but hope to see a reduction in re-admissions
Ward Handover	Ward 3 had significant improvement from listening to suggestions from members of the team, limiting the handover length and identifying estimated discharge date (EDD) for all patients. It was also recommended to other wards to include similar QIPS projects.
Improving the care of the elderly ward round	Improvement from average 51% completion to 86% completion in target ward completion of board round information through implementation of the proforma.
Comparison of the effectiveness of the Day 1 post-Caesarean section ward round before and after implementing a structured ward round.	Project concluded the use of a structured ward round demonstrated definite measured improvement in documentation of points essential to patient care with 100% achieved
Compliance with GMC guidelines for the Use of Chaperone in Urology Outpatient Clinic	The project realised an improvement in overall documentation in the clinic letters of more than 50% through a poster to encourage completion. During the project an overall documentation score of 85% was achieved.
Early Administration of Antibiotics by Clinicians	There was a significant reduction in time to antibiotic administration with 78% of patients with sepsis and NEWS of 5 or more receiving antibiotics within an hour of ED admission. The QIP also resulted in increased motivation in doctors to administer the antibiotics in case needed and also improved overall response to sepsis by the Emergency Department staff
Impact of moving PM list start time in Trauma & Orthopaedics Theatres	Project identified a potential cost reduction of C.240K PA or 102 Hemiarthroplasties per year, and evidenced reductions in AM theatre overrun and portering time.

During 22/23 we also introduced leadership 'GEMBA'[4] walkabouts. This style of walkabout provides the opportunity for

- Our leadership teams to learn more about frontline operations
- Explore improvements that are underway in the frontline
- Hear about problems being face by our frontline teams
- Build relationships
- Time to thank our teams for their dedication and hard work
- Time to actively listen to our teams

The walkabouts have taken place in our Urgent Care Departments, Stroke Service, Endoscopy service and Gastroenterology Wards and Care of the Elderly Services. Feedback from our clinical teams is that they have welcomed the opportunity to be 'listened' to and the acknowledgement and appreciation of the work they do. Our leadership teams have fed back they have been able to observe how our strategic ambitions are engaging the frontline teams and how our trust values are brought to life in our frontline services.

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**.**

FHFT Research and Development (R&D) is a cross site clinical department that provides research governance and delivery functions across the whole Trust. It supports the recruitment of over 1500 patients each year to research studies. Recent challenges have included funding levels from the Clinical Research Network and staff recruitment and retention. The Department is developing a research and innovation strategy to cover the next 3 years.

FHFT is a partner in the National Institute of Health and Care Research Clinical Research Network Kent Surrey Sussex (NIHR CRN KSS). Local CRN KSS is one of 15 regional networks funded by the

[4] https://www.lean.org/lexicon-terms/gemba-walk/

NIHR to deliver research activity. From October 2024, the CRN will be reorganised into 12 Regional Research Delivery Networks (RRDN). FHFT will be moved from the South East / KSS region into a new South Central RRDN, which will include Oxford and Southampton. This reorganisation aligns the RRDNs with the geography of Integrated Care Systems (ICS).

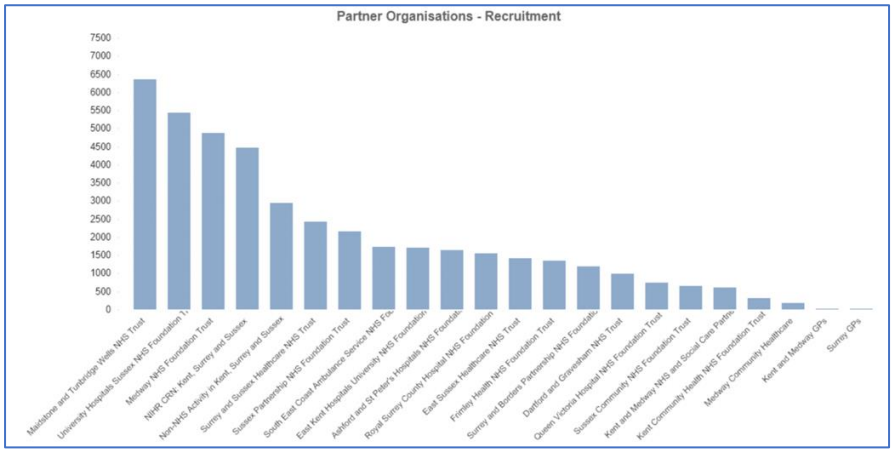
The main aims for 22/23 and moving into 23/24 are to:

- Complete reorganisation of team establishment, including recruitment to senior leadership positions and introduce cross site working
- Bid to be host of the new RRDN
- Meet research governance standards - the Department currently meets its statuary reporting requirements to the NIHR
- Increase access to research and innovation across all specialties and staff groups

Our two main sources of income are the LCRN KSS and commercial and non-commercial studies. In 2022/23 we successfully bid for additional contingency funding but were unable to increase our core funding, despite enacting a funding review within KSS and appealing to the central coordinating centre. Appendix 3 provides an overview of our funding in comparison to other large Trusts.

Each year R&D provides the local CRN with a pledge to recruit a certain number of patients. This target is used as one of the performance metrics. We also must publish data on "Performance in Initiating and Delivering Clinical Research" for non-commercial and commercial studies each quarter.

In 22/23 we pledged to recruit a total of 1467 patients to NIHR portfolio studies. We officially met 98% of this pledge and recruited 1339 patients. Unfortunately, an additional 300 plus accruals were not included owing to missing the data cut. A review has led to a new mechanism for reporting accruals as we move into 23/24. The level of recruitment was down from the peak of COVID-19 as the high volume COVID-19 studies were phased out.



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.

Of the 14 UK hospitals who signed up for research and development study, 3 hospitals have left the study because of the challenges with operational pressures. FHFT believes that the principles of Magnet® echo our ambitions to deliver on the people promise, to improve patient outcomes and we will attract and retain a highly skilled workforce, so we are determined to continue with the study.

Over the last year we are proud to have achieved the following;

- We welcomed our 'twinning partners' for the research and development project from the Cleveland Clinic, Ohio, USA. The Cleveland Clinic are a Magnet® accredited organisation and have provided guidance, support and advice for FHFT in terms of how we may approach the implementation and enculturation of Magnet®
- We had over 40 Magnet champions come forward from our frontline staff
- We approved our Shared Governance approach and achieved our ambition to set up shared governance councils, with the overarching objectives of enabling delivery of our Nursing and Midwifery strategy
- We completed our second Magnet Survey of registered nurses and doctors

Our Shared Governance Councils

Magnet Champions Council – key remit is to increase the education and awareness of Magnet and support the implementation of interventions to improve the nursing voice and professional presence and recognition at FHFT. The council also explores and implements ways in which we can celebrate key successes of nursing and the extensive contribution the profession makes to FHFT and our patients. A key decision this year by the council has been to bring the Daisy Award Scheme to FHFT and we are also proud to have launched the Tulip Award Scheme for our healthcare assistants. The Daisy Awards launch enable patients, their families as well as colleagues to nominate a nurse or midwife who has made a real difference through outstanding clinical care. Similarly, healthcare support workers can be nominated for Tulip Awards. These awards are internationally recognised and form part of our Magnet programme and support our strategy to celebrate and recognise fantastic work that happens within our Trust. The council will also be reviewing the results of the second Magnet survey and supporting the quality improvement work relating to those results.

Fundamental and Better Care Council – Key remit is to drive improvements in the fundamental elements of nursing care. The council will be focusing on the reduction of pressure ulcers for 23/24 and will be working on the development of our local clinical accreditation programme. Clinical accreditation supports the development of a set of standards so that areas for

improvement can be identified and areas of excellence celebrated. Experience shows accreditation programmes can drive continuous improvement in patient outcomes, as well as increase patient satisfaction and staff experience at ward and unit level.

Nursing Electronic Patient Record Council – key remit is to support frontline nursing staff to come forward with ideas and test changes for our electronic patient record that will support improvements for nursing processes and practices.

In 2023/34 our plans for Magnet over the next 2 years have been set to

1. Strengthen and embed the four existing councils – aligning work programmes to the Nursing & Midwifery Strategy.
2. Develop and embed reporting cycle for existing councils into FHFT
3. Increase knowledge base of shared governance and M4E Principles governance programme
4. Launch and embed Daisy and Tulip Award schemes
5. Recruit, train and establish four additional Shared Governance Councils: Leadership, Research, Advanced Professional Practice, and Nursing Professional Practice Councils.
6. Agree and begin implementation of our clinical accreditation programme

Commissioning for Quality and Innovation (CQUIN) payment framework

The CQUIN framework[5] no longer applies to many contractual relationships with lower financial values, especially for instance those between CCGs/ICBs below £30m and smaller non-NHS providers. The financial value of CQUIN is 1.25% of the applicable contracts and CQUIN are mandated if the expected annual value of the contractual relationship is £30m or more. In 2022/23 CQUIN only applied to contractual relationships with NHS Frimley ICB, Buckinghamshire, Oxfordshire and Berkshire West ICB and Specialised commissioning and no financial sanctions were applied for failing to achieve CQUIN standards this year. The CQUIN income generated by these contractual relationships in 2022-23 represents 0.85% of the total income generated from the provision of relevant health services by Frimley Health NHS Foundation Trust for April 2022 – March 2023

The trust was unable to fully participate in the 2022/23 CQUIN programme in terms of full data collection and reporting, but a summary of performance is provided below

[5] The Commissioning for Quality and Innovation (CQUIN) framework supports improvements in the quality of services

CQUINS	Performance	Future Focus
Flu Vaccination	CQUIN not met – End of year vaccine uptake 46.6%	Quality Metric under Well Led for Directorate Performance Reviews & continued as a CQUIN for 23/24.
Appropriate Antimicrobial Prescribing UTI	Unable to provide data since June 22. End of year performance cannot be reported. Note in Q1 prior to reporting challenges FHFT performed well in 4/5 of the metrics (above CQUIN target).	Infection Prevention and Control Committee, IPC link nurses and specialty antimicrobial leads to continue with key messages regarding best practice. Ensure that samples are sent.
Deteriorating patient recognition & response	Achieved consistently above national target. Last quarter compliance overall = 97%	Continue to optimise EPIC, focus on current patient safety workstreams. Sepsis recognition, response and treatment QA priority for 23/24
Diagnostic Pathways Timing- cancer	Data for CQUIN submission not available as Cancer Alliance Metrics do not match those requested by NHSE. Reporting data quality issues since go- live of EPIC	Cancer wait times and pathways key focus for FHFT. Work underway to recover reporting and performance and this is being addressed through Directorate business planning
Treatment of Community Acquired Pneumonia (BTS guideline)	At the end of Q4 FHFT improved on 3/4 metrics. Performance relating to CXRAY timings and correct antibiotic prescribing met the CQUIN target of 70%. However, timing of antibiotics and documentation of CURB scoring were below targets and performance assessed on overall compliance. Therefore, CQUIN not achieved.	This continues as a quality improvement project for the respiratory and urgent care teams
Cirrhosis and fibrosis tests for alcohol dependent patients	Cases for quarter 4 are due to be submitted by end of May 23. However, service at WPH is not fully established and this will impact on FHFT performance	Continue development of WPH site service

Anaemia screening and treatment for all patients undergoing major elective surgery	Unable to source data after quarter 1 from EPIC. However, quarter 1 performance was above national targets	Continue with existing good practice
Timely communication of changes to medicines to community pharmacists via the discharge medicines service	FHFT were unable to submit data for this CQUIN – Due to inability to capture Community Pharmacy details on EPIC and send to Discharge medicines service platform	This capability to be reviewed once reporting stabilisation priorities met
Supporting patients to drink, eat and mobilise after surgery	FHFT were unable to submit data for this CQUIN	Template rebuilt in EPIC to capture data through automated report – currently in testing phase will be required for the continuation of the CQUIN in 23/24. This is also a quality account priority for the 23/24
Achievement of revascularisation standards for lower limb ischaemia	Cases for quarter 4 are due to be submitted by end of May 23. There have been challenges in ensuring case ascertainment and data completeness is optimised	Continue to work with surgical and interventional radiology vascular teams to ensure cases are uploaded. Review any breaches of five-day timeframe to support quality improvement work.
Shared Decision Making	Awaiting Specialist commissioning review of quarter 4 report. However, 75% achieved in SDM patient survey which meets CQUIN target	Continue to dully embed shared decision making into clinical practice across FHFT.

Care Quality Commission (CQC)

The Trust is fully compliant with the registration requirements of the Care Quality Commission. During 2022/23, the Trust registered two additional locations, the new Heatherwood Hospital in Ascot and Heathlands in Bracknell, a 20-bedded ward providing the community with an intermediate care facility. As part of the registration process, both locations were visited by a group of CQC inspectors and were found to be fit for the purposes described. There were no new formal CQC inspections during the last year. The Trust has continued to attend regular oversight meetings with the CQC and maintains a relationship through established contacts. CQC activity within the Trust is supported by our patient safety and clinical governance teams.

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:

- Frimley Park (as of April 2023) – 1:26.1
- Wexham Park (as of May 2023) – 1:25

Overall compliance with mandatory and statutory training within Maternity at Frimley Health as of June 2023 was 91%. 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

We are unable to provide data on the % of patients with valid NHS number and General Medical Practice Code Validity due to the Commissioning Data Set not being submitted until April 2023 post go live reporting challenges. This is now resolved for future reporting.

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 Guardians data security standards.

Clinical coding

Frimley Health NHS Foundation Trust was not subject to the payment of results clinical coding audit during 2022-23 by the Audit Commission.

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

- Participating in external and internal audits of data quality
- Liaising closely with directorates to improve the quality of data captured at source
- Development of dashboards within our new EPR system to improve and refine data quality and reflect the need of the service.
- Continuing to participate in the annual Information Governance clinical coding audit. Data Security level – Standards achieved in 22-23.

- Re-defining Data Quality responsibilities for the organisation in light of new ways of working with our EPR (Electronic Patient Record)
- Utilising GIRFT (Getting It Right First Time) and Model Hospital (two national programmes which provide data for NHS Trust's to compare performance and productivity) to improve the quality of Frimley Health's data

Learning from Deaths

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 2022-23 2980 of Frimley Health NHS Foundation Trust patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 695 in the first quarter;
- 665 in the second quarter;
- 831 in the third quarter;
- 789 in the fourth quarter.

During 2022-23 3871 cases were screened by Medical Examiners which encompassed the primary care setting with a phased roll out throughout the financial year with the biggest expansion into GP practices occurring from Q2. In 269 cases a death was subjected to both a case record review or an investigation (this means a Structured Judgement Review (SJR) and/or a review and/or investigation by the Patient Safety team). The number of deaths in each quarter for which a case record review was carried out was:

- 72 in the first quarter;
- 57 in the second quarter;
- 70 in the third quarter;
- 70 in the fourth quarter.

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

7 deaths representing 0.2% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

In relation to each quarter, this consisted of:

1 representing 0.1% for the first quarter
3 representing 0.5% for the second quarter
2 representing 0.2% for the third quarter
1 representing 0.1% for the fourth quarter

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.

What have we learnt?

Common themes emerged from mortality reviews during 2022-23. They are identified in the table below together with actions/changes in practice

Learning from deaths	Action/Change in practice
Ceilings of care and DNACPR – Delays in establishing ceilings of care and DNACPR discussions. Leading to inappropriate or delayed end of life care	• Review the level of training available for teams on 'difficult conversations' • Further embed ReSPECT • Launch of 10 minute 'bite size' training programme for wards • Promotion of 'Dying Matters' week during May 23 • Improve documentation of Preferred place of Care/Death • Re-introduce 5 key messages from the End of Life steering group • Patient safety summit held in March 2023
Treating the patient – don't be falsely reassured by 'normal' NEWS.	• The physiology of the patient is as important as the investigations. Don't wait for abnormal results or escalation of NEWS has been a key element of our education and awareness programme. • Learning shared through clinical governance and mortality and morbidity forums
Right team Right place First time – Delays in care and escalation of deteriorating patients in outlying areas. Specialty illness being cared	• Every Day matters programme in place • Business planning for 23/24 will support more substantive (permanent)ward areas and a decrease in the use of escalation areas, this will allow for recruitment of our own FHFT teams

for by the correct clinical team on a ward that may not have the specialist nursing input.	• Continue to focus on reviews of longer stay patients • Ensuring Matron/Head of Nursing reviews in escalation areas to compliment clinical ward rounds
Managing patients with behavioural problems or agitation can be challenging and new confusion may be a sign of a clinical deterioration	• Our Frailty teams will be running delirium awareness sessions on prevention, diagnosis and management of delirium for frontline teams • Our Deteriorating Patient, Resuscitation & Outreach team will be supporting wards to further improve recognition of new confusion as a sign of patient deterioration • We continue our work to engage psychiatric liaison team for patients with challenging behaviour when it is unclear whether the cause is medical or psychiatric • Strategic Mental Health Lead settled in post & has strengthened the knowledge base & support for front line staff as well as relationships across all departments & mental health services. • Mental Health Strategy Developed • Plans to widen accessibility of de-escalation training in 23/24 • Introduction of Band 3 role for Mental Health Care Assistants
Recognising hypo and hyperglycaemic episodes and correct management	• A cross site working group has been established to improve the work around insulin practices • Diabetes teaching sessions are running once a month on the first Tuesday of every month for registered nurses, nursing associates, student nurses & doctors • Diabetes training modules also added to essential training for clinical staff • Mapping of Getting It Right First Time recommendations for Diabetes Services against current state – this will then allow us to focus on key improvements for 23/24.

Key Actions for 2022/2023

- Developing a flagging system for abnormal results with inbuilt alerts for critically abnormal point of care results
- Introduce and embed our new incident reporting system InPhase, with the ambition of further improving our incident reporting rates and the opportunity to improve tracking, responding to and learning from incidents
- Further strengthen Specialty Cross Site Mortality Review Groups and refresh FHFT Cross Site Mortality Review Group to promote uniformed care
- Appoint new Mortality Review Group Chair

- Delivery of our quality account priorities that support patient safety
- Working partnerships with Third parties – for example the coroners to appease stresses of PSIRF practice changes
- Optimising our digital safety

2.3 Reporting against core indicators

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

Given the challenges with our data extract and reporting systems, we are unable to report performance against all of the core indicators for 22/23. The table below indicates where reporting has not been possible for the year but includes the last available data.

Domain	Indicator	2022-23	National Average	Best Performer	Worst Performer	2021-22	2020- 21
Preventing People from dying prematurely	Summary Hospital level Mortality Indicator (SHMI) value and banding	We are unable to provide an end of year position and therefore cannot be benchmarked for this core indicator				0.9780 As expected	0.9817 As expected (Oct 2019 - Sept 2020)
Enhancing quality of life for people with long-term conditions	% of deaths with either palliative care specialty or diagnosis coding	We are unable to provide an end of year position and therefore cannot be benchmarked for this core indicator				43% (Nov 2020 – Oct 2021)	43% (Sept 2019 – Aug 2020)
Helping people recover from episodes of ill health or following injury	Patient reported outcome measure for hip replacement surgery	National data for 22/23 has not been published as of 19.05.23				0.475	0.440 (Apr 2019– Mar 2020) Finalised
	Patient reported outcome measure for knee replacement surgery	National data for 22/23 has not been published as of 19.05.23				0.291	0.322 (Apr 2019– Mar 2020) Finalised
	30 day readmission rate for patients aged 0-15**.	We are unable to provide an end of year position and therefore cannot be benchmarked for this core indicator				6.28%	6.08%
	30 day readmission rate for patients aged 16 or over**	We are unable to provide an end of year position and therefore cannot be benchmarked for this core indicator				6.49%	8.05%

Ensuring people have a positive experience of care	% of staff who would recommend the Trust to their family or friends Q23d "If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	67% (Staff survey)	61.9%	86.4%	39.2%	76.0% (Staff survey)	80.1% (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	We are unable to provide an end of year position and therefore cannot be benchmarked for this core indicator					
	Rate per 100,000 bed days of cases of C. difficile infection reported	12.22		0	81.30	5.69	5.04
	Financial year counts and rates of C. difficile infection (patients aged 2 years and over) by acute trust – Trust apportioned cases only	72 (against a target of 55)		0			
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	We are unable to provide an end of year position and therefore cannot be benchmarked for this core indicator					
	Rate of patient safety incidents that resulted in severe harm or death per 1,000 bed days	We are unable to provide an end of year position and therefore cannot be benchmarked for this core indicator					

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 current FHFT SHMI value is not available due to reporting challenges but was within expected range as of June 2022, 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

- Refreshing our trust wide Mortality and Morbidity Group (MRG) during 2023/24
- Focusing on achieving key best practice standards in relation to our national audit programmes and GIRFT recommendations
- Using FX methodology to enhance our Perioperative pathways
- Delivering improvements through our key patient safety workstream to further reduce diagnostic and treatment delays
- Continuing with our speciality level MRG groups meeting regularly to discuss key findings and learning from M&M reviews
- Tightening the links between M&M and local quality improvement/audit programmes to drive and test changes in practice

Percentage of deaths with either palliative care specialty or diagnosis coding

Recognising dying patients is crucial to produce outcomes that are satisfactory to patients and their families. The ability to have discussions about their preferences is key and this can be a delicate and often difficult conversation requiring strong communication skills.

Where early discussions don't take place or where patient choice is not identified this can lead to a lack of decision making and may in some cases lead to continuation of treatment or resuscitation where this may not be the most appropriate option or choice.

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

- Providing updates for our clinical teams to raise awareness around the recognition of the dying patient. During 2022/23 we held a deteriorating patient summit (November 2022) and a Patient Safety Summit (March 2023).
- We will commence a work shadow programme where new ward staff will have the opportunity to shadow/spend time with the palliative care team
- Our End of Life steering group will be optimising the holistic assessment on EPIC to support the improvement in documentation of preferred place of care and preferred place of death

- Participating in 'Dying Matters Week' in May 23 to raise awareness and highlight the support available from our palliative care team
- Further embedding ReSPECT across the system
- A shared decision-making conference will be held in September 2023

Re-admission rates for patients

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

- Ensuring patients are given the right care in the right place – reducing use of escalation areas/outlier beds
- Improving our communication with, and involvement of patients, families, and carers in our discharge process, ensuring it is well planned and robust
- Update our patient information on recognition and management of risks or concerns when leaving hospital
- Increase our same day emergency care services to initiate review and treatment where required via this pathway rather than admission
- Optimise clinical outcomes through application of best practice, reducing the risk of complications which may lead to a re-admission

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. 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

- Working with staff to understand why they may not recommend the trust to their family or friends so we can address what we need to do to improve
- Inform and celebrate with staff where we do well, enhancing the sense of pride staff feel for FHFT
- Continue with our Executive listening events to ensure staff have a strong voice and connect with senior leaders to discuss key issues, challenges and have opportunities to influence decisions affecting staff and patients

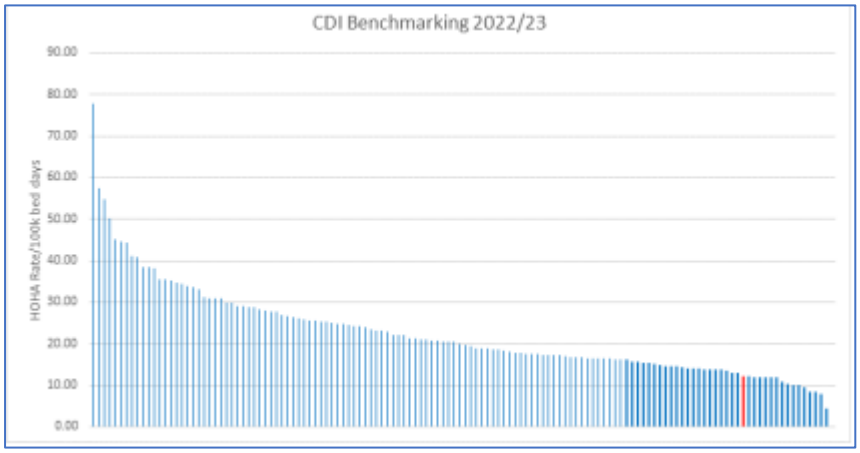
Rate per 100,000 bed days of cases of C. difficile infection reported

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

- Reducing delays in diagnosis and treatment of infection to reduce the risk of environmental contamination and transmission within inpatient settings

- Promoting hand hygiene and appropriate use of Personal Protective Equipment (PPE) to achieve consistent scores of 90% or > in our infection prevention and control audits
- Reduce our length of stay for patients, to decrease the risk of a Hospital Acquired infection
- Having antimicrobial stewardship as both as strategic ambition and quality priority for all directorates

Whilst we have seen an increase in rate from 5.69 in 2021 to 12.22 in 22/23 we remain in the lowest quartile nationally.



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

We have been unable to report on the rate of patient safety incidents that resulted in severe harm or death per 1,000 bed days.

However, 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

- Testing and improving our safety culture through research and development
- Continue to encourage and support incident reporting to learn from near misses as well as low harms
- Learn from our patient safety investigations and test our changes in practice
- Optimise application of FX methodology by frontline staff as the experts to improve safety within their clinical area
- Stabilisation and optimisation of EPIC workflows and pathways
- Optimise EPIC reporting and safety oversight in a proactive way
- Implementation of the new Patient Safety Investigation Framework

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

We have been unable to report on the rate of patient safety incidents that resulted in severe harm or death per 1,000 bed days. However, a breakdown of the numbers of harm by level is shown in the table below

Incidents reported by level of harm	2020/21	2021/22	2022/23
Incident reporting by level of harm (Moderate)	471	565	581
Incident reporting by level of harm (Severe)	37	38	37
Incident reporting by level of harm (Death)	11	11	12
Number of Serious Incidents reported	76	119	92

Percentage of admitted patients who were assessed for venous thromboembolism

This core indicator was suspended during the pandemic. Frimley Health NHS Foundation trust is currently unable to report on this in full. However, an internal audit showed an overall compliance rate of 90% for adult inpatients at FHFT (1318 patients audited). Actions we intend to take or have taken to improve this indicator, and so the quality of its services are described on page 73 of this quality account.

National Friends and Family Test (FFT)

This is a nationally mandated measure for patient experience as part of healthcare providers' contracts. The question is: "Overall, how was your experience of our service?" with six response options:

- Very good;
- Good;
- Neither good nor poor;
- Poor;
- Very poor; and
- Don't know

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

Patient Group	2018-19	2019-20	2020-21		2021-22		2022-23	
	Score	Score	% Very good / Good	% Poor / Very poor	% Very good / Good	% Poor / Very poor	% Very good / Good	% Poor / Very poor
A&E department	95%	94%	89.9%	6.0%	74.0%	17.2%	67.0%	24.1%
Inpatients	97%	98%	97.7%	0.6%	97.2%	0.9%	96.7%	1.1%
Outpatients	97%	97%	97.9%	0.6%	96.1%	1.6%	96.3%	1.3%
Community services	99%	99%	98.7%	0.3%	97.9%	0.3%	99.7%	0.0%
Maternity services	99%	98%	98.4%	0.8%	93.9%	3.4%	96.7%	1.8%
All services / departments*	**97%**	**97%**	**96.5%**	**1.6%**	**90.3%**	**5.7%**	**92.8%**	**4.1%**

The results in the table and actions taken or planned are available to review in the Patient Experience Overview section of this report on page 75.

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

Patient Safety Overview

Digital Clinical Safety Workstream (Clinician, EPR and Epic co-operation)

The Trusts Digital Clinical Safety Programme is co-Led by the trusts Associate Medical Director for Patient Safety and the Trusts Digital Clinical Safety Officer who hold the accountability to the Board for the trust's adherence to its Statutory requirement with regards to DCB0160: Clinical Risk Management: its Application in the Deployment and Use of Health IT.

As part of the trusts EPR Stabilisation one of the key workstreams was the commissioning of a short-term stabilisation clinical safety workstream that was operationally led by the Associate Medical Director for Patient Safety.

This has now transitioned into an EPR Weekly multi-functional group which oversees the urgently required actions with relation to clinical safety and the use of the Frimley Epic EPR. The Initial focus has been to resolve issues with

- Autocomplete Orders at Discharge
- Authorising Clinicians and Results Workflows
- Results routing Errors
- Unreviewed Results
- Results Escalation
- Starters and Leavers Process including Temporary Accounts

Key Learning from Stabilisation Programme

- Importance of providing focus to all areas
- System Build and Changes
- Processes and Workflows
- People and the Ownership and Embedding Changes
- Clear and Concise Communication and Engagement is Key
- Socialising the Interdependencies in Workflows

- Providing Feedback as Risks and Issues are resolved\being worked on
- The need for pace and stability to get to issue resolution
- Digital clinical safety is everybody's responsibility
- Issues can multiply in a very short period of time

The Trust has an established Digital Clinical Safety Board that is Chaired by the trusts Clinical Safety Officer for IT Systems; the digital clinical safety board's function is to provide oversight of the complete Digital Clinical Safety Portfolio of activities that need to be undertaken to achieve the objectives of:

- To improve the safety of digital technologies in health and care, now and in the future.
- To identify, and promote the use of, digital technologies as solutions to patient safety challenges.

This is in line with the National Digital Clinical Safety Strategy. The trusts Digital Clinical Safety Officer regularly meets and discusses learning from Digital Clinical Safety Issues across NHS and Supplier Digital Clinical Safety Groups. This approach ensures an open and transparent approach to Digital Clinical Safety where learning is shared across organisations to improve the overall Safe Use of Digital Health Technologies.

Forward Focus for 23/24

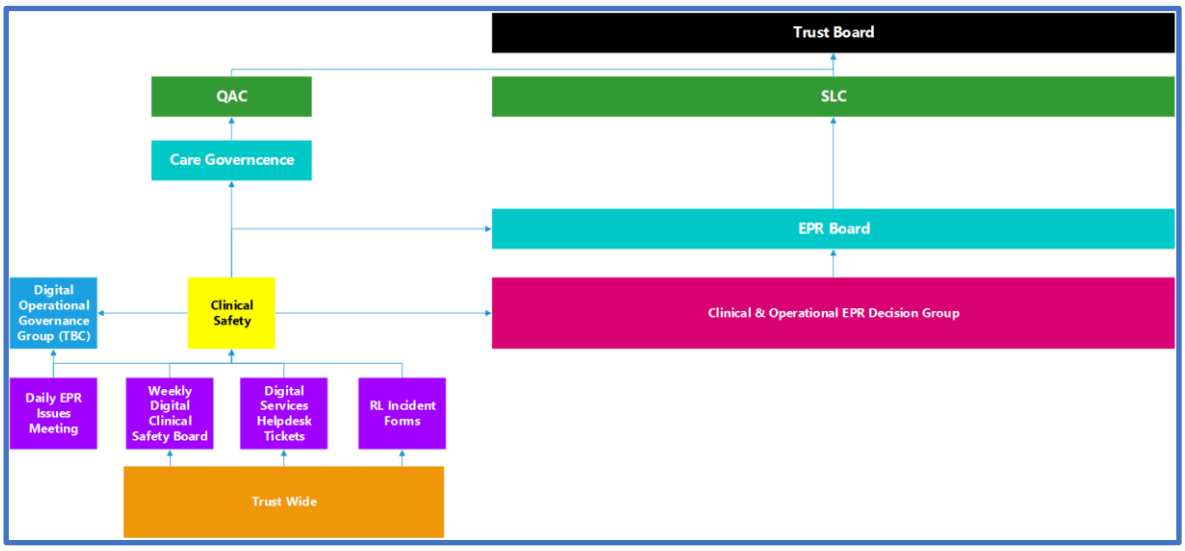
- Discontinue" medication button on medicines reconciliation
- MyFrimleyHealth patient messages
- Review and prioritisation of areas/safety issues that have been submitted by directorates
- Embedding safety topics into the on-going training and communication in the organisation
- Agreeing the key areas for on-going oversight to provide early warning to issues arising.

The Digital Clinical Safety Boards key objectives will be to undertake the following in 2023/24

- Development of a trust digital clinical safety handbook
- Digital clinical safety training for clinical and digital professionals
- Regular communication and engagement to directorate and corporate leads
- Development of objectives and key results for digital clinical safety
- Collaboration across ICS and regionally to share best practice with regards to digital clinical safety management
- Utilisation of data and information to identify areas of improvement with regards to workflow and content in digital and data technologies.

This approach will ensure that Digital Clinical Safety is everybody responsibility and is reflective of the Trust's digital maturity and cultural change from the introduction of Digital and Data enabled Healthcare Delivery

Digital Governance Structure

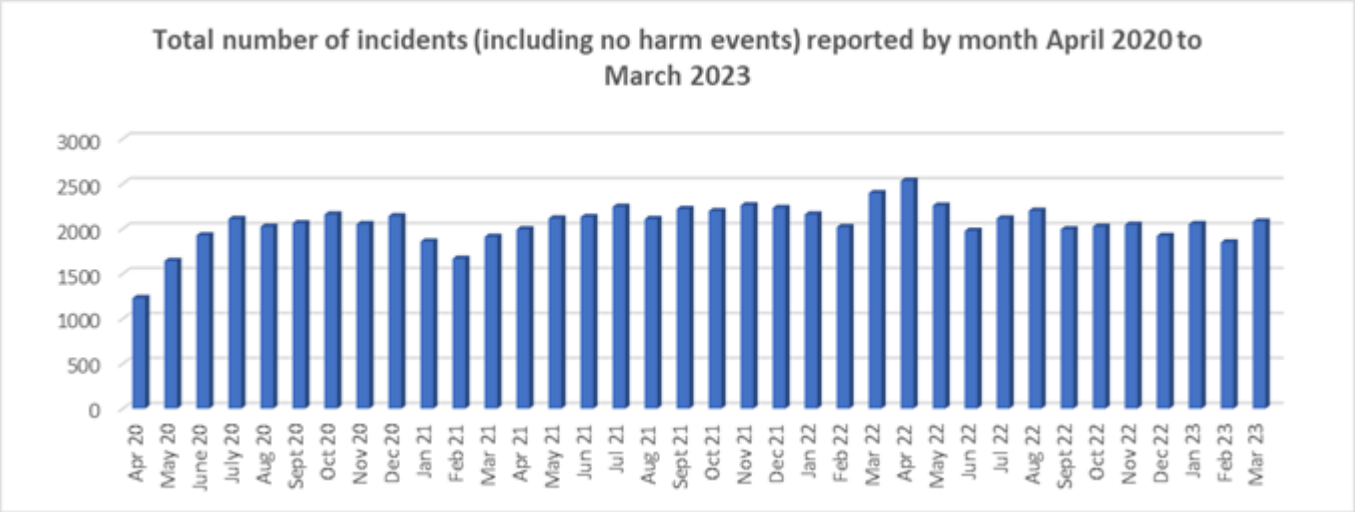


Incident Reporting

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.

We are delighted to have been able to procure a new incident reporting system 'InPhase' to replace our existing system as it will enable us to be compliant with the requirements to report through the new NHSE/I Learning from Patient Safety Events (LFPSE).

Incident reporting per month



Our top 5 reporting categories are

1. Pressure Injury
2. Falls
3. Clinical triggers
4. Admission/Discharge/Transfer/Appointment
5. Drug/medication error

Actions in response to our top 5 categories are:

Category	Actions taken/to be taken
1. Pressure Injury – Prevention and care	• SWARMs in place – real time review involving staff, patients' carers and families to optimise learning and to ensure safety netting with real time actions/changes in practice • New structure in place to facilitate cross site leadership of the tissue viability team and alignment in practice • Key quality account indicator for 23/24 to support FHFT wide FX improvement methodology • Changes to risk assessment timeframes on EPIC (from within 24 hrs to within 6 hours of admission or transfer • Best practice advisories to be available in EPIC from April 23 • FAB council priority for 23/24 • Continue to promote reporting of incidents – whilst working to reduce levels of harm
2. Falls	• SWARMs in place – real time review involving staff, patients' carers and families to optimise learning and to ensure safety netting with real time actions/changes in practice • Continue to promote reporting of incidents – whilst working to reduce levels of harm • Changes to risk assessment timeframes on EPIC (from within 24 hrs to within 6 hours of admission or transfer • Reduce the number of escalation areas open

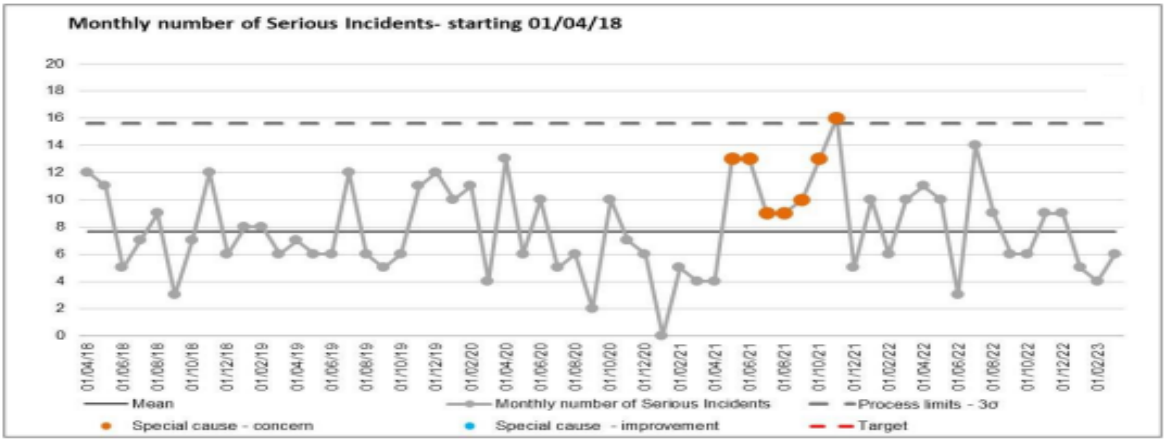
	• Encourage ward level falls improvement huddles to continue • Fundamental and Better Care Audit Programme relaunching April 24 • Focus on PJ paralysis
3. Clinical Triggers	• Establishing a rolling education program related to high risk problems not routinely covered in mandatory training. • Medical staff - AKI, sepsis, ABG interpretation, diabetes, fluid management, VTE. • Nursing staff – fluid balance monitoring, diabetes • Right bed, right team, first time. • Behaviour management support – de-escalation and appropriate enhanced care support • Human Factors • Professional behaviours, civility, teamworking
4. Admission / Discharge /Transfer / Appointment	• Successful workstream to reduce call waits which supports patients to contact us regarding appointments or issues • Quality improvement workstream in place to address issues with discharge letters • Trust wide work to reduce admission delays
5. Drug / medicine safety incident	• Continue to promote reporting of incidents – whilst working to reduce levels of harm

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. The National Serious Incident framework (due to be replaced by new the Patient Safety Incident Response Framework) 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. We are pleased to see a reduction in the number of serious incidents reported at FHFT in 22/23 when compared to 21/22, this was a 22% decrease.

Total number of Serious Incidents per financial year

2022/23 Reported between 01/04/22 to 31/03/23	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
92	119	76	100



Overview of Serious Incidents & Improvement Workstreams

Diagnostic and Treatment Delay Workstream

This workstream started Sept 2021 after thematic analysis of previous delayed diagnosis SIs, followed by a "world café" to understand the systems and processes from the perspective of the clinicians and admin teams involved. This generated an action plan with task and finish groups allocated to each. Three broad themes identified in the action plan for this workstream: Diagnostic error – at the reporting end; Receiving and acting on results; and Cancer Pathway and MDT. Progress to date is

Diagnostic Error (Radiology, Histopathology and Endoscopy):

- Established current quality assurance processes within these departments.
- Developed and embedded a learning and discrepancy meeting for each.
- Established double reporting for the few mandated indications (e.g. skeletal survey in children for non-accidental injury, haematopathology).
- Final ambition of second review of all imaging and pathology for MDTs is not possible for staffing and capacity reasons.

Receiving and Acting on Results (largely Epic design and process work):

New results visible in Epic at time of reporting (in-basket for OP, storyboard for IP).

- Alert (!!) for critical results.
- Alerting pathway for likely cancer – to highlight to the cancer office as safety-net.
- Escalation pathway for unacknowledged results to admin pool established. Issue with authorising clinician adopted by Clinical Safety for EPR Stabilisation Workstream.
- Timely review of clinical admin – Medical Director has reinforced expectations. Plan for ongoing monitoring adopted by Digital Clinical safety workstream, with long-term plan for directorates to manage

Cancer Pathway and MDT:

- Common referral pathway for all MDTs established (Epic order).
- MDT documentation in real time into Epic during MDT, with allocated clinician for tasks.
- Time for MDT preparation for MDT lead, radiologist and histopathologist. Now at job planning stage. This will not be possible for all for staffing and capacity reasons.
- Aspiring to consistent MDT personnel and cancer office team member, not currently possible due to unfilled posts.

Maternity

In 2021/22 we saw a 20% (16 to 20) rise in serious incidents reported for Maternity. This was due to the national maternity reporting criteria changing. Prior to 2021/22, 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 have had to be reported as a serious incident.

During 2022/23 despite the criteria changing in the previous year we demonstrated a 45% decrease in the number of serious incidents in Maternity (20 down to 13)

We are pleased to see the significant reduction in the number of babies born below 27 weeks – with 77% fewer in 2022/23 that the previous year. Overall, Frimley Health has also had lower than National Average Stillbirth rate over the past 10 years and apart from two years (2016 and 2019), Frimley Health Trust has always achieved below UK average Neonatal Death. Frimley Health Trust has also always achieved lower than UK average perinatal mortality rate (PNMR).

The Patient Safety Incident Response Framework (PSIRF)

The PSIRF supports the development and maintenance of an effective patient safety incident response system that integrates four key aims:

1. Compassionate engagement and involvement of those affected by patient safety incidents
2. Application of a range of system-based approached to learning from patient safety incidents
3. Considered and proportionate responses to patient safety incidents
4. Supportive oversight focused on strengthening response system functioning and improvement

Actions FHFT is taking to implement the new framework by Autumn 2023 include;

- Commenced a Patient Safety Culture survey in conjunction with Health Education England and University of Portsmouth for staff at Frimley Health. This will support education and development in specific areas
- Procurement for the new Incident Reporting System 'InPhase' to ensure compliance with the new national reporting system (LFPSE) by September 2023
- System wide workshops in place to support each milestone and requirements for the National Patient Safety Strategy and the Patient Safety Incident Response framework (PSIRF) implementation

Never Events

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

The following Never Events were reported and investigated by FHFT in 2022/23 (note the case in July 2022 was downgraded following investigation leaving a total of 5 never events of 2022/23 in comparison to 3 for 2021/22.

Date	Directorate	Event
Jun-22	Anaesthetics / Critical Care	Retained foreign object post procedure (CVC guidewire)
Jul-22	Theatres / Ophthalmology	Wrong implant (wrong lens) ***– downgraded as a NE***
Jul-22	Medicine / AMU	Wrong route administration of Oramorph oral solution
Jul-22	Theatres / ENT	Retained foreign object post procedure (swab)
Oct 22	Theatres / Ophthalmology	Wrong implant (wrong lens
Mar-23	Cardiology	Retained guidewire from coronary angiogram (currently under review)

The main workstreams identified from the review of never events, including policies & procedures, temporary staffing, human factors / team dynamics and new ways of working continues to progress.

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 Deputy Head of Quality to review incidents, decide objectively and collectively the levels of harm and to identify key areas for focus and improvement.

EPIC has provided both challenges and opportunities for medications safety for FHFT and the team have been an integral part in the development and integration of digital safety governance within FHFTs existing and emerging governance structure.

- Opportunities Epic has given include:
- Expediated alignment of medicines administration charts across FHFT
- Expediated alignment of prescribing protocols e.g., Gentamycin and alcohol withdrawal symptom management
- Alerting system for overdue medicines
- Remote prescribing where a new patient review is not required
- Increased visibility of information relating to patient allergies

However, with the opportunities, EPIC also gave us new challenges for medicines safety were identified these include:

- Drugs from the same group appearing in different locations making it less obvious if patients had been prescribed duplicate therapy or multiple doses
- The prescription less accessible at the time of drug preparation
- The addition of barcode scanning of drugs and patients' wristbands has provided challenges both with equipment, resource and time at the point of care
- Changes to medication workflows have taken time to become clear and the effects on each stage to be understood across the MDT
- Significant changes to the process surrounding medications reconciliation and discharge have provided challenges when communicating with GPs at the point of discharge

The top 3 themes in relation to medicines harms are:

1. Insulin (20 harms)
2. VTE (8 harms)
3. Anti-Epileptic Medication (6 harms)

Level of Harm	2020/21	2021/22	2022/23
Low harm	**28**	**41**	**41**
Moderate harm	**9**	**19**	**28**
Severe harm	**0**	**0**	**1**
Death	**0**	**0**	**1**

Key Highlights from 2022/23

- Gentamicin Panel designed and launched – this supports the safe monitoring and prescribing of Gentamicin
- Adapted Chlordiazepoxide order set to reduce the risk of overdose for patients with alcohol withdrawal syndrome
- New Standard Operating Procedure (SOP) for prescribing and use of potassium permanganate and procurement of kit for use
- Significant decrease in both incidents and resultant harm from errors causing allergic reactions, due to an increased visibility and system 'pushes' to complete information relating to patient allergies

Key Actions for 2023/24

Insulin and Diabetes Medication Working Group – Multi-professional, high frequency working group reviewing harms and incident data to develop problem statements and implement countermeasures, using FX methodology to improve patient safety. Countermeasures already being implemented include:

- Reviewing daily patients with severe and / or recurrent hypos
- Increasing education compliance by the introduction of hypoglycaemic management training of front-line clinicians by making it a part of essential training

Medicines Reconciliation and Discharge Medication Working Group – This is being established to utilise FX methodology in the defining and resolving of medication reconciliation workflow safety issues in the new e-prescribing era. This will involve front line staff and key experts to review the processes across the whole organisation and will address inconsistencies in practice and ensure that workflows within Epic are optimised for safety.

The aim of the group is to ensure patients receive medications safely whilst an inpatient and through to their discharge, ensuring that their GP receives accurate information on how treatments have been started, stopped or amended. This will lead to an improved safer transfer of care and optimise their continued treatments.

Utilising Epic Capability to Improve Accessibility of Time Critical Medications - Raising awareness and improving the tools within Epic to assist nursing staff in identifying their quickest source of time critical medications, such as epilepsy medications out of hours, to avoid patients having treatments omitted and therefore coming to harm. This will also

factor increasing education around Parkinson's disease and Epilepsy including the importance of timely administration of medications.

Development of e-Prescribing System Intelligence and Increasing the Competence of Front-Line Staff to Reduce Risks - The e-prescribing workflows have revolutionised our practice and fundamentally changed how we work. This has given rise to risks and opportunities not experienced with paper-based systems.

The focus of this workstream utilises front line users, together with system intelligence to examine how this has affected practices and decision-making processes. The resulting intelligence will result in both the ability to use new safety features the system can offer and to ensure communication and educational approaches are maximised and effective, where they are required, to embed safe practices.

This work will include the exploration of data relating to delays in medication administration, using Epic capability that was not present with paper based prescribing systems, and the medications safety leads will continue to use FX methodology to encourage safe working practices.

VTE Risk Assessment Monitoring and Compliance:

Although national reporting of VTE performance was suspended during the pandemic and has not yet been re-established, the Trust continued to collect this data up until May 2022. When EPIC was implemented in June 2022 the reporting of this was impacted and we have been unable to reinstate the monthly compliance reports. Work continues on the build for this report, with final testing due to complete by end of quarter 1 2023.

Improvement work has continued in relation to VTE prevention and recognition and includes

- Training of junior doctors on the EPIC VTE assessment form
- Ward manager/Nurse in charge overview of outstanding assessments
- VTE assessment status move to more visible location/screen in EPIC
- Alert system set up to flag when VTE assessment not completed within 24 hours (this then repeats every 4 hours if not actioned)
- Best practice advisories and prescribing links to mechanical prophylaxis added to the system
- Regular dissemination of key safety messages and learning related to VTE from the VTE committee to clinical staff
- Quality improvement work underway to include VTE prophylaxis post-surgery into the EPIC order set
- All relevant policies updated cross site

Hospital Acquired VTE incidence

All hospital acquired Pulmonary Embolism (PE) cases undergo a Root Cause Analysis (RCA). This RCA is conducted by a senior nurse and haematology consultant and provide opportunities for learning.

	2022/23	2021/22	2020/21
Number of Hospital Acquired PE's	174	195	Incomplete data due to resource reallocation in COVID
Number of unavoidable Hospital Acquired PE's	158	190	
Number of potentially avoidable Hospital Acquired PE's	17	5	

Of the 17 potentially avoidable Hospital Acquired PE's which occurred during 2022/23 16 led to moderate harm and 1 contributed towards a patient death (reported as a serious incident). Of the 17, 7 occurred in quarter 2 of 2022. This is a higher number than previous and post quarters over the last 2 years and may reflect the early challenges with the VTE assessment in the new EPR. All of these challenges have been identified and addressed through the improvement actions on page 29 & 30 of this report.

Key learning from Root Cause Analysis of Hospital Acquired PE's

- Full completion of the VTE risk assessment supports appropriate recognition of risk to patients and prompts prescribing of appropriate prophylaxis
- Requirements for Post-surgery chemical prophylaxis to be made via an 'order' in epic prior to patient leaving theatres

Plans for 2023/24

- Update patient information on prevention of VTE and recognition of signs and symptoms
- Refresh training for clinical staff on DVT protocol and audit compliance with protocol
- Update protocol for the treatment of an Achilles Tendon Rupture
- Continue FX PDSA cycles for post-surgery VTE chemical prophylaxis prescribing and administration
- Update our smart compression equipment and train new and current staff
- Research trial regarding non-use of compression stockings in low-risk surgery

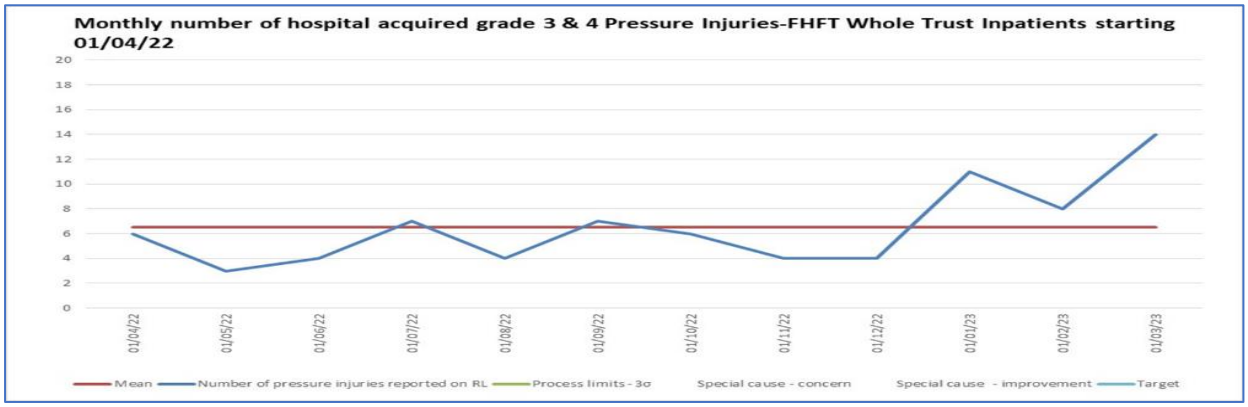
Pressure Injuries

The number of Hospital Acquired (HA) Pressure Injuries (PI) remains higher than FHFT anticipated over the year, and in particular during Q4 of the HA category 3 PI's.

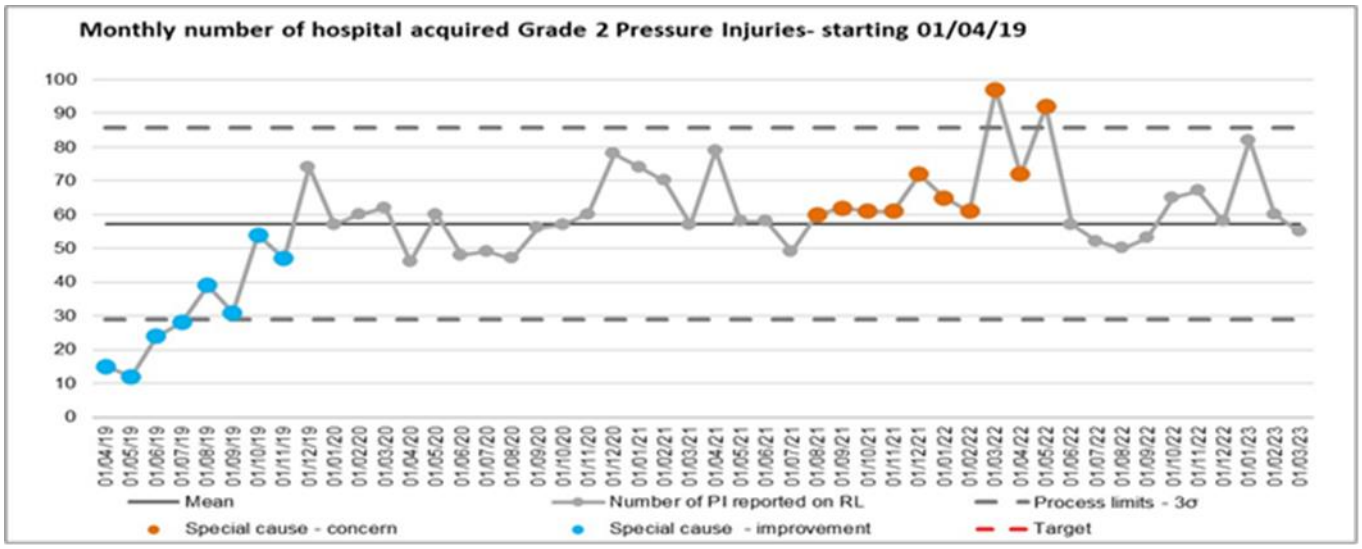
The effects of pressure injuries include pain, distress, reduced mobility, septicaemia and even death. Pressure injuries can reduce quality of life, delay recovery and can have a

significant impact on patients, their family. It is important that we act to reduce the incidence of pressure ulcers to reduce harm to patients**.**

Number of Hospital Acquired Grade 3 & 4 Pressure Injuries



Number of Hospital Acquired Grade 2 Pressure Injuries



Themes from the reviews of these cases of Grade 3 and 4 Pressure Injuries include

- Patients admitted with existing pressure injury or deep tissue injury that breaks down further to a category 3
- Pressure injury in patients at the end of life
- Delayed risk assessments
- Completion of documentation in full to reflect when a patient was supported to reposition

Challenges:

- Consistency of pressure injury categorisation and reporting
- Epic functionality regarding accurate documentation including - Lack of place to record air mattress implementation date & Pressure injury risk assessment and reposition chart accessibility

Improvement work planned

- Pressure injury data per 1000 bed days to be provided for benchmarking
- Our cross-site lead tissue viability nurse will assess and review all reported HA category 3 and 4 pressure injuries to ensure parity/data quality
- Complete the rebuild of nursing risk assessments (including skin and Waterlow) with timeframe for completion at no >6 hours from admission/transfer to ward
- Build Best Practice Advisories for care interventions to reduce risk of/improve management of existing pressure injury
- Continue to encourage early and ongoing mobilisation of patients

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 2023.

The NHS Patient Survey Programme

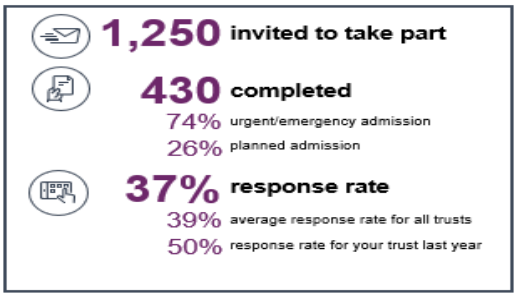
The NHS Patient Survey Programme (NPSP) collects feedback on adult inpatient care, maternity care, children and young people's inpatient and day services, urgent and emergency care, and community mental health services. The NPSP is commissioned by the Care Quality Commission (CQC), the independent regulator of health and adult social care in England.

The Adult Inpatient Survey 2021 – Results were published in 2022 with the full benchmarked report made available in quarter 3 of 2022/23

Patients were eligible to participate in the survey if they were aged 16 years or over, had spent at least one night in hospital in November 2021, and were not admitted to maternity or psychiatric units.

Our Response Rate

FHFT had a lower response rate than in previous years, and slightly lower than the average response rates for all trusts.



In an effort to increase the response rate to the 2022 survey, in addition to printing and displaying the mandatory awareness / 'Dissent' posters (that also let patients know how to opt-out) to inform and educate patients in multiple languages, the Patient Experience Team also:

- Used internal communication channels to raise staff awareness so they felt able to advise and inform patients in informal conversations; Designed and produced a leaflet encouraging participation to be included in the discharge folders given to patients as they left the Trust's care; and
- Worked with Trust's communications team to produce and deliver a video campaign across social media channels including Facebook and Twitter – some screengrabs below:

National Inpatient Survey Findings

NHS
NHS Adult Inpatient Survey 2021
Results for Frimley Health NHS Foundation Trust

CareQuality Commission

Where patient experience is best

- ✓ Further health or social care services: patients being given information about further health or social care services they may need after leaving hospital
- ✓ Waiting to get to a bed: patients feeling that they waited the right amount of time to get to a bed on a ward after they arrived at the hospital
- ✓ Feedback on care: patients being asked to give their views on the quality of their care
- ✓ Dietary needs or requirements: patients being offered food that met any dietary needs or requirements they had
- ✓ Taking medication: patients being able to take medication they brought to hospital when needed

Where patient experience could improve

- Food outside set meal times: patients being able to get hospital food outside of set meal times, if needed
- Noise from other patients: patients not being bothered by noise at night from other patients
- After the operation or procedure: patients being given an explanation from staff of how their operation or procedure went
- Privacy for discussions: patients being able to discuss their condition or treatment with hospital staff without being overheard
- Help to wash and keep clean: patients getting enough help to wash and keep clean

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

- Detailed review of the 2021 survey results for FHFT with resulting 3 areas of focus for improvement – meeting patient's hydration and nutritional needs, involvement of patients in conversation/ decision-making, trust and confidence in Drs and Nurses, action plan produced with engagement from patients, governors, directorates.
- Nutrition Steering group – review of menu's cross-site, alignment of texture modification and allergen menus for patients. Leading on education and awareness around recognition and care interventions for patients nutritionally at risk.
- PLACE inspections to assess the patient environment and action plan being developed.
- Volunteers providing additional hydration rounds and meal-time support.
- 'Drink up' campaign offering prompts to encourage patients to drink and better choice of drink options.
- Fundamental and Better Care Audit Programme relaunched
- Shared Decision-Making Project Group established – working towards more individually personalised care/treatment discussions and options with patients fully involved
- Placemats for patients tray tables rolled out with a focus on empowering patients to be involved in their care and recovery.
- 'Trust and confidence in Drs and Nurses' included as part of the Trusts strategic ambition for 2023/24 with improvement workstream supported by with the Frimley Excellence.
- Nominated 'Patient Experience Champions' for clinical areas to support improvement work

Maternity Services

The National Maternity Survey conducted in 2022 was the 9th Survey since 2007. In total 121 trusts participated (Those whose maternity services >300 births annually). Surveys were sent to all women 16 years and over who had a live birth between 1 February and 28 February. The survey collection methods were a mix of paper and online options. We were pleased to see for the second year running we had posters available in different languages to support promotion of the survey.

The survey is split into 3 sections

1. antenatal care
2. labour and birth
3. postnatal care

Despite a drop in the national response rate from 53% in 2021 to 47%, FHFT saw an improvement of 5% in our response rate from 43% in 2021 to 48% in 2021. It was also encouraging to see 25% of responses were from multiple ethnic groups, Asian, British Asian, Black, Black British, Arab or other ethnic groups (22.5% in 2021)

FHFT performed "about the same" as other trusts in 45 questions and "better than expected" in the 6 questions highlighted below

Antenatal care	FHFT Score	National Average Score
During your antenatal check-ups, did your midwives ask you about your mental health?	**9**	**8.3**
Thinking about your antenatal care, were you involved in decisions about your care?	**9.2**	**8.8**

Labour & Birth	FHFT Score	National Average Score
Were you given enough information on induction before you were induced?	**7.4**	**7**
And before you were induced, were you given appropriate information and advice on the risks associated with an induced labour?	**6.9**	**6.4**
After your baby was born, did you have the opportunity to ask questions about your labour and the birth?	**7.2**	**6.3**

The National Survey highlighted areas where we could improve. These included the following

- More information from Midwives or Doctors to help women to decide where to have their baby
- Reducing delays in discharge on the day of leaving hospital
- Help from staff following the birth
- More information about physical recovery (mothers) after the birth
- Support and advice on feeding the baby during evenings, nights or weekends if needed

We are working with the Maternity Voices Partnership to address these 5 areas

Maternity and Midwifery Advice and Support (MAMAS) Line

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. In April 2022 we were delighted to make this a permanent service. As part of the service a team of our midwives give consistent, evidence-based advice to women who are concerned about their pregnancy or who think they maybe in labour. They signpost other callers to alternative services when appropriate.

Between 28th of April 2022 - 31st March 2023, the MAMAS Line service answered just under 34,000 calls from across the FHFT area. This will likely have contributed to:

- Better outcomes for both patients and babies
- Increase in the quality of care patients receive and consistency of care across boundaries
- Savings in clinical time within maternity wards
- Increased patient satisfaction – the maternity voices partnership user survey gave an overall rating of 'excellent'
- Increased staff satisfaction levels within the acute maternity setting

Key Successes

- 86 ambulances have been stood down since June 2022, thus increasing resources to be allocated to other emergencies.
- The average talk time per patient is reducing steadily each month.
- Calls answered within 60 seconds continues to increase each month.
- Other Trusts have taken notice of the collaborative partnership, with Oxford showing interest in joining the initiative in the future.

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. Appointments and Communication were the top two reasons for PALS contacts throughout 2022/23

Complaints

The Trust received 720 complaints in 2022/23 compared to 650 complaints in 2021/22, and 605 20/21. Complaints offer insight into the quality of care and patient experience we deliver for our patients and relatives.

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 as a result of complaints are summarised below

You said	We did
Not enough breast-feeding support on the post-natal ward	Breast-feeding peer support volunteers
Difficultly getting through on phone lines for appointments	Successful workstream to reduce call answering times and call abandonment rates – ongoing.
Staff attitude and behaviours – empathy, compassion, feeling listened to	Sharing of compliments and complaints with clinical teams. Patient stories used as a powerful tool to share good practice and learn from poor experiences. Civility and kindness roadshows Patient Safety Summit Directorate level improvement plans to address staff survey results
Inadequate nutrition and hydration whilst in hospital	Further roll out of 'drink up campaign' Nutrition and hydration education and awareness week with roadshow, quizzes etc Re-introduction of Fundamental and Better Care audit programme Education and focus on End of Life Care (EOL) care including nutritional and hydration support and care Volunteers providing additional hydration rounds and meal-time support.

Other work we have done throughout the year to improve services and patients/families experience includes

Chaplaincy

Recruitment and review of the chaplaincy teams work to ensure that we meet the needs of the diverse population we serve across all of our hospital sites.

The trusts Chaplaincy team continue to play a vital role in providing spiritual, pastoral and religious support to our patients and their families. The team also contribute greatly to staff wellbeing.

The team continue to support the wards with patients receiving end of life care offering companions to sit with patients. Memorial services are also offered for families, organised by the Chaplaincy team.

Ongoing recruitment and review of the chaplaincy teams work to ensure that we meet the needs of the diverse population we serve across all of our hospital sites.

Armed Forces Covenant Lead

The trust established the Armed Forces Covenant Lead role, recognising and supporting veterans across the organisation. This helps us to provide and signpost the right care to services in our local communities especially designed to support veterans. Our Armed Forces Lead has been raising the profile of this role and its benefits through internal and external presentations, and radio interviews role. The trust has been awarded Silver Employer Recognition Status.

Interpretation Services

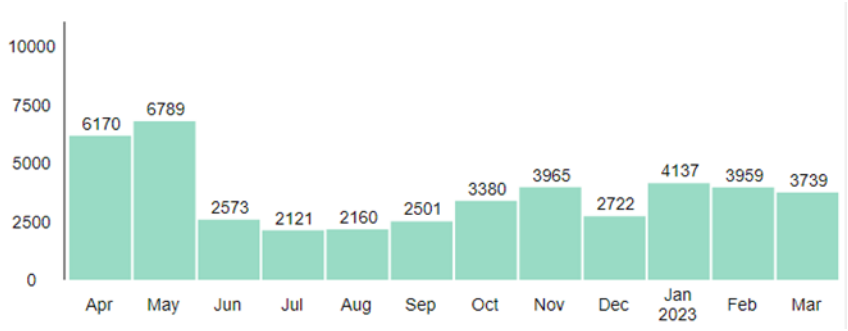
The trust has new supplier for language and British Sign Language interpreters with staff being provided with training to be able to access and book interpreters for patients as required.

Family and Friends Test (FFT)

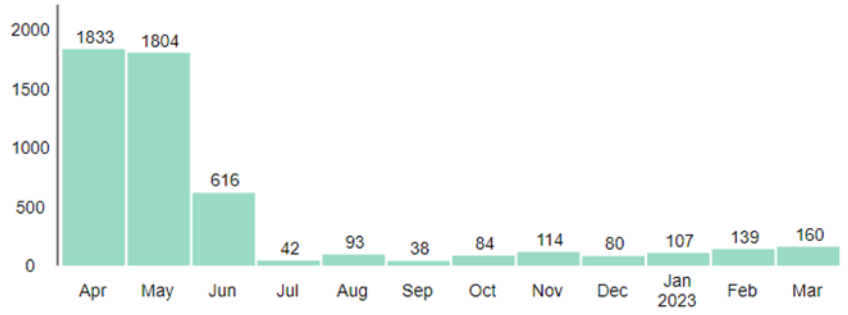
Our FFT response volumes were significantly impacted following 'go live' of the electronic patient record (EPIC). Until June 11th 2022 some teams – including ED and a number of high-volume out-patient services – were successfully collecting good (i.e. significant / robust) volumes of FFT responses by SMS (text message). This functionality was dependent on the creation of daily extracts for each service – set up by the Health Information Services team – which were sent to the Trust's FFT contractors so they could send the text messages. Charts showing the effect on the volume of data of this loss of functionality due to EPIC – for the whole Trust, ED and Outpatients – are below.

The Trust is hopeful that this position will recover during the first quarter of 2034/24. The recovery in volumes in out-patients is the result of significant effort by the senior nursing team to revert back to using paper cards and this approach is being advised in other areas.

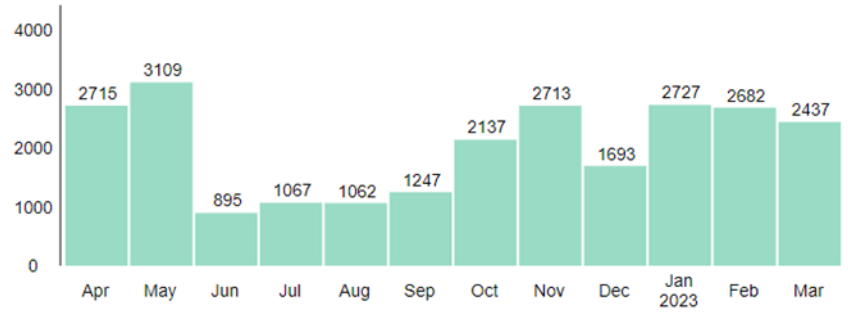
Number of surveys completed each month
(FFT TRUST OVERALL From 1/4/2022 to 31/3/2023)
44216 Surveys



Number of surveys completed each month
(FFT Emergency From 1/4/2022 to 31/3/2023)
5110 Surveys



Number of surveys completed each month
(FFT Outpatient From 1/4/2022 to 31/3/2023)
24484 Surveys



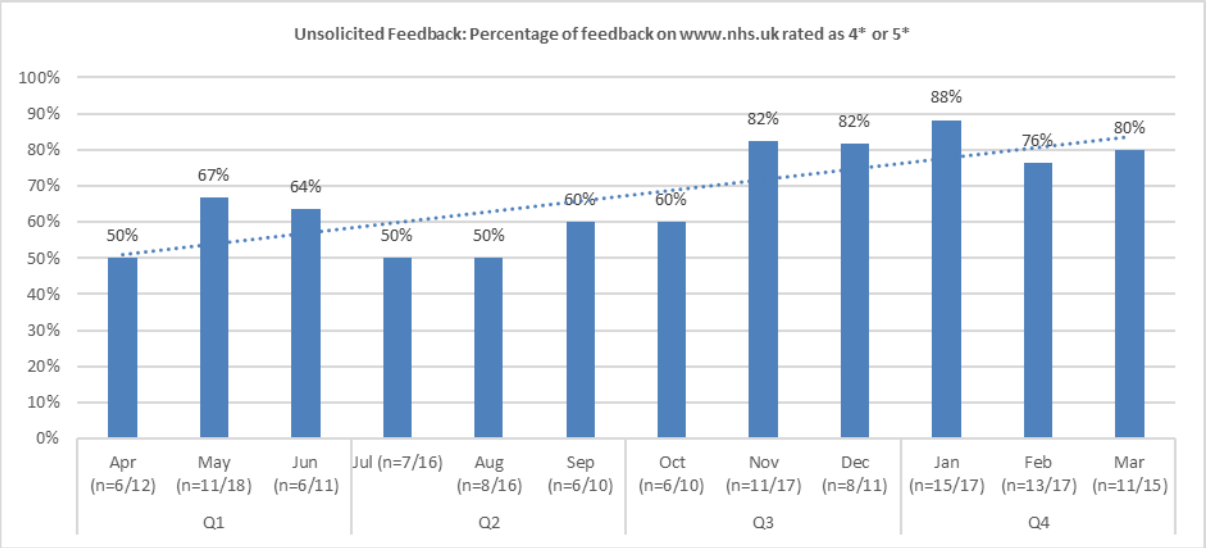
The vast majority of FFT feedback is overwhelmingly positive – of 45,211 responses received, 41,243 (>91%) said their experience was either “Good” (n=8,740) or “Very Good” (n=32,503). Positive FFT feedback is largely focused on, and reflective of, our staff and the quality of care they provide.

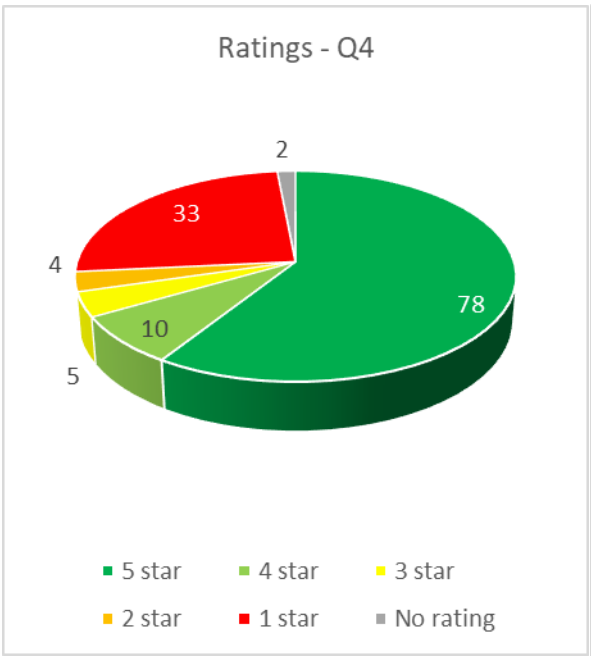
Feedback from Respondents with Poorer Experiences

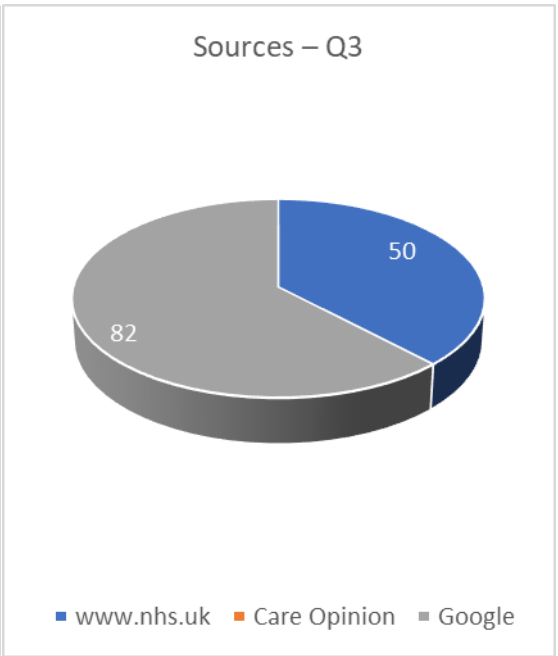
1,678 respondents reported their care experience as having been “Poor” or “Very Poor”. Analysis of the responses to “What could we do better?” from the ‘Poor/Very Poor’ response cohort suggest that waiting / time keeping is the biggest issue, followed by aspects of staffing:

Other Sources of Feedback

www.nhs.uk







The vast majority of the unsolicited feedback – broadly defined as 'input not collected from structured patient surveys' – primarily comes from Google and www.nhs.uk, with much lower volumes from Care Opinion and direct emails received in the patient experience email inbox. The feedback is generally much more polarized than that collected through standard experience surveys. Individuals take to these platforms in the extremes of their experience having been very good or very poor.

Within these channels, feedback from Google is generally more negative. Because of the unstructured nature of Google, it is not always clear which service the feedback relates to (being reliant on commenters actually specifically mentioning the service in their comments)

however – in Q4 63% of feedback on Google referred to ED with a 60:40 split between WPH:FPH. In Q3 29% of feedback specifically mentioned ED – but the 'source' service / location was unknown in another 43% of comments and it was fair to assume that a number of these relate to ED.

Waiting times contributes to this feedback and there are operational workstreams within the organisation to support flow, admission avoidance, Same Day Emergency Care pathways and services to reduce ED attendances and waits in the department. We will be refocusing on the four-hour ED standard and have implemented new internal professional standards for non-elective attendances to help us manage patient journeys through our hospitals.

Over 2022 /2023 we have focused on improving cleanliness of waiting areas, providing access to food and drink including hot meals for patients in the emergency department to care for patients having to wait for long periods.

The feedback collected from www.nhs.uk has, over the last 12 months been trending towards the more positive with some lovely comments about patients' experiences of care.

All feedback received through the NHS website is shared with the teams involved and personally responded to by the Patient Experience team.

Voluntary Services

We are delighted to see our volunteer numbers and hours increasing as without doubt they make such a difference to both our patients and staff. In total we have 897 volunteers. Below is a summary of hours per week and month provided by our volunteers, this equates to an additional 72 full time members of staff.

Weekly hours	Monthly hours
2691	**11661**

Monthly Volunteer Information Sessions were held at both main hospital sites

Pets As Therapy (PAT) Dogs are now "volunteering" at both main hospital sites – Yogi @ FPH and Rocket @ WPH. Another dog –Betty – is being recruited for Wexham and another is being sought for Frimley. Further dogs for more sites are being recruited into

Approximately 200 people enjoyed the Volunteers Afternoon Tea on 7th December at Ascot Racecourse with the Chairman, the Chief Executive and the Lord-Lieutenant of Surrey – Michael More-Molyneux – in attendance.

Volunteer involvement short-term Projects

Project ↓ Site →	FHM	FPH	HLNDS	HWD	WPH
MADE		✓			✓
Autumn Vaccination Hub		✓			✓
PLACE inspections		✓		✓	✓
MOCK-OSCES (Objective Structured Clinical Examination)					✓
National Inpatient Survey poster distribution (CQC requirement)		✓			✓
Critical incident support		✓			✓
Patient Experience Placemat distribution		✓			✓
Fire evacuation practice	✓		✓		
Pharmacy Services TTO Process Continuous Quality Improvement Project		✓			
Cost of Living Support poster/leaflet distribution		✓		✓	✓
PJ Paralysis poster distribution		✓			✓
Breastfeeding courses for volunteers		✓			
Supporting CEO Christmas chocolate delivery		✓		✓	✓

Clinical Effectiveness Overview

Clinical Effectiveness is an umbrella term describing a range of activities that support clinicians and healthcare professionals to examine and improve the quality of care. Clinical audit is the best-known example, but clinical effectiveness stretches beyond this to include the implementation of nationally agreed guidance as well as agreed standards/clinical performance indicators reflecting 'best practice'. Clinical Effectiveness is "the application of the best knowledge, derived from research, clinical experience and patient preferences to achieve optimum processes and outcomes of care for patients. The process involves a framework of informing, changing and monitoring practice"

(Department of Health (1996) Promoting Clinical Effectiveness).

FHFT Clinical Effectiveness Focus for 23/24

A new governance framework will be implemented during 2023/24 to strengthen clinical effectiveness across FHFT. The framework will support the recovery of our National Audit Programme and reset our ambitions post pandemic. The framework is intended to provide a more cohesive approach between national clinical audit and quality programmes, clinical Research, GIRFT implementation, bringing innovation into the organisation whilst ensuring patients receive optimal safe care.

- Implement recommendations arising from national confidential enquiries, where relevant to the Trust.
- Participate in all relevant national clinical audits that we are eligible to participate in with exceptional levels of data quality
- Consider all published national audit reports and where relevant agree and implement improvement plans based on recommendations
- Improve our annual programme of local clinical audit to ensure it meets FHFT priorities, but maintains a balance of autonomy at specialty level

- Ensure NICE guidance is implemented where possible and embedded into every day clinical practice by considering the relevance and implementation of relevant NICE guidance. We will do this by completing NICE assessments, with an exception/ risk report for all partially and non-compliant guidance.
- Implement recommendations from the Getting it Right First Time Programme (GIRFT), where possible, focusing on key areas to support the successful implementation of our Strategic ambitions
- Progress our Research and Development strategy for 2023 – 2024, increasing opportunities for participation in clinical research.

We will also be participating in NHS Benchmarking projects for the following services

- Same Day Emergency Care
- Frailty
- Virtual Wards

A table identifying our National Audit participation for 22/23 can be found in Appendix 1

Reviews of published national audit reports and actions taken/to be taken

Some examples of reviews and actions FHFT have undertaken following the publication of national audit reports are highlighted below.

National Emergency Laparotomy Audit (NELA) Year 8 data. Published 9th February 2023. Based on data from December 2020 and November 2021[6]

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.

Recommendations from the national report urge trusts to focus quality improvement on

- Reducing delays in the pathway of care between arrival at hospital and time to surgery
- Improving recognition and treatment for sepsis
- Frailty review – pre-operatively
- Post-operative care for high-risk patients
- Direct consultant care in theatre

Actions FHFT has/will be taking

- Ensure recognition and treatment of sepsis is a key quality priority for FHFT in 23/34. Our most recent data relating to sepsis recognition and management for NELA (non-benchmarked/not yet published for April 22 to Dec 22) is reflective of the national picture with 71% of patients with suspected sepsis receiving antibiotics within 1 hour (77% national average)

[6] https://www.hqip.org.uk/wp-content/uploads/2023/01/REF379_NBoCA-Ann-Rep-2022-v20230111_FINAL.pdf

- Reviewing our NELA mortality cases, to aid learning and changes in practice.
- We further increased our intensive care footprint in 22/23. We were pleased to see that all patients in our year 8 data set with a risk of death of 10%> were admitted to critical care.
- Plans in place to further increase surgical acute dependency beds in 23/24
- Continue to expand the use of elective care centre by converting to more day case surgery, this will allow us to optimise theatre space on our acute site for our emergency cases (improving time to theatre)
- Implementation of newly published internal professional standards for non-elective patient attendances designed to ensure we see, treat and care for our patients in the best possible settings and minimise any risks to them
- Pilot of a perioperative optimisation service for frail patients/patients with complex medical needs
- Task and finish group to reduce the number of delayed discharges from critical care

Bowel cancer annual report 2022 (NBOCA) - Published 12th January 2023

This report from the National Bowel Cancer Audit (NBOCA) covers an audit of the care received by people with bowel cancer in England and Wales diagnosed between 1 April 2020 and 31 March 2021, as well as those diagnosed between 1 April 2019 and 31 March 2020 who underwent a major resection after 31 March 2020.[7]

Recommendations from the national report

All hospitals/trusts/MDTs should agree on three targeted local quality improvement initiatives for 2023. These should focus on areas where local QI metrics are not being met or are close to falling short of the target.

The performance measures with the most national variation are:

a) 18-month diverting ileostomy closure
b) 30-day unplanned return to theatre
c) Administration of adjuvant chemotherapy following major resection for stage III colon cancer

Trusts are also asked to take action to improve participation, coding, data quality, and timely reporting for NBOCA, in particular for:

a) >70% completeness for risk adjustment variables (particularly Tumour, Node & Metastases staging and ASA[8] grade) for patients undergoing surgery.
b) Completion of genomics data for all patients
c) Completion of data item relating to patients being seen by a Clinical Nurse Specialist (CNS).
d) Improved completion and accuracy of pre-treatment TNM staging.

[7] https://www.hqip.org.uk/wp-content/uploads/2023/01/REF379_NBoCA-Ann-Rep-2022-v20230111_FINAL.pdf
[8] ASA grade is the American Society of Anesthesiologists classification of a patient's physical status

Actions FHFT has/will be taking

- We have recruited and are training additional MDT (multidisciplinary team) co-ordinators
- We will conduct a deep dive into our re-admissions data if we are above our target rate.
- We have regular data quality meetings with clinical leads, informatics team and quality and audit team to support data quality

Bowel cancer screening

The bowel cancer screening programme based at Wexham Park Hospital was praised by the regional screening programme board for meeting all 11 national standards – a feat matched by only two of the 16 other centres in our region. The service is a joint venture with Royal Berkshire NHS Foundation Trust for patients over 56 in Berkshire, parts of South Oxfordshire and Buckinghamshire.

National Lung Cancer Audit

This report from the National Lung Cancer Audit – State of the nation Report published in 2023 looks at the results of the National Lung Cancer Audit for patients in England and Wales during 2020 to 2021

There are a variety of options for treatment of lung cancer with curative intent, these treatments are varied and can be complex so decisions about treatment options should be taken at cancer multidisciplinary team meetings and involve patients and their carers. The national report makes 5 recommendations to support this.

1. Aim to achieve high levels of data completeness in the cancer dataset
2. Ensure at least 85% of patients with stage I/II PS O-2 NSCC undergo curative intent treatment in line with NICE guidance
3. Ensure at least 70% of patients with NSCLC stage IIIB-IV and PS 0-1 receive systemic anti-cancer therapy in line with NICE guidance.
4. Ensure at least 90% of lung cancer patients are seen by a lung cancer clinical nurse specialist at diagnosis.
5. Resource lung cancer MDTs according to the commissioning guidance set out by the Lung Cancer Clinical Expert Group and update the guidance to reflect current best practice.

Actions FHFT has/will be taking

- FHFT will be participating in the Commissioning for Quality and Innovation to programme for lung cancer to support improvement in the number of patients with small cell lung carcinoma for curative treatment
- We have invested in and are training MDT co-ordinators specifically for lung cancer MDT to improve our data completion and capture MDT discussion and decision making and the communication of that decision.

- We will be working to ensure our lung cancer nurse specialist provision is equitable across our sites and is over the 90% minimum

National Diabetes Audit Programme

Diabetes is a chronic condition affecting over two million people in England and Wales. It is caused by an inability to use or produce the hormone insulin and leads to a rise in blood glucose. The National Diabetes Audit measures the effectiveness of diabetes healthcare against NICE Clinical Guidelines and NICE Quality Standards, in England and Wales

The audit aims to improve outcomes for adults with diabetes receiving care from primary, secondary and community care providers. It consists of a suite of audits:

1) Core diabetes audit (audits the care processes and outcomes of all diabetics treated in primary care and secondary care)
2) Diabetes in pregnancy audit (NPID)
3) National diabetes foot care audit (NDFA)
4) National diabetes inpatient audit (NaDIA) – now known as NDISA
5) Transition audit (a joint enterprise with the National Paediatric Diabetes Audit)

National Diabetes Inpatient Safety Audit 2018-2021 England and Wales published 14 July 2022

The National Diabetes Inpatient Safety Audit (NDISA) undertakes a continuous collection of 4 life-threatening diabetes specific inpatient harms that occur due to errors of inpatient diabetes management. These events are distressing, slowdown recovery, may be life-threatening and should be preventable.

The 4 harms are

1) ***Hypoglycaemic rescue:*** A hypoglycaemic episode is a potentially dangerous drop in a patient's blood glucose (BG) to below 4.0 mmol/L. Severe hypoglycaemia requires rescue treatment because the patient is either unconscious, too confused to follow instruction or unable to swallow safely. Rescue treatment is applied using an injection of glucose or glucagon.

2) ***Diabetic ketoacidosis (DKA):*** DKA occurs (mainly in people with type 1 diabetes) when a severe lack of insulin means the body cannot use glucose for energy and the body starts to break down other body tissue, releasing ketones as an alternative energy source. This can lead to life threatening ketoacidosis if the levels are too high
3) **Hyperosmolar hyperglycaemic state (HHS):** HHS mainly occurs in people with type 2 diabetes who experience very high BG levels (often over 40mmol/L). It can develop over a course of days or weeks through a combination of illness (e.g. infection) and dehydration, and following high dose steroid therapy
4) **Diabetic foot ulcer (DFU):** Patients with diabetes are at a higher risk of developing foot lesions (ulcers) if they have diabetes associated blood flow (ischaemia) and nerve problems (neuropathy).

Whilst FHFT has participated in the harms audit our reported harms prevalence appears lower than our clinical incident data and learning from morbidity

Focus for 23/24

One of our key actions for this audit programme for 23/24 will be to review the reporting process for this audit and re-establish clear oversight of the data and our improvement actions to reduce harms

We have been able to re-establish daily reports from our Point of Care testing (via blood glucose) to identify patients who have had Hypoglycaemic and hyperglycaemic episodes, these reports are reviewed by our inpatient diabetes nurse specialists and help identify patients for review.

In addition, we will conduct a gap analysis of the recommendations form GIRFT and the NDISA to establish our current position in terms of

- Ensuring we have a robust system to identify all people with diabetes on admission to hospital, including emergencies and elective and nonelective surgery, and a triage system to identify those at risk and rapidly refer them to the diabetes team.
- Implementation of a provider-level diabetes safety board which reviews the overall quality of the inpatient service, with support from IT, based on incident reporting, local and national audits of patient harms, diabetes medication errors, length of stay and readmissions.
- Multidisciplinary diabetes inpatient team (MDiT) cover/availability
- Our policy and resources to support diabetes self-management in hospital
- Training provision for all healthcare professionals
- Improving care through perioperative pathways for diabetic patients

National Paediatrics Diabetes Audit (NPDA) – Report published March 2023 (For care outcomes on 2021/22)

The National Paediatric Diabetes Audit report published found that the increase in the incidence of Type 1 Diabetes observed in the first year of the COVID-19 pandemic was followed by a continuing increase in the numbers newly diagnosed with the condition in 2021/22.

Other key findings include:

- Almost all of those with Type 2 diabetes were overweight or obese, and almost half had a diastolic or systolic blood pressure in the hypertensive range
- Despite reductions in the percentages recorded as requiring additional support between 2020/21 and 2021/22, over a third of children and young people were assessed as requiring additional psychological support outside of multidisciplinary meetings
- Inequalities persist in terms of the use of diabetes related technologies in relation to ethnicity and deprivation.

The report also contains a number of recommendations relating to staffing, care, health checks and more.

FHFT Paediatrics team hosted a peer review visit from the National Diabetes Quality Programme Team in February 2023. Following the visit, the peer review report highlighted the following

- The Multidisciplinary team noted that emergency admissions were at 2.3% which is significantly lower than both regional and national averages 5.9% and 4.6% respectively)
- The completion of the six key health checks (89.9%) were significantly above the regional and national averages (38.7% and 40.2 % respectively)
- Improvements were also noted in the reduction of median HbA1C levels

Whilst the peer review team acknowledged there are many areas in which the service excels and provides a high level of care to patients and families but raised concerns about the fragility of the service in terms of staffing levels across the different MDT roles providing the service. The Peer Review Team recommended an uplift in capacity/staffing levels, this is being addressed as part of the speciality plans for the year.

Getting It Right First Time (GIRFT)

Getting It Right First Time (GIRFT) is a national programme designed to improve medical care within the NHS by reducing unwarranted variations. 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 programme was first conceived and developed by Professor Tim Briggs to review elective orthopaedic surgery to address a range of observed and undesirable variations in orthopaedics. In the 12 months after the pilot programme, it delivered an estimated £30m-£50m savings in orthopaedic care – predominantly through changes that reduced average length of stay and improved procurement.

The same model has been applied across 40 surgical and medical specialties and other cross-cutting themes (see Workstream section). It consists of five key strands:

1. A broad data gathering and analysis exercise, performed by health data analysts, which generates a detailed picture of current national practice, outcomes and other related factors;
2. Direct clinical engagement via visits or virtual meetings between clinical specialists and individual hospital trusts, which are based on the data – providing an unprecedented opportunity to examine individual trust behaviour and performance in the relevant area of practice, in the context of the national picture. This then enables the trust to understand where it is performing well and what it could do better – drawing on the input of senior clinicians;
3. A national report, which draws on both the data analysis and the discussions with the hospital trusts to identify opportunities for improvement across the relevant

services; an implementation phase where the GIRFT team supports trusts, commissioners, and integrated care systems to deliver the improvements recommended;

4. Best practice guidance and support for standardised/integrated patient pathways and elective recovery work in 'high volume/ low complexity' specialties.

GIRFT Visits/Reviews in 22/23

Neonates

Since deep dive we have already made excellent progress against the recommendations and introduced routine pulse oximetry screening, probiotics for preterm infants and addressed gaps in workforce for AHP and therapies.

Urology July 2022

It was noted that the speciality has a very high workload compared to others in England and that we were proactively forward planning and actively progressing with lithotripsy & management of stones, development of bladder outlet surgery and Botox treatments, increasing day case rates and moving activity to outpatient setting from theatres.

Key recommendations from the visit are being addressed. Outpatients 5 at FPH has now opened which will enable more patients to be treated on an ambulatory pathway and a nursing workforce review is underway with a renal cancer nurse post being funded.

Paediatric surgery Regional GIRFT deep dive for Thames Valley & Wessex region April 2023

It was noted that Ear Nose and Throat (ENT) has largest waiting list in region and a centralised paediatric ENT hub is proposed within the Hampshire Integrated Care Board. Trusts should be working towards dedicated paediatric pre-assessment and children only operating sessions.

Frimley Health System Jan 2023

This was a very positive meeting with Professor Tim Briggs who praised the performance at our new Elective Centre at Heatherwood and wanted to share this with the Health Minister as exemplar practice. He was also impressed with the progress against GIRFT 10-point action plan (see page 93). It was felt that there was good governance around the GIRFT actions and changes were clinically led and clinically driven. GIRFT has requested further support from the ICB in relation to reducing delayed discharges as this was impacting the hard work and efforts made by the Trust.

The GIRFT 10 Point Action Plan

GIRFT 10-point action plan – Current State

<table>
<tr><th>ALL specialties</th><th>Gynaecology</th></tr>
<tr><td>1. 85% Theatre utilisation
2. 82% Trust day case rates
There has been an ongoing focussed effort from the clinical teams to work towards these targets. Following Epic EPR launch there is limited data to measure this however there is ongoing remediation to improve quality / integrity of data</td><td>6. Benign hysterectomy minimal access rate for patients (<50 yrs) receiving for condition
Improvement in rate 1.6.22 - 31.12.22 (35/51 = 69%)
7. Reduce Gynae LOS
Increasing day surgery and ensuring right place, right procedure</td></tr>
<tr><th>ENT</th><th>Orthopaedics</th></tr>
<tr><td>3. 90% day case rate for adult tonsillectomy
Tonsillectomy day cases Oct – Dec 2022 92% DC rate n=86
4. Reduce tonsillectomy readmission rate (30% Q3 21/22)
June – Dec 2022 216 procedures Readmissions 13% Bleeds 18, 8.3%
5. Reduce ED admissions with no procedure & LOS 4 days + to 40%
3/1/22 – 27/2/22 109 admissions
35 had active procedures (32.1%) – not incl. IV abs
(data quality issues to be addressed and improve)</td><td>8. Achieve 2.7 days LOS for primary Hip & knees
Since Jun-22 target has consistently been achieved & sustained
Review #NOF enhanced recovery pathways given the opportunities in reducing LOS
Opportunity to standardise pathway. Multiple issues – complex patients, capacity & beds displacement, discharge funding, ICS/community bed challenges. J&J support offer – discussions underway to scope this work out</td></tr>
<tr><td></td><th>Urology</th></tr>
<tr><td></td><td>10. Improvement for day case TURBT to 45% GIRFT standard
TURBT day case rates on Model Hospital show steady improvement despite being below GIRFT target, our rate is above the national rate</td></tr>
</table>

≠NOF = Fractured Neck of Femur

TURBT = Transurethral resection of a bladder tumour

Improving Cancer Services

FHFT and our partners across and beyond the system, including the Cancer Alliance, have detailed plans in place to deliver improvement in our cancer services. The work will be supported by a range of specific projects and actions targeted at achieving both the requirements of 2023-24 and the longer-term requirements of the Long-Term Plan. A summary of the key actions can be seen below we are planning to take are summarised below

- Implement an updated pathway for suspected colorectal cancers to ensure that at least 80% of patients referred have had a FIT test prior to referral for suspected colon cancer
- Implement a tele-dermatology pathway for patients with suspected skin cancers. This will help to speed up diagnosis for this cohort of patients
- Implement prostate National Best Practice Timed Pathway (BPTP)
- Prioritise additional diagnostics for cancer particularly via CDCs (Cancer Diagnostics). Expected growth of diagnostic demand is 25% and it is expected that treatment will be 13% higher than last year.
- Expand targeted lung health check programme and ensure sufficient diagnostic and treatment capacity to meet this new demand.
- Provide additional diagnostics capacity at Heatherwood Hospital
- Improve access to PET-CT
- Implement a Cytosponge service (subject to national approval)
- Progress plans for a Community Diagnostics Centre in Slough and a spoke in Aldershot – this will support both planned care and cancer work
- Restart one stop prostate diagnostic services
- Restore 7-day request to report turnaround times for diagnostics
- Ensure patients have a Fit test result considered prior to referral for suspected colorectal cancer
- Complete pathway reviews and actions for colorectal, gynaecology and urology

Shared Decision Making and Consent

In 22/23 we establish a shared decision-making steering group to oversee implementation of shared decision making across FHFT in accordance with NICE guidance (NG197). Initially the group consisted of representatives from MSK services, Cardiology, Vascular and Maternity. In quarter 4 this expanded to include general surgery, orthopaedics, and the diabetes specialist nurse service. The group is supported by our Lead Governor and outpatients' transformation team.

In quarter 3 the nationally recognised patient survey tool for shared decision making, the SDMQ9 survey was launched for all specialities who deliver elective care. All of our patient letters inviting them to outpatient appointments have a brief explanation of shared decision making and our 'It's OK to Ask' campaign which provides our patients with a key set of

questions they may use to help them become more involved in the decision making process. As part of this letter, we include a QR code and a link to the survey.

Our website has also been updated to include the information on the It's OK to Ask campaign and to help patients prepare for their appointments, again links to the survey are provided. We also have banners available in our main outpatient departments across our sites promoting the campaign and survey.

To date training has been provided for our specialist nurses teams, vascular and cardiology. Our "Principles of consent" programme also includes shared decision making and signposting to virtual clinics were shared decision-making skills and knowledge can be tested with a virtual patient.

We are using various clinical forums to raise awareness and promote discussions on shared decision making including our medicines safety committee and End of Life Care Forum.

Our end of year survey results

We were pleased to see overall 75% of our patients felt that they had been actively involved in decision, this met the target set by the specialist CQUIN programme.

Question	Score
My doctor made clear that a decision needs to be made.	78%
My doctor wanted to know exactly how I want to be involved in making the decision.	76%
My doctor told me that there are different options for treating my medical condition.	72%
My doctor precisely explained the advantages and disadvantages of the treatment option	74%
My doctor helped me understand all the information.	79%
My doctor asked me which treatment option I prefer.	71%
My doctor and I thoroughly weighed the different treatment options.	68%
My doctor and I selected a treatment option together.	75%
My doctor and I reached an agreement on how to proceed.	82%
Overall	**75%**

Plans for 23/24

- FHFT Outpatients business planning ambitions for 2023/24 include increasing the number of surveys completed and elective specialities have quality metrics set up to monitor the results of their SDM survey.
- Following patient feedback, we are also working with our communications team to ensure that there is more information available for patients to help them understand why we are conducting the survey and what is means for them.
- In terms of the survey findings, we will be focusing on improving our scores for "My doctor and I thoroughly weighed up the different treatment options'
- We are working with the national teams to develop patient decision making tools for use in our vascular and cardiology services.

- We will continue to roll out our education programme for Shared Decision Making using a hybrid of approaches, face to face, coaching and online training
- We will launch our new shared decision making and consent policy

Annex 1

Commissioner Response

Frimley Health NHS Foundation Trust QUALITY REPORT 2022/23: Commissioner Response Statement

Frimley Integrated Care Board (ICB) is providing this response to the Frimley Health NHS Foundation Trust (FHFT) Quality Report for 2022/23.

Quality Report 2022/23

The Quality Report provides information and a review of the performance of the Trust against quality improvement priorities set for the year 2022/23 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 Trusts successes to date, and areas for further improvement.

Reviewing the report, the ICB 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 ICB 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.

This year has presented numerous new challenges whilst continuing to still address the after effect of Covid 19. We highly commend the Trust for its determination and drive to implement a huge transformation project of introducing EPIC, the electronic patient record (EPR) whilst persevering with the recovery plan following the pandemic and managing continual system pressures and demand. Escalation areas have been required on numerous occasions and the Trust have managed this well, completing retrospective harm reviews and initiating plans to increase capacity so that a robust and safe service is sustainable in the future.

The EPIC system will bring immense benefits long term, yet with any new initiative there have been many challenges along the way. Amalgamating over 200 databases / IT systems and paper documentation is a huge task, along with engaging staff to learn and utilise the system effectively to support positive patient outcomes.

It is acknowledged that the Digital Clinical Safety workstream includes a Digital Clinical Safety Board and EPIC Programme Board which monitor, and support amendments needed to the system, promoting stabilisation once issues are rectified. For example, cancer alerts have been built into the system.

Reporting difficulties were noted early on with the project and the EPIC teams have been working conscientiously to amend these. This has also impacted on National audit and CQUIN data submission along with not being able to evaluate progress fully against quality account priorities. FHFT proactively engaged with NHSE to explain the situation and have been providing assurances by sharing local audit data and quality improvement action plans. The coding backlog is being addressed, along with rebuilds of the system required with additional staff training offered. It is hoped by April 2023, this will begin resolving and the team have been asked to share their learning from this experience at an NHSE event to help support other Trusts.

To support the increased demand and flow of patients through the system, Heatherwood hospital continues to provide invaluable support to tackle waiting lists and pioneering procedures. The Frailty service continues to develop, having a positive impact on preventing admissions and reducing 'length of stay'.

The Every Day Matters programme was also launched in the latter part of the year. This is becoming embedded in to practice and aims to improve experience of the discharge process for patients, families and carers.. The Trust has also completed Multi Agency Discharge Events (MADE) throughout the year and continue to plan for scheduled days in the year ahead.

Maternity services have continued to focus on recruitment and retention across both sites and it is anticipated that this will support the reintroduction with the Continuity of Carer model set out by NHS England (NHSE). The Maternity and Midwifery Advice and Support line (MAMAS) completed a successful pilot in 2021/22 and has now been fully implemented, supporting increased patient and staff satisfaction levels. Also, review of the Ockendon and East Kent reports has taken place with local actions identified.

Cardiology advances, including cardiology labs and community hubs, are supporting access to diagnostic services with care closer to home. This has included equipment refurbishment.

The ward refurbishment programme has also continued to promote a positive environment for those in treatment and recovery, e.g. Ward 1 at Wexham and issues highlighted with call centre performance have been addressed in a timely manner to enable excellent customer service.

Throughout another challenged year, the Trust has continued to prioritise quality improvement work. This has included local snapshot audit completion, and the Frimley excellence team has contributed to promoting Quality Improvement works and supporting staff in implementation.

The Trust and commissioners continue review 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 ICB 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 ICB presence at key Trust meetings have further consolidated an open and collaborative relationship.

Patient Safety

Reporting is encouraged throughout the Trust with a 'just culture' adopted. The Patient Safety Team and Quality Team continue to work in a dedicated manner and maintain good relations with the ICB Quality Team. Serious Incident (SI) 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. Guest speakers are also invited to present their improvement works on certain workstreams which has been extremely beneficial and informative. Thematic analysis continues. Main themes identified have been in relation to diagnostic and treatment delay, diagnostic error, receiving and acting on results and cancer pathways. EPIC amendments are supporting to address these areas. Maternity have seen a significant decrease in SIs which is a credit to all the ongoing works.

Commissioners have continued to attend internal Trust panels to review Never Events and been given the opportunity to raise questions and join the discussion. The ICB have seen a strong response to the themes and commonalities in these incidents.

The Patient Safety Incident Response Framework (PSIRF) is being implemented with an estimated transition date of Autumn 2023, to replace the existing Serious Incident framework. Planning and review work is being completed and regular updates provided to the ICB Quality team. This is an exciting opportunity to enhance real time learning from incidents and develop services / quality of care. Along with system wide workshops being attended for implementation, a Patient Safety Culture survey has been completed by the Trust and procurement of the new Incident Reporting system 'Inphase' to support use of the new national reporting system (LfPSE) by September 2023.

Effective Clinical care

A new clinical governance framework will be implemented during 2023/24 to strengthen clinical effectiveness across the Trust.

The Trust have been proactive and completed 59 local audits with learning points being highlighted and addressed as a result. It is also noted, a new Research and Development strategy is also being launched to support further innovations over the next 3 years. Challenges in relation to this have been funding levels received and staff recruitment and retention.

In January 2023, the Frimley Health System had a positive meeting with Professor Tim Briggs, developer of the Getting It Right First Time (GIRFT) programme. The performance of Heatherwood was praised and felt good governance and GIRFT 10-point actions were being clinically led and driven. It is acknowledged further support from the ICB is requested in relation to reducing delayed discharges.

The Trust continue to follow the principles of Magnet4Europe and have over 40 Magnet champions as a result. A visit from the Cleveland Clinic, Ohio, USA has also provided further support and guidance to the Trust to embed the ethos further.

The Trust follows the national guidance on learning from deaths and operates a Medical Examiner function in line with the guidance.

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 ICB attend the Patient

Experience Forum where the Trust is reviewing current experiences and looking for new inventive ways to improve patient experience.
Family and Friends Test response rates have been affected by EPIC which is being addressed this year. Other sources of feedback have indicated wait times are leading to poor experience with the Trust actively addressing this with several workstreams, e.g. The 4-hour target in ED, and a continuing focus on Same Day Emergency Care.
Learning from the National Inpatient Survey in 2021 has led to innovations such as, the 'Drink up' campaign and volunteers providing additional hydration rounds and support at mealtimes.
The Patient Advice and Liaison Service (PALS) has received an increased number of contacts this year with the top reasons being 'Appointments' and 'Communication'. The Trust value all feedback to develop practice. PALS also support the Clinical Feedback workstream, which is crucial to resolving any recurrent issues, identifying themes and the improvement of pathways.
Learning from complaints has led to numerous positive developments,. for example, the introduction of breast-feeding peer support volunteers on post-natal wards.

Regulatory Compliance and Improvement works
During 2022/23, two additional locations have been registered with the Care Quality Commission (CQC) – Heatherwood Hospital and Heathlands, a 20-bedded community Intermediate care facility. Both were visited and established to be fit for purpose.
In March 2023, NHS England set out a three-year delivery plan which the Trust have reviewed and key actions identified.

CQUINs were reintroduced for 2022/23 and the Trust identified key areas for works linking in with the Trust objectives. Despite some constraints due to data availability, works continued and progress was evident, e.g. in shared decision making, which is being embedded across all clinical practice and effectiveness is being monitored.

Priorities for the Past Year 2022/23 and the Forthcoming 2023/24
The ICB acknowledge the implementation of EPIC and system pressures has impacted on performance against the 22/23 objectives due to a variety of reasons.

Priority 1: Improving the recognition and response for deteriorating patients
The ICB note the achievement of consistently seeing patients admitted to critical care within 10 minutes and reducing ward based cardiac arrest to 0.45 per 1000 admissions by year end. There has been an increase in Serious incidents relating to deterioration. It is recognised workstreams are in place to try and resolve. There are robust care bundles in place on EPIC and teams are being supported / trained to use these effectively. Also, the NEWS2 recording provides clearer oversight of all patients. From auditing ward based cardiac arrests, further training is being provided to clinicians regarding difficult conversations and completing of the ReSPECT document. Shared decision-making works continue along with the Hospital at Night and Call for Concern service – which is extending to Paediatrics in April 2023.

Priority 2: Improving prevention of falls and post falls management where they occur
It is noted there has been a 0.6% increase in falls from 2021/22 with 42 falls resulting in significant harm compared to 28. The Trust has endeavoured to continue promoting quality

improvement skills and knowledge. Some areas have managed to engage and complete falls huddles, yet others were challenged. These include additional wards opened and those with staffing challenges.
The Trust aim to create these wards as permanent areas with recruitment of permanent / bank staff to ensure all are trained to the same standard, promoting quality of care provision. Falls swarms have been conducted in real time which have been noted to be beneficial, and resetting of risk assessments / care interventions within EPIC. Further training for staff continues and the relaunch of the Fundamental and Better Care Audit Programme will provide further assurance.

Priority 3: Improving Patients Experience of Discharge
The ICB acknowledges the lack of data available to support showing improvements with understanding medications on discharge. Yet, local survey information has indicated a decline in performance. It is hoped with the roll out of Everyday Matters, full utilisation of EPIC and patients having access to My Frimley Health Record this will begin to improve.
Partial achievement with involving / supporting patients with their discharge plans is noted. The ICB acknowledge the shared decision-making works and 'It's OK to ask' campaign that will support this moving forwards. Multi Agency Discharge Events continue, and discharge information packs promoted including the contacts for the Information helpline.

Priority 4: Reduce Hospital Acquired Infection Rates
The ICB commend the Trust and Infection Prevention and Control (IPC) team for supporting the wards and system partners, thereby achieving an improved performance in rates of E. coli bacteraemia. The rate improved from 29.14 cases / 100K bed days in 2021/22 to 28.20. Further works are noted to be implemented regarding the prevalence of urinary catheters for inpatients. The prevalence of use did not change yet did not exceed national average of 19% and the trust saw a 9% reduction in the proportion of urinary catheters not in use for a valid reason. A clinical guideline is being produced to support decision making with training to reiterate. Champion nurses are also being made available to support wards.
A whole system review of Trial without Catheter (TWOC) and the use of Catheter passports is also being initiated. Further education around Urine dipsticks is also being provided.
E coli bacteraemia cases are noted at 190 against a target of 219 and the Trust's rating is being confirmed. With numerous focussed works, there is hope this priority will improve.

Priority 5: Continuity of Care model Implementation
The ICB understand the suspension of this measure in line with advice from NHS England. This was following acknowledgement of continued workforce challenges faced by Maternity services across the country in September 2022. The model requires appropriate staffing to implement this effectively and safely.
The Trust has continued to focus on the recruitment and retention of Midwives across both units. Preceptorship programmes and succession planning are part of this task, as well as responding to student and trainee feedback proactively.

Priorities 2023/24:
The ICB supports the Trusts decision to choose the following six priorities:

1) **Improving our pressure injury prevention and management in both our acute and community hospital settings** – the number remains higher than in reported previous years and is an essential priority to promote excellent quality of care.
2) **Improving our recognition and management of sepsis in our Emergency Department, Adult, Paediatric and Maternity wards and units** – an increase in numbers of sepsis related incidents is noted and refreshing the sepsis management programme as part of the deteriorating patient workstream is good practice. This also supports National audit works.
3) **Supporting our surgical patients to optimise their recovery** – this supports the previous 'Drinking, Eating and Mobilising' (DrEaMing) CQUIN and links with Everyday Matters. The benefits are notable for all patients and quality of care.
4) **Improve our antimicrobial stewardship, switching patients from IV antibiotics to oral when they meet the clinical criteria** – the benefits for the patients are noted by the ICB and promote effective, safe care provision.
5) **Improve our waiting times in the Emergency Department** – this will improve quality of care, good patient experience and is in line with the national target of patients being seen within 4 hours.
6) **Improve trust and confidence in our nurses and doctors** – this promotes best practice, better compliance, potential improvement in health outcomes and patient experience.

Summary

The ICB is pleased to provide positive comments on the Trust's Quality Report with many achievements recognised and we fully support the Trust's chosen priorities for the coming year. This also highlights that the patient's voice has been listened to and a proactive attitude taken. We acknowledge the difficulties experienced throughout the year and are confident that the Trust has identified plans in place to address key challenges.

We are confident that the Trust will, both internally and as a partner in the Integrated Care System, continue to build on its successes to date. The next year is going to be an exciting time to observe the further developments for our Frimley ICS population, increased stabilisation, and benefits of EPIC, along with the new build hospital plans being developed.

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 Frimley Health NHS Foundation Trust Annual Quality Account 2022/23.

Governors acknowledge it has been another challenging year for the Trust. There has been significant achievement with the implementation of EPIC EPR and establishing the new Heatherwood hospital for elective care. This has been alongside the unrelenting pressure of the patient waiting lists, unprecedented urgent & emergency care demand, and financial and workforce issues which are reflected nationally.

The report shows there is much optimism about the benefits of EPIC, some of which clinicians report are already evident, which is encouraging. There is acknowledgment more frontline staff training and adjustment to pathways are needed to improve performance as demonstrated in areas such as recognising the deteriorating patient, and governors hope this work is timely and also comprehensive across all areas as there is more depth of information given on some areas than others. Governors appreciate the candour on the difficulties and hope the right balance of optimism and realism is realised in the year ahead given there are so many initiatives that require resource in both capability and capacity. Governors also look forward to improvements to the My Frimley Health Record (MFHR) which can give patients on-line access to information about their appointments, test results and treatment. Where MFHR is working well it is much liked by patients.

Much of the required reporting to monitor performance and safety has not been possible because of data quality issues following the EPIC implementation in June 2022. The Board have reported workarounds are in place to be assured services are safe for patients in the absence of the usual performance reporting. The Board have recently reported on the plans in place and on-going work with EPIC to resolve the data quality issues and resume necessary reporting. Resolving data quality should hopefully provide rich opportunities for quality and performance improvements beyond normal reporting requirements.

The achievement of the 2022/23 hospital acquired infection control priority is welcome especially meeting the E. Coli bacteraemia rate which continued as a priority having eluded the Trust in last year's account. Progress against other priorities is mixed with some disappointment as they have only been met in part, but the acknowledgment with plans for improvement and recent progress made is encouraging.

Governors are pleased the 2023/24 priorities reflect a careful consideration to understand specific issues with performance and patient experience feedback and show a good balance of quality indicators.

Urgent and emergency care (UEC) across the ICS has been difficult with the significant winter demand never really ceasing through the year. Governors consider the UEC system work is a priority, driven by the ICS with primary and community care to reduce the pressure in A&E for capacity and flow, so patients have a much better experience. The patient experience as reflected in patient feedback has not been as Frimley would want it,

so governors support addressing the causes as a priority through collaborative working in the system and the Trust. We also welcome the urgently required work on improving patient discharge and recognise this is both a Trust and wider system solution to benefit the individual patient experience and capacity and flow through the hospitals. It is encouraging to note that the Trust's strategic objectives include the Every Day Matters programme as an key initiative to facilitate discharge pathway improvements. This will be of significant benefit to patients and relieve pressure on the system.

The improvements to specific cancer services are welcome, especially in the context of anticipated future demand. Governors would appreciate a robust framework in place to deliver improvements to services and diagnostics across all cancer services in the Trust, with a timeframe for defined aims and deliverables for future assurance and are encouraged by the plans for more cancer diagnostics facilities and processes to ensure a timely response where cancer is identified.

The staff survey shows a fall in recommendation of the Trust to friends and family. Staff trust in Frimley is still above the national average, but the fall is steeper than the national average. It is an important indicator and recognised by the Trust with plans to address staff concerns through the continued focus on the people promise and workforce planning; together with the whole programme of continuous quality improvement programmes, internal and national auditing schemes benchmarking patient safety, and EPIC optimisation.

Governors strive to promote the patient voice to be at the heart of services and decisions. We welcome the shared decision-making programme and encouragement of patients to engage in their care through the *'Its' OK to ask'* programme. With the 2022 amendment to the Health and Care Act there is greater responsibility on the Trust to engage with patients and the public on any transformation, change in delivery, or design of new services; so engagement initiatives are very welcome to bring the patient voice to the heart of everything in the Trust.

The 2023-24 plans for progress against the strategic objectives are balanced, specific and measurable. Governors hope the patient voice and patient experience are considered on the operational delivery of the objectives and become more explicit in future objectives.

Governors would like to acknowledge the challenging year for Frimley but also congratulate the Trust on the achievements and progress that have been made as outlined in the CEO report. Heatherwood has been very successful, and the Board have much optimism for the year ahead.

Governors would like to thank staff for their huge efforts in difficult circumstances and appreciate their dedication to patient care whilst under relentless pressure.

Sarah Peacey
Lead Governor and public governor for Bracknell & Wokingham

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 2023/24 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: 9th June 2023

Chairman

Chief Executive

Appendix 1

Table of National Audit Participation

National Clinical Audit/ Enquiry	Eligible	Participated	%/No. Of cases submitted
Acute			
Case Mix Programme (CMP) Intensive Care National Audit & Research Centre (ICNARC)	✓	✓	100%
National Emergency Laparotomy Audit (NELA)	✓	✓	Reporting year runs from December (changing from this year onwards). For Dec 2021 – March 2023 • 208 cases locked for WPH • 171 cases locked for FPH Q2 2022/23 – reporting suspended due to Epic but now uploaded and updated
National Joint Registry (NJR)	✓	✓	HWD: 1714 FPH: 341 WPH: 133
Major Trauma (Trauma Audit & Research Network (TARN)	✓	✓ Partial Submission	FPH: 41-45% WPH: 70%
Serious Hazards of Transfusion (SHOT)	✓	✓	FHFT - 118
RCEM Infection Prevention and Control V2	✓	✓	FPH – 217 WPH – 195
RCEM Pain in Children V2	✓	✓	FPH – 136 WPH – 61
RCEM Consultant Sign Off	✓	No	Chief of Service aware of non-participation due to operational pressures
RCEM Mental Health Self Harm	✓	✓	Data collection yet to be completed (Deadline October 2024)
RCEM Infection Prevention and Control V3	✓	✓	Data collection yet to be completed (Deadline October 2023)
Society for Acute Medicine's Benchmarking Audit (SAMBA)	✓	✓	100%
Cancer			
National Bowel Cancer Audit (NBOCAP)	✓	✓	Patients diagnosed between 01/04/21 and 31/03/22: • Patients – 306 FPH, 233 WPH • Tumours - 169 FPH, 103 WPH • Surgeries – 33 FPH, 50 WPH
National Lung Cancer Audit (NLCA)	✓	✓	FPH: 221 HWPH:180
National Prostate Cancer Audit	✓	✓	Data pulled automatically from Rapid Cancer Registration Dataset (RCRD) For patients diagnosed between 1st April 2020-31st March 2021 (national report released January 2023):

National Clinical Audit/ Enquiry	Eligible	Participated	%/No. Of cases submitted
			428 cases FHFT
Oesophagus-gastric Cancer (NOGCA)	✓	✓	Patients diagnosed between 01/04/21 and 31/03/22: • 77 tumours • 77 patients • 15 oncology NB this is for WPH only as FPH gastric cancers are referred to the Royal Surrey. Cases are uploaded by the treating site.
National Audit of Breast Cancer in Older Patients (NABCOP)	✓	✓	Last report published May 2022; latest data available by Trust is from 2019 (327 women diagnosed) Audit has now finished
Heart			
Acute coronary syndrome or acute myocardial infarction (MINAP)	✓	✓	TBC – Deadline: 31st June 23
Cardiac Rhythm Management (CRM)	✓	✓	TBC – Deadline: 31st June 23
Percutaneous Coronary Interventions (PCI)	✓	✓	TBC – Deadline: 31st June 23
National Heart Failure Audit	✓	✓	TBC – Deadline: 31st June 23
National Cardiac Arrest Audit (NCAA)	✓	✓	FPH – 147 WPH - 131
National Audit of Cardiac Rehabilitation	✓	✓	100% FPH - 573 WPH - 943
Long Term Conditions			
National Diabetes Footcare Audit	✓	✓	TBC – Deadline: 7th July 23
National Diabetes Inpatient Safety Audit	✓	✓	(Jan 22 – Dec 23) FPH - 16 WPH - 10
Diabetes National In patient Audit – Core audit	FPH only	No	Not able to submit due to EPIC
National Paediatric Diabetes Audit (NPDA)	✓	✓	Deadline for final figures for 22/23 is 12th May 2023
Inflammatory Bowel Disease (IBD) programme	✓	✓	100%
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)	✓	✓	Cohort 4 (Dec 2020 – Nov 2022) - 124 Cohort 5 (Dec 2021 – Nov 2023) - 60 cases
National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP)	✓	No	Not able to submit due to EPIC
National Asthma Audit Programme (NACAP)	✓	No	Not able to submit due to EPIC

National Clinical Audit/ Enquiry	Eligible	Participated	%/No. Of cases submitted
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme: Children and young people asthma (NACAP)	✓	No	Not able to submit due to EPIC
National Pulmonary Rehabilitation Audit Programme (NACAP)	✓	✓	FPH – 39 WPH – 40 (Numbers for Q1 and Q2 data collection period for 22/23 and Q3 and Q4 have a deadline of 4th August 2023)
National (Rheumatoid) Early Inflammatory Arthritis Audit (NEIAA)	✓	N/A	FPH – 7 cases WPH – 73 cases
National Acute Kidney Injury Audit	Awaiting confirmation		
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.
Respiratory Audits: British Thoracic Society a. Adult Respiratory Support Audit (Started in February 2023)	✓	✓	Data collection yet to be completed (Deadline May 2023)
UK Parkinson's Audit	✓	✓	FPH – 20 Care of the Elderly/20 Neurology WPH – 20 combine Care of the Elderly/Neurology FHFT Physio - 15
Medical and Surgical Clinical Outcome Review Programme (NCEPOD)			
Crohn's Disease	✓	✓	12 cases allocated FPH – 2/6 cases WPH – 0/6 cases
Testicular Torsion	✓	✓	7 cases allocated FPH – 0/3 cases WPH – 3/4 cases
Community Acquired Pneumonia Hospital Attendance	✓	✓	18 cases allocated FPH – 4/7 cases WPH – 2/8 cases HWD – 0/3 cases
Child Health Clinical Outcome Review Programme (NCEPOD)			
Transition from child to adult health services	✓	✓	12 cases allocated FPH – 4/7 cases WPH – 3/5 cases
Older People			
Falls and Fragility Fractures Audit Programme (FFFAP): Inpatient Falls	✓	✓	100%
Falls and Fragility Fractures Audit Programme (FFFAP): National Hip Fracture Database	✓	✓	FPH: 560 WPH: 436
Sentinel Stroke National Audit Programme (SSNAP)	✓	✓	117 cases
National Audit of Dementia	✓	✓	100 % (September to October period)

National Clinical Audit/ Enquiry	Eligible	Participated	%/No. Of cases submitted
			Data collection yet to be completed March and April period. (Deadline May 2023)
Other			
Elective Surgery (National PROMs Programme)			*To be confirmed*
National Vascular Registry	✓ To be confirmed	✓	Reporting year runs from January to December. For Jan-Dec 2022: • 409 cases submitted
National End of Life Care Audit (NACEL)	✓	✓	100%
UK Cystic Fibrosis Registry	✓	✓	100%
Transurethral Resection and Single instillation mitomycin C Evaluation in bladder Cancer Treatment (BURST RESECT Audit)	✓	✓	FPH - 82 cases WPH - 50 cases Final data entry deadline = end of June 2023 Data above correct as of 20/06/23
Breast and Cosmetic Implant Registry	✓	✓	Reporting year runs from January to December. For Jan-Dec 2022 (submitted 31/01/23): • 60 cases FPH • 10 cases HWD • 30 cases WPH
LeDeR - learning from lives and deaths of people with a learning disability and autistic people (previously known as Learning Disability Mortality Review Programme)	✓	✓	19 cases (April 2022-Jan 2023)
National Ophthalmology Database Audit	✓	No	Not submitting 22/23 data due to issues with EPIC build and data quality
Perioperative Quality Improvement Programme	✓	✓	Research project with ongoing data collection. WPH not able to submit
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 Clinical Audit/ Enquiry	Eligible	Participated	%/No. Of cases submitted
National Maternity and Perinatal Audit (NMPA)	✓	✓	Data extracted directly from Maternity Services Dataset (MSDS)
National Pregnancy in Diabetes Audit	✓	✓	(Jan 22 – Dec 23) FPH - 28 WPH - 42
National Child Mortality Database	✓	✓	100% (Submitted by a third party)

Appendix 2

Full list of National audit reports published between April 2022 and March 2023

National Audit	Report Published	Data period referring to
National Neonatal Audit Programme	10 November 2022	1 January to 31 December 2021
RCEM Fractured Neck of Femur	1 June 2022	5 October 2020 to 4 April 2021
National Bowel Cancer Audit	12 January 2023	01 April 2020 and 31 March 2021
National Prostate Cancer Audit	12 January 2023	1 April 2020 to 31 March 2021
National Oesophago-Gastric Cancer Audit	12 January 2023	April 2019 to March 2021
Sentinel Stroke National Audit Programme	10 November 2022	1 April 2021 to 31 March 2022
National Joint Registry 2021	1 November 2022	1 April 2021 to 31 March 2022
National Vascular Registry	10 November 2022	January 2019 to December 2021
National Audit of Inpatient Falls 2022	10 November 2022	January 2021 to December 2021
National Emergency Laparotomy Audit	9 February 2023	01 December 2020 to 30 November 2021
National Hip Fracture Database	1 September 2022	January 2021 to December 2021
Maternal, Newborn and Infant Clinical Outcome Review Programme	10 November 2022	January 2018 to December 2020
Maternal, Newborn and Infant Clinical Outcome Review Programme Perinatal Mortality Surveillance	14 October 2022	1 January to 31 December 2020
National Maternity and Perinatal Audit Clinical report	16 June 2022	1 April 2018 and 31 March 2019
National Heart Failure Audit (NHFA)	16 June 2022	April 2020 to March 2021
Myocardial Ischaemia National Audit Project	16 June 2022	April 2020 to March 2021
National Audit of Cardiac Rhythm Management	16 June 2022	April 2020 to March 2021
National Audit of Percutaneous Coronary Intervention (PCI)	16 June 2022	April 2020 to March 2021
National Diabetes Audit	14 July 2022	January 2020 to March 2021
National Clinical Audit of Seizures and Epilepsies for Children and Young People (Epilepsy12)	14 July 2022	1 December 2019 to 30 November 2020
National Audit of Care at the End of Life	14 July 2022	1 April 2021 to 31 May 2021
National Paediatrics Diabetes Audit	9 March 2023	1 April 2021 to 31 March 2022
NACAP - Asthma	12 January 2023	April 2021 to March 2022
NACAP - COPD	12 January 2023	April 2021 to March 2022
National Audit of Breast Cancer in Older Patients	12 May 2022	1 January 2014 and 31 December 2020
National Diabetes Inpatient Safety Audit	14 July 2022	1 May 2018 to 31 October 2021
National Child Mortality Database	14 July 2022	1 April 2019 and 31 March 2021
National Audit of Dementia: Memory Assessment Services Spotlight Audit 2021	12 August 2022	January to August 2021
National Early Inflammatory Arthritis Audit	14 October 2022	1 April 2021 to 31 March 2022
National Confidential Enquiry into Patient Outcome and Death – Epilepsy	8 December 2022	1 January to 31 December 2020
National Confidential Enquiry into Patient Outcome and Death – Alcohol Related Liver Disease (Organisational)	8 December 2022	1 January to 31 December 2019

Appendix 3

FHFT LCRN research funding for 20/21 in comparison to the top 20 largest acute NHS Trusts in the UK.

Partner Organisation	Total funding £	Patient attendances 20/21	CRN funding per patient attendance
University Hospitals Birmingham NHS Foundation Trust	£4,342,588	3,250,440	**1.34**
Barts Health NHS Trust (Delivery)	£6,173,697	3,109,155	**1.99**
Manchester University NHS Foundation Trust (Delivery)	£7,005,977	2,741,425	**2.56**
Royal Free London NHS Foundation Trust	£3,218,130	2,550,540	**1.26**
University Hospitals Sussex NHS Foundation Trust* (estimated based on merger)	£2,964,669	2,517,350	**1.18**
King's College Hospital NHS Foundation Trust	£4,398,677	2,438,945	**1.80**
The Newcastle Upon Tyne Hospitals NHS Foundation Trust (Delivery)	£5,599,257	2,424,840	**2.31**
Sheffield Teaching Hospitals NHS Foundation Trust (Delivery)	£3,413,792	2,302,665	**1.48**
East Suffolk and North Essex NHS Foundation Trust	£1,778,554	2,279,065	**0.78**
Guy's and St Thomas' NHS Foundation Trust (Delivery)	£7,123,849	2,262,530	**3.15**
University Hospitals of Leicester NHS Trust (Delivery)	£4,770,430	2,245,300	**2.12**
University Hospitals of Derby and Burton NHS Foundation Trust	£2,087,642	2,198,480	**0.95**
Imperial College Healthcare NHS Trust (Delivery)	£4,843,674	2,103,970	**2.30**
Frimley Health NHS Foundation Trust	£740,441	2,052,020	**0.36**
Oxford University Hospitals NHS Foundation Trust (Delivery)	£7,737,784	1,983,325	**3.90**
Nottingham University Hospitals NHS Trust	£4,388,327	1,923,740	**2.28**
Leeds Teaching Hospitals NHS Trust	£6,684,647	1,917,970	**3.49**
University College London Hospitals NHS Foundation Trust	£5,706,640	1,858,145	**3.07**
Cambridge University Hospitals NHS Foundation Trust	£5,189,525	1,854,675	**2.80**
University Hospitals of North Midlands NHS Trust	£1,690,155	1,768,225	**0.96**