



**Quality Account 2019/20**  
BMI Healthcare

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# BMI Healthcare in numbers

7,922

contracted staff

5

cardiac  
catheter labs

More than

56,000

inpatients

218,000

day cases

1,500,000

outpatients

1,000,000

physiotherapy sessions

9,000

health screens

52

hospitals

More than

6,000

Consultants

1,714

available beds

360

ambulatory  
care bays,  
pods and  
chairs theatres

192

theatres

# Chief Executive Officer statement



I am pleased to be able to bring you the BMI Healthcare Quality Account for the year 2019/2020 as Chief Executive Officer of Circle Health Group.

Circle Health Group has seen substantial change during this year. In December 2019 we announced the purchase of BMI Healthcare and were given operational control after the CMA's review in mid-2020. When we started out this year no-one could have predicted the challenges we would all face with COVID-19. As an independent health care provider, we have supported the NHS in the response to the pandemic, since early 2020. Our staff have risen to the challenge, have adapted services and ways of working to meet the needs of the local health economy whilst continuing to deliver the high quality, patient centred care which is always at the heart of everything we do.

Going forward, Circle Health Group will continue to innovate and access the latest technology to improve clinical care and outcomes and develop services centred on the individuals' personal needs.

We look forward to working closely with the Care Quality Commission, Health Improvement Scotland and Health Inspectorate Wales, and establishing relationships that support us in our pursuit of excellence. Each Circle Health Group hospital and service has an established Quality Improvement Group which will support the clinical and non-clinical teams in making the changes to improve care and services for patients and their loved ones. Quality improvement is embedded in the culture of our teams.

This Quality Account looks back at BMI Healthcare's achievements and provides a foundation to build on within the new Circle Health Group.

I would like to thank all BMI staff who have shown commitment to our vision and values to make our patients' care and experience the best it can be.

**Paolo Pieri, Chief Executive Officer**

# Chief Medical Officer statement



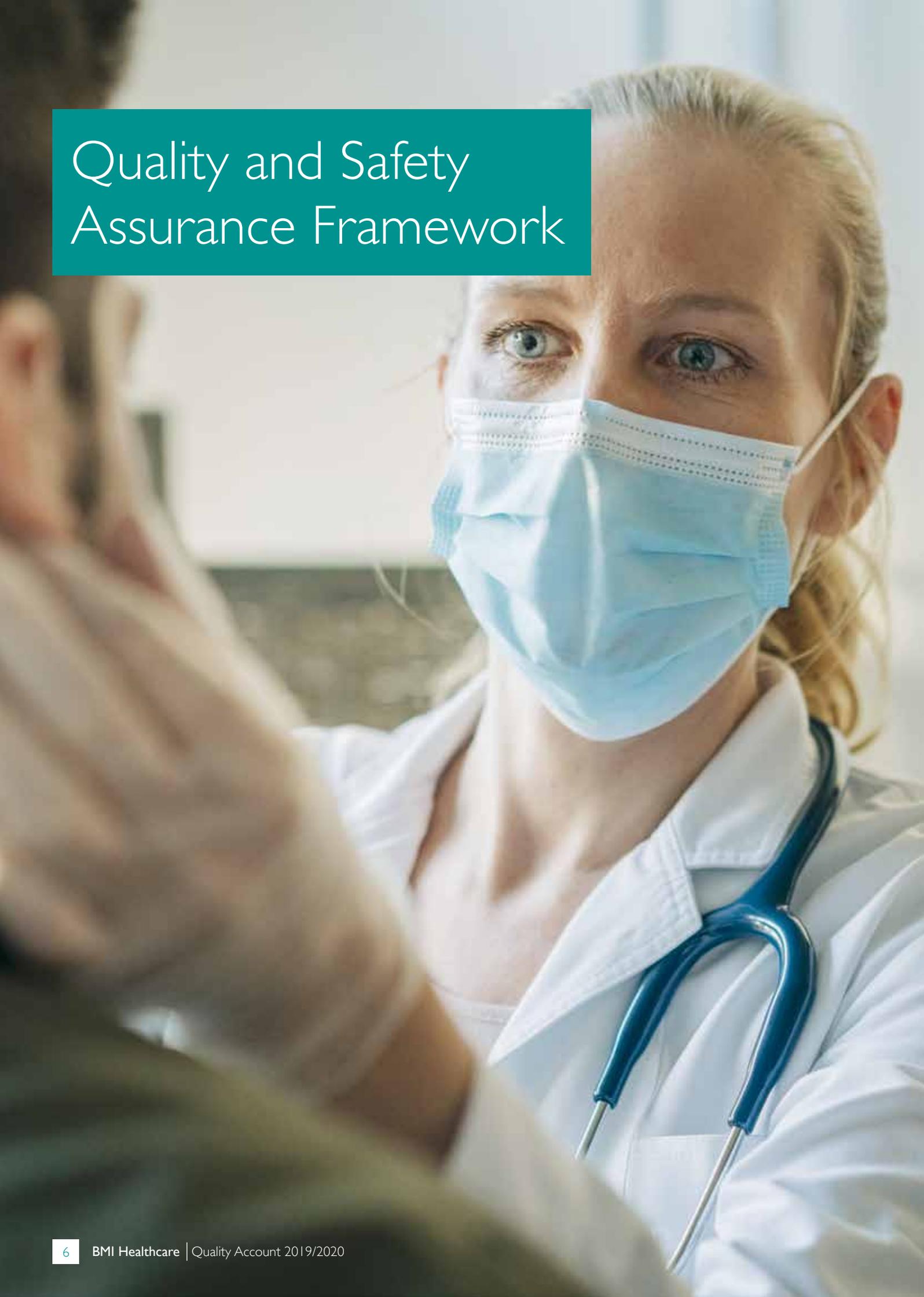
When Circle Health acquired BMI Healthcare we knew there would be challenges of integration. Bringing two healthcare companies together in the best interests of all our patients was never going to be an easy task although we were looking forward to the challenge and the opportunity to bring renewed energy, disruption, agility, passion, innovation and resilience. The COVID-19 pandemic added a complexity that no one could have predicted. All staff, and our clinicians, from both companies responded to the challenge and I am in awe of what we have achieved together, supporting the NHS through this national emergency.

While at this time we cannot be certain about the future, what we do know is that we need to adapt to ensure we continue to meet the healthcare needs of our patients, whatever the future course of COVID-19. The Circle Health Group will make a significant investment in our clinical teams over the next 12 months that will bring an added level of clinical leadership, medical and clinical engagement, and improved quality to the care that we provide. We have created a novel role, not seen in the sector, of Group Clinical Chairman and I am delighted that

Massoud Fouladi has taken up this role. He is currently setting about appointing a Clinical Chair at every one of our operational sites to provide an added level of local clinical leadership. We will shortly be setting out our roadmap to Outstanding, focussing not only on patient outcomes but also patient experience at every point in the pathway.

I congratulate the BMI staff on the progress they have made and am looking forward to working with them as we continue with our integration, ensuring that Circle Health Group sets the gold standard in patient care, outcomes and experience.

**Paul Manning, Chief Medical Officer**



# Quality and Safety Assurance Framework

# Quality and Safety Assurance Framework

BMI Healthcare's Quality and Safety Assurance Framework sets out the expectations the Board and the organisation's Executives and staff have in relation to routinely reviewing quality key performance indicators (KPIs), risk and other intelligence for the benefit of patients and ever improved care. The Framework sets out the way in which quality forms part of Board level scrutiny and oversight through integrated performance reporting and regular review. It sets out the process of reporting from Ward to Board and, in turn, identifies information sharing from Board to Ward in order that we achieve our goals of openness, transparency and BMI wide continuous learning.

BMI Healthcare's Quality and Safety Assurance Framework supports us in meeting the standards of many different bodies as well as those of the overarching healthcare regulators of England, Scotland and Wales. It also provides every member of staff, whatever their position within the organisation, with absolute clarity on their accountability, role and responsibility with respect to:

**Strategy:** ensuring that the delivery of safe and high-quality services is central to every action and plan

**Culture:** promoting a culture focused on safety and quality

**Risk Management:** continuously reviewing risks to safety and quality and taking appropriate action

**Governance:** working within the BMI Healthcare governance framework, including clinical and medical governance, enabling quality and safety

**Accountability:** clearly defining roles and accountabilities for safety and quality

**Capability:** ensuring each individual has the qualities, skills and knowledge to provide safe, high quality care

**Process:** ensuring that there are clearly defined, well understood processes and policies for escalating and resolving issues and managing quality and safety

**Stakeholder engagement:** ensuring that patients, staff and other key stakeholders are engaged in the promotion of quality and safety

**Organisational learning:** collecting and using information to improve service quality and safety of an individual's work

## Governance and oversight

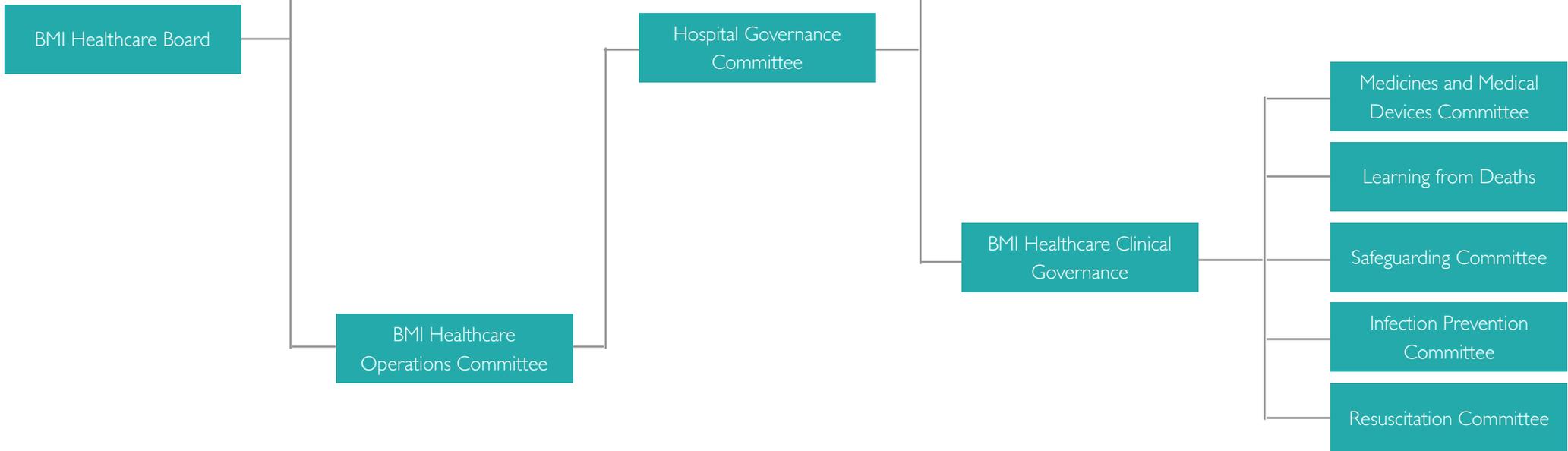
The Governance Committee, chaired by the Chief Executive Officer, has oversight of issues relating to quality and safety of services across BMI Healthcare. Two key sub-committees report to the Governance Committee, each specifically accountable for aspects of safety and quality.

The Clinical Governance Committee is accountable for clinical quality and safety across BMI Healthcare's services, assessing risk and performance, making improvement recommendations and advising the Governance Committee and the BMI Healthcare Board.

The Medical Governance Committee is accountable for improving the performance of and managing risks associated with all doctors engaged within BMI Healthcare, and advises the Governance Committee and the BMI Healthcare Board on all aspects of medical governance.

Working closely together, these committees review information from sub-committees, clinical performance reports, risk registers, accident and incident reports and clinical variance data. This data drives our cycle of continuous improvement designed to reduce risk and enhance quality for patients and staff alike.

# Quality and Safety Assurance Framework



Every risk identified, and all incidents and omissions are reported on our risk management system (RiskMan), which is available to all employees and personnel throughout BMI Healthcare. Alerts are immediately issued to ensure awareness and action to learn, rectify or manage. This system facilitates regular reporting which itself forms part of the Quality and Safety Assurance Framework. Reporting standards and values are continuously reviewed to ensure the structure underpins good governance within BMI Healthcare.

BMI Healthcare's approach to governance enables the organisation to monitor its service delivery in a variety of ways; by individual patient, individual hospital, elements of care, individual procedures, concerns and incidents. The information relation to each of these elements is collected, analysed, compared, and contrasted and enables BMI Healthcare to build a precise picture of care and service delivery.

BMI Healthcare's approach to governance monitors service delivery by individual:

- patient
- hospital
- element of care
- procedure
- concern
- incident

The information relation to each of these elements is collected, analysed, compared, and contrasted and enables BMI Healthcare to build a precise picture of care and service delivery and, from there, informs the cycle of continuous improvement.

As part of the governance process Key Performance Indicators (KPIs) are reported and monitored via the clinical dashboard. Monthly review of the KPIs drives action plans and informs prioritisation. Maintaining our values of transparency and openness, we share this information with commissioners of our services and use their feedback to further drive improvements.

Progress in the last year

In our 2019 Quality Account we set out our priorities and we have great pleasure in being able to confirm significant progress and achievement on each of our key areas of focus.

Strategic priority	Goal	Progress
<b>Improve our clinical safety</b>	<p>We delivered a reduction in Never Events during 2019/20 through a focused programme of leadership support for our Clinical Service Managers – Theatres.</p> <p>RCA training was externally delivered to 25 members of BMI clinical staff during 2019/2020. This training is in line with the NHS Patient Safety Incident Response Framework published in 2020.</p> <p>A Senior Multidisciplinary Review Panel was introduced during 2019/20 to provide MDT oversight and review of all serious incident reports.</p> <p>Thematic reviews of all unexpected patient deaths have been carried out with clear action plans drawn up to address emerging themes for quality improvement in relation to pre-assessment and fluid balance management.</p>	<b>ACHIEVED</b>
<b>Improve our clinical effectiveness</b>	<p>19 hospital sites achieved NJR data completeness accreditation during 2019/20.</p> <p>Our achievements and improvement in NJR reporting resulted in BMI Healthcare partnering with the NJR to trial their new online audit programme.</p> <p>A full review of our Clinical Audit Policy and programme was collaboratively completed during 2019/20.</p> <p>The results of clinical audits are now reviewed at the monthly Clinical Governance Meetings both at hospital site and corporately.</p> <p>Action plans are in place for all areas identified where improvements are possible.</p>	<b>ACHIEVED</b>
<b>Develop our leadership and culture</b>	<p>A three day Executive Leadership programme was delivered to all Executive Directors.</p> <p>We created and rolled out our 2019/20 Speak Up Programme to all hospital sites.</p> <p>The number of complaints received has been reduced by an overall of 23% in the past year.</p> <p>Our training package 'Complaint Handling for Hospital Directors' has been updated and delivery commenced in 2019/2020.</p>	<b>ACHIEVED</b>
<b>Ensure robust clinical and Consultant governance</b>	<p>During 2019/2020 BMI Healthcare successfully appointed its first Head of Medical Performance.</p> <p>A new assurance database has been devised and introduced to the company providing hospital, regional and corporate level assurance that all mandatory documentation is in place for all Consultants.</p> <p>Consultant Governance is now a formal Committee within the Quality and Safety Assurance Framework and provides MDT triangulation of Consultant outcomes, complaints and concerns.</p>	<b>ACHIEVED</b>
<b>Develop our services</b>	<p>We have continued to work alongside Private Medical Insurers and local NHS Trusts to streamline and deliver pathways of care for orthopaedics, endoscopy, diagnostics, cancer, and ophthalmology.</p> <p>We partnered with the Royal College of Cosmetic Surgeons and supported a number of our Cosmetic Consultants to undertake their cosmetic surgery Certification Scheme.</p> <p>A full review of 12 months of patient satisfaction data and the format of the questionnaire has been completed in the last year. As a result we have planned the launch of a more patient-friendly satisfaction form which focused on areas in which we believe we can improve.</p>	<b>ACHIEVED</b>

This continuous cycle of quality improvement, triangulation and expansion of our internal information, along with our fastidious governance monitoring has been recognised through a series of external accreditation awards:

### BUPA Accreditation

All of our hospitals have a minimum of one service specific BUPA accreditation including bowel, breast, prostate, cataract, cancer services and critical care services. This enables BUPA to confidently sign-post its members to BMI hospitals' accredited services.

### VTE Exemplar Centres

Awarded by the Department of Health, BMI Healthcare was the first national private healthcare provider in the UK to be awarded VTE Exemplar Centre status across its whole network of hospitals. The accreditation was first gained in 2011 and the most recent revalidation took place in November 2017.

### Macmillan Quality Environment Mark

Twenty BMI hospitals currently hold the Macmillan Quality Environment Mark, which is a detailed quality framework used for assessing whether cancer care environments meet the standards required by people living with cancer.

### Joint Advisory Group on Gastrointestinal Endoscopy

Forty-three BMI Healthcare hospitals are currently registered with the Joint Advisory Group (JAG), and twelve of these sites are accredited. JAG accreditation is the formal recognition that an endoscopy service has demonstrated that it has the competence to deliver against the criteria set out in the JAG standards.

### ISO/IEC 27001:2013

ISO 27001 is the globally recognised, international standard for managing risks to information security and our certification to ISO 27001:2013 allows us to prove to our stakeholders that we manage the security of the information we hold for the secure delivery of BMI hospital and patient services – including contracted NHS digital services applications. The accreditation is applicable to all of our sites.

### ISO 13485:2016, ENISO 13485:2016 and ISO 9001:2015

BMI Healthcare's four decontamination units have all earned ISO 13485:2016, ENISO 13485:2016 and ISO 9001:2015 accreditation which demonstrate audited quality management systems for products and medical devices.

### Institute of Leadership and Management

BMI Healthcare is an accredited centre with the Institute of Leadership and Management (ILM) for delivery of ILM courses. This accreditation provides our staff with access to accredited courses in leadership and management and supports their career growth and aspirations.

### Medical Governance

BMI Healthcare has over 6000 Consultants working under the Practising Privileges model. There is a centralised system which monitors compliance against the mandatory documentation which is necessary to maintain practising privileges. This year has seen the implementation of a new dashboard of compliance which produces a league table of hospital performance against the key areas of mandatory documentation. The data feed from the central register refreshes on a daily basis so we are confident that we are always working to accurate data, and acting swiftly in any areas demonstrating non-compliance.

### Responding to the Inquiry into the issues raised by Paterson

We were delighted to work in partnership with the Independent Healthcare Provider Network (IHPN) in shaping the Medical Practitioners Assurance Framework (MPAF). The framework aims to set out some principles for strengthening and building on systems that already exist, working more closely with the NHS to improve clinical governance for the medical profession and, in turn, patient safety. The MPAF was officially launched in October 2019 and we have a robust implementation plan underway to ensure that we meet the recommendations and embed the changes into every hospital.

Whilst the report was not published until February 2020 work had already begun within BMI Healthcare to provide assurance that the quality and safety of care provided to our patients (included care provided by Consultants) is our number one priority. Over the past two years we have been on a journey to substantially change our culture and performance on safety and quality and we recognise that we can always improve.

# Regulators



# External regulation

BMI Healthcare has 52 hospitals located in England, Scotland, and Wales.

During the period April 2019 to March 2020, the English healthcare regulator, the Care Quality Commission (CQC) inspected nine BMI hospitals, eight of which achieved a Good rating. One site was rated as Requires Improvement and a comprehensive action plan was put into place to rapidly achieve improvement.

Healthcare Improvement Scotland (HIS) inspected one BMI hospital in Scotland during the year and we are delighted to confirm that the hospital and its team was recognised as maintaining its Good rating.

Healthcare Inspectorate Wales (HIW) inspected Werndale, our hospital in Wales, and the regulator confirmed that this hospital and its team had also maintained the Good rating it had previously awarded.

Regulator	Hospital	Overall rating
HIS	BMI Albyn Hospital	●
CQC	BMI The Alexandra Hospital	●
CQC	BMI Bath Clinic	●
CQC	BMI The Beardwood Hospital	●
CQC	BMI The Beaumont Hospital	●
CQC	BMI Bishops Wood Hospital	●
CQC	BMI The Blackheath Hospital	●
HIS	BMI Carrick Glen Hospital	●
CQC	BMI The Cavell Hospital	●
CQC	BMI The Chaucer Hospital	●
CQC	BMI Chelsfield Park Hospital	●
CQC	BMI The Chiltern Hospital	●
CQC	BMI The Clementine Churchill Hospital	●
CQC	BMI Droitwich Spa Hospital	●
CQC	BMI The Duchy Hospital	●
CQC	BMI The Edgbaston Hospital	●
CQC	BMI Gisburne Park Hospital	●
CQC	BMI Goring Hall Hospital	●
CQC	BMI The Hampshire Clinic	●
CQC	BMI The Harbour Hospital	●
CQC	BMI The Hendon Hospital	●
CQC	BMI The Highfield Hospital	●
CQC	BMI The Huddersfield Hospital	●
CQC	BMI The Kings Oak Hospital	●
HIS	BMI Kings Park Hospital	●
CQC	BMI The Lancaster Hospital	●
CQC	BMI The Lincoln Hospital	●
CQC	BMI The London Independent Hospital	●
CQC	BMI The Manor Hospital	●
CQC	BMI The Meriden Hospital	●
CQC	BMI Mount Alvernia Hospital	●

Regulator	Hospital	Overall rating
CQC	BMI The Park Hospital	●
CQC	BMI The Princess Margaret Hospital	●
CQC	BMI The Priory Hospital	●
CQC	BMI The Ridgeway Hospital	●
HIS	BMI Ross Hall Hospital	●
CQC	BMI The Runnymede Hospital	●
CQC	BMI The Sandringham Hospital	●
CQC	BMI Sarum Road Hospital	●
CQC	BMI The Saxon Clinic	●
CQC	BMI The Shelburne Hospital	●
CQC	BMI Shirley Oaks Hospital	●
CQC	BMI The Sloane Hospital	●
CQC	BMI The South Cheshire Hospital	●
CQC	BMI The Southend Hospital	●
CQC	BMI St Edmunds Hospital	●
CQC	BMI Syon Clinic	●
CQC	BMI The Thornbury Hospital	●
CQC	BMI Three Shires Hospital	●
HIW	BMI Werndale Hospital	●
CQC	BMI The Winterbourne Hospital	●
CQC	BMI Woodlands Hospital	●

## What the CQC said in its reports about BMI hospitals

- They were knowledgeable about their service and strived to continuously improve it. For example, the endoscopy lead practitioner had visited other BMI endoscopy units to learn and to share good practice.
- Staff took any concerns or complaints seriously, investigating them and ensuring any learning was shared across the organisation.
- Staff met to discuss feedback and look at improvements to patient care. Staff received feedback from investigation of incidents, both internal and external to the service. Managers shared learning with their staff about incidents that had happened at other BMI sites. We saw that all local incidents had immediate actions taken and learning points identified.
- The hospital reported one unexpected death from April 2018 to March 2019. This incident was reported, fully investigated and shared across the wider BMI group. The incident identified some areas for learning which were being tracked through team and governance meetings.
- Staff received feedback from investigation of incidents, both internal and external to the service. Newsletters, emails and memos were used to share information. There was also a process for sharing learning across BMI with corporate news flashes, and cluster meetings. For example, never events that occurred in other BMI hospitals were shared with the team locally through newsletters and corporate training. This process ensured that all staff were aware of incidents and any resulting changes to practice.
- A clinical governance bulletin which was produced corporately, supported the hospital monthly to manage risk. The bulletin identified changes in legislation relating to NICE publications and alerts (drugs, equipment). It also provided details of issues and best practice at other sites so that shared learning could be applied locally.
- Clinical meetings were held to follow-up audit outliers. Managers shared and made sure staff understood information from the audits. Managers discussed audit outcome results with teams and improvements made where necessary during team meetings.

# Report on safety



# Safety

The safety of our patients, those that work and practise at our hospitals and those that visit them underpins everything we do and every decision we make. We make the avoidance of preventable harm and the reduction of risk of unnecessary harm fundamental to the care we provide.

We support our staff and Consultants by embedding a safety culture and setting out clear processes, procedures and ways of working. The organisation's leaders have a clear understanding that patient safety is their key responsibility; they use data to drive improvement and a cycle of continuous improvement ensures constant progress.

We strive to ensure our high standards of risk management and safety meet the expectations of our patients, the communities we serve and those with whom we work.

Over the past year we have made continued progress and set robust aspirations for further improvements for the future.  
Infection Prevention

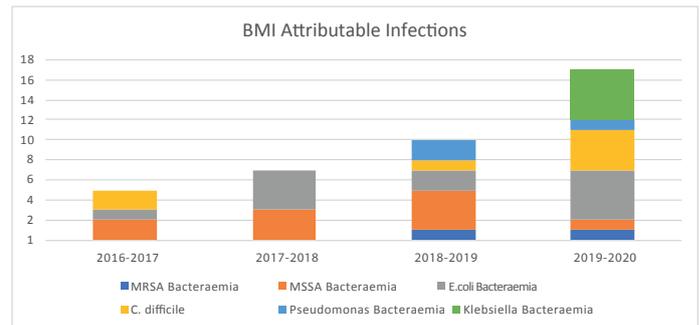
Healthcare Attributable Infections (HCAIs) cause significant concern for patients, the public and healthcare staff. Prevention of HCAIs is a constant focus for BMI Healthcare, as is compliance with the Health and Social Care Act 2008: Code of Practice on the prevention and control of infections. We use these principles and related guidance to ensure patients are provided with a clean environment which is fit for purpose and where infection risks are minimised.

The BMI Healthcare Quality and Safety Assurance Framework makes management of infection prevention a key priority, both at Corporate and hospital level. Effective infection prevention contributes to the overall quality and governance agenda, protecting patients, visitors and staff.

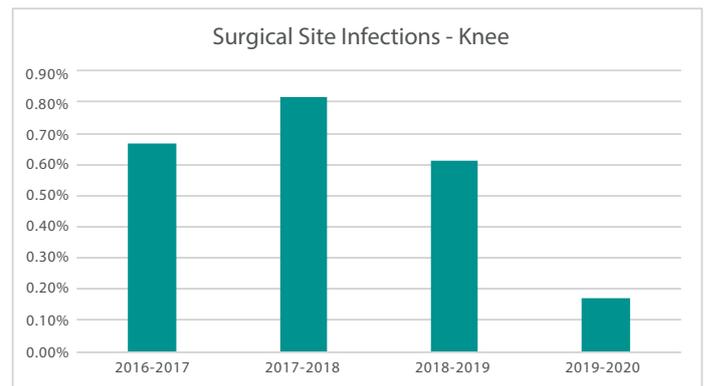
We put a local emphasis on infection prevention; each hospital's Director of Clinical Services acts as the local Director for Infection Prevention and Control (DIPC) and is responsible for the development and management of the local Infection Prevention Strategy. Within BMI Healthcare, DIPCs are supported by a Corporate Head of Infection and Control specialist and locally by their trained Infection Prevention Coordinator (IPC). Both the local DIPC and IPC have documented responsibilities for infection prevention which includes rigorous auditing and surveillance processes to ensure prompt detection of risks and trends.

Mandatory data on HCAIs is submitted monthly to the Health Protection Agency and is subject to scrutiny at monthly clinical governance committees. We ensure each occurrence is analysed with lessons learnt being shared to support constant improvement and further eradication of preventable infection.

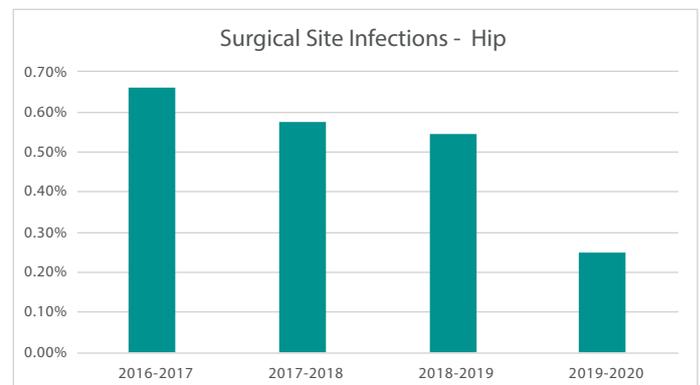
Healthcare Attributable Infections 2016 – 2020



Surgical site infections following Total Knee Replacement 2016 - 2020



Surgical site infections following Total Hip Replacement 2016 - 2020

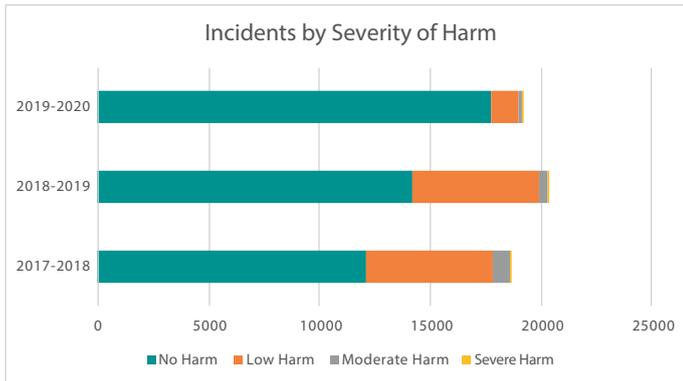


### Adverse incidents

Using the RiskMan risk management system, BMI Healthcare monitors all adverse incidents, undertakes root cause analysis and put actions plans in place to reduce risk, reduce severity of incidents and sharing lessons learned both locally and companywide to ensure continuous quality improvement.

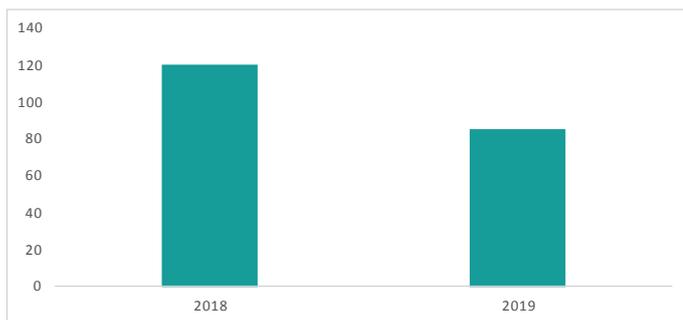
Last year we achieved further improvements in the open reporting culture and a reduction in the severity of incidents.

#### Incidents by severity 2017 – 2020



We undertook a total review of our Care of the Deteriorating Patient Policy underpinning changes to it and all associated training with lessons learned from previous years. As a result, the total number of serious incidents, as classified under the BMI Healthcare Incident Management Policy, demonstrated and continues to demonstrate a downward trend.

#### Total number of serious incidents reported 2018 - 2019

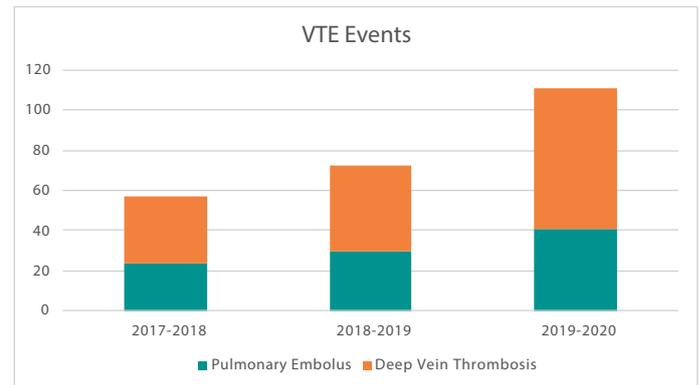


### Venous Thromboembolism

BMI Healthcare was the first independent healthcare provider to achieve VTE Exemplar status in the UK and we have retained this following re-inspections.

Venous Thromboembolism (VTE) is a significant patient issue in hospitals. The first step in preventing an adverse event from VTE is to identify those at risk so that preventable treatments can be used. The increased volume of VTE over the past year demonstrates our improved incident reporting culture, together with improved surveillance of patients following discharge. We have worked hard to extend our surveillance of patients post-discharge and are using these learnings in our continued drive to improve the outcome for our patients. VTE affects not only patients undergoing surgery but is a widely recognised complication for patients undergoing treatment for cancer. As the number of patients choosing to have their cancer care at a BMI hospital increases, and the range of services we offer across the network expands, we have seen an increase in the number of VTE events. Serious incidents related to VTE have decreased.

#### VTE events 2017 – 2020



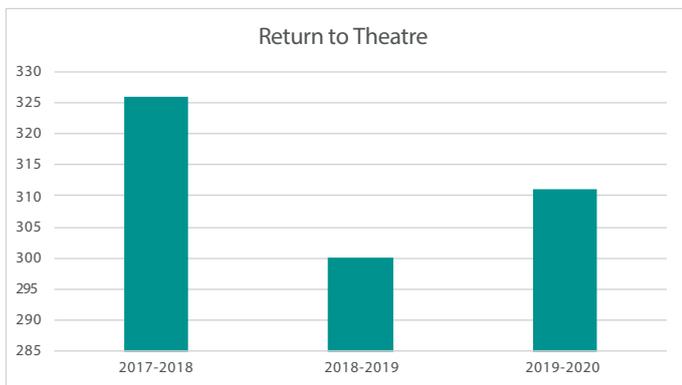
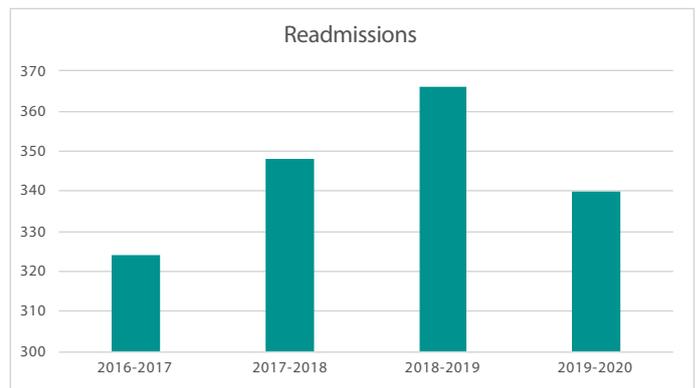
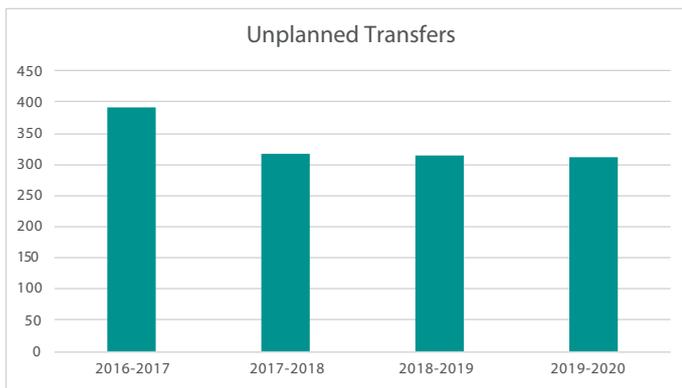
# Report on effectiveness



# Effectiveness

We strive for constant improvement in the effectiveness of our care by considering the impact of our response to individual incidents and themes or trends. Our Quality Assurance and Safety Framework sets out how we use learnings, both unique and repeated, to develop our procedures and policies together with training and support for our staff in order to positively impact on patient safety.

We have seen positive improvement and downward trends in each of the critical measurements of effectiveness: unplanned transfers to an external healthcare provider, unplanned readmissions, and unplanned returns to theatre.



## Planning for continued improvement

2020/2021 Objectives



### Improve our clinical safety

- Align our incident investigation process with the NHS Patient Safety Incident Investigation process
- Deploy a new Patient Safety Methodology for Serious Incident Investigations
- Informed consent in light of Covid-19 and the recommendations of MPAF



### Improve our clinical effectiveness

- Increase our contribution in national clinical registries
- Use metrics and outcomes to improve service and Consultant performance
- Use information from PHIN to drive ongoing improvements
- Develop special interest groups to drive forward service developments



### Develop our Leadership

- Deliver our medical Profession Assurance Framework
- Deliver an Executive Coaching programme for senior leaders
- Introduce a revised Governance Assurance Framework
- Appoint a Clinical Chairman at each of our facilities
- Develop the role of Quality and Assurance Leads

### Patient Reported Outcome Measures

Patient Reported Outcome Measures (PROMs) assess the quality of care delivered to patients from the patient perspective. PROMs calculate the health gains after surgical treatment using pre- and post-operative questionnaires.

#### BMI The Saxon Clinic's CQC report December 2019

*"Managers used information from the audits to improve care and treatment. Managers shared and made sure staff understood information from the audits. All PROMs data was discussed at the hospital and cross-site governance meetings."*

### National Joint Registry (NJR)

In the last year 18 BMI Healthcare hospitals achieved NJR data submission accreditation as recognition for the quality of reporting in collaboration with the NJR.

We also introduced a formal process for managing notifications from the NJR to ensure we follow up with every individual surgeon identified for further review by the NJR data.

This significant improvement in engagement by all BMI hospitals with the NJR resulted in our Quality Team sharing with other independent providers how change had been managed at National NJR Conference.

# Report on caring



# Caring

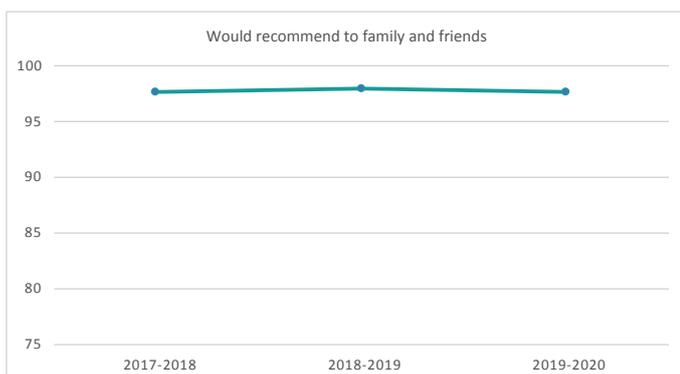
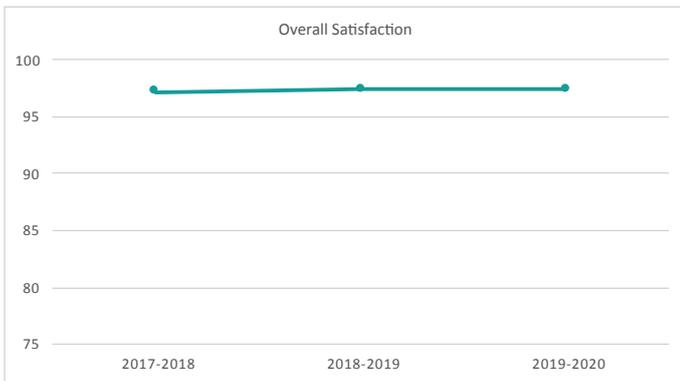
The BMI Healthcare Patient Satisfaction Survey identified

# 97%

of our patients were satisfied with the overall level of care they received from BMI Healthcare.

# 98%

of patients happy to recommend us to their friends and family.



While we take time to celebrate the contribution our staff make to their patients' care and satisfaction, we also believe the patient surveys provide additional insight to ways in which we can drive our agenda for continuous improvement.

In 2020 we will focus on two key areas, pre-assessment/ preparing for admission and patient discharge. We appreciate how important these two elements of care are to our patients and they currently rate less highly compared to other aspects of the care we provide.

“

I went to the hospital for a total left knee replacement; all the staff from the surgery team who did my operation to the personnel on my ward and the physio team were fantastic. You made me feel so welcome and completely at home. I could not ask to be looked after any better or more than this hospital and team did. Very much appreciated and thank you all. For the people who are going in today or tomorrow - worry about nothing you're in very good hands.

BMI Birmingham Hospitals

”

“

The standard of treatment from the Consultant and the operating team were second to none and showed a high level of professionalism and outstanding care. All was splendid in terms of attention from the anaesthetist and levels of comfort. Excellent aftercare.

BMI Sarum Road Hospital

”

### Mandatory training

In the 2019/20 period BMI Healthcare ran 3,000 workshops delivering 20,000 units of learning and 120,000 mandatory training courses were successfully completed. In addition, the organisation supported 175 apprentices across the business.

# Report on leadership



# Leadership

## Purpose and values

In 2019 we embarked upon an organisation-wide project to identify a purpose and set of values which not only represented the entire workforce and our stakeholders, but that they collectively felt they owned. We believe that, to have true meaning and provide a supportive and aspirational framework for both existing staff and those who look to join us, the organisation's purpose and values should be driven by them and represent what they know to be true.

Our two-stage consultation was the biggest single piece of collaborative work that BMI has ever completed with staff, patient groups, Consultants who use our hospitals and other key influencers. In the first stage of this initiative we consulted participants on what they felt represented BMI values and the organisation's core purpose. The response was remarkable: staff were honest and creative and eager to contribute and enthusiastic in the local workshops held at every site.

There was broad consensus on a number of key themes but, to identify a single purpose and our three most deeply held values, we invited every staff member to cast a vote on the purpose and values which they believed truly represented who we are and what we do. Many thousands of staff took part and their selection resulted us identifying:

### BMI Healthcare's purpose

Here for you, because we care.

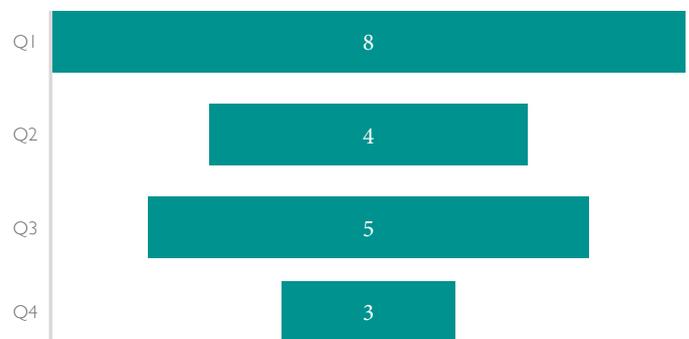
### Our values

- Patients always at our core
- The best people caring together
- Uncompromising safety and quality

## Learning from deaths

In 2019 we developed our Learning from Deaths Policy and developed our multidisciplinary Learning from Deaths Group who review all deaths. The structure of the policy and the group's work has enabled us to identify where further improvements in care or communication can be made.

During 2019, a total of 20 unexpected deaths occurred within BMI Healthcare hospital, or within 30 days of a procedure or treatment administered by BMI Healthcare. This represents 0.005% of patients discharged.



We identified one case where the patient death was judged to be of concern following the care provided to the patient. All unexpected and expected deaths undergo a rigorous incident and lessons learned review in collaboration with the treating medical teams.

Our lessons learned contributed to further review and development of our Incident Management Policy. These plans and the improvements we have already put in place will ensure we are fully aligned with NHS improvement changes to the National Safety Investigation Standards.

### Staff survey

The annual staff survey, BMiSay, continues to provide a key mechanism for the achievement of an honest culture of open dialogue with staff. This year the method of response was adapted to make participation easier, encouraging greater response rate.

The response rate for the 2019 staff survey was hugely encouraging. Seventy eight percent of staff responded this year, an increase from 49% in the previous year. We believe this reflects both the increased level of engagement, the increasing culture of openness and honesty and staff belief that their feedback genuinely drives change. Nearly every question resulted in higher scores than the 2018 survey, continuing the upward trend seen from the year before. The overall engagement index rose by four points to 67/100.

The results of the 2019 staff survey were promising. Questions relating to job satisfaction received particularly positive responses from staff:

- 90% of our people feel they are clear about their objectives
- 92% of our people feel fully trusted to do their job
- 87% of our people feel they are able to carry out their role to a standard that they are personally pleased with

The feedback provided in the staff survey continues to be a stimulus for change. This year the survey highlighted additional areas of importance to our staff. As a result, BMI has initiated changes based on this feedback, including developments to policies, processes and ways of working.

We are particularly proud that staff feedback played a large part in driving a review of our maternity, adoption and paternity leave provision and lead to changes in what we now offer. The 2019 survey staff made it clear that our people wanted changes to make our policies more supportive and family friendly. As a result, BMI now provides 13 weeks fully paid maternity and adoption leave and 26 weeks statutory maternity/adoption pay. Paternity leave is now also paid at full pay.

The 2019 staff survey also resulted in us making changes to the way we manage appraisals. Staff told us they wanted a simpler, more flexible process which was geared towards the provision of more regular feedback at less formal 'check-ins'. We now have a more streamlined approach and encourage line managers to use an approach which supports their teams' development as well as individuals' needs.

The BMiSay results also reinforced that the Executive Team visibility was greatly prized by site staff. The COVID-19 pandemic limited many opportunities for planned face-to-face workshops,

visits, training and events. To overcome the challenge, and fulfil the need, we established an Executive Hotline which offered every member of staff the opportunity to speak directly with a member of the Executive Team about what might be causing them concerns, or talk about something they had questions about. Not surprisingly, many of the calls related to the pandemic. Staff response to the hotline was extremely positive; every call was followed up either personally by a member of the Executive Team or by the relevant subject matter expert. Some staff preferred to contact the Executive in writing or by email so we set up *askbmi* which provided many staff with the contact they wanted, and via a channel with which they felt comfortable.

### Freedom to Speak Up

BMI Healthcare actively supports a culture of openness and honesty, encouraging staff to speak up in confidence about any concerns that they have regarding the conduct of others in the business or the way in which the business is run.

The Chief Executive Officer is ultimately responsible for Freedom to Speak Up within BMI Healthcare and the Medical Director provides Executive Sponsorship. He is supported by BMI's two national Freedom to Speak Up Guardians who provide overarching direction and support to every hospital's own FTSU Guardian.

Together, the Executive Sponsor and BMI's National Guardians have been instrumental in leading and supporting the FTSU Guardian role in BMI and in promoting a robust culture around speaking up.

We have been careful to ensure our approach to Speak Up complements rather than detracts from the 'Raising Concerns at Work and Whistleblowing Policy' which actively encourages individuals to raise issues firstly, either formally or informally, with their line manager.

In the last year we have worked hard to embed the importance of 'Speak Up' throughout BMI and reinforce awareness of the role of the FTSU Guardians. This has included:

- Embedding a review of FTSU within the hospital integrated audit programme
- Introducing a programme of site visits by BMI's National Guardians
- Holding Speak Up sessions at regional Executive Director meetings
- Holding quarterly calls with hospitals' FTSU Guardians to provide updates and share best practice
- Creating a resource hub for FTSU Guardians
- Promoting the annual NHS October Speak Up month - #speaktome – to both senior management teams and all staff
- Creating month-long special focus on key themes

We actively encourage our hospital FTSU Guardians to meet their local NHS Trust counterparts, just as the Corporate FTSU team has reached out to learn from the FTSU Guardian at Guys and St Thomas' Hospital. We know we have much to learn from the experience of NHS FTSU Guardians and we are eager to work with them for the benefit of our patients and all our stakeholders. In the coming year we plan to participate in the Regional Networks set up by the National Guardian's Officer and will share learnings widely across the group.

- Our hospital FTSU Guardians received, reviewed and managed 79 cases. Twelve cases were dealt with by BMI's National FTSU Guardian, some having been raised directly and others referred to her by a member of the corporate team.
- Issues identified through Speak Up included patient care and working relationships.

Every incidence of Speaking Up is appropriately investigated; we consider a member of staff speaking up as positive. It provides us with an opportunity to consider and improve and illustrates that staff are confident that their concerns will be taken seriously. Speak Up is an important contribution to our commitment to creating an open, honest and supportive working environment for our staff.

### Plans for 2020

In 2020 we will continue to promote the FTSU Guardians, and be sure that local FTSU Guardians are supported by BMI's National FTSU Guardians.

We will work to ensure our Consultants and clinicians have access to Speak Up through links on our Consultant portal and the Clinician app and reinforce the option to raise concerns as part of their biennial review.

We will continue to use approaches which have worked well, including our regular support meetings, specific case reviews and regularly review communication, seeking ways of making further improvements and lessons learnt. We will maintain awareness of the role of our FTSU Guardians within the organisation as well as the benefits of Speaking Up at senior management forums. We will continue to learn from our NHS colleagues by attending Regional Network Meetings and encouraging engagement at a local level.

# National audits



# National audits

We contribute to national clinical audits relating to the services we offer; including the National Joint Registry (NJR), Patient Reported Outcome Measures (PROMS) and the Intensive Care National Audit (ICNARC)

In 2019, 18 of our hospitals were awarded the National Joint Registry's (NJR) Data Quality Award, which recognises best practice in meeting patient safety standards and compliance. Reviewing each National Audit report further informs our improvement action plans for 2020.

Review of PROMS participation rates illustrated that, at some of our hospitals, this can be made easier and response rates improved. The Clinical Governance team will work with these hospitals to review current processes and identify steps that can be taken to improve the participation rate.

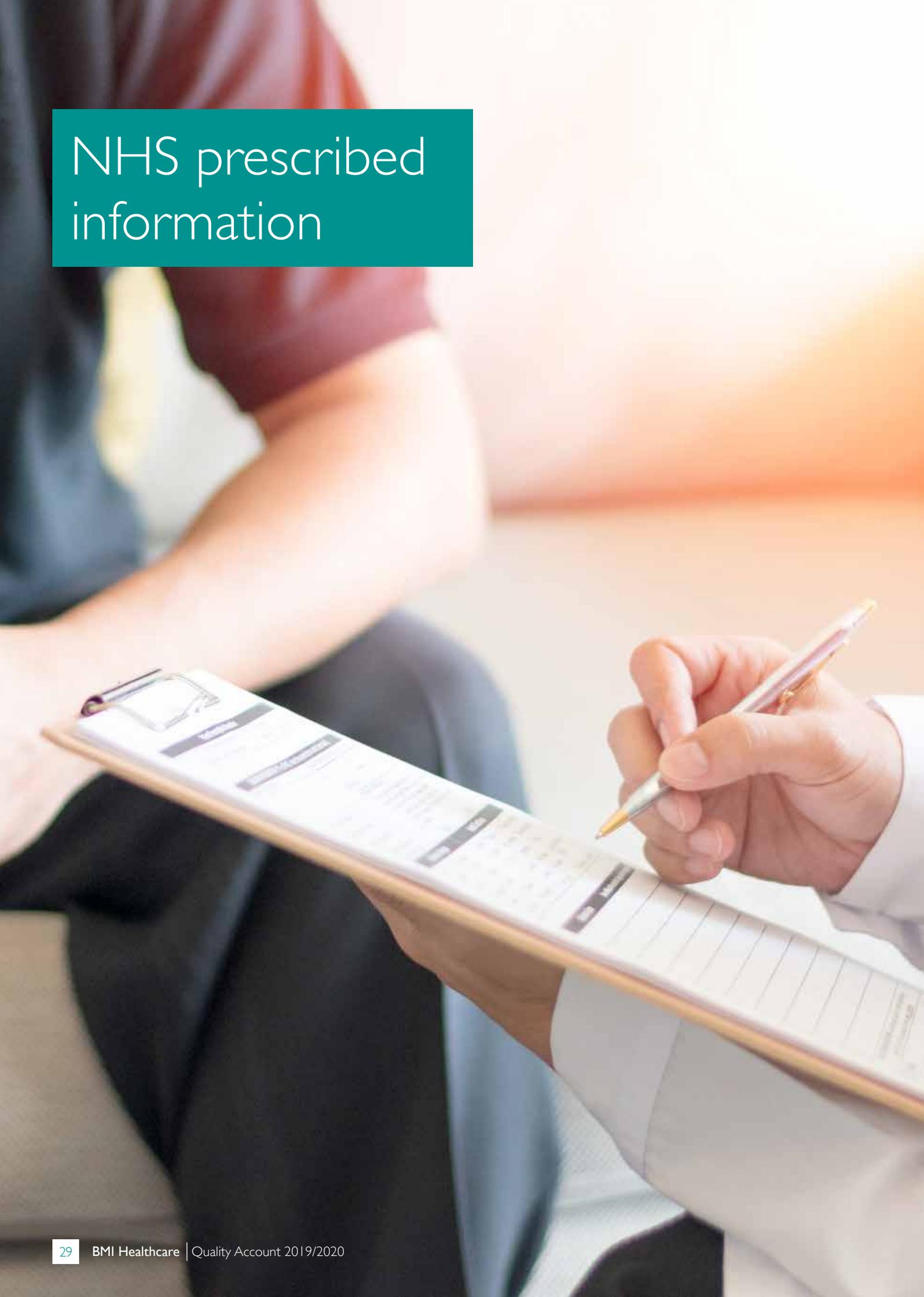
Review of NJR reports indicated that consent rates for data to be held on the registry were good and in a few sites action plans are already in place to strengthen this practice. We are confident of making progress at each of these hospitals to improve compliance.

In the first quarter of 2019 a full review of the Clinical Audit Policy and all associated audit tools, by speciality was completed. As a result of a collaborative approach involving our hospitals' Directors of Clinical Services and the corporate Clinical Governance Team a full update of our annual clinical audit plan was undertaken. Clinical audits completed during 2019 identified opportunities to further improve the quality of clinical care together with areas for action for 2020/2021.

Building on work we began in 2018 and completed in 2019, we are proud of our achievements in Care of the Deteriorating Patient, as reflected in both clinical outcomes achieved and clinical audit scores across BMI Healthcare.

Our clinical audit results were aligned with patient satisfaction survey feedback on discharge, and specifically guidance provided to patients and their families at the point of discharge. A multi-disciplinary team has been created to review and improve the process to ensure we improve on points of weakness and further build on aspects of strength in this area.

# NHS prescribed information



# NHS Quality Account Prescribed Information 2018/2019

## NHS Quality Account Prescribed Information 2018/2019

This document consists of part of the BMI Healthcare Quality Report and should be viewed in line with the BMI Healthcare Annual Report 2019.

The main body of the BMI Healthcare Quality Report provides the statements on quality improvement, accuracy and assurance that apply to all our products and services and shows data and information over a three year reporting period (where available).

This is the second year that BMI Healthcare has presented NHS core quality account indicators in the specific format required by the NHS. The information provided below is the format prescribed by NHS England for 2018/19 for the indicators that are most relevant to the services provided by BMI Healthcare Hospitals.

In 2018/19, BMI Healthcare carried out 128,000 procedures (to the nearest thousand) for NHS funded patients. This represented 43% of all relevant activity.

## NHS England prescribed information

The data made available to the provider with regard to:

- (a) The value and banding of the summary hospital-level mortality indicator (SHMI) for the trust for the reporting period; and
- (b) The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period.

## BMI Healthcare Statement

BMI Healthcare is an independent sector provider and is currently not eligible to submit to NHS SHMI indicators. All deaths (either BMI Healthcare in-hospital or within 30 days of discharge [where known]) are reported to the relevant national regulator and therefore the number reported below will include patients who died in NHS Trusts and will be recorded in those SHMI results:

- 5 NHS patients died within 30 days of treatment in the reporting period (a rate of 0.003%). This was reported to the relevant national regulator.
- Following analysis, no trends were identified in the type of procedure undertaken or the provision of treatment or care.
- Palliative care is not a service presently provided for NHS patients.

BMI Healthcare considers that this data is as described for the following reasons; people are protected from avoidable harm and cared for in a safe environment. BMI Healthcare intends to take the following action, to improve this number and so the quality of its services, by; the continual improvement of clinical care targeted at pre-operative assessment and theatre pathways for all patients to prevent people from dying prematurely and sharing lessons learned from root cause analysis into unexpected deaths.

The data made available with regard to the provider's patient reported outcome measures score, during the reporting period, for (i) groin hernia surgery.

## BMI Healthcare Statement

BMI Healthcare patient reported outcome measures (PROMs) score for:

- Groin hernia surgery is not applicable as there is insufficient NHS activity in BMI Healthcare to derive results.

The data made available with regard to the provider's patient reported outcome measures score, during the reporting period, for (ii) varicose vein surgery.

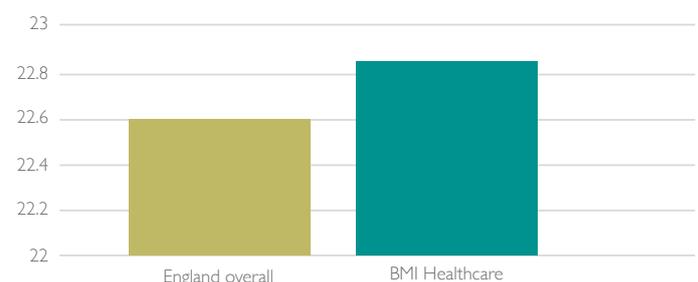
## BMI Healthcare Statement

BMI Healthcare patient reported outcome measures (PROMs) score for:

- Varicose vein surgery is not applicable as there is insufficient NHS activity in BMI Healthcare to derive results.

The data made available with regard to the provider's patient reported outcome measures score, during the reporting period, for (iii) hip replacement surgery.

**PROMS hip replacement adjusted health gain (Oxford hip score)**  
case mix adjusted health score



**BMI Healthcare Statement**

BMI Healthcare patient reported outcome measures (PROMs) scores for:

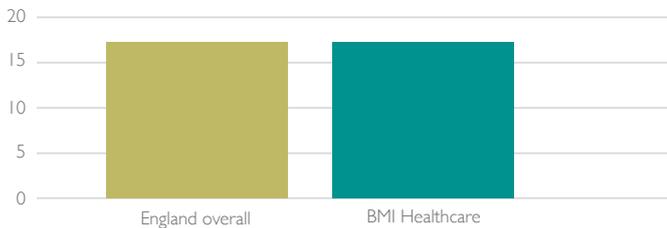
- hip replacement surgery: 21.856 (Oxford Hip score adjusted average health gain where higher score is better)

BMI Healthcare considers that this data is as described for the following reasons; because we continue to help people recover from episodes of ill health by application of clinical good practice, delivered by well trained staff in a clinically safe environment.

BMI Healthcare intends to take the following actions to improve the score, and so the quality of its services, by; the continual improvement of clinical pathways using PROMs information, by developing integrated pathways of care and by improving engagement with patients to increase the percentage of patients responding to hip replacement PROMs

The data made available with regard to the provider’s patient reported outcome measures score, during the reporting period, for (iv) knee replacement surgery:

**PROMS knee replacement adjusted health gain (Oxford knee score)**  
case adjusted health score



**BMI Healthcare Statement**

BMI Healthcare patient reported outcome measures (PROMs) score for:

- knee replacement surgery: 17.78 (Oxford Knee score adjusted average health gain where higher score is better) BMI Healthcare considers that this data is as described for the following reasons: because we continue to help people recover from episodes of ill health by application of clinical good practice, delivered by well trained staff in a clinically safe environment.

BMI Healthcare intends to take the following actions to improve the score, and so the quality of its services, by: the continual improvement of clinical practice using PROMs information and by developing integrated pathways of care and by improving engagement with patients to increase the percentage of patients responding to knee replacement PROMs.

The data made available to the provider with regard to the percentage of patients readmitted to a hospital which forms part of the provider within 28 days of being discharged from a hospital which forms part of the provider, during the reporting period, for patients aged:

- (i) 0 to 15; and
- (ii) 16 or over

**BMI Healthcare Statement**

The percentage of NHS patients readmitted to a BMI Healthcare hospital within 28 days of being discharged from a BMI Healthcare hospital for the reporting period was:

- 0 to 15: 0%
- 16 or over: 0.004%

BMI Healthcare considers that this data is as described for the following reasons: the readmission to hospital within 28 days to a BMI Healthcare hospital is very low because people are effectively helped to recover from episodes of ill health or following injury.

BMI Healthcare intends to take the following action to improve the number, and so the quality of services, by: improving the pre-operative assessment process, theatre pathway, risk assessments and documentation and by reviewing and analysing any trends in reasons why patients are readmitted (including to another hospital) and sharing information for quality improvement. across BMI Healthcare.

Friends and Family Test – Staff: The data made available to the provider with regard to the percentage of staff employed by, or under contract to, the provider during the reporting period who would recommend the provider to their family or friends.

**BMI Healthcare Statement**

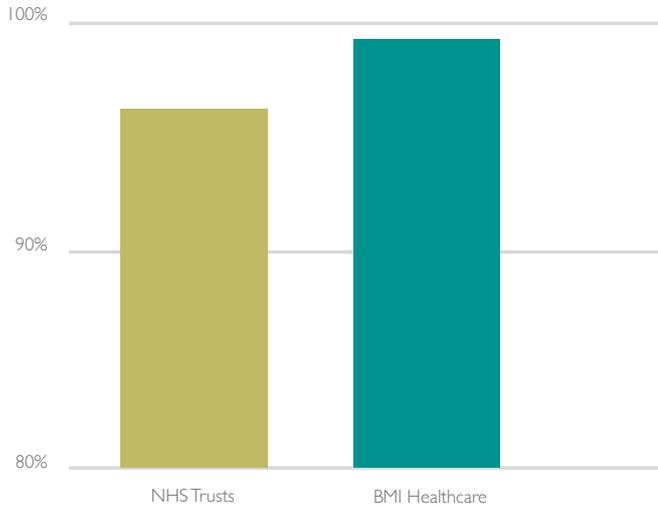
BMI Healthcare undertook its annual staff survey in November 2019 which included an approved Friends and Family Test (FFT) question:

When asked about their friends and family, 88% of respondents would recommend BMI Healthcare for care and treatment. BMI Healthcare considers that this data is as described for the following reasons: BMI Healthcare continues to provide people with a positive experience of care and the staff are fully engaged in continually improving care and are willing to recommend to their friends and family.

BMI Healthcare intends to take the following actions to improve this score, and so to quality of its services, by: continually focusing on our brand leadership and values 'to ensure they are fully embedded with all those engaged in delivering care to our patients'.

Friends and Family Test – Patient: The data made available to the provider for all acute providers of adult NHS funded care, covering services for inpatients and patients discharged from Accident and Emergency (types 1 and 2).

**Patient Friends and Family test**  
Outcome 2017/2018  
Percentage of patients who would recommend



**BMI Healthcare Statement**

BMI Healthcare has a specific patient Friends and Family Test (FFT) that is consistent with the questions asked of all NHS patients. At the end of the 2018/19 reporting period (March 2019):

- BMI Healthcare Patient FFT: 98% (inpatients only as no A&E services provided) would recommend

BMI Healthcare considers that this data is as described for the following reasons: BMI Healthcare continues to provide people with a positive experience of care that they are willing to recommend to their friends and family.

The data made available to the provider with regard to the percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism (VTE) during the reporting period.

**BMI Healthcare Statement**

BMI Healthcare undertook VTE risk assessments on:

- 96% of patients admitted to hospital during the reporting period.

BMI Healthcare considers that this data is as described for the following reasons: BMI Healthcare treat and care for people in a safe environment and protect them from avoidable harm. BMI Healthcare intends to take the following actions to improve this percentage, and so the quality of its services, by improving documentation process for risk assessments, refreshing policy and process and increasing education on prevention of VTE.

The data made available to the provider with regard to the rate per 100,000 bed days of cases of C difficile infection reported within the provider among patients aged 2 or over during the reporting period.

### BMI Healthcare Statement

BMI Healthcare rate of cases of C difficile infection is:

- 0 per 100,000 bed days.

BMI Healthcare considers that this data is as described for the following reasons: BMI Healthcare treats and cares for people in a safe environment and protects them from avoidable harm by having high standards of infection prevention and control, including using single patient bedrooms.

BMI Healthcare intends to take the following actions to improve this rate, and so the quality of its services, by: continual improvement of our already high standards of infection prevention including leading in training and development of staff in hygiene standards and practice.

The data made available to the provider with regard to the number and, where available, rate of patient safety incidents reported within the provider during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.

### BMI Healthcare Statement

BMI Healthcare had the following patient safety incidents relating to NHS patients during the reporting period:

- number of all patient safety incidents: 7,837
- rate (percentage of episodes): 6.1%
- number resulting in severe harm/death: 6
- rate (percentage severe harm/death): 0.003%

BMI Healthcare considers that this data is as described for the following reasons: BMI Healthcare treats and cares for people in a safe environment and protects them from avoidable harm, including following good practice guidance such as WHO safety checklist and being open and honest when things do go wrong.

BMI Healthcare intends to take the following actions to improve these measures, and so the quality of its services, by: continual improvement in patient safety including continuing to progress quality assurance activities (e.g. audit/incident targeted reviews of services), embedding the new theatre WHO checklist and introducing enhanced WHO checklists for specific clinical pathways, developing local safety standards for invasive procedures (LocSSIPs) and empowering staff to drive a safety culture.

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Dear Ms Sheehan

### **Re: BMI Healthcare Quality Account 2019/20**

East Lancashire Clinical Commissioning Group and Blackburn with Darwen Clinical Commissioning Group (CCGs) welcome the opportunity to comment on the 2019/20 Quality Account for BMI Healthcare.

Throughout 2019/20, BMI Beardwood, Gisburne Park and Lancaster Hospitals have continued to demonstrate their commitment to providing safe, personal, and effective care for patients and families alongside the CCGs.

The CCGs wish to acknowledge that the Quality Account 2019/20 is a national BMI report which does not reflect the local position for BMI Beardwood, Gisburne Park and Lancaster Hospitals. Based on this the CCGs feel limited in their ability to review and provide a comprehensive response. The omission of a key quality narrative for a number of objectives including (but not limited to) CQUIN performance during 2019/2020, the achievement and progression of the 2019/20 priorities, detail regarding the organisations Information Governance status and enhanced detail regarding learning from deaths, further limits our ability to respond.

### **Priorities 2020/21**

As highlighted above the CCGs, are unable to comment on achievement/progression against the Quality Priorities identified in the 2019/20 Quality Account due to the omission of outcome-based information within the report; we would recommend BMI reconsider the inclusion of information that is outcome-focussed and measurable on a local footprint to ensure a rounded view is portrayed.

The CCGs acknowledge BMI's Quality Priorities for 2020/21 as key areas to further improve patient safety and commit to fully supporting the on-going monitoring of outcomes locally based on these priorities.

The CCGs have worked closely and collaboratively with BMI Beardwood, Gisburne Park and Lancaster Hospitals during 2019/20 through Quality Review meetings; quality walkaround visits covering all three hospital sites; and supporting quality improvement initiatives via local CQUIN metrics up until the cessation of CQUIN monitoring as a result of the Covid-19

pandemic. The CCGs commend BMI Beardwood, Gisburne Park and Lancaster Hospitals for working collaboratively with them to achieve reconciliation on the National Quality Requirements.

The CCGs recognise the good practice delivered by BMI Beardwood, Gisburne Park and Lancaster Hospitals in that they have performed well against the national and local Quality Schedule requirements during 2019/20. Patient satisfaction scores across the three sites has been consistently over 90% which is pleasing to see. BMI Beardwood and Gisburne Park have achieved 100% compliance for VTE risk assessment audits across 2019/20, with Lancaster Hospital missing January 2020 as an error but compliant for the remaining of the financial year. BMI Lancaster has demonstrated 100% audit compliance for Infection Prevention and Control hand hygiene standards as well as achieving an average of 99% for Antimicrobial Stewardship.

Friends and Family response and recommendation rates locally remain high and the CCGs commend the hospitals for this, which demonstrates the importance that the organisation place on patient/family feedback.

The CCGs would like to commend BMI Beardwood, Gisburne Park and Lancaster Hospitals with their commitment to working collaboratively with the Connect system (soft intelligence). It is noted that they have worked hard to ensure responses are fully explored and replied to in a timely fashion, as well as providing information into the Connect system for wider theming and learning.

BMI Lancaster Hospital reported a Never Event in 2019/20; Root Cause Analysis investigations have identified lessons learnt that BMI Lancaster Hospital have implemented.

During the period of 2019/20 there have been no identified infection control or safeguarding issues across all local sites. BMI Beardwood, Gisburne Park and Lancaster Hospitals have been proactive in dealing with complaints, identifying key themes, and implementing changes to prevent similar occurrences. In addition, during a Quality walkabout conducted at BMI Beardwood Hospital in 2019/20 the findings overall from the patients interviewed was extremely positive, with clear communication between patients and the hospital and mechanisms in place for patients to feedback their views / opinions.

BMI Healthcare nationally have worked hard to embed the importance of the Speak Up Guardian's role along with the reinforced awareness. The CCGs are pleased to see that BMI Healthcare is engaging proactively with staff in allowing them to speak up in an open, honest, and transparent way and encourage the continuation and further promotion of this vital role across all hospital sites.

The CCGs support BMI's approach to quality improvement and look forward to continuing to work with the three BMI hospitals throughout 2020/21 to ensure that the services commissioned for our patients are of a high quality.

Yours sincerely

*Caroline Marshall*

**Caroline Marshall**  
**Head of Quality NHS East Lancashire CCG / NHS Blackburn with Darwen CCG**

On behalf of

**Mrs Kathryn Lord - Director of Quality and Chief Nurse**  
**NHS East Lancashire CCG / NHS Blackburn with Darwen CCG**

# Glossary of Terms

<b>CQC</b>	Care Quality Commission
<b>EQ-5D</b>	EuroQol five-dimensions questionnaire, used to measure generic health status
<b>Net Promoter</b>	An index that measures customers' willingness to recommend a company's products Scoreor services to others
<b>NICE</b>	National Institute for Health and Care Excellence
<b>PROM</b>	Patient Reported Outcome Measure
<b>VTE</b>	Venous thromboembolism

## Contact and registered office details

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All our hospitals in England, and those clinics delivering regulated activities, are registered with the Care Quality Commission. Our hospitals in Scotland are registered with Healthcare Improvement Scotland and our hospital in Wales is registered with Healthcare Inspectorate Wales.

