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# Who we are



# Who we are

With 59 hospitals and clinics located in England, Scotland and Wales BMI Healthcare is the largest independent provider of healthcare in the UK and 90% of adults in the UK live within 90 minutes of one of our facilities. We provide care for privately insured, NHS and self-funded patients from the UK and across the world.

While the last year has been one of exceptional transformation for BMI Healthcare, the company has new owners, a new Executive Team and new Board, the clear priorities of constant improvement of patient safety and quality have remain unchanged.

The ownership of BMI Healthcare transferred to the parent company of landlords to BMI Healthcare's hospitals and, as a result of the transaction, BMI received a capital injection of circa £60 million. This major re-capitalisation was transformational and heralded the start of a four-year, £250 million capital investment programme for new equipment in our hospitals, accelerated reconfiguration and refurbishment, designed to underpin the continued delivery of excellent patient care.



**59**  
hospitals  
and clinics



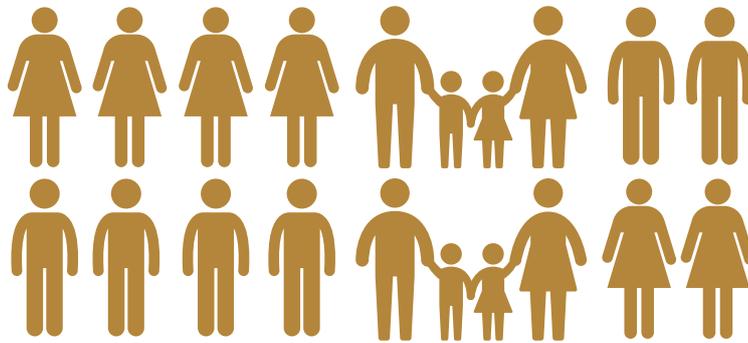
**1,950**  
beds



**406**  
oncology, ambulatory and endoscopy facilities



**135**  
theatres



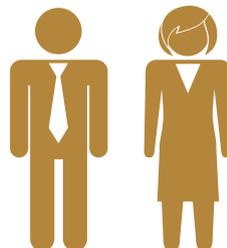
**61,550**  
inpatients  
**226,885**  
daycases  
**1,600,000**  
outpatients



**9,110**  
health  
assessments



**1,000,000**  
physiotherapy  
sessions



**5,400**  
Consultants



**8,371**  
contracted staff

# Chairman's foreword



It was a great privilege to be invited to support the BMI Healthcare team at the beginning of 2019 in a role which is entirely aligned to the organisation's vision for quality and safety. As I visit hospitals and work with teams from across BMI, I have seen how the commitment to continuous improvement in patient outcomes is shared by our clinical and non-clinical workforce alike.

Quality of care, patient safety and the constant drive for excellence is central to everything BMI Healthcare does. These themes underpin investment choices, infrastructure planning, clinical training and our reengineered approach to quality and safety.

As healthcare providers we have always put patients at the heart of everything we do. We believe that the patient's voice is integral to us being able to ensure we provide the highest standards for those who entrust us with their care. We believe that an open and transparent dialogue with our patients is essential, and to build on this we will increasingly include patients in our review and decision making processes.

BMI continues its work to ensure the highest standards of governance and best practice are consistently achieved. Using lessons learned from across the healthcare industry our policies, procedures and governance structures have been reviewed and strengthened and our dedicated, capable teams continue to work to ensure these are firmly embedded across the organisation.

I am confident that as we continue to develop outstanding patient environments, work with the best staff and provide them with the resources and support they need, BMI will achieve excellent standards for every patient and will be recognised as Safe, Effective, Caring, Responsive and Well-led.

**David Mobbs**  
Chairman  
BMI Healthcare

# Chief Executive Officer statement on quality



It is with pleasure I present this, my second BMI Healthcare Quality Account, as Chief Executive Officer. This Account demonstrates the measure of quality of care offered in BMI hospitals across the UK, provides an update on our progress over the past year and our priorities for the year ahead.

Perhaps now, more than ever before, healthcare providers, commissioners and patients are experiencing the dynamic and rapidly evolving way in which care is provided and chosen. Digital technology is enabling us all to access accurate, relevant information more rapidly and supporting patients in making choices about their healthcare. I have been delighted by the way in which our teams have responded to the work PHIN is doing and can report that there has been a step-change improvement in BMI's data quality.

We have continued to work closely with our regulators – the Care Quality Commission in England, Healthcare Improvement Scotland and Healthcare Inspectorate Wales and the collaborative relationships we are establishing with each of our regulators is supporting us in our relentless drive for improved patient care. We are grateful for their support and use inspections as opportunities to learn as well as demonstrate the passion we have for compassion, safety and care.

Last year I shared with you that each of our hospitals were working through individual action plans designed to improve patient care. I am delighted to be able to report that BMI hospitals have continued to improve their regulatory rankings and am particularly proud of BMI The Three Shires Hospital which has been recognised as providing outstanding paediatric and imaging services.

Our focus on quality and safety has been further reinforced over the past year by the creation of a number of new posts including Head of Medical Performance. This role will focus on our approach to medical engagement and performance, developing systems, processes and support for Executive Directors to drive continuous improvement in the quality of medical care in our hospitals. We are developing new methods of engagement and systems for managing concerns and embedding the highest standards of governance throughout the organisation and with the Consultants with whom we work.

To ensure our corporate and hospital teams work cohesively and supportively we embarked on a 'back-to-the-floor' exercise where members of the central support functions worked with staff at each hospital. The initiative has not only proven to be successful and illuminating but it has served to make our working relationships stronger and ensure we are collectively aligned to a common aim of improved patient care. Our 2018 staff survey confirmed a 7% improvement in our employee engagement and at the end of last year we began work on a project to determine BMI Healthcare's purpose and values by engaging with our staff and Consultants as well as insurers and CCGs. Later this year, having worked with these stakeholders, we will adopt the purpose and values chosen by them as most closely representing their own beliefs and motivations. I believe the work we have done over the past year has reinforced that we are on a shared journey and have a universal commitment to providing excellent patient care.

Ultimately, we are here for our patients; their feedback is important both for reassurance that we are working in line with their expectations and to help highlight areas where we need to pay closer attention. Each year we ask our patients if they would recommend us to their friends and family – in 2018, 98.7% of those asked agreed that they would and 99.6% of our NHS patients confirmed their satisfaction with the care we provided.

**We put patients at the heart of everything we do, and at the centre of every decision we make. In a world where healthcare is becoming more predictive, precise, preventative and participative, patient safety and clinical quality is non-negotiable. Achieving clinical quality is however an ongoing journey and to provide exceptional care and clinical outcomes that are valued by our patients it is essential that we include our patients in decisions that influence their care. My commitment to you is that BMI's senior leadership team, our clinical leads and every member of staff will work tirelessly to achieve the safest, highest quality of care for every patient and achieve the best possible outcome for everyone who entrusts their care to us.**

My thanks go to our hospital and corporate teams who have worked so hard, and on a daily basis demonstrate their unwavering commitment to patients.

**Dr Karen Prins**  
Chief Executive Officer

# Medical Director's introduction to the Quality Account



The delivery of high quality healthcare is a complex business.

It requires us to listen carefully to our patients and payors and to those who advise them. Our teams are aware that we need to give our patients the information they need and help them to make the decisions that are right for them.

It requires us to be collaborative team players. Our teams know that we need to learn from others and share our learning. We recognise the importance of working in multi-professional teams and of our managers and clinicians working together. I am keen that our hospitals collaborate closely with each other and that our clinicians, managers and leaders work jointly with other healthcare providers, regulators, payors and stakeholders.

It requires us to be curious about the world of healthcare, our services and what is best for our patients. Our teams know that it is important that we ask questions about what is the best care and whether we are delivering this. We aim to be better at seeking, and using, evidence and data to help us answer these questions and continuously improve our services.

It is our ambition to truly understand how to deliver exceptional quality in the services that we provide and to work collaboratively with partners to enable our patients to access the best range of services to meet their needs.

Over the past year we have been working to develop a culture which promotes quality, one which ensures safety and a culture which cares.

I am delighted that this report sets out details about the performance of our services and the improvements that we are making as part of our journey to deliver exceptional quality healthcare.

**Steven Luttrell**  
Medical Director

# Quality and Safety Assurance: internal and external audits



# Quality and Safety Assurance: internal and external audits

We aim to consistently provide the highest standards in every aspect of patient care and have committed to constantly improving our services, being open and transparent and creating a culture of continuous organisational learning.

Our overarching approach to clinical quality is set out in our 'Quality and Safety Assurance Framework' which details accountabilities for quality and safety along with reporting, decision making and support. The framework ensures our hospitals and staff have clarity on every aspect of governance and supports whole-organisation collaboration focused on patient safety and quality of services.

In 2018 we introduced a new Quality Improvement Team and restructured our Senior Clinical Leadership Team; priorities were reviewed, and quality initiatives were realigned to ensure each was focussed on establishing a strong foundation for quality built on best practice, safety, and patient feedback.

Underpinning our quality framework are good governance and sound leadership at both a hospital and corporate level.

- Safe, effective patient care is always our primary consideration
- We listen, respond and learn from patient and customer feedback
- We work to create a culture of openness and transparency which encourages continuous learning and improvement
- Collaboration and team working are important to us
- We cultivate a culture of fairness and integrity
- There is clear accountability for quality and safety at hospital, regional and corporate levels
- We have robust risk analysis and management
- We report, investigate and learn from incidents
- We use quality performance indicators to improve quality

## Creating an organisation built on quality

In the past year we have focussed on five key quality objectives. Progress and achievement have been significant, and we use our experiences to achieve our goal to become better and drive quality at every level.

Quality focus	Goal	2018/9 outcome	Progress
<b>Internal Reporting</b>	Monthly quality reporting will be inclusive, robust and accurate and capable of supporting and influencing quality improvement plans for patient safety and quality.	A new reporting template was introduced and the updated Incident Management Policy supported more rapid reporting and enhanced Board visibility.	<b>ACHIEVED</b>
<b>Regulator Assurance</b>	All healthcare regulator inspections will result in a good or outstanding rating.	80% of inspections by the CQC resulted in an improved overall rating. 100% of HIS inspections achieved ratings of good or above.	<b>80% ACHIEVED</b>
<b>Registered Manager</b>	Develop and deliver a bespoke training and induction plan for BMI Healthcare Registered Managers.	All new Registered Managers received comprehensive induction on the expectations, standards and requirements of their role. A programme of quarterly review and quality update is now in place for all Registered Managers.	<b>ACHIEVED</b>
<b>Complaints</b>	Reduce patient complaints at all stages by 10%. Create and deliver policy and training to support improved complaints handling.	Overall, 20% fewer complaints were received. A process of sharing lessons learnt and patient feedback, enhanced by the updated Complaints Policy has been fundamental to improved handling and management of concerns and complaints.	<b>ACHIEVED</b>
<b>Lessons Learnt</b>	Create and deliver a robust process of Internal Safety Alerts. Collaborate more effectively across the organisation in order to use Shared Learnings, identify trends and lessons learnt.	A new format of Internal Safety Alert was introduced and has enabled effective communication relating to significant concerns. 'Share and learn' papers are now in regular use and have enhanced collaborative learning at all sites.	<b>ACHIEVED</b>

## Accreditations

We hold a wide range of company-wide and service specific accreditations.

### BUPA Accreditation

Fifty eight of our hospitals have service specific BUPA accreditations 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

Forty three BMI Healthcare hospitals are currently registered with the Joint Advisory Group (JAG), and four 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 27001

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. 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.

### Cyber Essential Plus

This is a Government scheme and a certification is required to bid for, and secure, public sector contracts. Achieving Cyber Essential Plus means we can reassure customers that we are working to secure our IT against cyber-attacks, we have clear sight of our security level and our cyber security has been verified by independent experts. BMI Healthcare was most recently accredited in September 2018.

### 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.

## 2019 priorities

### Improve our clinical safety

- Improve the reporting and investigation of incidents and share the learning
- Reduce our never events and numbers of unexpected deaths
- Improve the quality of consent and multidisciplinary working
- Ensure safety in innovative practice and the use of medical devices

### Improve our clinical effectiveness

- Increase our contribution to national registries and deliver our clinical audit plan
- Use metrics and outcomes to improve service and Consultant performance

### Develop our leadership and culture

- Deliver an Executive Director leadership programme
- Deliver our 'Speak Up' programme
- Increase the representation of women on our Medical Advisory Committees

### Ensure robust clinical and Consultant governance

- Implement the learning from 'Paterson'
- Improve risk management and the management of clinical and Consultant performance

### Develop our services

- Agree clinical development plans for diagnostics, endoscopy, orthopaedics, cosmetics, cancer and ophthalmology
- Engage our clinicians (including Consultants), payors and patients in service development
- Develop our clinical digital plan

# Working with our regulators



# Working with our regulators

We strive to work collaboratively with the regulators in each of the countries in which we operate: the Care Quality Commission (CQC) for our English hospitals, Healthcare Improvement Scotland (HIS) for our Scottish hospitals and Healthcare Inspectorate Wales (HIW) for our hospital in Wales.

Our clear priority and commitment to constantly improve patient safety and quality have been reflected in the improved CQC rating in 2018 of twelve of our hospitals, all having received a Good overall rating. Three of our hospitals were rated as Requires Improvement, and in each detailed action plans were created and the teams have taken positive steps and made great progress to address the areas identified by the regulators.

We welcomed Healthcare Improvement Scotland inspectors to two of our hospitals in Scotland during 2018 and were pleased that these successful visits resulted with both sites being rated as Good.

Our hospital teams use regulator visits as opportunities to demonstrate their capabilities and progress. By increasing the frequency of relationship meetings with our regulators, we are building a continuous dialogue which enables us to focus and collaborate on our continuous improvement. Regulator visits also provide our teams with an opportunity to learn; our vigorous post inspection analysis complements our approach of sharing of lessons learnt within and across our hospitals. We use feedback as opportunities to improve, build upon success and implement within clinical and management reviews.

Hospital	Regulator	Overall rating
Albyn	HIS	'Excellent' for staffing, 'Good' for care and support, 'Very Good' in all other areas
Alexandra	CQC	Good
Bath Clinic	CQC	Good
Beardwood	CQC	Good
Beaumont	CQC	Good
Bishops Wood	CQC	Good
Blackheath	CQC	Good
Carrick Glen	HIS	'Very Good' in all areas
Cavell	CQC	Good
Chaucer	CQC	Good
Chelsfield Park	CQC	Good
Chiltern	CQC	Good
Clementine Churchill	CQC	Good
Coombe Wing	CQC	Good
Droitwich Spa	CQC	Good
Duchy	CQC	Good
Edgbaston	CQC	Good
Esperance	CQC	Good
Fawkham Manor	CQC	Good
Fernbrae	HIS	One 'Good' and two 'Satisfactory'
Gisburne Park	CQC	Good
Goring Hall	CQC	Good
Hampshire Clinic	CQC	Good
Harbour	CQC	Good
Hendon	CQC	Good
Highfield	CQC	Good

Huddersfield	CQC	
Kings Oak	CQC	
Kings Park	HIS	One 'Good' and two 'Satisfactory'
Lancaster	CQC	
Lincoln	CQC	
London Independent	CQC	
Manor	CQC	
Meriden	CQC	
Mount Alvernia	CQC	
Park	CQC	
Princess Margaret	CQC	
Priory	CQC	
Ridgeway	CQC	
Ross Hall	HIS	Three 'Very Good' and two 'Good'
Runnymede	CQC	'Outstanding' in Caring and Imaging
Sandringham	CQC	
Sarum Road	CQC	
Saxon	CQC	
Shelburne	CQC	
Shirley Oaks	CQC	
Sloane	CQC	
Somerfield	CQC	
South Cheshire	CQC	
Southend	CQC	
St Edmunds	CQC	
Syon Clinic	CQC	
Thornbury	CQC	
Three Shires	CQC	Outstanding in Imaging and Caring
Werndale	HIW	
Winterbourne	CQC	
Woodlands	CQC	

“ We saw excellent interactions between staff and children and young people and their parents. Interactions were kind, compassionate and very caring. Staff were skilled in communicating with CYP and we observed this in all the areas we visited.

CQC report (September 2018) on BMI Three Shires Hospital's paediatric service, rated as 'Outstanding' for caring

### Using inspections to drive improvements

During 2018, BMI Healthcare improved their ratings in 80% of inspections completed by the CQC. This significant achievement has been acknowledged by our regulators and three BMI hospitals were identified by the CQC as examples of how inspections can be part of the collaborative drive towards improvement. These sites were invited to participate in the 2019 CQC paper on private healthcare which illustrates how regulators and inspections are an integral part of BMI Healthcare's quality improvement.

# Safety



# Safety

We aim to ensure our patients are protected from abuse and avoidable harm.

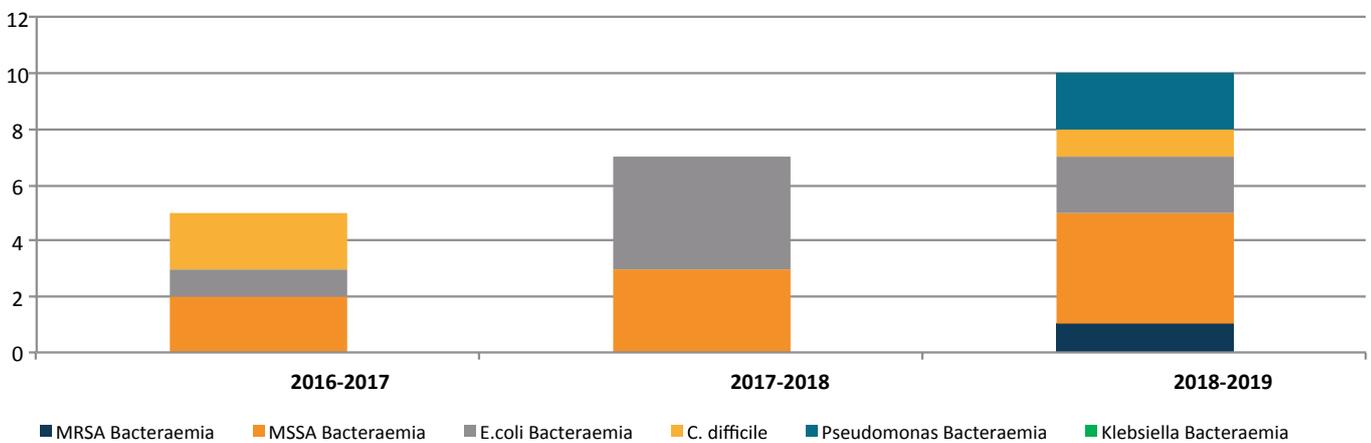
## Infection prevention and control

We have a well-established infection prevention programme across all our hospitals and an excellent record in managing avoidable infections - Healthcare Associated Infections (HCAI). Avoidable infections are rare at a BMI hospital, however should one be identified a full root cause analysis is undertaken and lessons learnt and potential trends are reviewed at the

Corporate Infection Prevention Committee. Using this learning we take every appropriate action to avoid recurrence at either a local or national level.

BMI Healthcare participates in the Public Health England (PHE) National Mandatory Surveillance of HCAIs and, as illustrated below, has very low levels of HCAI.

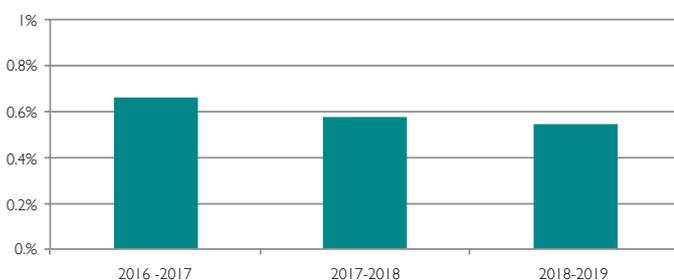
### Number of BMI Hospital Attributable Infections



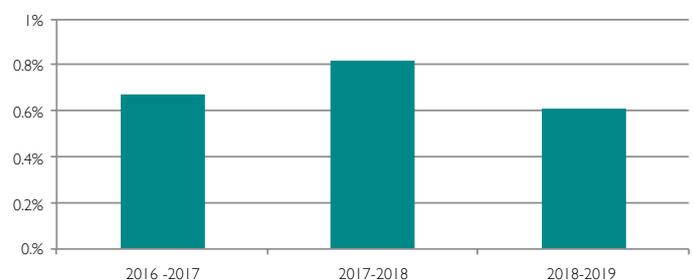
The rate of infections within BMI Healthcare is extremely low therefore we have chosen to share numbers rather than a percentage per 100,000 patients. The figures, and apparent increase in HCAI incidents, is likely to reflect our focus on reporting.

We also routinely monitor incidents of hospital attributable infections following certain types of surgery including total hip and knee replacements and report this data to Public Health England.

### Surgical Site Infections - total hip replacement



### Surgical Site Infections - total knee replacement

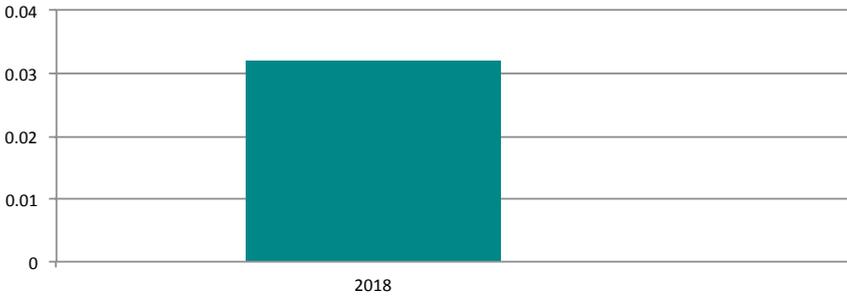


## Venous thromboembolism (VTE)

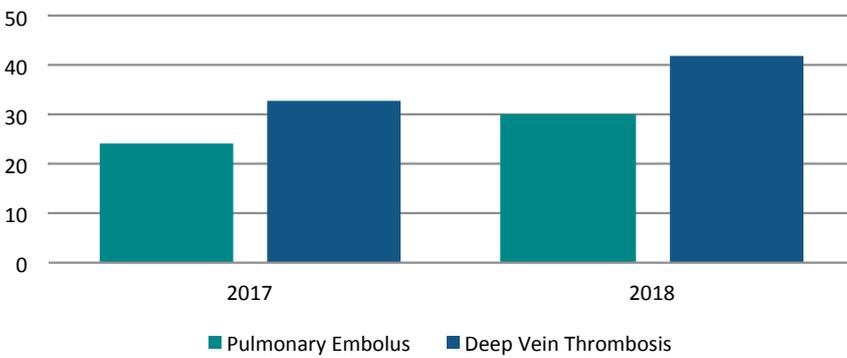
BMI Healthcare is the only private group to have been accredited with, and maintained, Exemplar status.

In BMI hospitals the incidence of VTE affects a very small percentage of our patients. To maintain our high standards, the BMI Healthcare Thrombosis Group routinely reviews the investigation which takes place following each incidence and the lessons learnt are shared with sites and patients.

VTE rates per admitted patients



VTE incidents



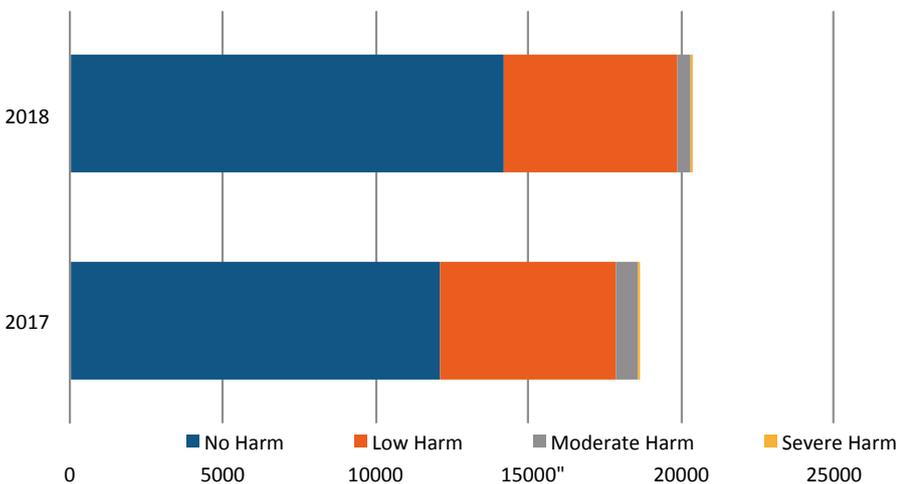
The figures, and increase in VTE incidents, may indicate our focus on accuracy and thoroughness of reporting. We are confident to report the rate of VTE incidence per patient numbers remains extremely low.

## Safety reporting

BMI Healthcare reports all near misses and actual incidents via the risk reporting system. Every occurrence is reviewed, lessons learnt are actioned and outcomes are monitored locally. In addition, our Clinical Governance Committee has central oversight of serious and thematic trends. Our Incident Management Policy and reporting processes were reviewed and updated in early 2018; our focus always remains on accuracy and thoroughness of reporting and for every event.

The figures below demonstrate both increasingly thorough reporting and the reduction in moderate and severe events.

## Incidents reported by severity

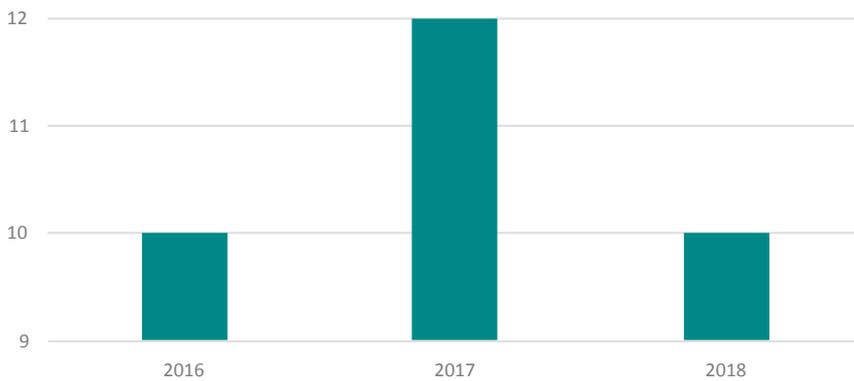


## Never events

Never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. While BMI Healthcare saw an increase of never events in 2017 we can report a decrease throughout 2018. We take every incident seriously and investigate thoroughly to identify how we can improve and work towards total eradication of never events. In the past year we can confirm that the severity of the outcomes from these events resulted in no, or very low, harm. This means that whilst the event should not have occurred, the patient suffered no or very low harm. During 2018 we launched a refreshed focus on Theatre Leadership and WHO Checklist compliance. This will continue throughout the coming year with a bespoke Theatre Manager Leadership programme.

In a detailed review of all never events in the past year we have been able to identify that neither any BMI hospital nor clinical team are of specific concern.

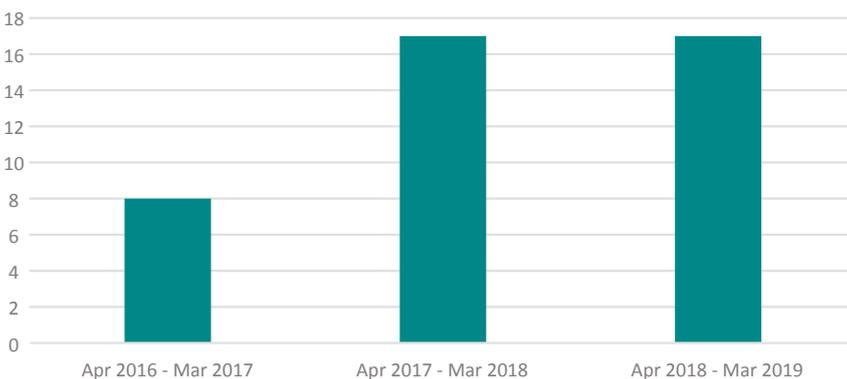
**Never events**



## Unexpected deaths

BMI Healthcare saw a rise in unexpected deaths in 2017 but our figures have remained static during 2018. With improved communications with local healthcare providers, BMI Healthcare is now capturing relevant data on unexpected deaths which occur outside of our hospitals. A full investigation is completed in all instances.

**Unexpected deaths**



## Learning from deaths

Providing respectful, sensitive and compassionate communication with families and carers when someone for whom they cared has died is important to BMI Healthcare and our staff.

BMI Healthcare, along with all UK healthcare providers, has made significant changes in the way we learn from deaths. Using national guidance, we have introduced a range of actions to increase understanding and learnings from this type of incident, including creating a Senior Review Board which is charged with ensuring internal, independent senior clinical oversight and review of all investigations completed following an unexpected death.

In the coming two years we will extend this approach and introduce structured judgement reviews and mortality reviews, strengthen data and information and, by embedding the work of the Mortality Review Group, improve safety and quality of care. Looking forward, BMI Healthcare will formalise these reviews through the new Mortality and Morbidity Committee.

We have illustrated our figures relating to learnings from deaths using the standard national template.

During 2018 a total of 17 patients admitted to BMI Healthcare died within 30 days of admission, for each we have completed full investigations.

The following number of deaths occurred in each quarter of the reporting period:

- 4 in the first quarter
- 4 in the second quarter
- 3 in the third quarter
- 6 in the fourth quarter

We have identified that in two cases the patient death was judged to be of concern following the care provided to the patient.

All unexpected deaths undergo rigorous case review and lessons learnt are shared company wide. These actions have led to a range of insight and learning for BMI Healthcare. In the past year we have:

- Completed a multi-professional project to review all aspects of care and management of patients whose clinical condition deteriorated from the planned pathway. This engagement with clinical and non-clinical colleagues and clinical trainers resulted in a new policy for BMI Healthcare to provide focus for staff and safety for patients.
- Carried out a comprehensive review of ongoing learning and worked collaboratively with our BMI Learning and Development Team to provide additional support and enhanced focus on care of the deteriorating patient.
- Introduced a new internal safety alert communication process to share lessons learnt and identify actions clearly for local and group action.

# Effectiveness



# Effectiveness

We aim to provide care, treatment and support which achieves good surgical or medical outcomes, helps patients to maintain quality of life and is based on the best available evidence.

“Staff were assisted to participate in further education. Financial support and study leave was available to help staff attain modules and qualifications. Two nurses were extending their knowledge of chemotherapy facilitated by the local university. Other staff enhanced their knowledge of advanced life support. We spoke with a number of staff working in the hospital. All of them told us they were supported with their learning and development.”

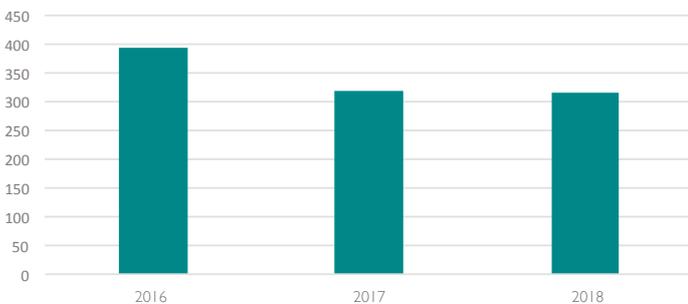
Healthcare Improvement Scotland report on BMI Albyn Hospital, rated ‘Excellent’ against the statement “We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.”

## Unplanned transfers

During 2018 there was a small decline in the number of patients transferred to external providers for unplanned care. This number is decreasing year-on-year as clinical leadership, training and robust learning from each event is enhanced.

A detailed review of each external transfer has identified no theme or trend linking any specific hospital or surgical speciality of concern.

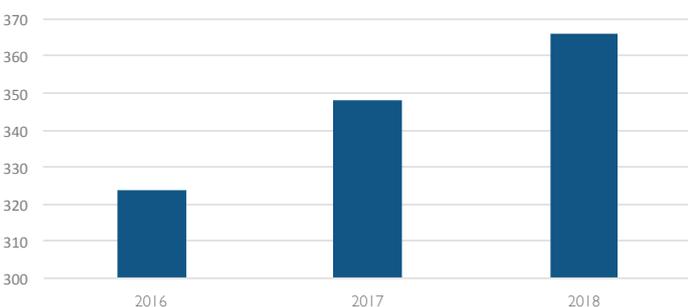
Unplanned transfers



## Readmissions

Over the past year our incidence of readmission is reported as higher than the previous year. However, in 2018 we identified that the incidence of readmission was not always reported consistently throughout BMI Healthcare, so our more robust approach to reporting is likely to be the cause of the apparent increase in the number of readmissions but, happily, the reality is that within BMI the rate of readmission remains very low.

Readmissions

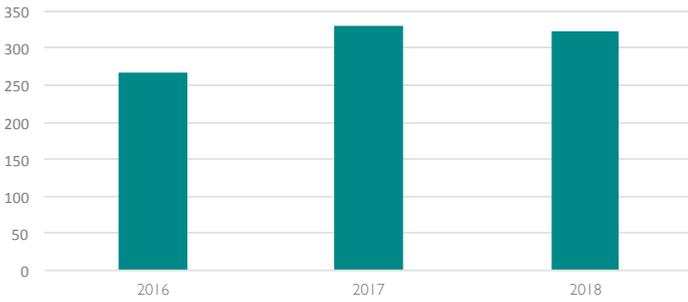


## Returns to theatre

Returns to theatre relate to patients who require a second anaesthetic, which is unplanned but related to a surgical episode. During 2018, the number of BMI patients for whom a return to theatre was essential has increased slightly, however the incidence is extremely low.

Every return to theatre is subject to a thorough and detailed investigation. Each case is reported to BMI's Clinical Governance Committee as well as to regulators where appropriate. A detailed review of every return to theatre in the past year has confirmed that no trends or themes relating to a specific BMI hospital can be identified.

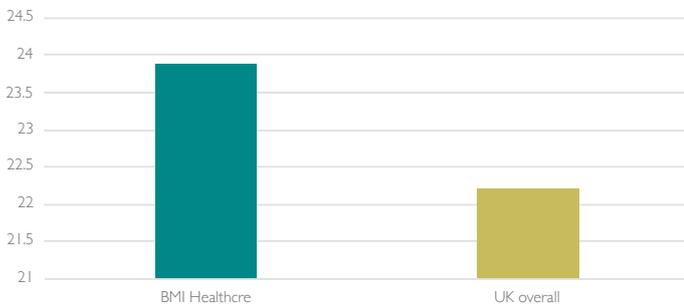
**Unplanned returns to theatre**



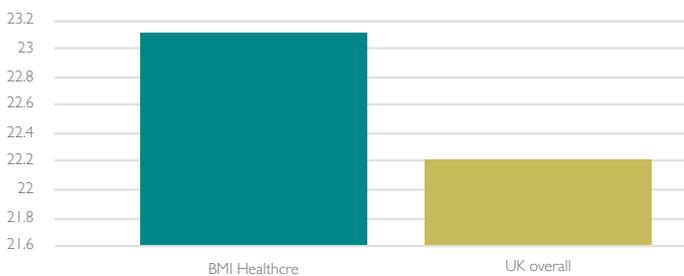
## Patient Reported Outcome Measures (PROMs)

Patients undergoing elective inpatient surgery for hip and knee replacement, are asked to complete questionnaires before and after their operations to assess improvement in health as perceived by the patients themselves. The following graphs show a consistent improvement in health gain following hip and knee surgery is achieved by patients following surgery at BMI Healthcare.

**Total hip replacement: Patient reported health gain**



**Total knee replacement: Patient reported health gain**



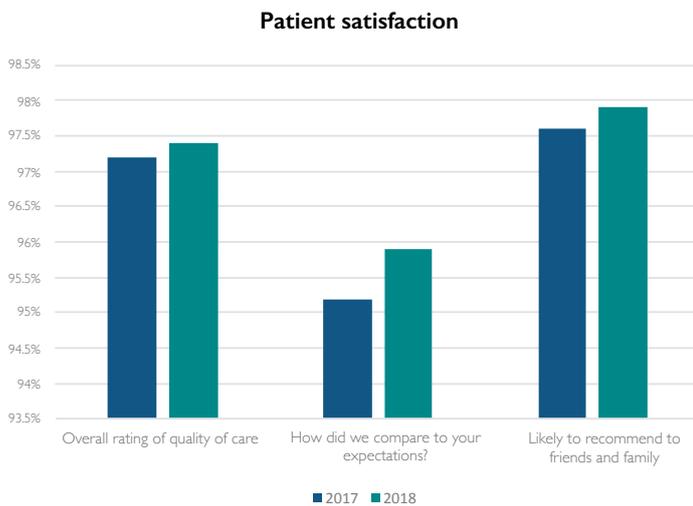
# Caring



# Caring

Our staff involve patients with their care and treat them with compassion, kindness, dignity and respect.

## Patient satisfaction



We aim to treat our colleagues with kindness, compassion, dignity and respect. We believe that this culture provides our patients with the best assurance that they too will receive the same standard of care. The high regard in which our patients and their families hold our hospitals and staff is evident in both the informal compliments we receive and formal surveys. By ensuring every patient's inclusion in their own pathway of care we aim to achieve the best clinical outcome possible for each individual patient.

We encourage our patients to express their concerns at the earliest and every opportunity. We encourage them to speak up informally or, if they prefer, we guide them through the formal complaints process. We use feedback, positive and negative, to drive improvement in everything we do. We investigate complaints openly and transparently, record them in our risk management system and use lessons learned to constantly improve the quality of care we provide to patients in every BMI hospital.

## Patient forums

We are committed to ensuring that our patients have an opportunity to reflect on their experience and provide feedback and suggestions. Some BMI hospitals hold patient forums or focus groups and more will launch this valuable approach in the coming year.

These groups provide us with an opportunity to learn from our patients' experience and them the chance to learn more about our progress, plans and ability to provide an ongoing relationship as their healthcare provider. By listening to our patients, we can more effectively shape the care we provide and develop a greater understanding of what is important to our patients.

Patients report they value an ongoing relationship with their BMI hospital, and the opportunity to know more about the quality of care we provide, including the reflections of our regulators. Our specialty support groups, particularly those for oncology patients, provide a valuable ongoing network and communication channel for patients and we have engaged with these groups in our purpose and value work.

## Health Assessments

BMI Healthcare has been providing health assessments for individuals and employees of corporate clients for almost 30 years. Patient and client feedback remains positive and reflects the clear patient centric focus of both the service and health assessment teams.

Our national network of assessment centres means that over two thirds of patients travel for less than 30 minutes for their appointment and over half are able to attend in less than three weeks from their point of first contact with us.

# Responsiveness



# Responsiveness

We organise our services in ways which meet our patients' needs.

## Complaints

We strive to meet the expectations of all our stakeholders including our patients and their supporters, our Consultants and all our other business partners. We encourage and take all feedback, including complaints, seriously and incorporate our learnings to drive continuous improvement. We are grateful for and celebrate positive feedback we receive from our patients.

We have a robust complaints management system which complies with statutory requirements and, crucially, aims to achieve timely resolution, address criticism and we learn from it.

When dealing with complaints we:

### *Listen carefully*

Our Executive Directors always offer to communicate in a way which suits the patient, either face to face, or by telephone. We aim to ensure that patients have the opportunity to express their concerns at the earliest opportunity in a way which meets their needs.

### *Commit appropriate resources to achieve effective resolution*

Our Executive Directors and heads of central support functions are personally responsible for managing complaints and are charged with communicating with complainants within set timeframes, and in a way which meets expectations and preferences. Our overarching objective is always to achieve resolution effectively and appropriately.

### *Reflect our learnings in what we do*

Our Head of Quality Improvement ensures complaint data, trends, policy compliance and lessons learnt are tabled at key hospital and corporate committees.

We believe the decreasing numbers of complaints reflects our commitment to constant improvement and the successful implementation of lessons learnt.

## Three step process to address patient concerns

Our aim is always to take action to resolve the concern at the earliest opportunity. If a complaint needs to be explored in detail, a stringent investigation is completed before the hospital's Executive Director provides a formal response. We are ready to apologise when an apology is needed; we are genuinely sorry when we fail to meet our patients' expectations.

### *We always aim to learn from feedback.*

If a patient remains unsatisfied, a senior member of the regional team completes a review of the complaint and how it was handled. This ensures impartiality and independence.

### *Our commitment is to resolve and learn from the complaint.*

In exceptional situations, where resolution has not been possible, we engage with the Independent Sector Complaints Adjudication Service. This final step provides our patients with assurance that any unresolved concerns will be considered by ISCAS and an external, independent review will be completed.

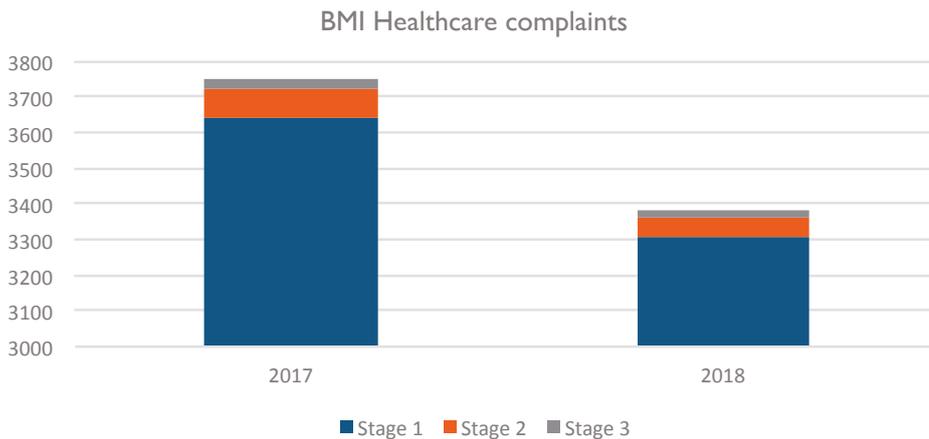
## Themes

During 2018 the highest number of Stage 1 complaints related to communication, especially related to Consultant communication. We used this feedback to guide our engagement with Consultants, particularly on consent and have also built this into our revised clinical audit. The second significant cause for complaints relates to confusion regarding invoicing.

We used this learning to promote, the ways in which we can offer help and answer questions at the earliest stage, across our estate.

## Progress

**In 2018 our focus on quality, and more effective handling of patient concerns and complaints, resulted in a 14% reduction in first stage complaints, a 34% reduction in Stage 2 complaints and a reduction in complaints requiring ISCAS review by 23%.**



## Freedom to Speak Up

We are committed to building a culture which encourages staff to speak up safely. During 2018 we relaunched our Raising Concerns at Work Policy and established the role of Freedom to Speak Up Guardian. Freedom to Speak Up leads were appointed in each hospital and have the support of their local management teams, the BMI Guardian and our Medical Director who has Executive responsibility as our Freedom to Speak Up Lead.

Within our Speak Up framework we have a commitment to encourage staff to speak up about their concerns and work with senior managers across the organisation to ensure they listen and take notice.

We have made good progress with Speak Up and will continue to focus on this in the forthcoming year. The role of our national and local Guardians will continue to be developed and the regional network set up by the National Guardian Office will support the sharing of ideas and ongoing development of the role. While we are already seeing the benefits of developing a culture of speaking – and listening up – we believe we can make additional progress in 2019 by implementing more review around individual case files and lessons learnt.

Reports of activity for 2018 have been shared with the key Governance Committees and quarterly reporting has been established at a local and corporate level.

## Counter fraud

Through Deloitte, our appointed Local Counter Fraud Specialists, in April 2018 we submitted our second counter fraud self-assessment and annual report to the NHS Counter Fraud Authority. Our submission showed that 14 of the 21 individual categories are rated as green and seven as amber. We have no red categories.

Our annual report highlights work carried out against the standards to address amber areas. During the past year we have particularly increased our focus on raising staff awareness of fraud, bribery and corruption and measure our success through staff surveys, internal audits and self-assessments. Specific controls within corporate procurement to ensure that the fraud risk is appropriately considered and reviewed will be extended during 2019.

# Leadership



# Leadership

Our leadership, management and governance are designed to ensure we can provide high-quality care that is based around every individual's needs, to encourage learning and innovation, and promote an open and fair culture.

Over the past 18 months BMI Healthcare has seen significant changes in its leadership. Karen Prins, a doctor by background, was appointed as Chief Executive Officer in October 2017 and Steven Luttrell was appointed as Group Medical Director in January 2018. During 2018 a new ownership and investment structure was agreed, a new Chair for the group of companies of which BMI Healthcare is now a part, was appointed and further changes made to the executive and regional teams. These changes have been associated with an increased focus on patient safety, clinical effectiveness and robust governance and the development of a more open and collaborative culture.

We believe that empowering and developing our leaders is a critical element in the provision of consistently safe, high quality services. During 2019 we will be rolling out a leadership for quality development programme for our hospital Executive and Regional Directors. This will include modules covering clinical safety and Consultant performance management.

## Purpose and values

In 2018 BMI Healthcare embarked on an inclusive project to identify a purpose statement and set of values which would be shared with, and reflect, the true essence of what we stand for individually and as a healthcare provider.

Every member of staff was invited to participate and encouraged to provide open and honest feedback. Engagement and participation in the initiative was high; staff genuinely valued their inclusion in the process and, importantly, wanted the approach to continue. As a result, the process of determining BMI Healthcare's purpose and values has been extended to include patient focus groups, insurers and CCGs in order to gain their thoughts on our employees' suggested value and purpose options. In the Spring of 2019 staff were invited to participate in further workshops to choose BMI Healthcare's final set of values and purpose statement. We have committed to adopting the purpose and values chosen by our staff as most closely representing their own beliefs and motivations.

“It's nice that the company wants us to have a voice”

## Staff survey

To support our shared objective of providing safe, effective care we encourage our employees' feedback and an open and honest dialogue. We believe this supports our ambition to be an employer of choice and creates an engaged, effective and enthusiastic workforce.

The 2018 staff survey results were encouraging and reflected our focus on key areas of employee engagement in the previous year: there were improvements in virtually all overall comparable scores and in many areas the improvement was significant.

Our overall employee engagement score increased to 63%, from 56% in 2017. The upward trend is encouraging and the overall score and detailed feedback provides us with a number of key areas for focus. Initiatives to build upon success and improve on other areas are underway and have been well received by our staff.

“I feel that my work is highly valued and that my contribution to the company is very much appreciated.”

“96% of BMI staff say I am committed to doing my very best for BMI Healthcare.”

We have made significant improvement in change communication – a 9% increase over last year – and 7% more of our staff responding to the survey confirmed that they feel they receive sufficient information about what is happening in BMI as a whole.

## Employer of choice

Our 2018 staff survey highlighted that BMI staff feel fulfilled in their roles and that they are enabled to use their talents, abilities and skills; an increasing proportion of our staff believe that BMI offers them the opportunity to develop their careers. To attract high calibre staff and support them to develop their skills and achieve their aspirations including externally recognised qualifications our highly regarded learning and development team offer a broad range of programmes designed to develop core skills and behaviours in key areas including management, nursing and customer service.

## Equal career opportunities for all

We are committed to creating a diverse workforce offering inclusive opportunities for all our employees and workers, regardless of gender. We are passionate about fairness, equality and inclusion; creating an environment where our people can thrive, grow and develop professionally and personally.



Staff are involved in service development and improvement. Heads of departments attended a daily 'huddle' to share information with other leads about any concerns, risks or achievements. Leads then shared the information with their teams to make sure everyone was kept informed of relevant information.



We found many ways to demonstrate staff could progress with their career in the hospital. Staff were encouraged to apply for promotion. If they were successful, they were fully supported in their roles. The nurse who led infection prevention and control in the hospital had recently completed a project which aimed to reduce the spread of infection in the hospital. Completing the work with staff, and sharing findings with staff and patients, helped to develop the lead's leadership skills and autonomy while minimising risks in the hospital.



Healthcare Improvement Scotland report on BMI Albyn Hospital, rated 'Excellent' against the statement "To encourage good quality care, we promote leadership values throughout our workforce."

Remuneration packages are based upon an employee's skills, experience and qualifications. Rates of pay reflect the seniority of each role, and the level of responsibility held. We are committed to offering fair remuneration packages to all, and our annual pay review process is applied fairly to all employees across the organisation. All employees and workers, regardless of gender or age, receive the National Living Wage as a minimum.

In our 2018 Gender Pay Report we were able to confirm that our gender pay gap remains substantially lower than the UK national median average of 17.9% (for full time employees) as identified by the Office for National Statistics in their October 2018 publication. Our median figure, the midpoint across the hourly rate spread, is 4.3% higher for women than it is for men.

BMI Healthcare's overall mean gender pay gap is 8.8%. However, for the 10,000 BMI employees and workers with an M5 grade – which is 90% of our total workforce – the gender pay gap is less than 1%. This means that, for staff with an M5 grade, there is less than 1% difference in the mean hourly pay for men and women. Overall as an organisation 80% of our workforce is female, 68% of management positions are held by women, and just under a third of our senior leadership roles are held by women.

# Audits



# Audits

With the introduction of a new Quality and Improvement team in 2018, we took the opportunity to 'go back to basics' and undertake a new approach to clinical audits. Audits are now more clearly owned by each site and local teams are responsible for reviewing results and developing action plans. These action plans, and progress made against them, are reviewed by a strengthened central team which ensures support and resources are targeted effectively. This local management and central monitoring and measurement has resulted in reinforced governance and improved learning throughout the organisation, and at every clinical level.

## Integrated audits, self-assessments and clinical audit

Our Integrated Audit function provides an independent assurance to senior management and the Board and covers risk management, governance and internal controls and standards in place at all of our hospitals. Standard comprehensive audit programmes cover key aspects of our business:

<b>Governance</b>	<b>Information Management</b>
<b>Clinical Care</b>	<b>Facilities and Health and Safety</b>
<b>People and Performance</b>	<b>Financial Systems</b>
<b>Communication</b>	<b>Patient Administration</b>

Every audit programme we use is linked to regulatory requirements as well as internal policies and procedures and, critically, we have embedded a robust system for continual review and update. Every audit recommendation is tracked to ensure action owners record their progress in implementing recommendations. Our audit team has clinical, financial and operational strength and breadth it monitors and reports progress to corporate and regional teams on a weekly basis.

Our hospitals also complete their own self-assessment and clinical audits which, during 2018, were linked to the same standards and controls as the audit work programmes. By assessing their own standards our local management teams ensure targeted action plans are developed where standards are not fully compliant. Our audit framework has enabled us to develop better awareness of required standards and controls and drive continual improvement from lessons learnt.

From 2019 clinical audits will follow a new process and a number of mandated clinical audits will be completed by all BMI Healthcare hospitals. In addition, the introduction of a new Clinical Audit Policy will further enable individual sites to undertake collaborative clinical audit in areas of local interest or concern.

# NHS core Quality Account indicators



# NHS core Quality Account indicators

This element of our Quality Account should be viewed in line with the BMI Healthcare Annual Report 2018.

This is the first year that BMI Healthcare has presented NHS core Quality Account indicators in the specific format required by the NHS. The information provided here is the format prescribed by NHS England for 2018 for the indicators that are most relevant to the services provided by BMI Healthcare hospitals.

In 2018, BMI Healthcare carried out 126,000 procedures (to the nearest thousand) for NHS funded patients. This represented 45% of all relevant activity.

## Summary hospital level mortality indicator

As an independent sector provider, BMI Healthcare is not currently eligible to submit to the Trust SHMI indicator. All deaths, either BMI Healthcare in-hospital or within 30 days of discharge (where known), are reported to Care Quality Commission (CQC) and therefore the number reported below will include patients who died in NHS Trusts and will be recorded in those SHMI results:

- Four NHS patients died within 30 days of treatment in the reporting period (a rate of 0.001%). This was reported to Care Quality Commission.
- Following analysis, no trends were identified in the type of procedure undertaken or the provision of treatment or care.
- As BMI does not provide palliative care for NHS patients, no NHS patients were referred or received this type of care within a BMI hospital in 2018.

BMI Healthcare considers that this data is important to ensure that patients are protected from avoidable harm and cared for in a safe environment. BMI Healthcare intends to improve the quality of its services by focussing improvement of clinical care at pre-operative assessment, clinical leadership within theatre and care of the deteriorating patient for all patients to prevent people from dying prematurely and sharing lessons learnt from root cause analysis into unexpected deaths.

## BMI Healthcare PROMs statements (Standard 18)

### Groin hernia surgery

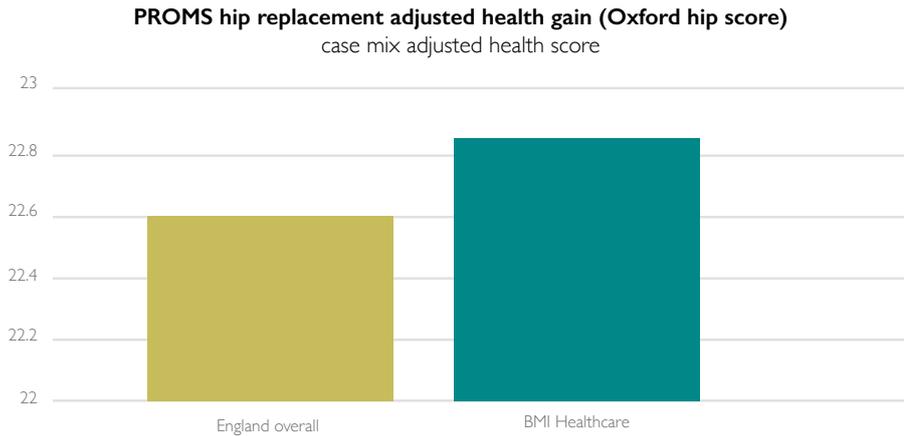
Within BMI, there is insufficient NHS activity for groin hernia surgery to derive results.

### Varicose vein surgery

Within in BMI, there is insufficient NHS activity for varicose vein surgery to derive results.

### Hip replacement surgery

The data made available regarding BMI Healthcare's patient reported outcome measure score, during the reporting period for hip replacement surgery.



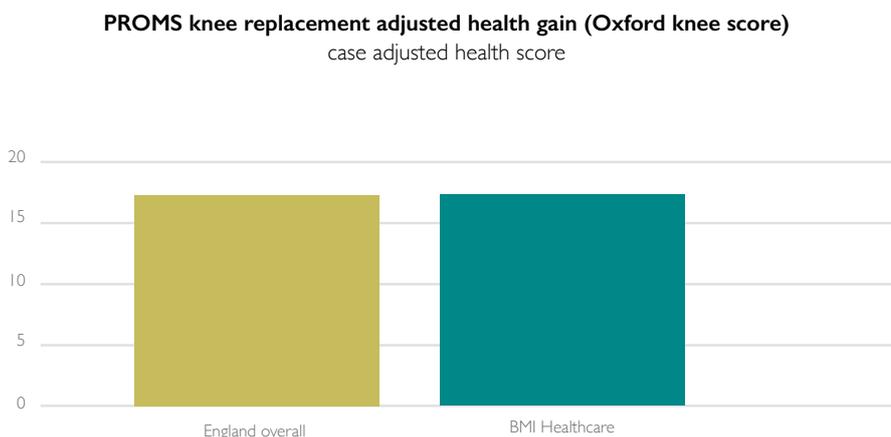
BMI Healthcare Patient Reported Outcome Measures (PROMs) scores for hip replacement surgery: 22.85 (Oxford Hip Score adjusted average health gain where higher score is better)

We believe this good score reflects how we continue to help people recover from episodes of ill health by the application of clinical good practice, delivered by well trained staff in a clinically safe environment.

However, we are committed to constant improvement in the quality of care we provide and will achieve this by continual improvement of clinical pathways using PROMs information, further developing our integrated pathways of care and improving engagement with patients to increase the percentage of patients responding to hip replacement PROMs.

### Knee replacement surgery

For NHS patients undergoing hip replacement surgery at a BMI Healthcare hospital the PROMs score, knee replacement surgery: 17.04 (Oxford Knee Score adjusted average health gain where higher score is better).



As with our hip replacement patients, we believe this is 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.

We will continue to improve on this in the same way we will approach the care of our hip replacement patients, by continually improving clinical practice using PROMs information, developing integrated pathways of care and by improving engagement with patients to increase the percentage of patients responding to knee replacement PROMs.

### Readmission of patients (Standard 19)

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 and over: 0.02%

We believe that readmission to a BMI hospital within 28 days is at this low level because people are effectively helped to recover from episodes of ill health or following injury.

We are committed to reducing this further, and improving the quality of care we provide, by improving the pre-operative assessment process, care of the deteriorating patient, risk assessments and documentation and also by reviewing and analysing any trends in reasons why patients are readmitted (including to another hospital). We will maximise the benefit of this learning by sharing information for quality improvement across BMI Healthcare.

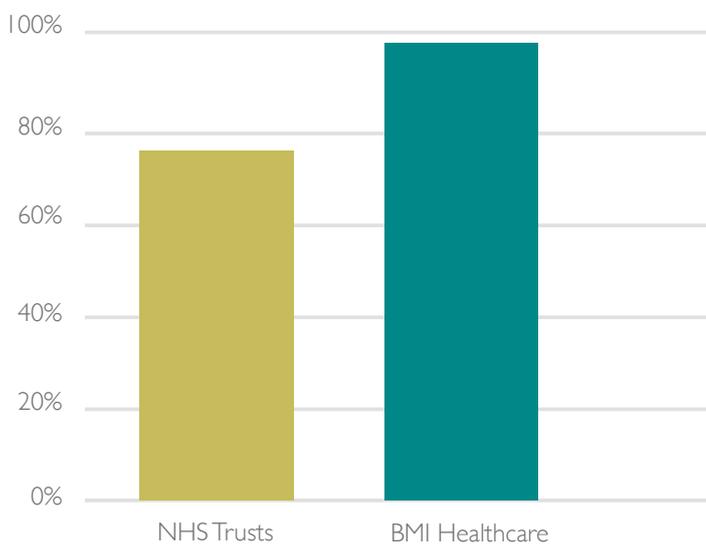
### Responsiveness to the personal needs of patients (Standard 20)

BMI Healthcare’s Patient Satisfaction Survey, which is provided to all inpatients (NHS and private), aims to measure our responsiveness to their personal needs.

We are proud that 99.6% of our NHS patients confirmed that they were satisfied with overall care for the reporting period. We believe this is the case because we continue to provide people with a positive experience of care.

In our commitment to constant improvement we will build on this success by listening to patients in a range of ways including patient forums and online feedback, continually striving to exceed their expectations and by focusing on how we respond to concerns and complaints. As with everything we do, we will work to establish better ways to share lessons learnt from complaints and poor experiences of inpatient care.

### Overall satisfaction with care



### The staff Friends and Family Test (Standard 21)

This measures the percentage of our employed staff who would recommend the provider to their family or friends. In 2018 our staff survey confirmed that 82.5% would recommend BMI as care providers to their friends and family. We believe that this reflects that BMI Healthcare continues to provide people with a positive experience of care, our staff are fully engaged in continually improving care and are therefore willing to recommend us to their friends and family.

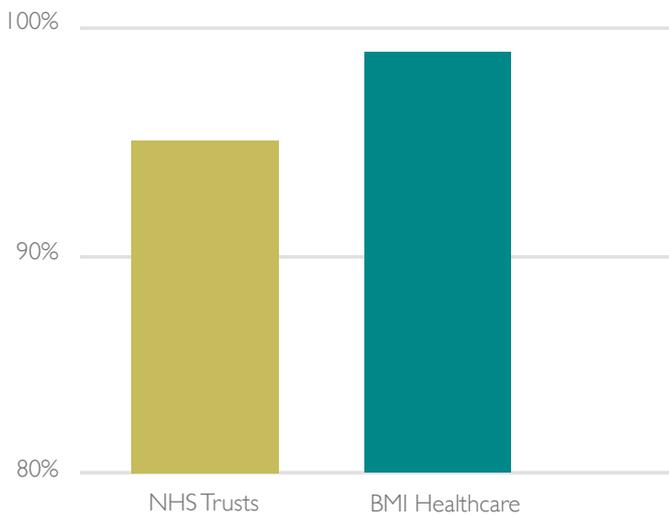
We continue to strive for improvement and in order to build on the quality of service we provide and this score, we will focus on our brand leadership and values to ensure they are fully embedded with everyone engaged in delivering care to our patients.

### The patient Friends and Family Test

At the end of the 2018/19 reporting period our patient Friends and Family score was 98.7%. This relates to inpatients only as we do not provide Accident and Emergency services. We believe that we achieve this high level of recommendation because we continue to provide people with a positive experience of care and that makes our patients willing to recommend BMI Healthcare to their friends and family.

#### Patient Friends and Family test

Percentage of patients who would recommend



### Venous thromboembolism (VTE) risk assessment (Standard 23)

BMI Healthcare undertook VTE risk assessments on 93.9% of patients admitted to hospital during the reporting period. We achieved this level because we treat and care for people in a safe environment and protect them from avoidable harm. In order to improve further we will enhance our documentation process for risk assessments, refresh policy and process and increase education on prevention of VTE.

### C difficile infection (Standard 24)

BMI Healthcare rate of cases of C difficile infection is 0% per 100,000 bed days. We believe we achieve this because we treat and care for our patients in a safe environment and protect them from avoidable harm by having high standards of infection prevention and control. We will work towards further reduction by continual improvement of our already high standards of infection prevention including leading in training and development of staff in hygiene standards and practice.

### Patient safety incidents (Standard 25)

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

- 2,005 patient safety incidents which equates to 1.59% of all NHS episodes
- 5 resulted in severe harm/death which equates to 0.003% of all NHS episodes

We believe this reflects that we treat and care for people in a safe environment and protect them from avoidable harm. We do this by following good practice guidance such as WHO Safety Checklist and being open and honest when things do go wrong. We will continually improve patient safety by building on our increased focus on quality assurance activities such as clinical audit.

# External review and assessment of this BMI Healthcare Quality Account has been provided by NHS East Lancashire CCG



We welcome the additional investment into BMI hospitals; it would be useful to understand the local plans and expected benefits for our patients. It is positive to see accreditations for BMI as a whole; a commentary on the local position and planned accreditation activity locally would be beneficial.

It is positive that the learning from CQC is shared across all sites.

The HCAI position is positive across all BMI sites and priorities for 2019/20 focus around patient safety and culture within BMI.

Safety reporting is showing an increase in reporting with incidents graded low/no harm demonstrating an improving safety culture. The Quality Account details that lessons learnt are shared across sites. It would be useful to understand how these are then taken forward in an outcome focused approach.

We welcome the focus on theatre leadership and WHO Checklist.

Work has taken place to improve consistency of reporting of patient safety reporting.

There has been a decrease in the number of complaints across all sites with issues dealt with at a lower level; again it would be useful to have had local information and examples of how learning is shared and utilised across sites from complaints.

The Quality Account details a clearer approach to Clinical Audit with site ownership and would benefit from local information around audit priorities for 2019/20.

Mortality rates are low which is expected due to the type of activity seen by BMI Healthcare. Reduction in never events/unexpected deaths is a priority for 2019/20; rates for both are low so this does not appear to be an ambitious aim.

## Contact and registered office details

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**Telephone:**

020 3283 6600

**BMI Healthcare Registered Office:**

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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.

