



Shirley Oaks
Hospital

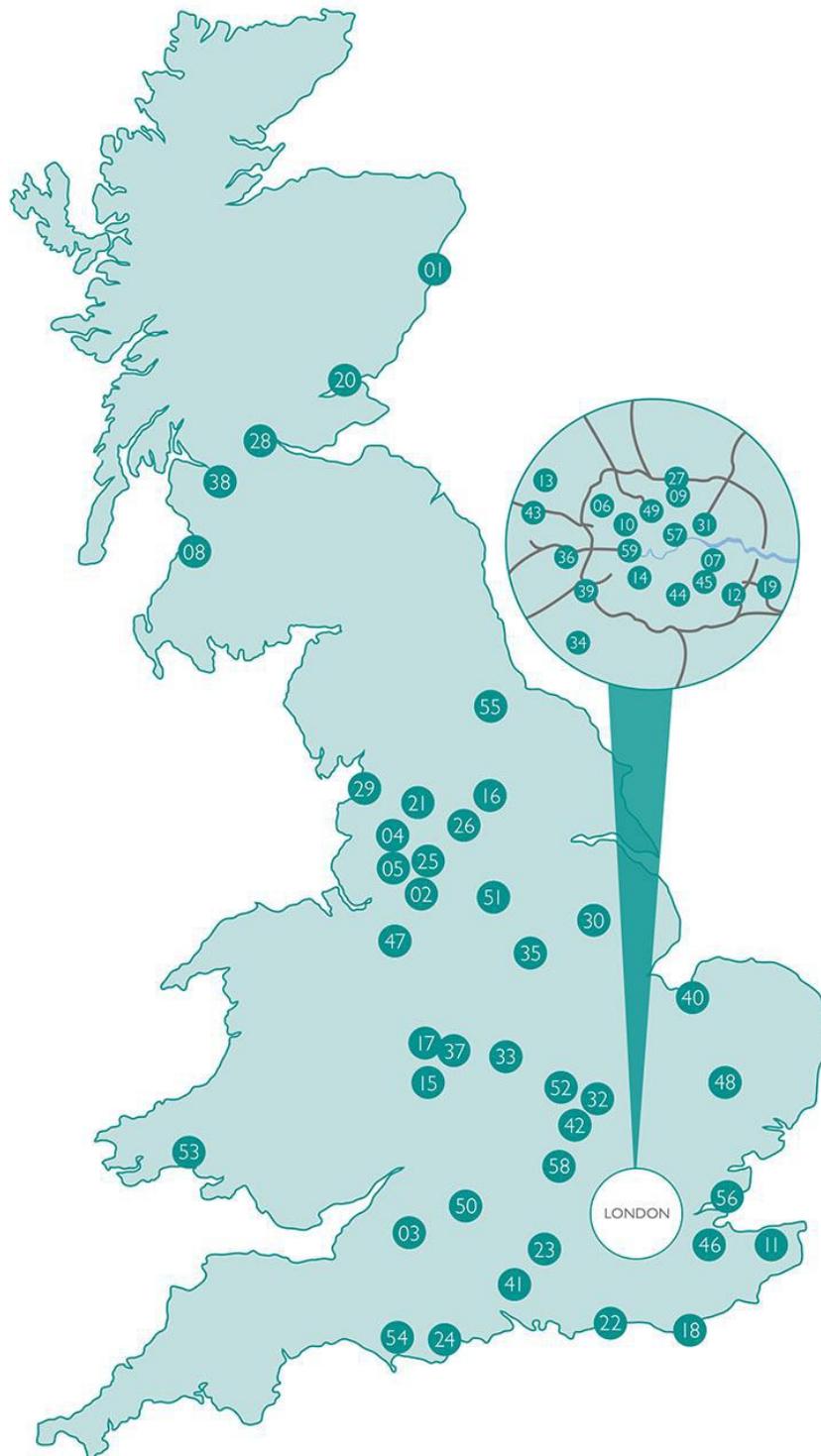
**QUALITY
ACCOUNTS 2018**

Contents

| | |
|--|----|
| Our network of hospitals | 3 |
| Group Chief Executive's Statement | 4 |
| Hospital Information | 6 |
| Safety..... | 10 |
| Patient Led Assessment of the Care Environment (PLACE) | 13 |
| Duty of Candour..... | 14 |
| Venous Thrombo-embolism (VTE) | 14 |
| Patient Reported Outcome Measures (PROMS)..... | 16 |
| Learnings from Deaths | 18 |
| Patient Experience..... | 19 |
| Patient Satisfaction | 19 |
| Complaints..... | 22 |
| CQUINS | 24 |
| Safeguarding..... | 24 |
| National Clinical Audits..... | 25 |
| Priorities for Service Development and Improvement..... | 25 |
| Safety Thermometer | 25 |
| Staff Survey & Staff Safety Culture Questionnaire..... | 26 |
| Staff Recommendation Results | 27 |
| Quality Indicators | 28 |
| Patient Recommendation Results | 31 |

Our network of hospitals

BMI Healthcare is the largest private hospital group in the UK, offering a broad range of services to patients funded by PMI, the NHS and through self-funding. BMI Healthcare offers services through 59 sites, which include acute hospitals, day case only facilities and outpatient clinics.



Group Chief Executive's Statement



The BMI Healthcare Quality Account for 2018 is a measure of the quality of the care provided at our 59 hospitals and clinics across the UK.

When I joined BMI Healthcare in October 2017, I asked all our hospitals and corporate teams to align around a shared objective of improving quality of patient care. Our regulators – the Care Quality Commission in England, Health Improvement Scotland and Healthcare Inspectorate Wales – inspect our hospitals and provide us with valuable feedback and I am pleased to report a constructive relationship with each of our regulators.

Together, we have been working to both celebrate and share good practice and also to focus on areas where we needed to improve. All our hospitals are working through individual action plans designed to improve patient care, and our hospital and corporate teams are increasingly aligned and supporting each other around this common purpose. As a consequence, I have confidence that we will continue to improve our regulatory rankings.

Over the course of the year, we have invested in our hospitals to meet the standards required by our regulators, and that our patients expect us to achieve.

We have enhanced the clinical support for our hospital teams, with the appointment of a full-time Group Medical Director and by reinstating the role of Regional Director of Clinical Services. These important appointments are crucial if we are to achieve our clinical objectives, with all staff and all Consultants working to the same level of compliance and quality right across our hospital network.

The safety of our patients remains paramount. We have participated in the Surgical Site Infection Surveillance Service coordinated by Public Health England and Health Protection Scotland and have seen a year on year improvement since we started taking part in 2015. We were the first private hospital group to sign up to the Safer Surgery Commitment and recognise the importance of adherence to the World Health Organisation's checklist for safe surgery.

Our cancer centres are achieving Macmillan Quality Environment Marks for the high standard of the environment within which people are treated. Similarly we have a number of hospitals which have achieved Joint Advisory Group (JAG) accreditation for their endoscopy services. Our other endoscopy units are also making progress towards the same goal.

Digital technology increasingly gives us the opportunity to improve how we handle information in order to improve patient care. We already use e-prescribing across our cancer centres, enabling all health professionals in contact with a particular patient to access the same tumour protocols and see the same up-to-date patient information to better inform prescribing decisions and minimise risk. We are moving towards a new system of electronic patient records that will give the same high level of assurance for all patients choosing BMI for their healthcare.

From a corporate and governance point of view, we have rationalised and refocused our committees at both a business and a hospital level, giving each clear areas of responsibility and providing a line of sight between head office and hospital. We continue to adopt an integrated audit approach, so that

we can maintain a holistic overview of how hospitals and teams are performing against agreed standards and procedures.

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 2017, 98.5% of those asked agreed that they would.

The information in this Quality Account has been reviewed by our Governance Committee and I am reassured that this information is accurate.

The data and graphs provide us with an indication of performance, but they only start to tell the story of our committed and dedicated staff. Their experience and expertise has led to positive outcomes and, in many cases, life-changing procedures for so many of our patients.

To our hospital and corporate teams, I would like to say thank you.

A handwritten signature in black ink that reads "Karen." The signature is written in a cursive, flowing style.

Dr Karen Prins

Hospital Information



BMI Shirley Oaks hospital in Croydon is a purpose built hospital opened in 1986. The hospital is registered for 50 beds. We provide care and treatment to patients covering a range of specialities, including Orthopaedic surgery, Ear Nose and Throat surgery, Ophthalmic Surgery, General Surgery, Gastroenterology, Cardiology, Gynaecology and Urology. Fertility and Family Planning Services are also available and the hospital has an accredited Endoscopy Unit. All elements of the patient pathway are covered from Outpatient clinics, through to specialist treatment or surgery and onward to safe discharge and follow up.

The hospital has two main theatres, one of which has Ultraclean airflow (laminar flow) and a separate Endoscopy unit. There is also a newly built Minor Operations Theatre and Ambulatory Care Unit which was commissioned in FEB 2017. These areas are used to treat those patients that undergo procedures that require local anaesthesia. Patient services are supported by Pharmacy, Physiotherapy and Radiology services. Open bore MRI and CT scanning are available on site. Our Endoscopy Suite is JAG accredited and offers diagnostic services within a discrete unit. We treat adult patients throughout the hospital and see children within our Outpatient function.

Shirley Oaks Hospital attracts over 100 Consultants who receive support from our team of Resident Medical Officers, one of whom is available 24 hours a day.

For the year April 17 – March 18 58.1% of all the Inpatients & Day Cases were NHS. The NHS split was 53.8% Choose & Book and 4.3% SPOT contracts

The hospital currently has the following beds in operation:

- 27 single sexed bedrooms across two wards; and
- The Ambulatory Care Unit which comprises of 5 trolley bays & 12 seated areas.

BMI Healthcare are registered as a provider with the Care Quality Commission (CQC) under the Health & Social Care Act 2008 as well with the Hospital Improvement Scotland (HIS) and Healthcare Inspectorate Wales (HIW) for our hospitals outside of England. BMI Shirley Oaks Hospital is registered as a location for the following regulated services:-

- Treatment of disease, disorder and injury
- Surgical procedures
- Diagnostic and screening
- Family Planning

These regulatory bodies carry out inspections of our hospitals periodically to ensure a maintained compliance with regulatory standards.

The CQC carried out an unannounced inspection on 17th and 18th August 2016 and found that overall the hospital received a 'Requires Improvement' rating with individual ratings in the following areas

| Ratings | |
|----------------------------------|--|
| Overall rating for this location | Requires improvement  |
| Are services safe? | Requires improvement  |
| Are services effective? | Requires improvement  |
| Are services caring? | Good  |
| Are services responsive? | Good  |
| Are services well-led? | Good  |

Outstanding Practice Identified by the CQC:

The regular morning engagement meeting was well established. This provided representative staff from each area the full opportunity to share and discuss information.

The following required actions from the report have been completed:

Consent

- Consent workshop for nursing staff
- Consent audit results are shared with consultants at the Medical Advisory Committee on a bi-monthly basis
- Weekly spot checks by Director of Clinical Services (DoCS) and Heads of Departments (HODs)
- Communication from the MAC chair to consultants to reiterate the utilisation of Language Line

Interpretation Services

- The use of Language Line has been embedded and is in place throughout the hospital

- The Outpatients Department is working closely with all consultants to ensure that the proper consent is completed and appropriate information is provided to all patients. This is reflected in the Patient Satisfaction Scores
- Pre-Assessment team highlighted as the champions and gatekeepers
- Information posters related to Language Line in all clinical areas
- Electronic Patient Information Leaflets available in English & range of other languages – EIDO Healthcare

MCA and DOLS training and awareness

- Monthly review of departmental training with HODs
- Engagement with local CCG – February 2017
- Resource booklets for all staff i.e. Continuity of Care Pocketbooks
- Spot checks by DOCS & HODs
- Remaining staff to complete required training

Secure storage of all patient identifiable records

Medical records staff have all received further training on the importance of securely filing patient date. The monthly records audit includes checking secure storage of notes.

If there are non-compliances then state what actions have been completed.

| | |
|-------------------|--|
| SAFE | Requires Improvement - Swipe card access to Theatres 1 and 2 is in place |
| CARING | Good overall |
| RESPONSIVE | Good overall |
| EFFECTIVE | Surgery – requires improvement |
| WELL-LED | Good overall |

Shirley Oaks Hospital has a local framework through which clinical effectiveness, clinical incidents and clinical quality is monitored and analysed. Where appropriate, action is taken to continuously improve the quality of care. This is through the work of a multidisciplinary group and the Medical Advisory Committee.

At a Corporate Level, BMI Healthcare's Clinical Governance Board has an overview and provides the strategic leadership for corporate learning and quality improvement.

There has been ongoing focus on robust reporting of all incidents, near misses and outcomes. Data quality has been improved by ongoing training and database improvements. New reporting modules have increased the speed at which reports are available and the range of fields for analysis. This ensures the availability of information for effective clinical governance with implementation of appropriate actions to prevent recurrences in order to improve quality and safety for patients, visitors and staff.

At present we provide full, standardised information to the NHS, including coding of procedures, diagnoses and co-morbidities and PROMs for NHS patients. There are additional external reporting requirements for CQC/HIS/HIW, Public Health England (Previously HPA) CCGs and Insurers

BMI Healthcare is a founding member of the Private Healthcare Information Network (PHIN) UK – where we produce a data set of all patient episodes approaching HES-equivalency and submit this to PHIN for publication.

This data (once PHIN is fully established and finalised) will be made available to common standards for inclusion in comparative metrics, and is published on the PHIN website <http://www.phin.org.uk>.

This website gives patients information to help them choose or find out more about an independent hospital including the ability to search by location and procedure.

Safety



Infection Prevention and Control

The focus on Infection Prevention and Control continues under the leadership of the Group Head of Infection Prevention and Control, in liaison with the link nurse in Shirley Oaks Hospital.

The focus on Infection Prevention and Control continues under the leadership of the Group Director of Infection Prevention and Control and Group Head of Infection Prevention and Control, in liaison with the Infection Prevention and Control Lead.

Between April 2017 to March 2018, the hospital had:

| Hospital Attributable Infection | Rate (per 100,000 Bed Days) |
|---------------------------------|-----------------------------|
| MRSA | 0.0000 |
| MSSA | 0.0000 |
| E.Coli | 0.0000 |
| C.difficile | 0.0000 |

SSI data is also submitted to Public Health England for Orthopaedic surgical procedures. Our rates of infection are;

| Measure | Rate (per 100 procedures) |
|---------|---------------------------|
| Hips | 0.00000 |
| Knees | 0.00000 |

The focus on Infection Prevention and Control continues under the leadership of the Group Director of Infection Prevention and Control in liaison with the hospitals Infection Prevention and Control Lead.

Environmental Audits in each department on a weekly basis are undertaken by the IPC lead nurse and the Housekeeping Supervisor. An Action Plan is devised immediately upon any non-compliance and acted upon to meet requirements. The Director of Clinical Services (DCS) has committed to a monthly environmental audit spot-check. Results relating to these audits are displayed on the shared drive and can be accessed by Heads of Departments (HODs) for dissemination to their teams.

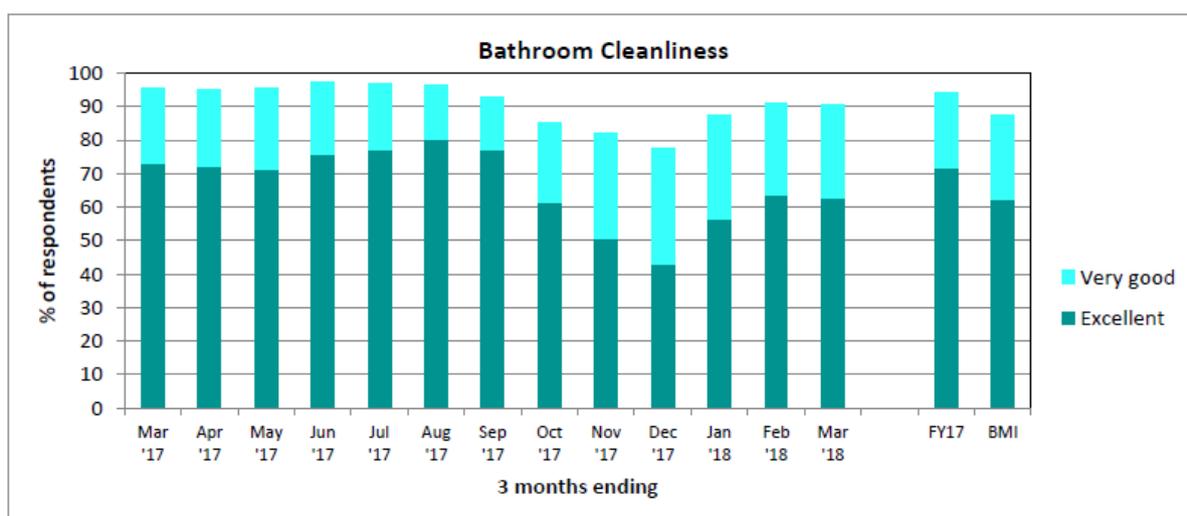
QIT Audits are ongoing in all clinical departments and cover several areas including waste, sharps, environment, and linen with the addition of decontamination in endoscopy. Results are collated by the IPC lead nurse and shared via a monthly report to all HODs for distribution to their teams.

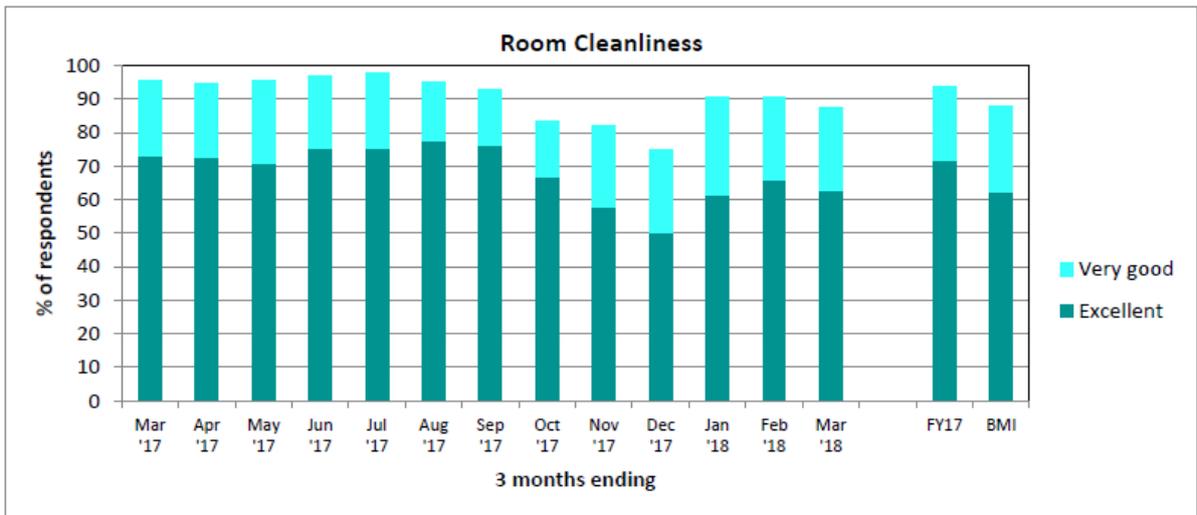
High Impact Intervention Care bundle audits are completed monthly and include (but are not limited to) pre-operative, inter-operative and post-operative surgical sites, insertion and on-going care of peripheral lines, central lines, and urinary catheter care our audit scores are above 90% for the time period.

Include any focused activities on hand hygiene, aseptic non touch technique and other infection prevention activities.

- Peer hand hygiene audits take place on a monthly basis and include a ‘bare below the elbows’ audit. The hand hygiene results are displayed within each clinical area for staff and patients to view.
- Corrective practice is taught at the point of observation and results are delivered and discussed at the quarterly IPC Committee meeting, bi-monthly Medical Advisory Committee, department meetings and monthly Clinical Governance meetings
- A Continuity of Care Pocketbook has been provided to all staff which includes information on topics including hand hygiene, the 5 moments of hand hygiene, hand hygiene technique and the aseptic non-touch technique (ANTT)
- All staff are required to undertake mandatory hand hygiene training and clinical staff also attend additional ANTT training lead by the IPC lead nurse.

Environmental cleanliness is also an important factor in infection prevention and our patients rate the cleanliness of our facilities highly.





There has been a noticeable and significant drop in our Patient Satisfaction results. This has been directly related to the introduction of an online patient questionnaire which has seen a low patient participation across the organisation.

Patient Led Assessment of the Care Environment (PLACE)

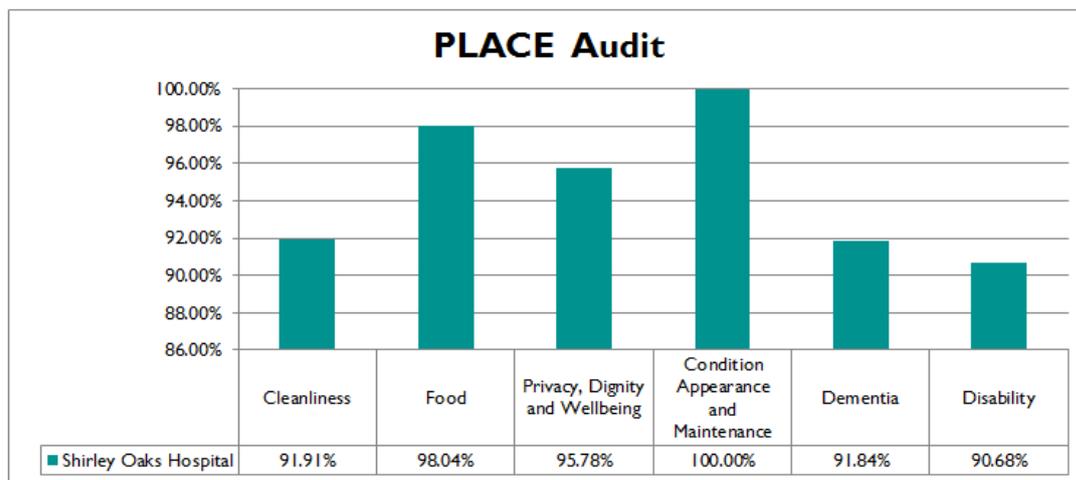
At BMI Healthcare, we believe a patient should be cared for with compassion and dignity in a clean, safe environment. Where standards fall short, they should be able to draw it to the attention of managers and hold the service to account. PLACE assessments will provide motivation for improvement by providing a clear message, directly from patients, about how the environment or services might be enhanced.

Since 2013, PLACE has been used for assessing the quality of the patient environment, replacing the old Patient Environment Action Team (PEAT) inspections.

The assessments involve patients and staff who assess the hospital and how the environment supports patient’s privacy and dignity, food, cleanliness and general building maintenance. It focuses entirely on the care environment and does not cover clinical care provision or how well staff are doing their job.

The results will show how hospitals are performing nationally and locally.

| Hospital | Cleanliness | Food | Privacy, Dignity and Wellbeing | Condition Appearance and Maintenance | Dementia | Disability |
|-----------------------|-------------|--------|--------------------------------|--------------------------------------|----------|------------|
| Shirley Oaks Hospital | 91.91% | 98.04% | 95.78% | 100.00% | 91.84% | 90.68% |



We are very pleased with the results of the PLACE audit and will be focusing on the following:

- Following feedback from the audit we are considering moving the patients’ smoking area away from the main entrance of the hospital
- There is a rolling plan of works to continue to keep the condition, appearance and maintenance to a high standard by regularly refreshing areas that appear tired
- Cleanliness continues to be monitored by the housekeeping supervisor and IPC Lead via regular audits and results are fed back to the appropriate individuals

Duty of Candour

A culture of Candour is a prerequisite to improving the safety of patients, staff and visitors as well as the quality of Healthcare Systems.

Patients should be well informed about all elements of their care and treatment and all staff have a responsibility to be open and honest. This is even more important when errors happen.

As part of our Duty of Candour, we will make sure that if mistakes are made, the affected person:

- Will be given an opportunity to discuss what went wrong.
- What can be done to deal with any harm caused
- What will be done to prevent it happening again
- Will receive an apology.

To achieve this, BMI Healthcare has a clear policy - BMI Being Open and Duty of Candour policy.

We are undertaking a targeted training programme for identified members of staff to ensure understanding and implementation in relation to the Duty of Candour.

During the last year we have not had any incidents involving Duty of Candour regulations. We continue to monitor any events where Duty of Candour may be applicable to ensure that regulations are fully adhered to. All incidents of this type are discussed at Clinical Governance Meetings on a monthly basis.

| Duty of Candour Incidents |
|---------------------------|
| 0 |

Venous Thrombo-embolism (VTE)

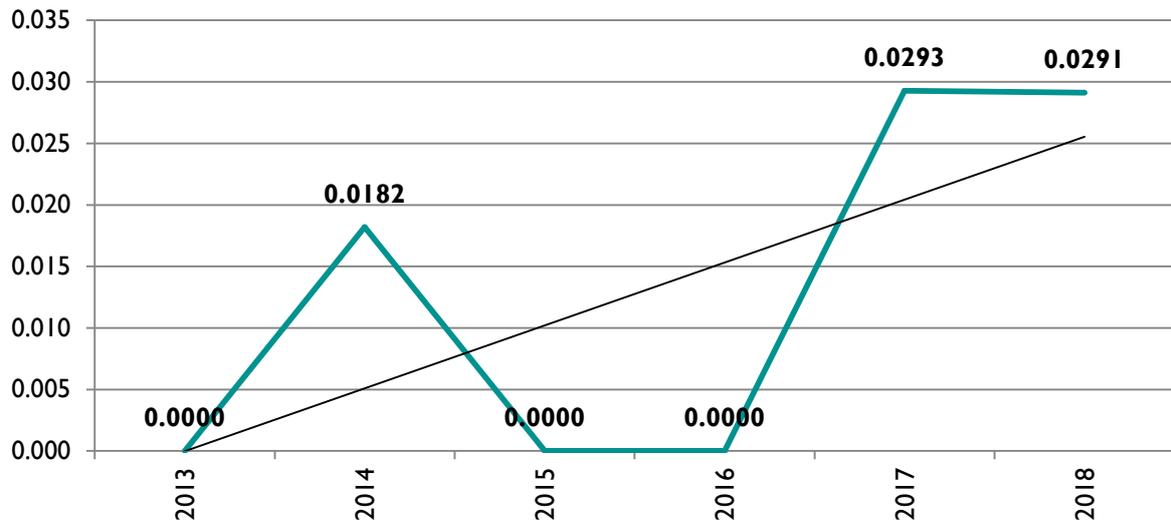
BMI Healthcare, holds VTE Exemplar Centre status by the Department of Health across its whole network of hospitals including, Shirley Oaks Hospital. BMI Healthcare was awarded the Best VTE Education Initiative Award category by Lifeblood in February 2013 and was the Runners up in the Best VTE Patient Information category.

We see this as an important initiative to further assure patient safety and care. We audit our compliance with our requirement to VTE risk assessment every patient who is admitted to our facility and the results of our audit on this has shown

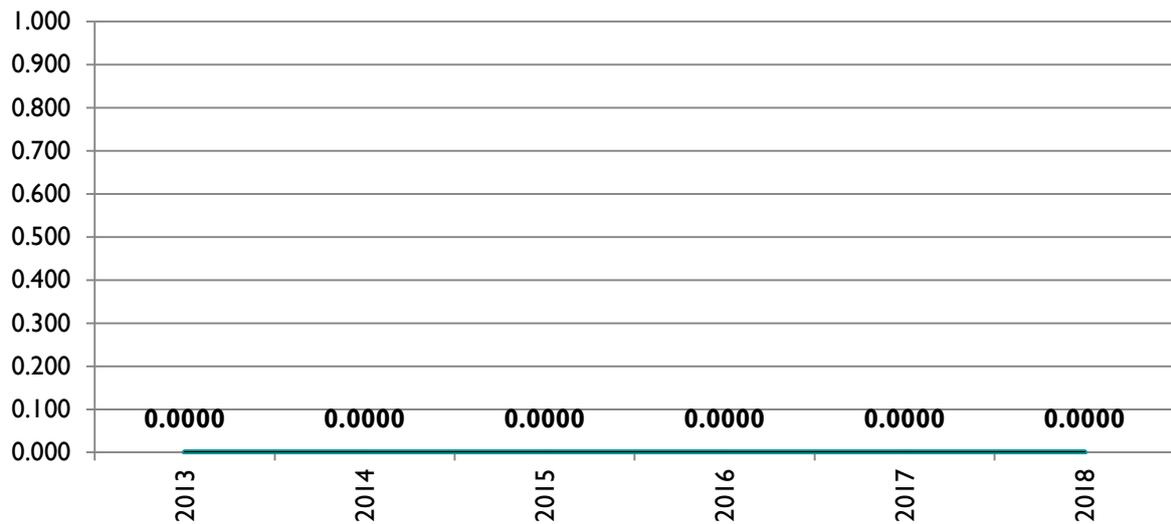
| VTE Percentage | |
|----------------|--------|
| VTE | 97.08% |

Shirley Oaks Hospital reports the incidence of Venous Thromboembolism (VTE) through the corporate clinical incident system. It is acknowledged that the challenge is receiving information for patients who may return to their GPs or other hospitals for diagnosis and/or treatment of VTE post

DVT (Rate per 100 admissions)



PE (Rate per 100 admissions)



discharge from the Hospital. As such we may not be made aware of them. We continue to work with our Consultants and referrers in order to ensure that we have as much data as possible.

- VTE Risk Assessment is down from 98.64% in 2016 – 17 to 97.08% 2017 – 18. Reason for this is the introduction of the new Consultant Lead Pathways.
- DVT rates have increased from 0.00 2016 – 2017 to 0.0293 in 17 – 18. The investigations into this rise did not reveal any significant clinical omissions that placed these patients at risk.

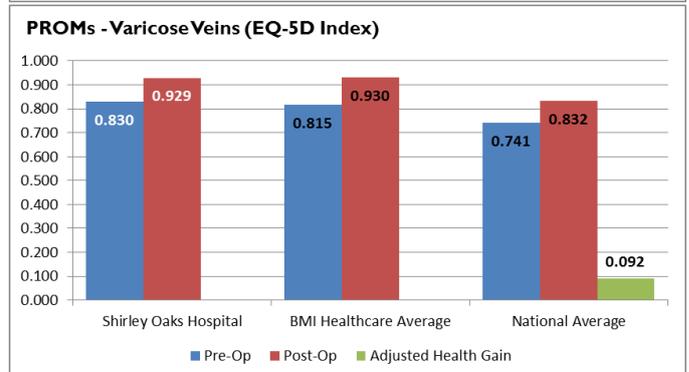
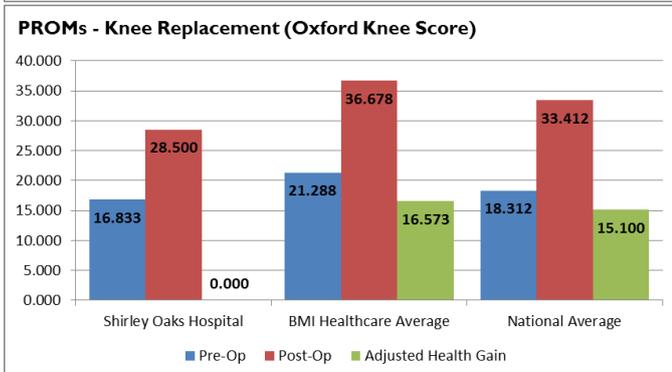
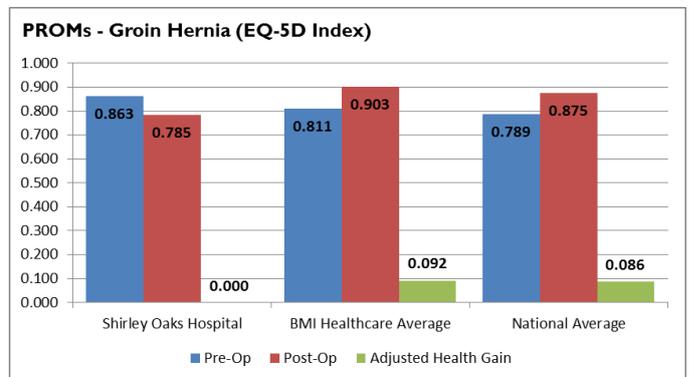
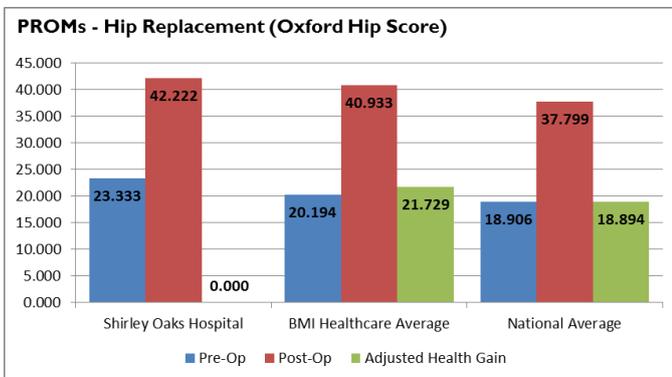


Patient Reported Outcome Measures (PROMS)

Patient Reported Outcome Measures (PROMs) are a means of collecting information on the effectiveness of care delivered to NHS patients as perceived by the patients themselves. PROMs are a Department of Health led programme.

For the current reporting period, the tables below demonstrate that the health gain between Questionnaire 1 (Pre-Operative) and Questionnaire 2 (Post-Operative) for patients undergoing hip replacement and knee replacement at Shirley Oaks Hospital.

Latest PROMs data available from HSCIC (Period: April 2016 – March 2017)

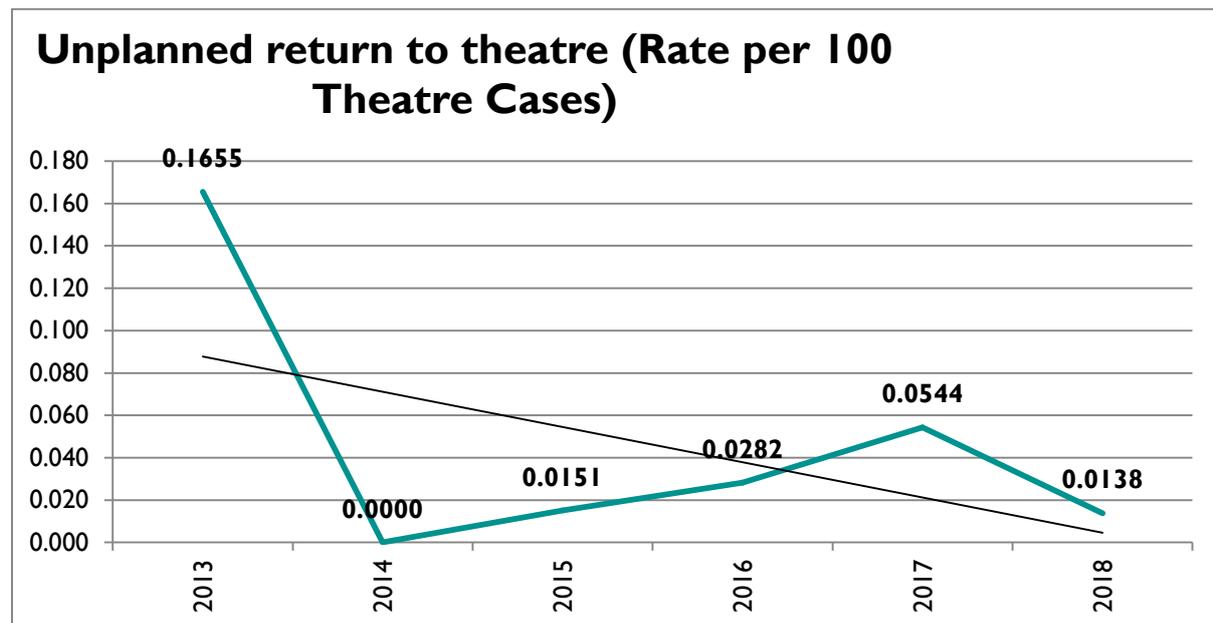


PROMS results

- Hip Replacements have increased from last year
- Groin Hernia have increased
- Knee slight reduction
- Varicose veins – slight increase

Unplanned Readmissions & Unplanned Returns to Theatre

Unplanned readmissions and Unplanned Returns to Theatre are normally due to a clinical complication related to the original surgery.



Learnings from Deaths

Preservation of life and avoidance of unnecessary death is an essential objective for healthcare providers; BMI Healthcare recognises this and is committed to ensuring that its hospitals and the organisation as a whole learn from the death of any patient whilst under our care. Sharing these lessons learnt is vital in order to ensure excellent quality of our care is provided across the company.

The Care Quality Commission (CQC) conducted a review in December 2016. This found that some providers were not sufficiently prioritising the learnings from deaths, and as a result, opportunities were being missed to identify and improve upon quality of care. This review was discussed by BMI Healthcare through the Clinical Governance Committee so that as an organisation, we could ensure we were following the best practice as suggested through this review.

All deaths, whether expected or unexpected, are reported to the regulators (CQC, HIS, HIW). They are also reported via our hospitals incident management system and therefore managed in line with the company's Incident Management Policy. When an unexpected patient death has occurred, a Root Cause Analysis (RCA) is conducted to understand the event; the contributing factors relating to a death, identify potential areas for change in practice and develop recommendations which deliver safer care to our patients. The findings from RCAs are reported as part of the hospital's Clinical Governance reporting requirements, and shared with the Regional and Corporate Quality teams. These findings are also shared with the patients' families in line with BMI Healthcare's Duty of Candour policy and its behaviours surrounding transparency.

All deaths are discussed at a hospital Clinical Governance Committee, and further escalated to the Regional Quality Assurance Committee and National Clinical Governance Committee for review as appropriate; this ensures that lessons learnt from deaths are discussed at all levels and findings are then shared to all hospitals through the National monthly Clinical Governance Bulletin, to ensure lessons are learnt across the company.

Patient Experience

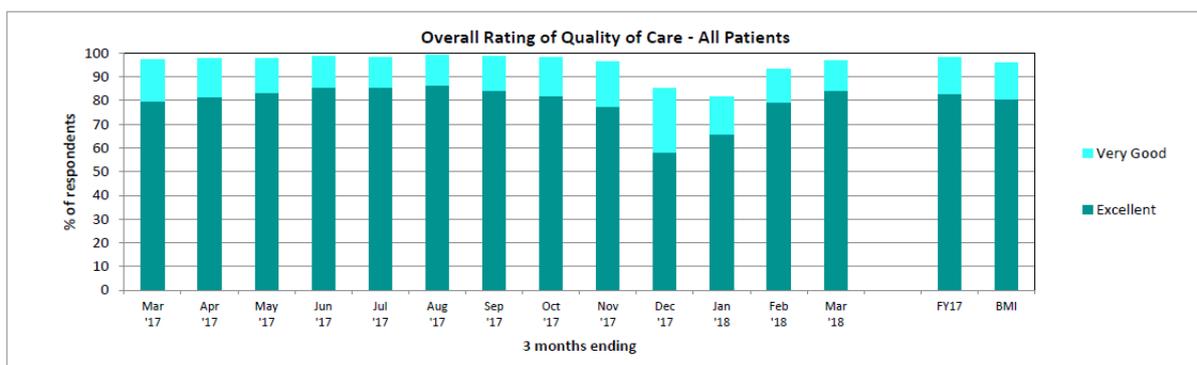
Patient Satisfaction



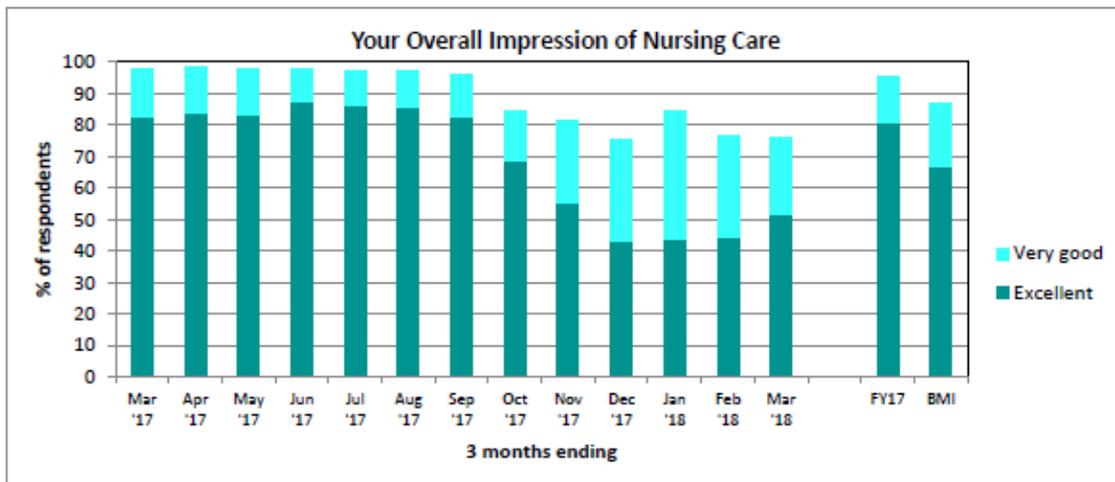
BMI Healthcare is committed to providing the highest levels of quality of care to all of our patients. We continually monitor how we are performing by asking patients to complete a patient satisfaction questionnaire. Patient satisfaction surveys are administered by an independent third party.

The rates for some of our patient satisfaction results dropped with the introduction of an online questionnaire which saw a lower uptake than the patient postcards. These completion figures are improving with a blended approach of both online and hand-written postcards

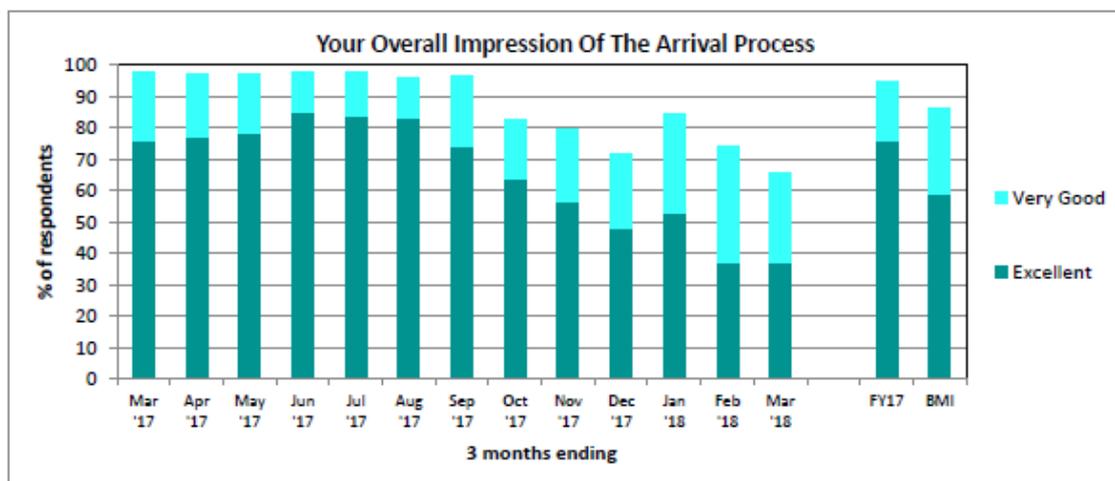
Quality of Care



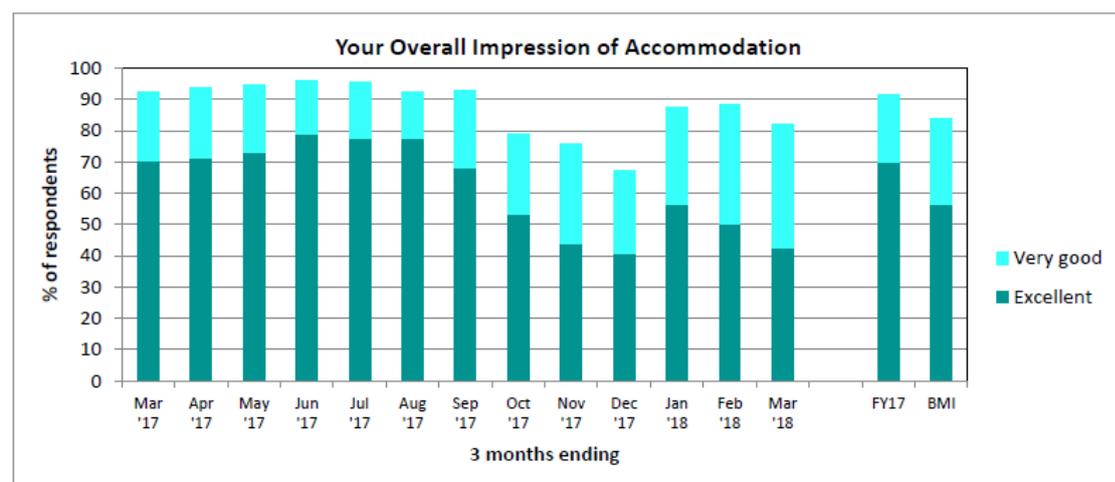
Nursing



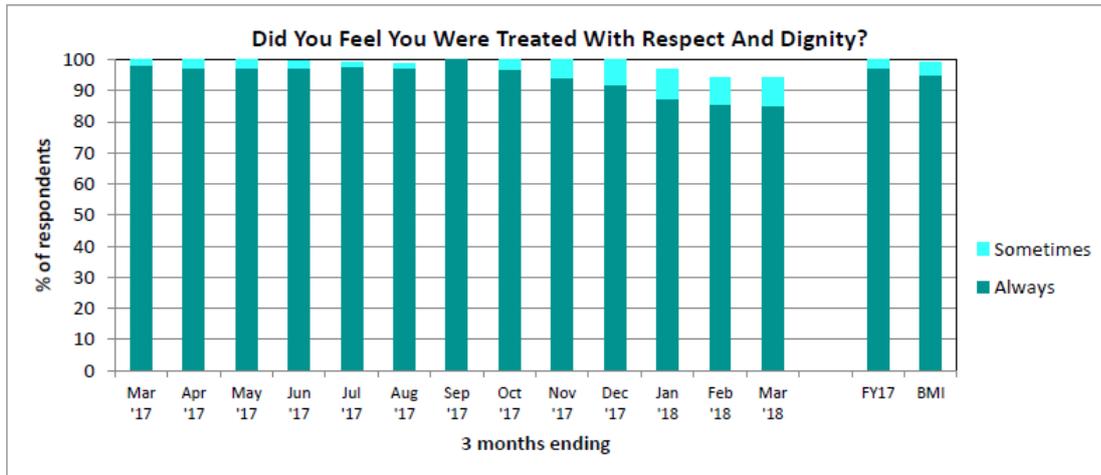
Admission



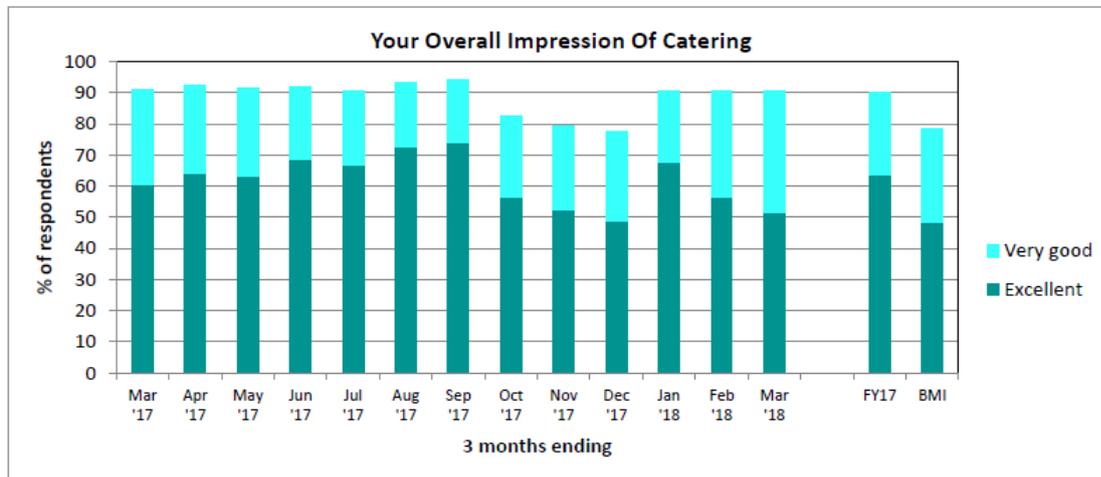
Accommodation



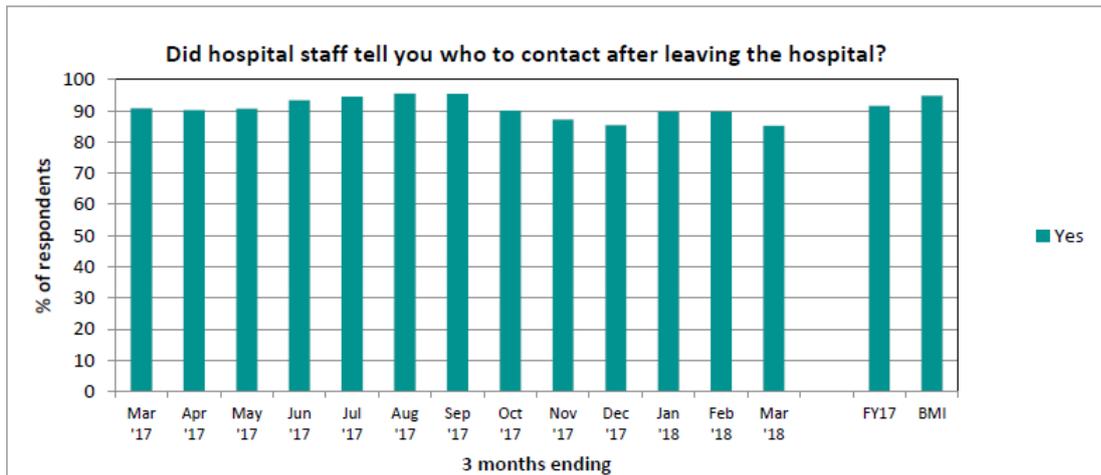
Respect and Dignity



Catering



Departure



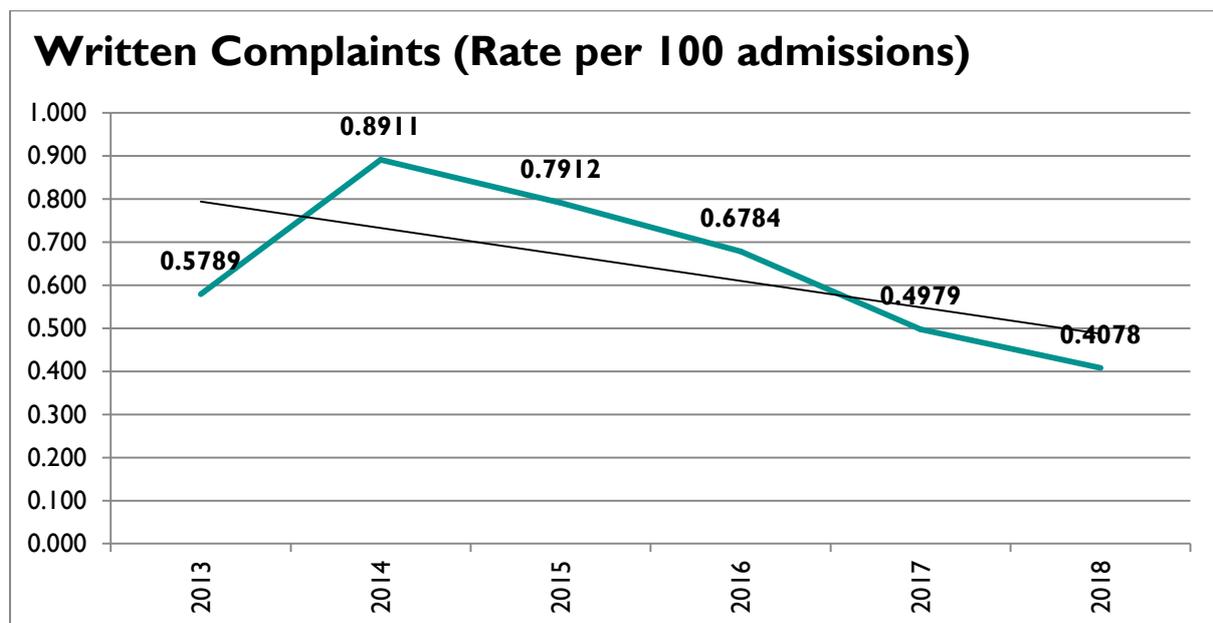
Complaints

In addition to providing all patients with an opportunity to complete a Satisfaction Survey BMI Shirley Oaks Hospital actively encourages feedback both informally and formally. Patients are supported through a robust complaints procedure, operated over three stages:

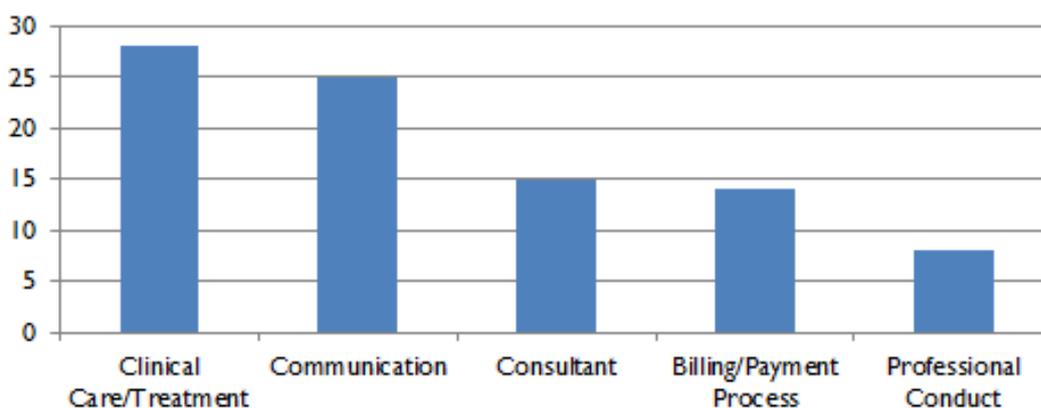
Stage 1: Hospital resolution

Stage 2: Corporate resolution

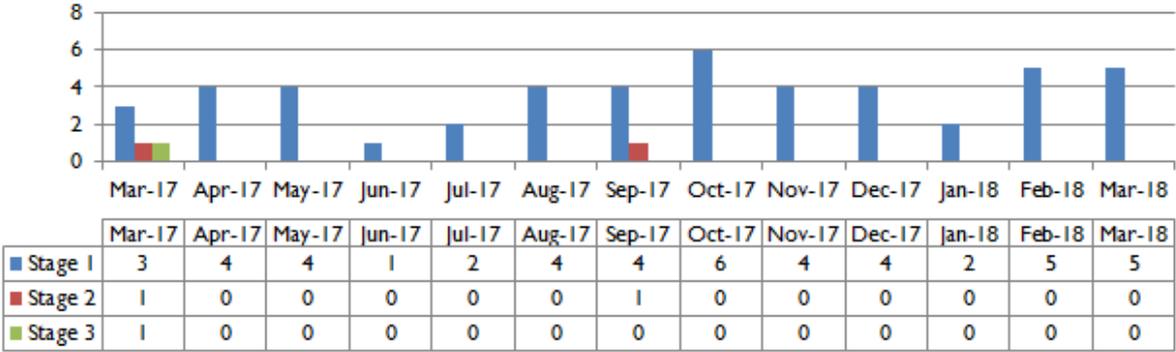
Stage 3: Patients can refer their complaint to Independent Adjudication if they are not satisfied with the outcome at the other 2 stages.



Top 5 Complaints



Complaint Stages



Complaints related to financial charges have reduced in the period. Information has been displayed in departments to provide greater transparency of the charging process. In accordance with the Private Healthcare Information Network (PHIN) consultants are required to provide this information for patients in private healthcare.

CQUINS

The 2017 – 2018 CQUINS for BMI Shirley Oaks are:

1. Improvement of health and well-being of NHS staff and;
2. Improving the uptake of flu vaccinations

Results are unconfirmed for the CQUINS at the time of writing this report.

Safeguarding

Safeguarding is about protecting people from abuse; prevent abuse from happening and making people aware of their rights. To enable us to do this better training has been enhanced and made available for staff and consultants within the hospital.

Adult abuse can happen to anyone over the age of 18 years of age and within BMI our staff are trained to adult safeguarding level 2, so they can identify, support and advise anyone who requires it.

Adult safeguarding level 3 is provided to senior members of the team to ensure that appropriate support can be provided to their staff in these situations.

Children and Young people abuse can happen to any person 18 years old or below and to ensure that that all children and young peoples are looked after appropriately all our clinical staff including consultants are trained to Level 3 children's safeguarding our other staff members are trained to level 2.

Senior registered [EA] Children Nurses are trained to level 4 safeguarding (if applicable). At present the group Head of Nursing is trained to Level 4 7 fulfils this role for the organization.

There were two Safeguarding referrals which were discussed with the Safeguarding Leads from Croydon CCG. We have reviewed these cases with the CCG and they have agreed that we managed these in line with policy.

| Incident ID | Incident date | Summary | Details |
|-------------|---------------|--|--|
| 29168 | 15 Jan 2018 | NEC contacted hospital regarding safeguarding concerns related to patient. | Patient called the NEC at 1400hrs very distressed about her symptoms and suggesting she was having suicidal thoughts. NEC booked the patient to see her Gastroenterologist the same evening and informed the hospital operational manager regarding their concerns related to this patient. Operational manager relayed concern at morning huddle on 16/01/18. |
| 29493 | 7 Feb 2018 | Patient spoke to ward nurse on discharge suggesting he would commit suicide on his return home due to feeling very depressed recently. | Ward nurse entered patient room to discharge patient home after ENT surgery the day before. Patient spoke to nurse expressing that he wanted to commit suicide when he got home due to his current state of mind. |

National Clinical Audits

National Joint Registry

| Totals for this hospital | 2017 | Year to date: 2018 |
|--------------------------|------|-----------------------|
| Total completed ops | 72 | 23 |
| Hip procedures | 36 | 10 |
| Knee procedures | 33 | 13 |
| Ankle procedures | 0 | 0 |
| Elbow procedures | 0 | 0 |
| Shoulder procedures | 3 | 0 |
| NJR consent rate | 71% | 100% |

Clinical Audits that are undertaken by Shirley Oaks Hospital include input to the National Joint Registry.

Data Source:

<http://www.njrcentre.org.uk/njrcentre/Healthcareproviders/Accessingthedata/StatsOnline/NJRStatsOnline/tabid/179/Default.aspx>

Priorities for Service Development and Improvement

- Focus on enhancing our cardiology services. These include a new Echo-cardiogram machine.
- Development of a dedicate Medical Assessment Unit.
- New programs for staff development and training remain a focus. These include the Apprenticeship Scheme; and the Advanced Theatre Practitioner Course.
- A focus on accurate completion of Consent forms in line with regulatory body expectations

Safety Thermometer

BMI Healthcare is fully compliant and supportive of the reporting guidelines in relation to the NHS Safety Thermometer. This is part of BMI Healthcare's hospitals' engagement with local Clinical

Commissioning Groups nationwide. The measures reported on a monthly basis relate to the following;

VTE Risk Assessment & Treatment

Catheter related Urinary Tract Infection

Falls

Pressure Ulcers by Category

Staff Survey & Staff Safety Culture Questionnaire

A good safety culture is an important foundation of a safe organisation and we all have our part to play in embedding a robust safety culture; for our patients and those we work with. BMI Healthcare launched the Safe Culture Questionnaire in October 2017 to assess the safety culture across our hospitals and across BMI Healthcare.

Staff were asked to complete the questionnaire openly and honestly in order for the Senior Management Team of their hospital to be able to address any concerns with regards to safety and pick up on areas for improvement.

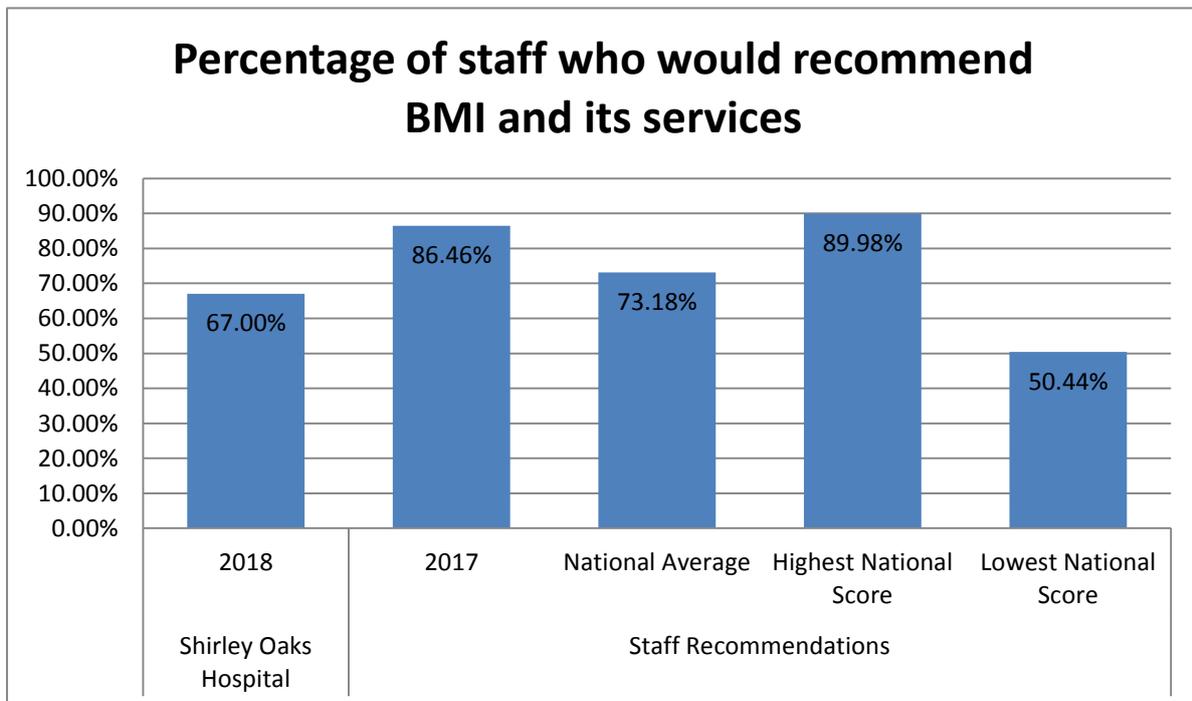
The online questionnaire was accessible by staff at 59 sites across England, Scotland and Wales. Staff from all areas of the hospitals were asked to rate up to 24 statements (England sites were asked 20 questions, Scotland sites were asked 24 questions and Wales sites were asked 22). Staff were asked to rate the statement with the following system: 1 (Inadequate), 2 (Poor), 3 (Good) and 4 (Excellent).

1571 responses were received across all sites. All statements asked within the questionnaire received an average rating of 'Good'. The statements with the highest rating averages were:

- I am aware of my obligations regarding mandatory training.
- I know how to report a patient safety incident or near miss.
- I am aware of my own departmental risks and how these are reflected within the overall risk register.
- I support the organisation's plan to become recognised as 'Outstanding' CQC rated hospital (England and Wales sites) / with Health Care Improvement Scotland within the 5 Quality Themes as a 6 (Excellent) rated hospital (Scotland sites).

Results were reported to sites in three ways: a report of all site data, regional reports and individual hospital results for sites who received a response rate of 30% or more.

Staff Recommendation Results



Shirley Oaks Hospital has taken the following actions to improve this percentage through recognition schemes such as the Shirley Oaks Superstar Awards that were introduced in 2018. Awards were given to the Team of the Year, Clinical Staff Member and Non-Clinical Staff Member of the year. In addition to regular long service PIN ceremonies we aim to improve staff motivation and recognition.

Quality Indicators

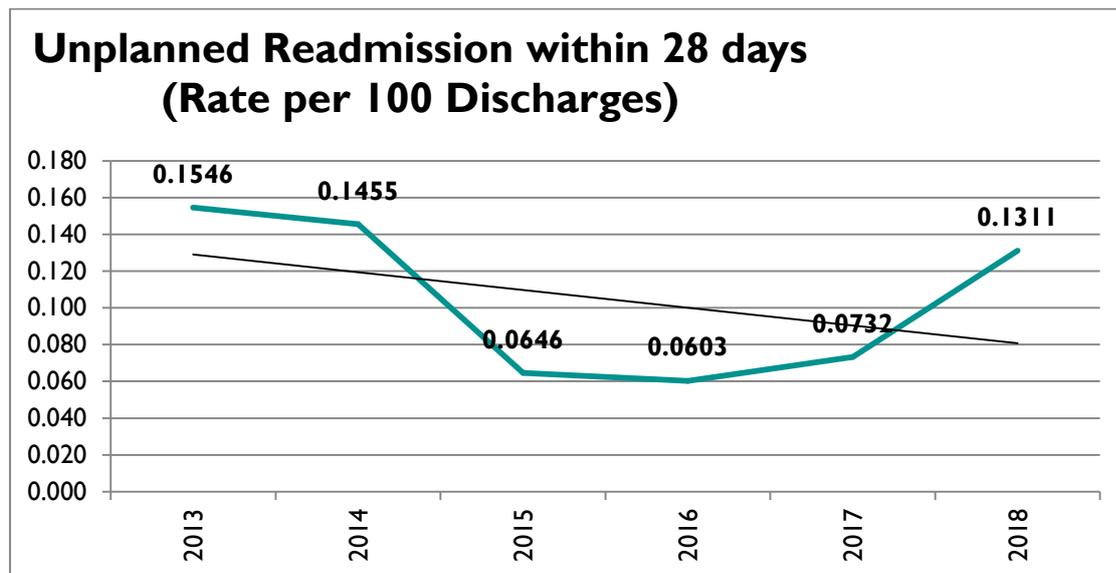
The below information provides an overview of the various Quality Indicators which form part of the annual Quality Accounts. Where relevant, information has been provided to explain any potential differences between the collection methods of BMI Healthcare and the NHS.

All data provided by BMI Healthcare is for the period **April 2017-March 2018** to remain consistent with previous Quality Accounts, whilst the NHS data may not be for the same period due to HSCIC data availability. The NHS data provided is the latest information available from the HSCIC Indicator Portal.

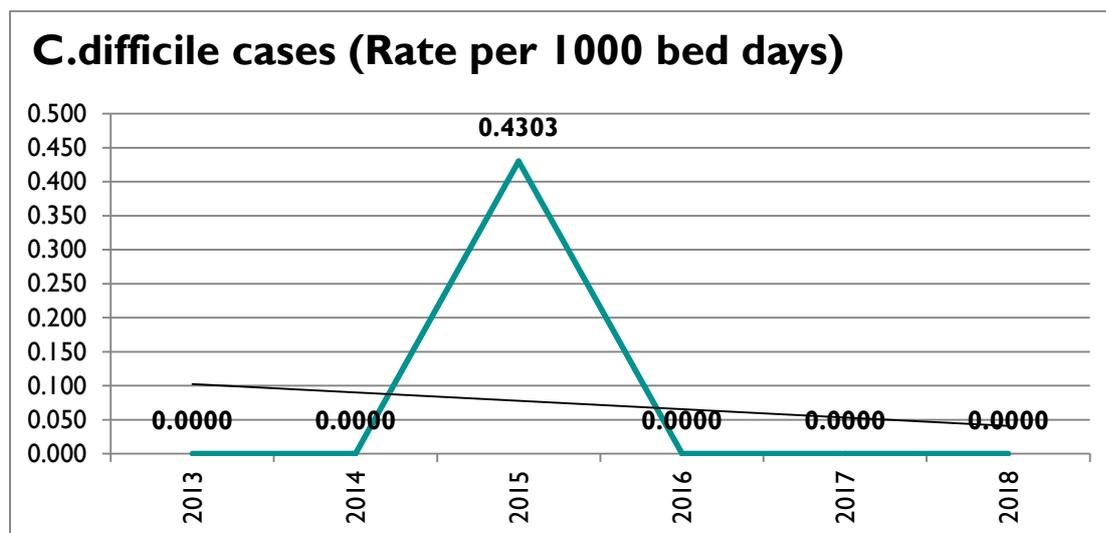
| Indicator | Source | Information | NHS Date Period |
|---|--|---|----------------------------|
| Number of paediatric patients re-admitted within 28 days of discharge and number of adult patients (16+) re-admitted within 28 days of discharge. | BMI Healthcare Risk Management System | This figure provided is a rate per 1,000 amended discharges. | Apr 2011 - Mar 2012 |
| Number of <i>C.difficile</i> infections reported | BMI Healthcare Risk Management System | This indicator relates to the number of hospital-apportioned infections. | Apr 2014 - Mar 2015 |
| Responsiveness to Personal Needs of Patients | Quality Health Patient Satisfaction Report | The responsiveness score provided is an average of all categories applied to Patient Satisfaction questionnaires answered by BMI Healthcare inpatients. | Feb 2016 - Jan 2017 |
| Number of admissions risk assessed for VTE | CQUIN Data | BMI Healthcare only collects this information currently for NHS patients. | Jan 2017 - Dec 2017 |
| Number/Rate of Patient Safety Incidents reported | BMI Healthcare Risk Management System | Based upon Clinical Incidents with a patient involved where the NPSA Guidelines deem a severity applicable. | Oct 2015 - Sep 2016 |
| Number/Rate of Patient Safety Incidents reported (Severe or Death) | BMI Healthcare Risk Management System | Based upon Clinical Incidents with a patient involved where the NPSA Guidelines deem a severity applicable. | Jul 16 - Jun 17 |

| Further Indicator | Information |
|--|---|
| Percentage of BMI Healthcare Staff who would recommend the service to Friends & Family | This information is taken from BMI Healthcare's Staff Survey which was conducted during 2017. |

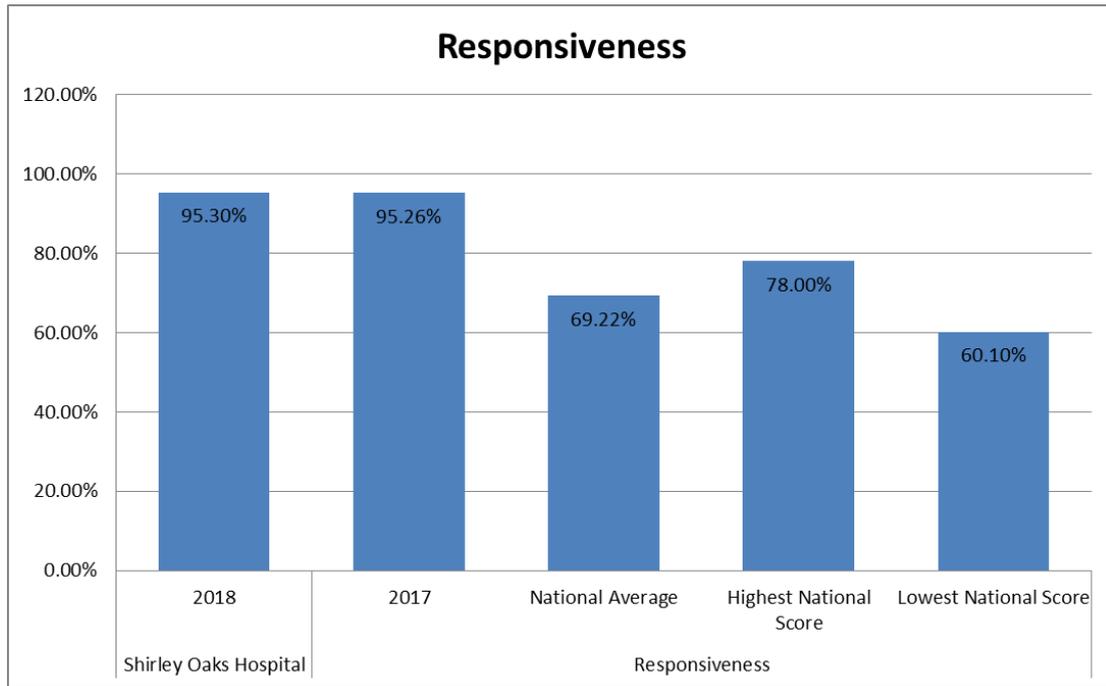
Re-Admissions within 28 Days of Discharge (Adult)



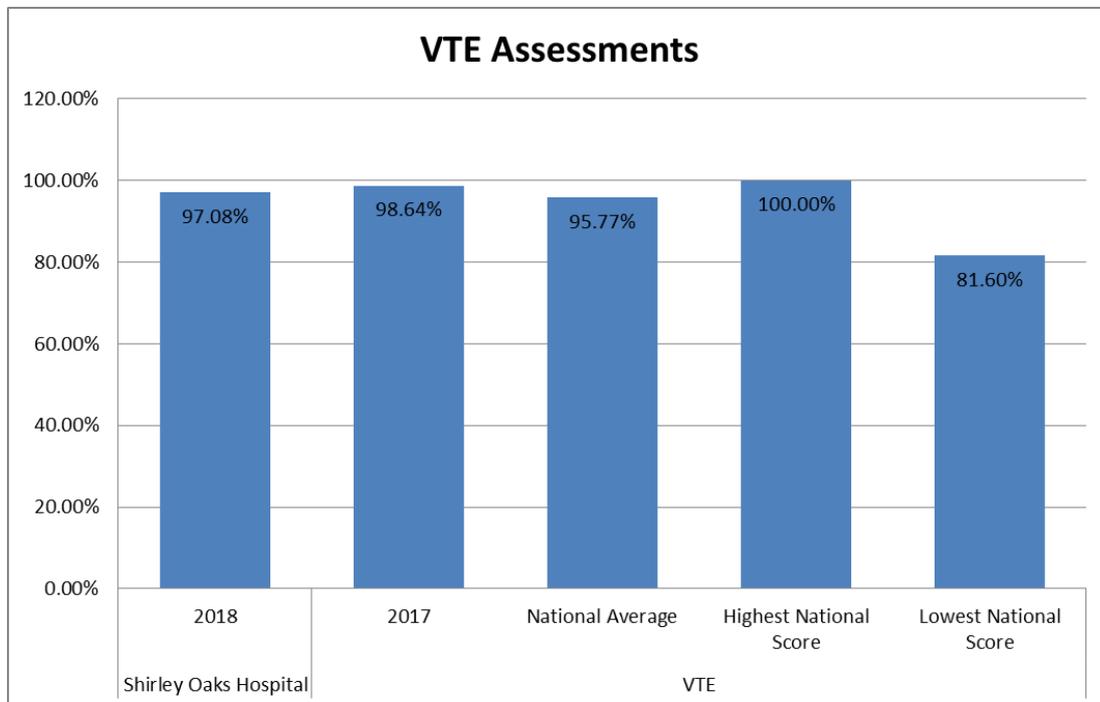
The rate per 100,000 bed days of cases of C difficile infection reported within the hospital



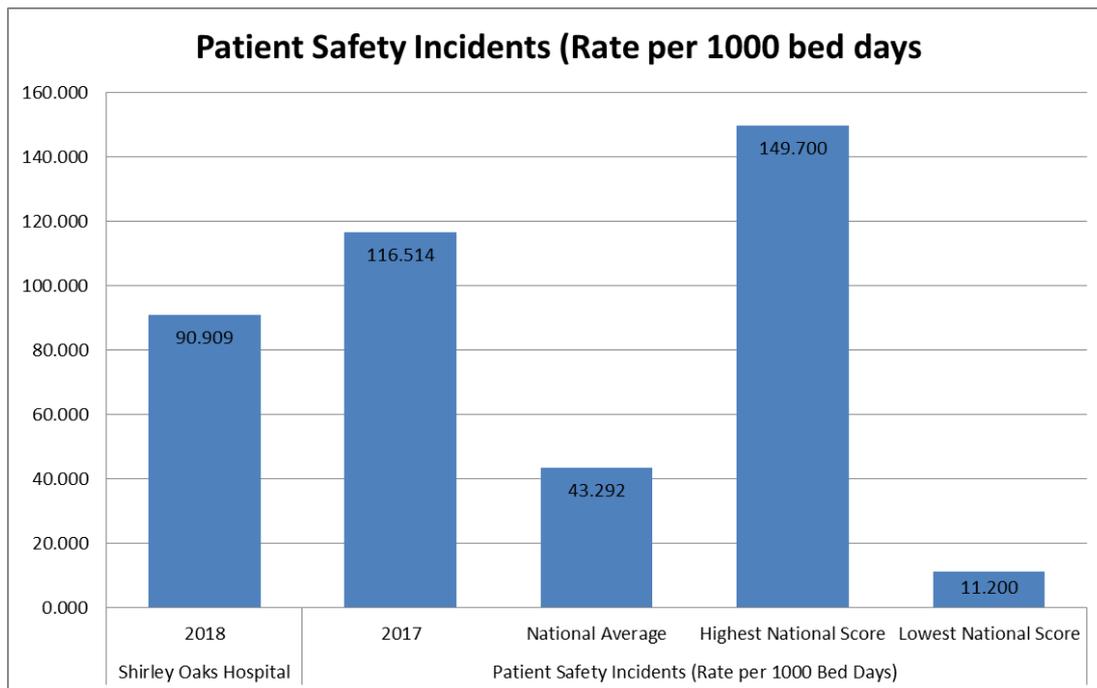
Hospitals responsiveness to the personal needs of its patients



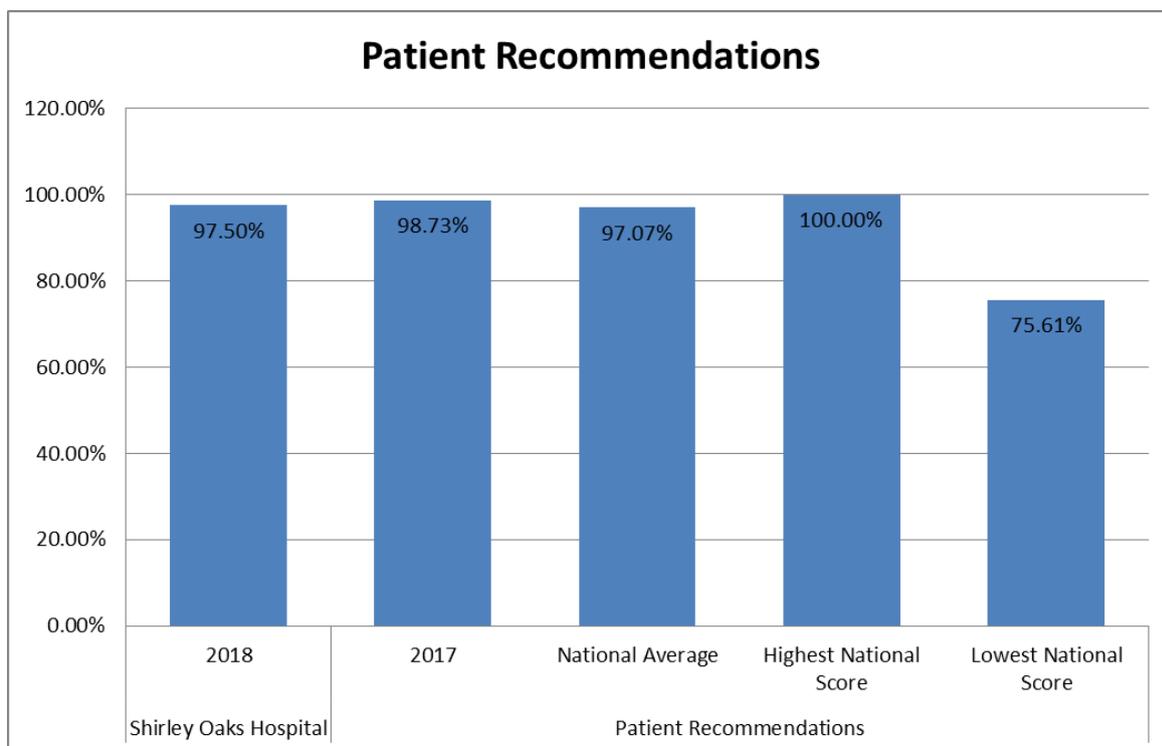
The percentage of patients who were admitted to hospital and who were risk assessed for VTE (Venous Thromboembolism)



Patient Safety Incidents



Patient Recommendation Results



BMI Shirley Oaks Hospital
Poppy Lane, Shirley Oaks Village, Croydon CR9 8AB
T 020 8655 5500