



The Alexandra
Hospital

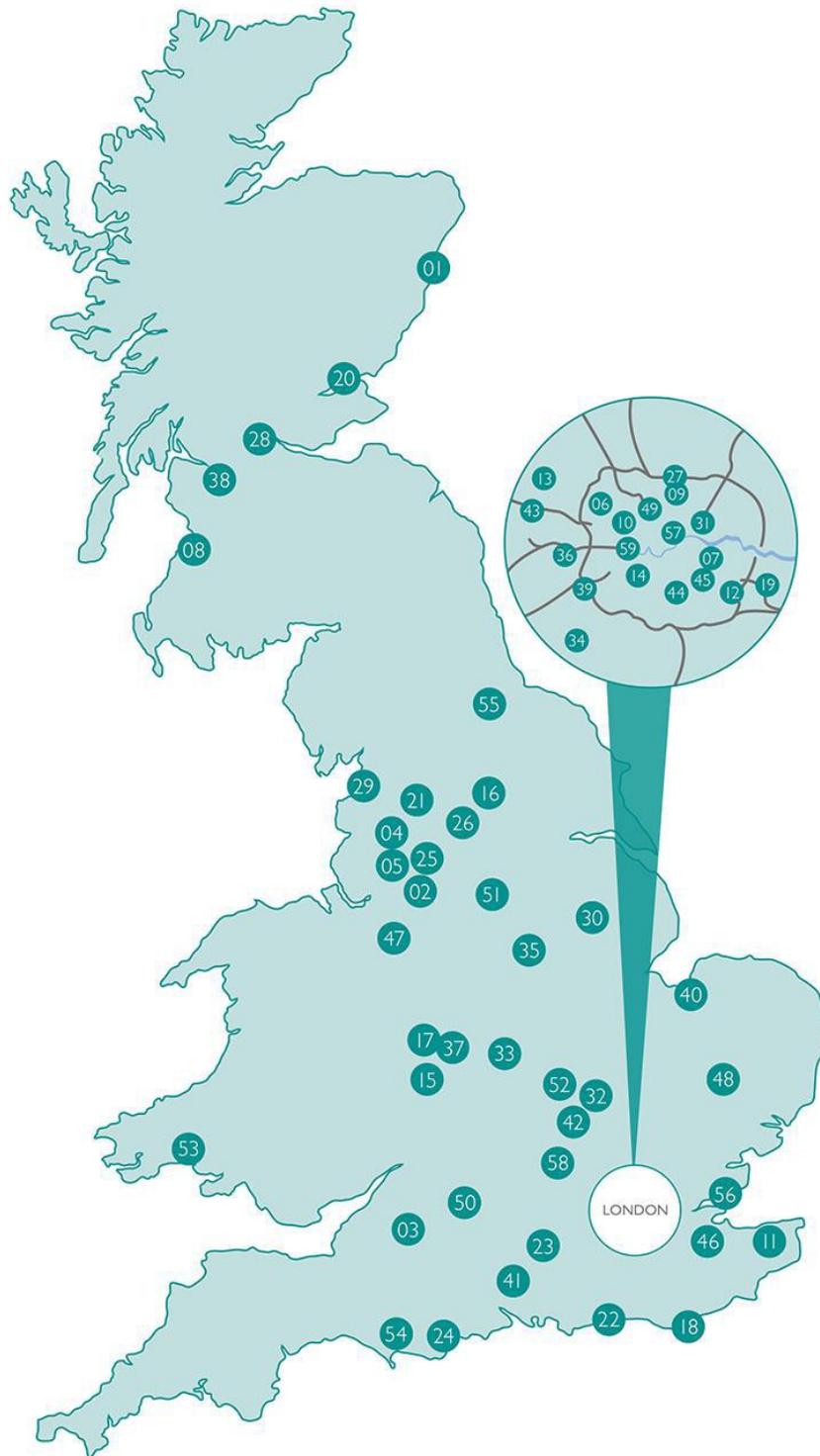
**QUALITY
ACCOUNTS 2018**

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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." with a period at the end. The signature is written in a cursive, flowing style.

Dr Karen Prins

Hospital Information



BMI The Alexandra Hospital is the flagship hospital for BMI Healthcare, and is the largest private hospital outside of London. It was purpose built 37 years ago, and has undergone continuous investment since that time. It comprises of 128 beds, with en-suite facilities, 7 operating theatres, all with laminar flow, a Hybrid Theatre/Cath Lab, theatre endoscopy suite and outpatient minor procedure theatre, all of which are supported by a fully equipped Imaging Department that provides a full range of imaging modalities, including a recently modernised magnetic resonance suite with two scanners, Computerised Tomography, Ultrasound, Catheter Lab Imaging, Nuclear Medicine and general imaging facilities.

Our Critical Care Service is available on a 24/7 basis and the hospital is also supported by a Urgent Care Centre which is open for 7 days a week, offering direct access GP and primary care services.

The hospital caters for a wide range of surgical and medical needs, and, whilst it attracts patients predominantly from Manchester and Cheshire, it receives referrals from across the UK, reflecting the reputation of the experts that work here.

Strategically located just off the southern sector of the M60, circling the City of Manchester, and 10 minutes from Manchester Airport, the hospital enjoys enviable transport links.

Approximately 30% of patients referred to BMI The Alexandra Hospital are funded through the NHS, mainly under a Standard Acute Contract with seven Manchester clinical commissioning Groups (CCG's). The hospital also carries out spot contract work for the local Foundation Trusts, across a range of specialties, as the need arises. The majority of patients are funded through private

medical insurance, although the fastest growing area of work is self-pay, where patients fund their own treatment.

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

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

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

The CQC carried out an announced inspection on 5th & 6th July 2016, and an unannounced inspection 13th July 2016 and provided the following rating:

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

The Alexandra 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 team 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 Lead infection prevention and control nurse at The Alexandra Hospital. There are link clinical staff in each clinical area who work with the lead nurse to support education and best practice.

Between April 2017 to March 2018, the hospital reported no bacteraemias or clostridium difficile infections.

- Zero MRSA bacteraemia cases/100,000 bed days
- Zero MSSA bacteraemia cases /100,000 bed days
- Zero E.coli bacteraemia cases/ 100,000 bed days
- Zero Number of cases of hospital apportioned Clostridium difficile in the last 12 months.
- SSI data is also submitted to Public Health England for Orthopaedic surgical procedures.

Our rates of infection are:

- Hips 0.0000%
- Knees 0.02236%

The hospital completes an annual Director of Infection Prevention and Control report, summarising the framework, processes and a self-assessment against the Code of Practice for Infection Prevention and Control and related guidance (DH 2015). Health and Social Care Act 2008: Code of Practice for the Prevention and Control of Infections and related guidance (DH 2015). This Code of Practice is used by the England healthcare regulator, The Care Quality Commission (CQC), to measure compliance of healthcare providers in relation to Regulations 12 and 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).

Improvements identified from the self-assessment included:

- **The necessity to increase the remit of hours and practice for the lead infection prevention nurse in response to the complexity of the clinical services provided. (97%).**

The hospital has increased the contracted hours of the Infection Prevention Control Nurse and has recently appointed a new experienced infection prevention control nurse with acute and community infection prevention experience.

- **The recent and current hospital refurbishment projects and the necessity to review previously agreed cleaning schedules and methods to meet the changed infrastructure (97%).**

The hospital conducted an independent observational review of the existing cleaning processes, schedules and methods, housekeeping hours have been increased with dedicated separate theatre team. Cleaning products/techniques compliance was assessed and training/guidance provided where appropriate.

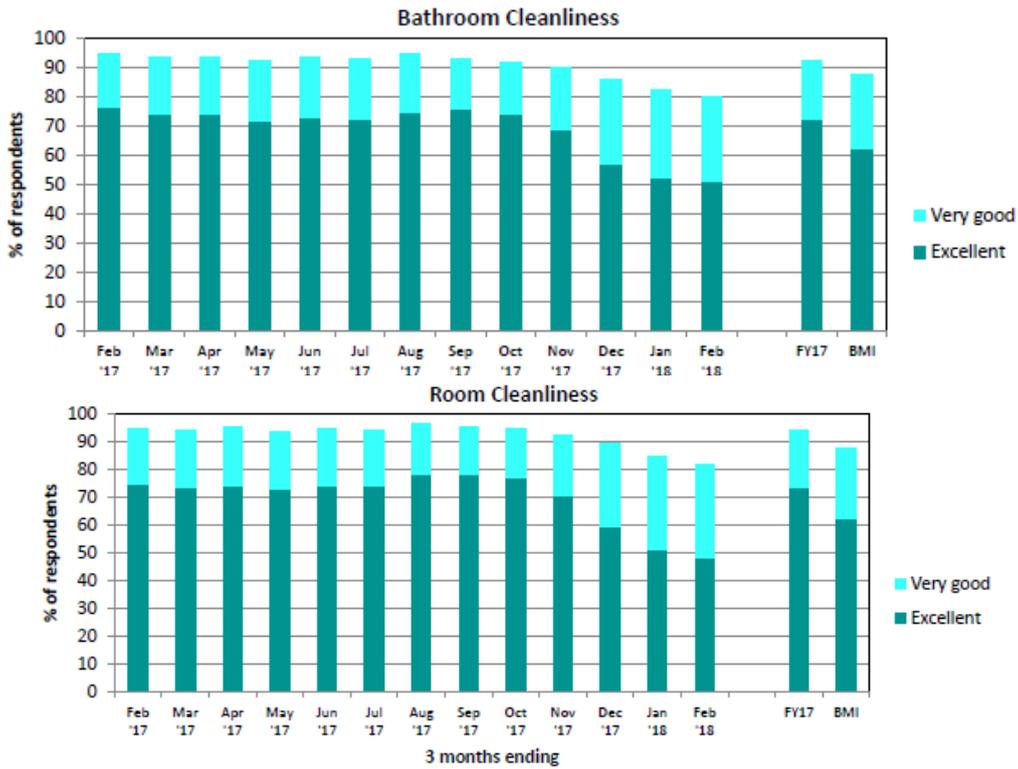
The hospital infection control committee is held every quarter, chaired by an experienced Consultant Microbiologist, attended by the Director of Clinical Services, the lead infection prevention control nurse, Anti-microbial lead Pharmacist and staff representatives from all clinical areas.

Infection Prevention and Control (IPC) audits are routinely and regularly completed as part of a BMI Healthcare national audit programme which includes, hand hygiene, high impact intervention care bundles and Aseptic non-touch technique (ANNT). The audit outcomes are shared through the quarterly IPC committee meetings where actions to improve practice is agreed.

The IPC Lead Nurse and service is supported by 11 infection prevention link nurses who are based in clinical care areas throughout the hospital. They support the completion of audit and educate on hand washing and best practice in both clinical and non-clinical areas.

The hospital participates in the European Antibiotic Awareness Day and the world antibiotic awareness week annually to raise awareness amongst staff and service users of the issues around antibiotic usage and resistance. This was supported by a promotional stand, manned by an experienced Anti-microbial lead Pharmacist to provide advice and guidance to staff, patients and visitors. The Anti-microbial lead Pharmacist conducts regular Anti-microbial point prevalence audits to monitor practice, where the outcomes are discussed at quarterly hospital infection prevention committees chaired by a Consultant Microbiologist. The pharmacists work closely with the resident doctors and consultants to influence appropriate prescribing of antibiotics.

Environmental cleanliness is an important factor in infection prevention and our patients rate the cleanliness of our facilities highly as indicated in our patient satisfaction feedback below:



Sharps safety: The hospital is committed to minimising the risk of sharps injuries and is introducing a safe management system for the disposal of sharps. There were 10 staff needle stick injuries reported in the year April 2017 – March 2018 (2.7% of total staff) resulting in low harm. The hospital uses safe sharps devices for obtaining blood samples, preparing vial medicines and cannulation and there is an embedded policy and process in place to help prevent injuries and take appropriate action to prevent contamination when injuries occur.

BMI Healthcare and The Alexandra Hospital offers every staff member a Free Flu Vaccination in an effort to keep their employees safe from preventable respiratory infections during the winter months whilst also protecting our patients & families.

The Alexandra Hospital, annually vaccinates over 200 staff members, via drop in clinics held in the hospital throughout October and November. Last year, the hospital vaccinated more staff, as our occupational health trained additional registered nurses to administer the vaccine as our 'flu champions'.

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. The Alexandra Hospital conducted a PLACE Audit on 31st May 2017 the outcomes are indicated below and also available to view via the intranet visiting <https://digital.nhs.uk/data-and-information/publications/statistical/patient-led-assessments-of-the-care-environment-place/patient-led-assessments-of-the-care-environment-2017-england>.

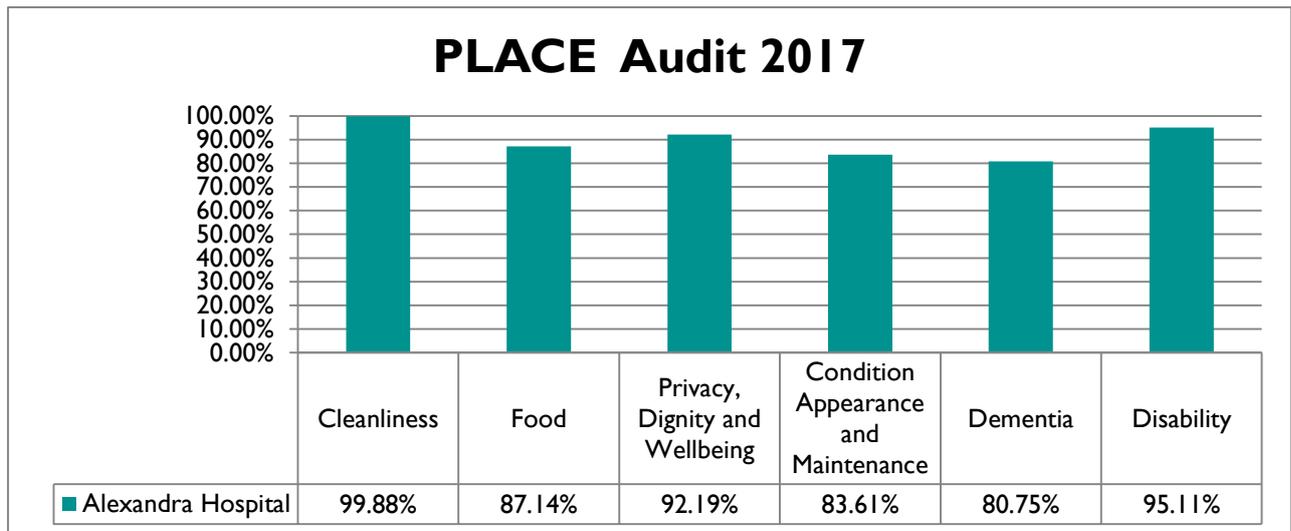


Figure 1: PLACE Assessment May 2017

The PLACE audit revealed that there were minor areas of improvement including a need for refurbishment in some areas focusing on the décor and privacy, a phased program of work is currently underway to address this.

The food scores were lower than the previous years. Issues highlighted were concerning the quality & presentation of the food and food temperatures. Some of this we believe related to the hospital refurbishment at the time where there was a temporary hospital entrance adjacent to the restaurant to enable the build of a new main entrance. This work has now been completed and the restaurant has returned to its former dedicated area. Regarding the food presentation and temperatures, this has been addressed by our third party catering provider and a new menu devised for patients. We continually monitor food quality and provision through patient feedback.

Dementia assessment compliance has increased from 70% in 2016 to 80.75% in 2017. Nationally, BMI Healthcare has implemented an improvement program to enhance awareness, which includes improved education & a newly established steering group.

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.

Any individual situation that arises requiring Duty of Candour is discussed with the Consultant and clinical team and the evidence of compliance recorded within both the Clinical notes and RiskMan (incident management system). The number of recorded incidents which required Duty of Candour was 6 for the period April 2017 to March 2018. No trends were identified during this reporting period.

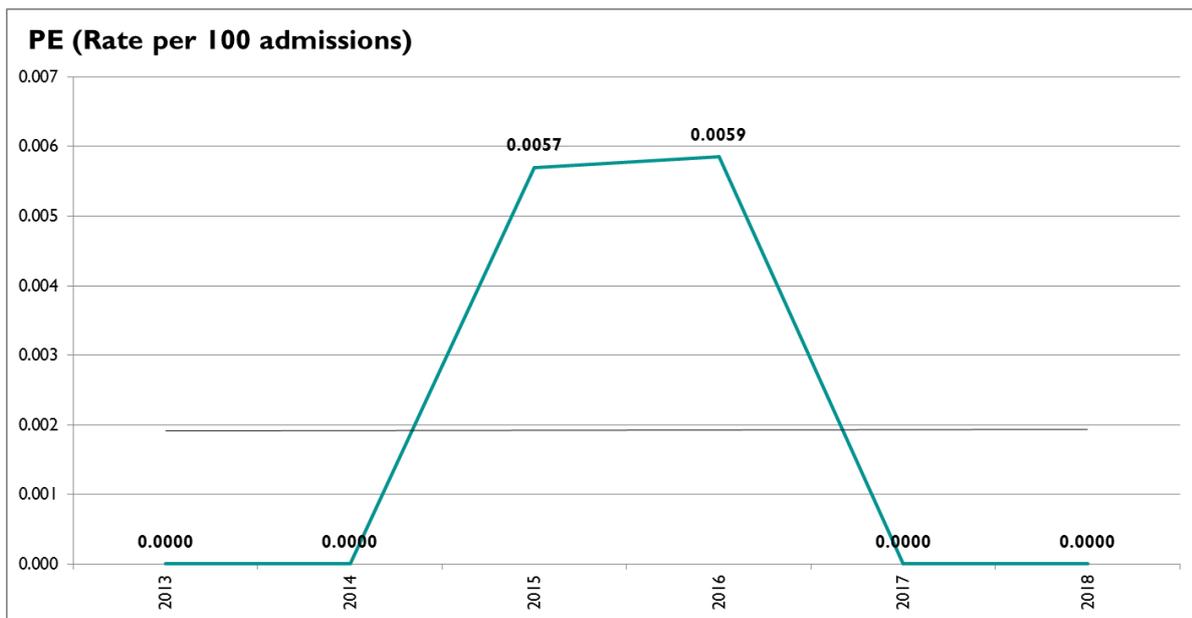
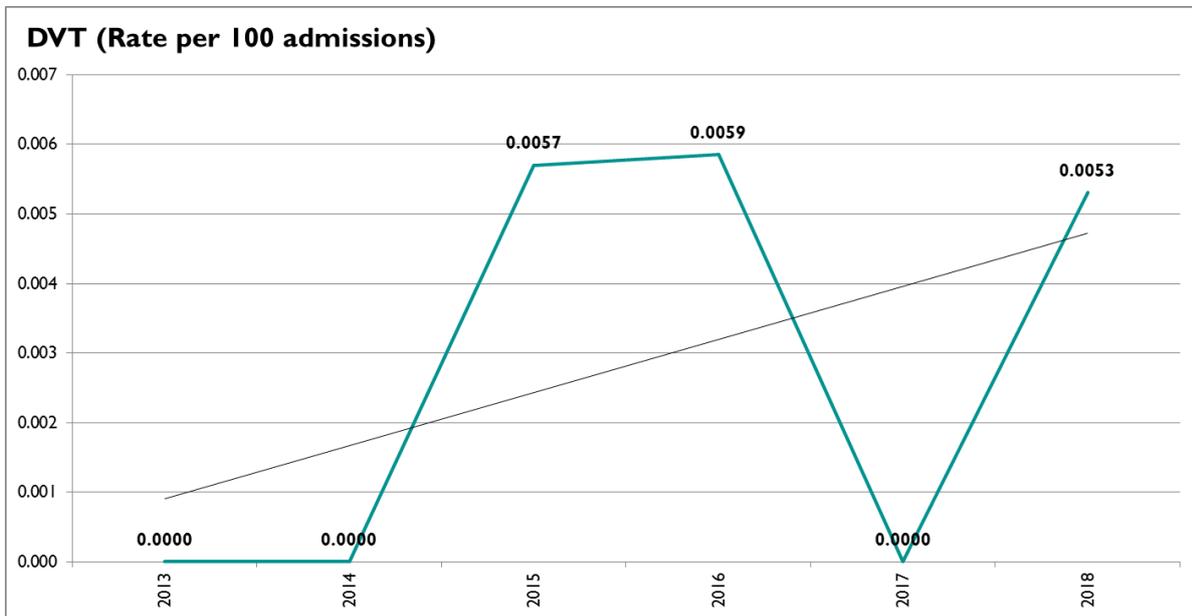
Venous Thrombo-embolism (VTE)

BMI Healthcare, holds VTE Exemplar Centre status by the Department of Health across its whole network of hospitals including, The Alexandra 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

The Alexandra Hospital reports the incidence of Venous Thromboembolism (VTE) through the corporate clinical incident system (RiskMan). It is acknowledged that we may not be informed of all patients who develop a VTE post discharge as this is dependent on the GP or Consultant informing us. We are continuing to work with our clinical colleagues to improve on this data capture.

Our audit assessing completion of pre-surgery VTE risk assessment was 100% for the reporting period April 2017 – March 2018.



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 The Alexandra Hospital:

The Alexandra Hospital continues to encourage patients to complete PROMs questionnaires. Staff have been educated to highlight to patients the importance of data collection and how capturing the data can improve patient experience.

BMI Healthcare Data collection for Groin Hernia ceased at the beginning of January 2018.

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

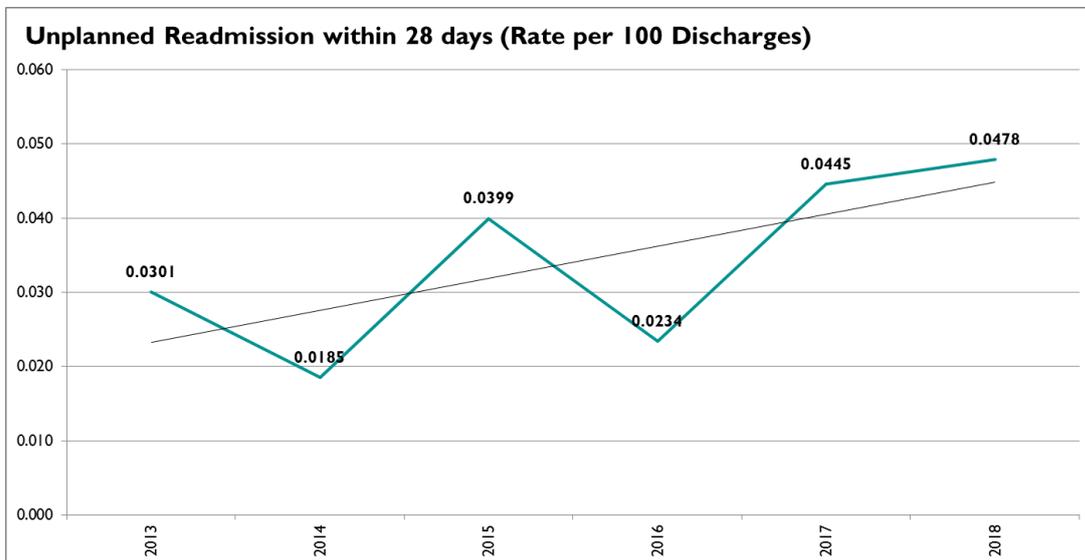
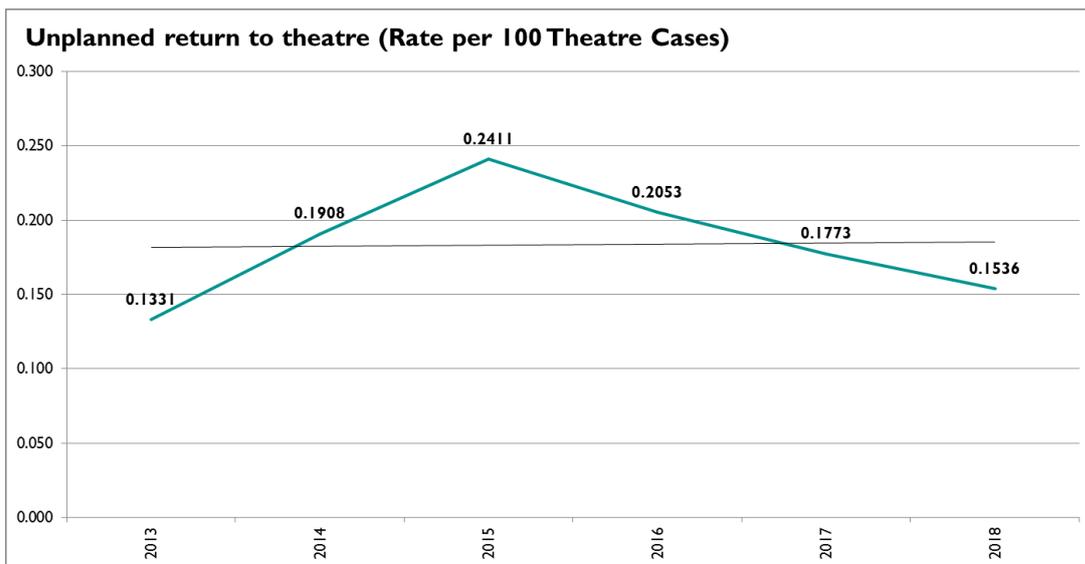


Unplanned Readmissions & Unplanned Returns to Theatre

Unplanned readmissions and unplanned returns to theatre are normally due to a recognised clinical complication related to the original surgery.

Wherever there is an unplanned re-admission or return to the operating theatre, each individual case is reviewed and investigated where necessary to understand if there are any learnings or an opportunity to share best practice.

During the period April 2017 – March 2018 there were a total of 10 patients re-admitted (0.79% per patient days) and 30 patients returned to theatre, (2.40% per patient days) which confirms that whilst there is always a recognised risk with any kind of surgery, these rates are significantly low considering the volume and complexity of surgery performed at the hospital. Wherever there is an identified theme relating to particular surgical specialty or surgical practice a whole practice review occurs, with an in-depth analysis of individual cases by the hospital senior clinical team, governance team and advice and guidance sought from the hospital Medical Advisory Committee. Wherever there is suspected risk, the clinician / practitioners practice is suspended until the whole review and evidence of competent practice is assured. The hospital has a 24/7 on-call theatre team available to support any patient returns to theatre.



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 finding are then shared to all hospitals through the National monthly Clinical Governance Bulletin, to ensure lessons are learnt across the company.

Patient Satisfaction

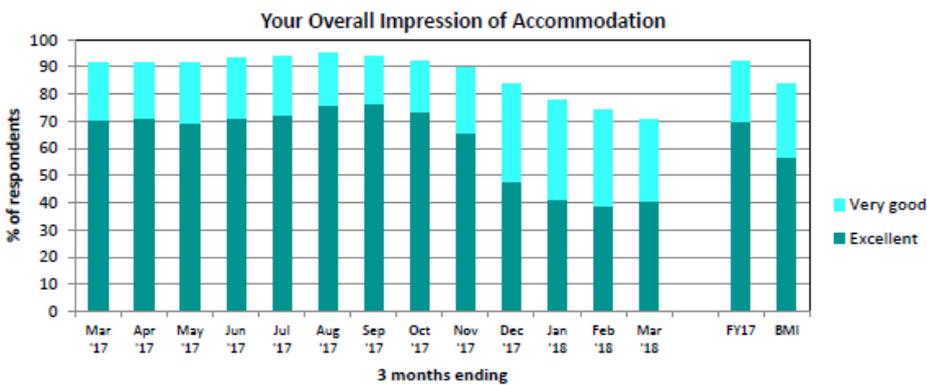


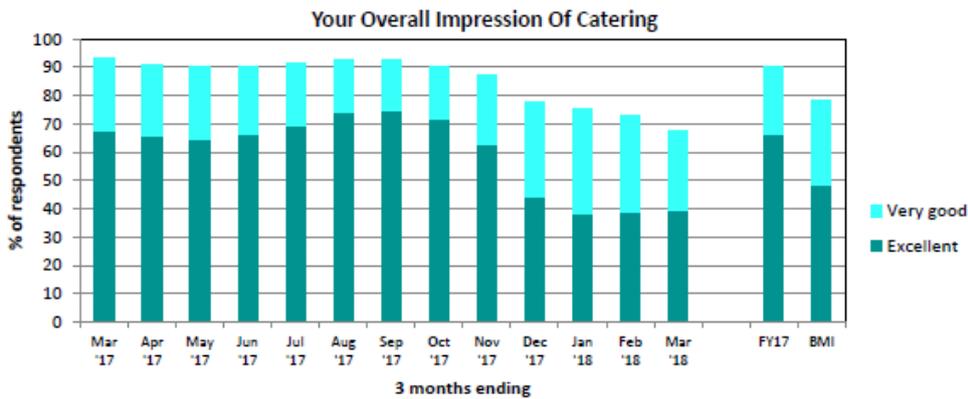
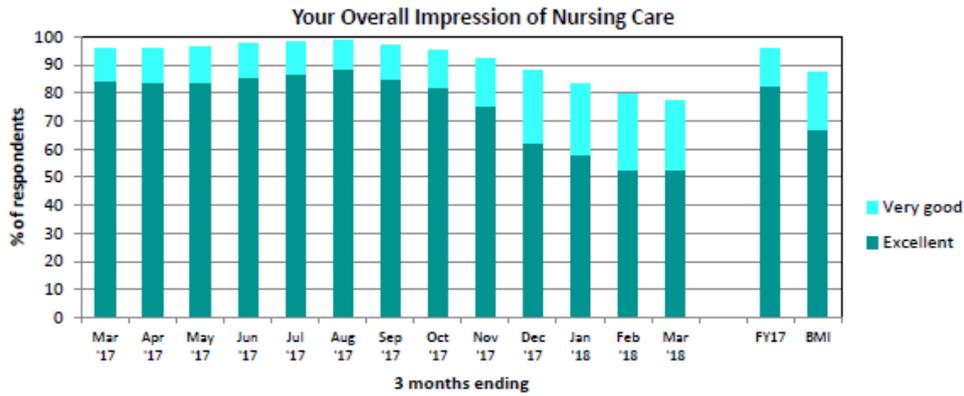
BMI Healthcare is committed to providing the highest levels of quality of care to all of our patients.

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.

There was a declining trend for our “Exceeded Expectations” patient satisfaction survey results, which coincided with a £10M renovation program across the Hospital. The building works affected all aspects of the patient journey with the Restaurant being used as a temporary entrance; temporary hoarding throughout the reception area, noisy works and disrupted waiting areas. The works are now complete and we should see the patient satisfaction scores revert back to the pre-work scores and in some cases, even increase with the lovely new environment that has been created by the renovation works.

We recently held our first Patient Forum, to get qualitative feedback to compliment the survey results, and we also host the local Breast Cancer Support Group.





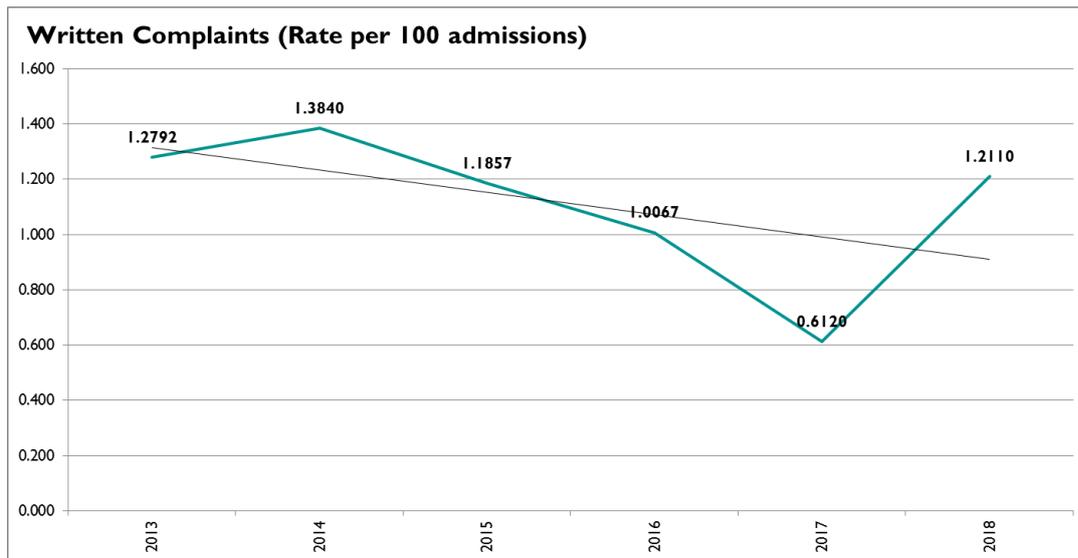
Complaints

In addition to providing all patients with an opportunity to complete a Satisfaction Survey, BMI The Alexandra 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.



The hospital encourages customer feedback and all complaints are registered on BMI’s national incident reporting database - RiskMan, and are acknowledged within 2 working days where it is not possible to respond straightaway. The Executive Director sends final response letters, after investigations have been carried out by the relevant department/s and key staff. Where possible, and particularly in the case of serious clinical concerns, the Executive Director will offer to meet with the patient.

Complaints are routinely discussed at relevant hospital committee meetings, including our bi-monthly Medical Advisory Committee meetings. Complaint themes and any serious concerns are discussed regionally and corporately through governance forums.

The two main themes identified in recent complaints relate to the way that we communicate with our patients, in particular the way that we explain the fees that are charged for treatment. We have recently produced pricing information for the Outpatients and Imaging departments which we hope will explain the processes better, and we are also involved in national BMI projects which we believe will make our pricing and invoicing more patient friendly.

CQUINS

BMI The Alexandra Hospital agreed 3 local CQUIN (Commissioning for Quality and Innovation) targets for the period March 2017 – April 2019. These included:

Advice & Guidance: The aim of this CQUIN is to implement and operate an advice and guidance service for non-urgent GP referrals to access consultant advice within a 48 hour period, prior to referring patients for hospital treatment.

Staff Health & Wellbeing: The purpose of this CQUIN is to improve the health & wellbeing of our staff through various initiatives including “mindfulness sessions”, Pilates classes, free staff access to physiotherapy treatment for musculo-skeletal symptoms and a menopause group.

Preventing Ill Health: The objective of this CQUIN is to routinely screen patients at risk of alcohol and nicotine abuse and provide signposting to specialist support services.

The hospital is currently on target to fully achieve these quality initiatives.

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 Healthcare 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)

The hospital reported four suspected safeguarding children concerns between April 2017 & March 2018, all issues which were promptly escalated, and reported to the relevant local safeguarding board and GP. Two Adult concerns were raised with the relevant GP's of which both were known to have contact with social services and community mental health service.

National Clinical Audits

The Alexandra Hospital participates in the following national audits:

- Patient Reported Outcome Measures (PROMS)
- National Joint Registry (NJR)
- National clinical data reporting via DENDRITE systems
- Intensive Care National Audit and Research Centre (ICNARC)
- Patient Led Assessments of the Care Environment (PLACE)
- The Ionising Radiation Medical Exposure Regulations (IR(ME)R)

To add further data/context behind the Clinical Audits, NJR Data can be found here if applicable:

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

Priorities for Service Development and Improvement

Cardio-thoracic

- The new hybrid catheter lab opened in February 2017, and is the most modern facility of its type in the region. BMI The Alexandra Hospital became the only BMI Healthcare hospital, and the only private provider in the North West to offer Transcatheter aortic valve implantation (TAVI's) in conjunction with a team from the Manchester Royal Infirmary.
- We are in the middle of a major waiting list initiative for local trusts delivering cardiac surgery for NHS patients

Medical admissions and Urgent Care Centre (UCC)

- A new clearly defined admissions policy has allowed the hospital to support our expansion of the medical admission service.

- The availability of the 7 day a week Urgent Care Centre has allowed us to treat a wider range of higher acuity patients. The UCC was expanded as part of the recent investment program, and has its own entrance at the front of the hospital.

Cancer services

- The cancer service is expanding following the appointment of an experienced Clinical Services Nurse Manager in Cancer and the development of an effective Cancer Multi-Disciplinary Team to further enhance the service.
- Selective Internal Radiation Therapy (SIRT) – with the increasing confidence of our clinician’s we have embedded this treatment therapy for liver cancer.

Private GP service

Our private GP service makes the wide range of services available at the hospital far more accessible to private patients who may have trouble being available for NHS GP appointments.

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
- Falls
- Catheter related Urinary Tract Infection
- 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



Alexandra Hospital	Staff Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
83.00%	86.28%	73.18%	89.98%	50.44%

- Implementation of an Employee Engagement Group to encourage staff feedback in interaction with the Senior Management team.
- Monthly departmental briefings by the Executive Director to share, directly with the teams, business plans, strategies and hospital performance.
- Introduction of a Staff Recognition system where employees can nominate their colleagues for going the extra mile.
- Introduction of a Staff Suggestions box to encourage employees to feedback suggestions for service improvements.
- Creation of a monthly staff newsletter to reinforce hospital messaging and encourage better communication.

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 Staff Survey which was conducted during 2017.		

Re-Admissions within 28 Days of Discharge (Paediatric and Adult)

Alexandra Hospital	Re-Admissions (Aged between 0-16)			
2018	2017	National Average	Highest National Score	Lowest National Score
0.417	0	11.45	14.94	0

Alexandra Hospital	Re-Admissions (Aged 16+)			
2018	2017	National Average	Highest National Score	Lowest National Score
0.597	0.487	10.010	41.650	0.000

Currently all readmissions within 28 days of surgery are recorded on our incident reporting database - RiskMan and reviewed case by case. Individual Consultants will meet with the Executive Director and Director of Clinical Services if patterns or themes emerge. In addition any concerns related to individual clinicians will be raised and discussed at the hospital MAC (Medical Advisory Committee) a nominated group of experienced consultants from each medical/surgical specialty to discuss each case.

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

Alexandra Hospital	C.difficile (per 100,000 bed days)			
2018	2017	National Average	Highest National Score	Lowest National Score
0.000	0.000	35.928	147.455	0.000

Hospitals responsiveness to the personal needs of its patients

Alexandra Hospital	Responsiveness			
2018	2017	National Average	Highest National Score	Lowest National Score
94.57%	94.58%	69.22%	78.00%	60.10%

The Alexandra Hospital is committed to improve further on how effectively respond to our patients personal needs by continually monitoring patient feedback, discussing this in our service leads meetings and regularly sharing feedback with our staff.

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

Alexandra Hospital	VTE			
2018	2017	National Average	Highest National Score	Lowest National Score
100%	99.00%	95.77%	100.00%	81.60%

BMI The Alexandra Hospital routinely carries out VTE risk assessments as part of our patient pathway.

Patient Safety Incidents

Alexandra Hospital	Patient Safety Incidents (Rate per 1000 Bed Days)			
2018	2017	National Average	Highest National Score	Lowest National Score
62.707	27.801	43.292	149.700	11.200

BMI The Alexandra Hospital encourages transparency in the reporting of incidents. The reporting culture at the hospital has improved significantly and staff have embraced the new reporting database, which is evident by increased reporting of events and near misses. This process is now embedded into practice.

Incidents are discussed at hospital daily communication meetings with Heads of Departments. Trends & Themes are continually monitored and discussed at relevant committee and governance meetings, action is taken as appropriate to mitigate further re-occurrence, to learn lessons and to improve the services we offer our patients.

Patient Recommendation Results

Alexandra Hospital	Patient Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
95.79%	98.66 %	97.07%	100.00%	75.61%

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.

There was a declining trend for our “Exceeded Expectations” patient satisfaction survey results, which coincided with a £10M renovation program across the hospital. The building works affected all aspects of the patient journey with the Restaurant being used as a temporary entrance; temporary hoarding throughout the reception area, noisy works and disrupted waiting areas. The works are now complete and we should see the patient satisfaction scores revert back to the pre-work scores and in some cases, even increase with the lovely new environment that has been created by the renovation works.

We recently held our first Patient Forum, to get qualitative feedback to compliment the survey results, and we also host the local Breast Cancer Support Group.

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