



The Hampshire
Clinic

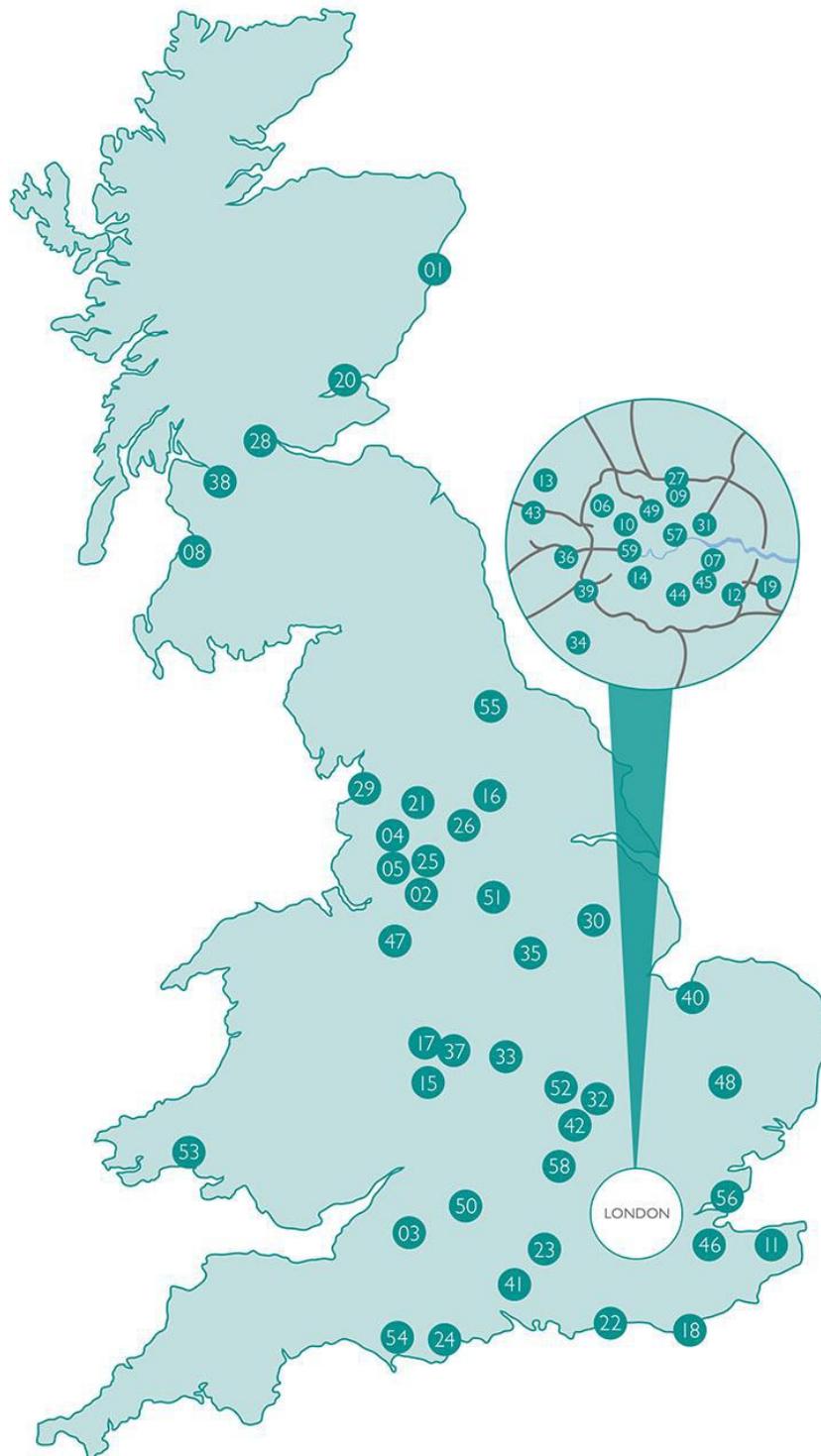
**QUALITY
ACCOUNTS 2018**

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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." The signature is written in a cursive, flowing style.

Dr Karen Prins

BMI The Hampshire Clinic



The Hampshire Clinic in Basingstoke, Hampshire is part of BMI Healthcare, Britain's leading provider of independent healthcare with a nationwide network of hospitals & clinics performing more complex surgery than any other private healthcare provider in the country. Our commitment is to quality and value, providing facilities for advanced surgical procedures together with friendly, professional care. Our Vision is to be part of a Group that creates a world of consumer led care, where individuals choose our extensive health and well-being services throughout their lives, to help improve the health of the nation.

The Hampshire Clinic has 65 beds all with the comfort of en-suite facilities, satellite TV and telephone. The hospital has 4 operating theatres, 2 of which are laminar air flow, as well as a minor ops theatre in outpatients. We are proud to have completed a 2 million pound investment in a brand new dedicated endoscopy suite. Further to this we have a 3 bedded Intensive Care Unit, 2 of which are level 3, with appropriately qualified intensive care nurses and on-site dedicated intensivists. In addition to the inpatient facilities, there is a comprehensive outpatient department including health screening, physiotherapy, a hydrotherapy complex and radiology with full field digital mammography and an on-site 1.5T MRI scanner and 64 slice CT scanner.

These facilities combined with the latest in technology and on-site support services enable our consultants to undertake a wide range of procedures from routine investigations to complex surgery. Over the course of the year, we have invested in the infrastructure of the hospital to meet the standards required by our regulators and those that our patients expect us to achieve. Our specialist teams together with our Resident Medical Officers, who are on duty 24 hours a day, provide care within a friendly, comfortable and clean environment.

However ultimately it is our staff that deliver the care required. Each year we invest in our staff and are proud to offer specialist nursing care in the area of colorectal, paediatrics and urology.

Our latest figures show that 35% of our patient group is NHS - specialties include Orthopaedics, Colorectal, Pain Management, ENT, Gastroenterology, General Surgery, Ophthalmology and Urology.

Each year we ask our patients if they would recommend us to their friends and family. In 2017 99.2% of those asked agreed that they would.

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 The Hampshire Clinic 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 unannounced inspection on 21 and 22 March 2016 and provided an overall rating of Good with a rating of Outstanding for Caring in Surgery.

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|--------------------|------|-----------|--|------------|----------|---------|
| Medical care | Good | Good | Good | Good | Good | Good |
| Surgery | Good | Good |  Outstanding | Good | Good | Good |
| Outpatients | Good | Not Rated | Good | Good | Good | Good |
| Diagnostic Imaging | Good | Good | Good | Good | Good | Good |

The Hampshire Clinic 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 BMI The Hampshire Clinic.

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 |

All clinical areas are involved in Infection Prevention and Control audits on a monthly basis. The audits cover hand hygiene, cannula insertion and ongoing care, urinary catheter insertion and ongoing care, central venous catheter insertion and on-going care, environment and department specific audits. Individual department compliance is published monthly on scorecard and reviewed by the Director of Clinical Services.

A mattress audit was carried out in January 2018. A total of 51 mattresses were audited. All mattresses passed the audit since the hospital has a regular replacement programme.

A sharps audit was completed in October 2017 by a Daniels representative visiting all clinical areas. All sharps containers were observed to have the temporary closure in place when the container was unattended or during movement. Small sharps containers and trays were available to take to the bedside. The hospital achieved a 97% compliance rate.

A continuing programme of replacing patient bedroom carpets exists with 34 bedrooms having vinyl flooring; ten rooms had carpets removed in the last year.

Infection Prevention and Control training and updates are provided for all staff through e-learning and face to face teaching. Attendance is monitored and recorded by the Training Department. The current staff compliance rate is 87% which reflects new starters within induction.

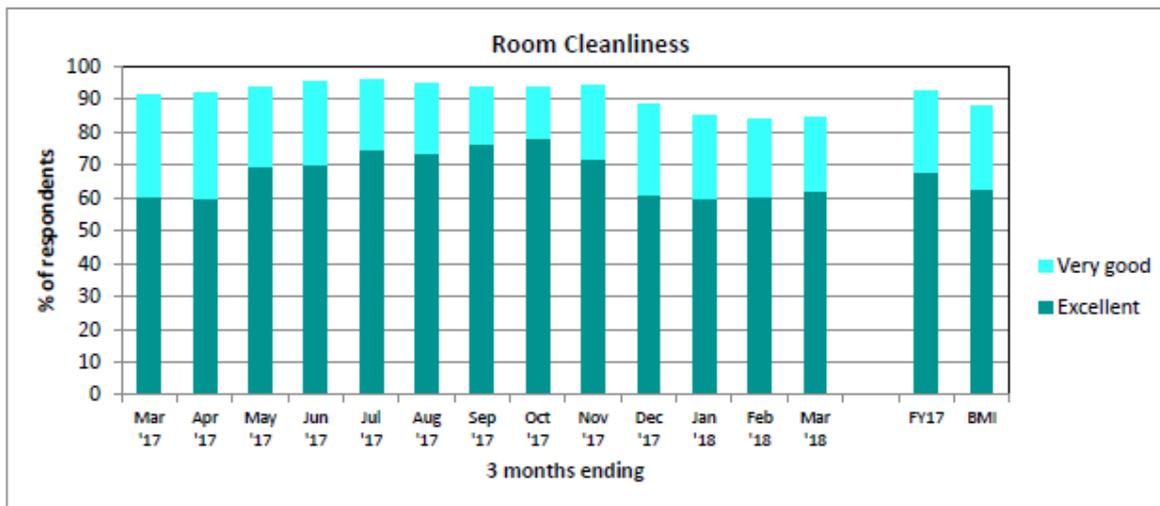
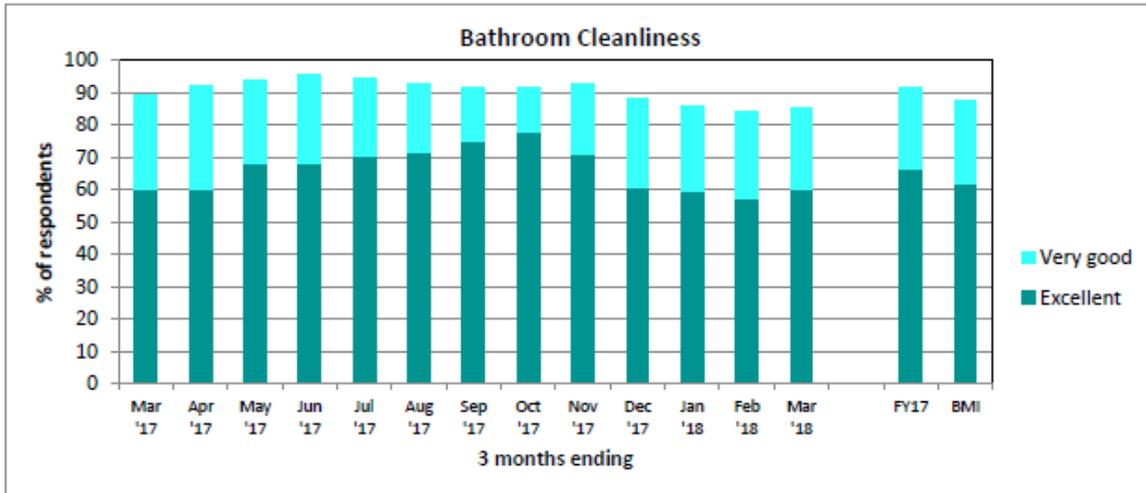
Hand hygiene training is provided for all staff that have direct and indirect contact with patients. A hand hygiene competency document is also included. Compliance audits are carried out monthly by infection control link nurses in all clinical areas. The compliance audit also includes checks on the "bare below the elbows" (BBE) aspect of the hand hygiene policy.

Aseptic Non Touch Technique (ANTT) competency training is provided for all staff that have direct clinical contact. A practical assessment is also carried out following the training. From the beginning of the year, the training department revised the ANTT competency assessment document and updated which is in line with current updates.

The Public Health England surveillance reporting system remains robust with follow ups for all hips and knees patients carried out in 2017/2018. There were no MRSA bacteraemia cases or C Diff infections reported in the reporting period.

The Water Safety Group continues to monitor and mitigate the risks associated with water including Legionella and Pseudomonas aeruginosa via on-going flushing schedules and quarterly water testing.

Environmental cleanliness is also an important factor in infection prevention and our patients consistently rate the cleanliness of our facilities highly and The Hampshire Clinic is rated above average within the Group for bathroom and room cleanliness.



Patient Led Assessment of the Care Environment (PLACE)

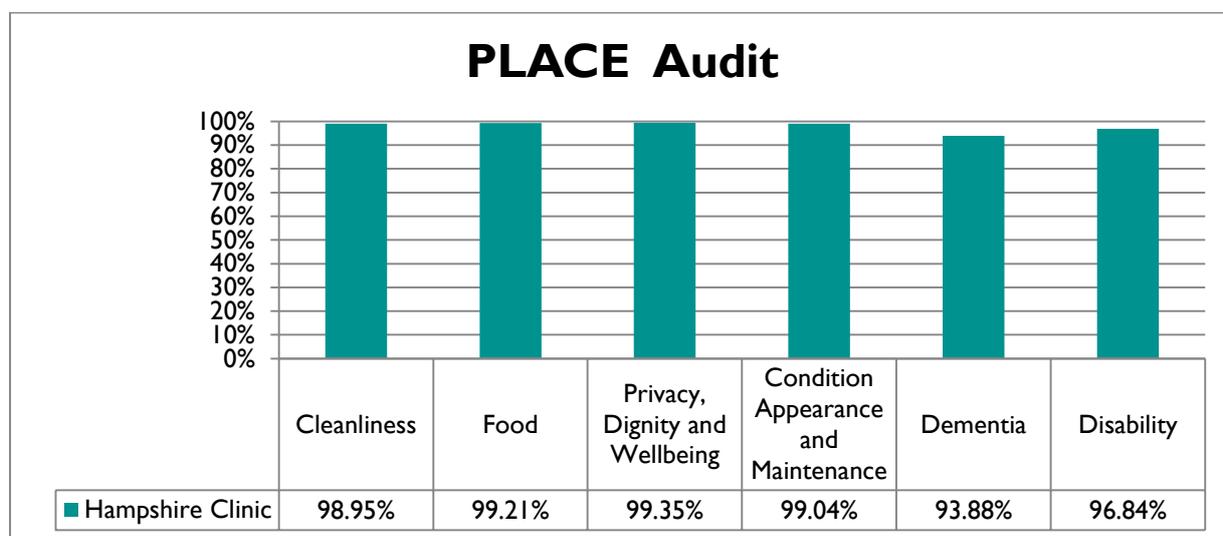
At BMI Healthcare, we believe a patient should be cared for with compassion and dignity in a clean, safe environment. Where standards fall short, patients are able to draw to the attention of Managers and hold the service to account. PLACE assessments provide motivation for improvement by sending a clear 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. The audit focuses entirely on the care environment and does not cover clinical care provision or how well staff are doing their job.

The results show how hospitals are performing nationally and locally.

| Hospital | Cleanliness | Food | Privacy, Dignity and Wellbeing | Condition Appearance and Maintenance | Dementia | Disability |
|------------------|-------------|--------|--------------------------------|--------------------------------------|----------|------------|
| Hampshire Clinic | 98.95% | 99.21% | 99.35% | 99.04% | 93.88% | 96.84% |



Following last year's PLACE audit a number of improvements were introduced. A further 10 patient bedrooms had their carpet replaced with vinyl flooring. Patient waiting areas were redecorated and refurbished with new wipeable chairs. Outpatient Treatment Rooms were also refurbished. Customer care training was rolled out to all staff during 2017 to promote BMI behaviours and values. The Director of Clinical Services continues to act as the dementia and safeguarding lead for the hospital.

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 members of staff to ensure understanding and implementation in relation to the Duty of Candour. We have also introduced a Safety and Culture survey across all employees highlighting questions which help communicate our Duty of Candour responsibilities.

In the past 12 months there were 3 incidents that required formal Duty of Candour notification. These involved:

- Communication in relation to theatre procedures
- Communication regarding medicines management
- Communication regarding surgical side effects and risks

All Duty of Candour incidents are documented in the patient's notes and highlighted via the implementation of the sticker as shown below.

BMI Healthcare Serious about health.
Passionate about care.

DUTY OF CANDOUR

Incident Number (if Known)

Member of staff carrying out Duty of Candour

Name:..... Position:.....
Signed:..... Date:.....

Person receiving information & Apology

Patient Next of Kin Other

Name:.....
Relationship to patient:.....

Account of incident given and effects/harm explained
 Apology given (this is not an admission of liability)
 Details of how the incident is going to be investigated
 Offer ongoing support given
 Action points agreed e.g further follow up meeting

Description of incident and conversation to be documented underneath this sticker within the medical records.

Venous Thrombo-embolism (VTE)

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

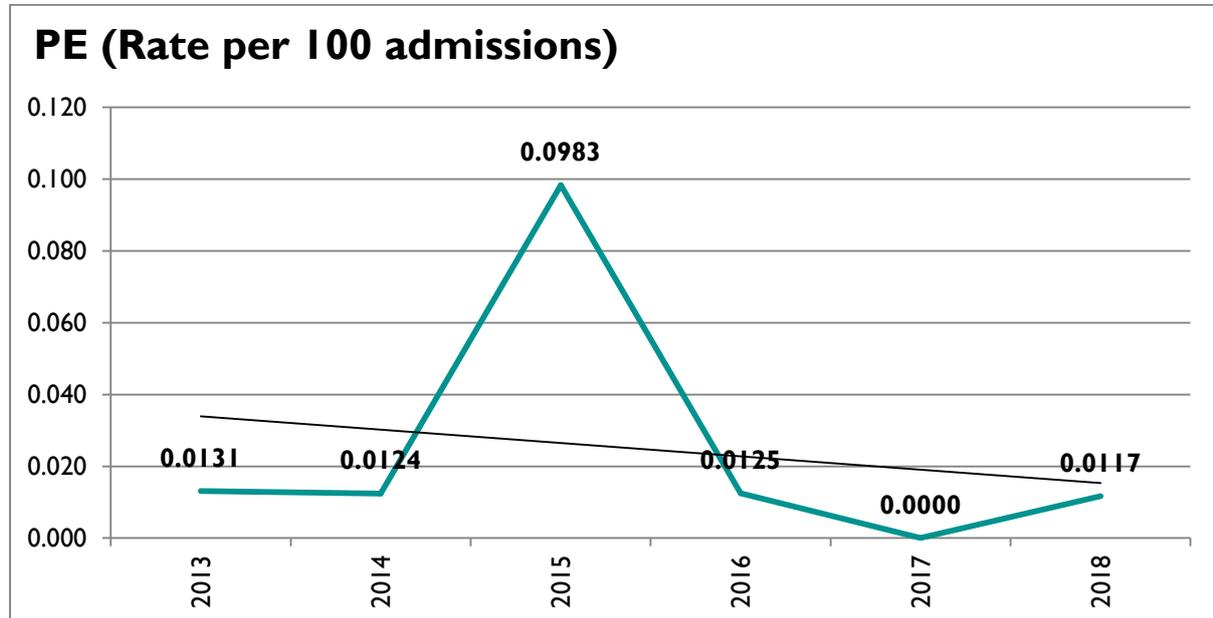
We see this as an important initiative to further assure patient safety and care. We audit our compliance with our requirement to VTE risk assess every patient who is admitted to our facility and the results of our audit on this has shown

| VTE Percentage | |
|----------------|---------|
| VTE | 100.00% |

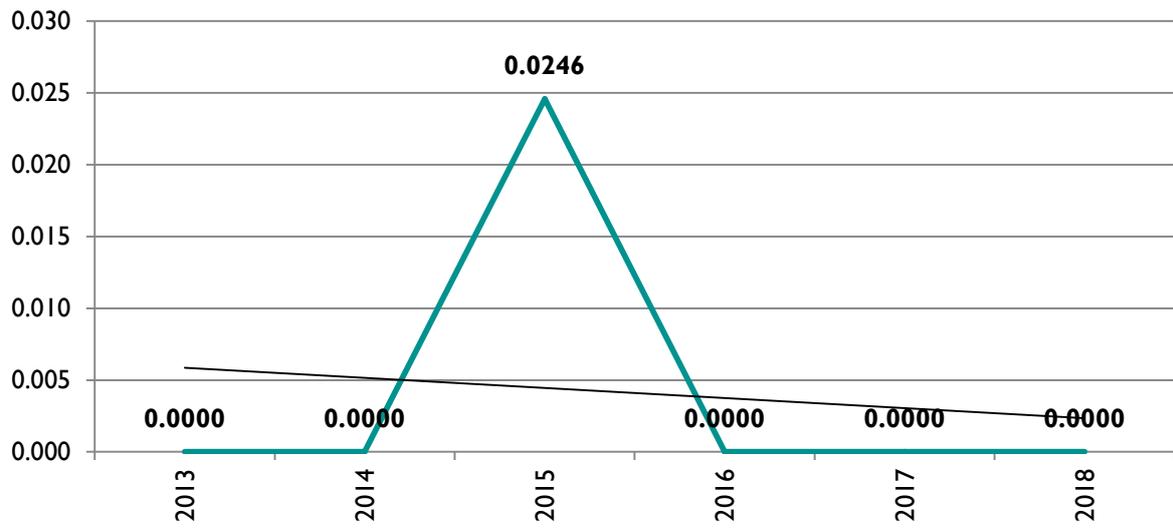
The Hampshire Clinic reports the incidence of Venous Thromboembolism (VTE) through the corporate clinical incident system. It is acknowledged that the challenge is receiving information for patients who may return to their GPs or other hospitals for diagnosis and/or treatment of VTE post discharge from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

In the reporting year 2017/18 the hospital had one reported PE and no reported DVTs.

Our results include all PE and DVT rates reported directly to us and it is acknowledged that there may be some patients who report to their GP and therefore there may be a challenge in capturing those that GPs fail to report to the hospital.



DVT (Rate per 100 admissions)



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 the health gain between Questionnaire 1 (Pre-Operative) and Questionnaire 2 (Post-Operative) for patients undergoing hip replacement, knee replacement and groin hernia at The Hampshire Clinic.

It is encouraging to see that the outcomes at The Hampshire Clinic show an above average health gain compared to both BMI and National statistics in every category.

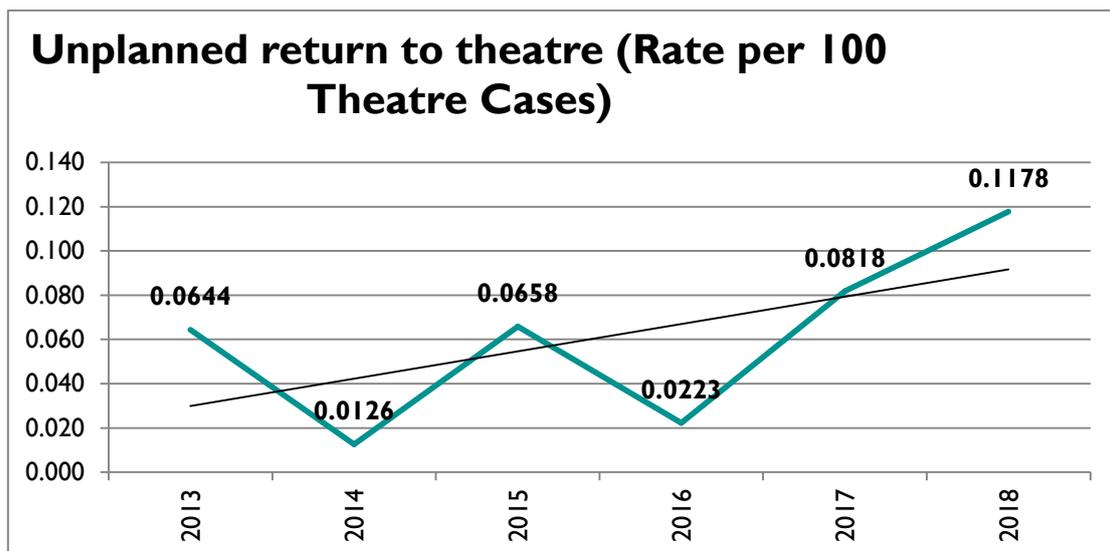
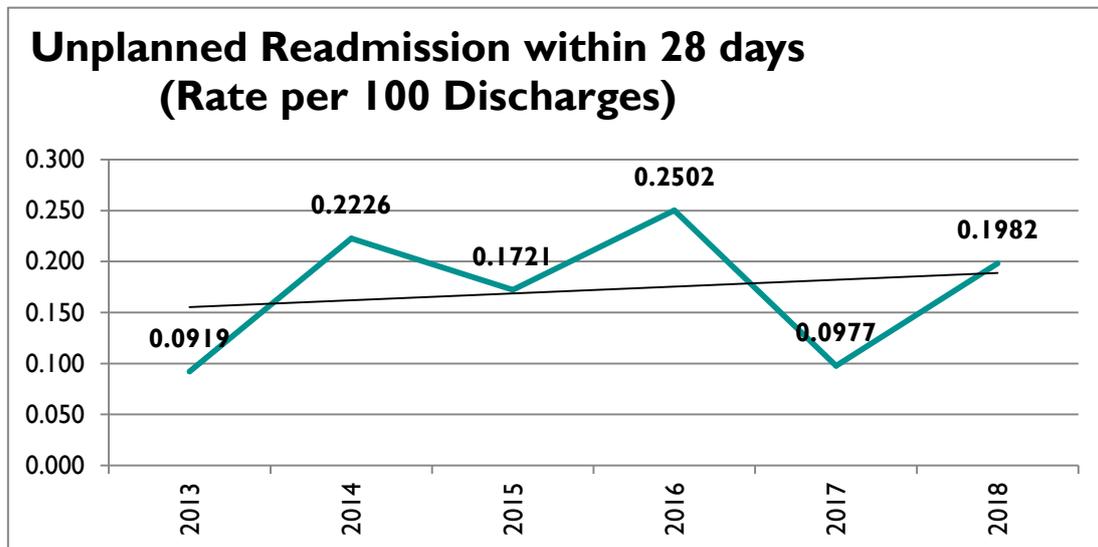
Latest PROMs data available from HSCIC (Period: April 2016 – March 2017)



* The Hampshire Clinic is not commissioned to carry out varicose vein surgery on NHS patients.

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.



The Hampshire Clinic reported 17 Unplanned Readmissions and 10 Return to Theatre for the reporting period 2017/2018. All such events are reported and reviewed by the hospital Clinical Governance Committee.

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 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. Patient satisfaction rates with different aspects of their stay for 2016 and 2017 are as follows:

| Year | 2016 | 2017 |
|------------------------|-------------|-------------|
| Nursing Care | 93.4% | 94.4% |
| Arrival process | 92.0% | 93.0% |
| Accommodation | 91.2% | 91.7% |
| Catering | 82.6% | 82.5% |
| Quality of Care | 98.4% | 98.6% |

Further to the above, during the period of January to December 2017, The Hampshire Clinic received 2,249 completed Friends and Family postcards. 99.2% of patients said they were likely, or extremely likely to recommend The Hampshire Clinic to their friends and family.

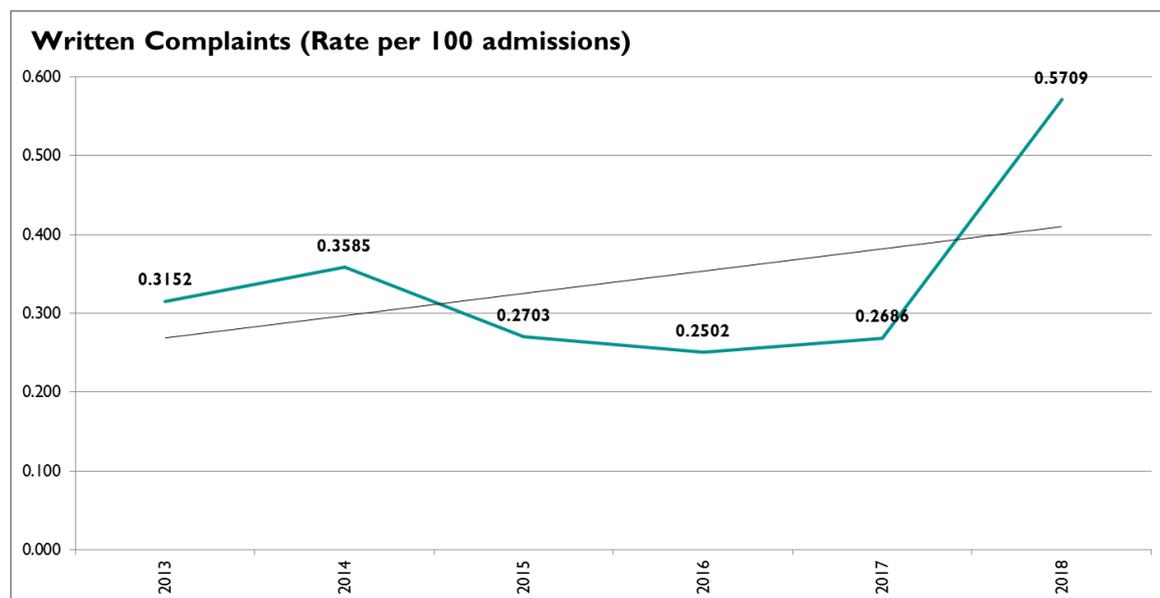
Complaints

In addition to providing all patients with an opportunity to complete a Satisfaction Survey The Hampshire Clinic actively encourages both positive and negative feedback, informally and formally. Patients are encouraged to give feedback through a robust complaints procedure, operated over three stages:

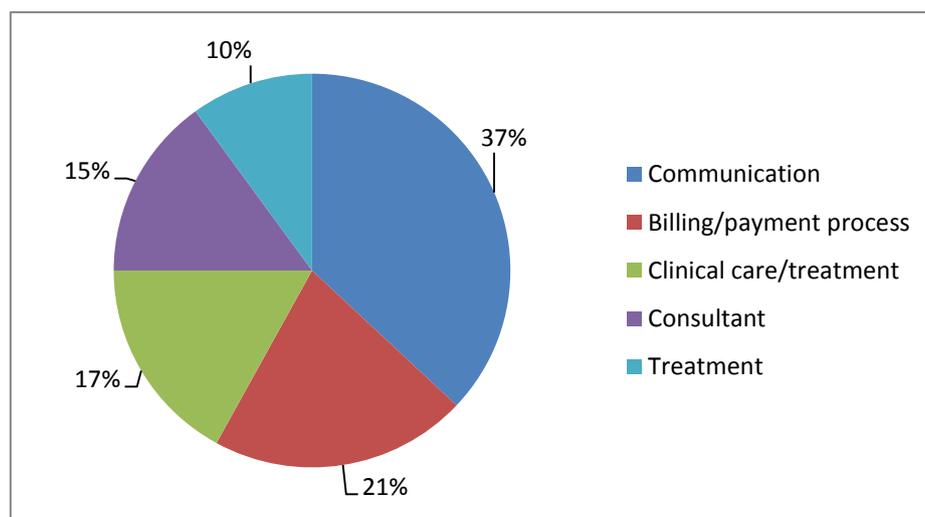
Stage 1: Hospital resolution

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.



In the reporting year there were a total of 62 written complaints averaging 5 a month. The top 5 complaint classification was as follows:



All complaints are discussed and reviewed by the Hospital Governance Committee, Medical Advisory Committee and are communicated via the daily “Comm Cell” which is attended by all Heads of Department. During 2017 customer care training was rolled out to all staff to further promote BMI Behaviours and improve communication between staff and patients. Where the complaint was against a consultant, the relevant consultant would be informed and asked to reflect on his or her behaviours and respond accordingly. A number of secretaries have made changes to their processes in order to improve communication with the patient and also clarify what is and isn't included as part of the consultation fee.

CQUINS

During 2017/18 The Hampshire Clinic agreed to participate in the Commissioning for Quality and Innovation Scheme (CQUINS) regarding NHS e-Referrals and e-Discharge Summaries. The hospital has achieved ASI outcomes in line with agreed e-Referral targets and has made significant progress to ensure it is fully electronic with discharge information being supplied to GP's by October 2018. In order to fulfil the NHS Standard Contract 2018/19 BMI Healthcare proposed to implement the Docman Managed Hub, an IT service solution provided by a third party.

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, training has been enhanced and made available for staff and consultants within the hospital. The Safety and Culture survey also highlighted the importance of communicating safeguarding 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 people 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 Children Nurses are trained to level 4 safeguarding.

There were no safeguarding related incidents reported in the reporting period Apr 2017 to Mar 2018.

National Clinical Audits

The Hampshire Clinic participated in The National Joint Register (NJR) - The purpose of the NJR is to collect high quality and relevant data about joint replacement surgery in order to provide an early warning of issues relating to patient safety. The following table is an extract from the 14th Annual Report 2017 for data relating to The Hampshire Clinic.

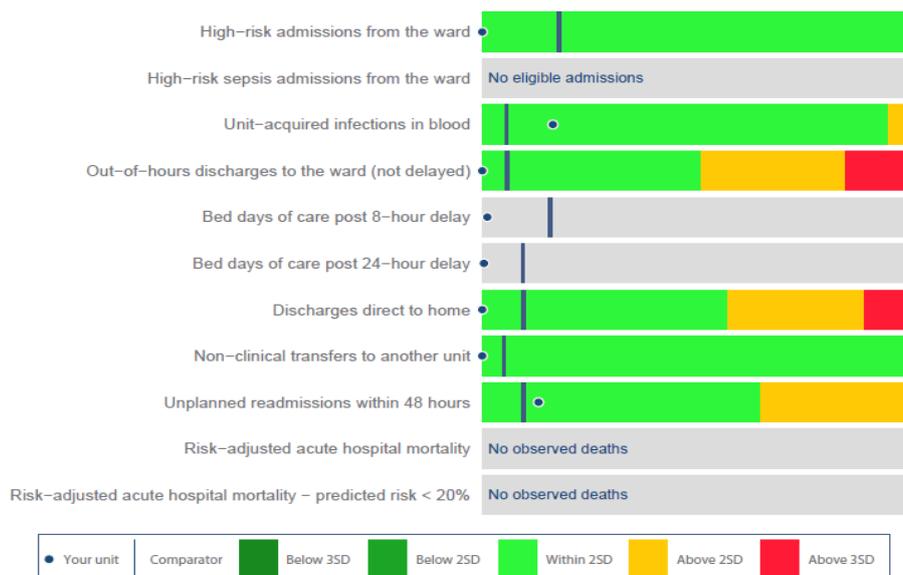
| Month | Completed operations | Hips | Knees | Ankles | Elbows | Shoulders | Consent rate |
|-----------|----------------------|------|-------|--------|--------|-----------|--------------|
| January | 30 | 10 | 20 | 0 | 0 | 0 | 96 |
| February | 26 | 13 | 13 | 0 | 0 | 0 | 96 |
| March | 31 | 15 | 16 | 0 | 0 | 0 | 93 |
| April | 16 | 8 | 8 | 0 | 0 | 0 | 87 |
| May | 26 | 14 | 12 | 0 | 0 | 0 | 100 |
| June | 28 | 15 | 13 | 0 | 0 | 0 | 100 |
| July | 27 | 13 | 14 | 0 | 0 | 0 | 81 |
| August | 21 | 8 | 13 | 0 | 0 | 0 | 100 |
| September | 21 | 12 | 9 | 0 | 0 | 0 | 100 |
| October | 25 | 17 | 8 | 0 | 0 | 0 | 96 |
| November | 33 | 20 | 13 | 0 | 0 | 0 | 84 |
| December | 19 | 11 | 8 | 0 | 0 | 0 | 100 |

The hospital also participates in Intensive Care National Audit and Research Centre (ICNARC) where outcome data is discussed at the Critical Care Unit Morbidity & Mortality Meeting and quarterly performance dashboards are presented to the hospital Clinical Governance Committee and Medical Advisory Committee.

BMI The Hampshire Clinic, Intensive Therapy Unit



Quality indicator dashboard



Priorities for Service Development and Improvement

During 2017 The Hampshire Clinic completed work on a new 2.4m investment endoscopy facility. This was commissioned and opened in January 2018 and now presents an opportunity for the hospital to support reduction of waiting list initiatives and develop new service propositions.

The Hampshire Clinic continues to focus on introducing service developments which will benefit patients. The newest additions include:

- Rezum – A new procedure for the treatment of benign prostate hyperplasia. The approach to this treatment has been pioneered in Basingstoke and the outcomes achieved in reporting year are encouraging.
- Hip Arthroscopy – The Hampshire Clinic have introduced a new Consultant Orthopaedic Surgeon specialising in hip arthroscopy. This procedure is appropriate for specific types of patients and is less invasive if appropriate.
- Private GP Service – there is a demand in Basingstoke for people to see a GP earlier and as such The Hampshire Clinic has introduced a private GP service.

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 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

| Hampshire Clinic | Staff Recommendations | | | |
|------------------|-----------------------|------------------|------------------------|-----------------------|
| 2018 | 2017 | National Average | Highest National Score | Lowest National Score |
| 89.00% | 92.56 % | 73.18% | 89.98% | 50.44% |

The Hampshire Clinic were proud to see the staff rate the hospital in the top 8 out of 59 hospitals with an engagement index of 65%. The overall index of 89% staff recommendations was 16% above the national average but fell 3.5% down on 2017. The main reason for this fall was highlighted in 3 key areas:

1. Need to introduce change more effectively
2. Improve communication surrounding change initiatives

3. Review remuneration and salary benchmarks

The hospital leadership team have created action plans to address the above areas and continue to run the local Safety and Culture Questionnaire which includes 5 questions on employee engagement. This allows the hospital to record and regularly update progress in this area.

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)

| Hampshire Clinic | Re-Admissions (Aged between 0-16) | | | |
|------------------|-----------------------------------|------------------|------------------------|-----------------------|
| 2018 | 2017 | National Average | Highest National Score | Lowest National Score |
| 0.000 | 0 | 11.45 | 14.94 | 0 |

The Hampshire Clinic admitted 181 children in the reporting year and are proud to maintain a zero re-admission rate for patients aged 16 and under.

| Hampshire Clinic | Re-Admissions (Aged 16+) | | | |
|------------------|--------------------------|------------------|------------------------|-----------------------|
| 2018 | 2017 | National Average | Highest National Score | Lowest National Score |
| 4.076 | 1.728 | 10.010 | 41.650 | 0.000 |

In the reporting year there was a total of 17 re-admissions for patients aged 16 and above. All patients on discharge are provided with ward contact details in case there are any concerns once they are home. In addition all inpatients are provided with a post care 48 hour follow-up telephone call to ensure everything is going well with their recovery. Patients who report any concerns post discharge, where necessary, are encouraged to attend the hospital for a review either with the RMO or the consultant depending on the situation and at that stage if necessary may be admitted for further observations and/or treatment.

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

| Hampshire Clinic | 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 |

The Hampshire Clinic continues to focus on Infection Prevention and Control under the leadership of the Director of Clinical Services and in liaison with the hospital Infection Prevention and Control Lead. The Hampshire Clinic is proud to maintain a zero incident rate of C difficile.

Hospitals responsiveness to the personal needs of its patients

| Hampshire Clinic | Responsiveness | | | |
|------------------|----------------|------------------|------------------------|-----------------------|
| 2018 | 2017 | National Average | Highest National Score | Lowest National Score |
| 91.13% | 92.04% | 69.22% | 78.00% | 60.10% |

All patients attending The Hampshire Clinic, either as an Outpatient or Inpatient are encouraged to provide feedback on their experience. Patient comments and compliments are regularly reported to the Heads of Department and where necessary actions taken in response to patients suggestions for improvement. During the reporting year, a number of changes were implemented based on patient suggestion including the provision of additional disabled parking bays and improved signage in the car park, improved décor and signage within the hospital, continued upgrade of patient bedrooms and

regular reviews of patient menus. In addition, the newly appointed chef manager prides himself on delivering a responsive service to all patients in particular the long stay colorectal patients who often have unique dietary requirements.

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

| Hampshire Clinic | VTE | | | |
|------------------|---------|------------------|------------------------|-----------------------|
| 2018 | 2017 | National Average | Highest National Score | Lowest National Score |
| 100.00% | 100.00% | 95.77% | 100.00% | 81.60% |

All patients booked for surgery at The Hampshire Clinic attend a pre-operative assessment prior to their admission and at that stage are risk assessed for Venous Thromboembolism (VTE). Patients scoring 2 or above are required to complete an additional Bleeding Risk Assessment and if a bleeding risk is identified recommendations regarding the need for mechanical and pharmacological prophylaxis are considered and decided on by the consultant on admission. The assessment is repeated within 24 hours of admission, to take into account admission related risk factors i.e. reduced mobility, hip or knee replacement, surgery involving pelvis or lower limbs with an anaesthetic and surgical time > 60 mins.

Patient Safety Incidents

| Hampshire Clinic | Patient Safety Incidents (Count) | | | |
|------------------|----------------------------------|------------------|------------------------|-----------------------|
| 2018 | 2017 | National Average | Highest National Score | Lowest National Score |
| 251 | 216 | 3908 | 14506 | 31 |

All patient and non-patient related incidents are now reported on RiskMan, a newly introduced, easy to use system for capturing and classifying all incidents. The Quality and Risk agenda has focused on ensuring every incident wherever it occurs in the hospital is reported and the hospital has carried out a safety and culture survey to encourage reporting. For this reason we have seen a slight increase in the reporting year with a total of 251 patient related incidents being reported. All such incidents are reviewed by the hospital's Clinical Governance Committee and Medical Advisory Committee to identify any trends and enable actions to be taken from any learnings identified.

Patient Recommendation Results

| Hampshire Clinic | Patient Recommendations | | | |
|------------------|-------------------------|------------------|------------------------|-----------------------|
| 2018 | 2017 | National Average | Highest National Score | Lowest National Score |
| 99.2% | 98.9% | 97.07% | 100.00% | 75.61% |

All patients attending The Hampshire Clinic are encouraged to complete a feedback postcard indicating how likely they are to recommend our service to friends and family if they needed similar care or treatment. The Hampshire Clinic prides itself on maintaining an above average score with 99.2% of patients saying they are likely or extremely likely to recommend the hospital to friends and family. On the rare occasion that patients are unlikely to recommend, their feedback is reviewed

and shared with the relevant ward or department to ensure lessons are learnt and to help embed a culture of patient focused quality improvement.

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