



The Harbour  
Hospital

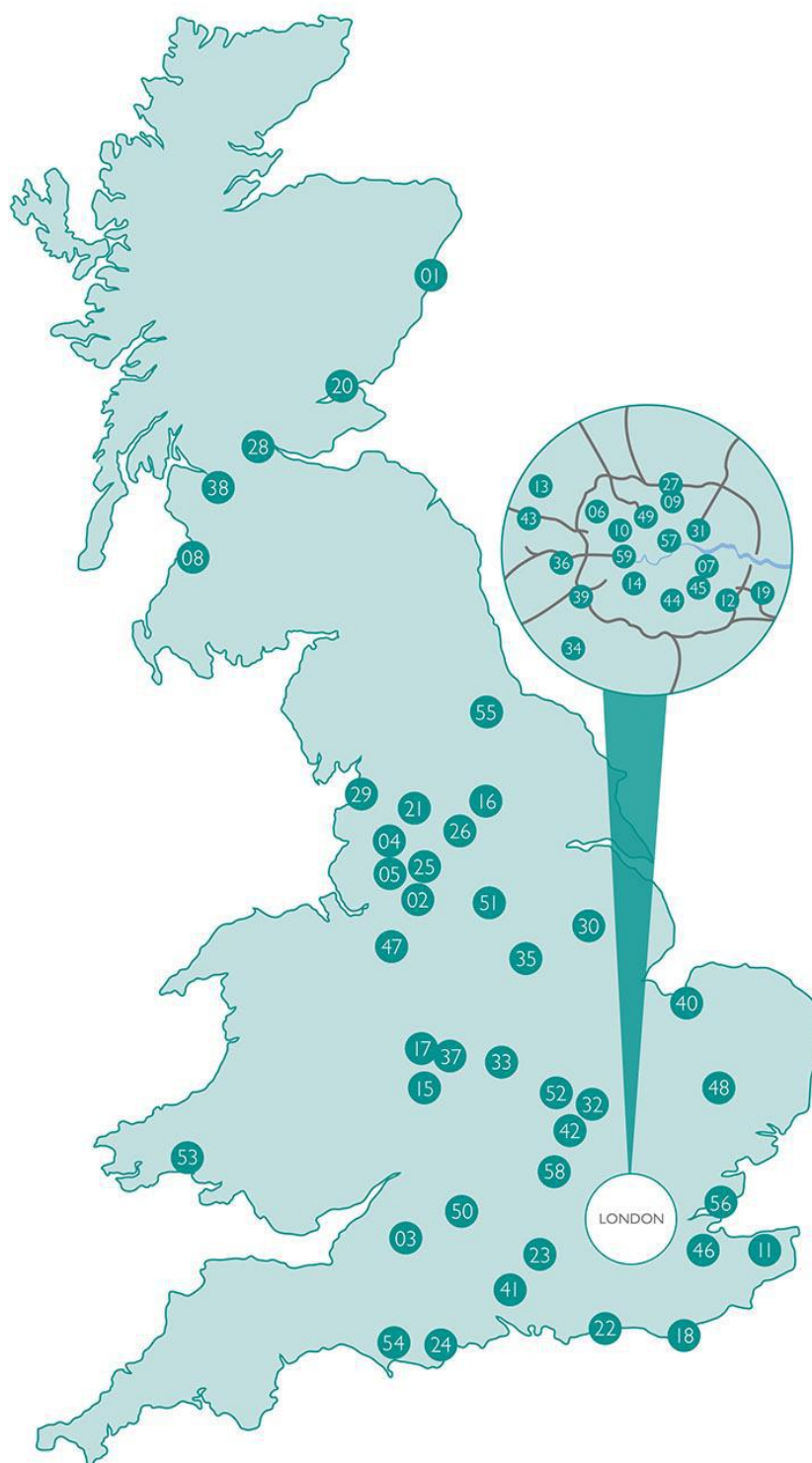
# QUALITY ACCOUNTS 2018

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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." The signature is written in a cursive, slightly slanted style.

**Dr Karen Prins**



## Hospital Information

- We have 26 overnight beds & an onsite pharmacy.
- 100% of Friends and Family would recommend us.
- 3 Theatres including 2 with laminar flow.
- 9 Outpatient Consulting rooms & outpatient treatment room.
- Radiology services on site, X-ray, Ultrasound, Digital mammography, MRI and CT scanners
- We have 151 Consultants with practicing privileges
- Number of patients treated in last Financial Year 4,023 plus 18,320 outpatient visits
- We have 100 Full-Time Equivalent (FTE) staff
- MacMillan Accredited Cancer Care Unit including 4 dedicated treatment pods
- Physiotherapy gym area including Alter G anti-gravity treadmill and Watt bike.

In addition to the above there is a planned refurbishment program of patient bedrooms and bathrooms to continue throughout the year. Also refurbishment of the physiotherapy gym to extend the facilities is planned. There are plans to focus on Orthopaedic services with an increase in Consultants

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 Hospital Name 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 12<sup>th</sup> May 2017 and found

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

The Harbour 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 Lead IPC Nurse in The Harbour 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.



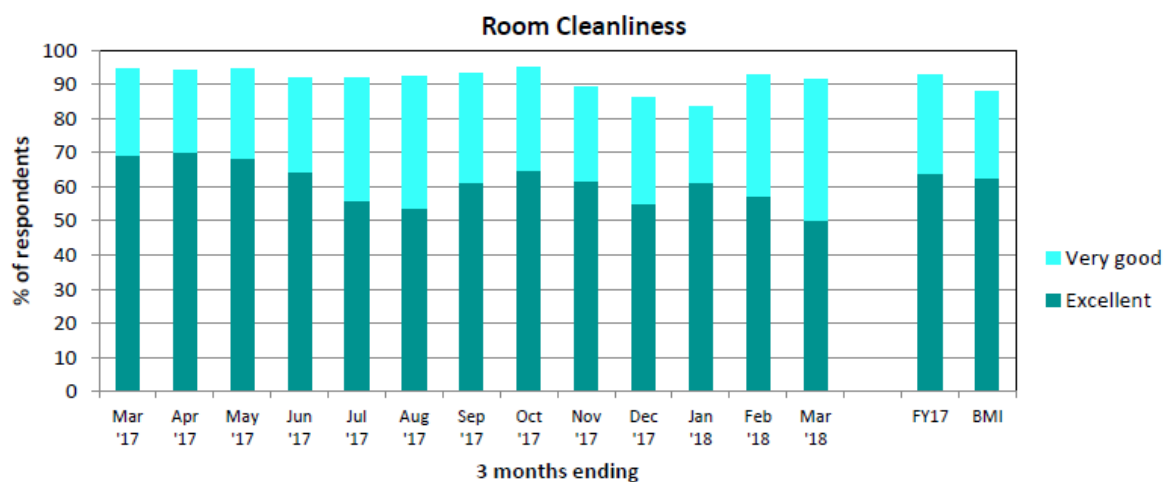
Between April 2017 to March 2018, the hospital had:

| 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;
  - Hips x I
  - Knees x I

All the data for surgery is submitted as per the PHE deadlines. High Impact Interventions are evidenced in notes and taught in mandatory training. The monthly audits focus on self-assessment of practice regarding hand hygiene, standard precautions and cleaning of patient equipment. In the case of non-compliance a comprehensive action plan is written with designated responsibility for implementation of corrective actions/practice with a set timeframe.

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



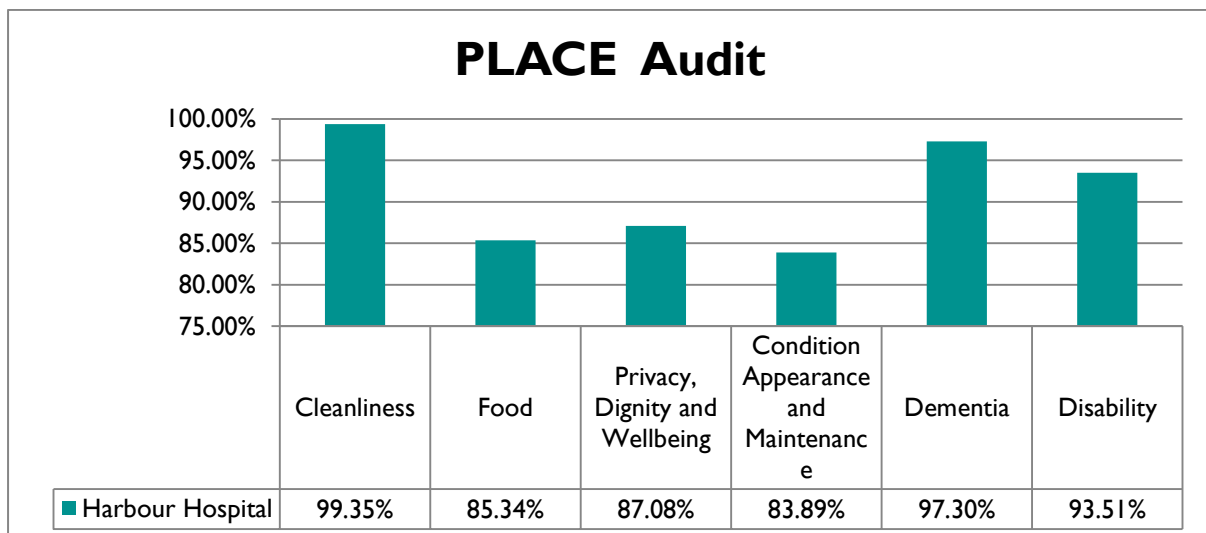
## Patient Led Assessment of the Care Environment (PLACE)

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. There is a local refurbishment plan in place to address the condition, appearance and maintenance issues. Compass who are the agreed providers for catering for BMI, regularly engage with local services and are supporting food tasting sessions to engage with service users to improve their standards. The privacy score relates to the openness of reception, however all efforts are made to ensure security of patient details and medical conditions are not discussed in this area. All consultations take place in private rooms



## 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.

| 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, The Harbour 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            | 100.00% |

The Harbour 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. .

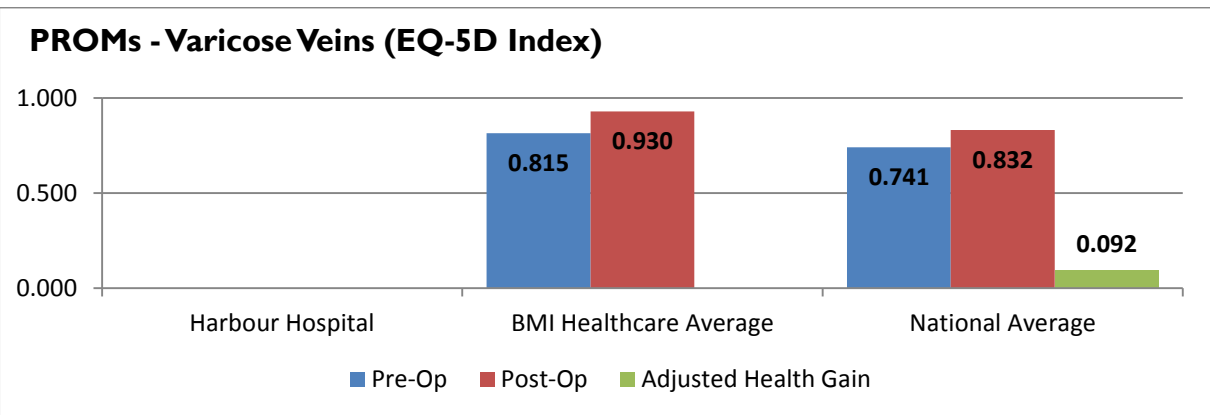
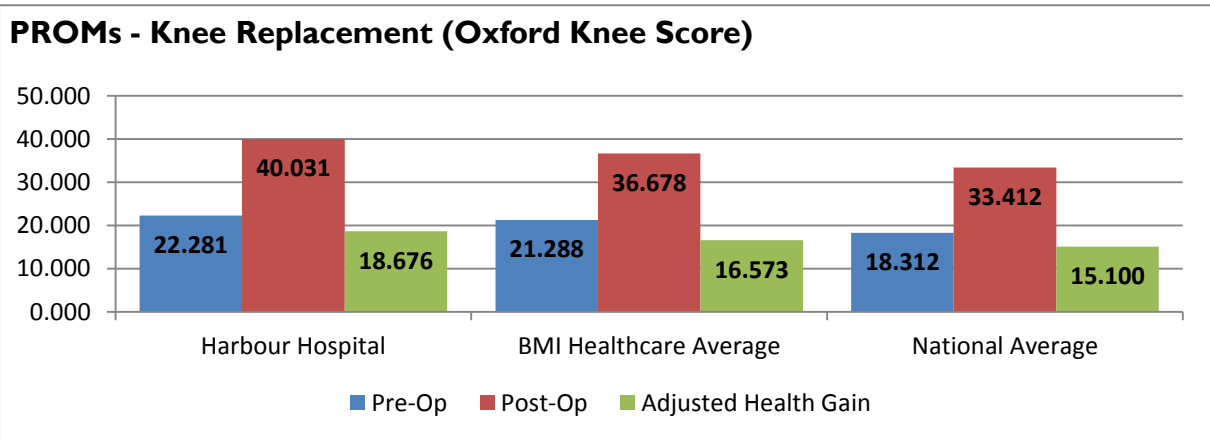
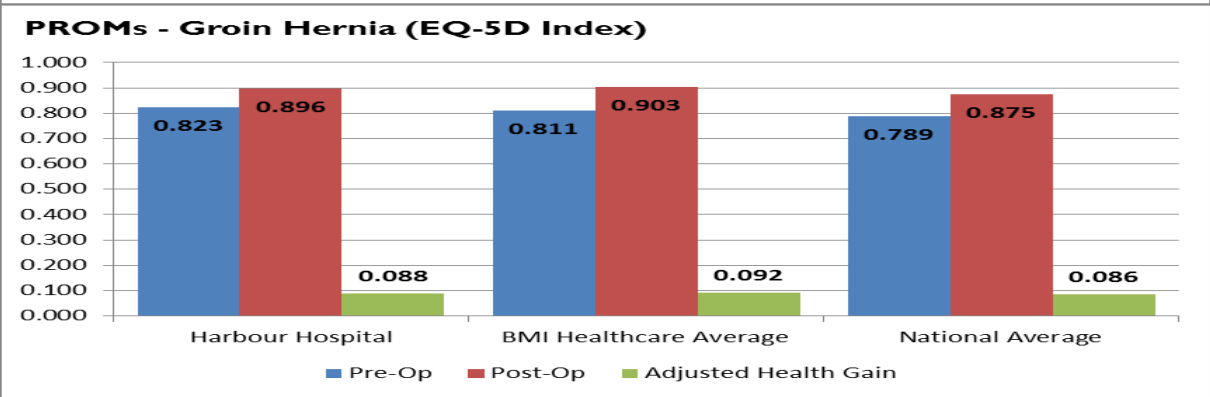
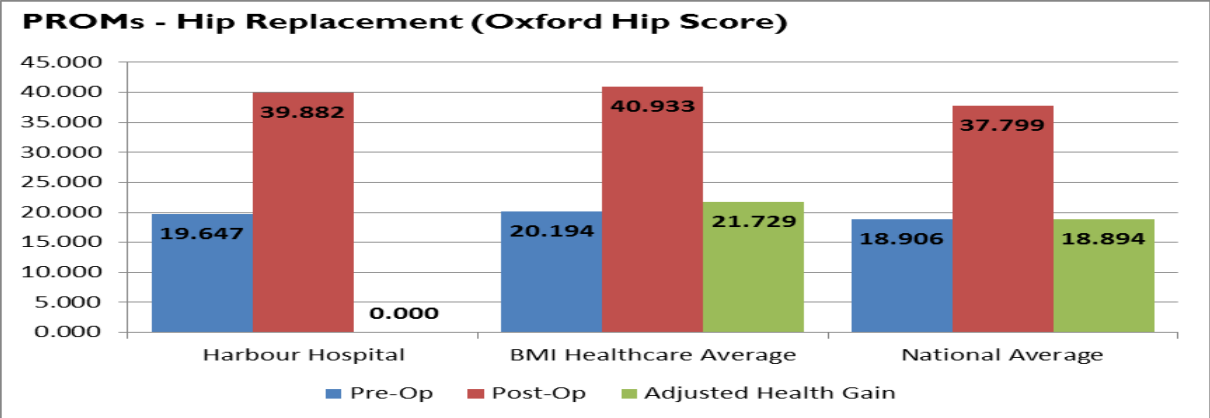


## Patient Reported Outcome Measures (PROMS)

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 Harbour Hospital. It is clear that the Harbour Hospital reports outcomes which are close to the BMI Healthcare Average and above the National Average. This is believed to be due to Consultant led services and the provision and responsiveness of the support services such as Physiotherapy input.

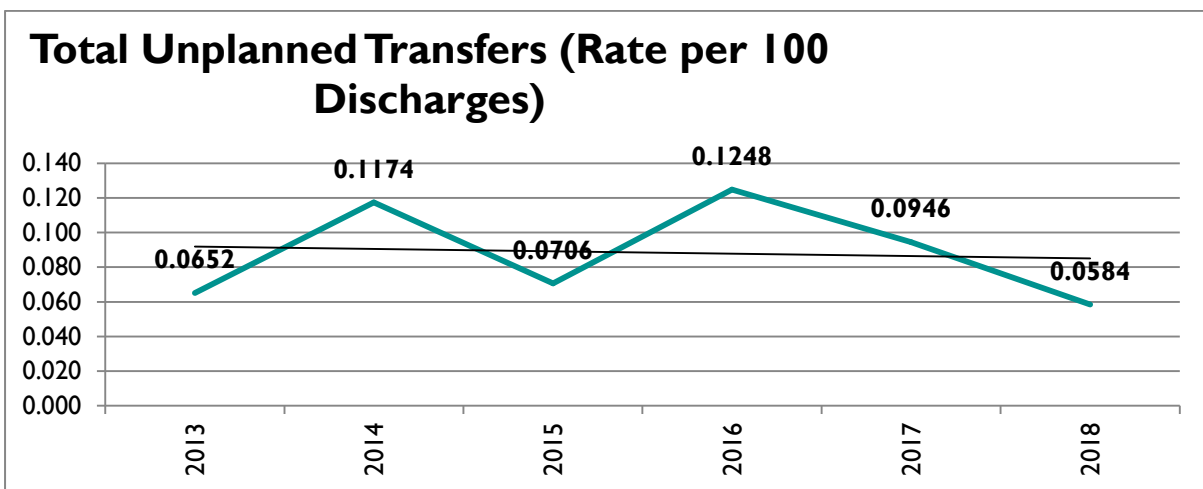
**Latest PROMs data available from HSCIC (Period: April 2016 – March 2017)**



## Unplanned Readmissions & Unplanned Returns to Theatre

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

| Harbour Hospital | Re-Admissions (Aged 16+) |                  |                        |                       |
|------------------|--------------------------|------------------|------------------------|-----------------------|
| 2018             | 2017                     | National Average | Highest National Score | Lowest National Score |
| 4.417            | 0.000                    | 10.010           | 41.650                 | 0.000                 |



## 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.

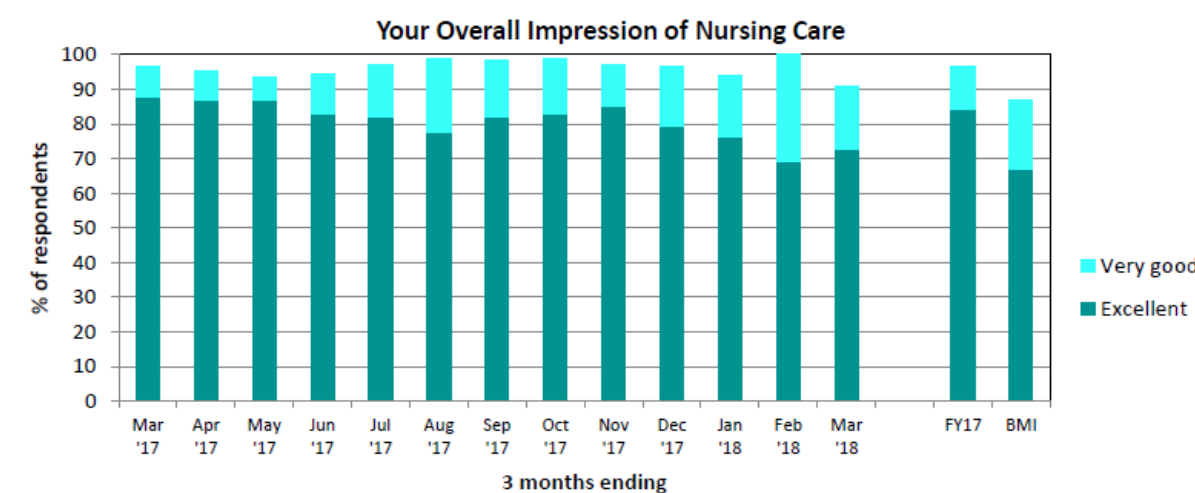
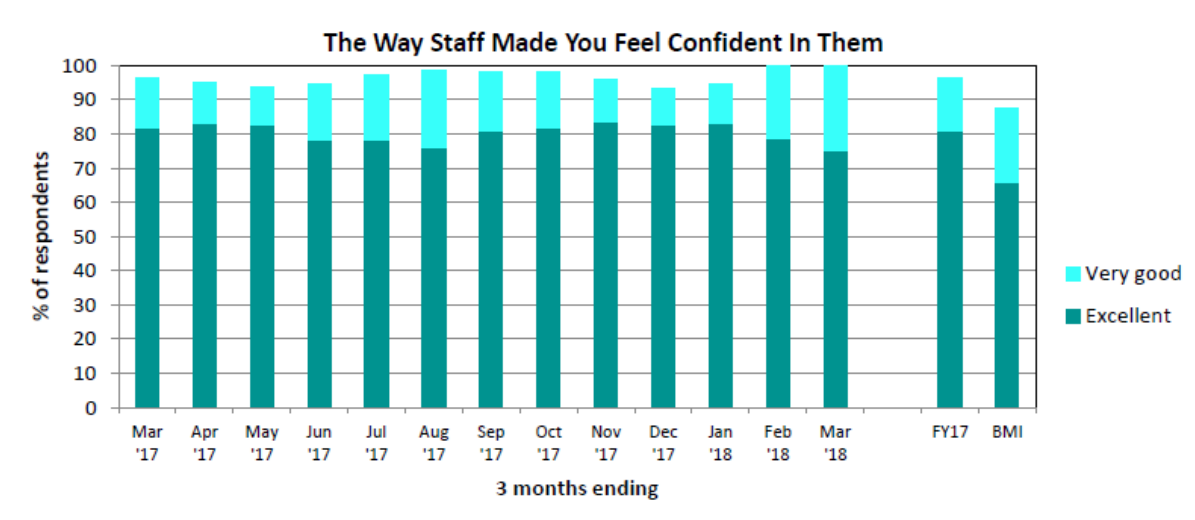
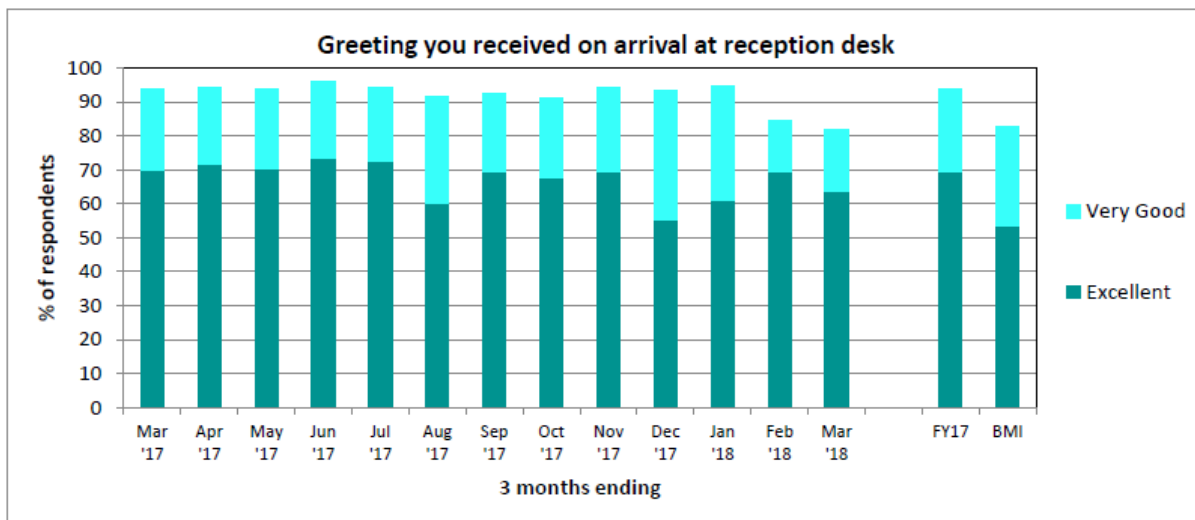
## Patient Experience

### 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.





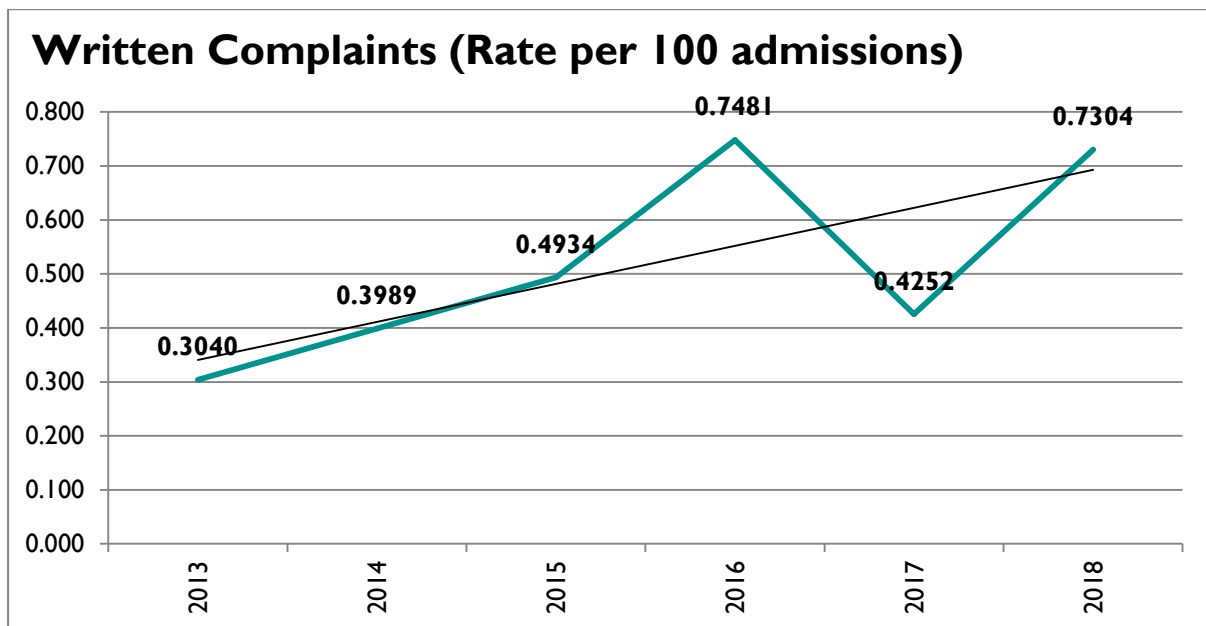
## Complaints

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



All complaints this year have been resolved at stage 1, with a change in reporting there has been a slight increase in numbers as financial complaints are now recorded in the Riskman format.

## CQUINS

2017/18-2018/19 CQUINS – Improving the Uptake of Flu Vaccinations for Frontline Staff, Improving Health and Wellbeing of Staff and E- Referrals – 50% achievement by 2018 – on track. All other national CQUINS including the above are 2 year CQUINS for completion 2019 promoting safe discharge and improved health avoiding risky behaviours i.e. smoking. All on track for milestone completions and quality report updates provided to CCG Quarterly

## 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)

Only young people of 16-18 years are treated at The Harbour. There have been no safeguarding incidents to report.

## National Clinical Audits

A variety of monthly clinical audits are undertaken by The Harbour Hospital to ensure standards are maintained and to highlight areas for improvement. These include patient records, medicines management, High Impact Bundles for Infection Prevention, hand hygiene etc. We also contribute data to the National Joint registry

Hip, knee, ankle, elbow and shoulder joint replacements have become common and highly successful operations that bring many patients improved mobility and relief from pain. Thousands of such operations take place in the UK every year.

| Totals for this hospital | 2017 | Year to date:<br>2018 |
|--------------------------|------|-----------------------|
| Total completed ops      | 228  | 48                    |
| Hip procedures           | 113  | 17                    |
| Knee procedures          | 111  | 29                    |
| Ankle procedures         | 1    | 1                     |
| Elbow procedures         | 0    | 0                     |
| Shoulder procedures      | 3    | 1                     |
| NJR consent rate         | 93%  | 85%                   |

Outcomes for Harbour Hospital are all in line with the national average or better for 2017

## Priorities for Service Development and Improvement

**People** – Recruitment and retention of staff is a priority and the national shortage of some clinical staff is of concern. Plans are in place to continue to attract the right staff by ensuring that the benefits and salary package include development for all staff. Staff in all areas is now at the required level with the exception of Theatre and two maternity leave cover posts in Ward. Further work is underway to address this and fill the remaining posts. Open days and use of social media has assisting recruitment so far this year.

**Governance** – A clear framework for Governance is in place led nationally by BMI Healthcare. Locally all Heads of Department are engaged in Governance via the committee structure and issues and learnings are cascading through all staff groups via this mechanism. The Quality & Risk Manager assists Heads of Department in keeping up to date and focused with all aspects of Governance and audit.

**Maximising Efficiency** – Further development of an ambulatory care pathway and facility this year will ensure that most day cases travel through the hospital via this route. This will have benefits for patients by ensuring a shorter stay in hospital and also improve the efficiency and use of staffing and facility resources.

**Business Growth** – Focus areas for growth are Orthopaedic surgery, Urology including prostate mapping, cancer services and Bariatric surgery. The extended use of a minor theatre within the existing theatre complex will enable growth of minimal access vein surgery, minor plastic surgery procedures to free up space in main theatres for major surgeries.

## 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



| Harbour Hospital | Staff Recommendations |                  |                        |                       |
|------------------|-----------------------|------------------|------------------------|-----------------------|
| 2018             | 2017                  | National Average | Highest National Score | Lowest National Score |
| 91.00%           | 96.88%                | 73.18%           | 89.98%                 | 50.44%                |

The Harbour considers that this data is as described for the following reasons

- Good communication at all levels promoting staff engagement
- Motivational and accessible Senior Management Team
- Excellent training opportunities
- Staff are listened to

## 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.

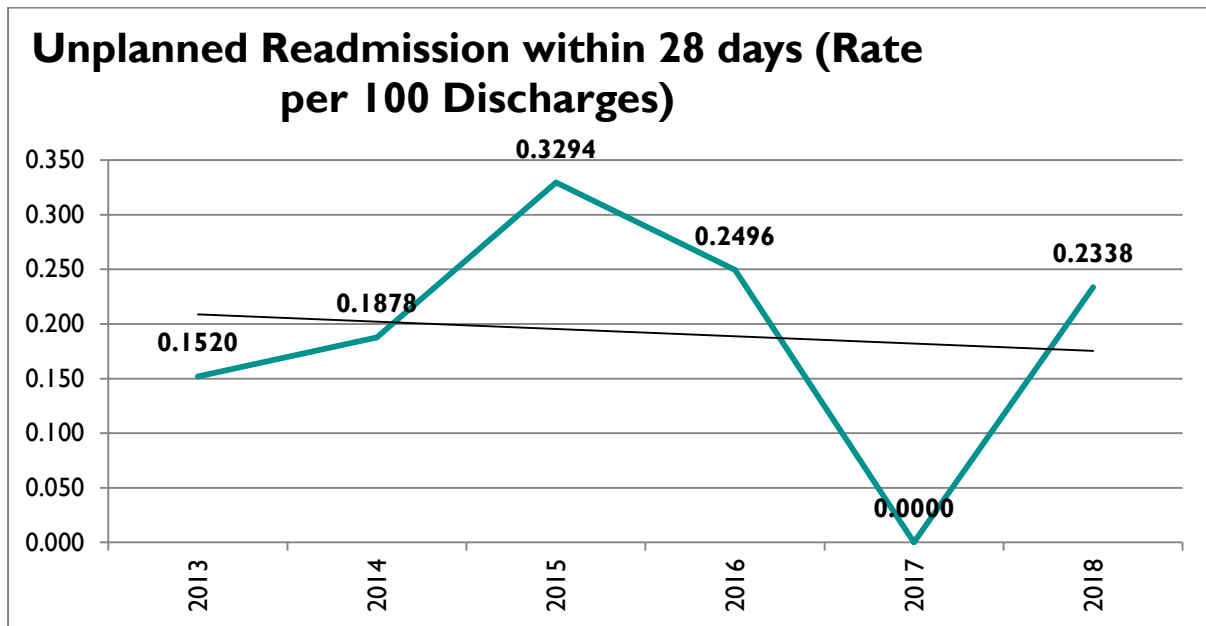
All data provided by BMI Healthcare is for the period **April 2017-March 2018** to remain consistent with previous Quality Accounts, whilst the NHS data may not be for the same period due to HSCIC data availability. The NHS data provided is the latest information available from the HSCIC Indicator Portal.

| 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.  | <b>Apr 2011 - Mar 2012</b> |
| Number of <i>C.difficile</i> infections reported  | BMI Healthcare Risk Management System      | This indicator relates to the number of hospital-apportioned infections.  | <b>Apr 2014 – Mar 2015</b> |
| 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. | <b>Feb 2016 – Jan 2017</b> |
| Number of admissions risk assessed for VTE  | CQUIN Data                                 | BMI Healthcare only collects this information currently for NHS patients.   | <b>Jan 2017 – Dec 2017</b> |
| 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.   | <b>Oct 2015 – Sep 2016</b> |
| 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.   | <b>Jul 16 – Jun 17</b>     |

| 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. |



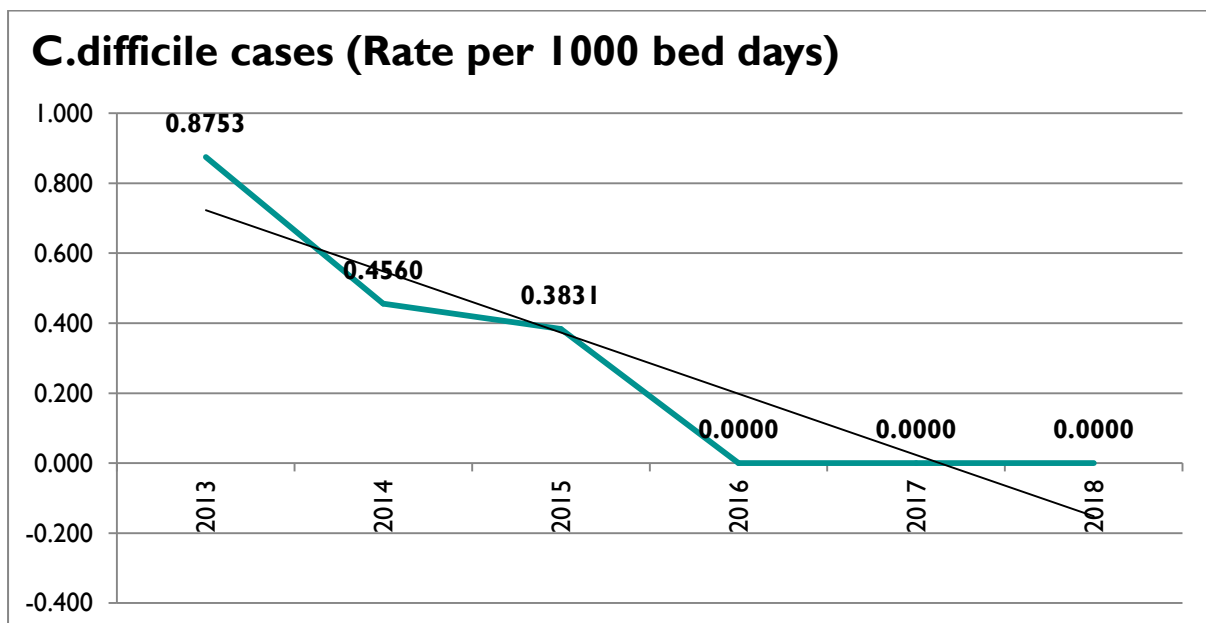
## Re-Admissions within 28 Days of Discharge (Adult)



The Harbour considers that this data is as described for the following reasons

- Effective Pre Assessment
- Consultant Led Service
- Early intervention from physiotherapy teams
- Close communication of all staff involved in the patient pathway

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



The Harbour considers that this data is as described for the following reasons

- On site IPC Lead Nurse
- Training for link nurses
- Regular and robust audits
- Excellent training in IPC for all staff
- Staff awareness of policy

## Hospitals responsiveness to the personal needs of its patients

| Harbour Hospital | Responsiveness |                  |                        |                       |
|------------------|----------------|------------------|------------------------|-----------------------|
| 2018             | 2017           | National Average | Highest National Score | Lowest National Score |
| 93.34%           | 93.91%         | 69.22%           | 78.00%                 | 60.10%                |

The Harbour considers that this data is as described for the following reasons

- Motivated staff who have job satisfaction
- Good communication and feedback to staff
- Customer service is high on the agenda
- Strong senior leadership

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

| Harbour Hospital | VTE    |                  |                        |                       |
|------------------|--------|------------------|------------------------|-----------------------|
| 2018             | 2017   | National Average | Highest National Score | Lowest National Score |
| 100.00%          | 99.36% | 95.77%           | 100.00%                | 81.60%                |

The Harbour considers that this data is as described for the following reasons

- Excellent training
- Strong senior leadership
- Consultant led care
- Dedicated staff

## Patient Safety Incidents

| Harbour Hospital | Patient Safety Incidents (Count) |                  |                        |                       |
|------------------|----------------------------------|------------------|------------------------|-----------------------|
| 2018             | 2017                             | National Average | Highest National Score | Lowest National Score |
| 246              | 198                              | 3908             | 14506                  | 31                    |

The Harbour considers that this data is as described for the following reasons

- Appropriate staffing levels
- Excellent training
- Supportive culture
- Appropriate investigations when incidents happen leading to learning and development and improved care

## Patient Recommendation Results

| Harbour Hospital | Patient Recommendations |                  |                        |                       |
|------------------|-------------------------|------------------|------------------------|-----------------------|
| 2018             | 2017                    | National Average | Highest National Score | Lowest National Score |
| 99.54%           | 99.46%                  | 97.07%           | 100.00%                | 75.61%                |

The Harbour considers that this data is as described for the following reasons

- Motivated Staff
- Quality education and induction of staff
- High level of staff retention resulting in consistency in care
- Consultant Led Service
- Prompt and efficient services
- High levels of cleanliness
- Low levels of infections

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