



The Lincoln
Hospital

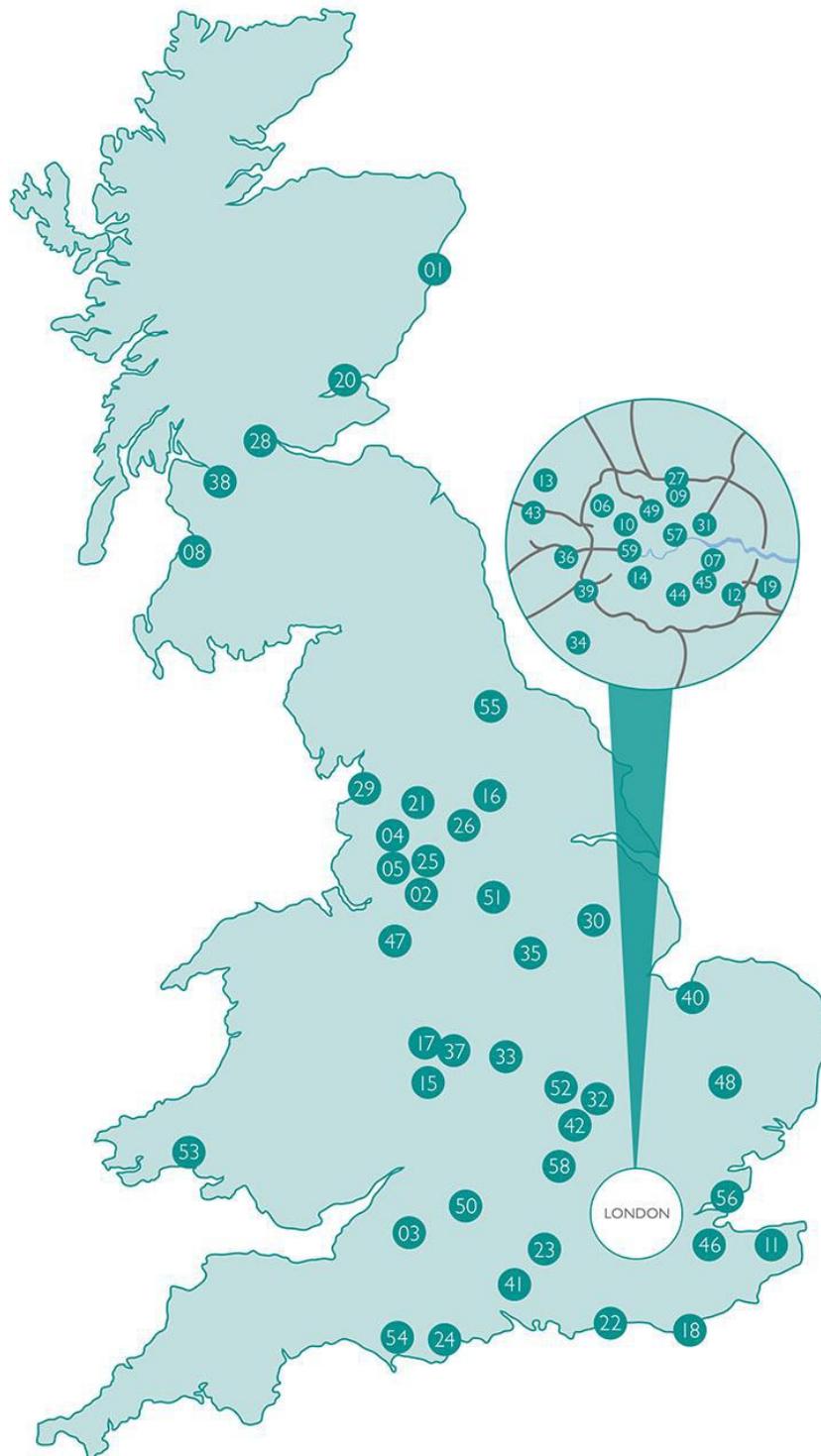
**QUALITY
ACCOUNTS 2018**

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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, flowing style.

Dr Karen Prins



Hospital Information

BMI The Lincoln Hospital has 18 single accommodation rooms with en-suite facilities. The hospital has 2 theatres including endoscopy, an imaging department providing X-ray, ultrasound and MRI services it also has a visiting CT scanner. An outpatient department provides both consulting rooms and an outpatient procedure room.

Our consultants undertake a wide range of procedures from routine investigations to complex surgery. This specialist expertise is supported by caring and professional medical staff, with dedicated nursing teams and Resident Medical Officers on duty 24 hours a day.

BMI The Lincoln hospital treats both NHS and Private patients. This year 51% of all patients treated at the hospital were NHS patients.

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 Lincoln Hospital is registered as a location for the following regulated services:-

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

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

The CQC carried out an announced inspection on 9 February 2016 and an unannounced visit on 12 February 2016 and found services provided at BMI The Lincoln Hospital were safe.

- Patients were protected from avoidable harm and abuse.
- There was a good incident reporting culture throughout the hospital.
- Staff were supported to be open and transparent and they understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- There was an open and honest culture at all levels within the hospital. Staff were aware of the duty of candour regulation.
- Incidents were investigated and learning from incidents was shared throughout the hospital and where appropriate at a corporate level.
- Safeguarding of patients was given sufficient priority. The hospital had a safeguarding lead and staff were supported to take a proactive approach to safeguarding. All staff knew who the safeguarding lead was and told us they would always approach them for guidance. The safeguarding lead at the hospital had good links with the safeguarding lead at the local authority.
- Risks to patients and people using the service were assessed, monitored and managed on a day-to-day basis. These included signs of deteriorating health and medical emergencies. The hospital had appropriate processes and agreements in place to transfer patients to a nearby acute hospital if their condition deteriorated.
- Staffing levels and skill mix were planned, put in place and reviewed to keep people using the service safe at all times. Nursing and medical staffing was managed effectively to deliver appropriate care to patients.
- A resident medical officer (RMO) provided 24 hour cover seven days a week for all patients. 99 consultants had been granted practising privileges at the hospital, 87 of whom had been undertaking work at the hospital for over 12months.

The CQC rated BMI The Lincoln Hospital as Good in all of the relevant domains:

SAFE - **Good**

CARING - **Good**

RESPONSIVE - **Good**

EFFECTIVE - **Good**

WELL-LED - **Good**

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

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

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

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

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

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

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

Safety



Infection Prevention and Control

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

Between April 2017 to March 2018, the hospital had:

- No MRSA bacteraemia cases.
- No MSSA bacteraemia cases.
- No E.coli bacteraemia cases.
- No cases of hospital apportioned Clostridium difficile.
- SSI data is also submitted to Public Health England for Orthopaedic surgical procedures. Our rates of infection are:
 - 0.00472 incidents per 100 hip procedures.
 - 0.00800 incidents per 100 knee procedures

The hospital has undertaken a variety of IPC audits this year and in particular all clinical areas undertake hand-, equipment- and environmental hygiene audits and very positive findings have resulted. The DIPC also undertakes a 6-monthly review of all IPC activity and integration into the wider IPC community, excellent reporting structures are in place as is close liaison with CCG and PH partners.

Environmental cleanliness is also an important factor in infection prevention and our patients rate the cleanliness of our facilities highly. The patient's satisfaction of their hospital room and bathrooms during their stay is 95.6 and 95.6% respectively (all rooms are ensuite). These results are taken from the patient satisfaction survey forms that we ask all our inpatients to complete and return to a third party for coordination and analysis.

Patient Led Assessment of the Care Environment (PLACE)

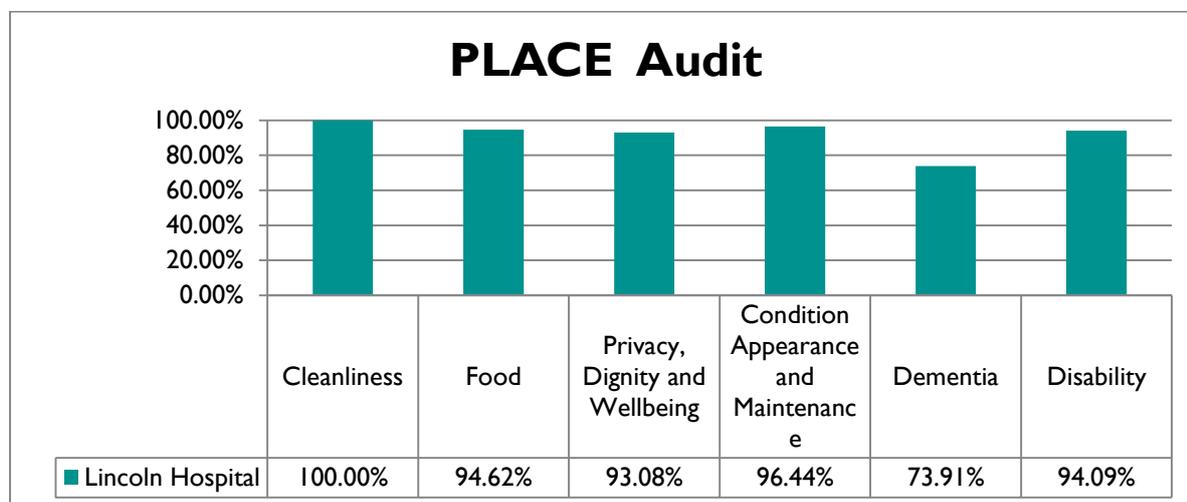
At BMI Healthcare, we believe a patient should be cared for with compassion and dignity in a clean, safe environment. Where standards fall short, they should be able to draw it to the attention of managers and hold the service to account. PLACE assessments will provide motivation for improvement by providing 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 latest PLACE audit for The Lincoln Hospital was undertaken in late March 2017, reporting in April 2017.

The results for the audit are demonstrated in the table below.



An action plan was developed as a result of the audit which included improving Dementia signposting in public areas and in patient bedrooms. A further PLACE visit is scheduled for 21 May 2018.

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. There have been no Duty of Candour incidents in this reporting year.

Venous Thrombo-embolism (VTE)

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

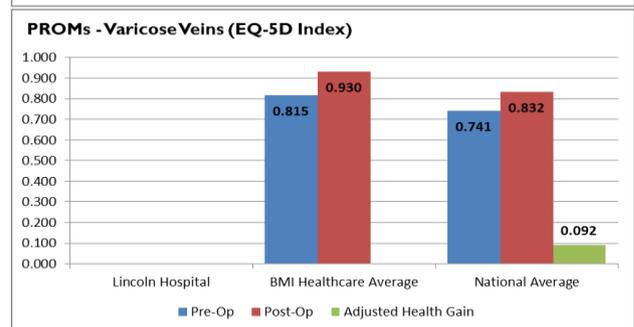
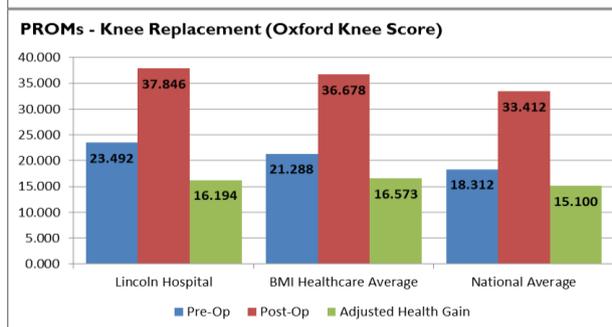
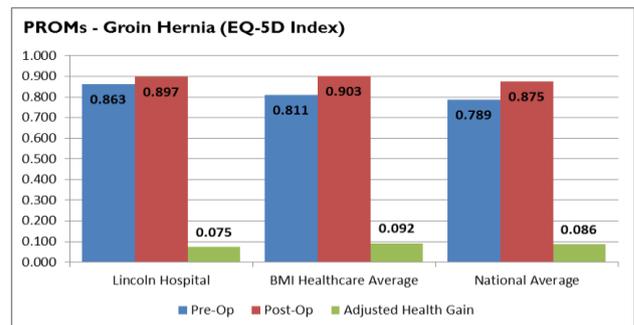
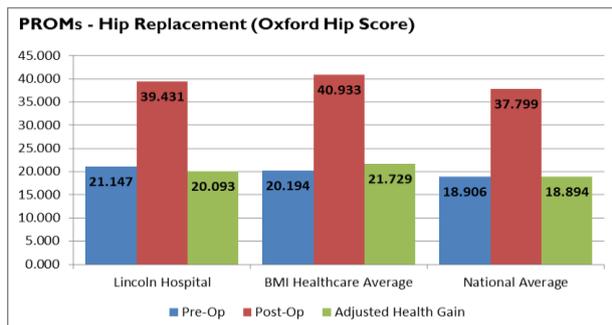
We see this as an important initiative to further assure patient safety and care. We audit our compliance with our requirement to VTE risk assessment every patient who is admitted to our facility and the results of our audit demonstrate a 95.83% compliance with Policy.

The Lincoln Hospital reports the incidence of Venous Thromboembolism (VTE) through the corporate clinical incident system. It is acknowledged that the challenge is receiving information for patients who may return to their GPs or other hospitals for diagnosis and/or treatment of VTE post 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 this reporting year we have seen no VTEs either in hospital or reported to us from our GP colleagues following surgery.

Patient Reported Outcome Measures (PROMS)

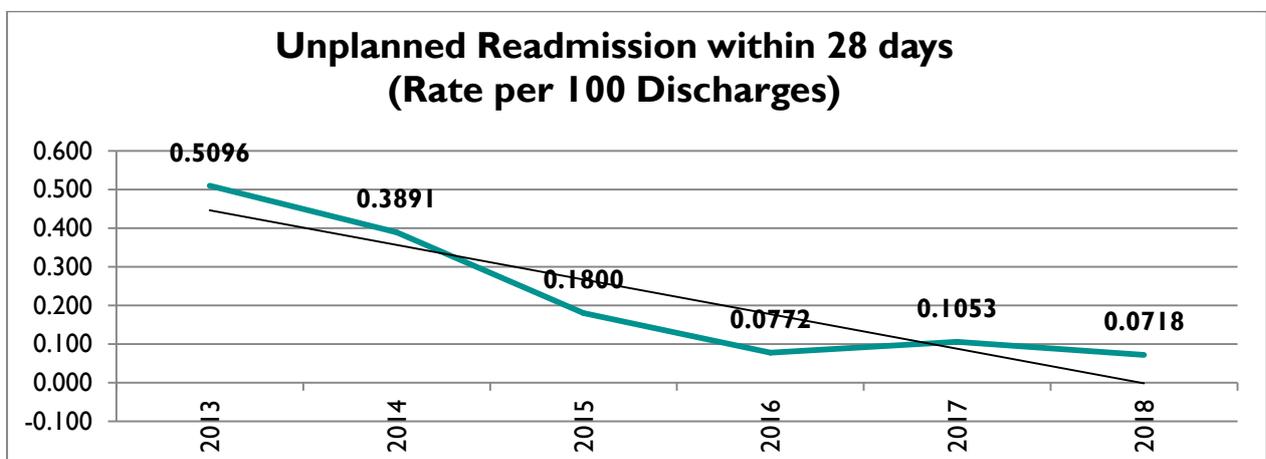
Patient Reported Outcome Measures (PROMS) are a means of collecting information on the effectiveness of care delivered to NHS patients as perceived by the patients themselves. PROMS are a Department of Health led programme.

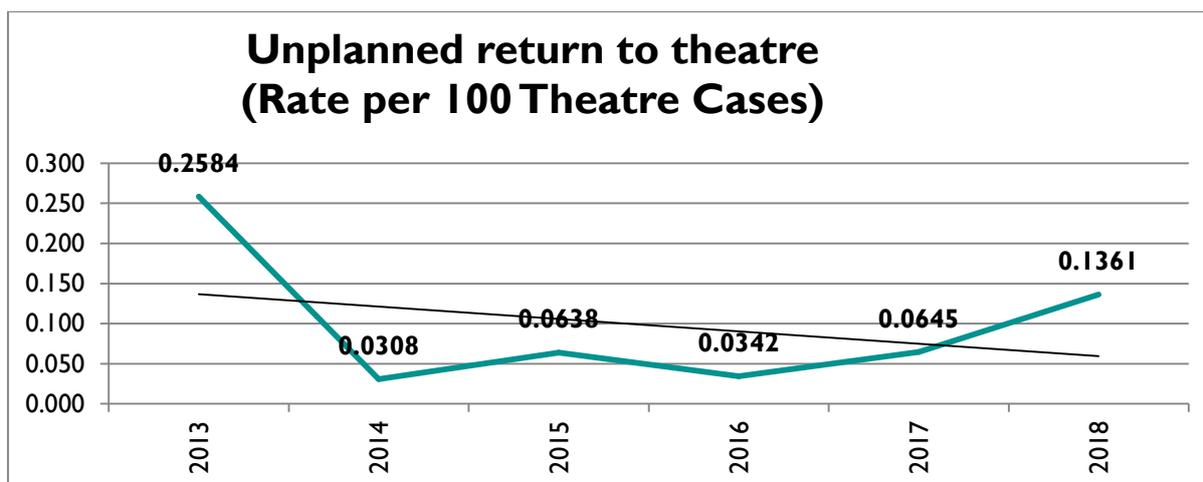
For the current reporting period, the tables below demonstrate that the health gain between Questionnaire 1 (Pre-Operative) and Questionnaire 2 (Post-Operative) for patients undergoing hip replacement and knee replacement at The Lincoln Hospital. The PROM scores demonstrate better than national average adjusted health gain for both Hip and knee surgery but slightly below average for groin surgery. BMI Lincoln has not undertaken enough varicose vein procedures to provide comparable data for this period.



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 trend for both re-admissions within 28 days and the rate of return to theatre is reducing over time and is monitored closely at the Hospital's Medical Advisory 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.

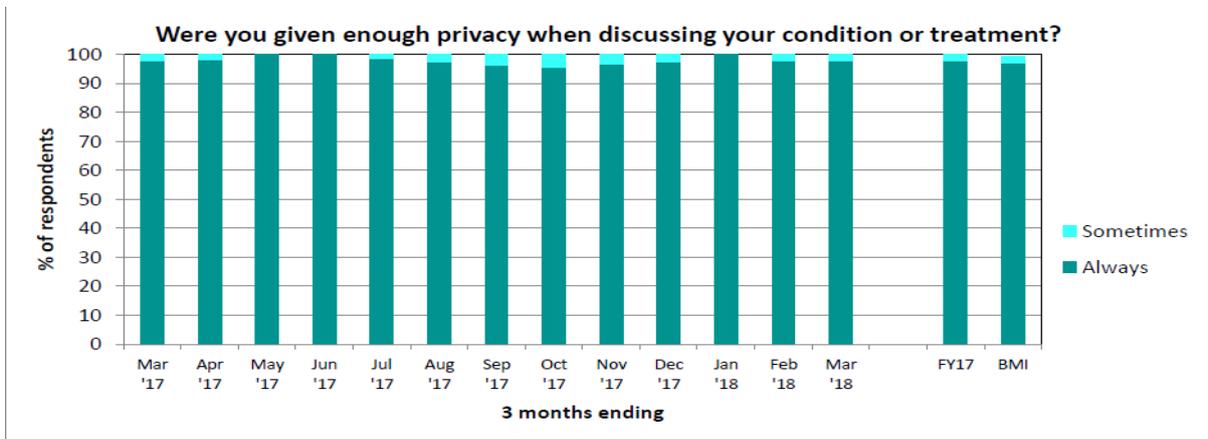
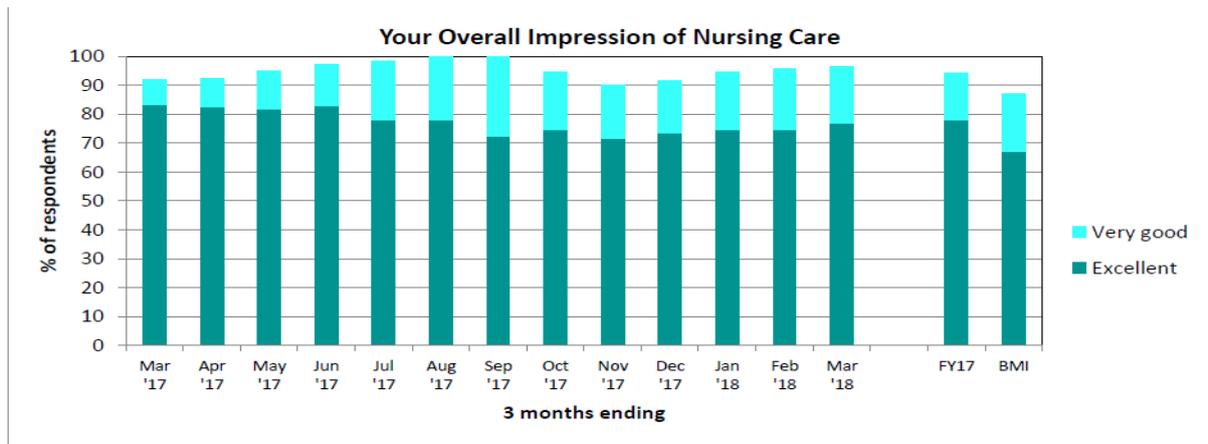
All deaths, whether expected or unexpected, are reported to the regulators (CQC, HIS, HIW). They are also reported via our hospitals incident management system and therefore managed in line with the company's Incident Management Policy. When an unexpected patient death has occurred, a Root Cause Analysis (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's Duty of Candour policy and its behaviours surrounding transparency.

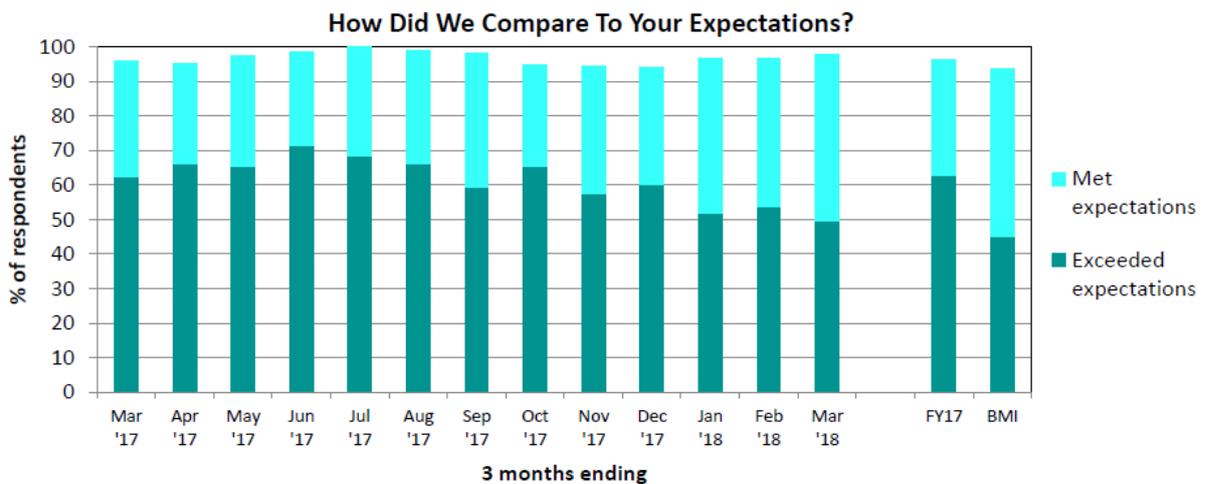
All deaths are discussed at a hospital Clinical Governance Committee, and further escalated to the Regional Quality Assurance Committee and National Clinical Governance Committee for review as appropriate; this ensures that lessons learnt from deaths are discussed at all levels and findings are then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

Patient Experience

Patient Satisfaction

BMI Healthcare is committed to providing the highest levels of quality of care to all of our patients. We continually monitor how we are performing by asking patients to complete a patient satisfaction questionnaire. Patient satisfaction surveys are administered by an independent third party. The following charts illustrate the feedback received in the major patient experience domains.





Patient satisfaction reports are produced every month and the Director of Clinical Services and the Quality and Risk Manager meet to review the reports prior to sharing with the rest of the Senior Management team for action plan development where required.

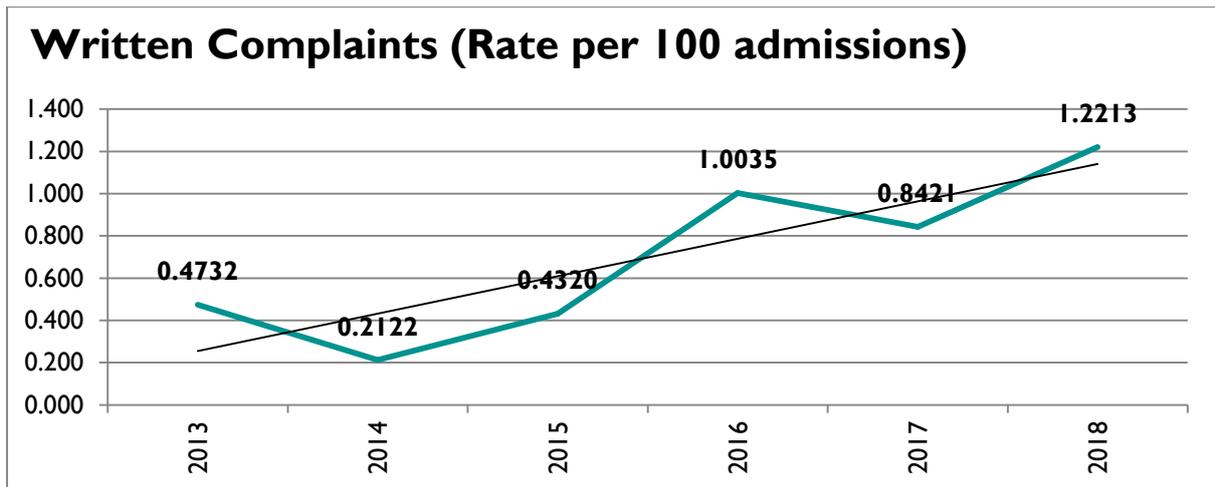
Complaints

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



Although the graph above appears to indicate a worsening position in respect of written complaints we embrace this as an opportunity to receive feedback and use this as an opportunity to improve our services further. There were 7 complaints from NHS patients this year and there were no overall common themes. However, 2 patients complained that they were unable to have their surgery with us due to clinical safety issues (they were referred to NHS facilities) and 2 complained regarding their perception of the communications that they had received from our clinical staff, feedback has been given to the clinicians involved. The Executive Director receives all complaints and delegates the Operations Director (non-clinical issues) or the Director of Clinical Services (clinical issues) to undertake full investigations into all complaints.

CQUINS

There were 2 CQUINS this year. Firstly, the Executive Director was required to attend 75% of the Lincolnshire STP Programme Board meetings, regrettably no Programme Board meetings had been called in this reporting period. Secondly, a requirement for front line clinical staff to be vaccinated with the flu vaccine. A vaccination programme was undertaken in the hospital over the winter period with all front line staff being encouraged to engage in this important initiative. Final analysis of local uptake and vaccine provision from other sources is still being undertaken at the time of writing this report.

Safeguarding

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

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

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

Children and Young people abuse can happen to any person 18 years old or below and to ensure that that all children and young peoples are looked after appropriately all our clinical staff including

consultants are trained to Level 3 children's safeguarding our other staff members are trained to level 2.

The Safeguarding lead for the Hospital is linked to the post of Director of Clinical Services. incumbent of the post changed this year but close liaison with County Council and CCG colleagues has ensured a seamless transfer of responsibility. There have been no Safeguarding referrals this year but 3 cases have been raised for discussion between safeguarding colleagues (including in one case with the CQC local representative). This close liaison has ensured that potential cases are appropriately discussed and pathways other than referral are used. Highly complementary feedback has been received from the CCG lead regarding the awareness of staff to potential issues and their active engagement in upward reporting.

National Clinical Audits

The hospital is fully engaged in a structured programme of clinical and non-clinical audits. Departmental engagement is monitored and, where required action plans formulated. Results from all of these audits are shared within the hospital and wider BMI community to ensure best practice is adopted through shared learning.

BMI The Lincoln hospital submits data to the National Joint Registry and contributes feedback to NCEPOD studies.

Priorities for Service Development and Improvement

BMI The Lincoln Hospital has identified areas for further and continued service improvement:

- a. Advance further the ambulatory care model of service provision. We are remodeling our facilities to ensure the patient experience for patients having procedures identified as surgical outpatient procedures is in line with commissioner's and patient expectation. We will move away from using in-patient facilities for this cohort of patient.
- b. We will continue to enhance our staff's training particularly in relation to care and communication of patient's whose clinical condition deteriorates. All theatre and ward staff will undertake further training in identifying and treating patients whose condition may deteriorate and this will be linked to the introduction to the enhanced NEWS 2 observation chart.
- c. We will continue to enhance the environment used by our patients by refurbishment of patient bedrooms and bathrooms. Maintenance of patient dignity and comfort and enhancement of patient experience are driving this initiative.
- d. We will work with others to contribute to the Lincolnshire chronic pain service which is a high priority for the 4 local CCGs. Our clinical services centered on our physiotherapy department is well placed to make a significant contribution to this vital service development.

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

Lincoln Hospital	Staff Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
86.00%	83.33%	73.18%	89.98%	50.44%

The Lincoln Hospital considers that the improvement in recommendation score is welcome and this improvement is despite some significant organizational change this year. Our staff are proud of the hospital and the care that is provided but recognize the limits we have in providing higher levels of care to patients and the limits this sets for some categories of patients.

The Lincoln Hospital continues to engage with its staff to ensure that developments proposed by staff are embraced where possible and practicable. The Executive Director has both formal and informal meetings with staff as individuals and groups to maximise dialogue and idea sharing. These meetings will continue going forward.

Quality Indicators

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

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

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

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

Re-Admissions within 28 Days of Discharge (Rate per 1000 beds days)

Lincoln Hospital	Re-Admissions (Aged 16+)			
2018	2017	National Average	Highest National Score	Lowest National Score
1.048	1.801	10.010	41.650	0.000

The Lincoln Hospital is pleased that the re-admission rate this year is lower than in 2017 and is at the lower end of the spectrum nationally. The Lincoln Hospital will continue to contact all in-patients in their home after discharge to ensure ongoing support is available to patients. This intervention allows dialogue between us and the patient and provides re-assurance to the patient and their carers. A small number of patients attend the ward for further advice following discharge and this once again provides support and avoids the need for re-admission or attendance at other car providers.

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

Lincoln 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

The Lincoln Hospital is pleased to report no cases of *C.difficile* in this reporting year. The appointment of an IPC practitioner, despite being a small hospital, supports our work in maintaining this outcome.

Hospitals responsiveness to the personal needs of its patients

Lincoln Hospital	Responsiveness			
2018	2017	National Average	Highest National Score	Lowest National Score
94.94%	94.82%	69.22%	78.00%	60.10%

The Lincoln Hospital considers that this data demonstrates that we continue to respond appropriately to our patients' needs and expectations. We listen closely to individual patients and attempt to tailor the care package to their requirements but we also reflect on other feedback, such as the PLACE audit outcomes.

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

Lincoln Hospital	VTE			
2018	2017	National Average	Highest National Score	Lowest National Score
95.83%	99.09%	95.77%	100.00%	81.60%

The Lincoln Hospital is disappointed that we have failed to achieve 100% in this area. A change to process on the ward was initiated in Dec 2017 which has had a demonstrated an improvement over

the later part of the year. The new process has been evaluated by our Director of Clinical Services and will continue for all future patients.

Patient Safety Incidents

Lincoln Hospital	Patient Safety Incidents (Rate per 1000 Bed Days)			
2018	2017	National Average	Highest National Score	Lowest National Score
92.767	109.844	43.292	149.700	11.200

The Lincoln Hospital has a robust reporting system which all staff, clinical and non-clinical, are engaged with. The relatively high rate of incident is due to a culture which encourages reporting by all. All forms of incidents are encouraged to be reported not just those resulting in harm.

We will continue to encourage reporting of events and their full investigation and where required learning and dissemination of learning.

Patient Recommendation Results

Lincoln Hospital	Patient Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
97.41%	99.01%	97.07%	100.00%	75.61%

The Lincoln Hospital is pleased that a very high proportion of our patients would recommend our services. There has been a slight slip % of recommendation over 2017 and we are reviewing patient feedback data to gain a better understanding of the themes. We are reviewing the patient care areas to ensure the environment is both appropriate to care delivery and comfortable for the patients.

BMI The Lincoln Hospital
Nettleham Road, Lincoln, LN2 1QU
T 01522 578000 F 01522 514021

NHS Lincolnshire West Clinical Commissioning Group (the commissioners) welcomes the opportunity to review and comment on the BMI The Lincoln Hospital (the organisation) National Annual Quality Report 2017 – 18.

The report gives examples of activities undertaken during the year to improve patient safety and these include:

- The appointment of a Freedom to Speak Up Guardian
- The Patient Led Assessment of the Care Environment (PLACE) assessments are an improvement on the previous year and the commissioner welcomes this

It is unclear from the report if Quality Priorities have been developed for the coming year and the consultation process used with stakeholders and patients is not detailed. Priorities for Service Development and Improvement are presented. The account would be enhanced with inclusion of Quality Priorities that cover the key areas of Patient Safety, Patient Experience and Clinical Effectiveness as set out in the regulations.

The commissioner has not been involved in the development of Quality Priorities for 2018 – 19, in future years the commissioner is happy to engage with this work, to recommend areas of development to aid compliance with the Quality Account Regulations.

The commissioner can confirm that the data presented in the report is to the best of our knowledge a true and accurate reflection of the care delivered by the organisation, the information is also reviewed throughout the year at the provider and commissioner quality review meetings.

The commissioner can confirm that this Quality Report has been critically appraised against the 2010 Quality Account Regulations and subsequent additions to the regulations in 2017 and 2018. The results of this appraisal have been issued to the trust.

There are areas of the quality account that do need to be developed in order to comply with the quality account . Some examples are provided below:

- Local audit
- Information Governance Toolkit attainment to ensure patient records and information is handled securely and in confidence
- Reporting against the previous year's Quality Priorities
- Gaining External Assurance via independent audit of the Quality Accounts

NHS West Lincolnshire Clinical Commissioning Group looks forward to working with the organisation over the coming year to further improve the quality of services available for our population in order to deliver better outcomes and the best possible patient experience.



Wendy Martin
Executive Nurse
NHS Lincolnshire West Clinical Commissioning Group