



The Meriden
Hospital

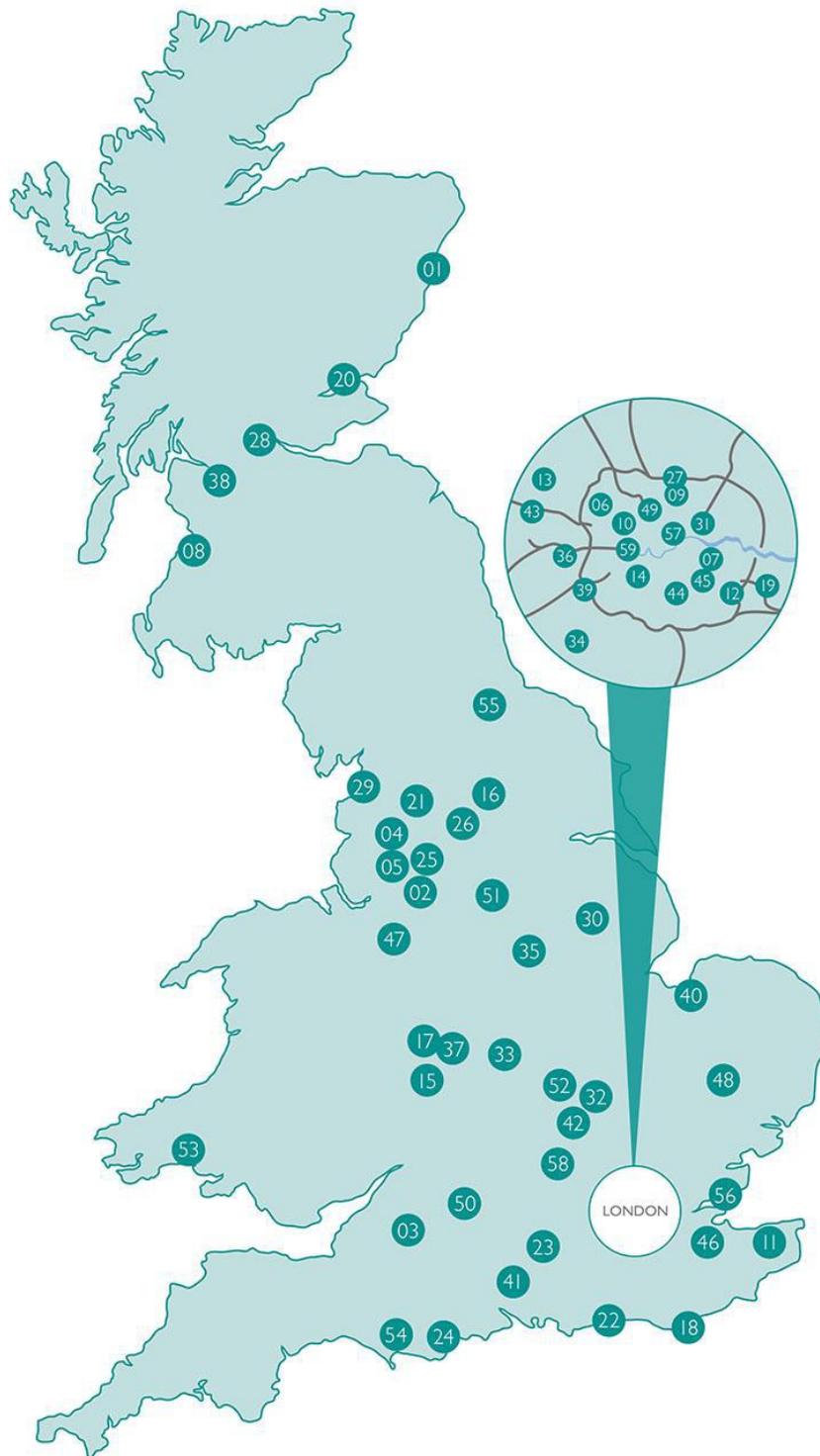
**QUALITY
ACCOUNTS 2018**

Contents

Our network of hospitals	3
Group Chief Executive's Statement	4
Hospital Information	6
Safety	Error! Bookmark not defined.
Patient Led Assessment of the Care Environment (PLACE)	Error! Bookmark not defined.
Duty of Candour.....	Error! Bookmark not defined.
Venous Thrombo-embolism (VTE).....	Error! Bookmark not defined.
Patient Reported Outcome Measures (PROMS)	Error! Bookmark not defined.
Learnings from Deaths.....	Error! Bookmark not defined.
Patient Experience	Error! Bookmark not defined.
Patient Satisfaction	Error! Bookmark not defined.
Complaints	Error! Bookmark not defined.
CQUINS.....	Error! Bookmark not defined.
Safeguarding	Error! Bookmark not defined.
National Clinical Audits	Error! Bookmark not defined.
Priorities for Service Development and Improvement	Error! Bookmark not defined.
Safety Thermometer	Error! Bookmark not defined.
Staff Survey & Staff Safety Culture Questionnaire.....	Error! Bookmark not defined.
Staff Recommendation Results	Error! Bookmark not defined.
Quality Indicators.....	Error! Bookmark not defined.
Patient Recommendation Results	Error! Bookmark not defined.

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



BMI the Meriden hospital is part of BMI Healthcare, Britain's leading provider of independent healthcare with a nationwide network of hospitals and clinics performing more complex surgery than any other private healthcare provider in the country.

Built in 2006, BMI The Meriden Hospital is based in Coventry, within the grounds of the University Hospitals Coventry and Warwickshire NHS Trust, and is committed to quality and value, providing facilities for advanced surgical procedures together with friendly, professional care.

The hospital employs approximately 150 staff, we are very well supported by a local 'bank' of staff and as a leadership team the development of an inclusive culture is paramount to our business success and sustainability.

With 48 patient bedrooms, each with ensuite facilities, broadband Internet access, and a modern entertainment system, the hospital provides an ideal environment for excellent clinical care and comfort for patient recovery. Key features of the hospital include an Outpatient Department with 16 consulting rooms, 3 major operating theatres, one of which has undergone refurbishment this year. Cardiac Catheter Laboratory, 4 bed Endoscopy Suite, Imaging, MRI, CT and a Physiotherapy Department.

The hospital is supported by caring and professional staff, with dedicated nursing teams and Resident Medical Officers on duty 24 hours a day, providing care within a responsive and comfortable environment. BMI The Meriden Hospital has its own car park for private patients and their visitors. 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. The Physiotherapy Department includes a fully equipped gym and Alter G machine.

In addition to treating privately insured and self-funding patients we support our local population by providing care, treatment and surgery via the Choose and Book system for NHS patients who choose to have their consultations at BMI The Meriden Hospital. We are also able to support our colleagues at Coventry & Warwickshire University Hospitals NHS Trust by providing treatment to patients in specialties where there are capacity constraints. Working collaboratively allows us to ensure patients are treated within the referral to treatment guidelines. NHS patients account for approximately 50% of the work carried out at the Meriden Hospital.

BMI Healthcare is 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
- Family Planning

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

The Meriden Hospital Leadership Team made a decision in April 2017 to remove Children and Young Person's services as a specialty within the hospital. The decision was not taken lightly however it was felt that due to the low volume of patients attending the hospital, staff were prevented from retaining their competencies in this aspect of service delivery. The decision to close the service was discussed with all stakeholders and made in the interest of patient safety.

In January 2017 Gill Faure Executive Director was appointed to lead the team at BMI The Meriden Hospital. Gill immediately set to work to improve on the standards that the previous Leadership Team had achieved.

The CQC carried out an announced inspection on April 24th and 25th 2018 and an unannounced inspection on 2nd May 2018 and the hospital is awaiting the written report. The new Leadership Team and staff at all levels worked incredibly hard to evidence improvements on the standards and aspects of service delivery identified in May 2016 by the CQC as requiring improvement.

The verbal feedback received from the CQC over the course of the two day announced inspection and subsequent unannounced inspection was positive. The CQC acknowledged staff efforts and said that 'The morale of staff was high and they had a drive to improve care and quality for patients.'

The CQC rating received in May 2016 was as follows:

Overall Requires improvement Read overall summary	Safe	Inadequate ●
	Effective	Requires improvement ●
	Caring	Good ●
	Responsive	Good ●
	Well-led	Requires improvement ●

The Leadership Team developed an action plan to address all areas requiring improvement, which included service redesign resulting in removal of Children & Young Person's services and refurbishment of patient bedrooms to meet current Health Building Notes requirements, in addition to improving staff training and appraisal, incident grading and reporting and medicines management. Progress was shared with the CQC, Clinical Commissioning Groups and Insurers through regular engagement meetings, contract meetings and assurance visits.

BM The Meriden 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 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 Meriden 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:

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

Measure	Rate (per 100 procedures)
Hips	0.00459
Knees	0.01099

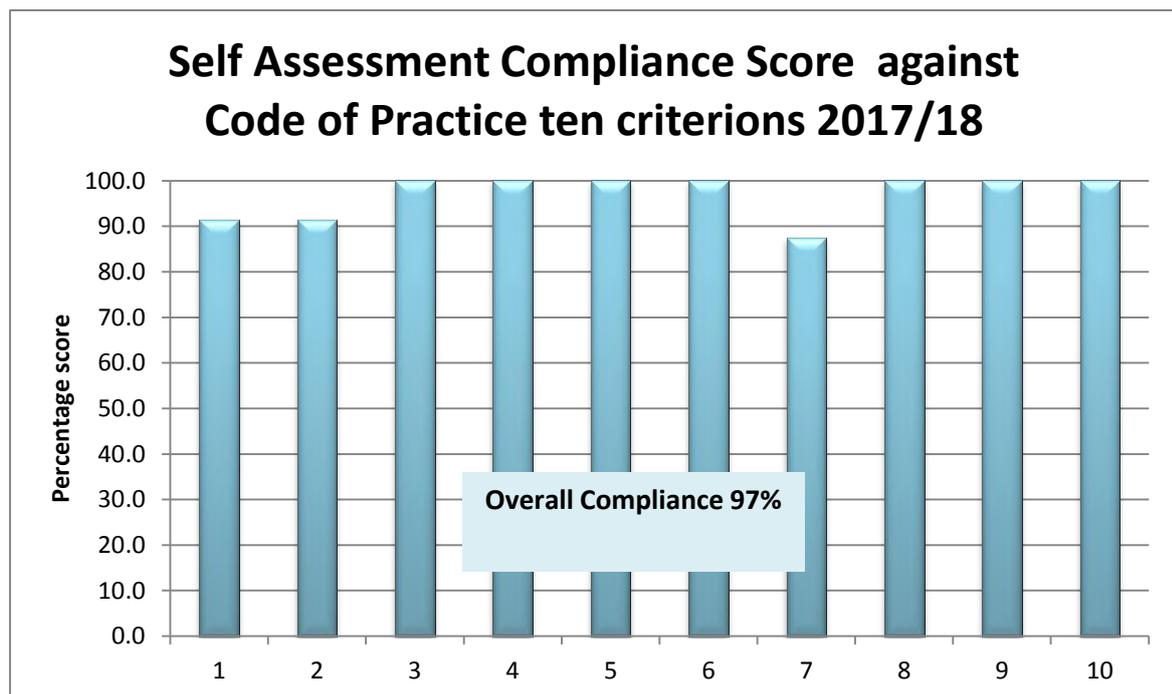
Audits are undertaken regularly at BMI The Meriden Hospital. Each audit has a narrative summary and action plan where required, which is owned by the relevant departmental manager and cascades to staff. Action Plans are reviewed regularly to measure progress and improvement made where compliance is required. Learning is then shared and cascaded to staff with the overall aim of improving our patient's experience of our service.

We have a focused approach to hand hygiene, incorporating the World Health Organisation (WHO) 5 Moments of Hand Hygiene, aseptic non-touch technique and other infection prevention activities. Training for Hand Hygiene (ANTT) is undertaken by all staff.

This provision is updated regularly as part of the mandatory training requirements both through eLearning and practical sessions and forms part of the clinical competency programme. World Health Organisation (WHO) Five moments training is delivered within the facility and WHO assessments have been conducted.

Environmental cleanliness is also an important factor in infection prevention and our patient satisfaction scores evidence that our patients rate the cleanliness of our facilities highly.

The collated IPC annual programme that reflects the Hygiene Code has been improved to 97% compliance.

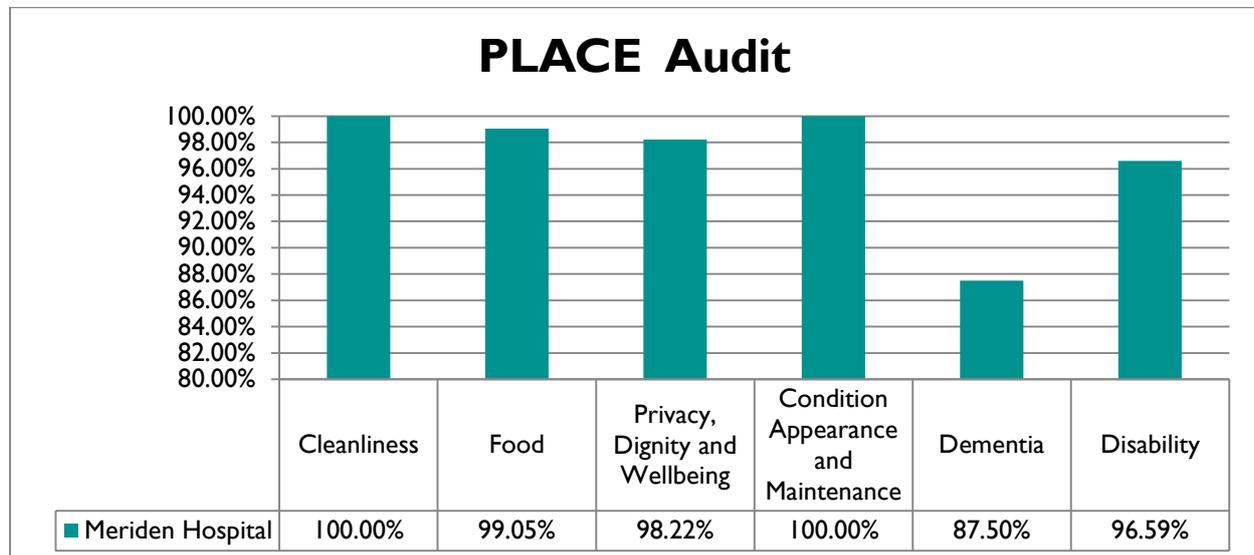


Installation of Clinical Hand Sinks & Flooring Programme

The incremental programme to install clinical hand wash sinks and replace flooring to meet Health Building Note (HBN) 00-09 *Infection Control in the built environment* (DH, 2013) and HBN 00-10 Part A "flooring" (DH, 2013) respectively has commenced. The pictures below show the new bedroom layout.



Patient Led Assessment of the Care Environment (PLACE audit)



At BMI Healthcare, we believe a patient should be cared for with compassion and dignity in a clean, safe environment. The PLACE audit provides motivation for improvement by providing a clear message, directly from patients, about how the environment or services might be enhanced.

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.

All the bedrooms at BMI The Meriden Hospital are single rooms to enhance privacy and dignity. However our PLACE results identified that more work was required to ensure the environment is improved for patient who suffer from dementia. A specific bedroom will be designed for patients suffering from dementia, to ensure that patients can be nursed and treated meeting their needs.

Cutlery and crockery with highly coloured and thicker handles will be introduced to help support the patient’s dietary needs. The menu selection is displayed in pictures as well as words to help the patient choose appropriately.

Large posters clarify light switches and signpost specific rooms e.g. bathroom. This room’s décor ensures that the environment is as bright and clear as possible to enhance a patient centered approach.

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

BMI The Meriden Hospital has created a notice board on the ward to promote Duty of Candour with leaflets and information available to support staff and increase awareness of how important it is to interact with the patient when things go wrong.

Within the reporting period BMI The Meriden Hospital reported two duty of candour incidents as shown in the table below.

Duty of Candour Incidents
2

As an example, duty of candour was applied when a patient who had undergone a hip replacement procedure where fast drying bone cement was used to help to affix the prosthesis to the bone, developed pain some months after the procedure.

X-rays allowed the Consultant to identify that a piece of the cement used during the procedure had become detached and lay in the groin area. Once this was diagnosed a letter of apology was sent to the patient and an investigation undertaken to understand why this had happened.

Supporting the patient during this period was important for the patient and also the staff involved. Therefore prior to a second procedure to remove the piece of cement the Director of Clinical Services visited the patient at home to answer any questions she might have and reassure her that all would be done to return her to full mobility again.

Venous Thrombo-embolism (VTE)

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

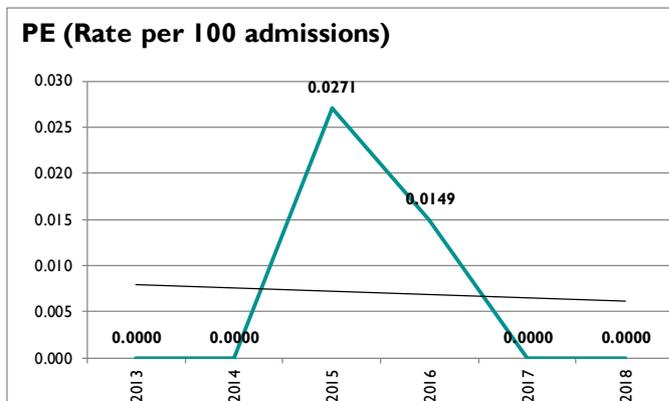
We see this as an important initiative to further assure patient safety and care. We audit our compliance with our requirement to VTE risk assessment every patient who is admitted to our facility and the results of our audit on this has shown 99.25% compliance.

The Meriden 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.

This assessment graph shows the percentage of patients assessed for their risk of developing a blood clot.

VTE Percentage	
VTE Assessment	99.25%

The graph below demonstrates the rate of a blood clot per 100 admissions during the time period.

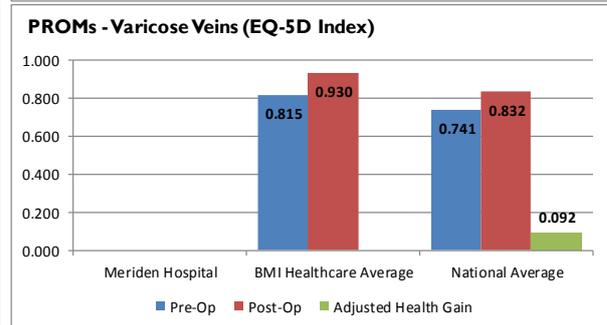
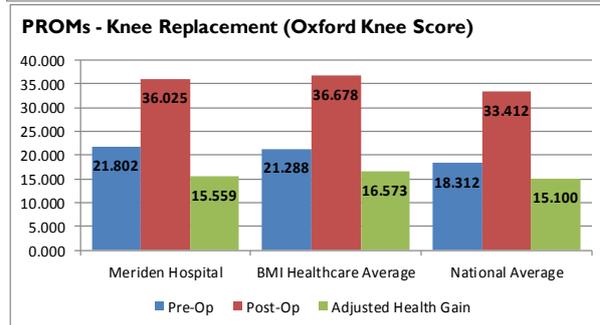
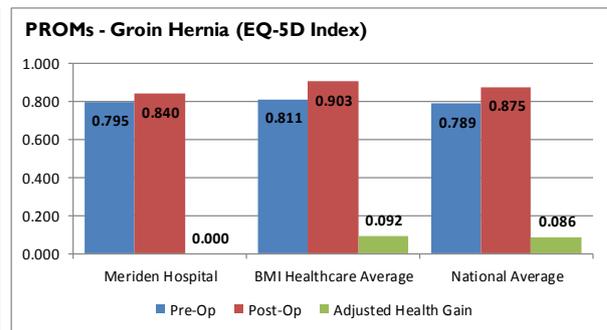
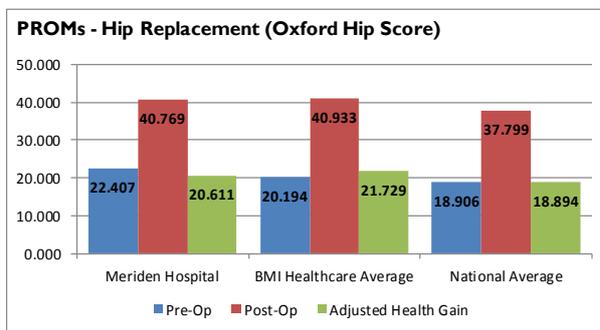


Patient Reported Outcome Measures (PROMS)

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 Meriden Hospital

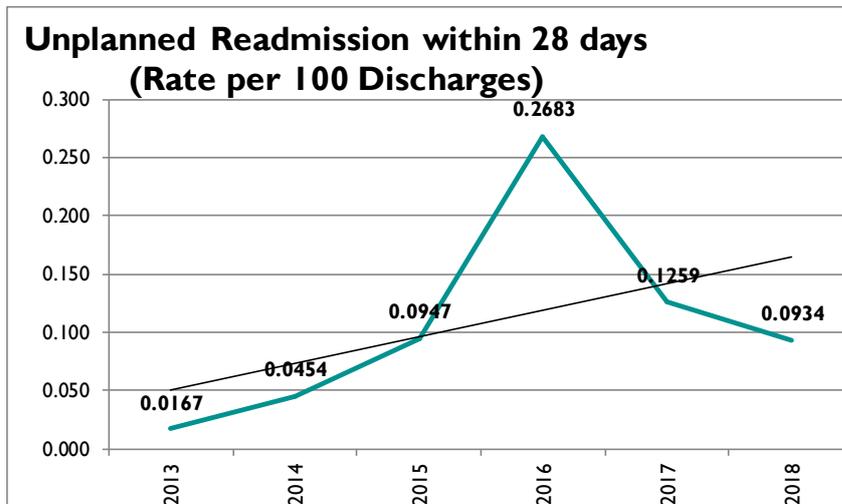
Latest PROMS data available from HSCIC (Period: April 2016 – March 2017)



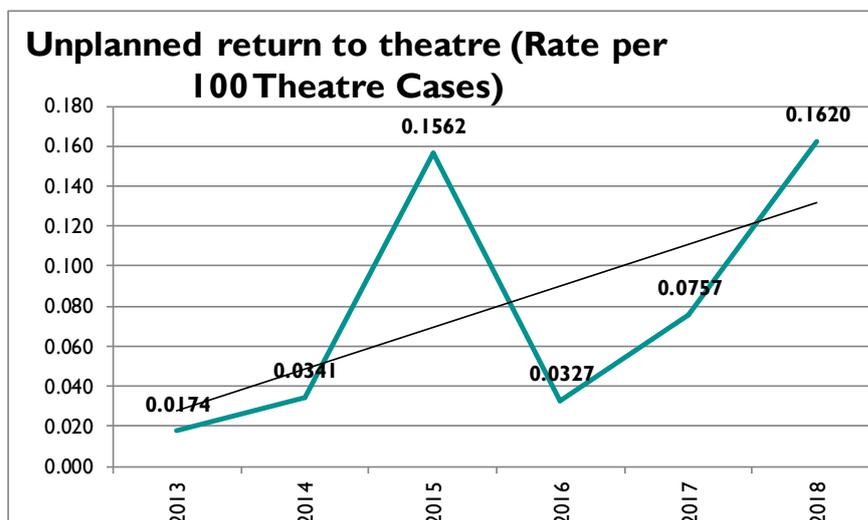
These graphs show that the surgery undertaken for hip replacements, knee replacements and hernia repairs at BMI The Meriden Hospital benefits patients. The health gains experienced by patients for hip and knee replacements are in line with national averages whilst slightly behind the BMI Group as a whole. The low volume of hernia and varicose veins prevents the data from being published.

The Leadership Team at BMI The Meriden Hospital have initiated a renewed focus with Consultant engagement on outcomes of surgery and data input which will promote improvement to existing outcomes. In addition the pre and post-surgical physiotherapy provision has been reviewed and the provision extended.

Unplanned Readmissions & Unplanned Returns to Theatre

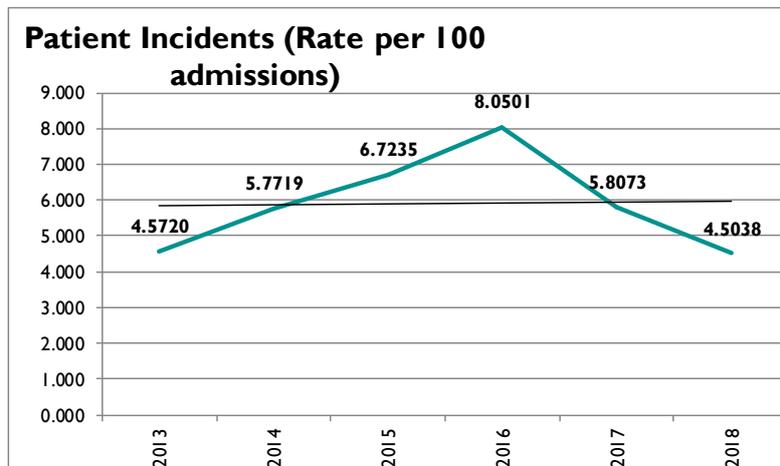


BMI The Meriden Hospital staff try extremely hard to ensure that every patient discharged has the care and advice they need to be able to function at home. However sometimes complication arise that need further attention. To ensure patients are kept safe we readmit those patient requiring further care and treatment, for example if the patients wound becomes infected then intravenous antibiotics may be necessary and this action will ensure a quick 'kick start' to recovery. We aim to reduce the number of patients that have to return for any reason so that unnecessary stress and inconvenience is avoided.



This graph shows the patients that return to theatre within the same initial admission period. This usually means that patients may have developed a complication, for example bleeding from the wound site that requires attention. All surgery carries risks for patient however the whole clinical team collaborate to minimise these risks as far as possible.

Incidents of all types



Staff report incidents of all types on RiskMan, risk management system. BMI The Meriden Hospital promotes a robust reporting culture to which all staff have access. This ensures that the Leadership Team and Corporate Teams have visibility of all incidents which supports that each incident is investigated in an appropriate way. This is a good means of assessing service delivery and the care provided. A downward trend is noted on the graph which is a positive and supports that the culture and pro-active approach to problem solving reduces risk through lessons learned.

In addition a number of clinical audits are undertaken within the hospital in accordance with the hospital audit plan. This information ensures that BMI The Meriden Hospital is proactive in highlighting potential and actual issues. Action plans form a robust response to mitigate risk and improve the service.

Audits include the following:

- Documentation audit of patient medical records
- WHO Safer Surgery
- Medicines management
- Controlled drugs
- Resuscitation
- Safeguarding
- Blood transfusion
- Consent
- Theatre audit
- Compliance to MRSA protocols
- Compliance to VTE protocols
- IPC audit programme and QIT
- Hand hygiene (ANTT)

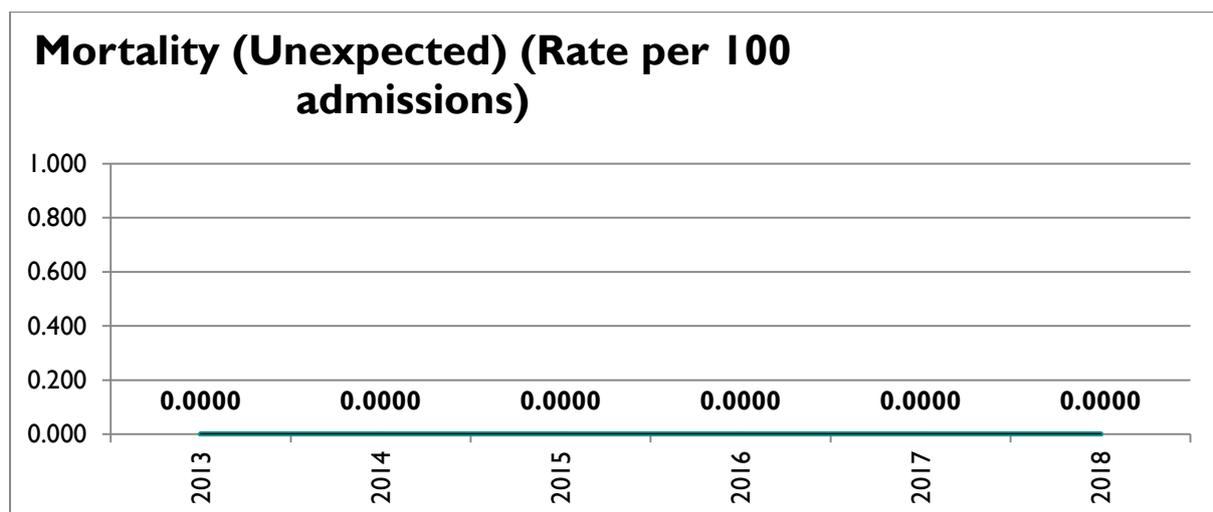
Learnings from Deaths

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.



The graphs show that there have been no unexpected patient deaths at BMI The Meriden Hospital in the reporting time period.

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 our performance by asking patients to complete a patient satisfaction survey.

Feedback from patients at BMI The Meriden Hospital in Coventry has shown that 97.9% of those who received care there would recommend the hospital to their family and friends.

In addition, 96.0% agree that the quality of their nursing care was very good or excellent and 96.7% would apply the same high rating to the standard of their accommodation.

The figures quoted were the findings of the independent survey operator Quality Health, which analysed responses of 1879 patients who responded to a questionnaire between 1 January 2017 and 31 December 2017.

The figures have been well received by the 192 staff who work at the hospital and who provide care for NHS-funded patients, insured patients and those who choose to pay for themselves.

Over the past year, the hospital has seen a number of improvements including; refurbishment of consulting rooms, patient bedrooms and investment in theatre equipment.

In 2018, the hospital is looking forward to engaging with the community with the launch of free consultant led talks which provide health and wellbeing information to patients across a wide range of specialties including back pain, heart health and orthopaedics.

The independent survey also showed high percentage scores across all assessed criteria, with 'very good' or 'excellent' for physiotherapy 96.6%, pharmacy 93.5%, and catering 91.5%. In addition, 97.6% said that their overall impression of diagnostic imaging was very good or excellent.

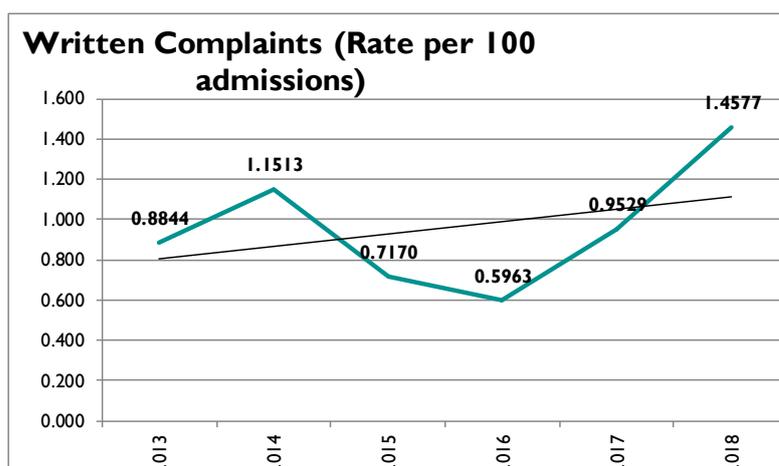
Quality Health also provides survey analysis for the 'Friends & Family Test' which directly asks patients whether or not they would recommend the hospital to friends and family.

Meriden Hospital	Patient Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
97.77%	98.71%	97.07%	100.00%	75.61%

These figures show that 98.71% of patients in 2017 would recommend the hospital to friends and family. Whilst above the national average this rating has declined very slightly to 97.77% in 2018.

Whilst proud of our rating, we are not complacent about the way patients feel about their care. In January 2018 all departments produced action plans to address any areas of dissatisfaction from patient feedback received from patient satisfaction surveys and a variety of other sources, in order to improve further delivery of care for patients.

Complaints



Whether positive or negative, BMI The Meriden leadership team welcome patient feedback. Staff at the hospital strive to learn from patient experiences so that the delivery of the service can be continually improved.

In addition to providing all patients with an opportunity to complete a patient satisfaction survey BMI The Meriden Hospital actively encourages feedback both informally and formally, through active engagement with patients using the service.

Where complaints cannot be resolved informally, patients are supported through a robust complaints procedure, operated over three stages:

- Stage 1: Hospital resolution
- Stage 2: Corporate resolution
- Stage 3: Patients can refer their complaint to Independent Adjudication if they are not satisfied with the outcome at the other 2 stages.

The graph above would suggest that complaints have increased in the last 2 years, however it should be noted that in 2016, the hospital team started to record informal feedback more effectively than previous years. Analysis shows that the level of formal written complaints has remained stable across the last 2 years, which is an improvement on nationally reported performance.

However, complaint reduction is extremely high on the agenda for 2018 for the Leadership Team, in particular the newly appointed Director of Clinical Services and Quality & Risk Manager. A review of the complaints received during 2017 identified a need to improve both written and verbal communication. Improving communication and effectiveness of administrative departments is a key focus for 2018.

Each department has been tasked with producing their own action plan which forms the basis to improving all aspects of care and treatment regardless of the source of the complaint or feedback. This ownership of required improvements by staff and managers on the 'front line' ensures that issues can be addressed right at the heart of care delivery whilst being overseen and monitored by the Senior Leadership Team.

CQUINS

BMI The Meriden Hospital has committed to 'Sign up to Safety' pledges as part of our commissioning for quality improvement (CQUIN) incentive 2017-2018. Our action plan includes:

Putting safety first

We are committed to reducing avoidable harm in the NHS by half and making public our goals and plans developed locally.

1. Reduce the number of inpatient falls occurring on Charlecote ward.

- a) Falls assessment at pre-assessment
- b) Rounding at ward level continues.
- c) Staff review patient slippers/shoes for suitability
- d) Falls Posters are displayed in each room providing instructions and requesting patients to take part in reducing the risks of falling.

2. Increase staff awareness of the 'Sepsis Six' to ensure staff are able to recognise and treat sepsis early and therefore improve the care of those affected

- a) A permanent 'Sepsis training board' has been erected at ward level, providing guidance and a reference for all staff.
- b) Setting out the steps that needs to be undertaken if sepsis is
- c) Suspected.
- d) Leaflets available for all staff to read.



1. The organisation will continually learn.

This will make BMI The Meriden Hospital more resilient to risks, by acting on the feedback from patients and by constantly measuring and monitoring how safe our services are.

The newly appointed Director of Clinical Services has developed a quality & risk action plan and implemented departmental action plans to ensure that there is greater ownership of continued improvement within each department. We will be guided by not only Friends and Family results, patient satisfaction results but also incident reporting and lessons learned NICE guidelines, legislation and a proactive approach to problem solving.

In addition we will:

a) *Learn from our 'Quality Health' patient feedback and Family test (FFT) to improve patient services to meet their needs*

Patient feedback is analysed and discussed at the monthly quality meeting and actions put in place to address areas where improvement is required.

b) *Ensure learning from safety incidents, claims and complaints is on every Clinical Governance Committee meeting agenda*

Incidents, claims and complaints are an agenda item at the monthly Clinical Governance Committee meeting. They are also presented to the consultant body via the Medical Advisory Committee (MAC).

c) *Ensure learning from Safety incidents, claims and complaints is shared throughout the hospital*

A staff bulletin with incidents and complaints is produced weekly and displayed on departmental notice boards to ensure staff in all areas are aware of their occurrence, on-going investigations, actions taken and lessons learned.

d) *Continue to benchmark indicators of safety with peer organisations and look for opportunities to identify further performance measures*

Results are benchmarked against all other BMI hospitals and within BMI regions. Results are discussed at the monthly Clinical Governance meeting.

Safeguarding

Safeguarding is about protecting people from abuse; preventing 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.

The Director of Clinical Services at the Meriden is trained to Pediatric and Adult safeguarding level 3 to ensure that appropriate support can be provided to staff in these situations.

National Clinical Audits

BMI The Meriden Hospital participates in a number of national audits to benchmark performance externally.

We participate in the following:

- The National Joint Registry (NJR) which collects high quality and relevant data about joint replacement surgery in order to provide an early warning of issues relating to patient safety. In a continuous drive to improve quality, the NJR will monitor and report on outcomes.



BMI The Meriden Hospital

Submission figures for this hospital

By operation date							By submission date						
2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
2017							2018						
Month	Completed operations	Hips	Knees	Ankles	Elbows	Shoulders	Consent rate						
January	42	18	23	0	0	1	100						
February	43	25	16	0	0	2	100						
March	60	28	27	1	0	4	100						
April	48	18	29	0	0	1	97						
May	7	2	5	0	0	0	100						

- Patient Reportable Outcome Measures (PROMs) - PROMs measure a patient's health status or health-related quality of life at a single point in time, and are collected through short, self-completed questionnaires. This health status information is collected before and after a procedure.

We currently participate for hip and knee replacement surgery; PROMs calculate the health gains after surgical treatment using pre and post-operative surveys.

- CQUINs which are agreed with our Commissioners to promote improvement in patient care. This year we are participating in the national 'Sign up to Safety' Campaign.
- Public Health England (PHE) national Mandatory Orthopaedic Surgical Site Infection (SSI) Surveillance requires all hospitals undertaking Orthopaedic surgical procedures, to carry out 3 month module of surveillance in each financial year in at least one of four categories; hip arthroplasty, knee arthroplasty, repair of neck of femur, open reduction of long bone fracture. As a more meaningful rate can be ascertained by continuous surveillance we are working towards all year surveillance for knee and hip arthroplasties.
- Patient Led Assessment of the Clinical Environment (PLACE) assessing the quality of our hospital environment. Our PLACE assessment puts patient views at the centre of the process to report how well we are performing in areas such as privacy and dignity, cleanliness, food and general building maintenance.
- BMI Meriden also participates in the National Institute for Cardiovascular Outcomes Research (NICOR) for procedures performed in the Cardiac Catheter Laboratory.

Priorities for Service Development and Improvement

There are many active action plans within the departments to improve service delivery, care to patients and ensure that staff are happy with their work and would recommend the hospital to family and friends. The Senior Leadership Team also has service delivery and improvement as high priority. Below are examples of such plans:

- **Development of the Endoscopy service and delivery within the hospital**

The current JAG accreditation standards were developed through the early part of 2016 and released in June 2016. They are intended to inspire the confidence of the public, professionals working within endoscopy, provider organisations and those responsible for commissioning endoscopy services. They provide a framework of requirements to support the assessment of endoscopy services, but also to support the endoscopy service itself in delivering better person-centred care.

BMI The Meriden Hospital is working towards JAG accreditation standards to ensure a high-quality, safe and appropriate endoscopy service, delivered by a highly-trained, highly-supported and highly-motivated workforce. We are systematically reviewing all aspects of the current service so that we can identify and deliver the very best diagnostics, care and treatment. A comprehensive action plan enables the team to contribute, support and deliver the changes required to achieve the required standards.

- **Improvement in pharmacy services to the hospital**

BMI The Meriden Hospital works closely with University Hospitals Coventry & Warwickshire NHS Trust to ensure services for patients are joined up and respond appropriately. Agreements for services include the supply of drugs and pharmacy services to BMI The Meriden Hospital. Following a

review it was identified that that allocation of the current pharmacy tasks did not always meet the needs of the hospital and changes required were identified.

Over the coming months BMI The Meriden Hospital hopes to collaborate with the NHS service provider to further improve the provision and cost effectiveness of the service.

- **Improving patient assessment to reduce surgical risk and increase access**

In response to the change in population growth and lifestyles, BMI The Meriden Hospital is reviewing the way patients with higher body mass indexes are assessed prior to undergoing surgery to improve access to patients.

The hospital is currently collecting data with a view to introducing face to face anaesthetic reviews for those patients who may be at a higher risk from receiving a general anaesthetic.

Clinical staff are collaborating with Consultant Anaesthetists to ensure the very best service is available and accessible to patients.

- **Improving the environment for patients with dementia undergoing surgery.**

Patients who suffer from dementia have very specific needs and it is essential that these patients are kept informed and safe within what can be a very stressful environment. BMI The Meriden Hospital likes to offer a person-centred approach to care whether it delivered within an outpatient or inpatient setting.

To achieve this the leadership team will be reviewing how the existing patient pathway and environment can be adapted in order to improve on and meet the physical, behavioural and psychological factors that impact on the patient and carers of patients with dementia. Now forming part of the Patient Led Assessment of the Care Environment Audit (PLACE) this aspect of service delivery is important to get right for every patient.

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

NHS Safety Thermometer													
Meriden													
NHS Ward	Patient	Age Band	Sex	Worst PU by Category		Fall	UTI & Catheters		VTE Risk		VTE Treat.		
19/09/2017				Old	New		UTI	Catheter	Assess	Prophy.			
Hospital Ward													
Other													
	1	>70	M	None	None	No Fall	No UTI	No Catheter	Y	N/A	No VTE		
	2	>70	F	None	None	No Fall	No UTI	No Catheter	Y	N/A	No VTE		
	3	>70	M	None	None	No Fall	No UTI	No Catheter	Y	N/A	No VTE		
	4	>70	F	None	None	No Fall	No UTI	No Catheter	Y	N/A	No VTE		
	5	18-70	M	None	None	No Fall	No UTI	No Catheter	Y	N/A	No VTE		
	6												

Staff Survey & Staff Safety Culture Questionnaire

A strong 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 Leadership Team to be able to identify and address any concerns around safety. 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.

Freedom to Speak Up Guardian

In 2018, BMI Healthcare introduced a Freedom to Speak Up Guardian.



Staff Recommendation Results

Meriden Hospital	Staff Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
82.00%	82.22%	73.18%	89.98%	50.44%

BMI The Meriden Hospital considers that this data demonstrates a positive culture combined with a commitment from staff to provide caring, safe and responsive care to patients.

In response to the staff survey the Senior Leadership Team developed and implemented an action plan to improve on staff's perception of the company, hospital and management of the different teams. The action plan addressed a number of areas including staff morale, communication, leadership and culture.

Specific actions to improve staff morale and communication included the introduction of a staff newsletter, monthly staff forums and weekly 'ED Open Door' sessions, in addition to more regular departmental meetings to ensure effective cascade of information. Staff recognition was improved including daily nomination of 'best practice' and long service awards.

The Leadership Team was strengthened following the recruitment of a highly experienced Director of Clinical Services and experienced Clinical Departmental Managers. An assessment of the hospital safety culture was undertaken to understand how staff feel about the hospital. Whilst the response was generally very reassuring, an action plan has been developed to improve staff confidence in lower scoring areas.

Quality Indicators

The table below 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 (Paediatric and Adult)

Meriden Hospital	Re-Admissions (Aged between 0-16)			
2018	2017	National Average	Highest National Score	Lowest National Score
0.000	0	11.45	14.94	0

Meriden Hospital	Re-Admissions (Aged 16+)			
2018	2017	National Average	Highest National Score	Lowest National Score
1.173	1.263	10.010	41.650	0.000

As previously stated VBMI The Meriden Hospital discontinued children's services in 2017. The service now covers adults from the age of 18 years .

All unplanned readmissions to The Meriden Hospital are analysed to highlight if there are trends or concerns in any specific service delivery. There are no specific trends identified and learnings are shared with the hospital teams.

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

Meriden 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

BMI The Meriden Hospital is pleased to report no cases of Clostridium difficile in the reporting period.

Hospitals responsiveness to the personal needs of its patients

Meriden Hospital	Responsiveness			
2018	2017	National Average	Highest National Score	Lowest National Score
96.41%	96.22%	69.22%	78.00%	60.10%

BMI The Meriden Hospital is pleased to demonstrate a very high and improving picture for responding to personal needs to patients. Well above the national average and the highest national score, patient can be reassured that the Meriden Hospital will meet their expectations. However we are not complacent and will strive for better results going forward.

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

Meriden Hospital	VTE			
2018	2017	National Average	Highest National Score	Lowest National Score
99.25%	100.00%	95.77%	100.00%	81.60%

BMI The Meriden Hospital has robust policies and processes in place to ensure that patient receive VTE risk assessment prior to undergoing a surgical procedure. Compliance is monitored monthly by an audit programme. All reported VTE incidents have an investigation to highlight the root cause and improvement actions implemented. The hospital will strive to ensure the highest of standards in this aspect of care.

Patient Safety Incidents

Meriden Hospital	Patient Safety Incidents (Rate per 1000 Bed Days)			
2018	2017	National Average	Highest National Score	Lowest National Score
55.855	58.272	43.292	149.700	11.200

Meriden Hospital	Patient Safety Incidents (Count)			
2018	2017	National Average	Highest National Score	Lowest National Score
238	323	3908	14506	31

BMI The Meriden Hospital considers that this data is as described due to the continued efforts and dedication of hospital staff to ensure a safe environment in which to deliver a high standard of patient care.

We are proud of our achievement in this reporting period with a figure significantly below the national average. BMI The Meriden Hospital aims to maintain and improve upon this outcome by continuing to apply robust safety incident reporting and development of processes to ensure lessons learnt are shared and continue to demonstrate commitment to our patients in providing a safe, caring, effective and responsive environment.

Patient Recommendation Results

BMI The Meriden Hospital considers that this data is positive and a recognition of our commitment to BMI Healthcare’s promise that “we are serious about health, passionate about care” through the application of the core themes- safety, clinical effectiveness, patient experience and quality assurance.

Meriden Hospital	Patient Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
97.77% to date	98.71%	97.07%	100.00%	75.61%

BMI The Meriden Hospital continues to build upon and improve the patient experience by the following actions:

- Improving safety by updating patient bedrooms with clinical hand wash sinks to improve compliance with hand hygiene.
- Departmental action plans which give greater ownership for quality to the managers in the clinical areas.
- Greater emphasis on lessons learned from patients experiences and complaints, coupled with a simple and colourful 5 minute poster so all staff have access to information.

BMI The Meriden Hospital

Walsgrave Hospital Site

Clifford Bridge Road

CV2 2LQ

Tel: [02476 647000](tel:02476647000)