



The Park
Hospital

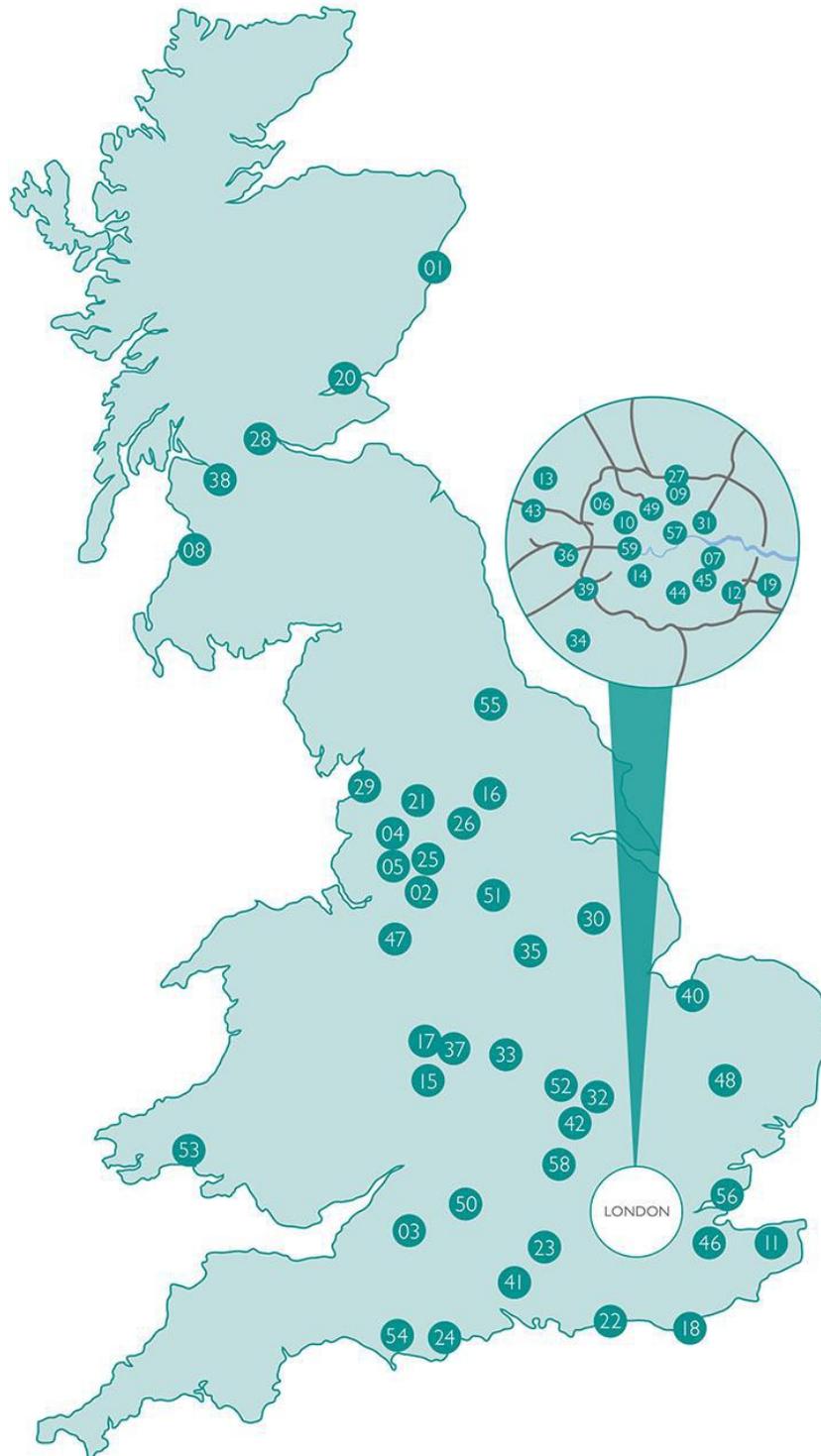
**QUALITY
ACCOUNTS 2018**

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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



Situated in the heart of Nottinghamshire, BMI The Park Hospital is a large private hospital with 85 en-suite bedrooms, satellite TV and telephone.

BMI The Park Hospital is committed to providing high standards of quality, care and value. By combining highly experienced doctors, nurses and high quality medical care with a calming environment and what we consider to be five-star hospitality, our patients will be more relaxed, and have a better experience which we hope will aid their recovery.

To ensure we deliver the best possible care, we have four operating theatres, fitted with state of the art digital technology, in addition to endoscopy, recovery and anaesthetic facilities. Coupled with our 4 bed intensive care unit, our theatres provide the perfect platform for our clinicians to carry out a wide range of procedures. The Park Hospital also has a Cancer Centre enabling the full cancer pathway from diagnosis, treatment to end of life care to be undertaken. Investment into the hospital has also been undertaken in the past 12 months which included a refurbishment programme for patient bedrooms and the main patient entrance.

NHS patients account for approximately 30% of the activity undertaken at The Park Hospital, the majority of which is undertaken under the Choose and Book contract.

Services offered under Choose and Book includes:

- Ophthalmology (cataract)
- Orthopaedics (Hip, Knee, Shoulder, Elbow, Spine, Foot and Ankle, Hand and Wrist)
- Gynaecology
- Hernia repair
- Urology (male and female urology, including prostate surgery)
- Colorectal
- Oral surgery
- Podiatric surgery
- GI/Liver

The advantages of NHS patients receiving treatment at the Park Hospital include the service being Consultant led, with fast access to diagnostics and physiotherapy. Further benefits include very low infection rates, supported by the accommodation all being within single rooms.

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

- Treatment of disease, disorder and injury
- Surgical procedures
- Diagnostic and screening
- Caring for children (Inpatient care 12-18 and Outpatient 2- 18yrs)
- Caring for adults under 65 yrs.

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

The CQC carried out an announced comprehensive inspection on the 6th and 7th of September 2016 which was followed by an unannounced inspection on the 17th of September 2016 and found BMI The Park overall rating as Good.

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

BMI The Park Hospital was non-compliant in the domain of Safe. BMI The Park was not able to demonstrate that all clinical staff had an appropriate level of safeguarding training. BMI The Park undertook to provide training and provide evidence of training for all staff and our consultant colleagues.

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

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

There has been ongoing focus on robust reporting of all incidents, near misses and outcomes. Data quality has been improved by ongoing training and database improvements. New reporting modules have increased the speed at which reports are available and the range of fields for analysis. This

ensures the availability of information for effective clinical governance with implementation of appropriate actions to prevent recurrences in order to improve quality and safety for patients, visitors and staff.

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

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

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

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

Safety



Infection Prevention and Control

The focus on Infection Prevention and Control continues under the leadership of the Group Head of Infection Prevention and Control, in liaison with the link nurse in BMI The Park 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:

- Zero MRSA bacteraemia cases/100,000 bed days
- Zero MSSA bacteraemia cases /100,000 bed days
- Zero E.coli bacteraemia cases/ 100,000 bed days
- Zero Number of cases of hospital apportioned Clostridium difficile in the last 12 months.

Park 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

- SSI data is also submitted to Public Health England for Orthopaedic surgical procedures. Our rates of infection are;

Measure	Rate (per 100 procedures)
Hips	0.01115
Knees	0.00000

BMI The Park hospital has an IPC strategy that includes auditing our practice and compliance with standards relating to

- Hand hygiene
- High impact intervention care bundles e.g.
 - Urinary Catheters
 - Aseptic non touch technique
- Environment

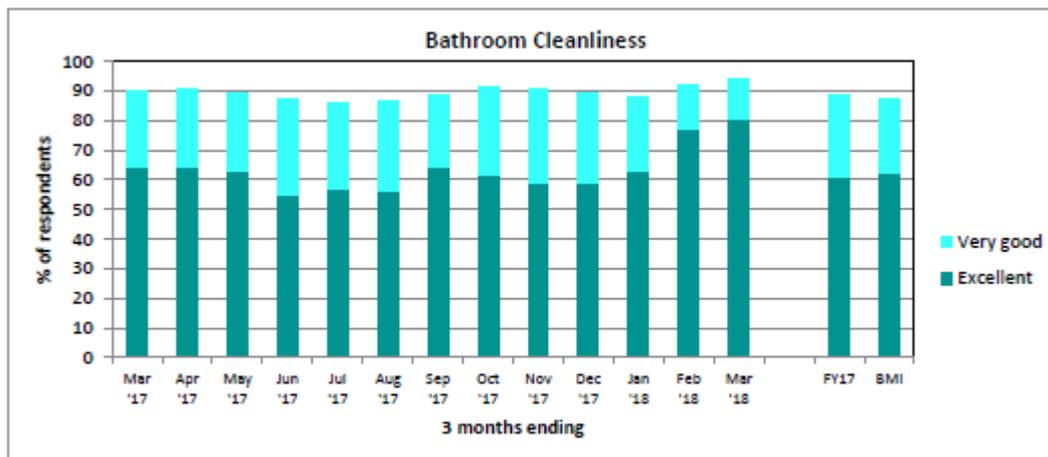
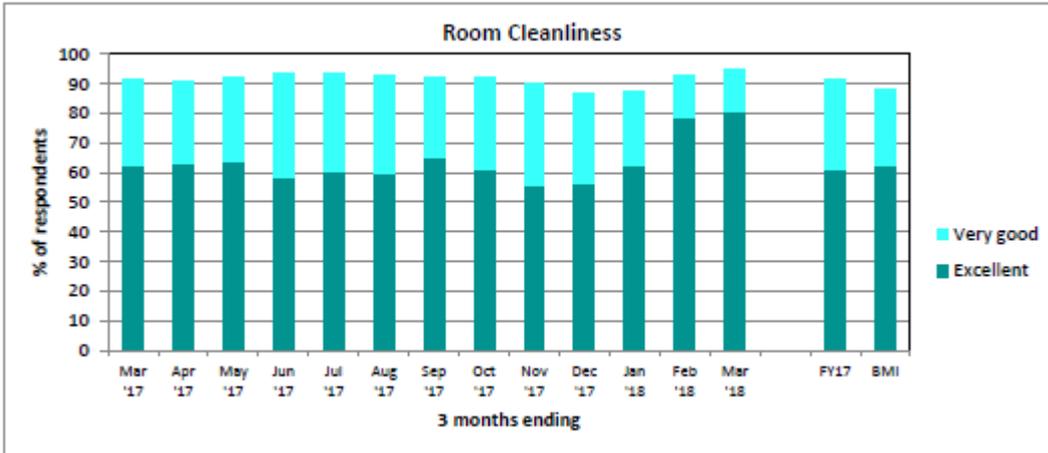
In order to promote infection prevention & control and maintain the high level of compliance previously demonstrated in past audits, we continue to support our staff with training which includes the following topics, hand hygiene aseptic non touch technique and other activities.

For example, all staff members are required to undertake either a clinical or non-clinical based training package as appropriate for their role, which includes a hand hygiene competency assessment. The eLearning package for infection prevention and control is part of the mandatory training programme

We are actively involved in raising awareness of infection prevention and control throughout the year for patient visitors and staff; for example we take part in World Organization Hand hygiene Awareness day, World Antibiotic Awareness Week annually to raise awareness amongst staff and service users of the issues and concerns regarding antimicrobial usage and resistance

Environmental cleanliness is also an important factor in infection prevention and our patients rate the cleanliness of our facilities highly. The bar charts below show the responses from our inpatients following use of our facilities. At The Park hospital we value the feedback received from our patients as this helps us to identify areas requiring improvement so we can act on it and confirmation of where we are meeting the expectation.

For example, a refurbishment and development programme involving different areas of the hospital was planned and took into consideration feedback regarding accessibility to patient bedrooms for patients with mobility aids. Part of the refurbishment involved the provision of 2 bedrooms which would provide better access for our patients. Members of our housekeeping team are a central to the hospital being able to deliver care in a clean environment and this is evidenced in our patient feedback.



Data source – Quality Health BMI patient satisfaction survey hospital report

Patient Led Assessment of the Care Environment (PLACE)

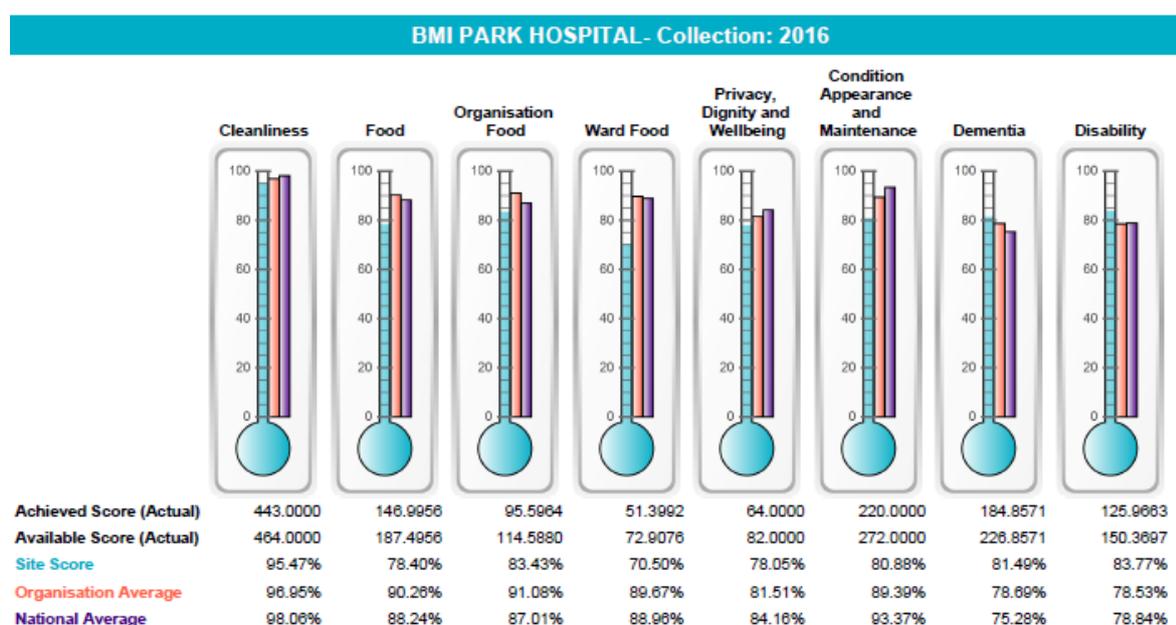
At BMI Healthcare, we believe a patient should be cared for with compassion and dignity in a clean, safe environment. Where standards fall short, they should be able to draw it to the attention of managers and hold the service to account. PLACE assessments will provide motivation for improvement by providing 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. BMI The Park hospital was not assessed in 2017. An assessment was completed in 2018 and the results are awaited, following initial feedback an action plan has been created to address the improvements recommended. The results from the 2016 audit are shown below. The action plan created following that assessment has been completed.

Hospital	Cleanliness	Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia
Park Hospital	95.47%	78.40%	78.05%	80.88%	81.49%



Duty of Candour

A culture of Candour is a prerequisite to improving the safety of patients, staff and visitors as well as the quality of Healthcare Systems.

Patients should be well informed about all elements of their care and treatment and all staff have a responsibility to be open and honest. This is even more important when errors happen.

As part of our Duty of Candour, we will make sure that if mistakes are made, the affected person:

- Will be given an opportunity to discuss what went wrong.
- What can be done to deal with any harm caused
- What will be done to prevent it happening again
- Will receive an apology.

To achieve this, BMI Healthcare has a clear policy - BMI Being Open and Duty of Candour policy.

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

Duty of Candour Incidents
1

BMI The Park Hospital had one incidence that required Duty of Candour to be completed. The patient had a rare but recognized surgical complication, which required a return to theatre for repair of a vascular injury and transfusion of blood components. The patient and the patient's family were kept informed of the investigation which involved a root cause analysis of the incident to help identify lessons to be learnt as a result of the incident.

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 Park Hospital. BMI Healthcare was awarded the Best VTE Education Initiative Award category by Lifeblood in February 2013 and was the Runners up in the Best VTE Patient Information category.

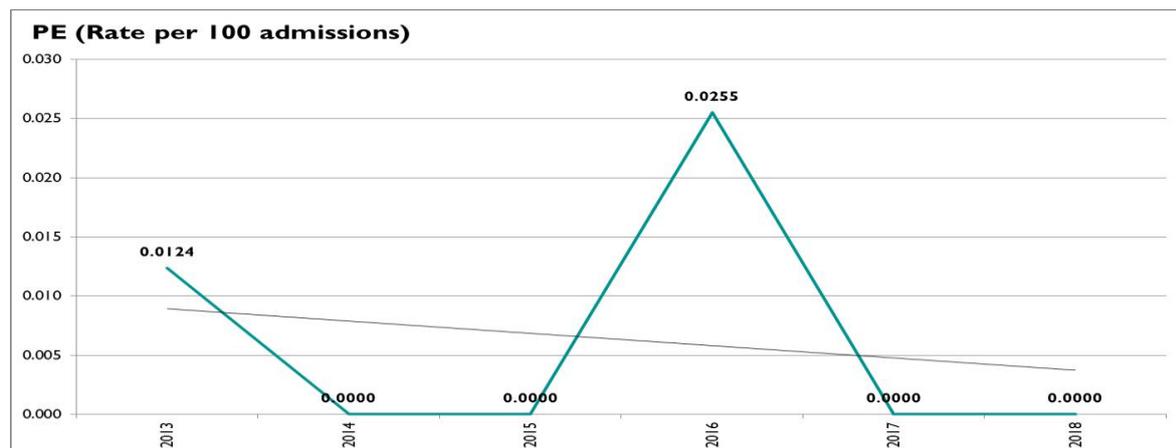
We see this as an important initiative to further assure patient safety and care. We audit our compliance with our requirement to VTE risk assessment every patient who is admitted to our facility and the results of our audit on this has shown

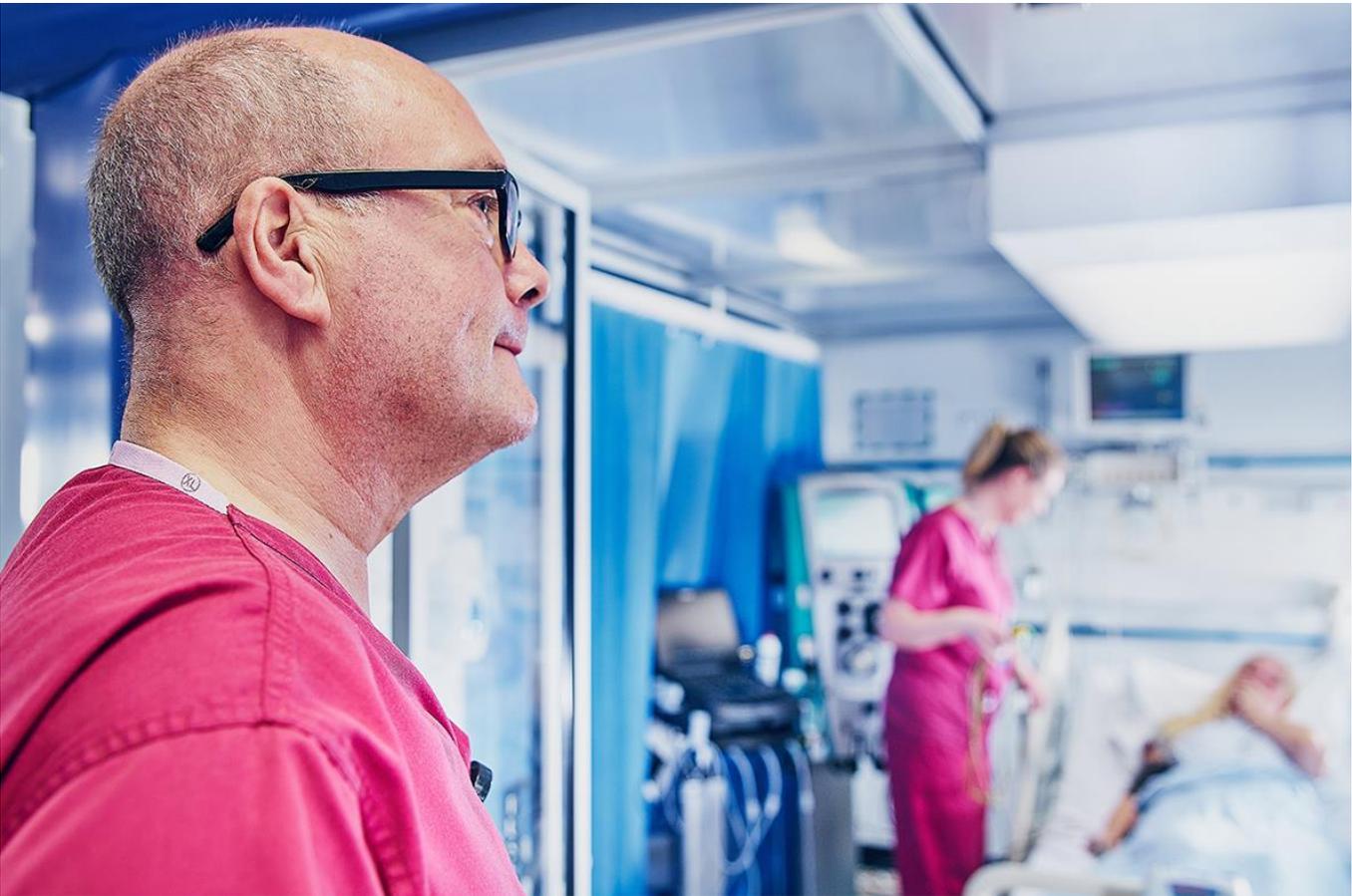
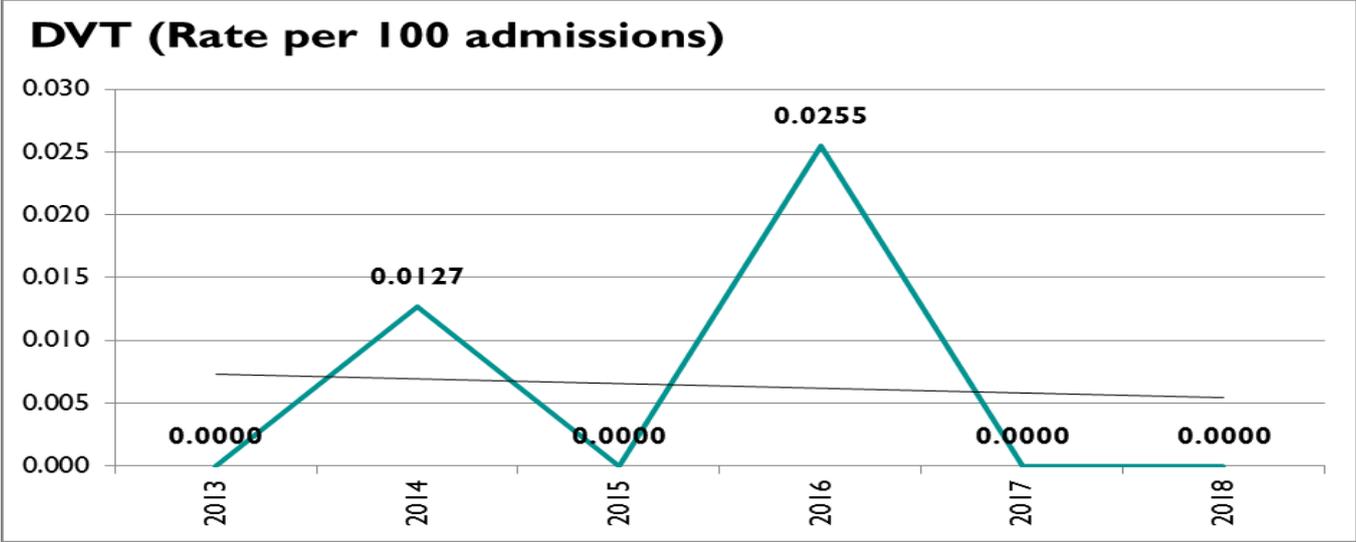
VTE Percentage	
VTE	99.17%

Park Hospital	VTE			
2018	2017	National Average	Highest National Score	Lowest National Score
99.17%	100.00%	95.77%	100.00%	81.60%

BMI The Park 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.

At BMI The Park Hospital we are committed to continuing to demonstrate low rates of VTE occurrence. The rate of deep vein thrombosis (DVT) and Pulmonary Embolus (PE) per 100 admissions is shown in the bar charts below respectively.



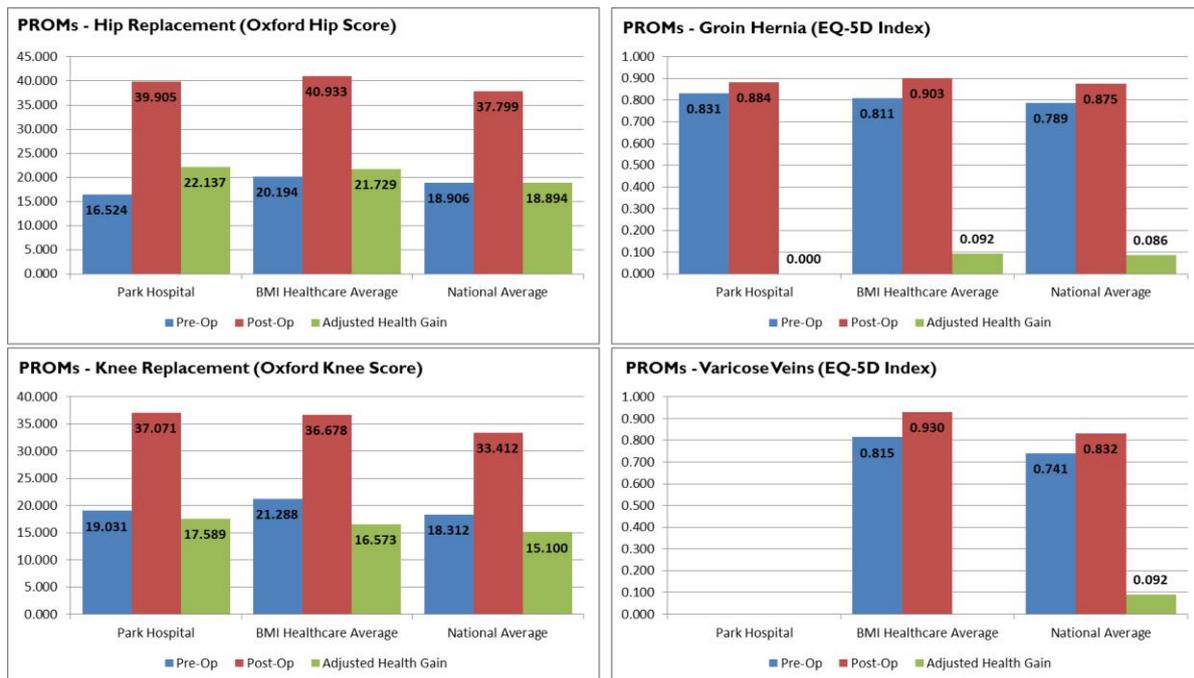


Patient Reported Outcome Measures (PROMS)

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 BMI The Park Hospital is greater than the national average. We are able to demonstrate a positive health gain for patients undergoing these procedures.

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

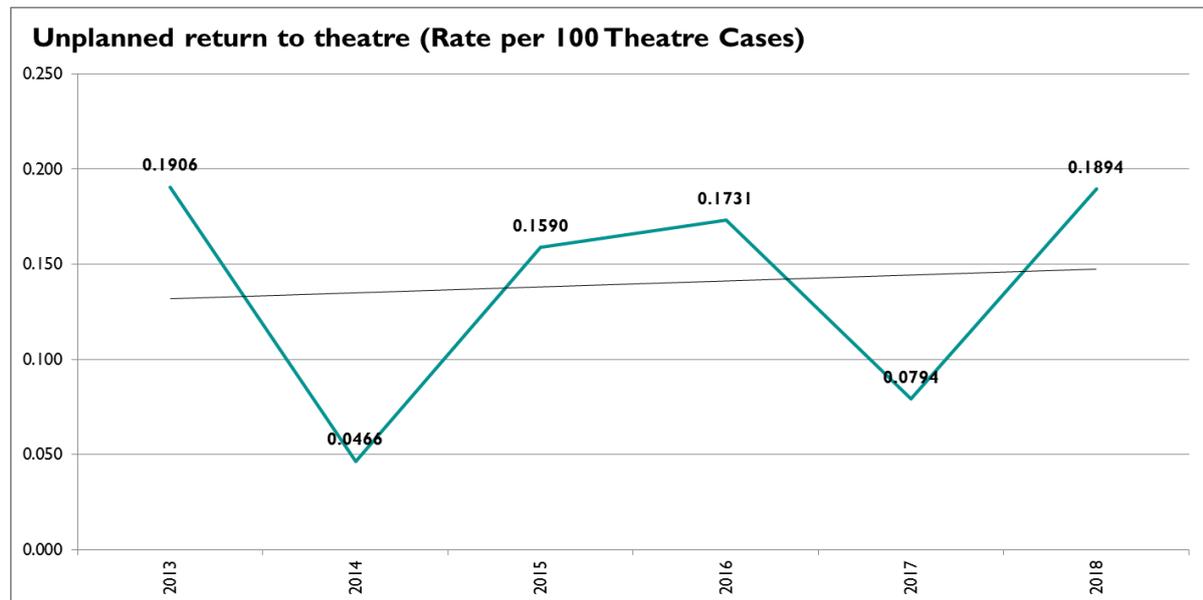


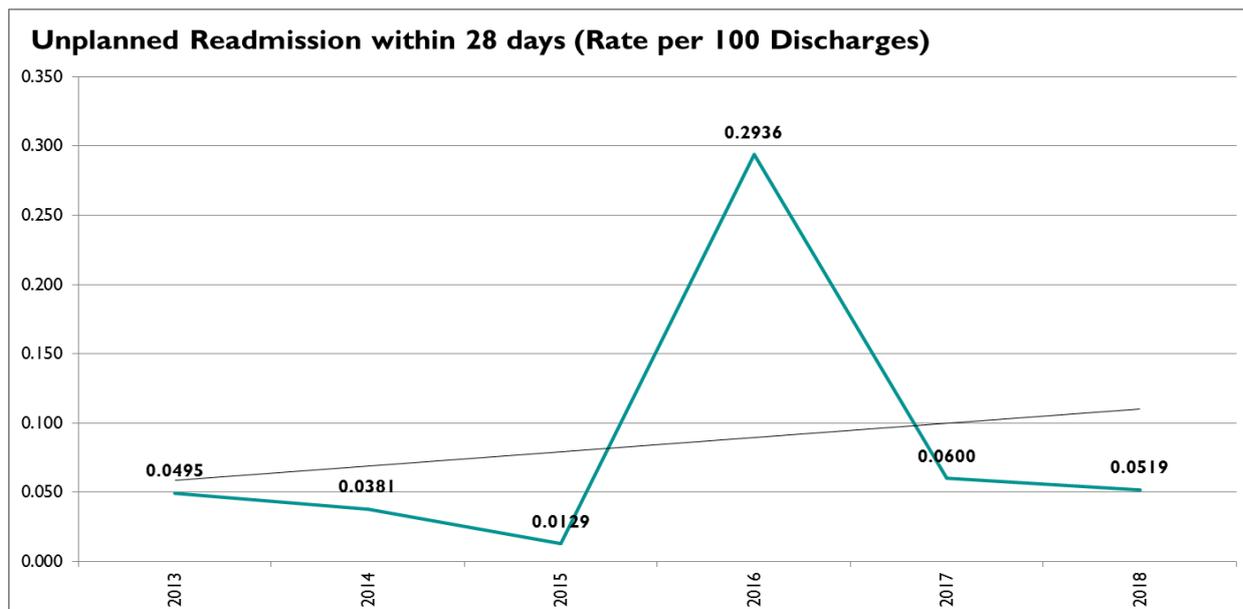
Unplanned Readmissions & Unplanned Returns to Theatre

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

Park 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

Park Hospital	Re-Admissions (Aged 16+)			
2018	2017	National Average	Highest National Score	Lowest National Score
0.773	0.875	10.010	41.650	0.000





Learning 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

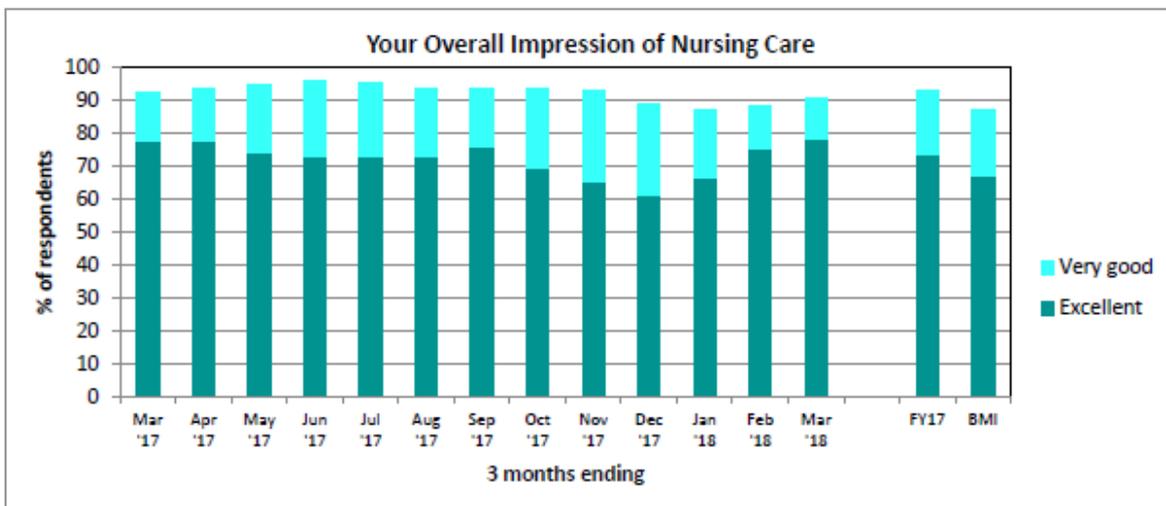
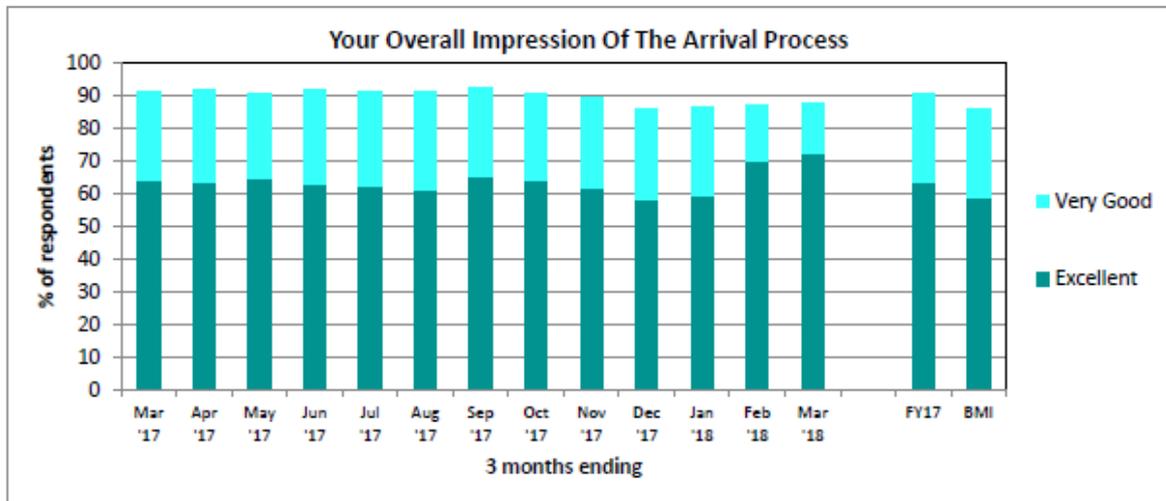
Patient Satisfaction

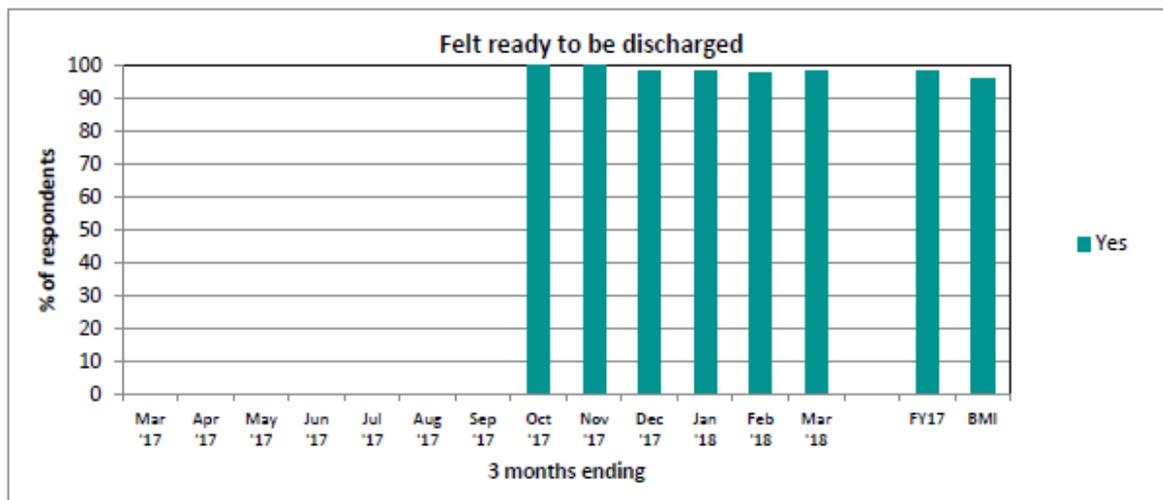
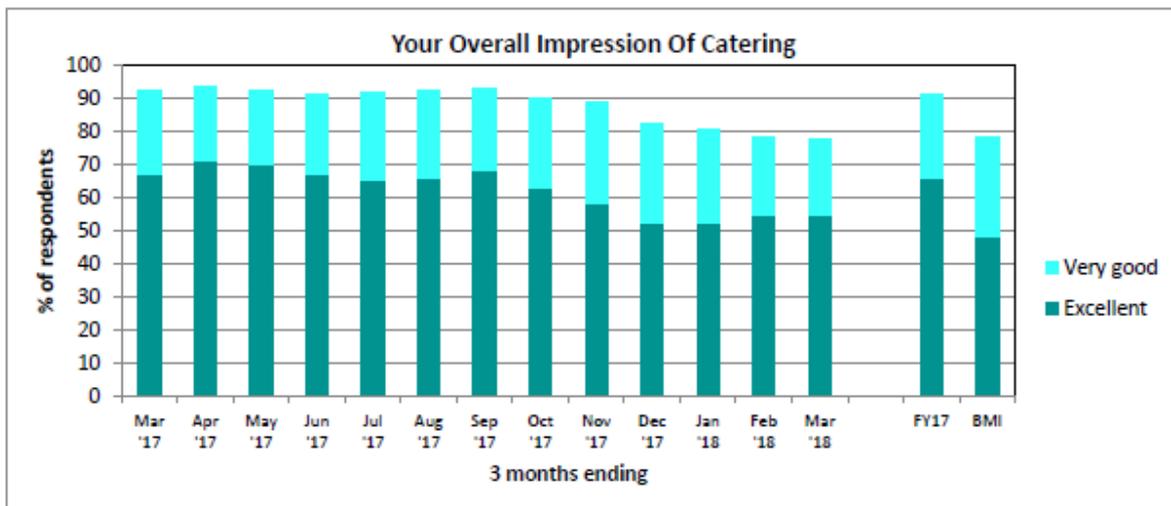
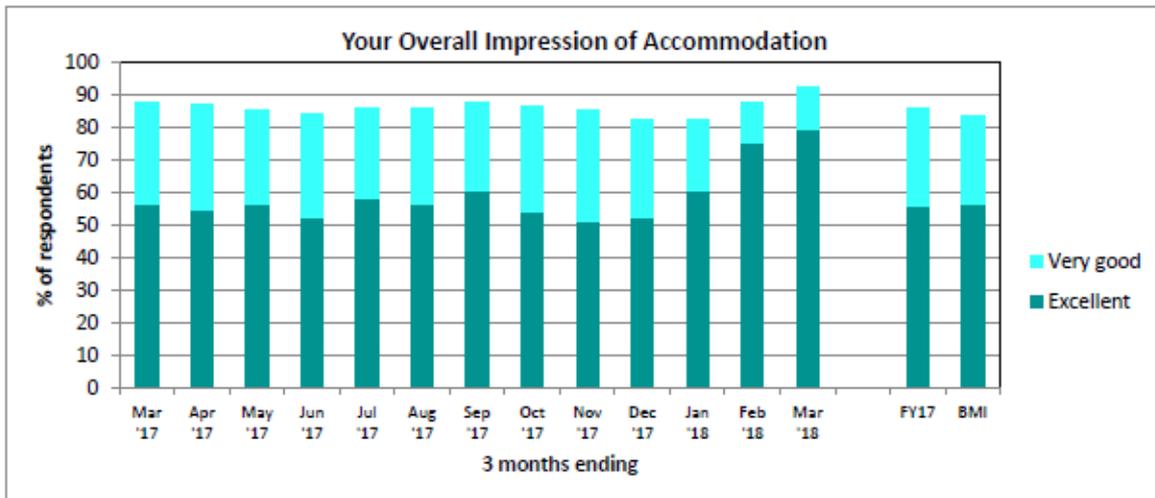


BMI Healthcare is committed to providing the highest levels of quality of care to all of our patients. We continually monitor how we are performing by asking patients to complete a patient satisfaction questionnaire. Patient satisfaction surveys are administered by an independent third party.

The Charts following show the the results for the period 2017-2018 of the patients overall impression of the following areas:

- Admission(arrival process)
- Nursing care
- Pain management
- Accomodation
- Catering
- Discharge process
- Overall patients expectations







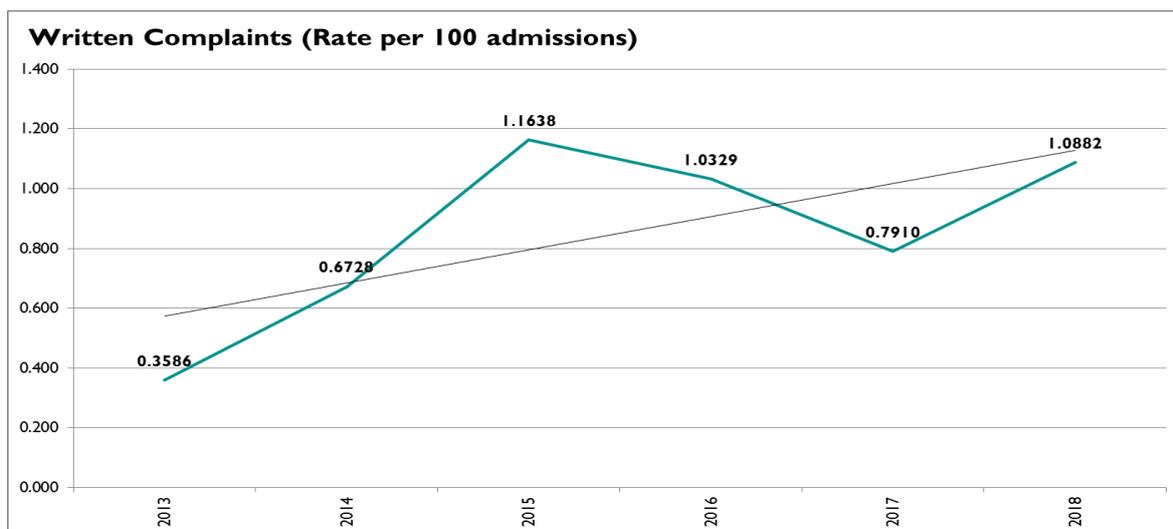
Complaints

In addition to providing all patients with an opportunity to complete a Satisfaction Survey BMI The Park Hospital actively encourages feedback both informally and formally. Patients are supported through a robust complaints procedure, operated over three stages:

Stage 1: Hospital resolution

Stage 2: Corporate resolution

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



The majority of written complaints received from private and insured patients relate to financial issues e.g. cost and charges for services. There has been an increase in the complaints about communication.

Every complaint received is investigated thoroughly to ensure we are sharing learns and utilising opportunities for continuous improvement. Complaints are discussed at ward and department meetings and disseminated throughout the hospitals governance framework.

There have not been any complaints progressed to stage 3 this year. We welcome all feedback and offer all complainants the opportunity to meet with the ED to discuss any concerns further

CQUINS

BMI the Park Hospital implemented the following CQUINS:

- 1) Supporting Proactive and Safe Discharge – Preparing Patients for Discharge
- 2) Staff Health & Wellbeing

These initiatives have been agreed for the next two years, quarterly updates are provided for our commissioners.

Supporting proactive and safe discharge looks at how we prepare our patients for their discharge to enable a safe discharge for the patient, ensure the patients are informed of their planned care which starts prior to their admission. One of the ways we deliver this is through joint schools which provide an environment for patients on a similar pathway to learn together and share experiences.

Staff health and wellbeing is critical to the sustainability of our service. By providing ways for members of staff to maintain their health and wellbeing we are caring for our workforce e.g. ensuring our team are aware of the benefits available to them to support this, cycle to work scheme, discounted gym memberships, setting up group physical challenges (recording steps).

In order to provide assurance for our commissioners and maintain a good relationship with the NHS we hold regular performance review meetings and also have quality assurance visits carried out by the CCG representative which has provided a platform for peer review and feedback on our processes against relevant standards. BMI The Park Hospital had quality assurance visits in March, October and December 2017.

Safeguarding

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

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

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

Children and Young people abuse can happen to any person 18 years old or below and to ensure that that all children and young peoples are looked after appropriately all our clinical staff including consultants are trained to Level 3 children's safeguarding, our other staff members are trained to level 2.

Senior registered [EA] Children Nurses are trained to level 4 safeguarding (if applicable)

BMI The Park Hospital have not had any safeguarding incidents within the period reported.

National Clinical Audits

BMI The Park Hospital continues to participate in the National Joint Registry (NJR) audit and relevant details of all joint replacements are submitted to this. BMI Healthcare tracks the audits but our Consultants load their own information onto the National Joint Registry site. Year to date we have undertaken 204 hip and knee replacements. The breakdown of the information captured on the NJR site for BMI The Park hospital is shown below

Totals for this hospital	2017	Year to date: 2018
Total completed ops	607	212
Hip procedures	277	100
Knee procedures	303	104
Ankle procedures	10	4
Elbow procedures	0	0
Shoulder procedures	17	4
NJR consent rate	92%	82%

In addition BMI the Park submits data for inclusion in the NHS safety thermometer which rates compliance with VTE risk assessment, catheter – related care, pressure sores and falls. BMI The Park is registered to participate in the Breast and Cosmetic Implant registry. Submissions to Dendrite and NICOR are also completed.

Priorities for Service Development and Improvement

Increase Patient satisfaction rating.

Improve information to patients about charges.

The Park is introducing a programme with a third party provider to provide refractive surgery – Laser Vision.

The Park has commenced a programme with a third party provider to provide bariatric weight loss services -Tonic weight loss

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



Park Hospital	Staff Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
89.00%	90.00%	73.18%	89.98%	50.44%

BMI The Park Hospital is proud of the result demonstrated here which exceeds the national average for staff recommending this site as a healthcare provider and considers that this data is as described for the following reasons the results demonstrate the confidence our staff have in the clinical services delivered here. It is a reflection of the commitment of our staff to provide care that they would want provided to themselves or their family.

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 (Paediatric and Adult)

Park 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

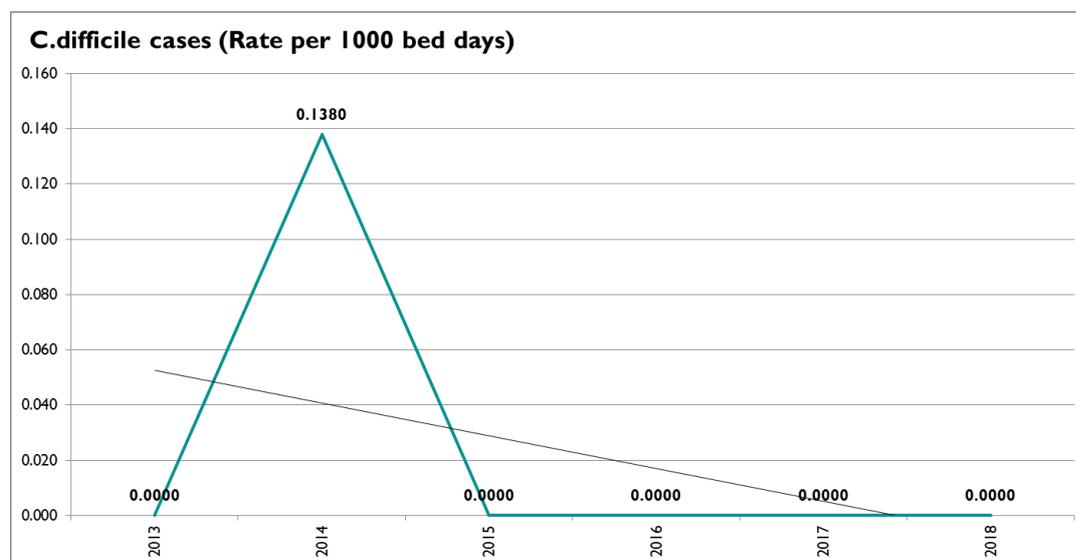
BMI The Park Hospital provides care for children and young people from the age of 12. There have not been any paediatric re-admissions to the site for the period reported. The Park considers that this data is as described and demonstrates a good safe culture supporting the delivery of paediatric care.

Park Hospital	Re-Admissions (Aged 16+)			
2018	2017	National Average	Highest National Score	Lowest National Score
0.773	0.875	10.010	41.650	0.000

BMI The Park Hospital is encouraged by the results demonstrated which is lower than the national average rate for adult readmissions. In comparison to the prior year we also demonstrated a reduction in the rate of readmissions within 28 days of discharge.

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

Park 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 Park Hospital considers that this data is as described for the following reasons: we have a robust IPC annual plan which supports the prevention of healthcare acquired infections, we actively monitor for any occurrences of infections and report these accordingly. Infection prevention and control is central to the delivery of care within all areas of the hospital. There is a keen focus on the cleanliness of the environment which is achieved through the assistance of our support services.

BMI The Park will continue to promote and implement the Infection prevention and control Annual plan, and so improve the quality of its services.

Hospitals responsiveness to the personal needs of its patients

Park Hospital	Responsiveness			
2018	2017	National Average	Highest National Score	Lowest National Score
93.16%	92.95%	69.22%	78.00%	60.10%

BMI The Park Hospital considers that this data is as described for the following reasons it reflects the commitment of our teams to providing safe and effective care to our patients, it confirms that this is recognised and appreciated by our patients. We are proud of our achievement in this area and are committed to maintaining the high standard of care which has supported the results achieved thus far.

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

Park Hospital	VTE			
2018	2017	National Average	Highest National Score	Lowest National Score
99.17%	100.00%	95.77%	100.00%	81.60%

BMI The Park Hospital considers that this data is as described for the following reasons it is representative of the compliance with our risk assessment of VTE. All patients are risk assessed for VTE on admission and when audited there have been some signatures missed on the documentation.

BMI The Park Hospital continues to monitor our compliance with VTE guidelines and captures and reports any incidents of Deep vein thrombosis DVT or Pulmonary embolism PE that are reported following care within our hospital.

Patient Safety Incidents

Park Hospital	Patient Safety Incidents (Rate per 1000 Bed Days)			
2018	2017	National Average	Highest National Score	Lowest National Score
85.378	81.043	43.292	149.700	11.200

BMI The Park considers that this data is as described for the following reasons, there is a high safety culture at the Hospital and this is underpinned by a focus on transparency with incident and near miss reporting, as indicated by the high ratio of incidents of no or low harm that are reported by staff. This is because the importance of learning lessons from near misses and 'good catches' is encouraged and the benefit of this is recognised by all staff. Whilst the rate of patient safety incidents is higher than the national average this provides assurance of BMI The Parks' commitment to providing safe care.

At BMI the Park the data relating to all incidents is monitored regularly to ensure that it is utilised as a tool for service improvement and to ensure any trends or concerns can be addressed

Patient Recommendation Results

Park Hospital	Patient Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
97.07%	98.67%	97.07%	100.00%	75.61%

BMI The Park is satisfied with the data which demonstrates that we are keeping in line with the national average. Patient feedback is encouraged and actively sought. The information received is disseminated throughout the governance structure to ensure that we share successes and learn where we have not achieved a high standard. It is reassuring that a high proportion of our patients would be happy to recommend our service to others.

BMI The Park

BMI The Park Hospital
Sherwood Lodge Drive, Burntstump Country Park
T01159662008 F01159662008

BMI The Park Hospital, Nottingham – 2017/18 Statement from NHS Nottingham West Clinical Commissioning Group

NHS Nottingham West Clinical Commissioning Group (CCG) is one of the commissioners for BMI The Park Hospital, Nottingham. In this role the CCG has responsibility for monitoring the quality and performance of services at The Park and is satisfied that the information contained within this quality account is consistent with that supplied to us throughout the year.

Our statement is corroborated by the following CCGs who also commission services from The Park: NHS Nottingham North and East CCG, NHS Rushcliffe CCG, NHS Nottingham City CCG, NHS Mansfield and Ashfield CCG and NHS Newark and Sherwood CCG.

There are a number of ways in which we review and monitor the performance and quality of the services we commission at The Park. This includes visits to services, a quality dashboard and quality schedule which is monitored on a monthly basis and acts as an early warning sign of any quality issues. We also hold quality and contract review meetings attended by commissioners from both the contract management and quality teams. These mechanisms allow us to triangulate and review the accuracy of the information being presented in order to formulate opinions about the quality of services provided to patients at both organisation and service level.

We commend The Park for its continued efforts to improve patient safety and patient experience of the services within the organisation. The Commissioning for Quality and Innovation Schemes (CQUINS) set during 2017/18 and to be progressed during 2017 to 2019 have been successful to date. Supporting proactive and safe discharge involves preparing patients for discharge from hospital in a safe and effective manner. Patients are informed of their plan of care prior to their admission and then as part of the discharge process attend a joint school which provides an environment for patients on a similar pathway to learn together and share experiences. A second initiative focuses on staff health and well-being. Various ways for members of staff to maintain their health and wellbeing have been introduced including: a cycle to work scheme, discounted gym memberships and setting up group physical challenges.

The Park underwent a comprehensive, announced inspection by the CQC in September 2016. The report was published in March 2017, an overall 'Good' rating was achieved. The CQC identified that The Park must take action to ensure all staff have an appropriate level of adult safeguarding training. The hospital shared its CQC action plan with commissioners and achievement against this has been monitored at the quality and contract review meetings.

The Park reported one serious incident and no Never Events between April 2017 and end of March 2018. The serious incident involved a patient who had a recognised surgical complication and had to return to theatre for repair of a vascular injury. Duty of candour was enacted appropriately and a root cause analysis of the incident was undertaken in order to identify lessons learnt and actions to be taken to avoid future similar occurrence.

There have been no reported incidences of C-diff, E Coli, MSSA or MRSA during 2017/18. Post-operative infections have been reported on a monthly basis as part of the Quality

Dashboard and demonstrate minimal levels of identified post-operative infection attributable to The Park Hospital.

Between April 2017 and the end of March 2018 The Park received a minimal number of complaints which were of varying nature and spread across three different specialities, no specific themes were identified. The Park has representation at the Nottingham and Nottinghamshire Health and Social Care Complaints Network and demonstrates a commitment to improving handling of complaints and ensuring that lessons are learned across the organisation through active participation in peer review using the Patients Association Good Practice Standards on complaints handling.

On-going participation in undertaking the Family and Friends Test (FFT) has been demonstrated and excellent response results for both in-patient and out-patient areas has been received.

Patient engagement continues to be evident through The Park's implementation of Patient Led Assessment of the Care Environment (PLACE). This ensures involvement of both patients and staff in assessing the quality of the patient environment, patient's privacy and dignity, food, cleanliness and general building maintenance.

Quality visits have been undertaken throughout 2017/18. The visiting teams have comprised quality, contract management and patient representatives from the Nottingham City and Nottinghamshire CCGs. The visits have been positive with strong assurance gained of the quality and safety of the services being provided. Commissioners have been pleased to see that The Park has continued to prioritise the refurbishment of clinical areas and inpatient and outpatient rooms throughout 2017/18 and has identified this as a continuing priority for 2018/19.

We will continue to work closely with The Park in 2018/19 to ensure ongoing high quality services are provided in line with commissioning priorities.

A handwritten signature in black ink that reads "S J Walters". The signature is written in a cursive, flowing style.

Sam Walters
Accountable Officer
NHS Nottingham West Clinical Commissioning Group
June 2018