



The Shelburne
Hospital

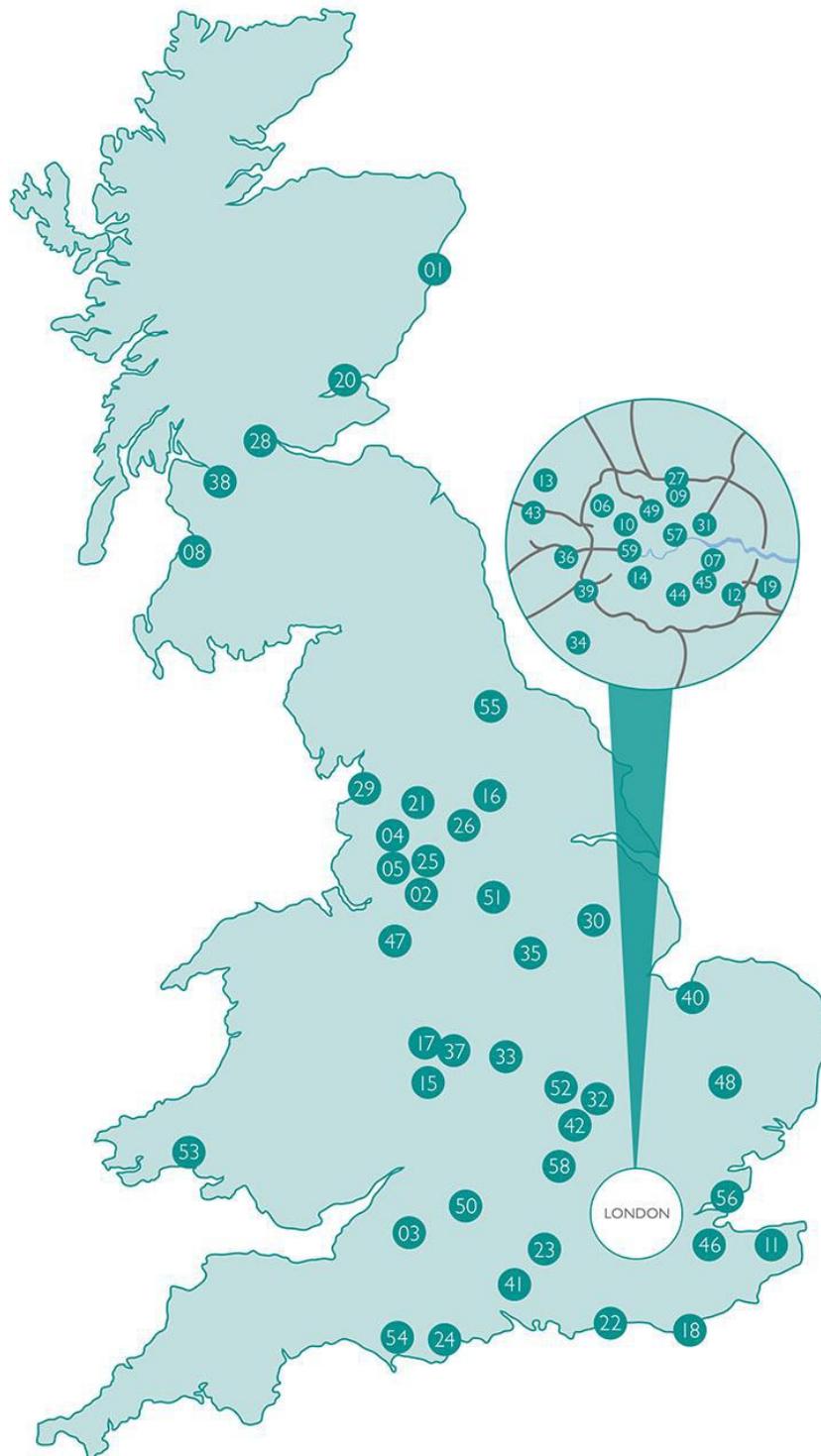
**QUALITY
ACCOUNTS 2018**

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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



The Shelburne Hospital has 29 Beds with the majority offering the privacy and comfort of ensuite facilities, satellite television and telephones. The Hospital also boasts three Theatres. There is also Radiology and Physiotherapy departments and 5 consulting suites. These facilities combined with the latest technology and on-site support enable out Consultants to undertake a wide range of Day case surgery procedures and routine investigations.

Thee Shelburne Hospital was designated as a day care center in 2017, and is currently open to patient care Monday to Friday. This was a decision taken in response to the changing requirements of the shortened length of in patient stay.



The percentage of NHS work we have undertaken for the period from April 2017 to March 2018 is 14.4%.

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
- Family Planning

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

The CQC carried out a planned inspection on 26th – 27th July 2016, and found:



Naturally we were very disappointed to receive this rating and are dedicated to eliminating the highlighted areas involved. The non-compliance areas highlighted by the CQC inspection have been taken on board and we are committed to addressing all areas of concern.

We have a newly appointed Theatre Manager and Theatre Lead who are heading our Theatre Team. We have a newly appointed Associate Director of Clinical Services who will assist our Director of Clinical Services and a newly appointed Clinical Services Manager – Nursing who are determined to

raise the profile of our Hospital and in turn ensure our CQC inspection ratings are much improved before any future visits.

- We have continued to train and assess Surgical First Assistances and ensure we document their completed competencies to comply with BMI Healthcare policies, with a log kept in theatres of all staff contracted or agency that undertake this role in Theatres. Agency staff competencies are also checked and logged.
- We have ensured that all our Consultants practicing privileges and paperwork are up to date – this was completed in March 2017.
- We have ensured all our policies are up to date and staff are able to access them – this was completed in May 2017.
- We have ensured theatre staffing adheres to current national guidelines and have a daily staff meeting to ensure staffing levels are adequate and staffing establishment is reviewed in all areas. We are ensuring vacancy approval forms are completed in good time to allow recruitment for any vacancies arising. This was put in place in February 2017 and is on-going.
- Agency staff is used to fill any current vacancies
- We have ensured that staff who undertake a dual role are supported by local policy and a risk assessment. This was put in place in February 2017.
- We are ensuring all staff are having annual appraisals – this was championed in July 2017 and is on-going.
- We have ensured our monitoring of safe quality surgery is robust and all audits are reviewed. This review was audited in April 2017 and is ongoing with action plans in place according to findings.
- We have ensured that all medical records are securely stored at all times with digital locks placed on all necessary doors and are used at all times – this was actioned in June 2017.
- We have ensured that our risk register reflects the current risks faced by the hospital and is reviewed regularly and updated accordingly. This is on-going
- We have ensured staff carry out the six point safety check prior to any radiological scan – all scans were audited in March 2017 to ensure this was completed and is on-going.
- We have ensured that outpatient staff complete appropriate training and competency assessments to carry out their role – all our staff were confirmed as having up to date competencies and evidence of continuous professional development in March 2017 and this is on-going.

Our Audit system is in the process of being upgraded, and despite teething problems, we are committed to ensure our Audits are timely, robust with action plans timed to ensure compliance.

BMI The Shelburne Hospital Requires improvement

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 (01494) 888700
 Provided by: BMI Healthcare Limited

CQC inspection area ratings
 (Latest report published on 25 January 2017)

Safe _____
 Effective _____
 Caring _____
 Responsive _____
 Well-led _____

CQC Inspections and ratings of specific services
 (Latest report published on 25 January 2017)

Surgery	Requires improvement ●
Outpatients	Requires improvement ●

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

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

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

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

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

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

Safety



Infection Prevention and Control

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

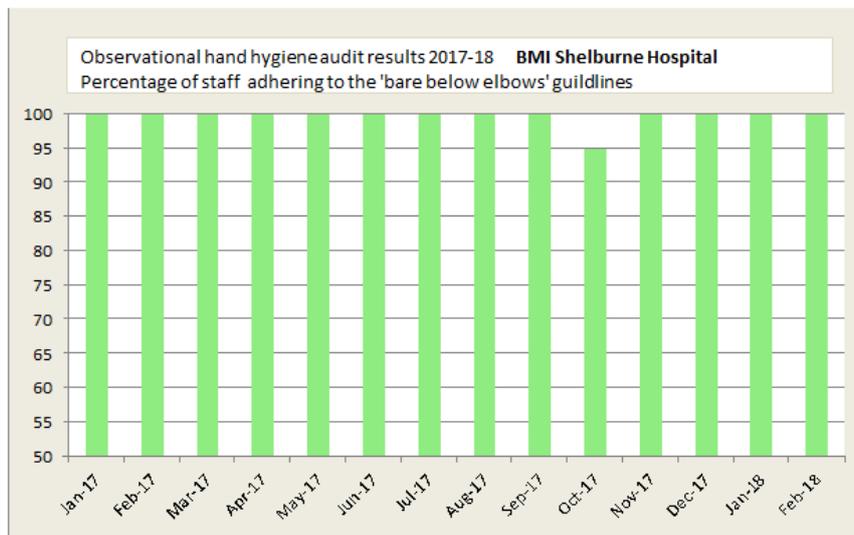
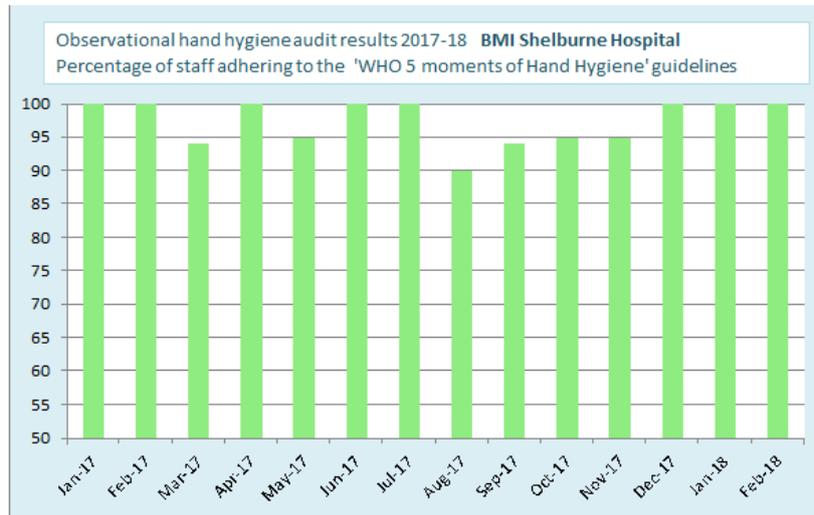
Between April 2017 to March 2018, the hospital had:

Hospital Attributable Infection	Rate (per 100,000 Bed Days)
MRSA	0.0000
MSSA	0.0000
E.Coli	0.0000
C.difficile	0.0000

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

Measure	Rate (per 100 procedures)
Hips	0.20000
Knees	0.70000

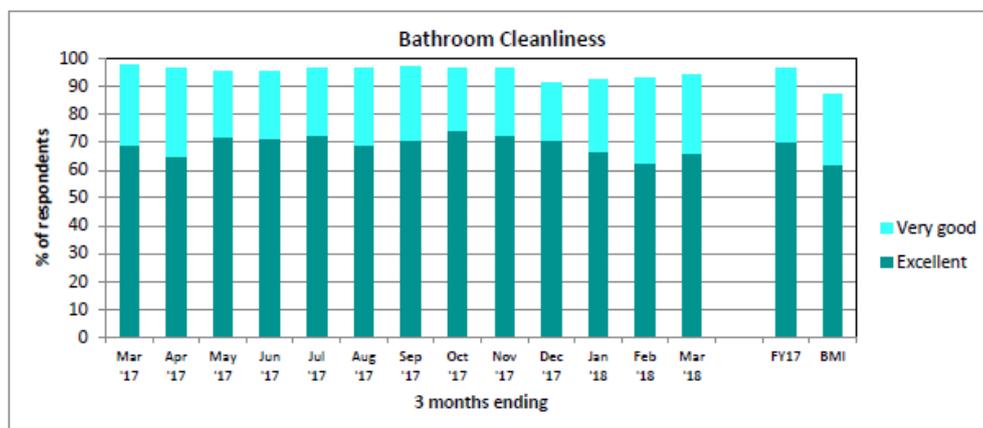
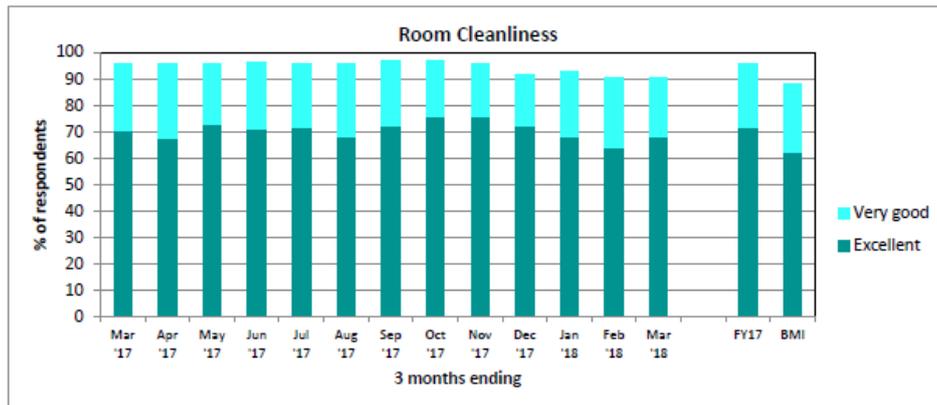
At BMI The Shelburne Hospital, we have a comprehensive Infection Prevention and Control Audit programme for all clinical staff and departments. We have systems in place to ensure laboratory results are reported in a timely manner to ensure our patients receive prompt treatment and initiate appropriate infection prevention and control precautions. Audits include hand hygiene, the use of anti-microbial medications, standard precautions, patient equipment, and theatre asepsis BMI The Shelburne Hospital engages in both active and passive surveillance of Healthcare Associated Infections and reports directly to Public Health England on all detected MRSA, E.coli bloodstream infections, MSSA and C. difficile infections.



BMI The Shelburne Hospital participates in the European Antibiotic Awareness Day/World Antibiotic Awareness Week annually to raise awareness amongst staff and service users of the issues around antimicrobial usage and resistance. This year we focused on the prevention of infections to decrease the use of antibiotics and reduce antimicrobial resistance. We raised awareness through the use of central display boards and information displayed in each department.

Sepsis awareness has been a focus for IPC training during 2017 and is continuing.

Environmental cleanliness is also an important factor in infection prevention and our hospital facilities staff are working hard to improve our ranking and ensure it reaches a higher level.



Patient Led Assessment of the Care Environment (PLACE)

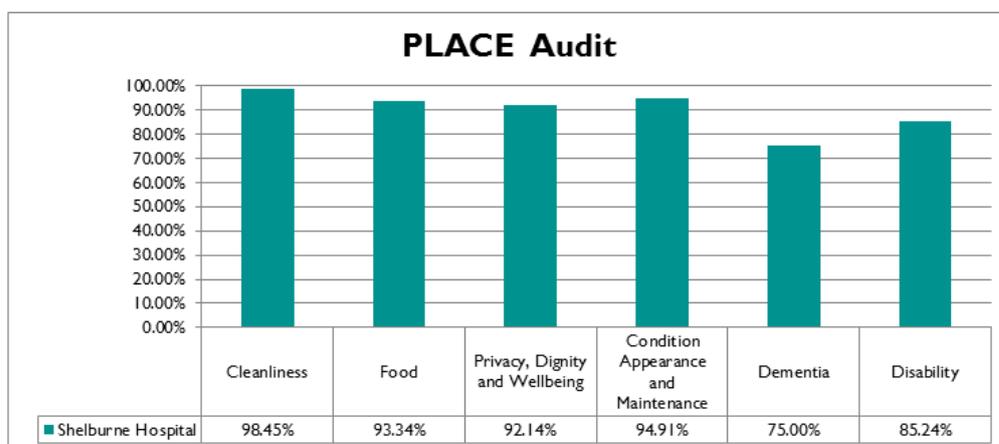
At BMI Healthcare, we believe a patient should be cared for with compassion and dignity in a clean, safe environment. Where standards fall short, they should be able to draw it to the attention of managers and hold the service to account. PLACE assessments will provide motivation for improvement by providing 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 staffs are doing their job.

The results will show how hospitals are performing nationally and locally.

Hospital	Cleanliness	Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
Shelburne Hospital	98.45%	93.34%	92.14%	94.91%	75.00%	85.24%



We are pleased to see that our Cleanliness, Food, Privacy, Dignity and Wellbeing have all risen since last year and will continue to ensure that these areas remain on the upward trend. Privacy, Dignity and Wellbeing results are being targeted with overall nursing care being reviewed by our newly appointed Clinical Services Manager – Nursing. Patients are being pre-assessed in person and on the telephone and we are endeavouring to contact patients 24-48 hours after discharged to talk about their treatment and care to ensure we are aware of any issues they may have.

Our PLACE audit for 2018 has been arranged to take place in the 2nd week of May.

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
3

BMI The Shelburne is committed to giving all our staff the confidence and competency in their training to understand and implement the BMI 'Being Open & Duty of Candour policy as crucial to the quality of care that our patients receive. To allow us to achieve high quality care, we recognize that we must have a high quality workforce which is up to date and fit for practice where every person is committed, engaged, trained and supported in ensuring the safety and care of patients, visitors and staff while striving continually for improvement.

Our hospital aims to limit the potential impact of any clinical and non-clinical risks and have in place transparent and concentrated systems to ensure that incidents which may cause actual or potential harm to patients, visitors and staff are quickly identified, thoroughly investigated and rectified.

We commit to ensure every incident where mistakes are made is explained to the patient in a way to both re-assure and allow them to understand what has happened, while giving commitment that any such event will be investigated and learning shared with actions and processes changed and put in place when required. We encourage all our staff to feel a responsibility to be open and honest with our patients and carers.

Venous Thrombo-embolism (VTE)

BMI Healthcare, holds VTE Exemplar Centre status by the Department of Health across its whole network of hospitals including, The Shelburne 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	83.33%

The Shelburne 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.

Shelburne Hospital	VTE			
2018	2017	National Average	Highest National Score	Lowest National Score
83.33%	63.64%	95.77%	100.00%	81.60%



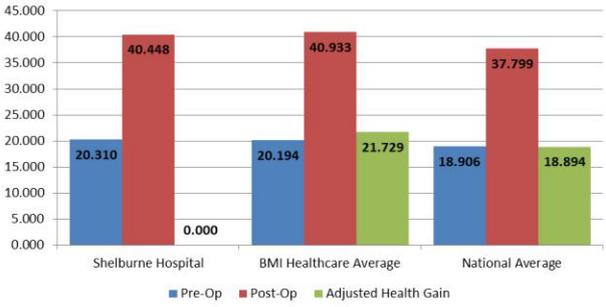
Patient Reported Outcome Measures (PROMS)

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.

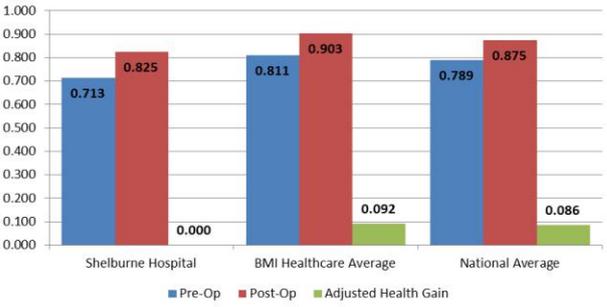
For the current reporting period, the tables below demonstrate that the health gain between Questionnaire 1 (Pre-Operative) and Questionnaire 2 (Post-Operative) for patients undergoing hip replacement and knee replacement at The Shelburne Hospital

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

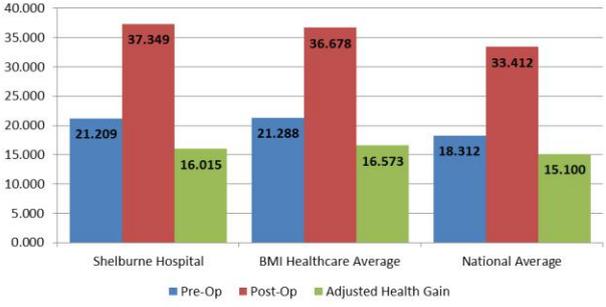
PROMs - Hip Replacement (Oxford Hip Score)



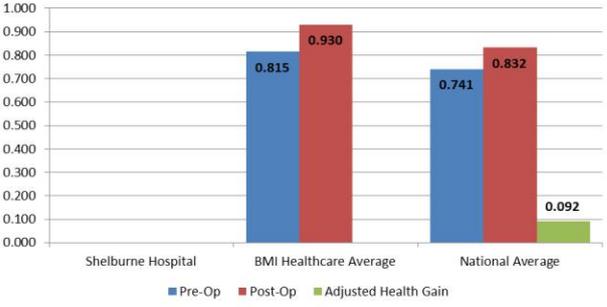
PROMs - Groin Hernia (EQ-5D Index)



PROMs - Knee Replacement (Oxford Knee Score)

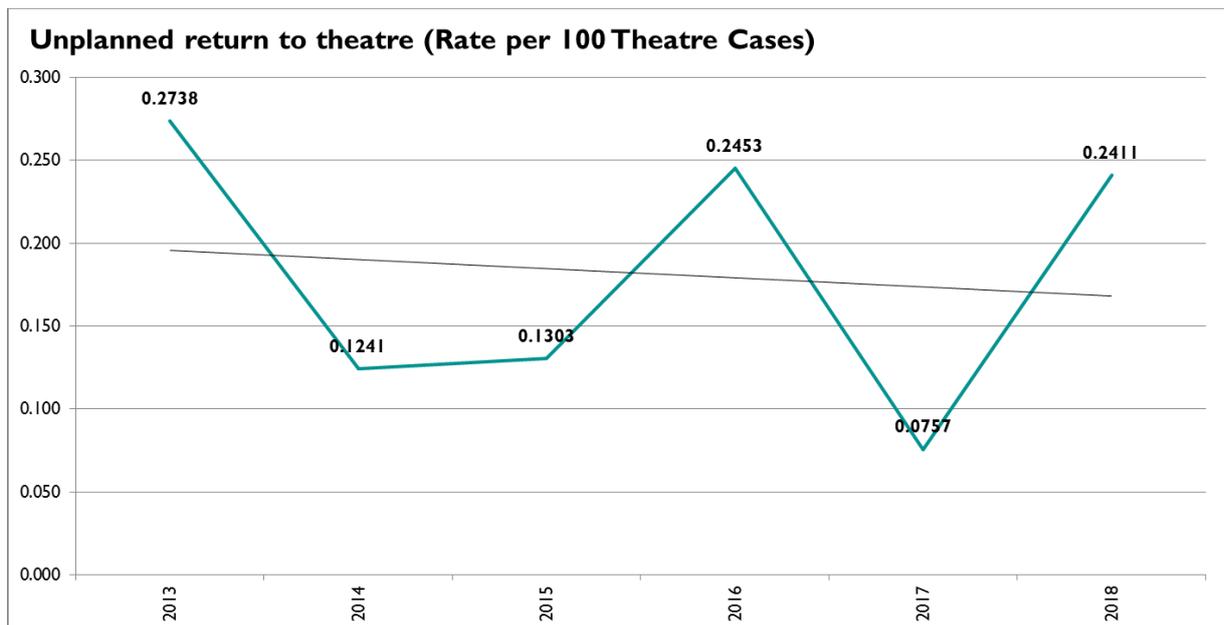
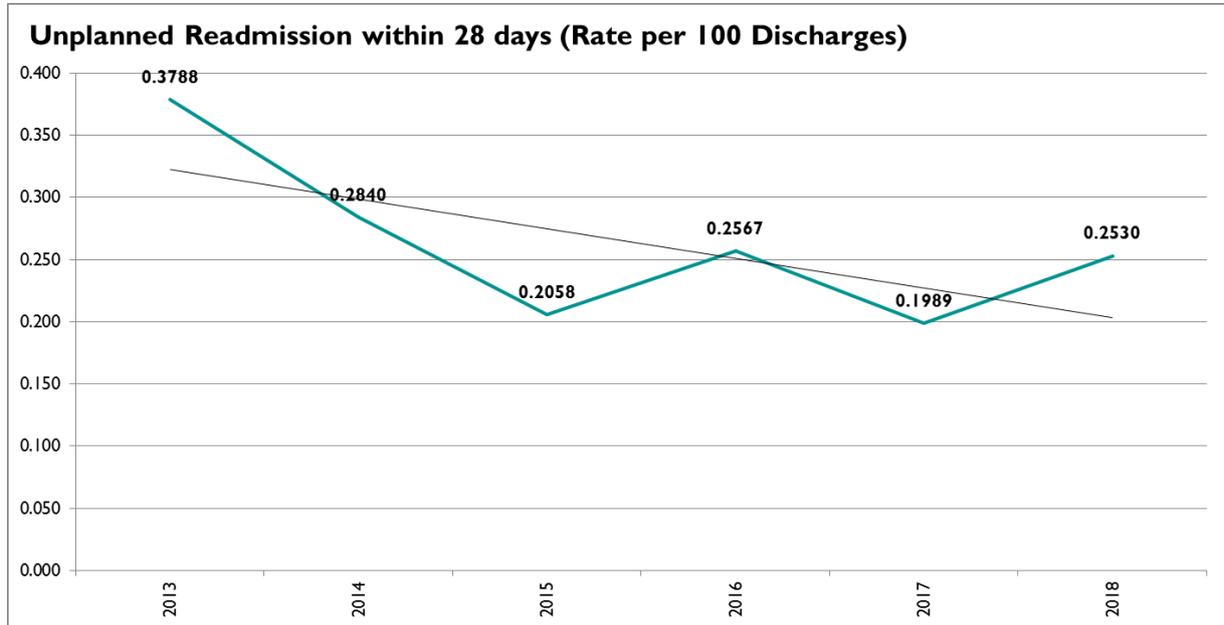


PROMs - Varicose Veins (EQ-5D Index)



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.



Learnings from Deaths

Preservation of life and avoidance of unnecessary death is an essential objective for healthcare providers; BMI Healthcare recognises this and is committed to ensuring that its hospitals and the organisation as a whole learn from the death of any patient whilst under our care. Sharing these lessons learnt is vital in order to ensure excellent quality of our care is provided across the company.

The Care Quality Commission (CQC) conducted a review in December 2016. This found that some providers were not sufficiently prioritising the learnings from deaths, and as a result, opportunities were being missed to identify and improve upon quality of care. This review was discussed by BMI Healthcare through the Clinical Governance Committee so that as an organisation, we could ensure we were following the best practice as suggested through this review.

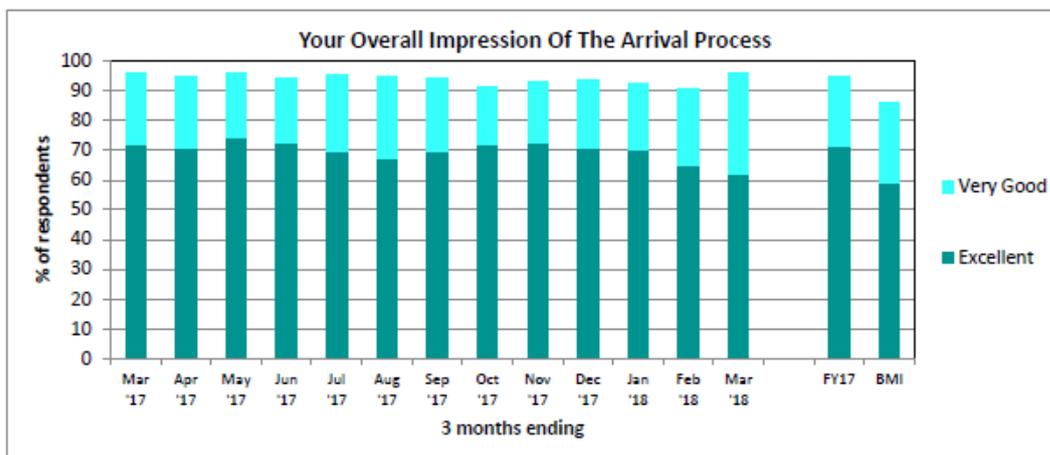
All deaths, whether expected or unexpected, are reported to the regulators (CQC, HIS, HIW). They are also reported via our hospitals incident management system and therefore managed in line with the company's Incident Management Policy. When an unexpected patient death has occurred, a Root Cause Analysis (RCA) is conducted to understand the event; the contributing factors relating to a death, identify potential areas for change in practice and develop recommendations which deliver safer care to our patients. The findings from RCAs are reported as part of the hospital's Clinical Governance reporting requirements, and shared with the Regional and Corporate Quality teams. These findings are also shared with the patients' families in line with BMI Healthcare's Duty of Candour policy and its behaviours surrounding transparency.

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

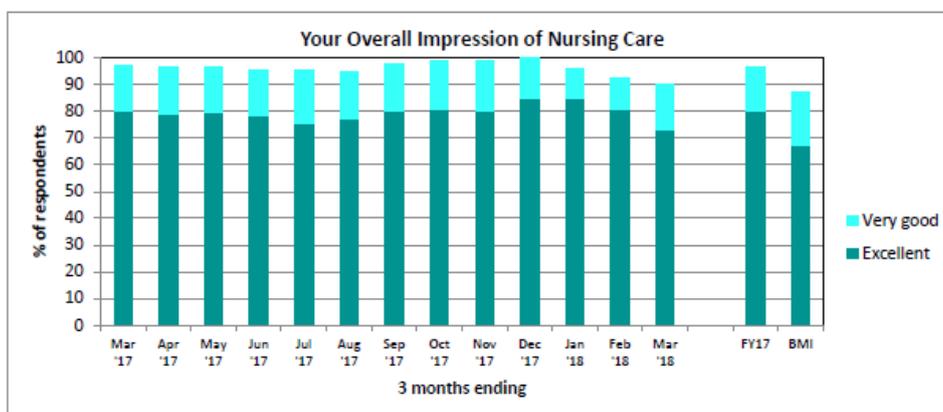
Patient Satisfaction



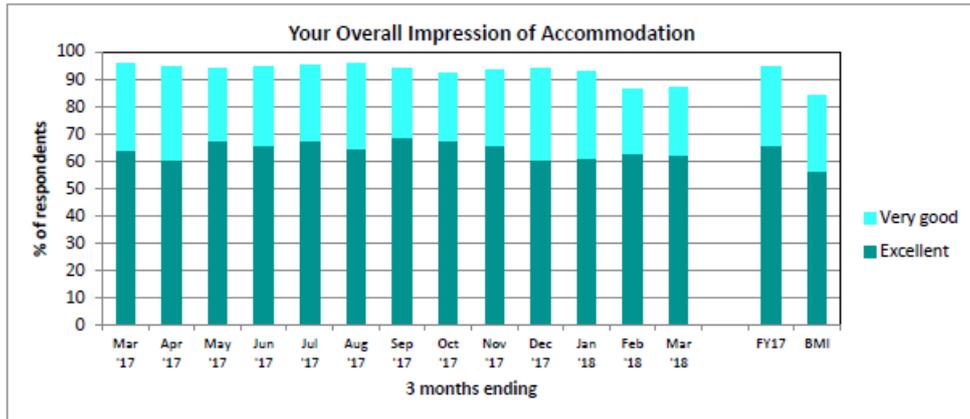
BMI Healthcare is committed to providing the highest levels of quality of care to all of our patients. We continually monitor how we are performing by asking patients to complete a patient satisfaction questionnaire. Patient satisfaction surveys are administered by an independent third party.



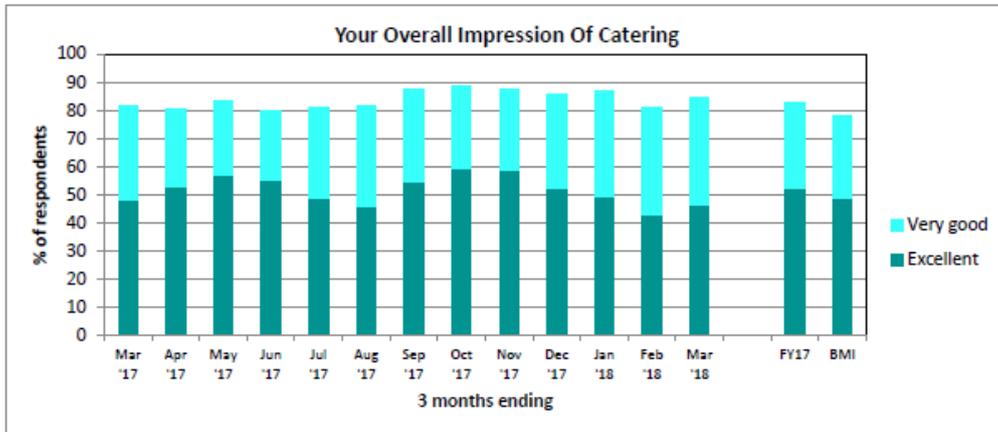
To encourage a positive experience for patients arriving at The Shelburne, we have undertaken a review of 'Customer Service Training' to engage staff in developing an empathic and reassuring manner with all of our patients and visitors. Our Reception staff personally escort all our admission patients to their rooms.



To raise our nursing care to the highest level, we have a newly appointed Clinical Services Manager – Nursing, a Director of Clinical Services and an Associate Director of Clinical Services. All our patients currently at Shelburne Hospital are ambulatory care and on a day-case pathway.



Further refurbishments are in the planning process for The Shelburne Hospital.



Our catering has not scored as well as in previous years, and this is the 2nd year that our catering figures for satisfaction have dropped. The emphasis has now been focused on more varied menu options and a much wider choice. Our catering supplies are working hard with the Management of the Hospital to raise the profile of our catering and are listening to the comments of our patients and learning lessons from the patient's viewpoint.



We will ensure that the level of satisfaction of patients who feel ready to be discharged will continue with follow up calls made to patients.

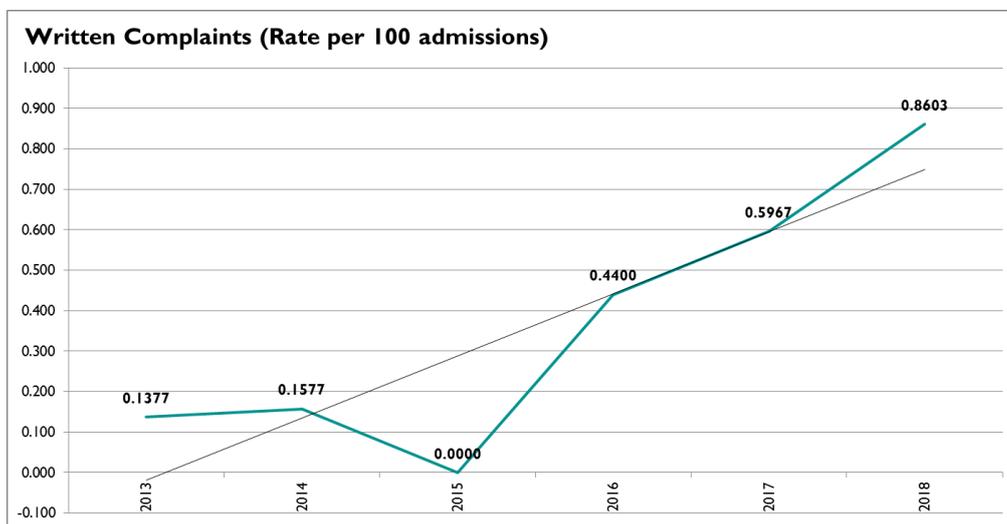
Complaints

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



We are working hard to ensure all our patients' comments and concerns are given priority and striving to investigate and reply to our patients within a strict time-scale, ensuring that the complainant is advised of any delays.

Our complaints are mainly financial with patients receiving invoices with total costs much higher than anticipated. We have tried to address this by ensuring advertising leaflets are available in all patient areas to advise of the different services which are charged such as Consultant fees, Hospital services, Imaging and test costs.

All staff have undergone 'Customer Service Training' to ensure that all patients are responded to in a positive way when entering our Hospital and throughout their journey with us.

To address our complaints, and to raise awareness of any trends which may appear, a weekly meeting is held for an update on the progress of the investigation into the complaint and to ensure that we are keeping within our time scale promised to the patient.

CQUINS

Our CQUINS for 2017/2018

(1) Staff Health and Wellbeing based on Staff Survey Results 2017

In order to address issues which were raised by our Staff in the survey. BMI The Shelburne Hospital scheduled a number of staff forums. Within these forums we asked our staff to identify areas of concern which they felt as needing the most attention. The areas they wanted to address were

- a) Communication
- b) Decision Making
- c) Moral
- d) Training

Once the forums were complete, BMI The Shelburne created 'Passports for Change'. These were disseminated to all teams and Heads of Departments with set deadlines. We are undertaking to improve 'Morale is good where I work' and 'I feel valued as an employee of BMI Healthcare'.

These results will be collated and managed effectively as this has a direct result and on the health and wellbeing of our staff and will reduce stress levels within teams. We will expect to achieve a minimum of 5% improvement over a period of 2 years.

(2) Staff Health and Wellbeing Uptake of Flue Vaccination

Achieve an uptake of flu vaccinations by frontline clinical staff of 50%. This was not achieved. Historically the flu vaccinations were administered by the Occupational Health team. As a result of some problems with the provision of regular Occupational Health staff on site, a small group of registered staff undertook extra training to enable them to administer the vaccine competently. All staff were offered the vaccine, and this service was advertised throughout the hospital via communication cells, departmental meetings and on noticeboards. Some staff declined the vaccine, some accepted and some had their vaccine from their GP.

108 of 327 staff were vaccinated which was equivalent to 33%

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).

Our Associate Director of Clinical Services at The Shelburne Hospital has Level 4 Safeguarding Certification.

National Clinical Audits

Involvement in recording statistics for the National Joint Registry will no longer be applicable to this site.

BMI Shelburne 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													
Month	Completed operations	Hips	Knees	Ankles	Elbows	Shoulders	Consent rate						
January	5	2	3	0	0	0	20						
February	9	3	6	0	0	0	33						
March	7	5	2	0	0	0	100						
April	13	7	6	0	0	0	84						
May	10	6	4	0	0	0	60						
June	8	5	3	0	0	0	62						
July	9	3	6	0	0	0	77						
August	11	7	4	0	0	0	90						
September	10	2	8	0	0	0	60						
October	11	6	5	0	0	0	63						
November	10	3	7	0	0	0	50						
December	10	4	6	0	0	0	40						

Totals for this hospital	2017	Year to date: 2018
Total completed ops	65	0
Hip procedures	35	0
Knee procedures	30	0
Ankle procedures	0	0
Elbow procedures	0	0
Shoulder procedures	0	0
NJR consent rate	98%	0%

Priorities for Service Development and Improvement

We are working hard to give assurance that:

- a) we recruit and retain a fully trained clinical staff mix throughout our hospital
- b) All mandatory training is achieved and maintained at the highest levels.
- c) High patient satisfaction is reflected in low complaint numbers
- d) To be fully compliant with all internal and external inspections

And our focus is to receive a good rating on our next CQC inspection with documentation which is compliant with time scale adherence to training, audits, incident reporting and investigation and complaints.

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

Shelburne Hospital	Staff Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
55.00%	85.71 %	73.18%	89.98%	50.44%

The Shelburne Hospital, considers that this data is as described for the following reasons, staff recruitment and retention has a major part to play in the published figures. The Shelburne Hospital has highlighted this as a priority for the Management Team to achieve despite the constraints of available staff in the Healthcare Industry.

Quality Indicators

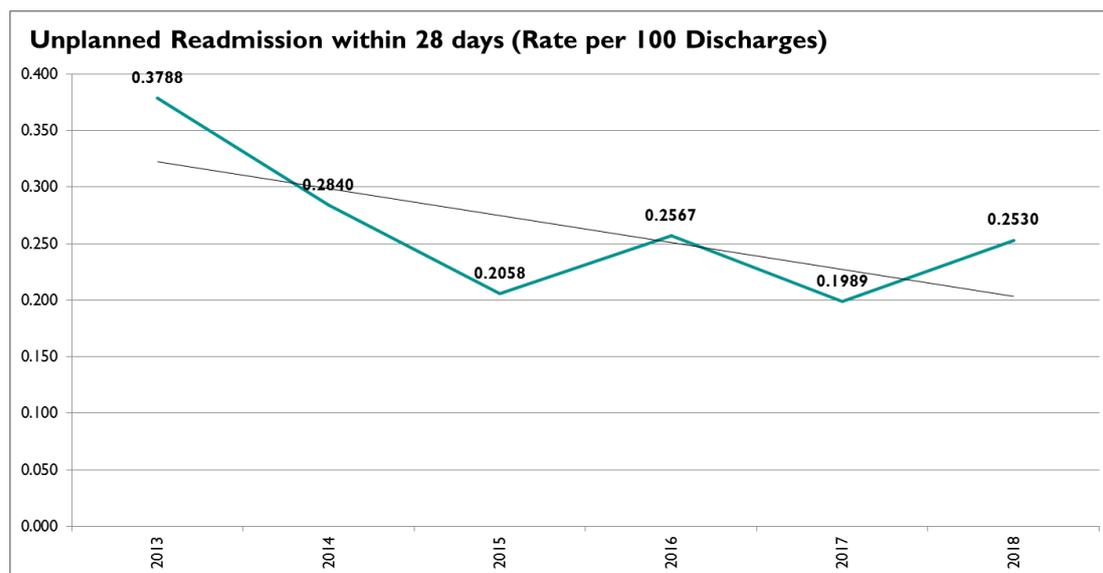
The below information provides an overview of the various Quality Indicators which form part of the annual Quality Accounts. Where relevant, information has been provided to explain any potential differences between the collection methods of BMI Healthcare and the NHS.

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 (Adult)



BMI The Shelburne Hospital considers that we are currently below the national average for re-admission rates due to our effective surgical pre-assessment service. The Shelburne Hospital will continue to provide a valuable pre-assessment service to ensure any potential concerns are highlighted which will reduce possible re-admissions. The Shelburne Hospital will continue to monitor re-admissions, through accurate recording of clinical complications post operatively within our incident reporting process and with discussions at our Clinical Governance Meetings.

The Shelburne Hospital does not carry out any Paediatric services.

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

Shelburne Hospital	C.difficile (per 100,000 bed days)			
	2018	2017	National Average	Highest National Score
0.000	0.000	35.928	147.455	0.000

BMI The Shelburne Hospital considers that this data is due to our diligence in Infection Prevention and Control practices and surveillance. Our dedicated IPC Lead nurse continually monitors audits and is active in ensuring all staff are trained to the highest standards in all areas of IPC with training practice taking place on a continual basis.

Hospitals responsiveness to the personal needs of its patients

Shelburne Hospital	Responsiveness			
2018	2017	National Average	Highest National Score	Lowest National Score
94.78%	94.82%	69.22%	78.00%	60.10%

The Shelburne Hospital considers that this data is as described for the following reasons this is a true reflection of patient satisfaction and is highlighted at all departmental meetings

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

Shelburne Hospital	VTE			
2018	2017	National Average	Highest National Score	Lowest National Score
83.33%	63.64%	95.77%	100.00%	81.60%

The Shelburne Hospital considers that this data is as described for the following reasons. The Shelburne Hospital reports the incident 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 The Shelburne Hospital will continue to ensure our staff training embeds the importance of the VTE assessment to ensure the safety of all our patients.

Patient Safety Incidents

Shelburne Hospital	Patient Safety Incidents (Rate per 1000 Bed Days)			
2018	2017	National Average	Highest National Score	Lowest National Score
207.254	100.363	43.292	149.700	11.200

BMI The Shelburne Hospital recognises the importance of patient safety and as such is placed at the top of our agenda. We adhere to all reporting guidelines and ensure learning is cascaded to all departments through our management of incidents, investigation and lessons learned being monitored and trended at Committee meetings. BMI The Shelburne continues to support the Sign up to Safety campaign in conjunction with the NHS

Patient Recommendation Results

Shelburne Hospital	Patient Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
99.27%	98.93%	97.07%	100.00%	75.61%

BMI The Shelburne considers that this data result is due to the high standards of care which is received by our patients. The hospital encourages patients to provide feedback to allow us to understand if we are meeting, and exceeding their expectations, and equally giving us the opportunity to address specific areas of dissatisfaction through our quality processes to continue to improve our service.

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