

Group Chief Executive's Statement

These are the BMI Healthcare Quality Accounts for 2017, providing a transparent picture of performance and outcomes of objective metrics on the quality of our 59 hospitals and clinics across the UK.

We have made a significant investment in our hospitals over the course of the year. We have installed new diagnostic equipment, such as MRI and CT scanners, new endoscopy decontamination units and digital mammography. We have also enhanced our services and hospital facilities and are pleased that our cancer centres are achieving Macmillan Quality Environment Marks. Similarly, those hospitals with endoscopy services are working towards achieving Joint Advisory Group (JAG) accreditation, showing they adhere to the highest standards.

Our commitment to developing BMI as a leader in digital healthcare has already seen the introduction of e-prescribing across our cancer centres, with everyone involved in a patient's care able to access set tumour protocols and real-time information to inform prescribing decisions. Our planned future investment in an electronic patient record has the same aim – to streamline information, ensure this is available to clinicians, reduce duplication and support good systems for patient safety across the entire patient journey.

Quality underpins everything that we do; whether that is in direct patient care or in the systems and processes that we have to promote safe and effective health outcomes. These two aspects of our hospitals work hand in hand, and getting that right is an essential part of our quality agenda.

All our hospitals have now been assessed by the regulator for their country. The Care Quality Commission has published the findings of its inspections of our hospitals in England, assessing them on the five standard criteria of safe, well-led, responsive, caring and effective. We are pleased that the CQC agreed that our staff provide a good level of care across our hospitals and also noted areas of exemplary healthcare in other criteria. Health Improvement Scotland and the Health Inspectorate Wales also highlighted our hospitals in those countries as providing good and very good levels of healthcare.

Ours is a learning organisation, and while we were proud of those areas where we had performed well, we place equal importance on areas where the inspectors said we needed to focus and improve. We invited the CQC to present their thoughts to all our registered managers, so that we can work collaboratively and effectively on issues that may be common to more than one hospital. And our registered managers are also sharing best practice across our network with a process of peer review. Our focus for our hospitals is to work towards the next highest rating in the cycle of regulatory inspections.

Over the course of the year we have brought all our audit processes together into a comprehensive integrated audit programme which covers both clinical and commercial. This will provide a clear overview of status at local hospital level and at Board level. We have put in standard committee structures to improve our governance and standardise management of all parts of the business as well as provide opportunities for staff in all areas to continue their innovative ideas for the benefit of our whole hospital network.

We look both prospectively and retrospectively in identifying and mitigating risks and promote a responsible culture where we are confident to challenge when we see something does not appear correct. Working in this way means we can identify and implement mechanisms and strategies to address risks.

All our hospitals across the BMI Healthcare network are committed to our brand promise to be “serious about health, passionate about care” and its four key themes of safety, clinical effectiveness, patient experience and quality assurance. Our patients agree that we achieve this, with 98.4% agreeing that the quality of their care was very good or excellent. In addition, 98.4% say that they would recommend one of our hospitals to their family and friends. These figures reflect the opinions of patients who select us for their NHS-funded care, of those covered by private medical insurance and of those who choose to pay for their own care.

Our learning culture extends throughout our support, clinical, nursing and medical staff and Consultants. We have adopted new approaches to ‘human factor’ training, building on approaches to minimising risk which have been developed in the airline industry. We have also embedded training and understanding around Duty of Candour, the responsibility we have to explain to patients that might have led to treatment with undesirable outcomes, and a network of Candour Champions.

The information available here in the Quality Accounts has been reviewed by the BMI Healthcare Clinical Governance Committee and I declare that, as far as I am aware, the information contained in these reports is accurate.

I would like to extend my thanks to staff throughout BMI Healthcare whose dedication, experience and expertise has led to the positive outcomes highlighted in this report. Everyone, whether a member of our ground care staff, nursing team, diagnostic departments, contact centre or a part of our corporate teams, all shares the same aim - to provide quality care and an exceptional experience for our patients.



Jill Watts, Group Chief Executive

Hospital Information



BMI The Chaucer Hospital is located in Canterbury, Kent and is part of BMI Healthcare, Britain's leading provider of independent healthcare with a nationwide network of hospitals & clinics performing more complex surgery than any other private healthcare provider in the country. Our commitment is to quality and value, providing facilities for advanced surgical procedures together with friendly, professional care.

BMI The Chaucer Hospital has 45 inpatient rooms. Our patient rooms offer the privacy and comfort of en-suite facilities, satellite TV and telephone. The hospital has three theatres, a dedicated Endoscopy Suite, 11 consulting rooms, a Colposcopy Suite, a Macmillan accredited Oncology unit and an HFEA licensed Assisted Conception Unit.

These facilities combined with the latest in technology and on-site support services for diagnostic imaging and pathology enable our consultants to undertake a wide range of procedures from routine investigations to complex surgery. This specialist expertise is supported by caring and professional medical staff, with dedicated nursing teams and Resident Medical Officers on duty 24 hours a day, providing care within a friendly and comfortable environment.

Of the total number of patients treated at BMI The Chaucer Hospital, around 45% are currently NHS patients. We provide a full directory of services on Choose and Book, along with being AQP accredited to treat cataract patients in East Kent and provide direct access for MRI scanning. We also assist the local NHS trusts with waiting list reduction programmes on an ad hoc basis. We have strong connections with our local Clinical Commissioning Groups (CCGs).

The hospital underwent extensive refurbishment in outpatients, the wards, both reception areas, and public corridors. The refurbishment plan extends into this year to include patient bedrooms.

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

- Treatment of disease, disorder and injury
- Surgical procedures
- Diagnostic and screening
- Termination of Pregnancy.

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

The CQC carried out an announced inspection on 1st & 2nd November 2016 and rated The Chaucer Hospital GOOD in all domains of:

SAFE
CARING
RESPONSIVE
EFFECTIVE
WELL-LED

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

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

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

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

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

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

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

CQC Ratings Grid

Safe	●
Caring	●
Responsive	●
Effective	●
Well Led	●
Medical Care (inc older people)	●
Surgery	●
Outpatients	●
Termination of Pregnancy	Reviewed but not rated

The Report summary is detailed below:

BMI Chaucer Hospital is operated by BMI Healthcare Limited. The hospital is registered for 60 beds, and these are split across two inpatient wards, one of which has four enhanced recovery beds with integral patient monitoring and telemetry. The hospital has two main theatres (1 with laminar flow) and a minor operations theatre based in outpatients. The hospital also has a dedicated Endoscopy Suite, 11 consulting rooms, a colposcopy suite, a Macmillan accredited Oncology unit, a physiotherapy department, Health Screening department and an HFEA licensed Assisted Conception Unit. The hospital has MRI, CT, ultrasound, X-ray and digital mammography within its imaging department. The hospital offers a wide range of surgical and medical procedures, including ENT, orthopaedics, gynaecology, oncology, general surgery, general medicine, gastroenterology, fertility services, ophthalmology, cosmetic surgery, urology, pain management.

We inspected this service using our comprehensive inspection methodology. We carried out the comprehensive announced of the inspection on 1 and 2 November 2016, with an unannounced inspection taking place on 11 November 2016.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a

legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

We rated this hospital as good overall.

- The senior management team, supported by the Heads of Departments, had a good knowledge of how services were being provided and were quick to address any shortcomings that were identified. Although relatively new in post the hospital executive director had made a significant impact on the hospital and staff felt that they had been a positive influence. They accepted full responsibility and ownership of the quality of care and treatment within their hospital and encouraged their staff to have a similar sense of pride in the hospital. Both the hospital director and the Director of nursing were able to talk to us in detail about all aspects of the services provided.
- The care delivered was planned and delivered in a way that promoted safety and ensured that peoples individual care needs were met. We saw patients had their individual risks identified, monitored and managed and that the quality of service provided was regularly monitored.
- The Executive Director was in overall charge of the hospital and all employed staff were line managed through her direct reports. She had eight heads of departments reporting directly to her including the Director of Nursing, quality and risk manager, imaging manager, pharmacy manager, physiotherapy manager, hospital services manager and materials manager.
- The Medical Advisory Committee (MAC) met bi-monthly and included representation from all specialties offered at the hospital. It was attended by the Executive Director and the director of nursing. A wide range of topics were discussed and action taken in response to any concerns raised. The minutes of the MAC meetings were distributed to all consultants.
- The MAC reviewed practicing privileges every year. This included a review of patient outcomes, appraisals, General Medical Council (GMC) registrations and medical indemnity insurance. The hospital told us that 22 consultants had had their practicing privileges removed; this was due mainly to no longer providing paediatric services at the hospital, along with retirement or relocation. One consultant had their practicing privileges suspended this was due to failing to provide up to date documentation the hospital required to renew their practicing privileges. This showed the hospital had a good procedure in place to make sure all consultants were experienced and fit to care for patients.
- Consultant revalidation was part of the requirement for maintaining their practicing privileges. Consultants only performed operations they were used to performing at the acute NHS trust where they were employed. This ensured they were competent and confident in undertaking operations and procedures. If a consultant wanted to carry out a new procedure, this had to be agreed as part of their practicing privileges.
- The hospital used an agency that provided a Resident Medical Officer (RMO) onsite 24-hours a day, seven days a week, on a rotational basis. The RMO worked two weeks on, followed by two weeks off. The RMO undertook regular ward rounds to make sure the patients were safe. If the

RMO was called out during a significant part of the night or was unwell, the RMO told us there were contingency plans in place to obtain cover. All staff and the RMO told us there were no concerns about the support they received from consultants and their availability.

- The hospital used the corporate BMI Healthcare Nursing Dependency and Skill Mix Planning Tool, to determine staffing levels. The nursing rota was entered into the system monthly and adjustments made 24 hours in advance based on patient numbers and dependency. This meant that the hospital ensured that staffing levels and mix were sufficient to provide safe care for patients.
- We saw a strong safety culture with policies and systems in place to allow staff to challenge practice they felt posed a risk. The hospital risk register 2016 was divided into categories such as patient safety, information management, financial, reputation, governance, operational, leadership and workforce, workforce health and safety, and facilities and infrastructure. The risk register detailed the risks, mitigations, actions, allocated key lead, and committee who had responsibility for ensuring existing risk controls and actions were completed for the identified risks.
- There were robust governance systems that were known and understood by staff and which were used to monitor the provision and to drive service improvements. The Clinical Governance Committee (CGC), met monthly and discussed complaints and incidents, patient safety issues such as safeguarding and infection control, risk register review. There was also a standing agenda item to review external and national guidance and new legislation, such as National Institute of Health and Care Excellence (NICE) guidance, such as NICE CG42, Dementia: supporting people with dementia and their carers in health and social care. This ensured the hospital implemented and maintained best practice, and any issues affecting safety and quality of patient care were known, disseminated managed and monitored.
- A clinical governance bulletin was produced across the BMI Healthcare organisation which supported the hospital monthly to manage risk. The bulletin identified changes in legislation relating to NICE publications and alerts regarding medicines and equipment. It also provided details of issues of best practice at other hospitals so that shared learning could be applied locally.
- There was a positive staff culture with many staff having worked at the hospital for a very long time. These core staff offered stability and continuity which was balanced by newer appointed staff who brought a fresh perspective and allowed for the introduction of new ways of working.
- The hospital was undergoing major renovation works at the time of our inspection. Despite this we found that corridors and patient areas were clean, and kept safe. Although we still found areas in need of renovation the Executive Director was able to show us a plan of current works along with a plan of works going forward. The changes already made had improved the appearance and safety of the hospital, for example flooring that met with requirements for infection control.

We found areas of practice that required improvement in both surgery and in outpatients and diagnostic imaging services.

- All waste bins should be correctly labeled in line with in accordance with Health Technical Memorandum (HTM): Safe Management of Healthcare Waste, control of substances hazardous to health (COSHH), and health and safety at work regulations
- The procedure for cleaning of nasoendoscopes should be reviewed to ensure dirty instruments do not come into contact with clean areas.
- The hospital should ensure that language interpreters are only accessed via the formal translation service.
- Take action to ensure all staff have an annual performance appraisal.
- Ensure that staff document consent in line with national guidance from the General Medical Council and Royal College of Surgeons.
- Ensure there is an accurate checklist is available for staff to use when checking equipment for the difficult intubation trolley.
- Ensure all medical equipment is up-to-date with service and safety checks.
- Ensure there are systems in place for making sure all medicines are within date.
- The provider should ensure that that appropriate balance checks of all Controlled Drugs (CDs) are carried out regularly.
- Take action to ensure all staff are compliant with safeguarding of vulnerable adults and safeguarding children training.
- Take action to ensure staff are aware of the mental capacity act, and deprivation of liberties, and how it applies to their role.
- Ensure dedicated hand hygiene sinks in patient bedrooms are included when carrying out refurbishment in accordance with the Department of Health's Health Building Note 00-09.
- Ensure carpets are removed from clinical areas and patient bedrooms in accordance with Department of Health's Health Building Note 00-09.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help it move to a higher rating

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 The Chaucer Hospital.

Between April 2016 to March 2017, 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

Measure	Rate (per No. of Procedures)
Hips	0.00000
Knees	0.00000



All clinical areas have undergone Quality improvement Tool IPC clinical audits as per the Infection prevention Society's guidelines. Standards audited include Environmental, Hand Hygiene; Environmental and Observation, Aseptic Technique, Transportation of specimens and Standard Precautions. Results indicate an average compliance of 95%. Action plans have been devised to address areas that achieve a negative score along with risk assessments where necessary.

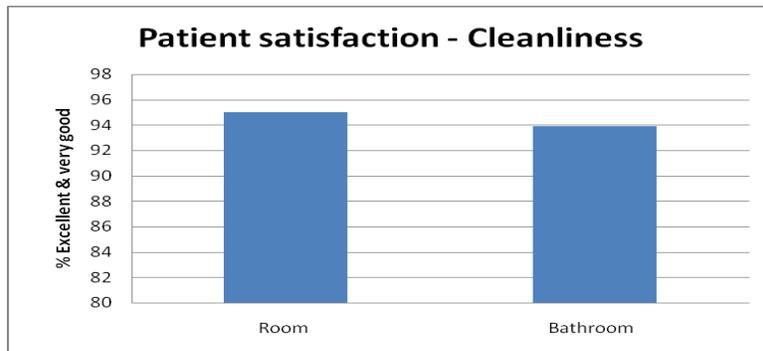
Care Bundles were audited as follows: Pre-operative, Peri-operative and Post-operative to include Urinary Catheter Care, insertion and ongoing, Peripheral Intravenous Cannula, insertion and ongoing and Prevention of Surgical Site Infection.

A water safety committee is in place which discusses and monitors all aspects of water safety within the hospital with Pseudomonas and Legionella sampling and risk assessments being performed.

Infection Prevention remains high on the agenda within the hospital and all areas are continuing to strive for improvements where necessary.

The Chaucer participates in all National awareness programmes in relation to IPC, including Hand Hygiene day and Antibiotic Awareness day

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



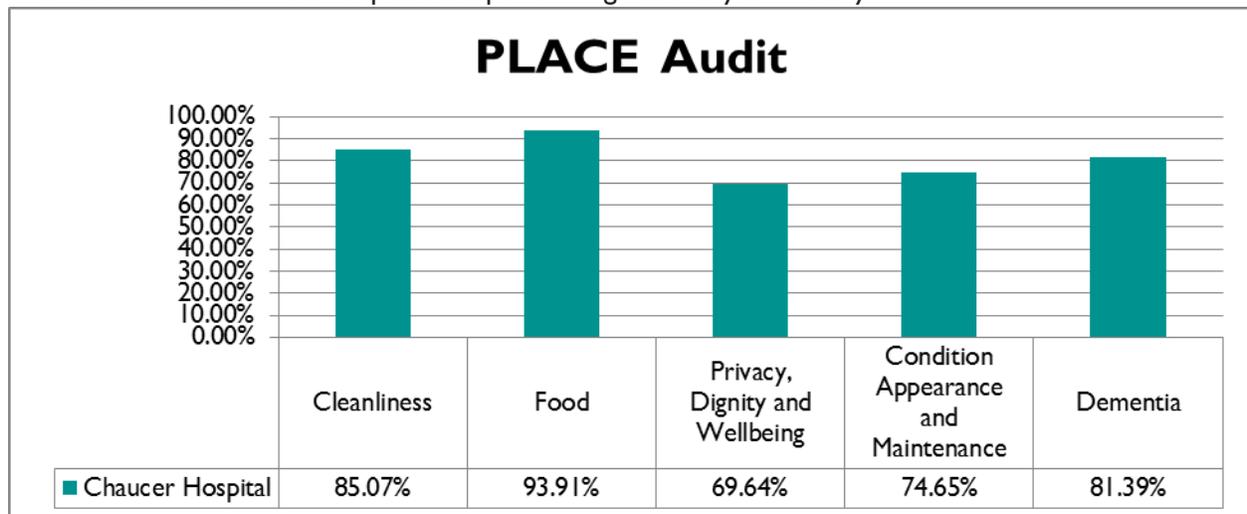
Patient Led Assessment of the Care Environment (PLACE)

At BMI Healthcare, we believe a patient should be cared for with compassion and dignity in a clean, safe environment. Where standards fall short, they should be able to draw it to the attention of managers and hold the service to account. PLACE assessments will provide motivation for improvement by providing a clear message, directly from patients, about how the environment or services might be enhanced.

Since 2013, PLACE has been used for assessing the quality of the patient environment, replacing the old Patient Environment Action Team (PEAT) inspections.

The assessments involve patients and staff who assess the hospital and how the environment supports patient's privacy and dignity, food, cleanliness and general building maintenance. It focuses entirely on the care environment and does not cover clinical care provision or how well staff are doing their job.

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



All domains demonstrated an improvement compared to 2016, with the exception of Privacy, dignity & Wellbeing.

The Team at The Chaucer Hospital has reviewed the comments made with regard to this domain and has noted that a negative impact was scored from three questions.

1. Do we have a separate room on the ward for patients to go to for wound dressings.
 - Wound dressing are changed in patient rooms due to the fact they are single rooms and therefore separate from other patients.
2. Do we have a communal TV lounge?
 - Patients all have single ensuite rooms with personal TV's and therefore no need for a communal lounges.
 -
3. Is there enough natural light in the patient lounge?.
 - Not applicable.

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.

At The Chaucer Hospital, there were 26 incidents for which Duty of Candour was indicated.

At the Senior Management Team weekly incident review meeting the incidents were identified that required follow up with the patient either in meeting them face to face, letters of apology from the hospital and/or letters of apology from Consultants.

Lessons learnt from this included ensuring the consultants understand their role in informing the patients around Duty of Candour and this has been circulated to all consultants.

Venous Thrombo-embolism (VTE)

BMI Healthcare, holds VTE Exemplar Centre status by the Department of Health across its whole network of hospitals including, The Chaucer 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 100% patients are assessed with an accuracy of audit requirements such as prophylaxis used, signatures and review periods of 91%.

VTE Percentage	
VTE	90.91%

The Chaucer Hospital reports the incidence of Venous Thromboembolism (VTE) through the corporate clinical incident system. It is acknowledged that the challenge is receiving information for patients who may return to their GPs or other hospitals for diagnosis and/or treatment of VTE post discharge from the Hospital. As such we may not be made aware of them. We continue to work with our Consultants and referrers in order to ensure that we have as much data as possible.

In 2016 the reported VTE rate per 100 admissions was 0.0149

Sign Up for Safety Campaign

In December 2015 BMI Health applied to Sign up for Safety by submitting our actions for the following five pledges:

- **Put safety first** – Committing to reduce avoidable harm in the NHS by half through taking a systematic approach to safety and making public your locally developed goals, plans and progress. Instill a preoccupation with failure so that systems are designed to prevent error and avoidable harm
- **Continually learn** – Reviewing your incident reporting and investigation processes to make sure that you are truly learning from them and using these lessons to make your organisation more resilient to risks. Listen, learn and act on the feedback from patients and staff and by constantly measuring and monitoring how safe your services are
- **Be honest** – Being open and transparent with people about your progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong

- **Collaborate** – Stepping up and actively collaborating with other organisations and teams; share your work, your ideas and your learning to create a truly national approach to safety. Work together with others, join forces and create partnerships that ensure a sustained approach to sharing and learning across the system
- **Be supportive** – Be kind to your staff, help them bring joy and pride to their work. Be thoughtful when things go wrong; help staff cope and create a positive just culture that asks why things go wrong in order to put them right. Give staff the time, resources and support to work safely and to work on improvements. Thank your staff, reward and recognise their efforts and celebrate your progress towards safer care.

BMI Healthcare as a company was successful in their application with Sign up for Safety in March 2016. Sign up for safety is a campaign to make all our healthcare services the safest in the world. Whilst predominantly focused on the NHS the campaign welcomes independent healthcare companies or individual hospitals to participate to make all healthcare services safer. The ambition of sign up to safety is to halve avoidable harm over the next three years and save 6,000 lives as a result.

By signing up to the campaign we have committed to listening to patients, carers and staff, learning from what they say when things go wrong and taking action to improve patient's safety helping to ensure patients get harm free care every time, everywhere.



Risk Management System

In December 2016, BMI Healthcare changed its Risk Management System. **RiskMan** is now used across the company, within 70 different locations for the capturing of:

- Events (Incidents & Expected Patient Deaths)
- Feedback (Complaints, Queries & Compliments)
- Risks
- Legal Claims

During 2017, further modules will be introduced which include a Safety Alerts functionality, a Policy Library and also a dedicated CQC module which BMI Healthcare will be tailoring to the very specific nature of CQC Inspections and Key Lines of Enquiry (KLOEs).

The change of system has been met with unanimous support across the company, allowing for faster and easier incident entry and much improved reporting capabilities. The change of Risk Management System has seen around a 50% increase in incident reporting on the whole and a significant change of reporting culture is being felt across the company as a result.

With the change of Risk Management System, BMI Healthcare has also taken the opportunity to revisit its incident and complaint processes and policies in order to improve these in line with the new system.

The system is available to all BMI Healthcare employees at point of entry leading to much swifter incident investigations, action completion and closure.

Risk Registers

As part of the implementation of a new Risk Management System, RiskMan, BMI worked diligently to implement a new Risk Register process within all of its hospitals that strengthened the approach to managing risk and responded to feedback from the CQC.

This new process allows for greater transparency of risks across all levels, from department to hospital to corporate risks. RiskMan allows for improved risk monitoring and overview, ensuring that Heads of Department & Senior Management Teams are supported to discuss risk at relevant committees and meetings with readily available information and reports.

The Executive team and Governance Committee identified risks which affect BMI Healthcare and from these risks a subset was identified that cascaded to hospitals. This ensures that organisation risks and strategies to mitigate these are monitored and actioned across all hospitals. It also allows hospitals to identify department and site specific issues and how these affect both the hospital and the overall strategic objectives of the company as a whole.

Reducing the requirement for paper versions of Risk Registers, RiskMan holds all Corporate, Hospital & Departmental Risk Registers in the system so that they are accessible easily by hospital and corporate staff for reviewing as appropriately.

Having worked closely with the CQC on this process, BMI Healthcare has received encouraging feedback on this approach from both an internal and external level and continues to implement this new way of working across its hospitals.

Effectiveness

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.

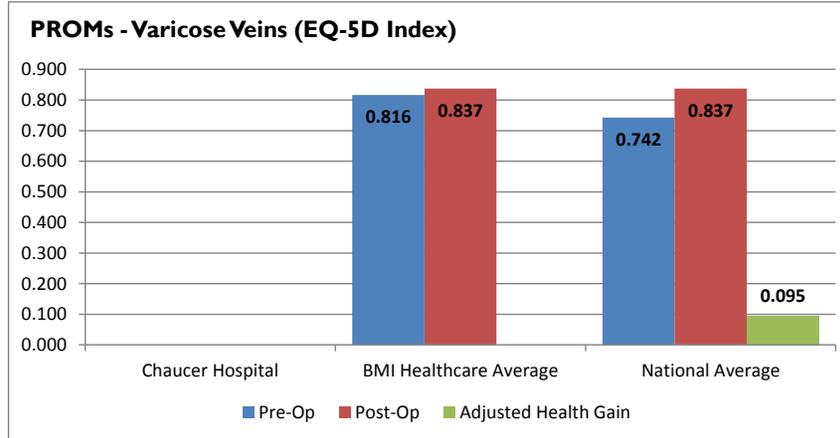
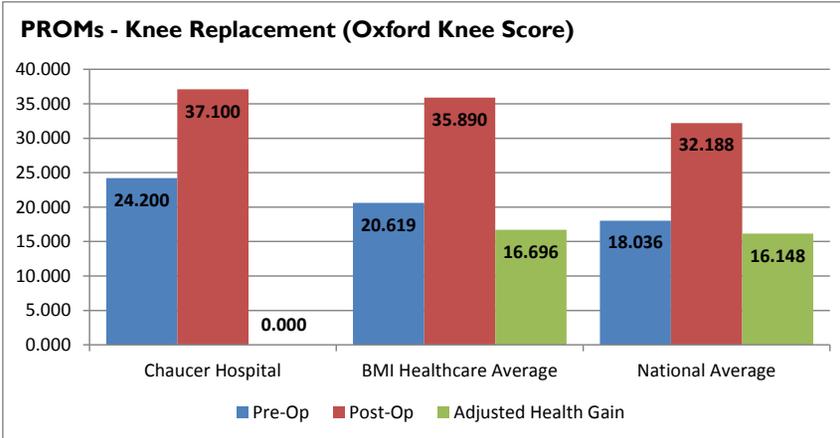
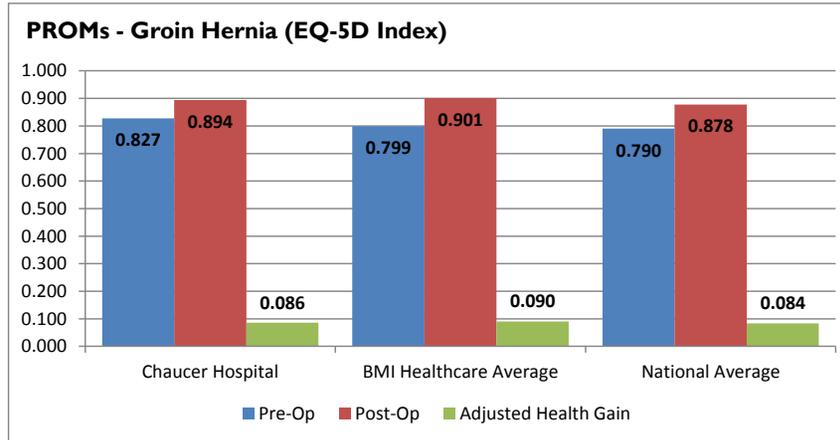
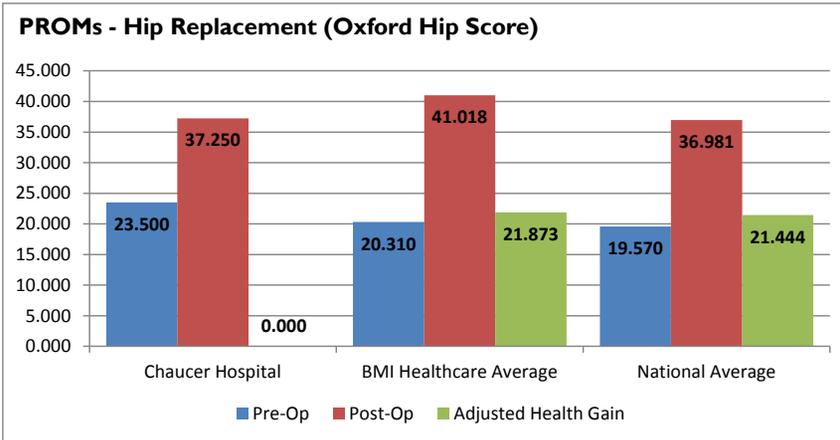
For the current reporting period, the tables below demonstrate that the health gain between Questionnaire 1 (Pre-Operative) and Questionnaire 2 (Post-Operative) for patients undergoing hip replacement and knee replacement at within BMI Healthcare. The numbers of procedures undertaken at The Chaucer Hospital are too low to be able to give significant data for health gain.

This current reporting period has seen enough data processed in relation to hernia repairs to give a health gain measure which sits above the national average.

The Chaucer is now also reporting on Cataract Proms and the data should be available for next year's Quality Accounts.

The Chaucer hospital does not participate in Proms data collection for varicose vein surgery as this service is not provided by the NHS in East Kent.

Latest PROMs data available from HSCIC (Period: April 2015 – March 2016)



Enhanced Recovery Programme (ERP)

The ERP is about improving patient outcomes and speeding up a patient's recovery after surgery. ERP focuses on making sure patients are active participants in their own recovery and always receive evidence based care at the right time. It is often referred to as rapid recovery, is a new, evidence-based model of care that creates fitter patients who recover faster from major surgery. It is the modern way for treating patients where day surgery is not appropriate.

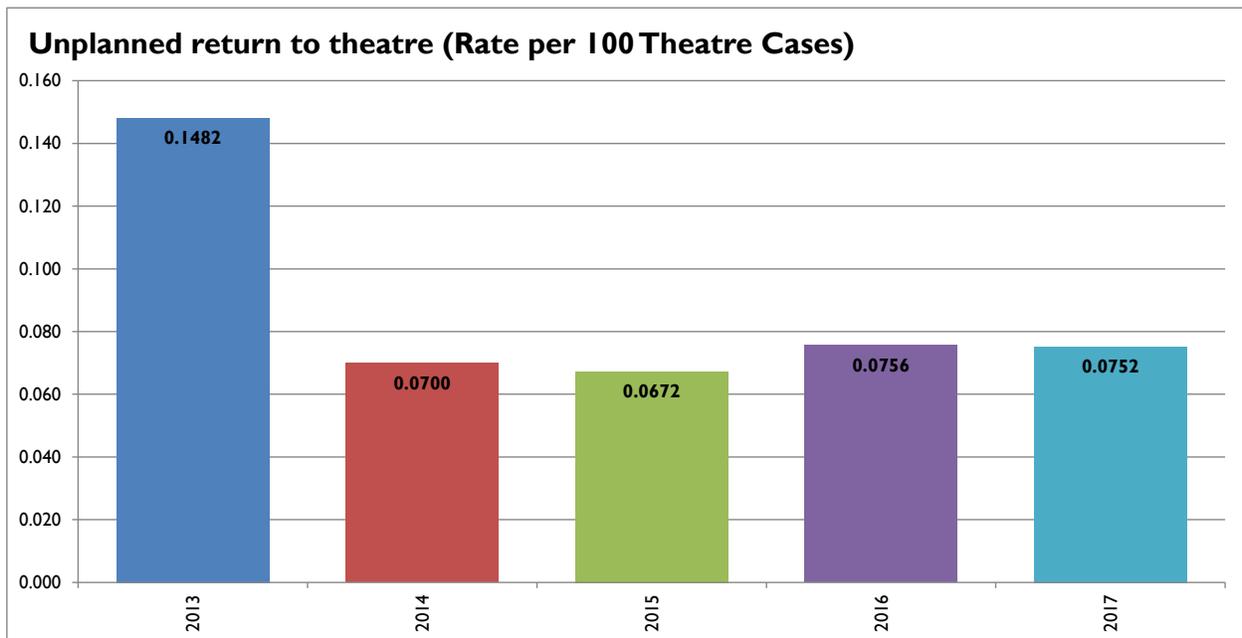
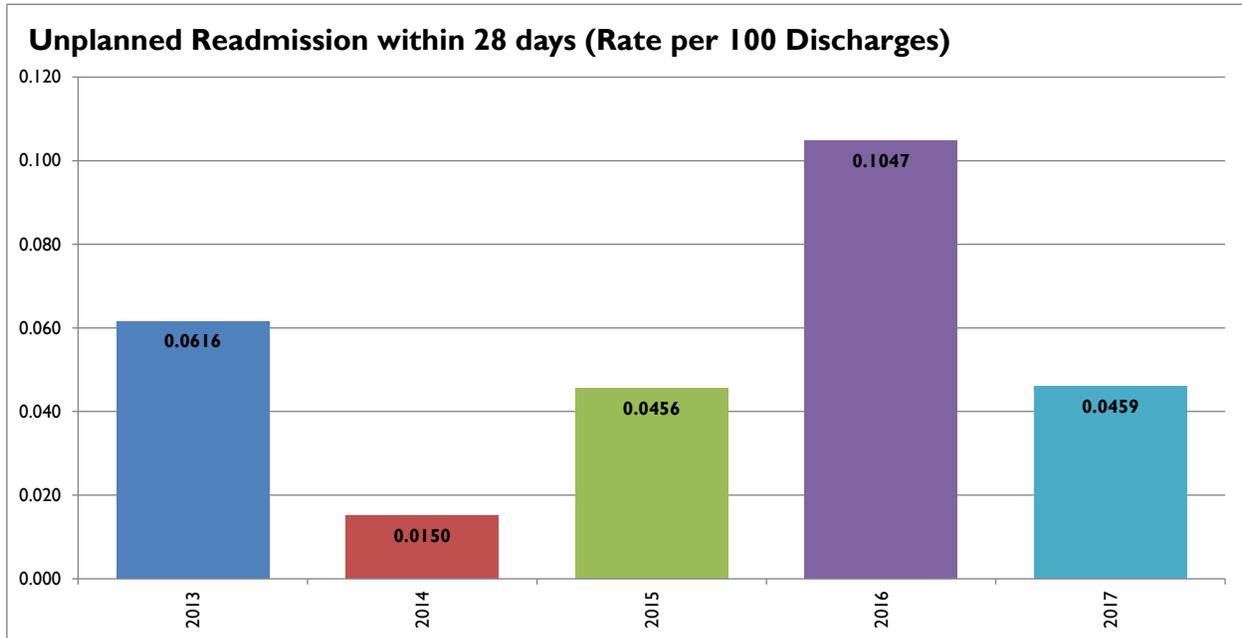
ERP is based on the following principles:-

1. All Patients are on a pathway of care
 - a. *Following best practice models of evidenced based care*
 - b. *Reduced length of stay*
2. Patient Preparation
 - a. *Pre Admission assessment undertaken*
 - b. *Group Education sessions*
 - c. *Optimizing the patient prior to admission – i.e HB optimisation, control co-morbidities, medication assessment – stopping medication plan.*
 - d. *Commencement of discharge planning*
3. Proactive patient management
 - a. *Maintaining good pre-operative hydration*
 - b. *Minimising the risk of post-operative nausea and vomiting*
 - c. *Maintaining normothermia pre and post operatively*
 - d. *Early mobilisation*
4. Encouraging patients have an active role in their recovery
 - a. *Participate in the decision making process prior to surgery*
 - b. *Education of patient and family*
 - c. *Setting own goals daily*
 - d. *Participate in their discharge planning*

In order to support patients through the ERP pathway, the Chaucer Hospital has introduced Carbohydrate Loading for all patients undergoing hip and knee replacement surgery as well as those identified as high risk at pre assessment.

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.



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.

Overall satisfaction scores (Excellent and Good)	Feb 16	Feb 17
Overall impression of Administration Process	95.6%	92.5%
Overall impression of Nursing Care	97.5%	98.8%
Overall impression of Accommodations	93.3%	91.9%
Overall impression of Catering	87.4%	92.7%
Overall impression of Discharge process	92.6%	90.1%

BMI Healthcare has introduced a new project entitled Project Optimum which will help to address the decrease in satisfaction with the admission and discharge processes.

The Chaucer Hospital is continually striving to upgrade the patient facilities with refurbishment of patient bedrooms high on the agenda for 2017.

The pleasing upturn in patient satisfaction relating to Nursing care has been brought about by maintaining a stable workforce and delivery of relevant training and development.

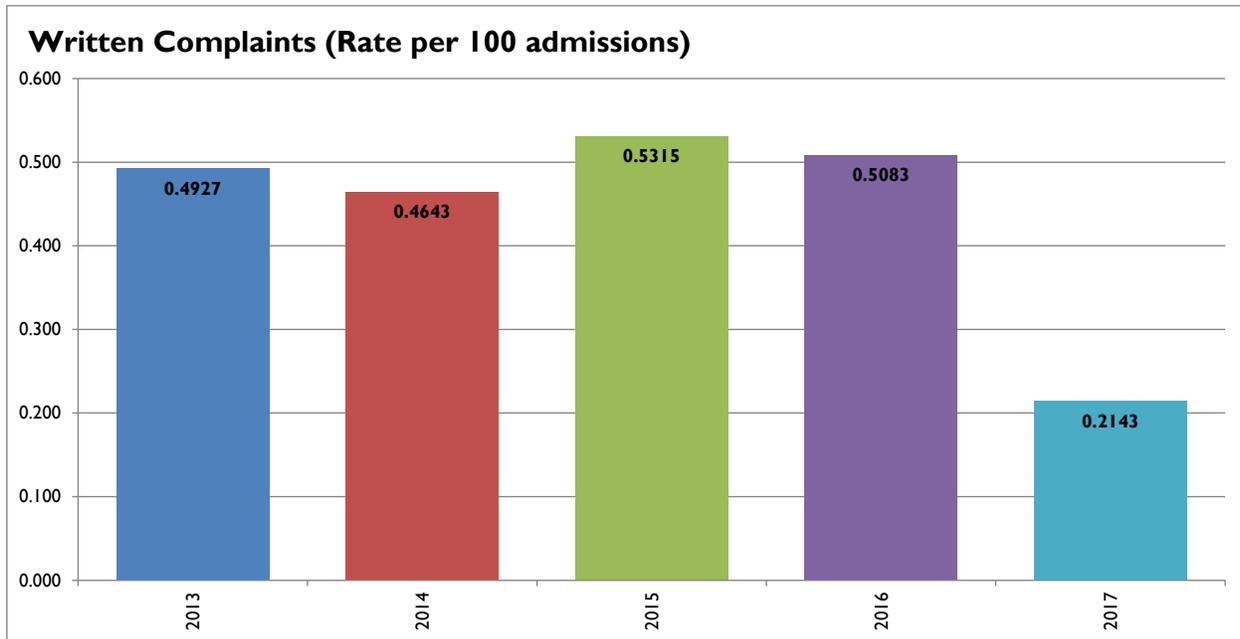
Complaints

In addition to providing all patients with an opportunity to complete a Satisfaction Survey BMI The Chaucer 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 number of written complaints has decreased this year due to improved communication at ward level and the staff taking responsibility to deal with issues as they arise, this resulting in this lower level of written complaints received by the Executive Director. The majority of the written complaints were in relation to patient charges. All the complaints were concluded satisfactorily.

CQUINS

CQUINS focus for this period was on four key elements:

1A - Staff Health & Wellbeing - Introduction of staff initiatives. The Chaucer Hospital implemented Pilates classes, keep hydrated initiatives as well as ensuring staff knew how to access the “Employee Assist” scheme provided by BMI Healthcare.

1B - Staff Health & Wellbeing - Introduce healthy food options for both staff & visitors – Catering has been contracted out to an external provider. Initiatives such as a salad bar, limited access to high sugar and salt products, weekend opening of the restaurant have all contributed to an increase in satisfaction with catering provision

1C - Staff Health & Wellbeing - To improve the uptake of staff having flu- vaccination – It is with regret that the uptake for flu vaccination for key frontline workers achieved 22% uptake. As a result a staff survey has been undertaken to identify why up take was low and potential actions to help improve next year. The common theme for poor uptake was lack of knowledge regarding side effects and effectiveness of the vaccines. Our Consultant Microbiologist will provide training sessions in advance of next year’s campaign.

2. Antibiotic treatment review - Each quarter an audit of prophylactic antibiotic use was undertaken.

This has resulted in the re-writing of the Antimicrobial Policy and subsequent improvement in compliance of 84% with the policy. Further Consultant education and engagement is being rolled out to address the 16% gap.

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.

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 Nurses are trained to level 4 safeguarding (if applicable).

There have been no Safeguarding incidents logged at or by The Chaucer Hospital

E-Prescribing

Electronic prescribing for systemic anticancer treatment associated with solid tumour treatment was introduced during 2016 using web-based software. These changes have significantly enhanced the governance processes with an automatic audit trail for all amendments to the standard BMI protocol.

There is an interface with pathology results including automatic alerts when parameters are outside those stated in the protocol.

VTE Exemplar Status

BMI Healthcare holds VTE Exemplar Centre status by the Department of Health across its whole network of hospitals including the Chaucer 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 compliance with our requirement to VTE risk assessment every patient who is admitted to the hospital. The Chaucer 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.

Antimicrobial Stewardship

Antimicrobial guidelines are in use across the hospital which details the medication to be used in clinical situations. Audit has illustrated 84% adherence to the guidelines and the adoption of the Public Health England initiative.

BMI Healthcare's Safer Surgery Commitment

BMI Healthcare commissioned an external review of Never Events that had taken place across the business in 2015/16. In response to these key findings, BMI Healthcare has developed a 'Safe Surgery Commitment', as a commitment to ensure we are safe, effective, responsive, caring and well-led provider of healthcare. The 'Safer Surgery Commitment' incorporated the National Safety Standards for Invasive Procedures (NatSSIPs) and was developed in conjunction with the Theatre Managers to ensure practitioner involvement.

The main areas for commitment are:

1. Strengthen corporate safety management systems
2. Policy review
3. Improve incident investigation reports
4. Reward staff for safety
5. Build resilience into theatre teams, including action to mitigate the risks associated with non-substantive and novice staffing
6. Address reasons for non-concordance

Progress has been measured against the standards and each site has recently undertaken a review of the implementation of the 'Safer Surgery Commitment' to ensure these have been implemented.

In 2016 a Never Event occurred at The Chaucer Hospital relating to incorrect site surgery. Corrective action was taken on the day of surgery following correct consent and Duty of Candour Processes.

A full investigation was undertaken by BMI Healthcare Group Director of Clinical Governance and actions were taken to prevent recurrence of such an event.

National Clinical Audits

BMI The Chaucer Hospital continues to participate in National Joint Registry audit and all joint replacements, including shoulders, ankles and elbows are submitted to this.

The Chaucer Hospital participates in the National Breast and Cosmetic Surgery implant registry.

The Chaucer Hospital also participates in Surgical Site Surveillance for hip and knee replacements, with Public Health England.

Priorities for Service Development and Improvement

- Development of an Urgent Care Centre
- Focus on ambulatory care pathways
- Increase of Medical Admissions, including step down care
- Increase cancer services provision
- Working towards JAG accreditation for Endoscopy
- Increase in cardiology provision

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.

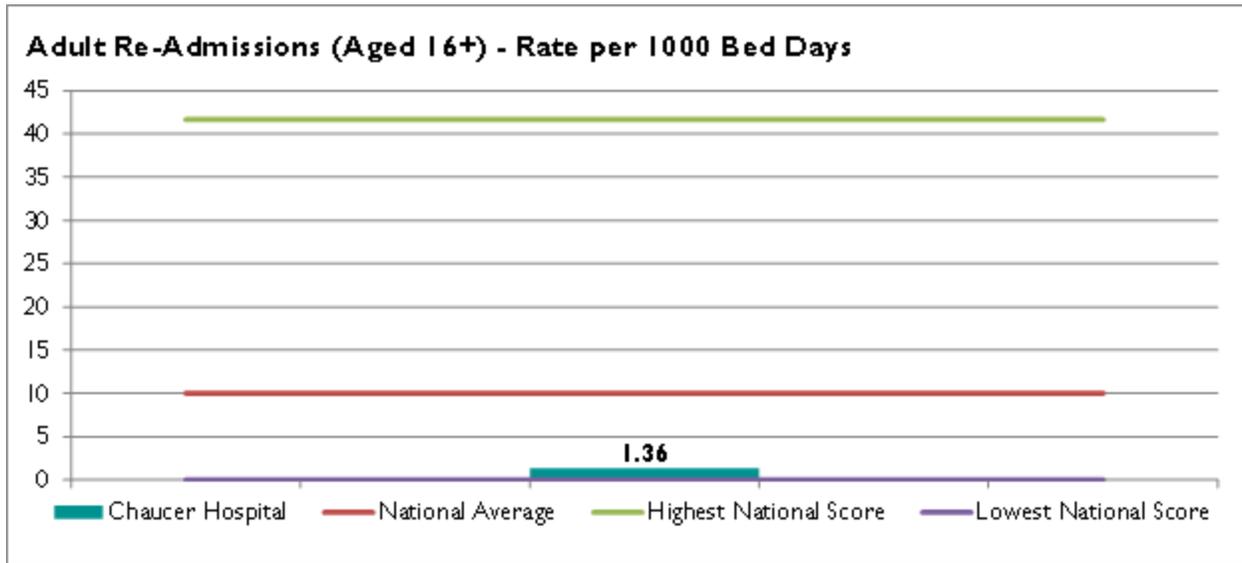
All data provided by BMI Healthcare is for the period **April 2016-March 2017** to remain consistent with previous Quality Accounts, whilst the NHS data may not be for the same period due to HSCIC data availability. The NHS data provided is the latest information available from the HSCIC Indicator Portal.

Indicator	Source	Information	NHS Date Period
Summary Hospital-Level Mortality Indicator (SHMI)		This indicator measures whether the number of patients who die in hospital is higher or lower than would be expected. This indicator is not something that is collected for the Independent Healthcare Sector.	

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.	2011-2012
Percentage of BMI Healthcare Staff who would recommend the service to Friends & Family	BMI Healthcare Staff Survey		NHS Staff Survey 2016
Number of <i>C.difficile</i> infections reported	BMI Healthcare Risk Management System*	This indicator relates to the number of hospital-apportioned infections.	April 2014 – March 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.	2015 - 2016
Number of admissions risk assessed for VTE	CQUIN Data	BMI Healthcare only collects this information currently for NHS patients.	January 2016 – December 2016
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.	October 2015 – September 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.	October 2015 – September 2016

*In December 2016, BMI Healthcare changed Risk Management System. As a result, this data is taken from 2 separate sources. April – November 2016 from Sentinel, December 2016 to March 2017 from RiskMan.

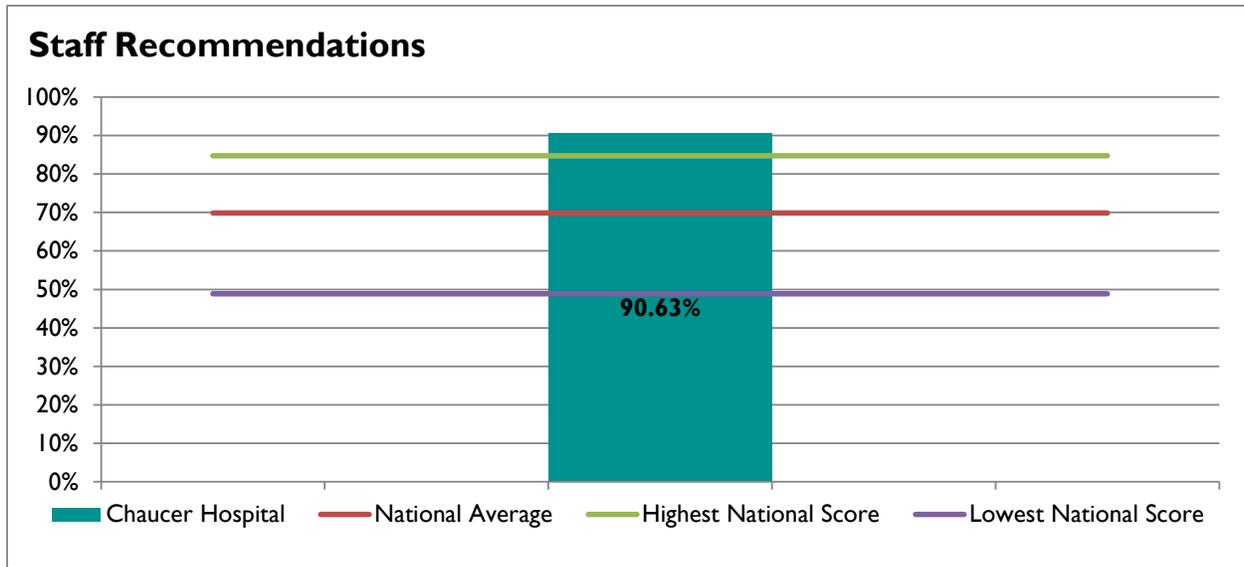
Re-Admissions within 28 Days of Discharge (Paedatric and Adult)



The Chaucer Hospital does not undertake surgery on patients under the age of 18 years.

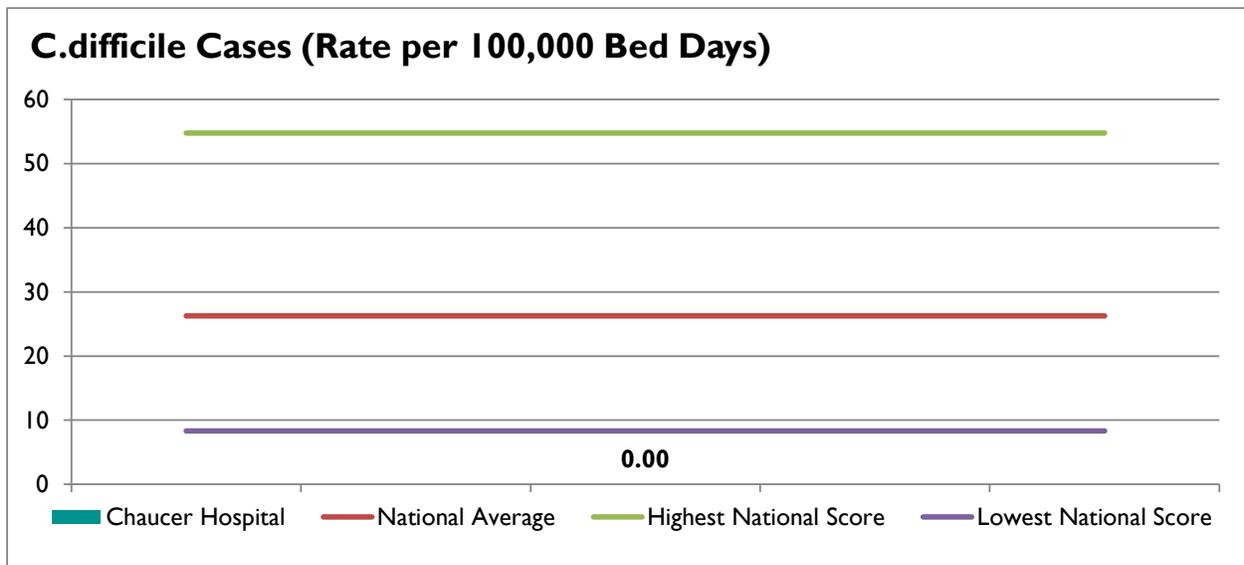
The common reason for readmission for this period has been due to retention of urine or pain control. The results indicate that The Chaucer Hospital is well below the national average for this metric. Investigation following readmissions has indicated no requirement to change processes at this time

Staff Recommendation Results

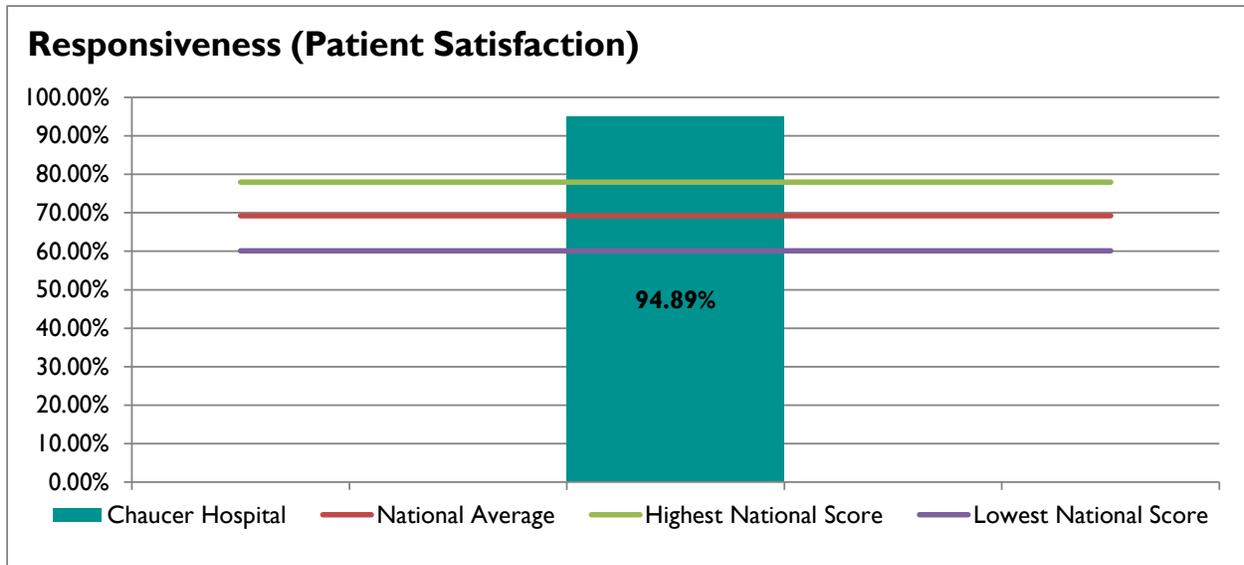


Staff at The Chaucer Hospital would highly recommend the hospital to friends and family if they needed care and treatment. This remains consistent with previous years.

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



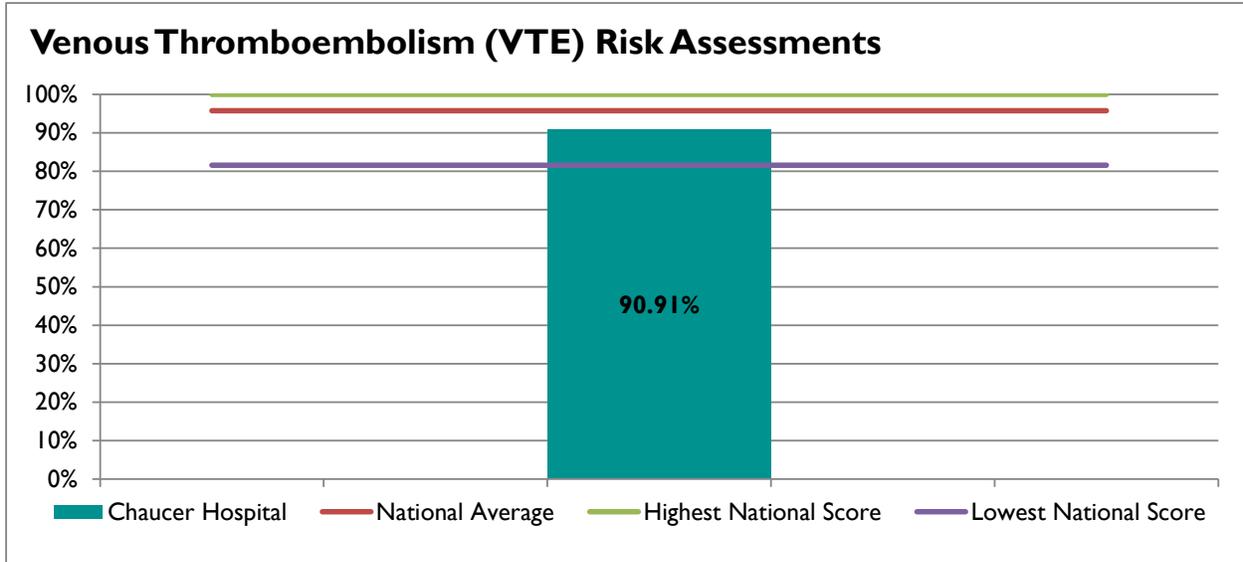
Hospitals responsiveness to the personal needs of its patients



The Chaucer Hospital is consistently working to improve what is currently a good percentage score and it is hoped at the same time next year the actions taken will have been recognised. This metric has improved 0.5% compared to last year

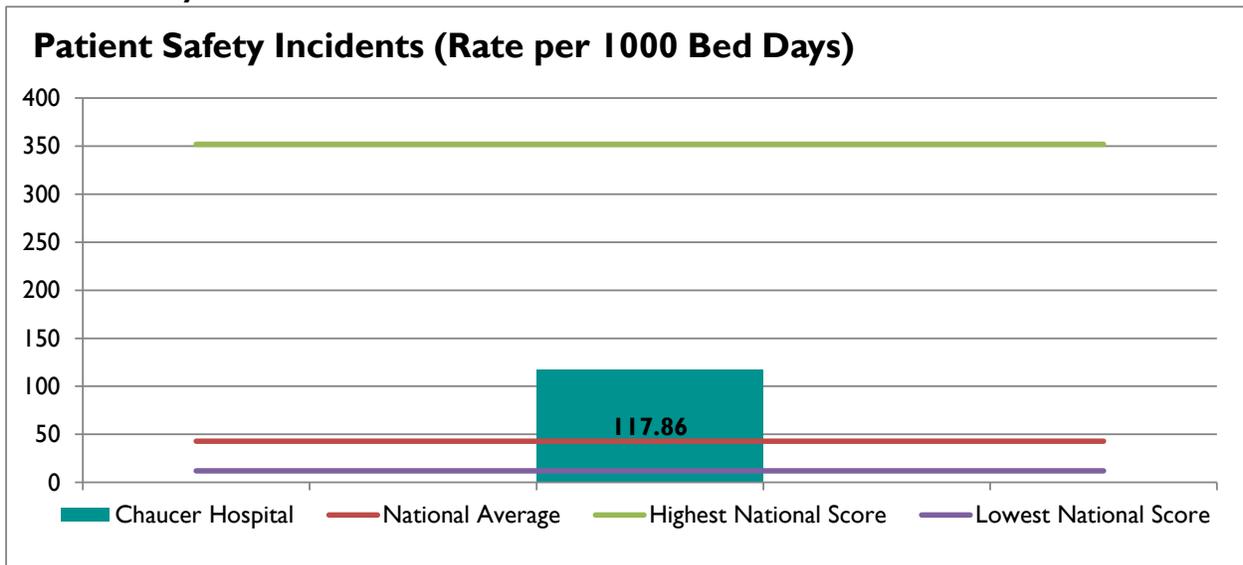
The percentage of patients who were admitted to hospital and who were risk assessed for VTE (Venous Thromboembolism).

The Chaucer Hospital sees 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 100% patients are assessed with an accuracy of audit requirements such as prophylaxis used, signatures and review periods of 91%.



The VTE Link Nurse is striving hard to educate and monitor VTE compliance to ensure improvements are made with the actions indicated in the risk assessment not just the completion.

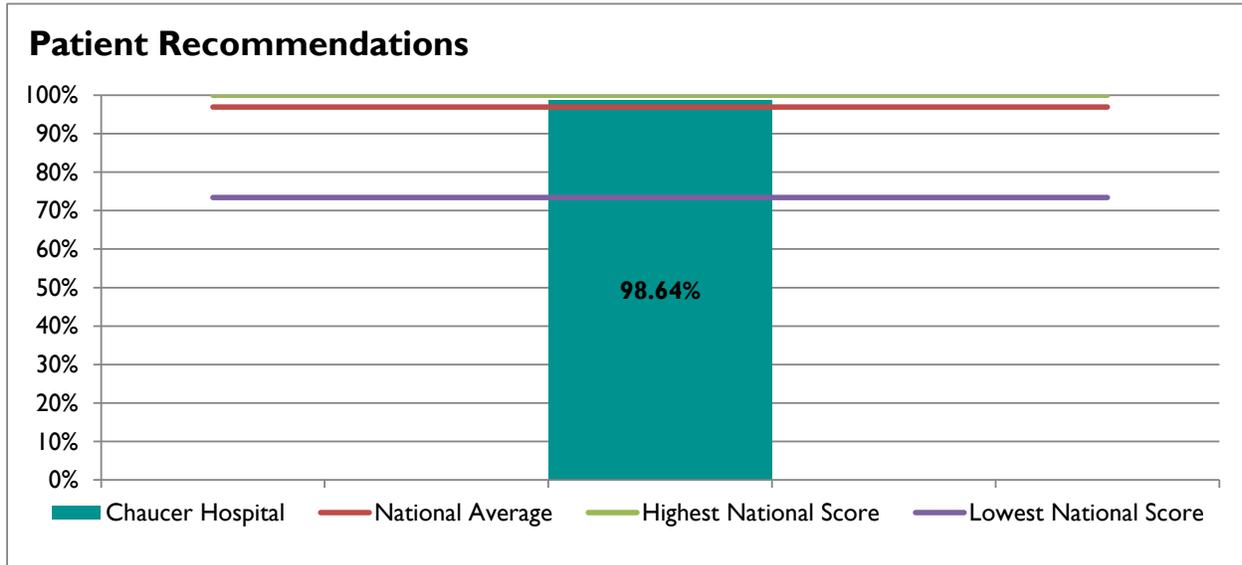
Patient Safety Incidents



The Chaucer Hospital considers that this data is as described due to the proactive reporting culture demonstrated by all staff and Consultants working in the hospital. The rate is significantly higher than previous years due to the open and non-judgmental systems in place which encourage all staff to feel comfortable with reporting any incident or near miss.

Further Quality Indicators

Patient Recommendation Results



The Chaucer Hospital is continuously striving to improve on the patient recommendation results. The staff analyse the reasons given when patients state they would not recommend The Chaucer Hospital. These have ranged from dissatisfaction with waiting times, costs, nursing care and discharge support.

The results for this year have significantly improved since last year by 3% and there is still room for improvement which is why The Chaucer Hospital has recently rolled out Customer Service training for all new and existing staff.