

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 Chelsfield Park Hospital, situated in Chelsfield Village on the outskirts of Orpington is part of the BMI Healthcare group of hospitals. The hospital has 36 beds and provides a range of elective services across most general specialties, with the exclusion of Psychiatry and Maternity services.

The hospital has two wards, including a 2 Extended Recovery beds, 2 Main Operating Theatres and a Recovery Unit, a Minor Procedures Theatre, 7 Consulting Rooms, a minor procedure room in outpatients, Assisted Conception Unit, Imaging Department, mobile MRI, Oncology Suite, Pharmacy Department and a Physiotherapy Department. The hospital does not have an Intensive Therapy Unit, therefore, specialties are limited and patients are screened to ensure that a need for HDU and ITU are not anticipated. The hospital has a two bedded extended recovery unit. Housekeeping services are managed by in-house service and Catering services are out sourced to a third party.

The hospital provides specialist services in Bariatric Surgery and received accreditation from the International Federation for the Surgery of Obesity and Metabolic Disorders [IFSO] as a Bariatric Surgery Centre of Excellence. This service is supported by a specialist multi-disciplinary team. The major cases for Bariatric are managed at another BMI site.

The hospital has HFEA accredited for Assisted Conception which is clinician led and supported by specialist nurses and embryologists.

The hospital also admits children from the age of 3 years old for minor elective surgical procedures as day case or one overnight stay. Paediatric nursing care is provided by Registered Children's Nurses.

Other Specialist Nurses support Oncology and Breast Care services within the hospital. We achieved our Macmillian Accreditation Mark in November 2016.

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

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

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

The Care Quality Commission (CQC) carried out an announced inspection on 12th and 13th July 2016 and found the hospital to have achieved an overall rating of good with requires improvement, for “Are Services Safe” section.

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

Chelsfield Park Hospital has an action plan to address the areas requiring improvement.

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 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

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

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



An Infection Prevention & Control Audit Programme is in place to ensure that all hospital areas are audited and assessed for compliance against Infection Prevention & Control, best practice standards. The Director of Clinical Services acts as the Director of Infection Prevention & Control (DIPC) Supported by the national Infection Prevention and control lead for BMI.

Care Bundle Audits are undertaken periodically as per the audit requirements.

- Insertion and Ongoing Care of Central Venous Catheters
- Insertion and Ongoing Care of Peripheral Venous Cannula
- Insertion and Ongoing Care of Indwelling Urinary Catheters
- Intra-Operative / Surgical Site
- Clostridium Difficile

The initial audits identified good overall compliance to best practice standards and actions were planned and implemented to ensure full compliance was achieved. Audits for 2015/2016 have demonstrated 100% completeness with all standards relating to the above high impact interventions and any actions have been addressed.

An infection prevention & control audit programme is in place to ensure that all hospital areas are inspected and assessed against Infection Prevention & Control best practice standards via our corporate policy and audit programme, which the DIPC oversees.

Quality Improvement Tools for hand hygiene are completed in all clinical areas annually. Hand hygiene audits are conducted monthly for every department and results reported at the HIPC Committee meetings quarterly.

In patient areas audit is completed for blood cultures, peripheral line & urinary catheter on-going High Impact Intervention care bundle audits monthly.

Oncology areas complete blood cultures, peripheral line insertion and on-going High impact Intervention/ care bundle audits monthly.

Theatre departments (including minor procedures) complete central line, peripheral line and urinary catheter insertion plus pre, intra & post-operative High Impact Intervention/ care bundle audits monthly.

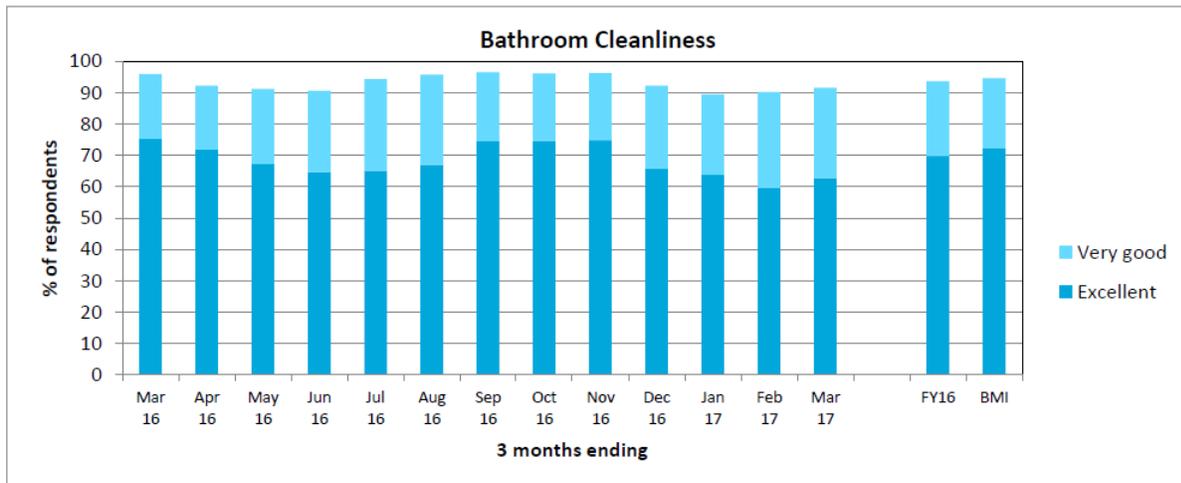
All audit results are easily available to clinical staff on the shared drive along with audit results reported at Infection Prevention & Control Committee together with the Governance Committee. Where gaps are identified action plans are developed to improve practice quarterly.

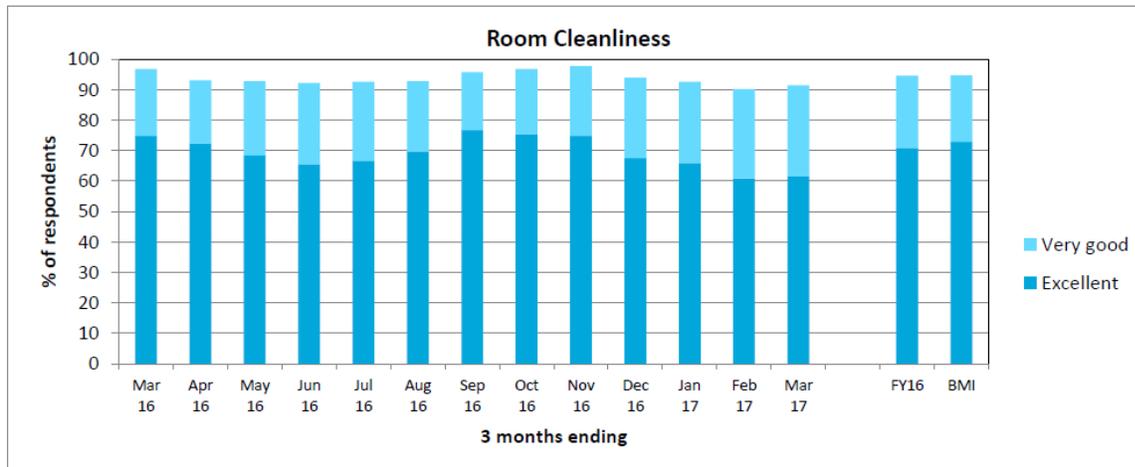
Quality Improvement Tools (QIT) are completed in all clinical areas and entered into the QIT web based audit tool annually and are completed by a link person in that area, and in the absence of a link person the Head of that Department.

Action plans are produced using the online corporate Audit Calendar programme and where results are inadequate repeat audits / action plans and closing the loop for improvement are conducted.

Hand Hygiene and management of sharps along with aseptic non touch technique is covered in mandatory training. Ad hoc training is supported by BMI product suppliers.

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)

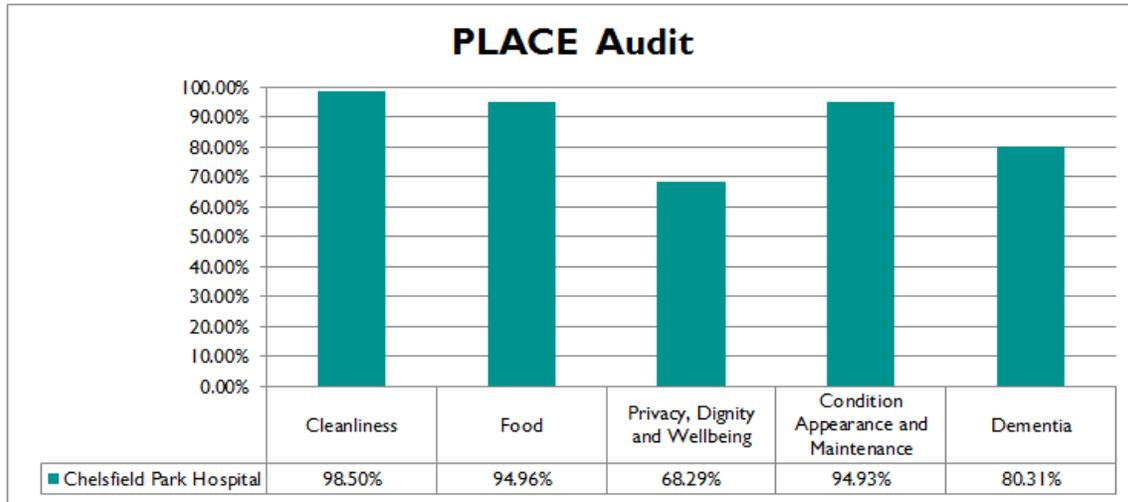
At BMI Healthcare, we believe a patient should be cared for with compassion and dignity in a clean, safe environment. Where standards fall short, they should be able to draw it to the attention of managers and hold the service to account. PLACE assessments will provide motivation for improvement by providing 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 in how the environment supports patient’s privacy and dignity, food, cleanliness and general building maintenance. PLACE t focuses entirely on the care environment and does not cover clinical care provision.

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

Hospital	Cleanliness	Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia
Chelsfield Park Hospital	98.50%	94.96%	68.29%	94.93%	80.31%



We continue to support our training regarding managing dementia patients. This is undertaken through the company BMI Learn programme and also through external information, linked to national guidance. We also plan to identify a Dementia patient room within our ward area in 2017.

We have on going work to improve our refurbishments of the hospital. The ward areas underwent minor refurbishment in 2016 with both new flooring and areas have been painted.

We continue to outsource our catering needs to Compass and we continue to give regular feedback to the provider and also monitor and assess this through our Quality Health questionnaire.

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.

The Care Quality Commission commented favorably in their Inspection report on the hospitals implementation of Duty of Candour and stated “Staff interviewed were fully aware of the duty of candour regulation” (to be honest and open) This is discussed regularly within our Clinical Governance meetings.

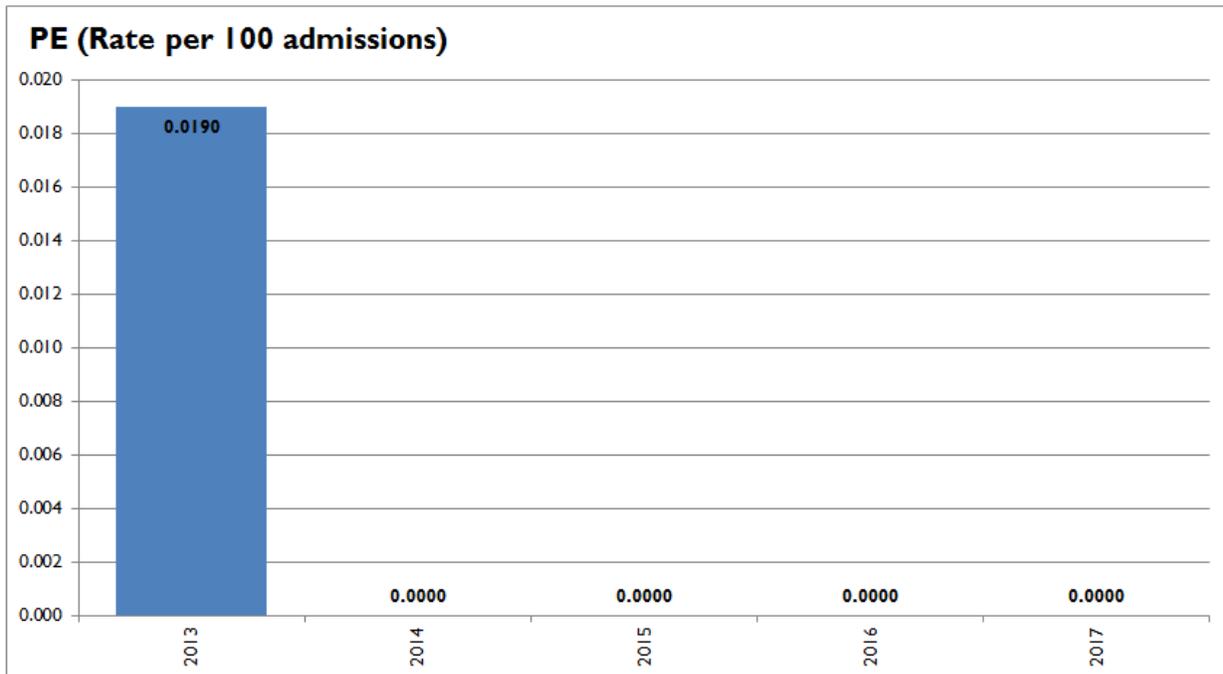
Duty of Candour Incidents	
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Venous Thrombo-embolism (VTE)

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

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

VTE Percentage	
VTE	99.91%



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

We celebrated Venous Thromboembolism day by encouraging staff to complete questionnaires and raising the profile of this important preventive disease.

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 incident reporting and investigation processes to make sure that we are truly learning from them and using these lessons to make our organization 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 organisations risk 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 Chelsfield Park Hospital. Looking at our graphs, we are showing considerably more positive results than that of the national average.

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:-

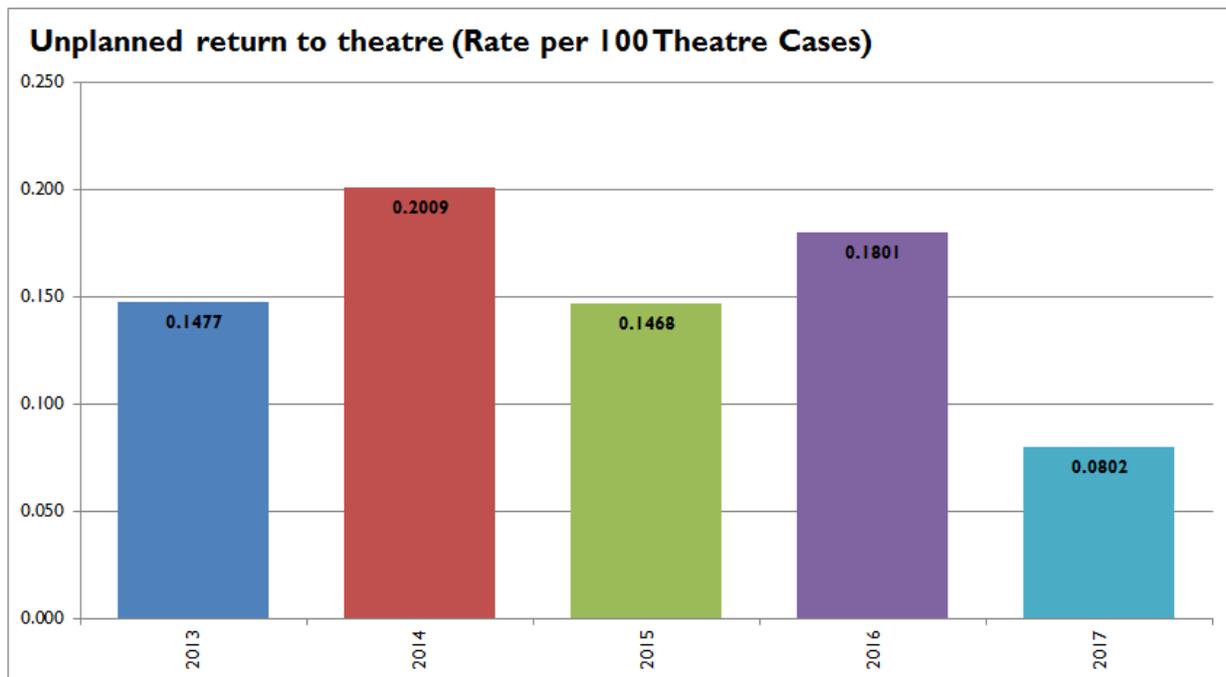
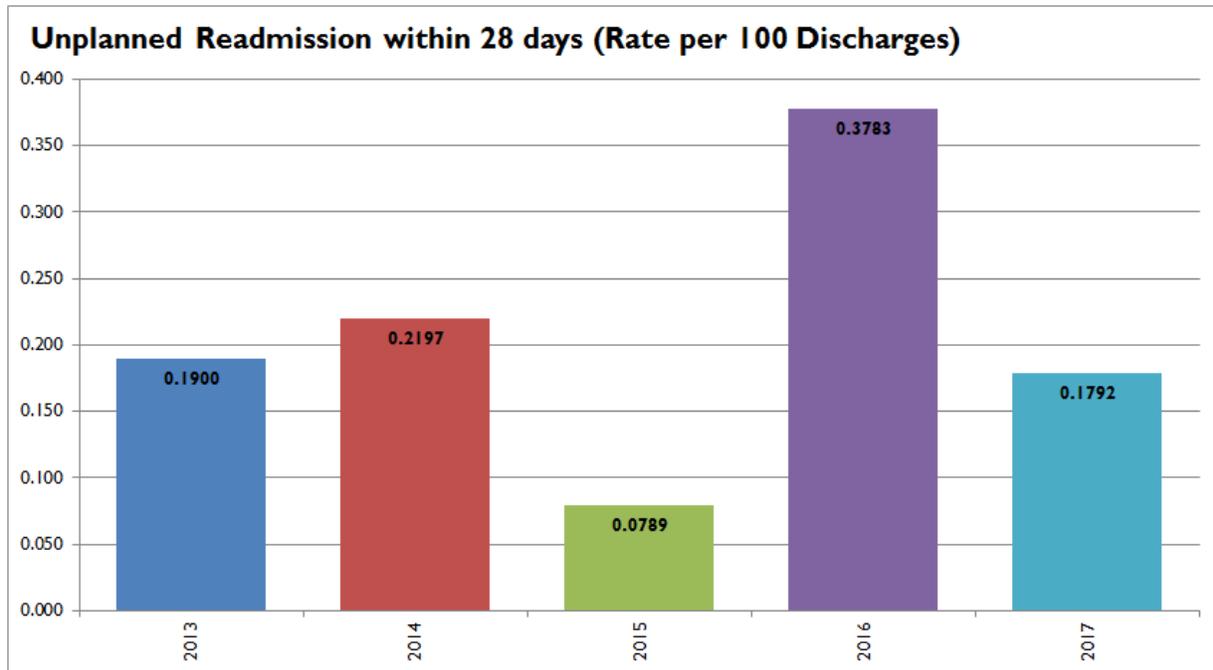
1. All Patients are on a pathway of care
 - a. *Following best practice models of evidenced based care*
 - b. *Reduced length of stay*
2. Patient Preparation
 - a. *Pre Admission assessment undertaken*
 - b. *Group Education sessions*
 - c. *Optimizing the patient prior to admission – i.e HB optimisation, 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*

BMI Chelsfield Park Hospital has a multi-disciplinary team which reviews progress and implementation of clinical pathways. During 2016/2017 average length of stay for patients undergoing Total Hip Replacements is 3.2 days and Total Knee Replacements 3.3 days.

The success of ERP has mainly been due to a focus on patient assessment, education and active participation from pre-admission to discharge. The Physiotherapy team holds a regular “Joint School” for patients undergoing Hip/Knee procedures to ensure the patient is ready for surgery and post-operative recovery.

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.



BMI Chelsfield Park Hospital's rate for unplanned readmissions within 28 days of surgery is 0.1792 per 100 discharges and return to theatre is 0.0802 per 100 theatre cases. These rates compare favorably to overall BMI Healthcare rates and those of NHS hospitals.

We monitor the readmissions and unplanned returns to theatre through our robust clinical governance tool and discuss this at our Governance Committee meeting,

Any issue that varies from a standard patient pathway is recorded on the hospital incident reporting system. This is then discussed at the relevant Governance meetings including Medical Advisory Committee

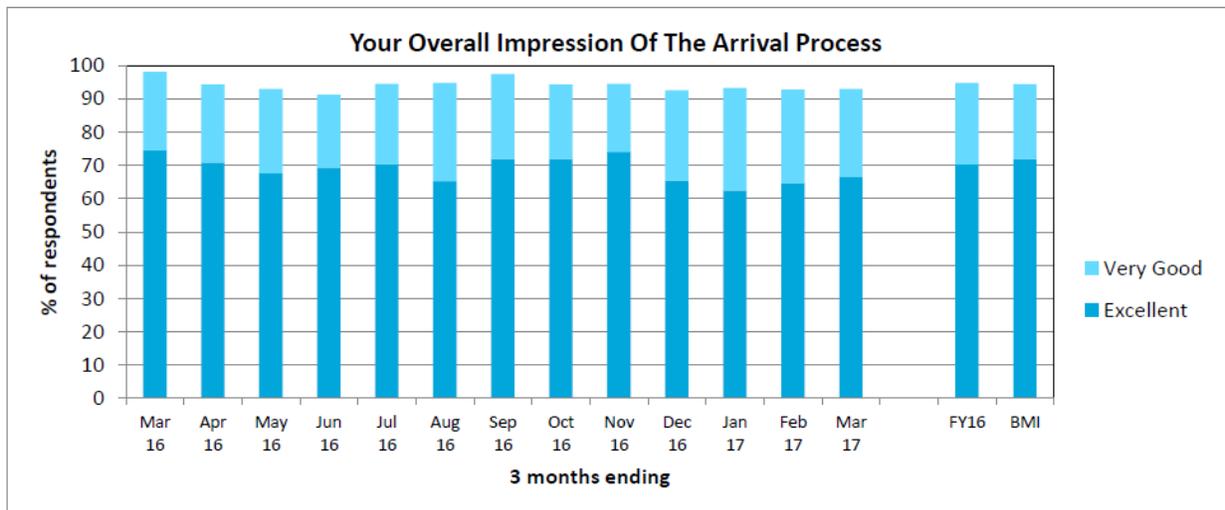
Shared learning with all the Clinical teams to ensure good communication of incidents and identification of the actions required/taken to embed a full loop closure.

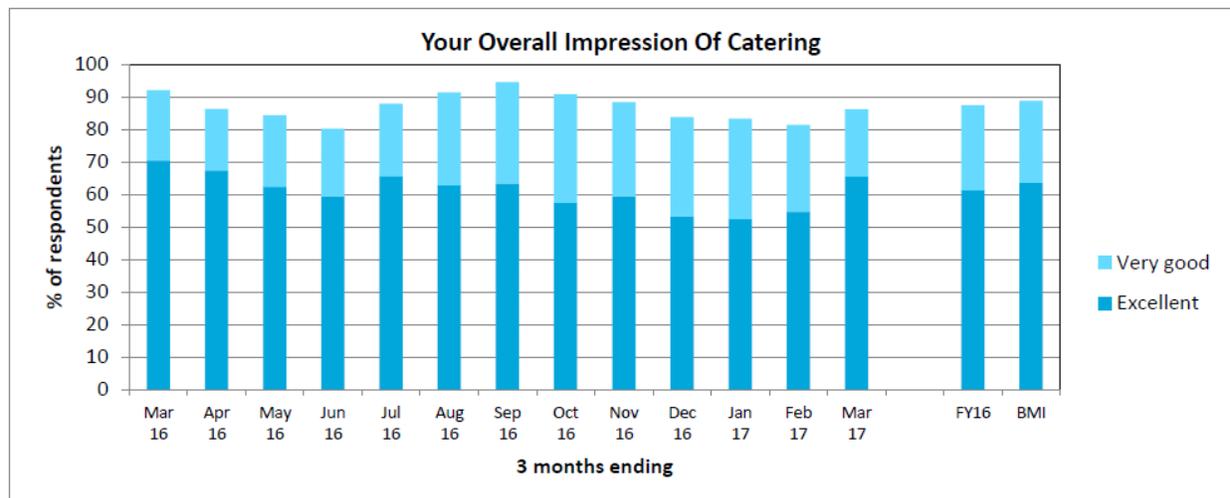
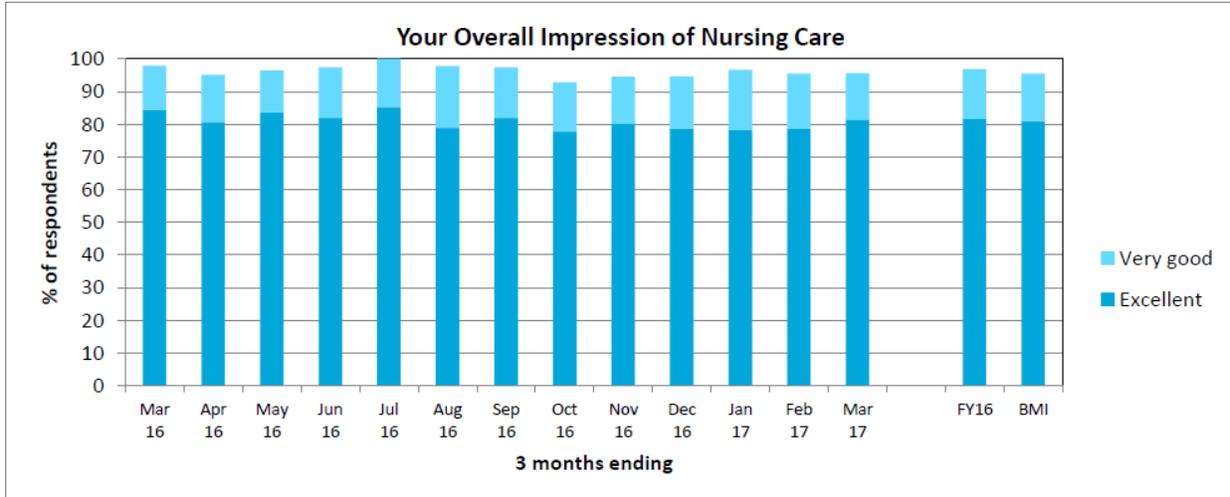
Patient Experience

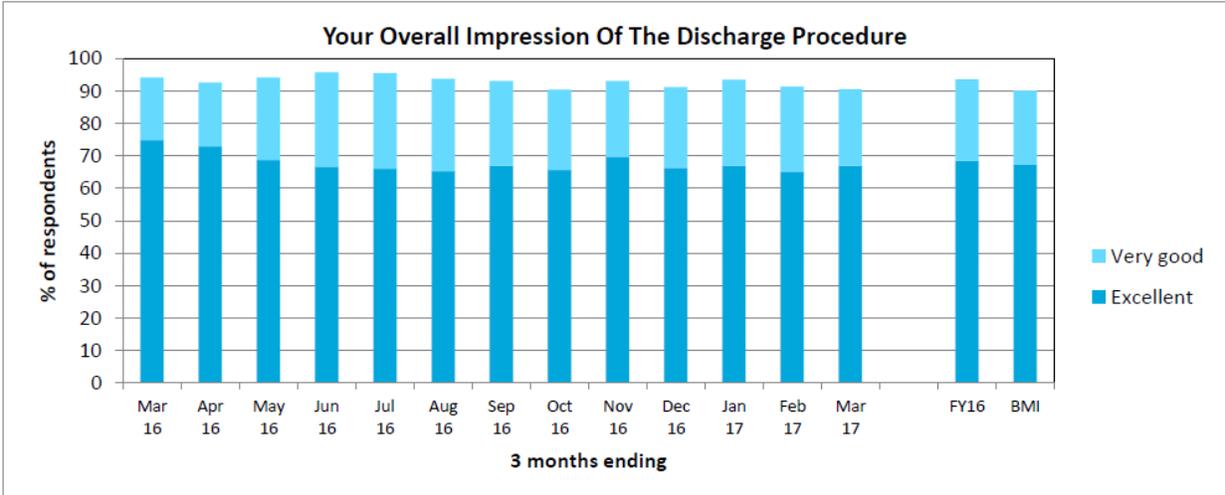
Patient Satisfaction

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.

At Chelsfield Park Hospital we hold regular meetings to discuss our results. This includes daily communication between the teams, our Medical Advisory Committee and Patient Satisfaction Meetings which is represented by each department. Actions plans are shared with the representatives and improvements made where necessary. Positive comments are shared with individuals.





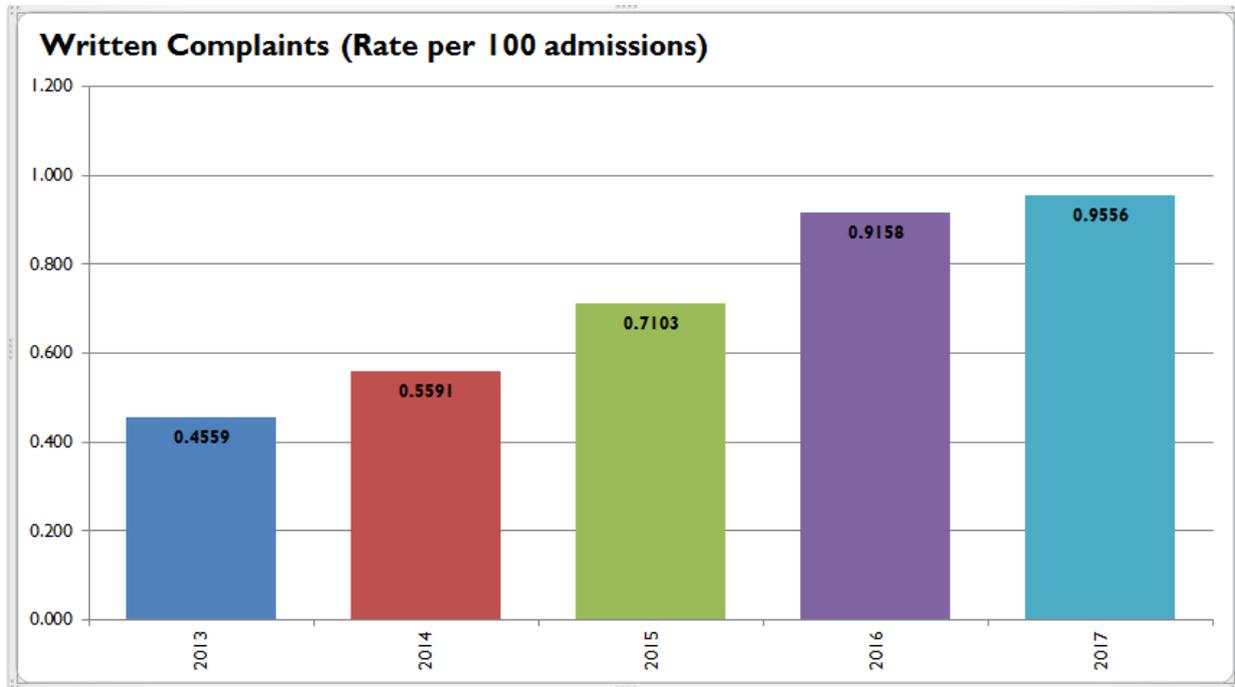


Complaints

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

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

During 2016/2017 BMI Chelsfield Park Hospital received 0.9556 written complaints per 100 admissions. Complaint trends are summarised in the table below.



Complaints involving staff and consultants are addressed directly with them in order to provide a full response to issues raised by patients. The highest number of complaints related to elements of finance costs; however no specific departments were highlighted through trend analysis. Complaints are fully investigated and shared learning with the teams concerned is undertaken.

CQUINS

No CQUINS were provided by the South London CCG for the year 2016/17. However we have maintained our safer Surgery data and continued with the focus of VTE and health promotion related to cessation of smoking

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)

We continue to be focused on the safeguarding of our patients within Chelsfield Park. We have a very robust reporting system where staff report where they have concerns. We have had a couple of safeguarding incidents that have been reported and followed through with the appropriate authorities. Both the Director of Clinical Services and the Paediatric Lead Nurse attend the local authority board meetings.

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

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Antimicrobial Stewardship

Antimicrobial guidelines are in use across the hospital which details the medication to be used in clinical situations. Audit has illustrated 100% 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.

National Clinical Audits

We use the BMI Healthcare mandatory audits matrix which is completed on a monthly basis with actions plans to complete where a shortfall occurs. These are then reported to our Clinical Governance Committee and discussed.

<http://www.njrcentre.org.uk/njrcentre/Healthcareproviders/Accessingthedata/StatsOnline/NJRStatsOnline/tabid/179/Default.aspx>

BMI Chelsfield Park Hospital continues to participate in National Joint Registry audit and data from all joint replacements are submitted.

Priorities for Service Development and Improvement

- Static MRI Scanner
- Conversion to Liquid Oxygen for the hospital
- Air handling replacement in theatre over the next 2 years
- Requirement for additional consulting room space

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.

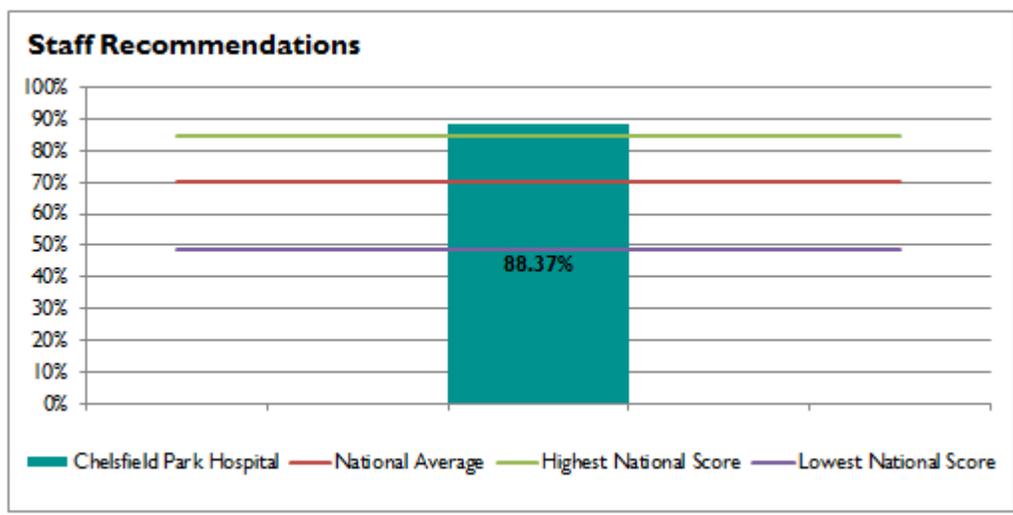
Re-Admissions within 28 Days of Discharge (Paediatric and Adult)



We have at present an increase of patients that convert from day case to inpatient. There are a variety of reasons why this is happening. Consultants operating on an evening list with specialities that require certain criteria for discharge. Patients are not discharged home until they have met the discharge criteria therefore requiring an overnight stay to ensure a safe discharge.

We have also been looking at our nil by mouth starving times and ensuring that we keep our patients are hydrated and work within the national guidelines for fluids. We also ensure our theatre lists follow the BMI Policy to ensure that theatres finish at the correct time to comply with safety for both patients and staff.

Staff Recommendation Results

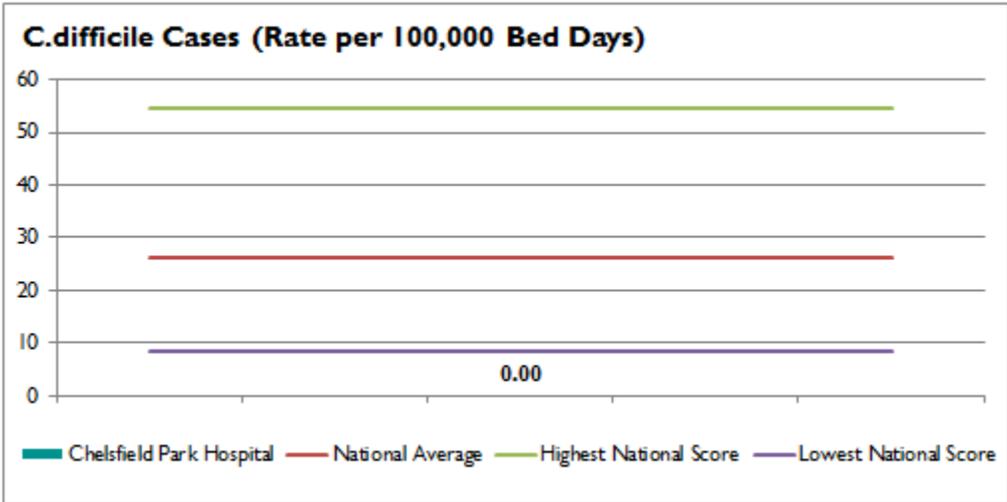


The Chelsfield Park Hospital considers that this data is as described for the following reasons. The hospital undertook a Staff Survey during 2014/15 and 88.37% would recommend the hospital as a positive environment to work within.

Following the survey, as a management team, we have reviewed the findings and an action plan was assembled to increase this percentage; includes the following:

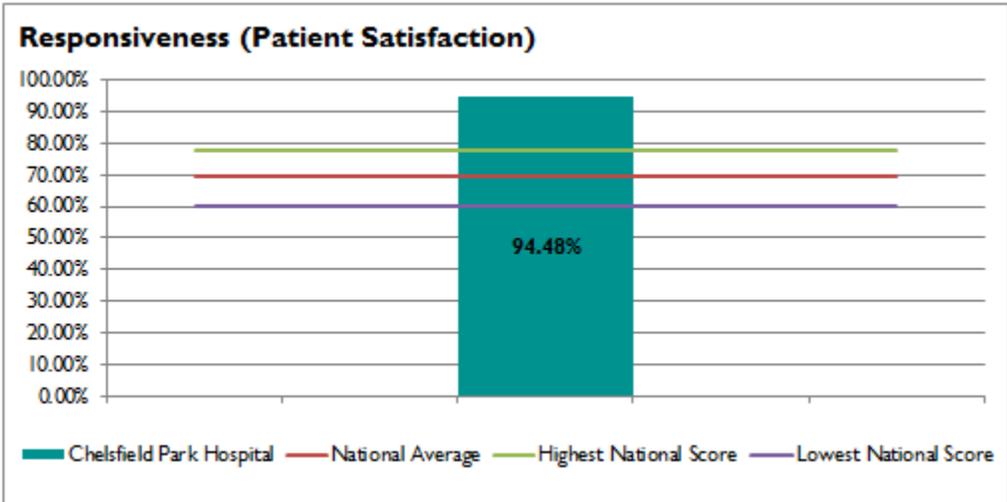
- Open door policy for Executive Director/Director of Clinical Services/Operations Manager
- Implemented a daily “Comms Cell” meeting with representatives from all departments attending, and then feeding back to their own departments, therefore increasing the knowledge in all departments what is occurring around the hospital
- Implemented a monthly staff forum for all staff to attend with the Executive Director to be updated on company/hospital strategy
- A staff suggestion box has been implemented in the dining room for all to suggest positive improvements, implemented suggestions receive a gift
- All staff receives a birthday card and free lunch from the Executive Director
- Monthly themed events, e.g – “give it up” team gives up a food type for the whole month and if we fail we put a donation into a pot that then goes to a charity at the end of the year. Last year’s money was donated to a local breast charity - The Chartwell Trust.

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



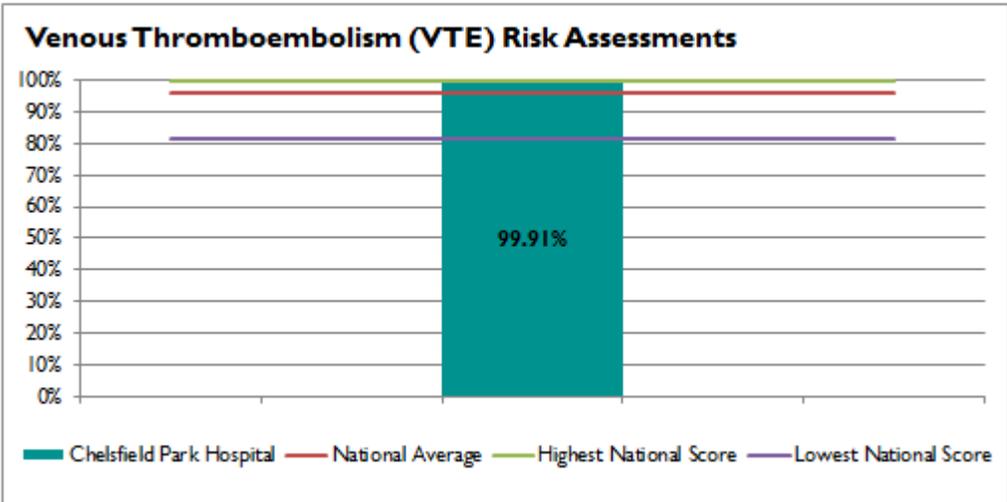
At Chelsfield Park Hospital we are delighted that our C.difficile rates are zero. We try and screen our pre assessment patients to ensure that we can ensure that we do not admit any infected cases to the hospital and we monitor our transfer of patients entering the hospital to ensure our rates remain minimal.

Hospitals responsiveness to the personal needs of its patients



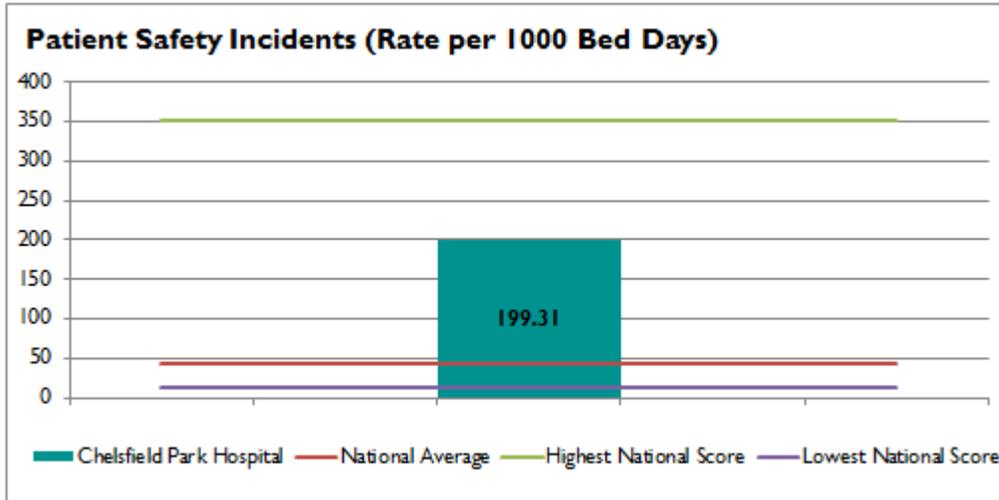
At Chelsfield Park Hospital we regularly monitor and discuss our patient satisfaction results and share any findings with our teams. We have seen a slight improvement from the previous year and strive to continue to ensure we provide an excellent service for our patients.

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



We monitor and audit our medical notes for VTE. We ensure that all new staff are aware of the requirement of completing the risk assessments. On the ward we have a designated VTE Champion who leads and shares both clinical knowledge and expertise surrounding VTE. It is also supported by Pharmacy.

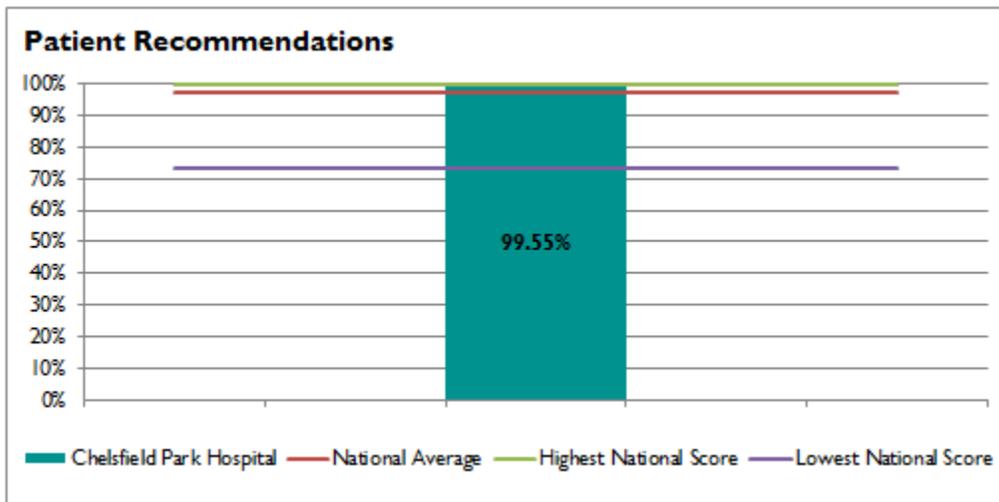
Patient Safety Incidents



We continue to be proactive in regards to patient safety incident reporting and regular monitor any trends that may occur. We are pleased to encourage a culture of transparency with our staff and this is reflected in our results. We will continue to focus our efforts to promote patient safety throughout the hospital.

Further Quality Indicators

Patient Recommendation Results



We are delighted that 99.55% of our patients would recommend our services and continue to meet our patients' expectations through our patient satisfaction monitoring.

BMI HEALTHCARE: CHELSFIELD PARK HOSPITAL
2016/17 QUALITY ACCOUNTS
BROMLEY CLINICAL COMMISSIONING GROUP COMMENTS

As of April 2017 Bromley Clinical Commissioning Group have taken in the role of Co-ordinating Commissioner for 4 of BMI's facilities in South London with support from North East London Clinical Support Unit (NELCSU). We therefore welcome the opportunity to review and comment on the BMI Quality Accounts for Chelsfield Park Hospital for 2016/17.

We note that BMI Chelsfield Park Hospital received an overall rating of 'Good' at the Care Quality Commission Inspection in July 2016, however, there were some key action points required around the safety of services which the organisation has taken significant steps to address. Bromley CCG is also pleased to note that BMI has installed a new Risk Management system throughout all BMI facilities that will enable managers to identify themes and trends and monitor quality across the organisation.

Bromley CCG look forward to working closely with BMI Chelsfield Park Hospital to understand areas of good practice and to identify any quality challenges, in addition to reviewing the outcomes from BMI's participation in the Sign Up to Safety Campaign the Safer Surgery Commitment and the Enhanced Recovery Programme.