

## Group Chief Executive's Statement

I am pleased to welcome you to our Quality Accounts 2016.

Our 2016 Quality Accounts provide a transparent picture of BMI Healthcare's performance over the period covered and present the outcomes of objective metrics on the quality status of our 59 hospitals and clinics.

Across BMI Healthcare, we have adopted a systems-based approach to the management of clinical risk with the focus being on establishing effective systems, processes and controls across the business, rather than focusing on the acts or omissions of individual employees. Our goal is to establish a managerial culture which promotes proactive consideration of clinical risks, so that appropriate mechanisms and strategies are put in place to control and minimise future risk.

A comprehensive clinical governance framework exists across BMI Healthcare to ensure patient safety. As part of the framework, every effort has been made to ensure strategies are in place to look both prospectively and retrospectively across the organisation. This means that our focus is on both preventing risk and identifying clinical outcome trends across the business, as well as ensuring appropriate controls are in place at all levels.

Because of the inherent risks associated with being a patient in a healthcare system and our continued and consistent focus on patient safety, a key part of our plan is to ensure that every effort is made to reduce the likelihood and consequence of an adverse event or outcome associated with the treatment of a patient in our hospital. No healthcare provider can afford to be complacent and whilst I believe BMI Healthcare's hospitals provide safe and effective care, we are always striving for improvement. And indeed, our internal audit processes continue to identify areas for ongoing improvement and investment. During the last year, we have also seen the onset of the new Care Quality Commission (CQC) inspection regime and a number of our hospitals have now been through the new process, with a steady flow of inspections expected over the next 12 months.

BMI Healthcare's brand promise is to be "serious about health, passionate about care". Its four core themes – safety, clinical effectiveness, patient experience and quality assurance – provide our staff with the platform to consistently deliver the care that patients, their insurers and commissioners expect and deserve. We continue seek new ways to enhance engagement with our Consultants and Allied Health Professionals, as well as our own staff, around important clinical governance topics like the focus on Duty of Candour. During the year we held a workshop for our medical leaders at our National Medical Advisory Conference for the Chairs of our hospital Medical Advisory Committees and provided updated policies and guidance for our staff. We regularly communicate with our staff and Consultants the importance of using the recognised procedures such as the World Health Organisation 'Safer Surgery Checklist' and we are clear that patient safety remains our top priority. As a learning organisation, we make sure that learning from incidents and a culture where it is safe to speak up are cultivated and nurtured by our leaders.

We are shortly to introduce Patient Recorded Outcome Measures ('PROMs') for all our private patients, as well as those outcomes we already capture for our NHS patients. The new national Private Healthcare Information Network (PHIN) website, which will launched shortly will also enable patients to make informed choices about their Consultants and care, through a comprehensive website covering the most popular private procedures and their outcomes.

BMI Healthcare strives to provide superior patient care, but ultimately our patients are the best judge of their care and treatment. We are committed to monitoring every aspect of the care we provide, and we invest significantly in obtaining patient feedback on all aspects of their stay with us. We also measure national survey information such as the 'Friends and Family' test and use all patient feedback to guide our investment plans, the treatments we offer and the all-round high quality patient experience we aspire to give. Even with relatively high scores, we strive to improve, and in the most recent figures at the end of 2015, patient satisfaction with overall quality of care had risen to 98.1%, with some of our hospitals scoring 100%.

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.

Finally I would like to thank all the staff whose dedication to caring for our patients and commitment to improvement are recognised here and in the positive experiences of the patients we serve every day.



**Jill Watts, Group Chief Executive**

## Hospital Information



### **BMI The Harbour Hospital**

- We have 30 overnight beds & an onsite pharmacy.
- 100% of Friends and Family would recommend us.
- 3 Theatres including 2 with laminar flow.
- 9 Outpatient Consulting rooms & a fully refurbished outpatient treatment room.
- Radiology services on site, X-ray, Ultrasound, Digital mammography, MRI and CT scanners
- We have 149 Consultants with practicing privileges
- Number of patients treated in last Financial Year 4,405 plus 18,546 outpatient visits
- We have 100 Full-Time Equivalent (FTE) staff
- New refurbished Cancer Care Unit including 4 dedicated treatment pods
- Physiotherapy gym area including Alter G anti-gravity treadmill and Watt bike.

Description	Count
Anaesthesia	20
Cardiology	1
Ear, Nose & Throat	52
Gastroenterology	243
General Surgery	924
Geriatrics	5
Gynaecology	239
Haematology	116
Neurology	5
Obstetrics	1
Oncology	546
Ophthalmology	682
Oral Surgery	86
Orthopaedics	912
Physician	11
Plastic Surgeon	245
Radiology	1
Rheumatology	102
Urology	38

The total numbers of cases were 4229 making the NHS workload 29.5%

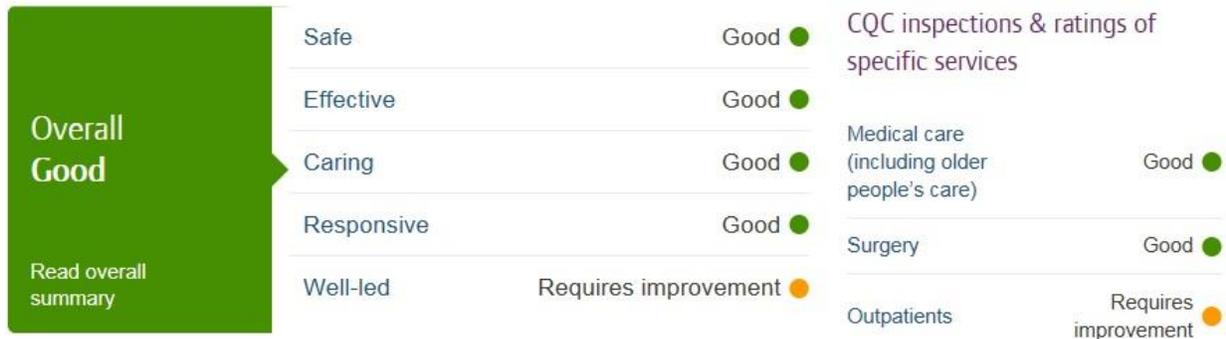
BMI Healthcare are registered as a provider with the Care Quality Commission (CQC) under the Health & Social Care Act 2008 as well with the Hospital Improvement Scotland (HIS) and Healthcare Inspectorate Wales (HIW) for our hospitals outside of England. BMI The Harbour Hospital is registered as a location 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 CQC carried out an unannounced inspection on 2<sup>nd</sup>-4<sup>th</sup> September 2015 and found Care and treatment followed best practice and evidence-based guidance across services.

## CQC Ratings Grid



The Harbour 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.

## 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 Harbour Hospital

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

Between April 2015 to March 2016, the hospital had: (found on “Infection Data & VTE” tab on “Quality Accounts – Other Indicators” sheet.

- 0.000/100,000 bed days
- 0.000 /100,000 bed days
- 0.000/ 100,000 bed days
  
- No cases of hospital apportioned Clostridium difficile in the last 12 months.
  
- SSI data is also submitted to Public Health England for Orthopaedic surgical procedures. Our rates of infection are;

0% Hips

0% Knees

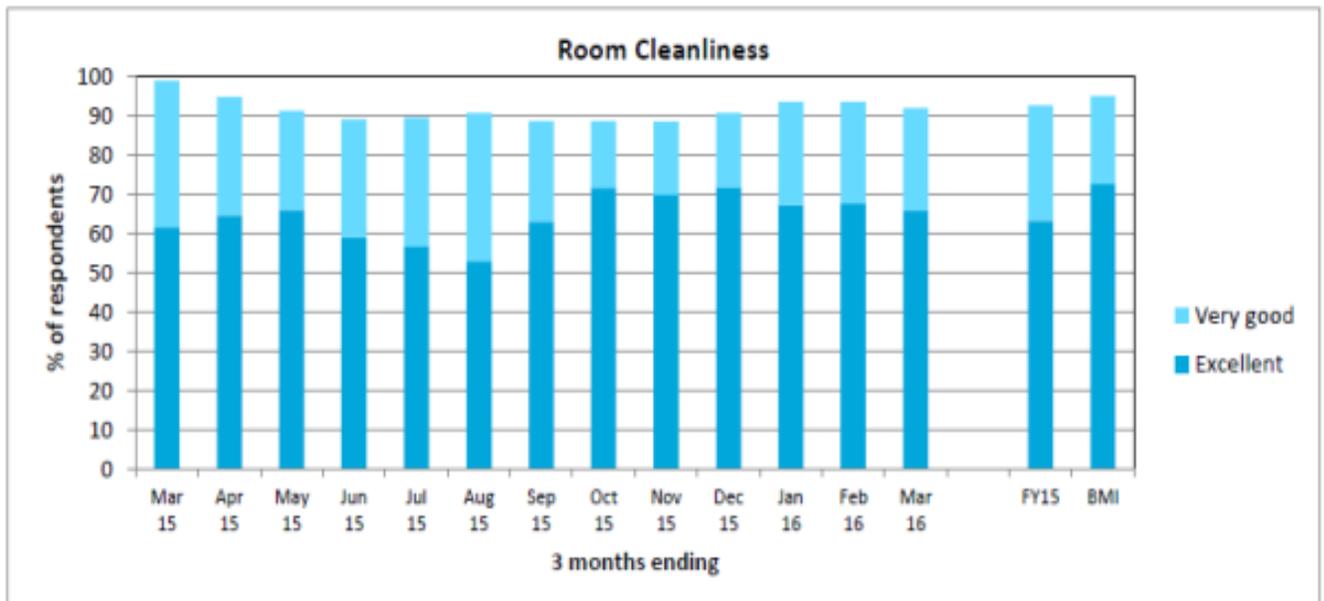


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At BMI The Harbour Hospital we have a comprehensive Infection Prevention and Control audit programme which involves both clinical and non-clinical staff. Audits include hand hygiene, the use of anti-microbials, environmental assessments and national Infection Prevention Society Quality Improvement Tools (IPSQIT). Participating in the IPSQIT programme enables BMI The Harbour Hospital to demonstrate an objective and transparent approach to both process and practice improvement. A selection of High Impact Intervention care bundles are currently in place at BMI The Harbour Hospital and monthly audit action plans are devised and discussed at Link Practitioner meetings. The Director of Infection Prevention and Control (DIPC) conducts a quarterly review of the annual Infection Prevention and Control plan supported by the IPC Lead.

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



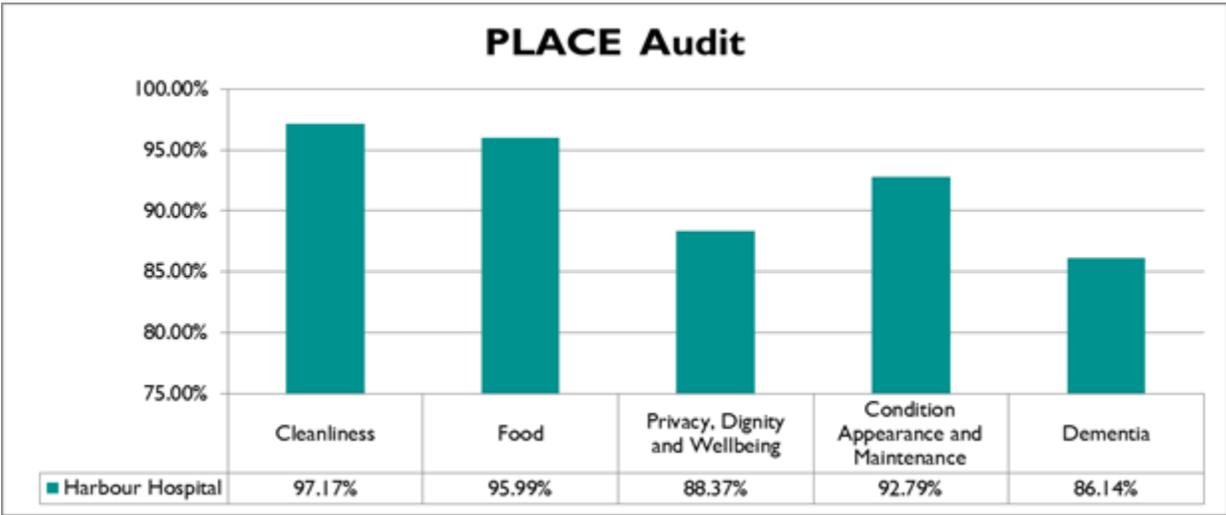
## Patient Led Assessment of the Care Environment (PLACE)

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.



## 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.

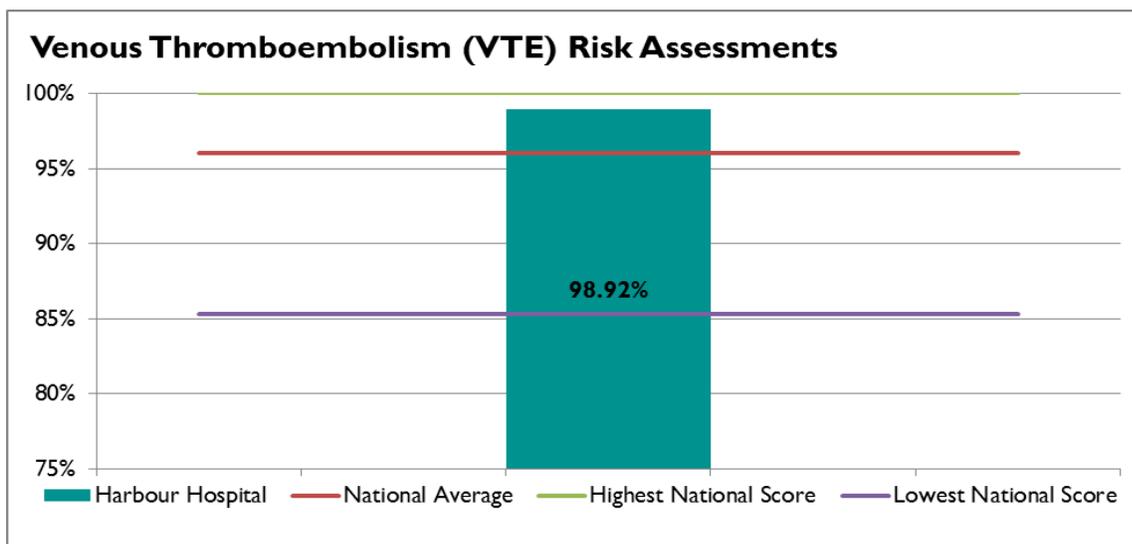
We are undertaking a targeted training programme for members of staff to ensure full understanding and implementation in relation to the Duty of Candour.

## Venous Thrombo-embolism (VTE)

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

The Harbour 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. .



## 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.



Sign up to  
SAFETY  
LISTEN LEARN ACT

## 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 The Harbour Hospital.

### Latest PROMS data available from HSCIC (Period: April 2014 – March 2015)



## 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.

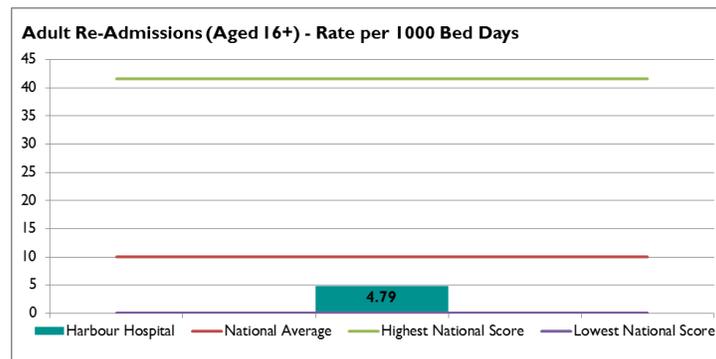
ERP is based on the following principles:-

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*
  - e.

In place for 3 years and proving to be very successful

## Unplanned Readmissions & Unplanned Returns to Theatre.

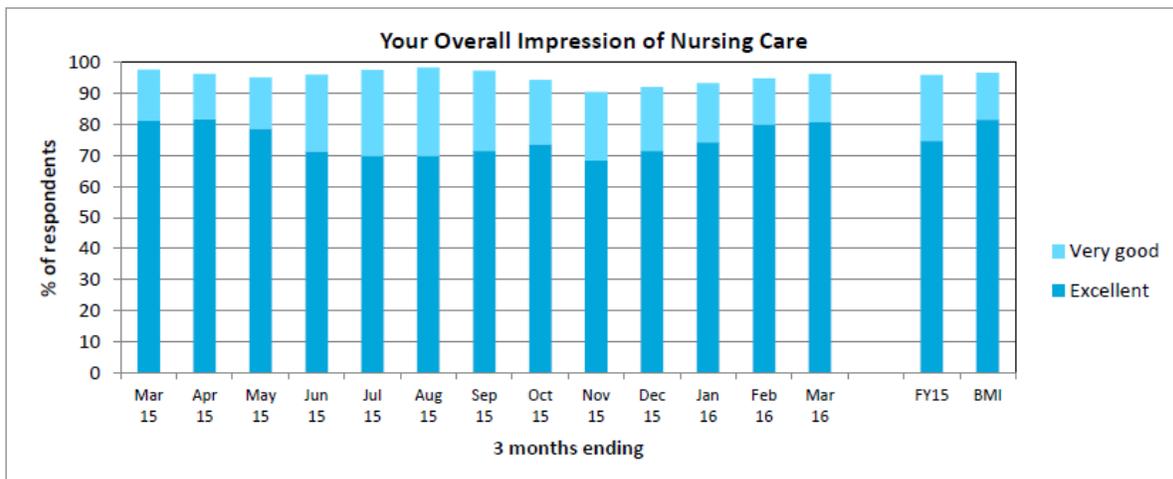
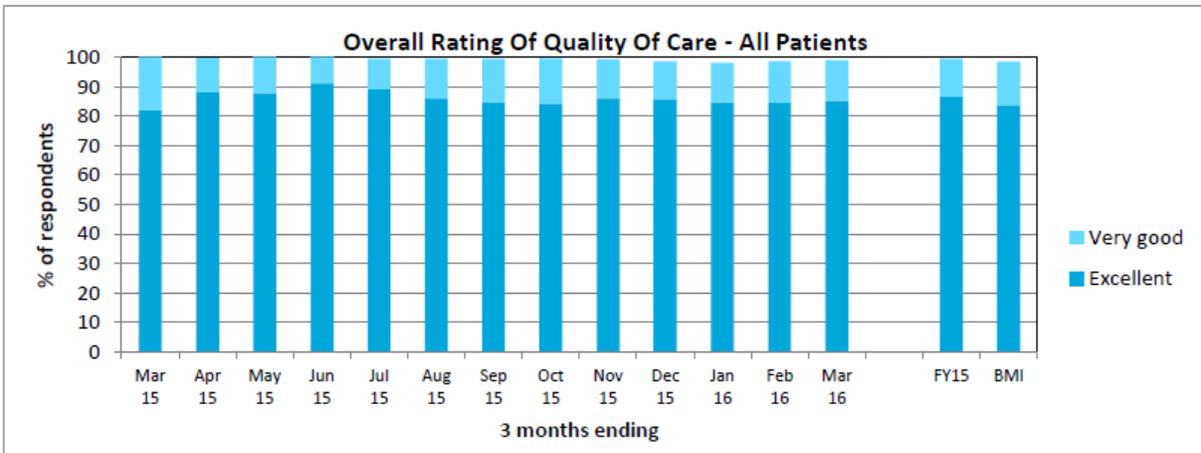
Unplanned readmissions and Unplanned Returns to Theatre are normally due to a clinical complication related to the original surgery.

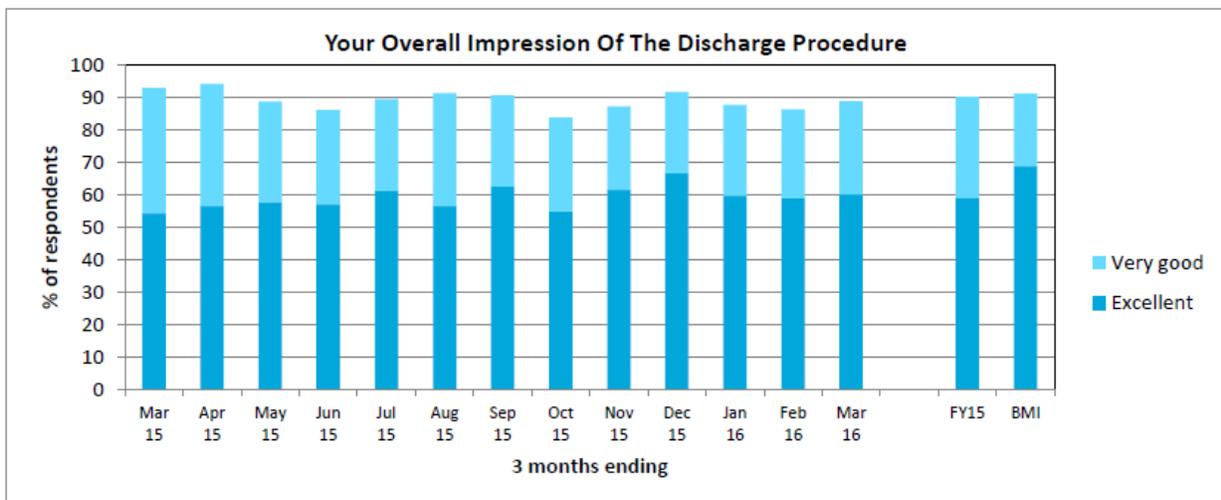
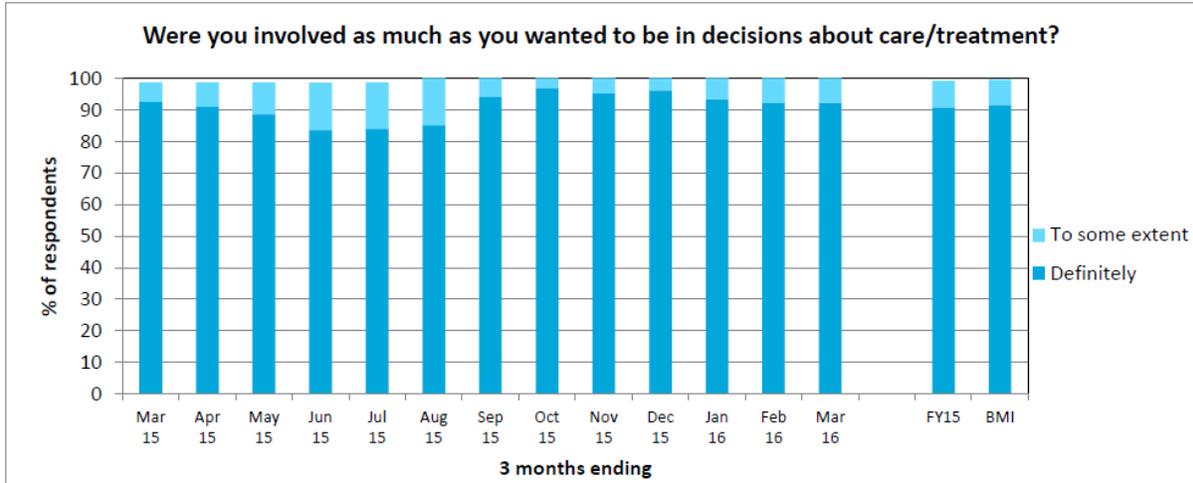


## Patient Experience

### 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.





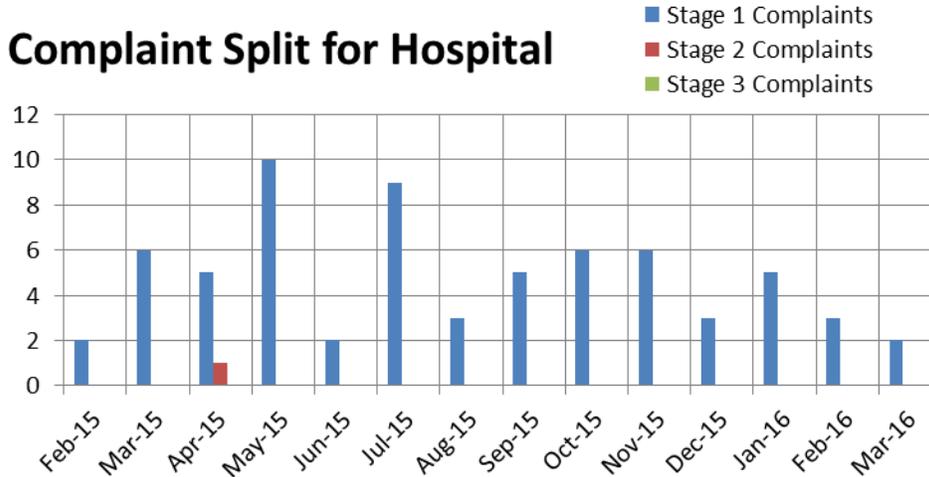
## Complaints

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



## CQUINS

CQUINS for 2015/6 were all achieved

- Friends and Family Test
- NHS Safety Thermometer
- Dementia
- VTE
- Care Bundle Audit - Catheters
- Post-surgical Remote Follow- up
- Health Promotion
- Care Bundle Audit – Peripheral Vascular Access Device
- Mobilisation of patients following hip or knee surgery

## National Clinical Audits

Medical Records	Medical Records Administrator or other applicable role	Monthly
WHO Checklist	Theatre Department	Monthly
VTE		Monthly
Theatres	Theatre Department	Monthly
IPC	Infection Prevention & Control Nurse/Lead	Monthly
Hand Hygiene	Infection Prevention & Control Nurse/Lead	Monthly
Resuscitation	Ward Departments	Quarterly
Consent	Ward Departments	Quarterly
Medicine Management	All applicable departments (excluding Pharmacy)	Quarterly
Controlled Drugs	All applicable departments (excluding Pharmacy)	Quarterly
Blood Transfusion	Pathology Department	Bi-Annually
Critical Care	Ward/Critical Care Departments	Bi-Annually
Falls	Ward Departments	Bi-Annually
Pain Management		Bi-Annually
Oncology	Oncology Department	Bi-Annually
Intrathecal	Oncology Department	Annually
Vertical PoCT	Pathology Department	Annually
Safeguarding	Hospitals Safeguarding Lead/Director of Nursing or Clinical Services	Annually
Same Sex Accommodation	Ward Departments	Annually
Physiotherapy	Physiotherapy Manager	Ad-hoc

Totals for this hospital	2015	Year to date: 2016
Total completed ops	197	67
Hip procedures	113	29
Knee procedures	79	37
Ankle procedures	0	0
Elbow procedures	0	0
Shoulder procedures	5	1
NJR consent rate	96%	98%

## Research

No NHS patients were recruited to take part in research.

## Priorities for Service Development and Improvement

Contained development of Oncology Services  
 Minor ops theatre  
 Ambulatory care Model  
 Education Strategy

## Quality Indicators

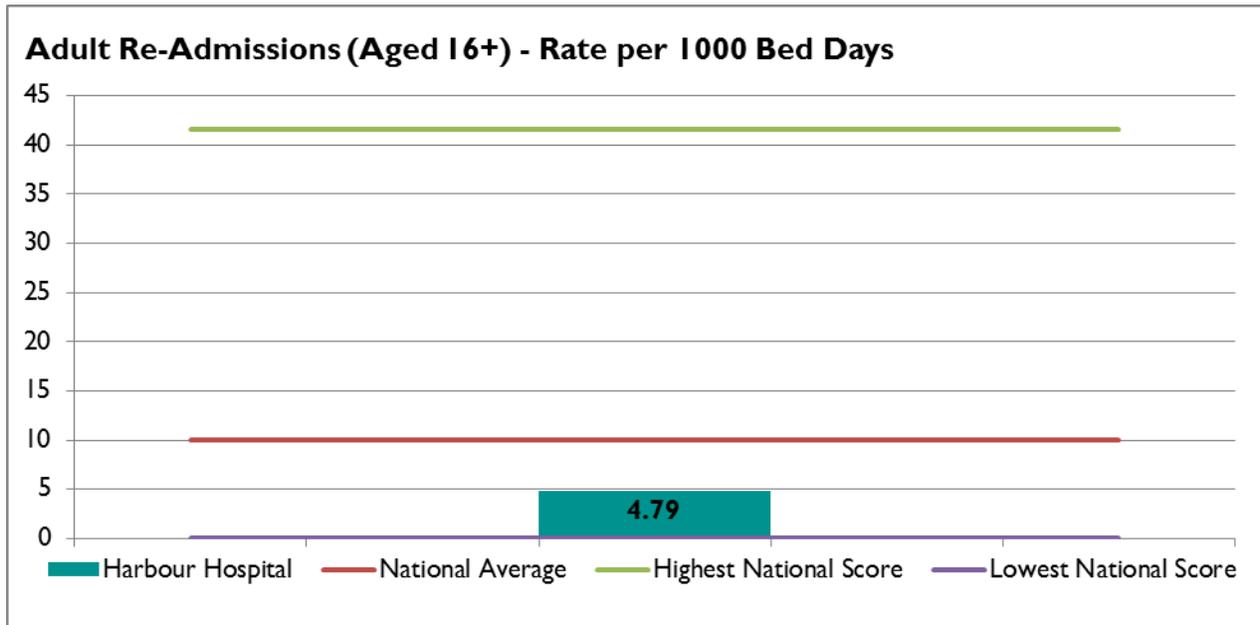
The below information provides an overview of the various Quality Indicators which form part of the annual Quality Accounts. Where relevant, information has been provided to explain any potential differences between the collection methods of BMI Healthcare and the NHS.

All data provided by BMI Healthcare is for the period **April 2015-March 2016** 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 will be the latest information available from the HSCIC website.

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.	Sentinel Risk Management System which is used by all BMI Healthcare Hospitals	This figure provided is a rate per 1,000 amended discharges.	<b>2011-2012</b>
Percentage of BMI Healthcare Staff who would recommend the service to Friends & Family	BMI Healthcare Staff Survey		<b>NHS Staff Survey 2015</b>

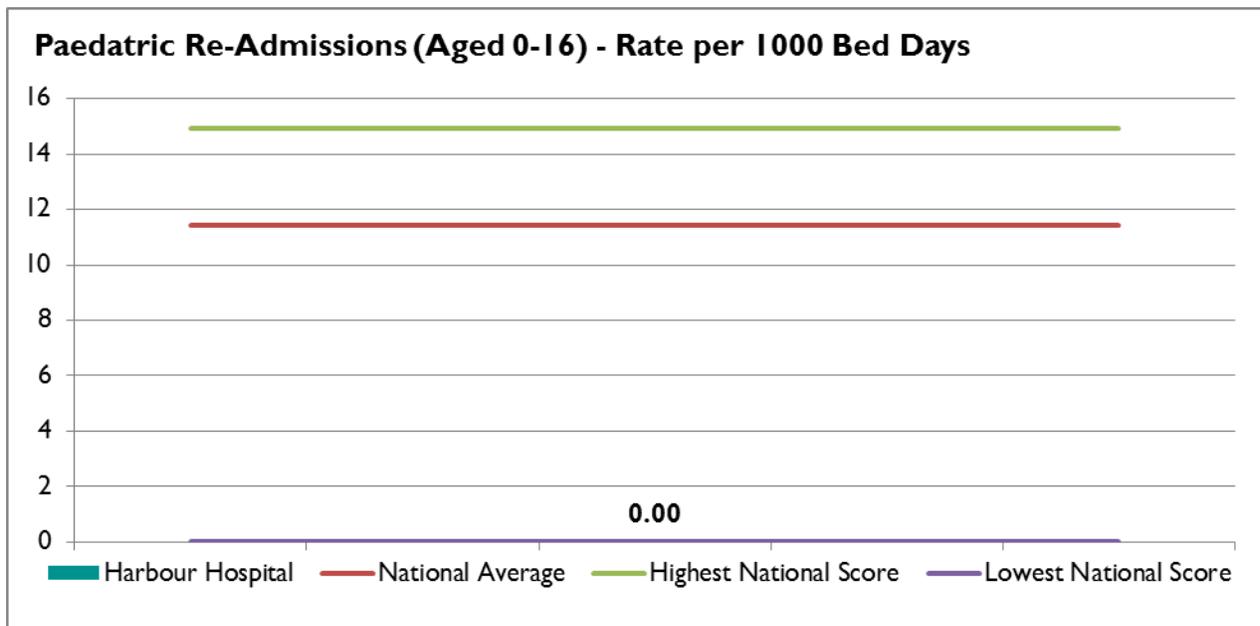
Number of <i>C.difficile</i> infections reported	Sentinel Risk Management System which is used by all BMI Healthcare Hospitals	This indicator relates to the number of hospital-apportioned infections.	<b>April 2014 – March 2015</b>
Responsiveness to Personal Needs of Patients	Quality Health Patient Satisfaction Report	The responsiveness score provided is an average of all categories applied to Patient Satisfaction questionnaires answered by BMI Healthcare inpatients.	<b>June 2014 – January 2015</b>
Number of admissions risk assessed for VTE	CQUIN Data	BMI Healthcare only collects this information currently for NHS patients.	<b>April 2014 – March 2015</b>
Number/Rate of Patient Safety Incidents reported	Sentinel Risk Management System which is used by all BMI Healthcare Hospitals	Based upon Clinical Incidents with a patient involved where the NPSA Guidelines deem a severity applicable.	<b>October 2014 – March 2015</b>
Number/Rate of Patient Safety Incidents reported (Severe or Death)	Sentinel Risk Management System which is used by all BMI Healthcare Hospitals	Based upon Clinical Incidents with a patient involved where the NPSA Guidelines deem a severity applicable.	<b>October 2014 – March 2015</b>

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



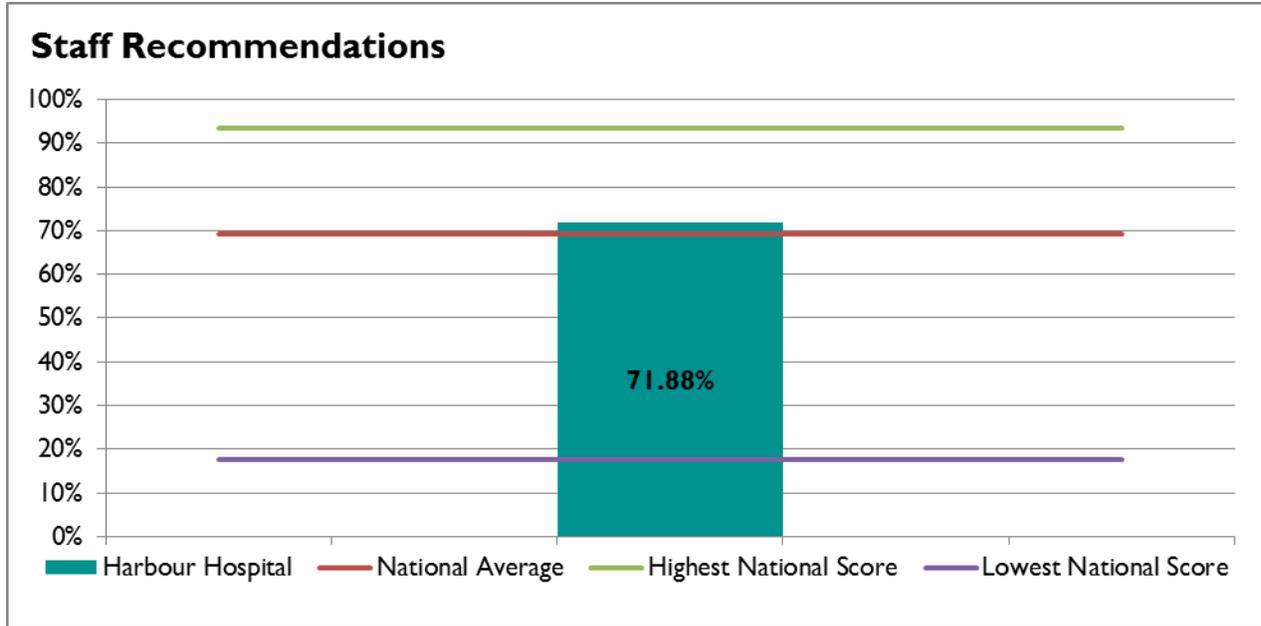
The Harbour Hospital considers that this data is as described for the following reasons

- Appropriate pre assessment of patients to ensure care is well planned and environment suitable
- Good Consultant engagement – working in collaboration with nursing staff to ensure patient care is planned and safe



The Harbour Hospital does not carry our paediatric services

### Staff Recommendation Results



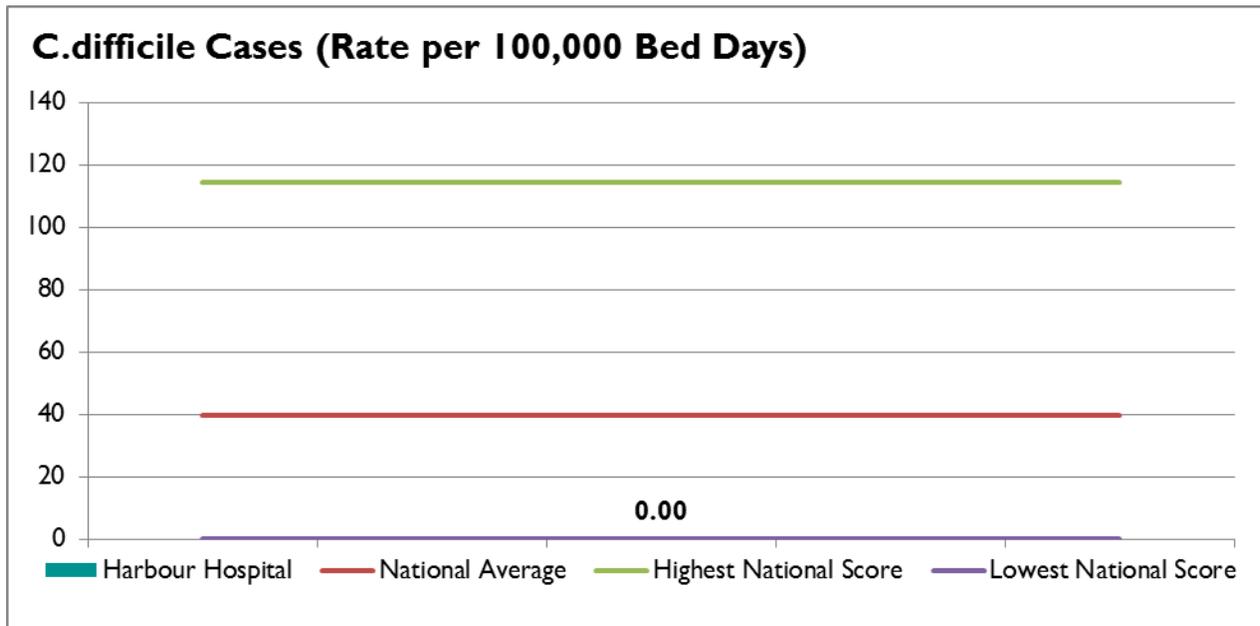
The Harbour Hospital considers that this data is as described for the following reasons

- Effective team working
- Staff forums
- Regular team meetings to allow staff engagement and feedback
- Excellent training opportunities
- Improvements and investments in environment/upgrades to departments
- Good level of recruitment and retention of staff

These all help to assure staff of the hospital motivation to safe patient care and to developing services for patients

The Harbour Hospital intends to keep investing in services and improving the facilities. It is also continuing to develop staff through new initiatives and training so the quality of its services, by developing leadership and the environment will continue to improve and continue to attract patients

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

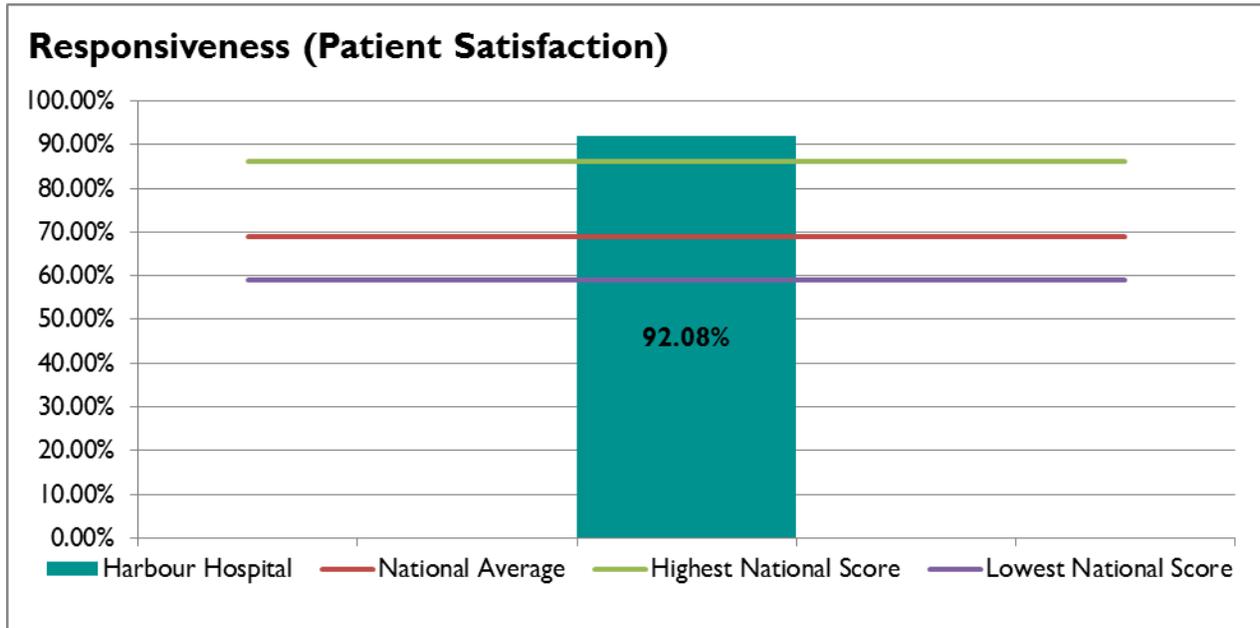


The Harbour Hospital considers that this data is as described for the following reasons

- Dedicated Infection Prevention and Control lead nurse working closely with the Director of Infection Prevention and Control/Director of Nursing
- Local established link nurses in each clinical area helping to develop and engage staff
- Established screening processes
- Effective communication and audit of the use of the antibiotic prescribing policy

The Harbour Hospital intends to continue to build on this programme of education and joint working. Local and national audits will be used to continue to monitor standards

**Hospitals responsiveness to the personal needs of its patients**

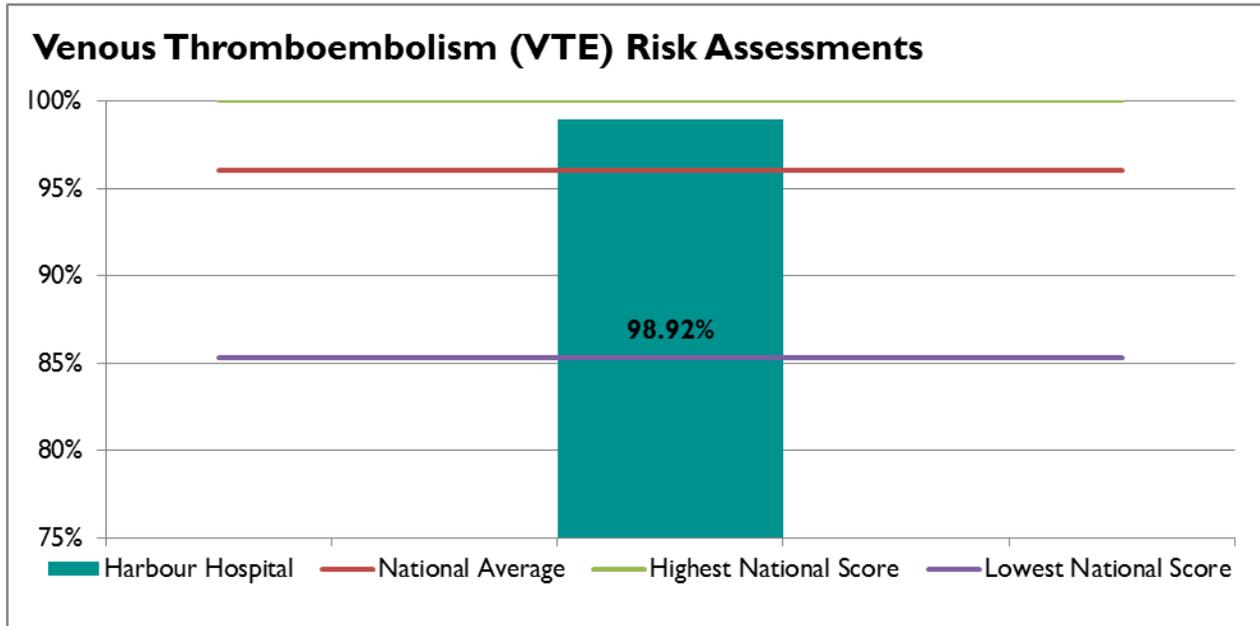


The Harbour Hospital considers that this data is as described for the following reasons

- Effective recruitment of experienced and caring staff
- Continual development of its staff through investment in training and education
- Regular feedback to staff about the hospital performance
- Staff recognition for their efforts

The Harbour Hospital intends to continue to improve this by continuing to work closely with all staff and continue to develop their skills

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

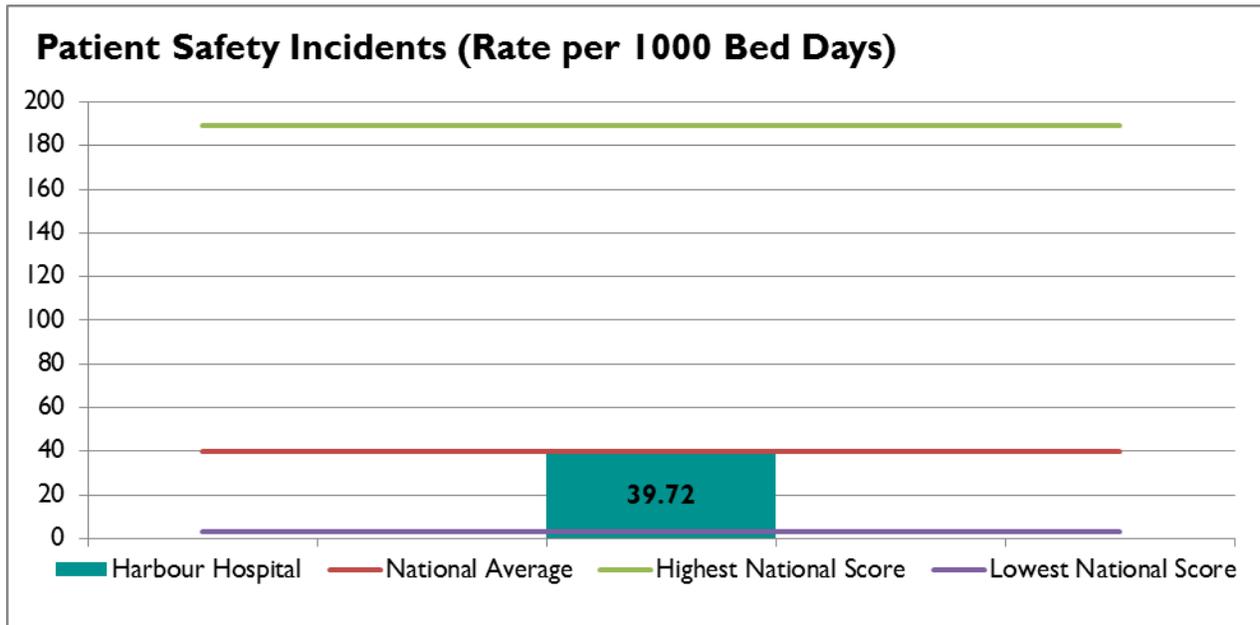


The Harbour Hospital considers that this data is as described for the following reasons

- Passionate and caring staff
- Dedicated senior nursing team who recognise the importance and value of the risk assessment for safe patient care
- Educated staff who understand and recognise the value and importance of the risk assessments for safe patient care

The Harbour Hospital intends to continue to develop staff and monitor the compliance of risk assessment completion via audits to ensure quality of its services remain above 95%

### Patient Safety Incidents



The Harbour Hospital considers that this data is as described for the following reasons

- Safe staffing numbers to provide appropriate care for patients
- Recognition by staff that safety is of paramount importance
- Good education and training for staff in order to recognise preventable harm and action appropriately
- Good reporting culture and feedback/lessons learned

The Harbour Hospital intends to communicate all incidents to staff and provide learning/feedback when incidents occur. We will have focussed events to raise the profile of safety within Harbour Hospital and continue to support staff to develop their ability to adequately and appropriately assess risk for patients and the environment to improve our percentage to be below that of the national average and so the quality of its services

## Further Quality Indicators

### Patient Recommendation Results

The Harbour Hospital considers that this data is as described for the following reasons

- Compassionate, caring and efficient staff
- Highly trained and skilled staff
- Good Consultant support
- Desire to provide excellent care

The Harbour Hospital intends to maintain these standards and continue to strive for excellence in patient care to provide continued quality

