

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

Kings Oak Hospital Information



BMI King's Oak Hospital is located in Enfield along with its sister hospital BMI Cavell Hospital.

Kings Oak Hospital is a purpose built 47 bedded private patient unit located within the grounds of Chase Farm NHS Hospital.

The hospital provides a range of services including surgical procedures, out-patient consultations and diagnostic imaging services. Services are provided to both insured and self-pay private patients and to NHS patients through both GP e-referral and local contract systems

In 2015, 48% of the overall work carried out at BMI King's Oak Hospital was on NHS patients.

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 Kings Oak is registered as a location for the following regulated services:-







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

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 11th -13th October and rated the hospital overall as requires improvement.

- Medical care: Requires improvement
- Surgery: Good

- Outpatients & Diagnostic Imaging: Good

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

Following this inspection an action plan was implemented to address the issues identified, also ensuring improvement in the services to our patients. Some of the immediate actions taken were as follows

- Endoscopy procedures being undertaken in an unsafe designated environment, which was also used for storage of equipment. The use of this area was immediately stopped and all endoscopy procedures were transferred to our sister hospital BMI Cavell located 1 mile from Kings oak.
- IPC practices not in line with national guidelines –consultants not bare below the elbows. Requirements were communicated to our consultants along with a newsletter and also raised with our Medical advisory committee. Observational audits will be undertaken by the IPC lead & reps
- Pharmacy premises unsuitable for a clinical pharmacy. Immediate action was taken to address concerns. Flooring was replaced along with installation of additional shelving and work surfaces. The hospital has had approval for the relocation of pharmacy to another location which will be configured into a pharmacy in line with requirements. Work is scheduled to start July 2017

Kings Oak 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 Director of Infection Prevention and, in liaison with the Infection Prevention and Control Lead for Kings oak Hospital

Between April 2016 to March 2017, the hospital had:

- 0% MRSA bacteraemia cases/100,000 bed days
- 0% MSSA bacteraemia cases /100,000 bed days
- 0% E.coli bacteraemia cases/ 100,000 bed days
- 0 Number of 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;
 - Hips 0.00971%
 - Knees 0%



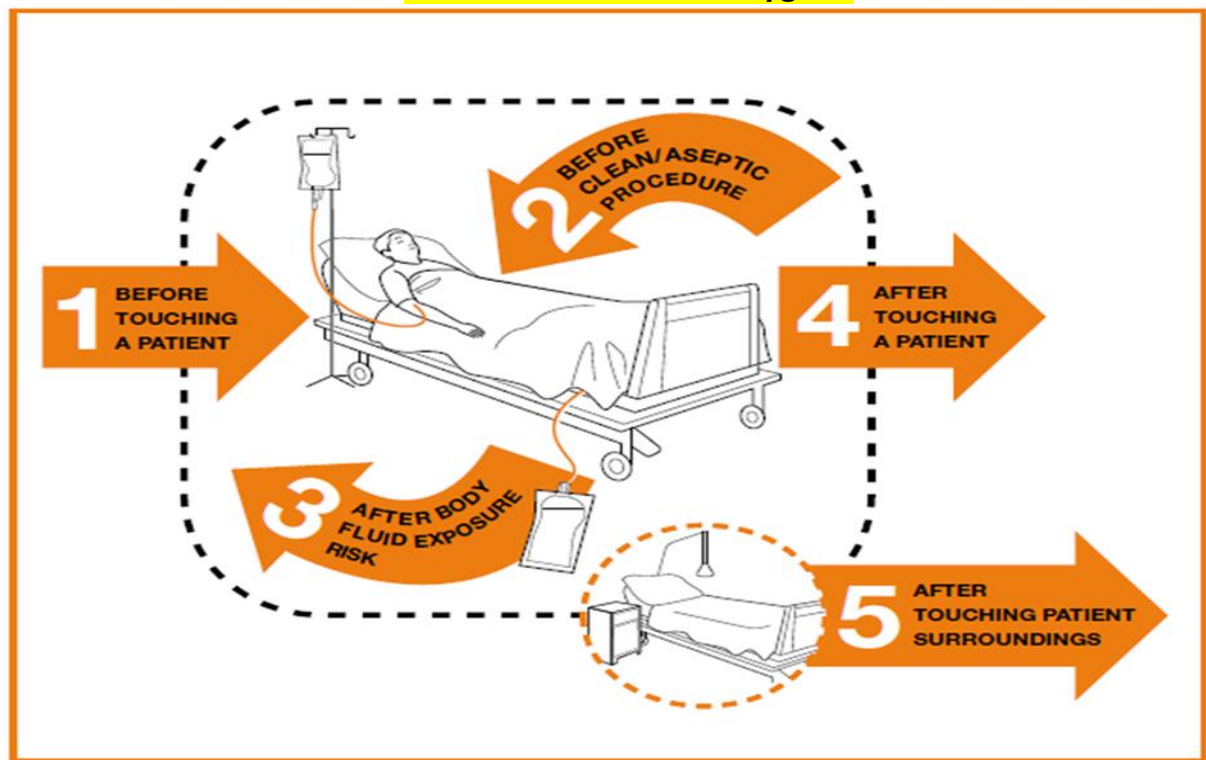
At Kings Oak Hospital we have a comprehensive Infection Prevention and Control Audit programme which involves both clinical and non-clinical staff. Audits include hand hygiene, the use of anti-microbial medications, environmental assessments and National Infection Prevention Society’s ‘Quality Improvement Tools’ (QIT).

Participating in the QIT programme enables the hospital to demonstrate an objective and transparent approach to both process and practice improvement.

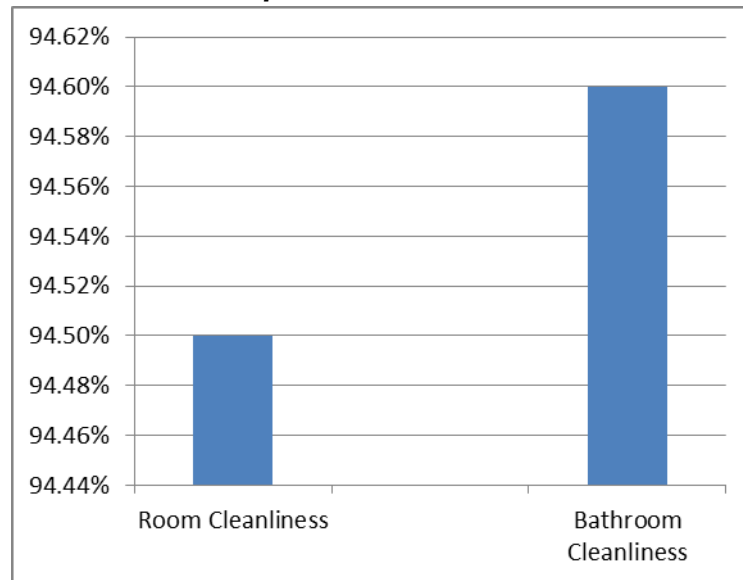
In January, we converted from the traditional care bundle /High Impact Intervention type audits to the use of the QIT audit tool. This in in order to provide robust reporting and accurate action plans which are discussed at Link Practitioner meetings and at the Infection Prevention and Control Committee meetings, which meet quarterly.

Hand Hygiene audits identified Consultant practice and compliance to the **5 moments** was poor & therefore we have implemented a consultant audit and te results will be shared with the MAC so this can be addressed

WHO 5 Moments Hand Hygiene



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

Patient satisfaction with Cleanliness

Patient Led Assessment of the Care Environment (PLACE)

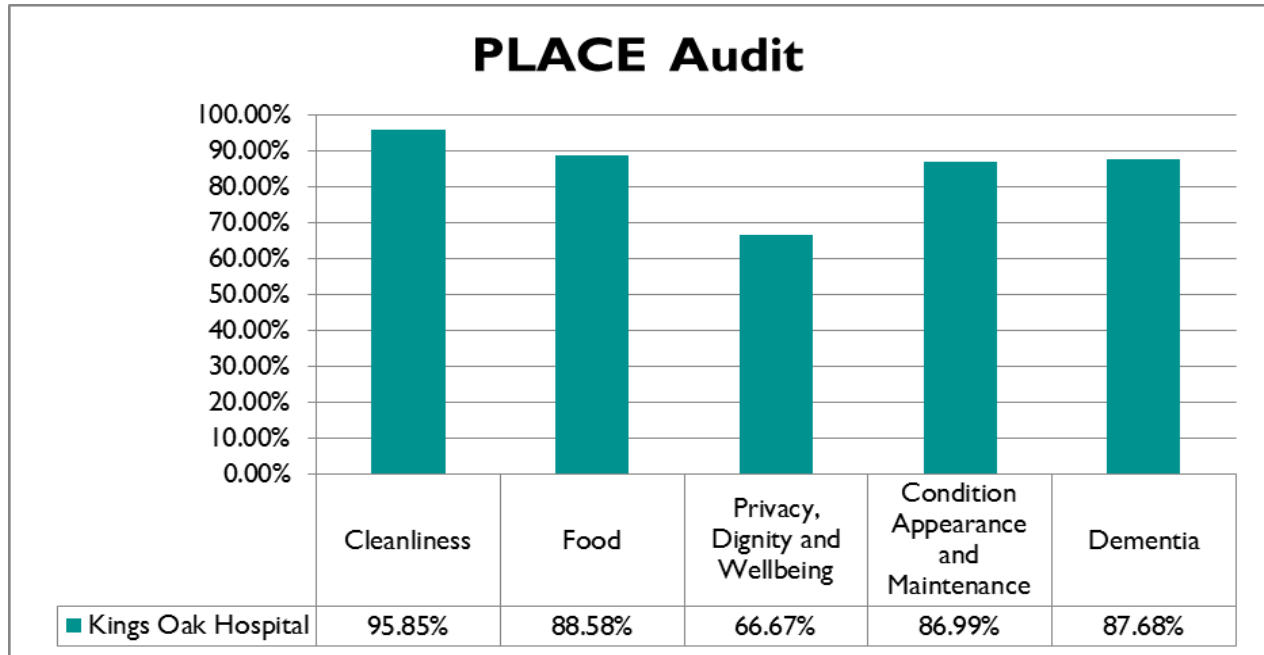
At BMI Healthcare, we believe a patient should be cared for with compassion and dignity in a clean, safe environment. Where standards fall short, they should be able to draw it to the attention of managers and hold the service to account. PLACE assessments will provide motivation for improvement by providing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

Hospital	Cleanliness	Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia
Kings Oak Hospital	95.85%	88.58%	66.67%	86.99%	87.68%



The PLACE audit for Kings Oak hospital highlighted that the overall cleanliness of the hospital at 95.85%; Kings Oak will improve upon this score through the increase of deep cleaning and auditing. The audits will be reviewed by the Infection Prevention Control lead (IPC). The cleanliness of the hospital will continue to be monitored and reviewed in the IPC committee meetings

Kings Oak Hospital was also able to see other areas need to be improved upon. As part of an ongoing initiative, Kings Oak Hospital continues to work in partnership with Compass, the external company providing the catering service for the hospital. As part of the improvement plan, the hospital is committed to receiving patient feedback on the experience of the catering services, allowing service user involvement and support to ensure a robust service is delivered. This will be monitored through patient feedback surveys and analysis in this area, identifying key areas for improvement.

A refurbishment programme was also implemented during 2016 which included

1. An on-going program of bedroom redecoration and replacement carpet with flooring
2. Replacement program for blinds in patient bedrooms and consulting rooms
3. Replacement of seating in waiting areas
4. Replacement program for patient beds and mattresses

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 has 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.

Kings Oak Hospital sees its commitment to ensure all staff feels competent and confident in their training to understand and implement the BMI 'Being Open & Duty of Candour policy as crucial to the quality of care that our patients receive.

We understand that to achieve high quality care, we must have a high quality workforce which is up to date and fit to practice where everyone is committed, engaged, trained and supported in ensuring the safety and care of patients, visitors and staff while striving continually for improvement.

Kings Oak Hospital aims to limit the potential impact of any clinical and non-clinical risks and have in place transparent and concentrated systems to ensure that incidents which may cause actual or potential harm to patients, visitors and staff are quickly identified, thoroughly investigated and rectified. We inform all our patients with regard to all elements of their treatment and care, encouraging staff to feel a responsibility to be open and honest with our patients and carers.

We have also recently implemented a Duty of Candour checklist for the patients records to ensure that patients are well informed about all elements of their care management plan, including being open and honest if things go wrong, and what will be done to prevent recurrence

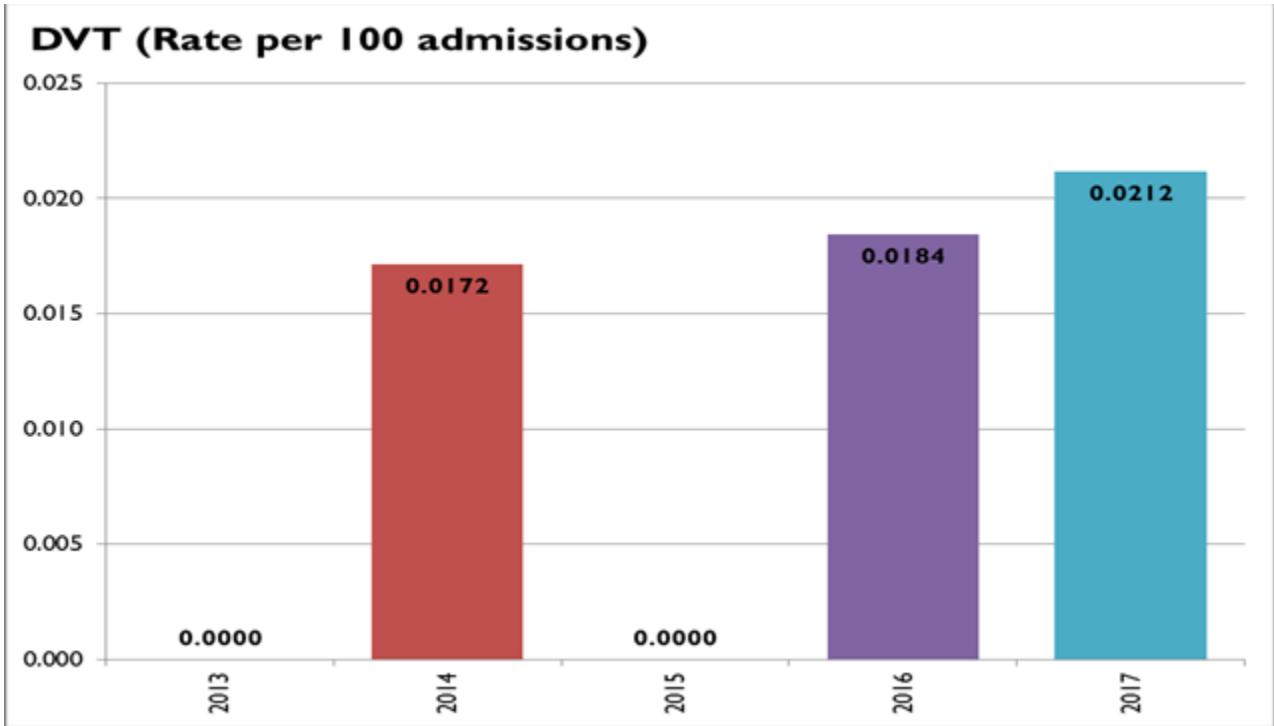
Venous Thrombo-embolism (VTE)

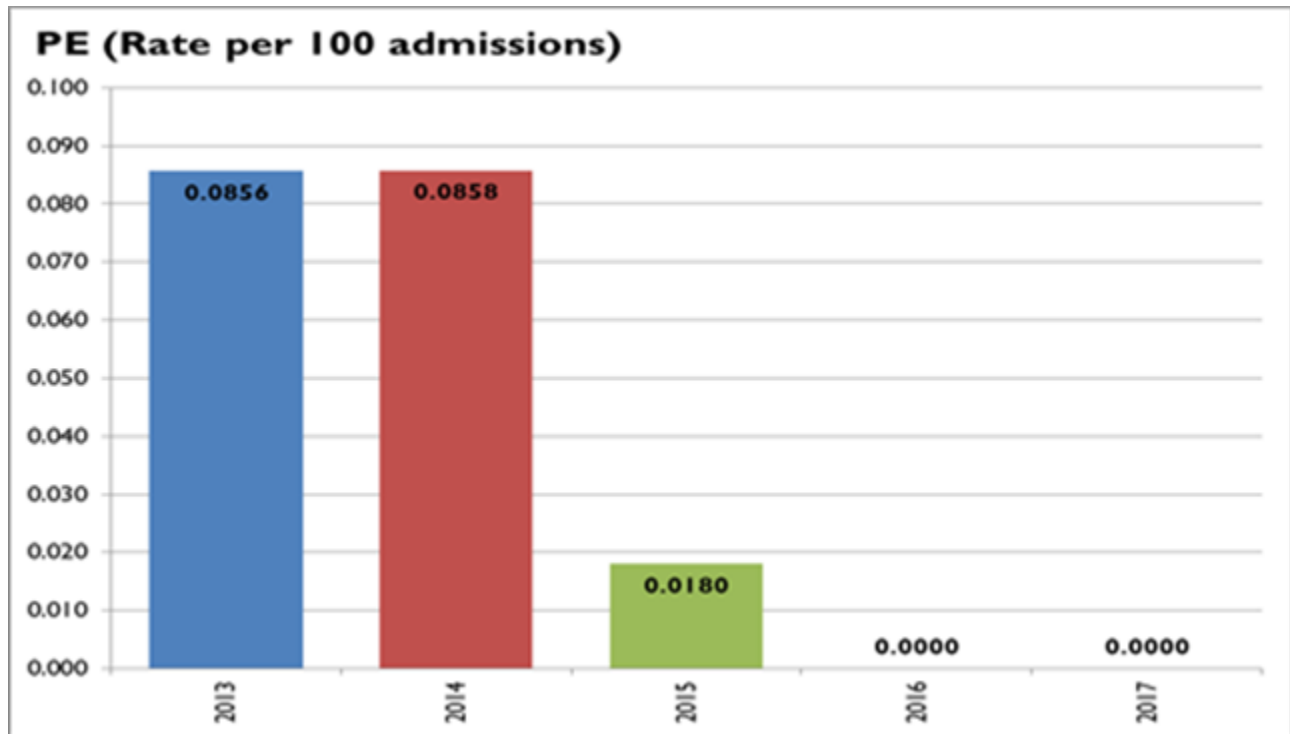
BMI Healthcare, holds VTE Exemplar Centre status by the Department of Health across its whole network of hospitals including, Kings Oak .

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	81.82%





Kings Oak 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. .

Kings Oak Hospital ensures patients that require preoperative assessment are seen and reviewed in the Pre-assessment clinic ahead of their planned surgery. Additionally, reports of any VTE incidents are investigated and any learning implemented

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

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)

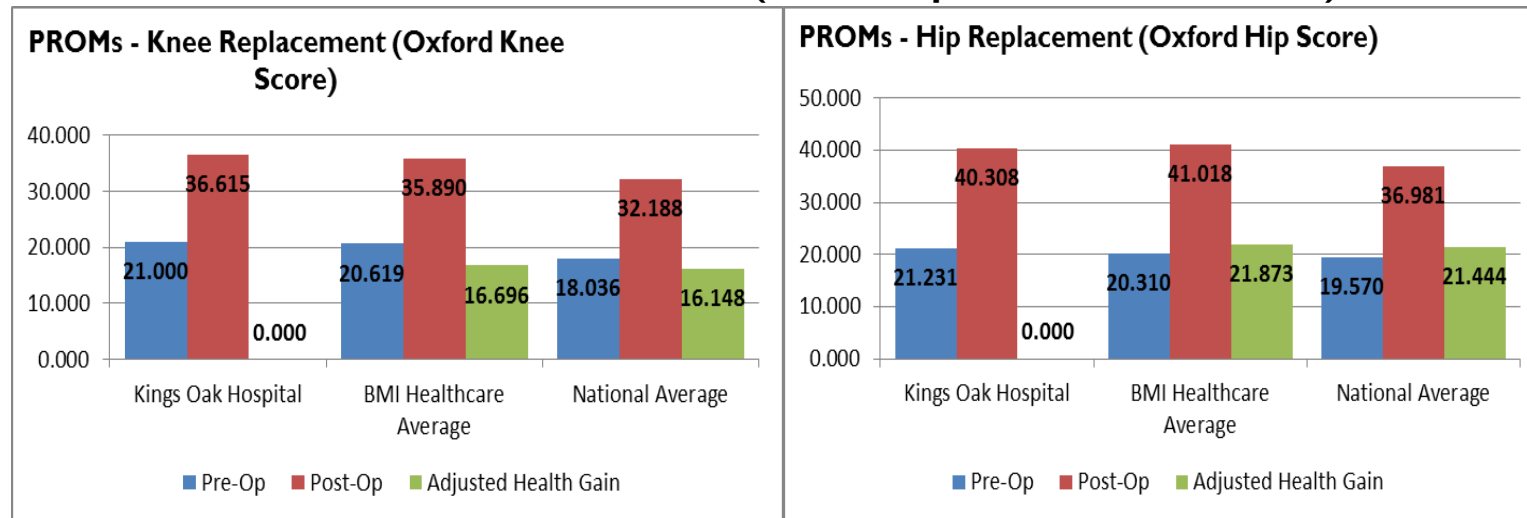
Patient Reported Outcome Measures (PROMS) are a means of collecting information on the effectiveness of care delivered to NHS patients as perceived by the patients themselves. PROMS are a Department of Health led programme.

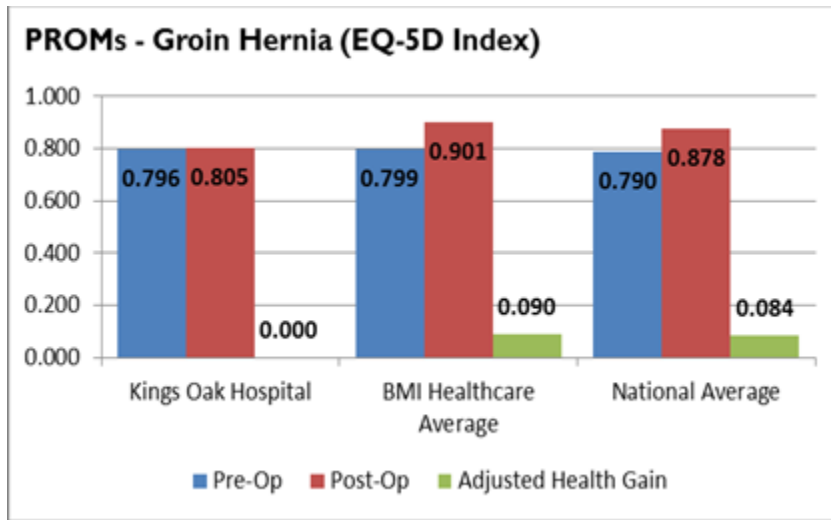
For the current reporting period, the tables below demonstrate that the health gain between Questionnaire 1 (Pre-Operative) and Questionnaire 2 (Post-Operative) for patients undergoing hip replacement and knee replacement at Kings Oak Hospital.

There are no results for varicose veins as BMI Kings Oak Hospital does not participate in collecting data for this specialty

The process for distribution and collection of PROMS questionnaires was recently reviewed. Following this review, further education was provided for clinical and non-clinical staff to improve understanding of PROMS data collection and the benefits for an improved patient experience. Out Pre-assessment team take the lead on communicating with patients for this data

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:-

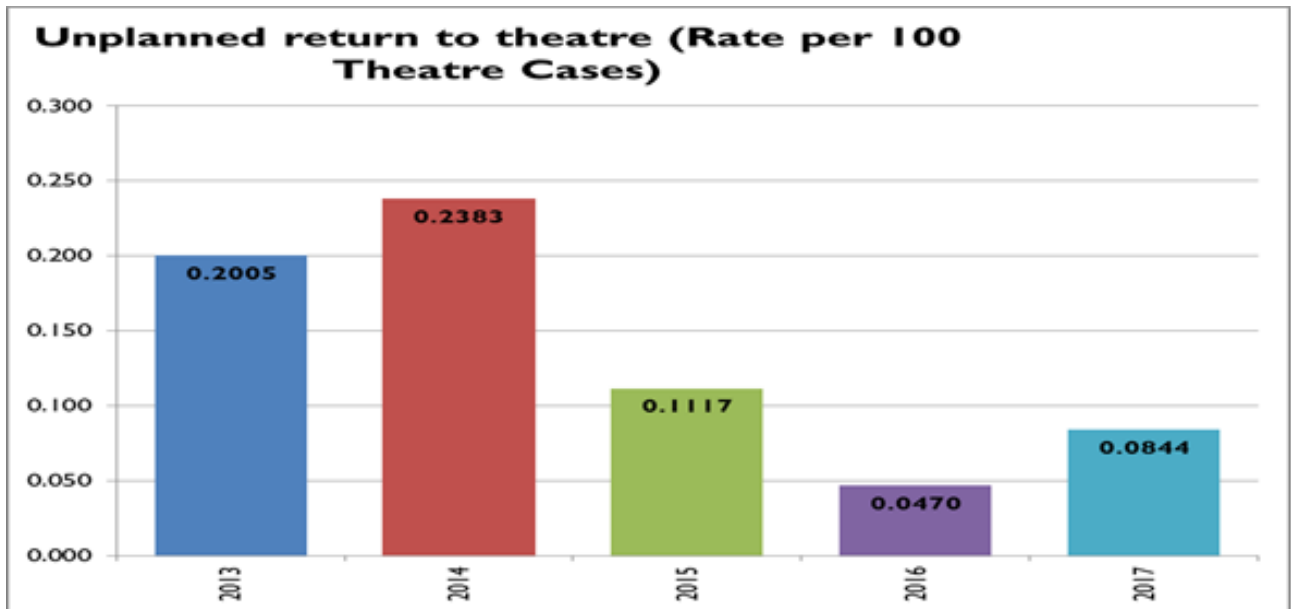
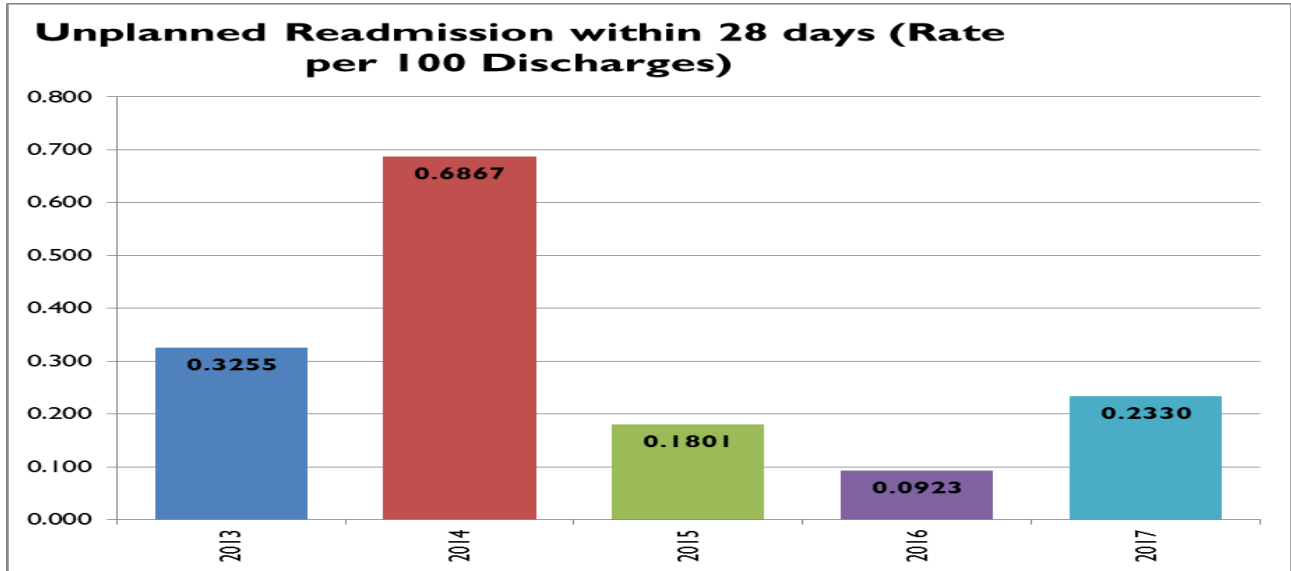
1. All Patients are on a pathway of care
 - a. *Following best practice models of evidenced based care*
 - b. *Reduced length of stay*
2. Patient Preparation
 - a. *Pre Admission assessment undertaken*
 - b. *Group Education sessions*
 - c. *Optimizing the patient prior to admission – i.e HB optimisation,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

All patients on the Enhanced Recovery Program follow a dedicated Patient Journey Pathway to enable full optimization of the patient prior to surgery. Individual patient progress is monitored on a daily basis by the management team to enable early identification of patient needs and arrange for appropriate measures to be implemented if required.

Prior to admission the patients are pre-assessed and invited to attend a joint school that includes expert clinical input from the pre-assessment, physiotherapy, ward and theatre teams to help provide tailored and seamless care for our patients. The management team also works closely with Consultants to ensure that everyone is giving the same message to patients and setting the expectation to them of their discharge goals and dates

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.



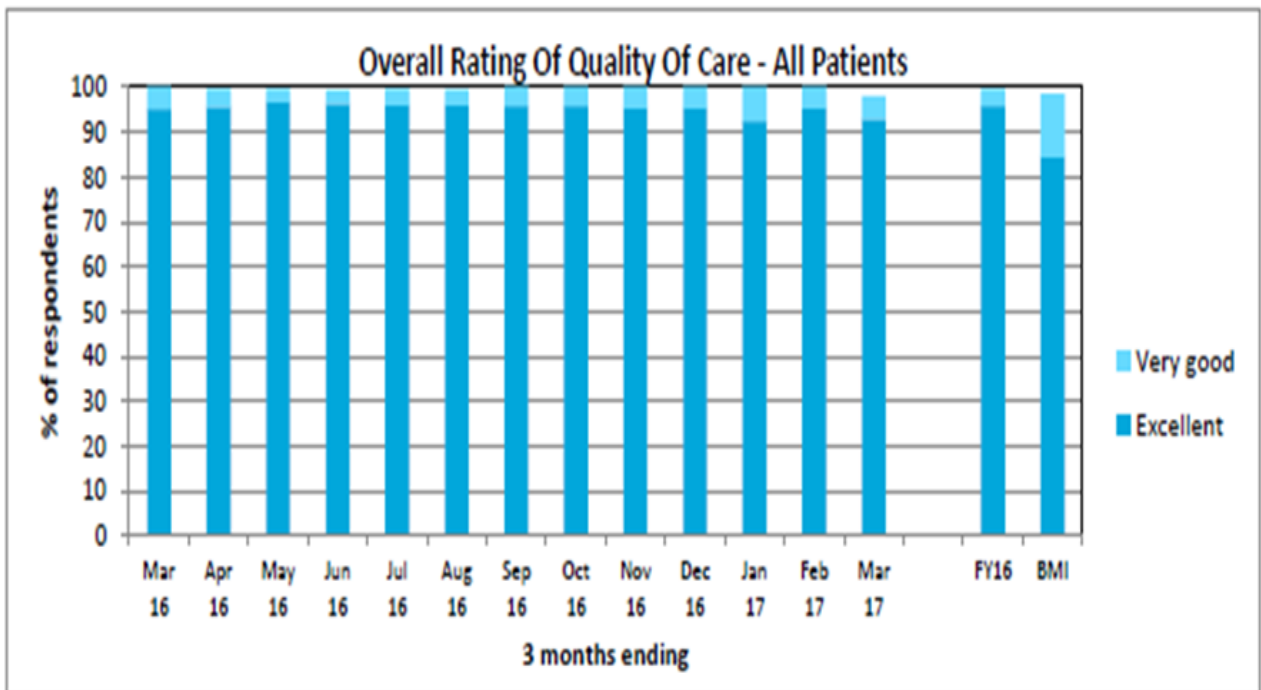
All unplanned readmissions and unplanned returns to theatre are captured on the incident reporting system and reviewed by the Clinical Governance and Medical Advisory Committees that monitor the data to identify any trends and institute any actions or learning that may be required. This information is also shared at the daily comm. cell meeting

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.

98.1% of patients rated Kings Oak Hospital as Excellent/Very Good



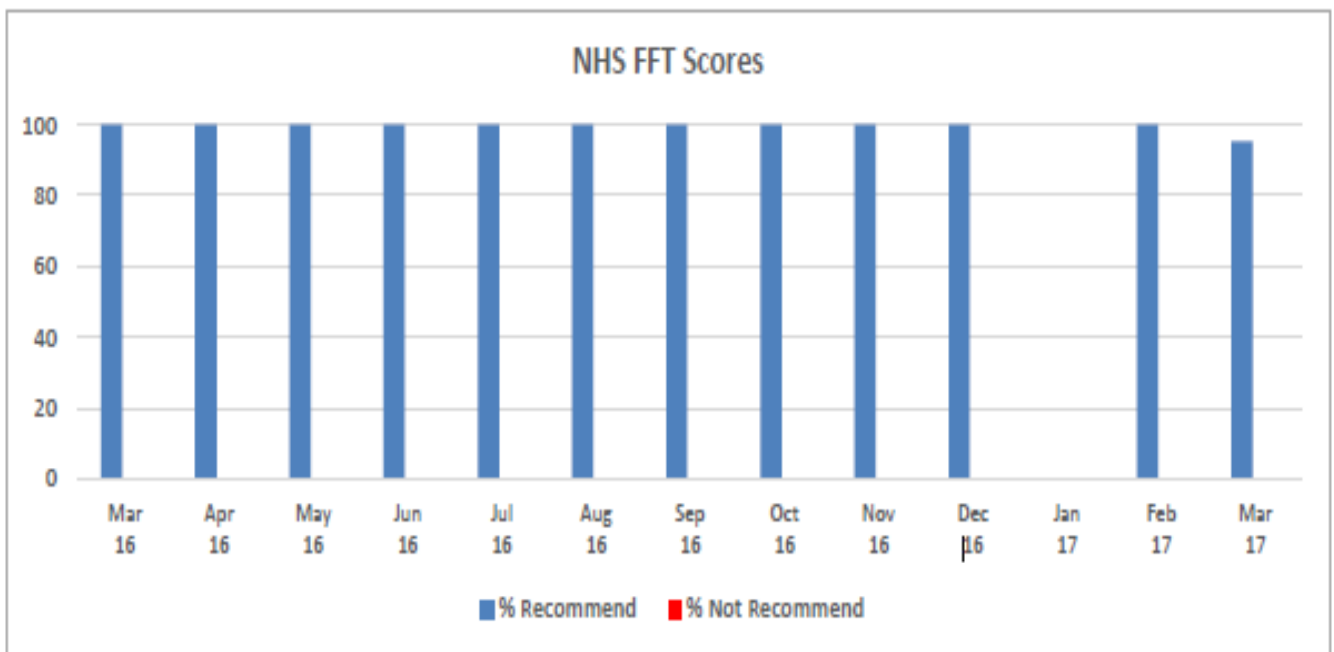
FFT Scores - Analysis Over Time



NHS Patients

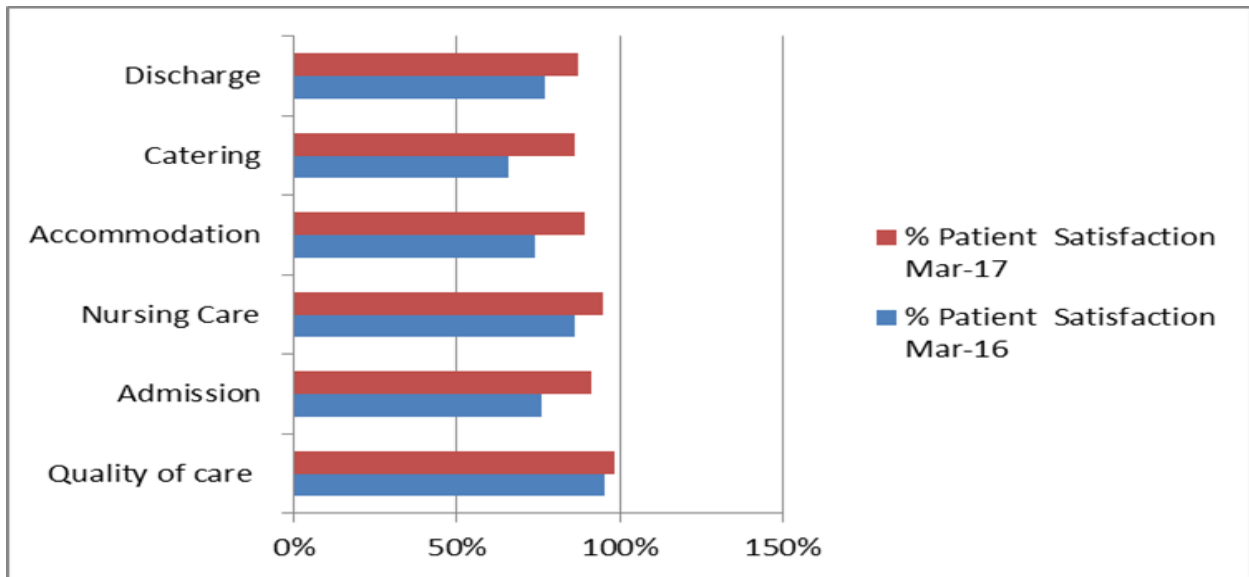
Please note that scores are based on single month's inpatient data

How Likely are you to recommend our service to friends and family if they needed similar care or treatment?													
FFT Measure	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
% Recommend	100	100	100	100	100	100	100	100	100	100	0	100	95
% Not Recommend	0	0	0	0	0	0	0	0	0	0	0	0	0



When compared to March 2016 the majority of areas show an improvement in patient satisfaction. This can be seen to be due to a daily focus on maintaining a response rate of >30%, and meeting monthly to discuss and implement actions to improve satisfaction, reinforcement of intentional rounding (nurses to visit patients a minimum of 2 hourly); and any patient issues reported at the morning Comm Cells so that a member of the senior management team can go and visit them with a view to resolving their concerns at the earliest opportunity.

Catering had previously seen a decline in patient satisfaction – since April 2015 catering has been outsourced to a third party contractor (Compass), with initial negative consequences, however the management team has worked closely with Compass to improve catering satisfaction and has seen over a 20% increase in satisfaction.



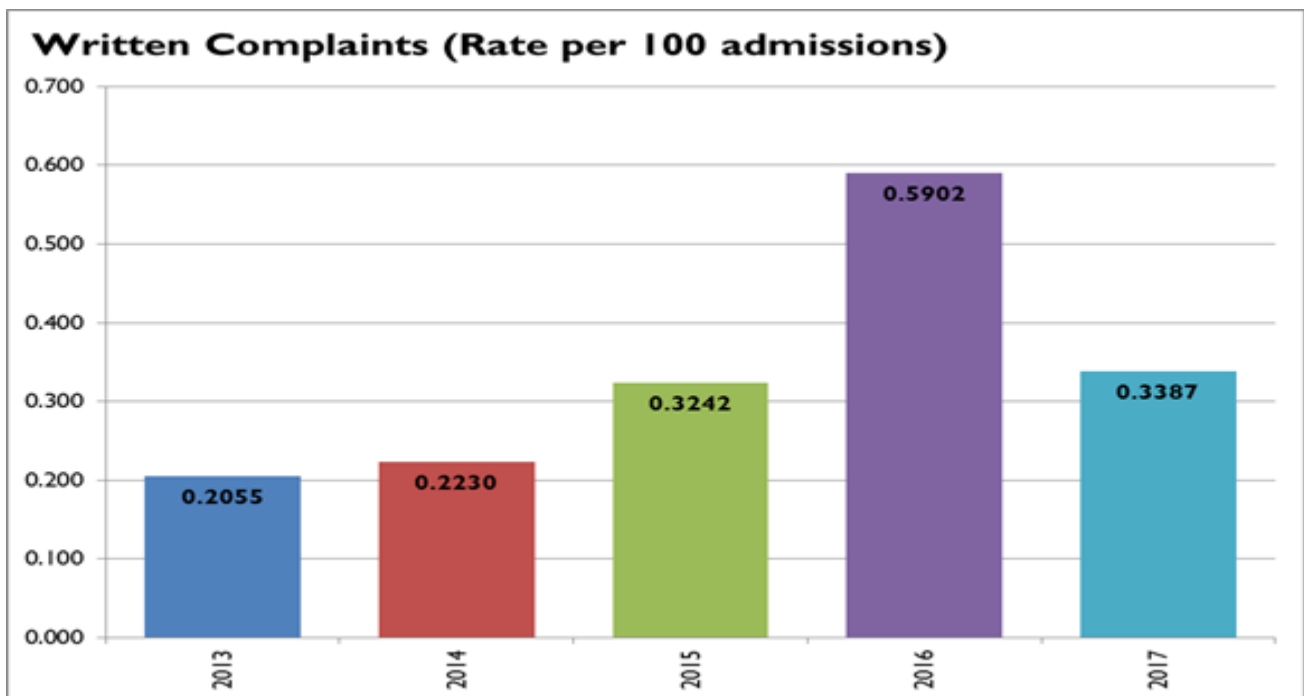
Complaints

In addition to providing all patients with an opportunity to complete a Satisfaction Survey BMI Kings Oak 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.



Kings Oak saw an increase in the number of complaints during 2016 compared to the previous years, however there has been a focus on reporting. #

The two main themes identified in recent complaints relate to the way that we communicate with our patients, in particular the way that we explain the fees that are charged for treatment. We have recently produced new patient information for the outpatients department which we hope will explain the process better, and we are also involved in national BMI projects which we believe will make our pricing and invoicing more patient friendly.

Any issues raised by patients are promptly noted and efforts made to resolve them at the time of the complaint.

A weekly CRB (Care response Bureau) has also been implemented to review trends & identify lessons learnt which is then cascaded by HoDs as their departmental meetings.

CQUINS

Kings Oak Hospital takes part in the CQUINS audit schedule for North West London and Herts Valley

Auditable data included Friends and Family test, the Safety Thermometer, Alcohol Intervention, follow up appointment non-attendance rates, safer discharge, VTE risk assessments, MRSA screening rates, dementia assessments, smoking Cessation, nutritional Assessments and WHO checklist and Discharge Summaries to GPs.

There is compliance of >90% for each.

There are additional KPIs set around Catheter care bundle compliance, WHO checklist audits, Smoking cessation, and Nutritional risk assessments.

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)

Any safeguarding incidents are reported through the incident reporting system & to the Hospital safeguarding lead –Director of Clinical Services who will notify the relevant local safeguarding board

They are also reviewed by the Hospital Clinical Governance Committee that monitor the data to identify any trends and institute any actions or learning that may be required. This information is also shared at the daily comm. cell meeting

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. Audits are to be commenced which will illustrate 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

Kings Oak Hospital participates in the National Joint Registry audit for Hip and Knee replacement surgery

Quality Improvement Initiatives and Service Development

- Ensuring our on-going dialog with our 3rd party Catering company results in improved services for our patients, visitors and staff. Results will be monitored by the management team & the Chef manager to ensure patient satisfaction is improving.
- On-going upgrade & refurbishment (including flooring) of areas throughout the hospital including our patient rooms, imaging dental x-ray and outpatient reception. Our IPC lead undertook a review of clinical areas to identify noncompliance with HBN regulations and with the Director of operations developed a refurbishment plan for the hospital and will progress with requests for funding. Progress will be monitored by the Executive management team & the Hospital Clinical Governance committee
- Development of dedicated unit for Children's & Young Persons service. Recruitment for a senior children & young person's nurse to lead this service has been successful with the appointed candidate due to commence July 2017.

- Mandatory Training compliance. Ensure compliance continues to be driven by all departmental managers and the Senior Management Team.
- Customer Service Training will be rolled out during the May 2017 to all staff in the Hospital with our commitment to ensuring our customers receive the highest levels of service.

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	October 2015 – September 2016

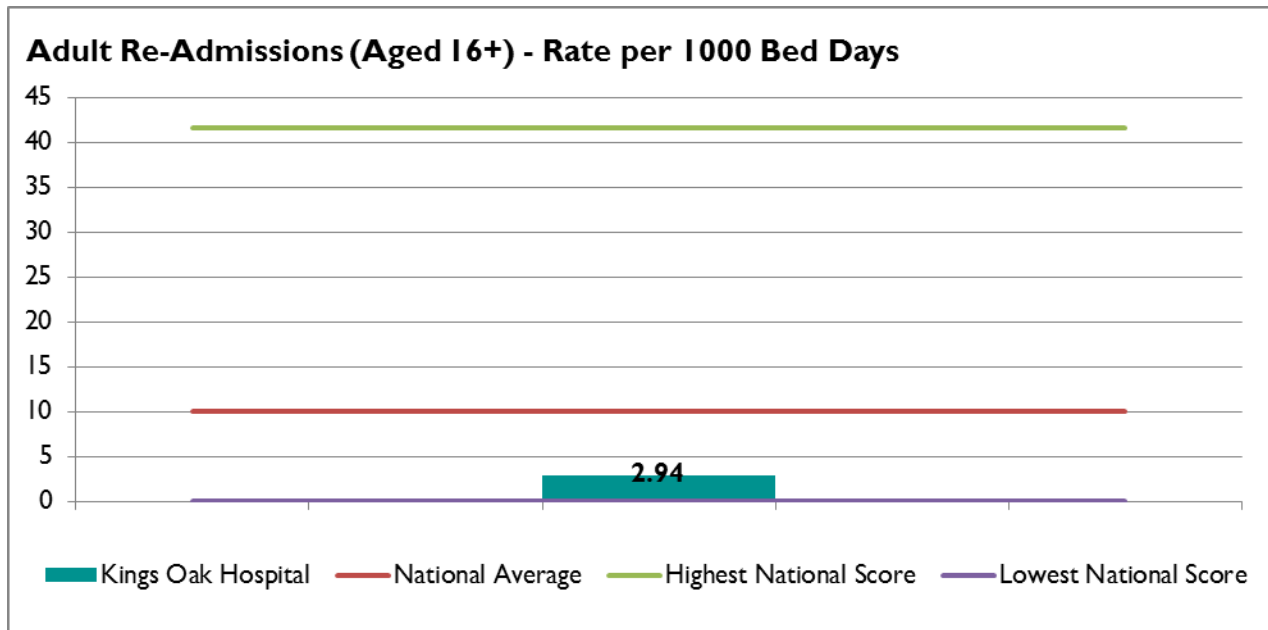
		deem a severity applicable.	
Number/Rate of Patient Safety Incidents reported (Severe or Death)	BMI Healthcare Risk Management System*	Based upon Clinical Incidents with a patient involved where the NPSA Guidelines deem a severity applicable.	October 2015 – September 2016

*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)

Kings Oak hospital rate for adult re-admissions is below the national average
 Kings Oak Hospital considers that this data is relatively low due as there is effective Pre-Assessment & discharge planning aims to ensure that the patient is safe to be discharged and has the support required once discharged home.

All readmissions have been seen to have been unpreventable by the hospital (i.e. patient factors). The hospital will continue to monitor trends of readmissions, and so the quality of its services, by daily reporting and sharing of any incidents and lessons learned



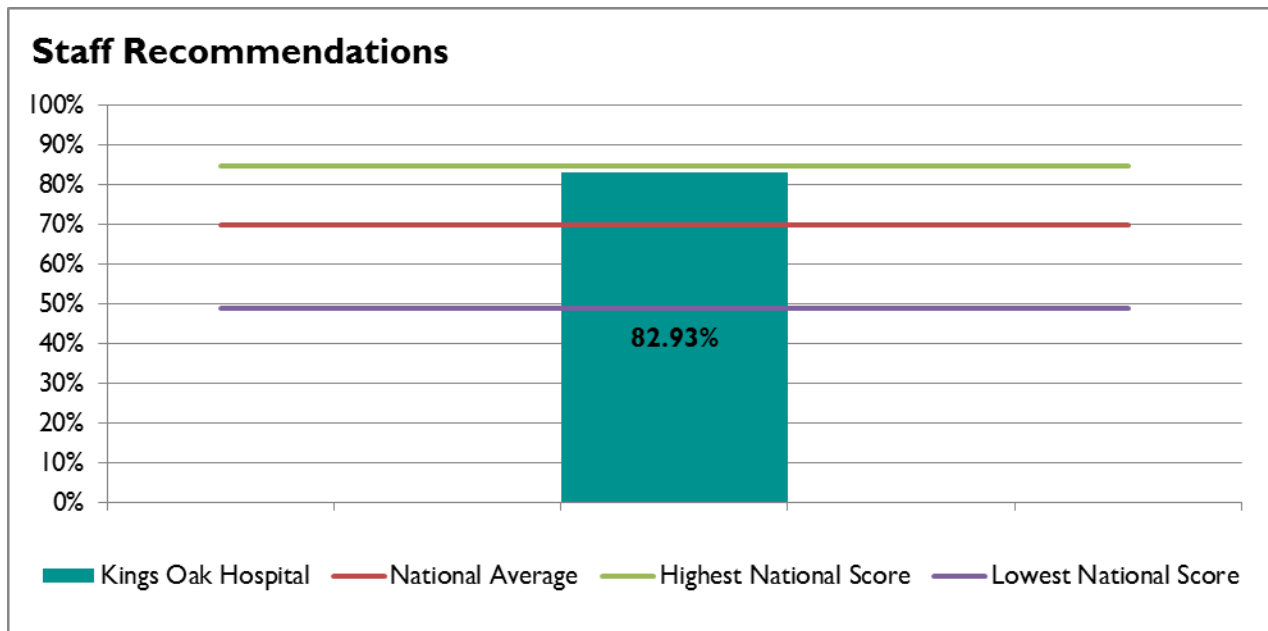
There are no paediatric –re-admissions for this reporting period.

Staff Recommendation Results

Kings Oak Hospital is above the national average and considers that this data is as described for the following reasons:

1. Positive team work culture
2. Full support by the Senior Management Team

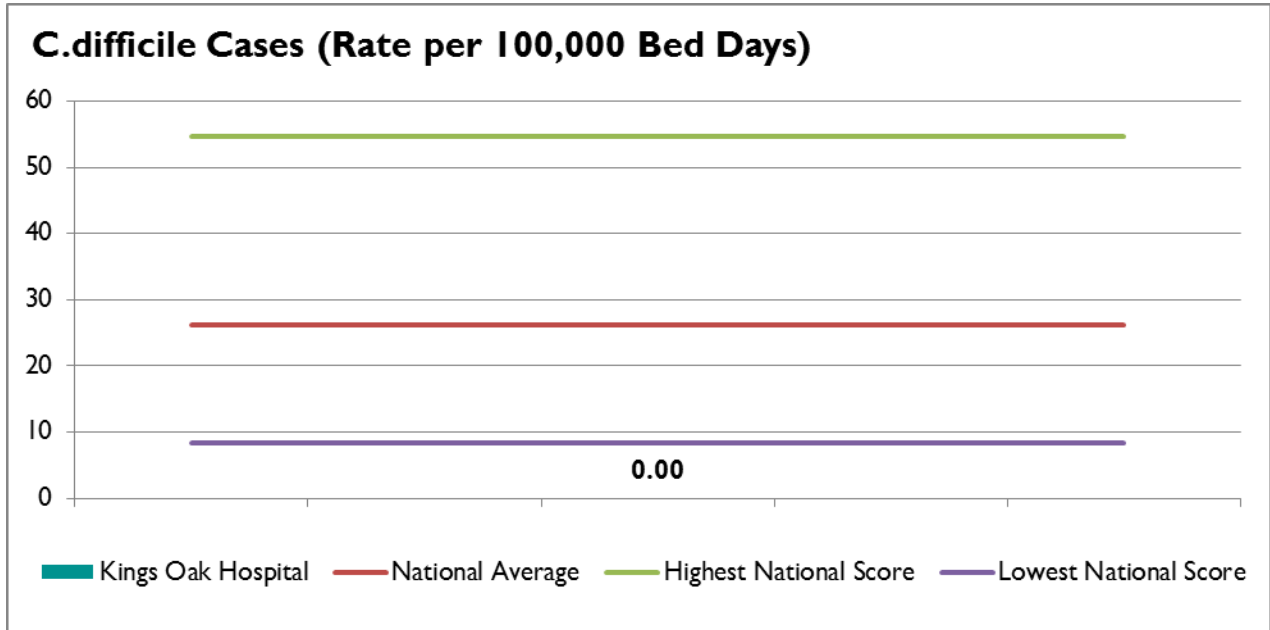
Kings oak Hospital staff are encouraged to report any areas of concern and that they will be listened to. A daily discussion is held for representatives of all hospital teams at the daily morning operations meeting and staffs are recognised where they have acted “Above and Beyond” for Safe, effective, caring, responsive & well led.



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

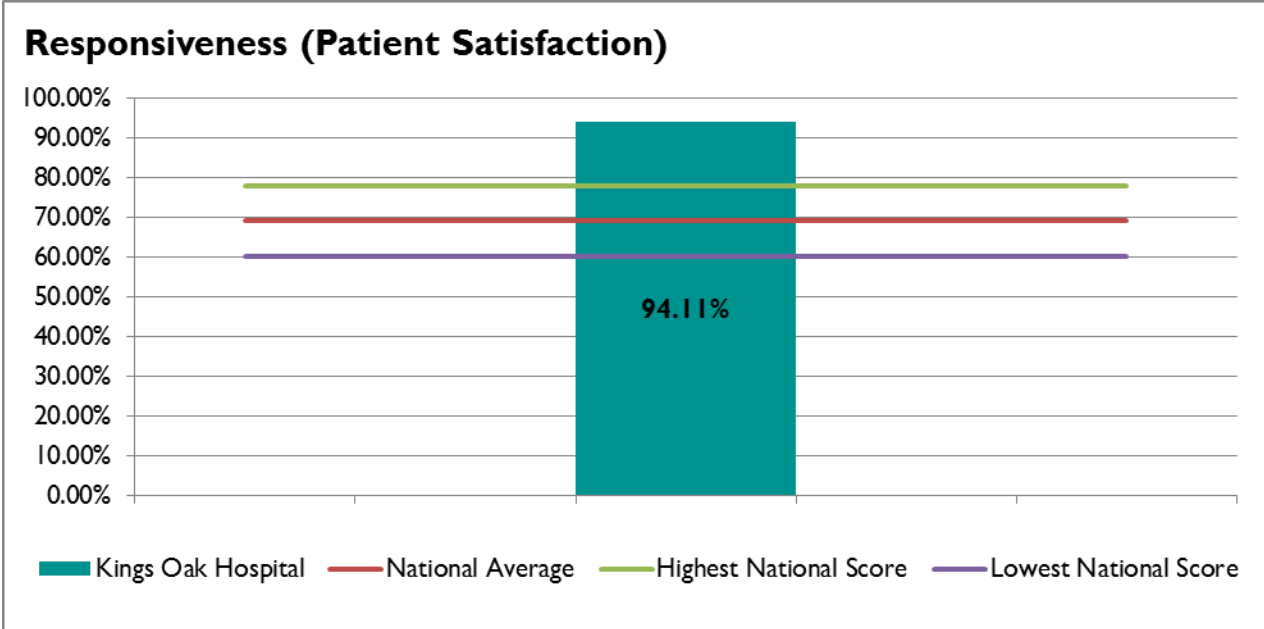
Kings Oak Hospital considers that this data is as described due to our commitment to ensure a safe environment where a high standard of care is delivered.

We are proud to have a dedicated Infection Prevention and Control Lead on site, which monitors our audit data and assesses trends in line with patient outcomes. This allows us to give assurance to the dedication of our Infection Prevention and Control and to the quality of our services. We will take every step to ensure that this current standard is maintained



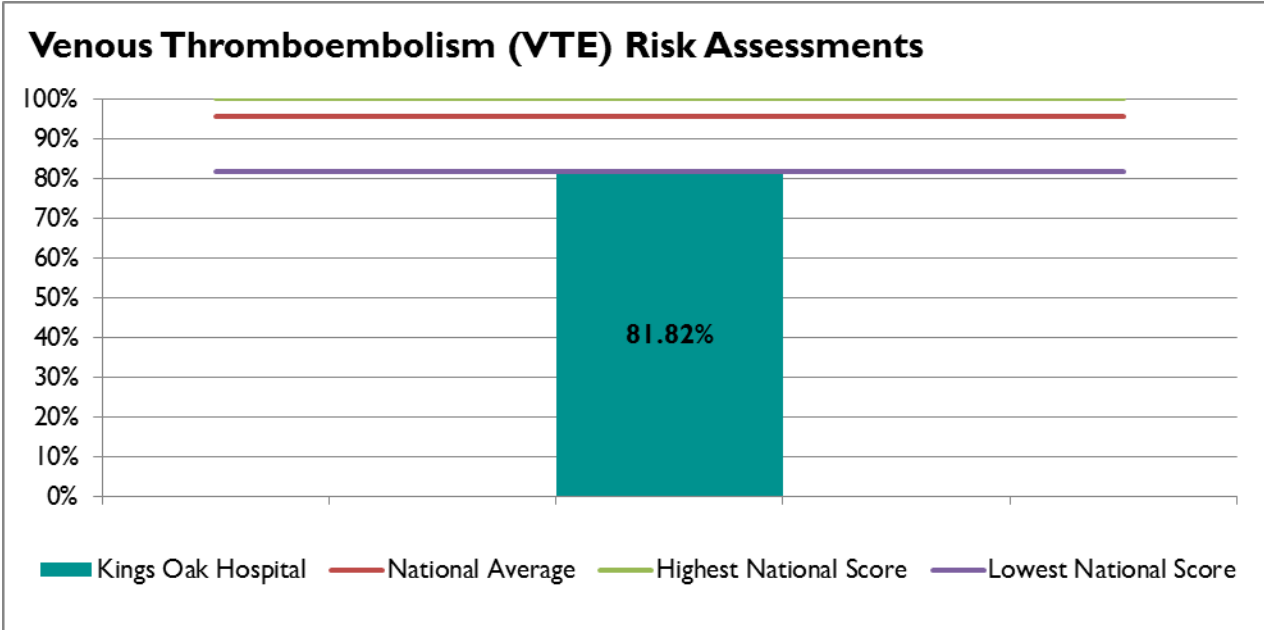
Hospitals responsiveness to the personal needs of its patients

Kings oak Hospital is above the highest national score for responsiveness and will continue to focus on achieving high quality care through daily focus at our Comm. Cells



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

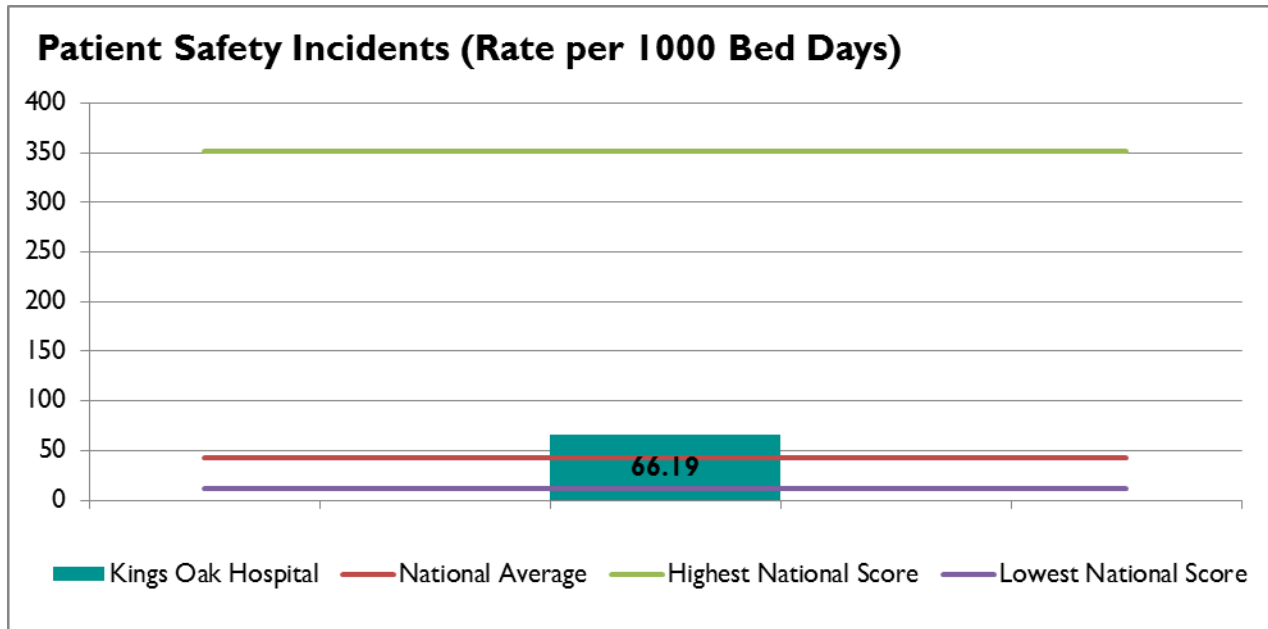
Kings Oak Hospital VTE risk assessment rate has fallen below the national average, however there is renewed focus to improve compliance with effective Pre-assessment, and ongoing monthly audits, whereby results are reported & monitored through the Clinical Governance Committee.



Patient Safety Incidents

Kings Oak hospital considers that this data is as described is because there is a healthy patient safety incident reporting culture whereby any incidents are reported and lessons learned shared at the daily Comm. Cells meetings.

This reporting culture is key to ensuring that high quality of patient safety is maintained. We encourage and promote an open culture for reporting and have a shared learning approach



Further Quality Indicators

Patient Recommendation Results

The score of 99.66% is above the national average and is an improvement of the previous year however the team at Kings Oak Hospital aspire to continually improve and are continually looking at ways of improving the patients experience and level of satisfaction with our services.

