

Group Chief Executive's Statement

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

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

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

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

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

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

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

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

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

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

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

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



Jill Watts, Group Chief Executive

Hospital Information



BMI The Lancaster Hospital is one of the BMI group of hospitals, Britain's leading provider of Independent healthcare with a nationwide network of hospitals & clinics performing more complex surgery than any other private healthcare provider in the country. It is situated on the outskirts of Lancaster city centre and is easily accessed from main road/train routes and M6 motorway. Car parking facilities are available. BMI The Lancaster Hospital has 25 beds all offering the privacy and comfort of en-suite facilities, freeview TV and telephone. Our commitment is to quality and value, providing facilities for advanced surgical procedures together with friendly, professional care.

The hospital offers;

- 7 Consulting Rooms
- 1 Ophthalmology Consulting Room
- 2 Treatment Rooms
- 1 Operating Theatre (with laminar flow ultra clean air system)
- Endoscopy/Minor Ops Suite

- Diagnostic Imaging Suite
- MRI Service/CT Service available at BMI Beardwood Hospital
- Ultrasound

This specialist expertise is supported by caring and professional medical staff, with dedicated nursing teams and Resident Medical Officers on duty 24 hours a day, providing care within a friendly and comfortable environment.

BMI The Lancaster Hospital has seen an increase in the number of patients using its facilities through offering Choose and Book services and supporting local NHS Trusts with SPOT contracts. The average percentage of NHS patients seen between April 1 2016 and March 31 2017 is 60%

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

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

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.

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

The CQC carried out an inspection in October 2016 and found that the hospital required improvement:

SAFE Requires Improvement
CARING Requires Improvement
RESPONSIVE Good
EFFECTIVE Good
WELL-LED Requires Improvement

The Lancaster 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

CQC Ratings Grid

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Outpatients and diagnostic imaging	Requires improvement	Not rated	Good	Good	Requires improvement	Requires improvement
Overall	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement

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 Lead Infection Prevention and Control nurse at BMI Lancaster. An appropriate qualified and experienced Lead for infection Control was appointed in July 2016 and works fulltime in the specialty across 4 sites, dedicating at least 7.5 hours per week to working at BMI Lancaster.

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

- Surgical site infection data is also submitted to Public Health England for all hip and knee replacement procedures. Our rates of infection during the last 12 months have been 0.016% for these procedures.

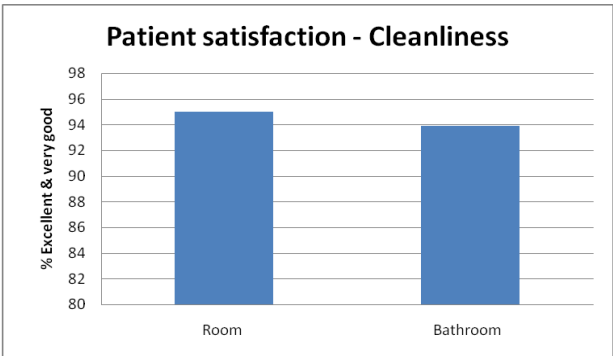
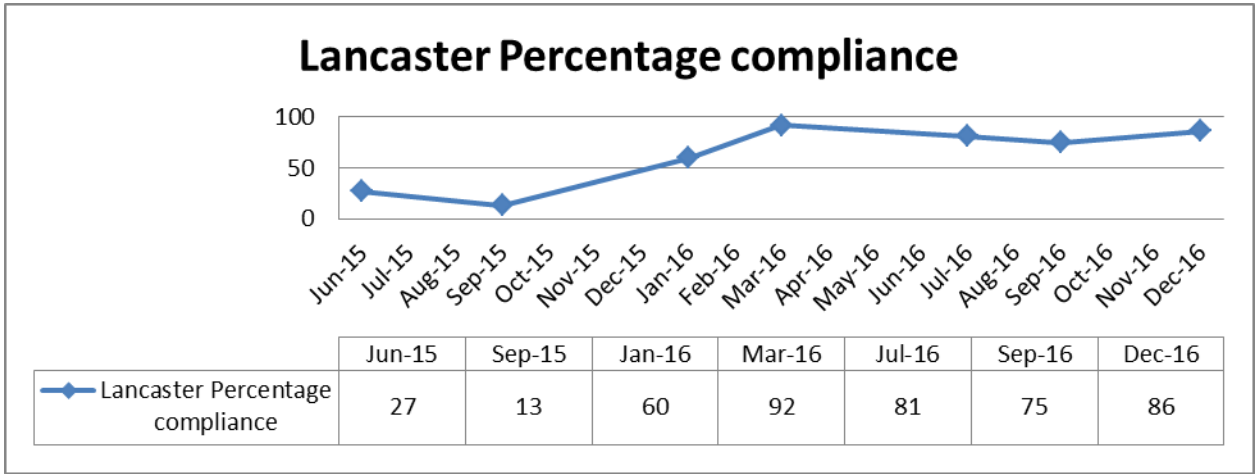
- There is a robust system of collecting and analyzing all other surgical site infections. Which are investigated and reported to the clinical governance meeting. Where any actions to improve practice are monitored.

The hospital has a robust audit program of audit across both clinical practice and the environment. Each month all clinical departments complete an observational hand hygiene audit in practice, which is used to drive compliance with this fundamental aspect of patient safety. Any areas not scoring 100% are required to implement an action plan to improve compliance and this is monitored via the Infection Control Committee. Managerial support is always available to support with the challenge of practice.

High impact intervention audits have been rolled out during 2016 and are now being embedded into practice on the ward and operating theatres. These are undertaken on invasive procedures such as cannula insertion, urethral catheter insertion and surgical site management.

An active group of Infection Control link practitioners has been established within the hospital. They are actively supported by the IPC lead Nurse. They have been afforded development through study days facilitated by the IPC lead nurse.

The IPC and pharmacy team have developed a robust antimicrobial stewardship plan which is supported by audit and education. This is beginning to improve compliance with prescribing of surgical prophylaxis as shown in the graph below –

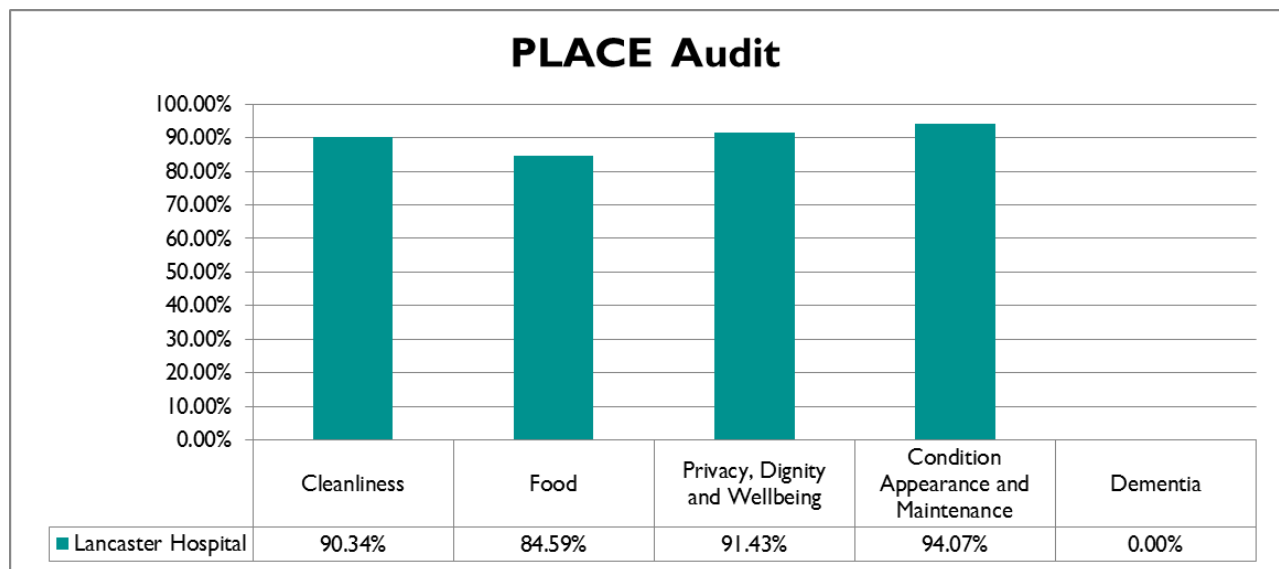


Patient Led Assessment of the Care Environment (PLACE)

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.



In order to ensure the service is fully dementia friendly as Champion is to be identified from the staff and links have been made with the local dementia support network to suggest improvements to the hospital.

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 hospital had 3 patients directly affected requiring a Duty of Candour explanation in 2016.

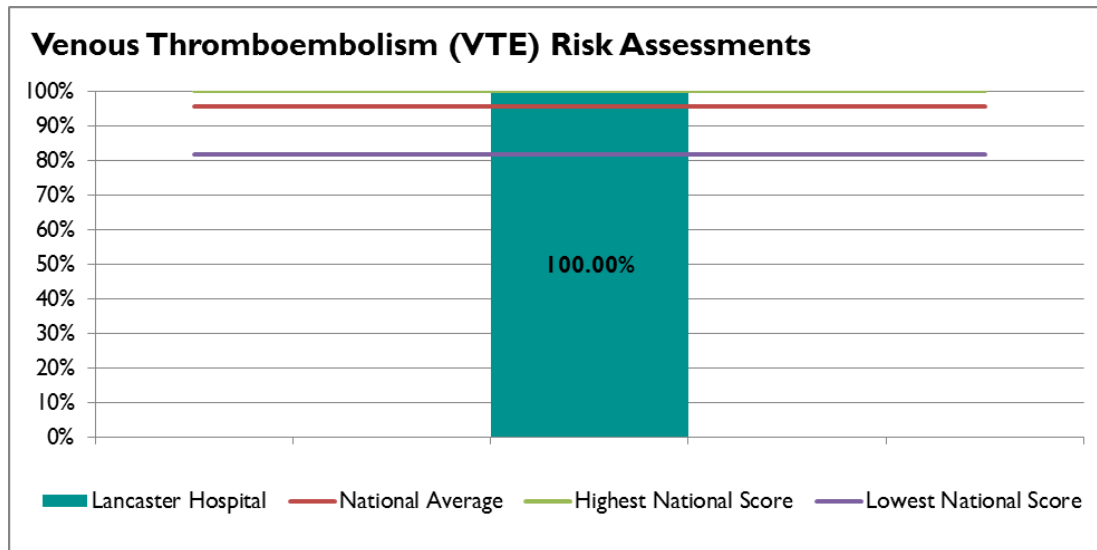
- Lessons Learnt as a result of these incidents led to an improvement of the checking processed for medication provision.
- The hospital met all the requirements for the duty of candour disclosure in each case.

Venous Thrombo-embolism (VTE)

BMI Healthcare, holds VTE Exemplar Centre status by the Department of Health across its whole network of hospitals including the Lancaster. 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 that The Lancaster Hospital has maintained 100% compliance with the audit throughout 2016

The Lancaster 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.



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 hospital.

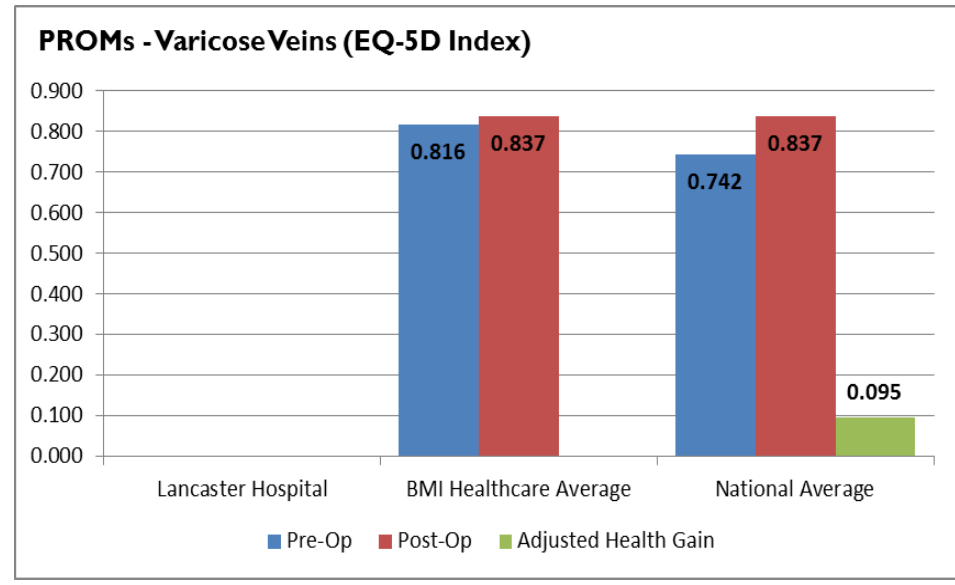
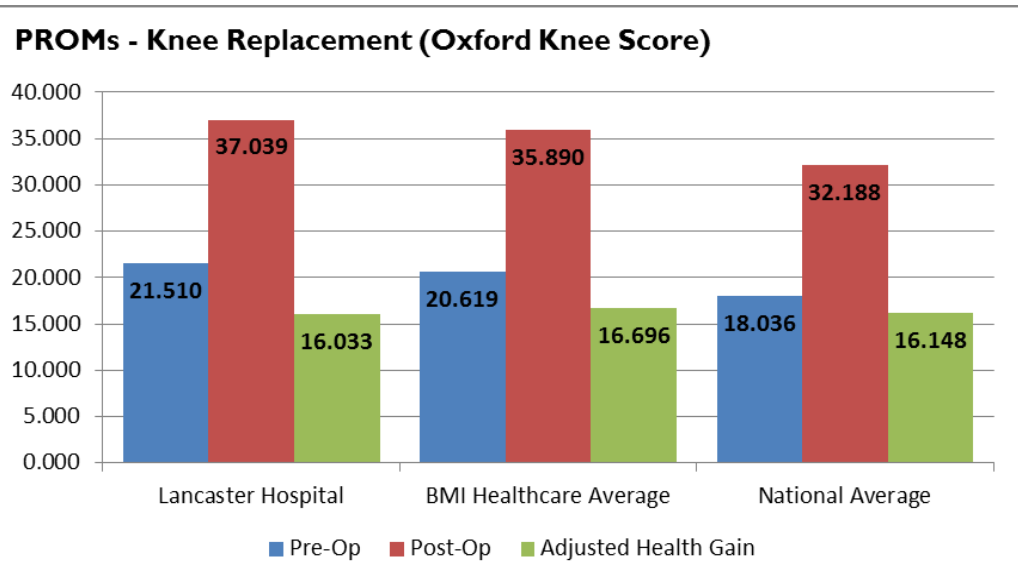
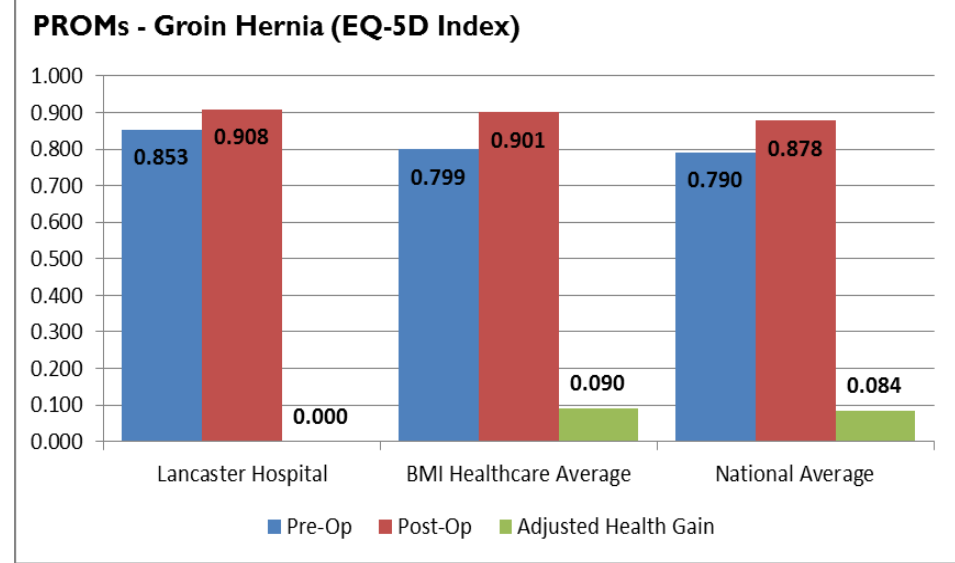
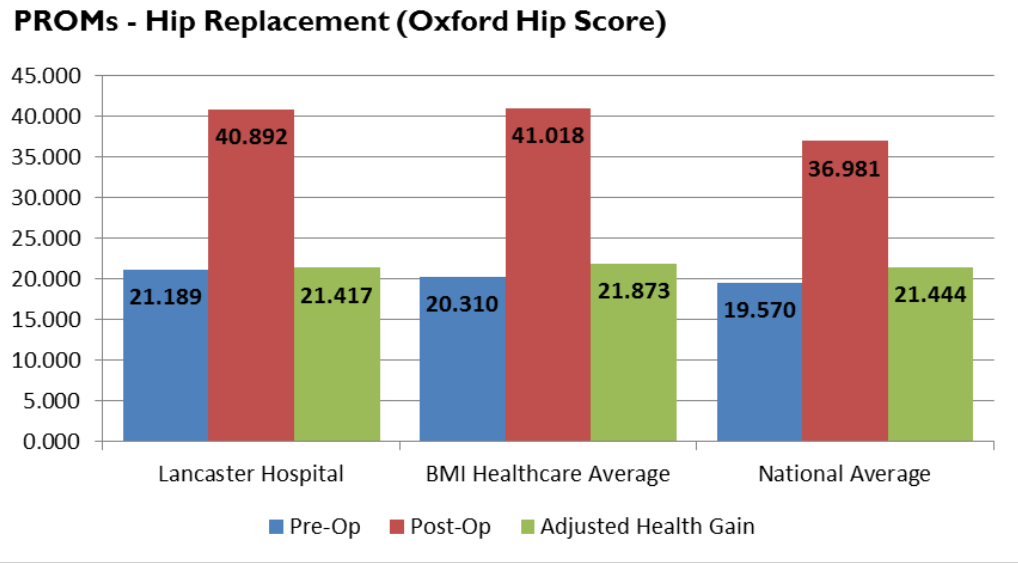
Effectiveness

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 Lancaster.

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.

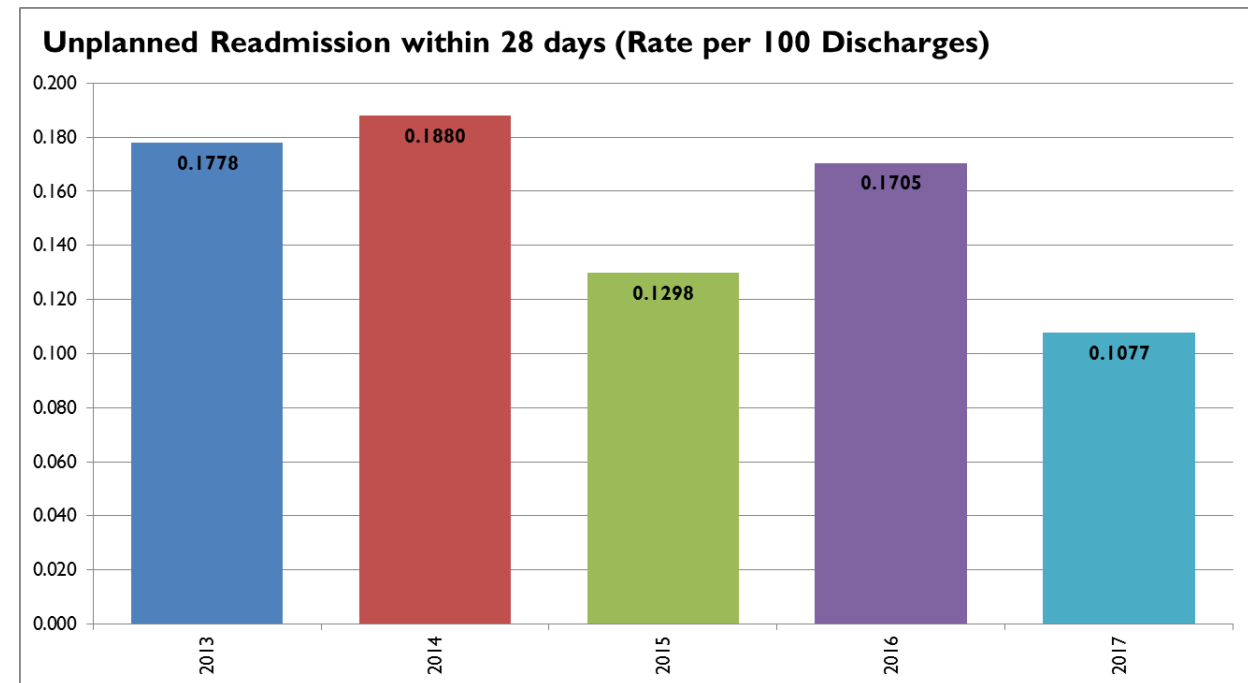
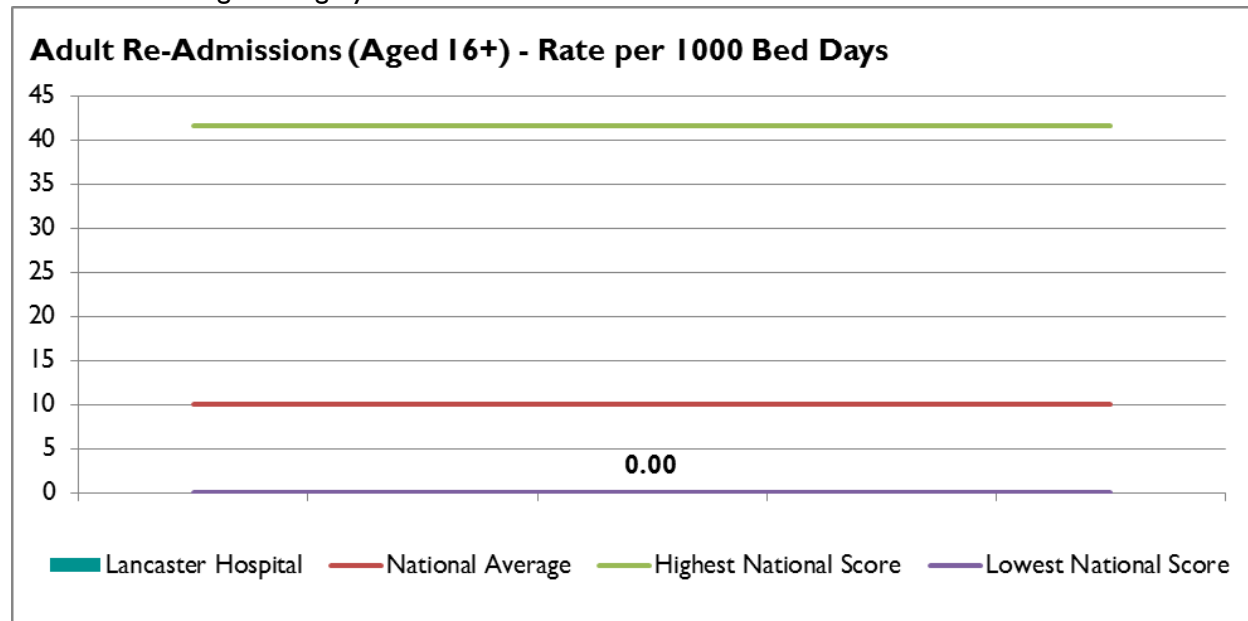
ERP is based on the following principles:-

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*

ERP is fully embedded into the relevant care pathways at the Lancaster Hospital.

Unplanned Readmissions & Unplanned Returns to Theatre.

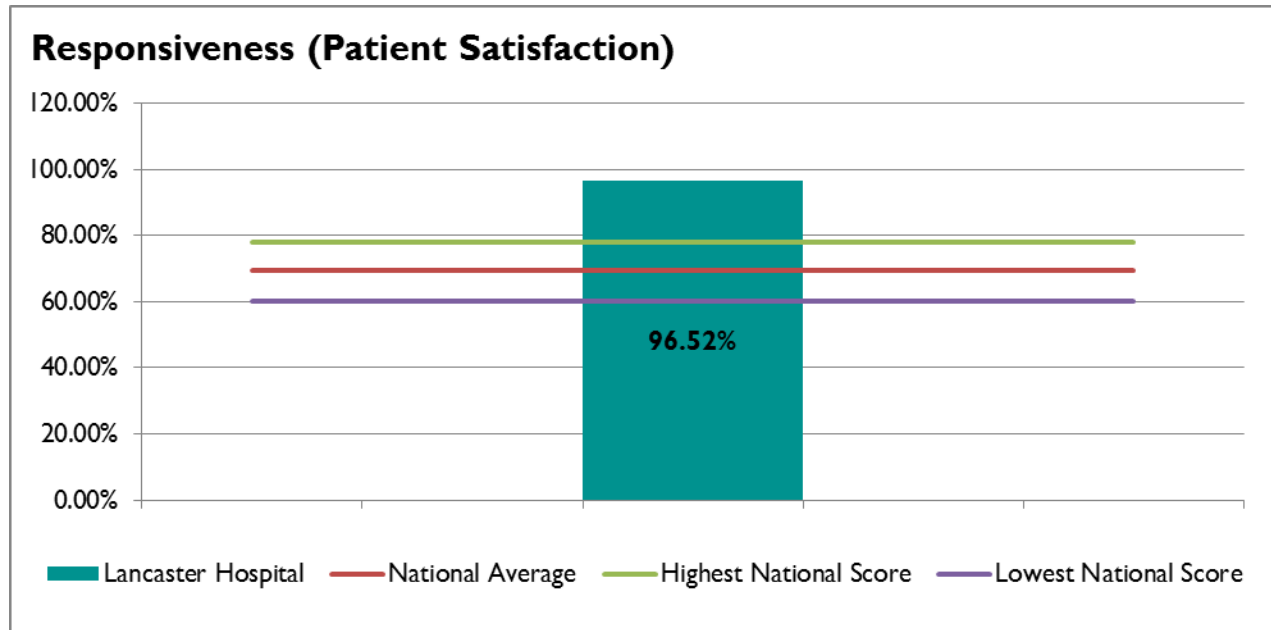
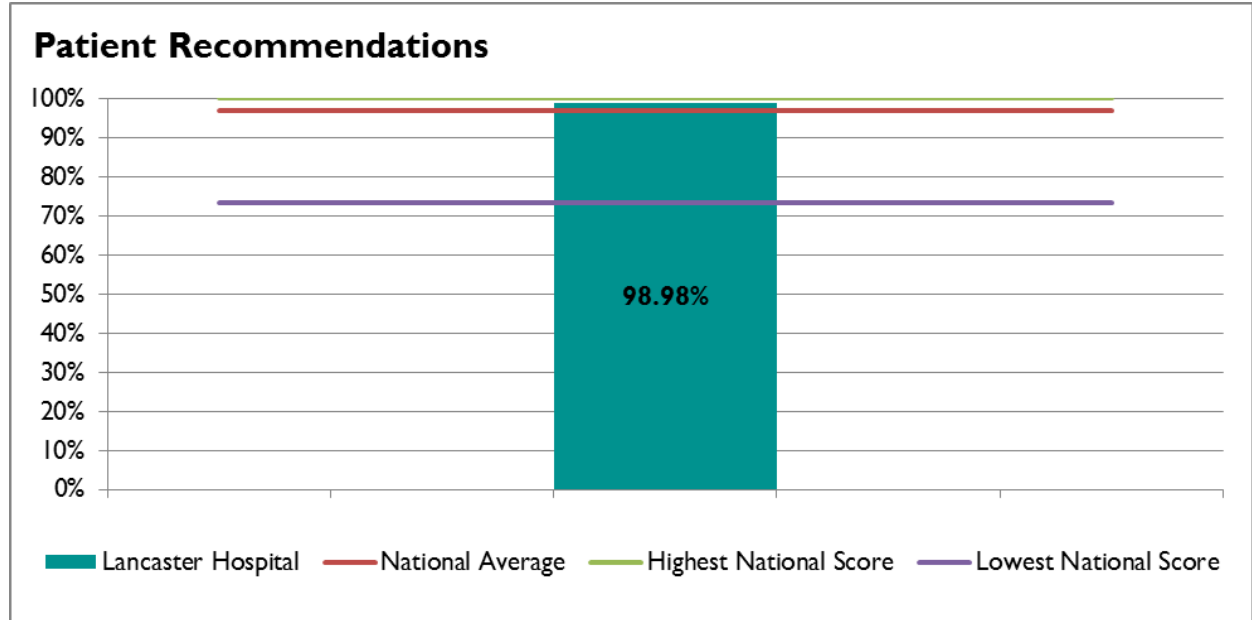
Unplanned readmissions and Unplanned Returns to Theatre are normally due to a clinical complication related to the original surgery. The Lancaster had a zero rate of readmissions in 2016.



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.



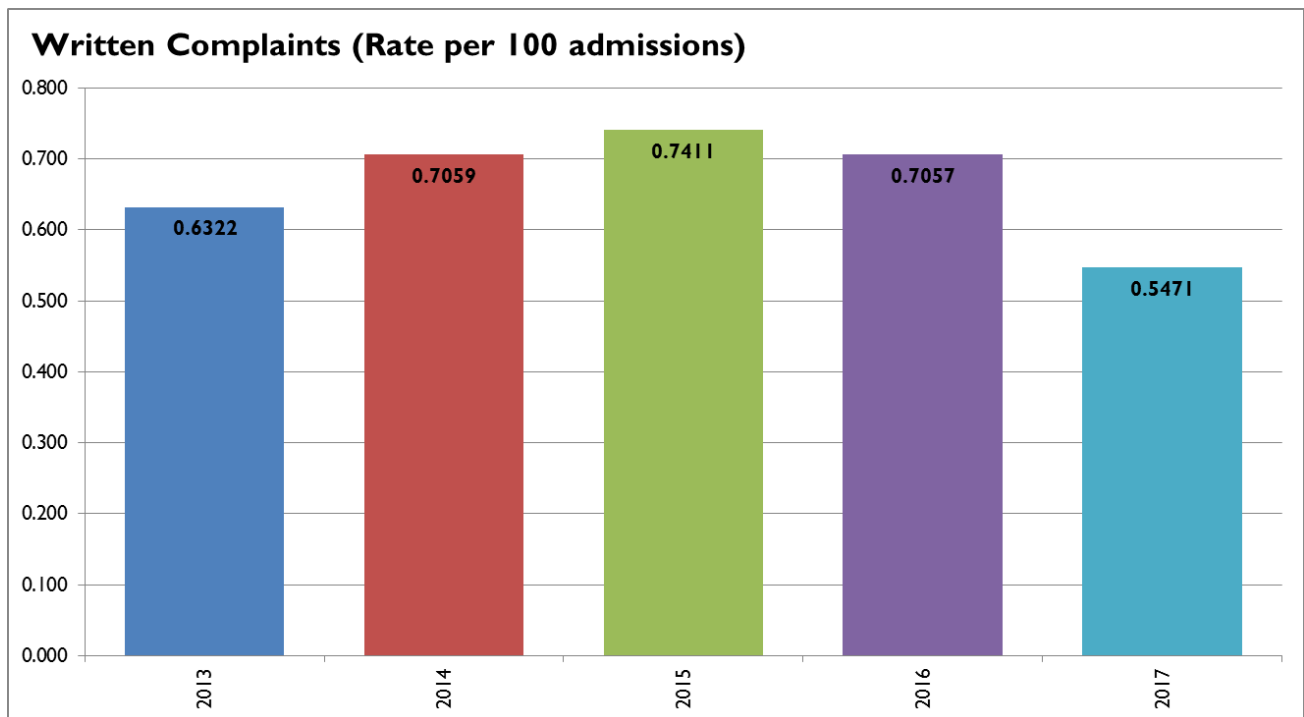
Complaints

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



CQUINS

The first CQUIN was a continuation of last year's 2015/16 CQUIN which was to improve patient experience and reduce surgery cancellations and extended stays, the rationale for inclusion was due to current themes and trends from clinical incident reports which demonstrated a high number of cancellations, day case to overnight or extended length of stays as a result of errors at pre assessment or lack of pre assessment. Reducing these issues aimed to improve patient experience. The Pre-op assessment CQUIN consisted of;

- a) Roll out and embedding of MDT process across the hospital
- b) Decrease in the number of avoidable cancellations and extended length of stay

- c) Further development included patient experiences to be reported with areas of good outcomes identified and areas for improvement on action plan

This has proved very successful and the number of patients who are cancelled on the day for clinical reasons has fallen. Below is a summary of the results

A total of 244 NHS patients were reviewed at the Lancaster Pre-Assessment MDT meeting during the period April 16 – Mar 17. Of these patients 37 were cancelled/ postponed for further investigations. In this period there were zero avoidable cancellations upon the day of surgery.

The second CQUIN involved screening all patients aged 75 and over for frailty syndrome, using the Edmonton Frail Scale, on presentation at pre-operative assessment, frailty severity grade recorded, discharge summaries to GPs and development of care plans where appropriate according to patients needs to ensure safe care and appropriate discharge. This included signposting and linkage to local teams. The rationale for inclusion is that people with frailty are currently either not reliably identified or identified only when advanced frailty has developed. This leads to missed opportunities to mitigate the preventative components of frailty, to instigate proactive care models such as personalised care and support planning, and/or target geriatric resources.

In the reporting period a total of 82 patients were screened and of these 3 patients were screened positive for frailty. In all cases the GP was made aware of the screening result and patients were signposted into local teams in order to provide increased support at home.

The third CQUIN involved the setting up of a Clinical Collaborative network event for clinicians across the Lancashire footprint to focus on quality improvement, innovation and education and to improve communications and outcomes across NHS and independent providers and promote collaborative working and learning.

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.

The Director of Clinical Services is an active member of the local Safeguarding Board sub-group for private providers.

Close links have been forged with the local hospice and dementia hubs to further enhance the care provided in the hospital to vulnerable patients.

The hospital had no major safeguarding incidents in 2016/2017.

VTE Exemplar Status

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

We see this as an important initiative to further assure patient safety and care. We audit compliance with our requirement to VTE risk assessment every patient who is admitted to the hospital. BMI The Lancaster reports the incidence of Venous Thromboembolism (VTE) through the corporate clinical incident system. It is acknowledged that the challenge is receiving information for patients who may return to their GPs or other hospitals for diagnosis and/or treatment of VTE post discharge from the Hospital. As such we may not be made aware of them. We continue to work with our Consultants and referrers in order to ensure that we have as much data as possible.

Antimicrobial Stewardship

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

The hospital submits data to the National Joint Registry audit, figures for 2016 are shown below.

Totals for this hospital	2016
Total completed ops	169
Hip procedures	71
Knee procedures	98
Ankle procedures	0
Elbow procedures	0
Shoulder procedures	0
NJR consent rate	100%

Priorities for Service Development and Improvement

- Development of more ambulatory care pods
- Capital investment to change the endoscopy unit into an endoscopy and minor ops unit
- Outreach clinics in Cumbria
- Programme of replacement of carpets and furniture

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.

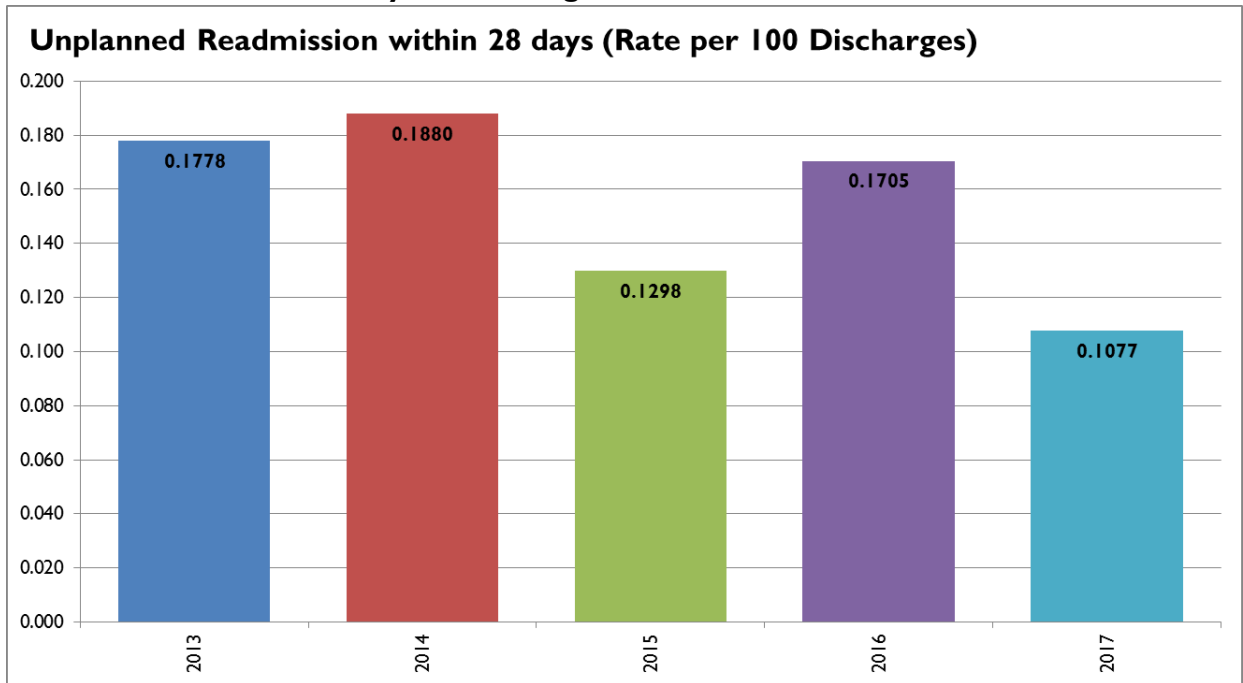
All data provided by BMI Healthcare is for the period **April 2016-March 2017** to remain consistent with previous Quality Accounts, whilst the NHS data may not be for the same period due to HSCIC

data availability. The NHS data provided is the latest information available from the HSCIC Indicator Portal.

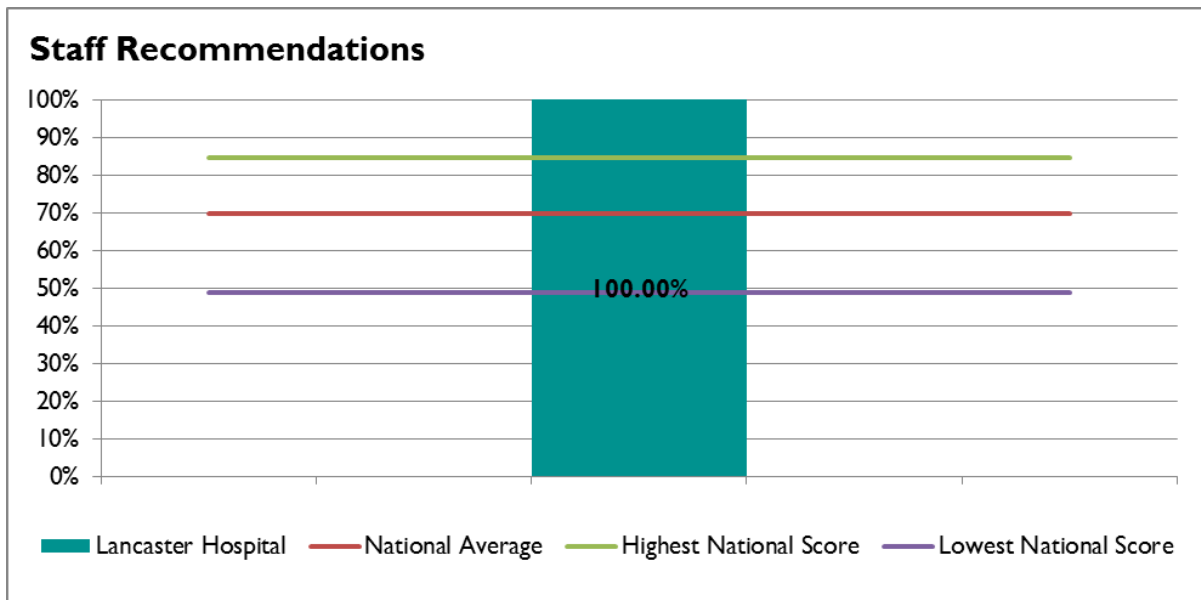
Indicator	Source	Information	NHS Date Period
Summary Hospital-Level Mortality Indicator (SHMI)	This indicator measures whether the number of patients who die in hospital is higher or lower than would be expected. This indicator is not something that is collected for the Independent Healthcare Sector.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

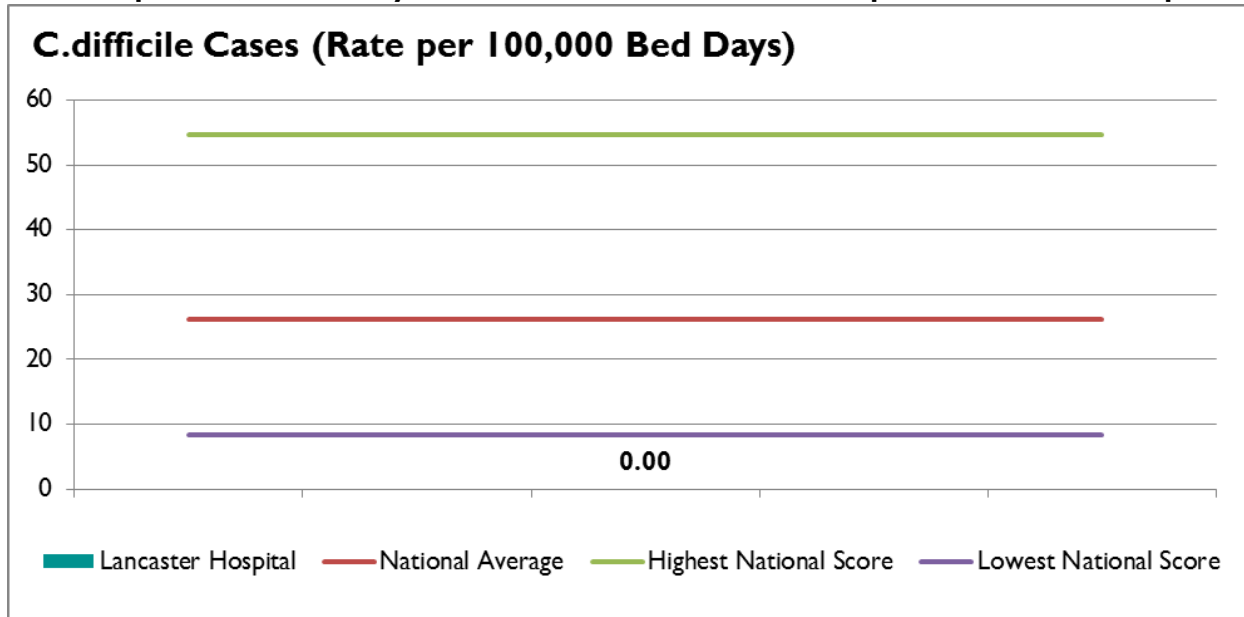
Re-Admissions within 28 Days of Discharge.



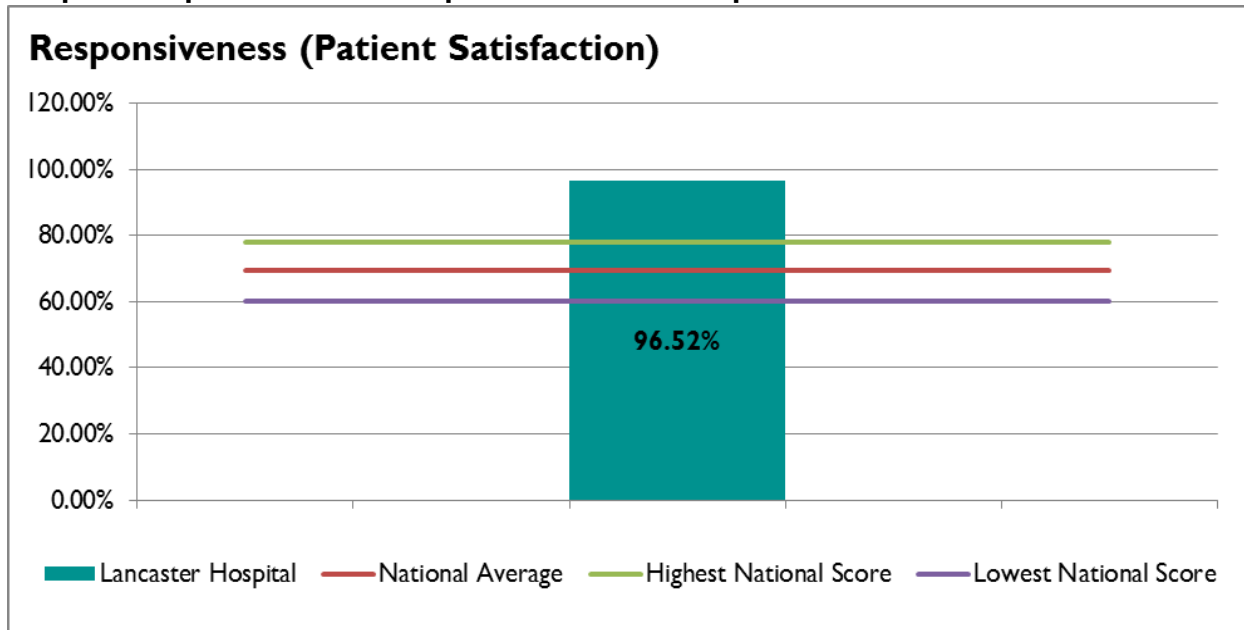
Staff Recommendation Results



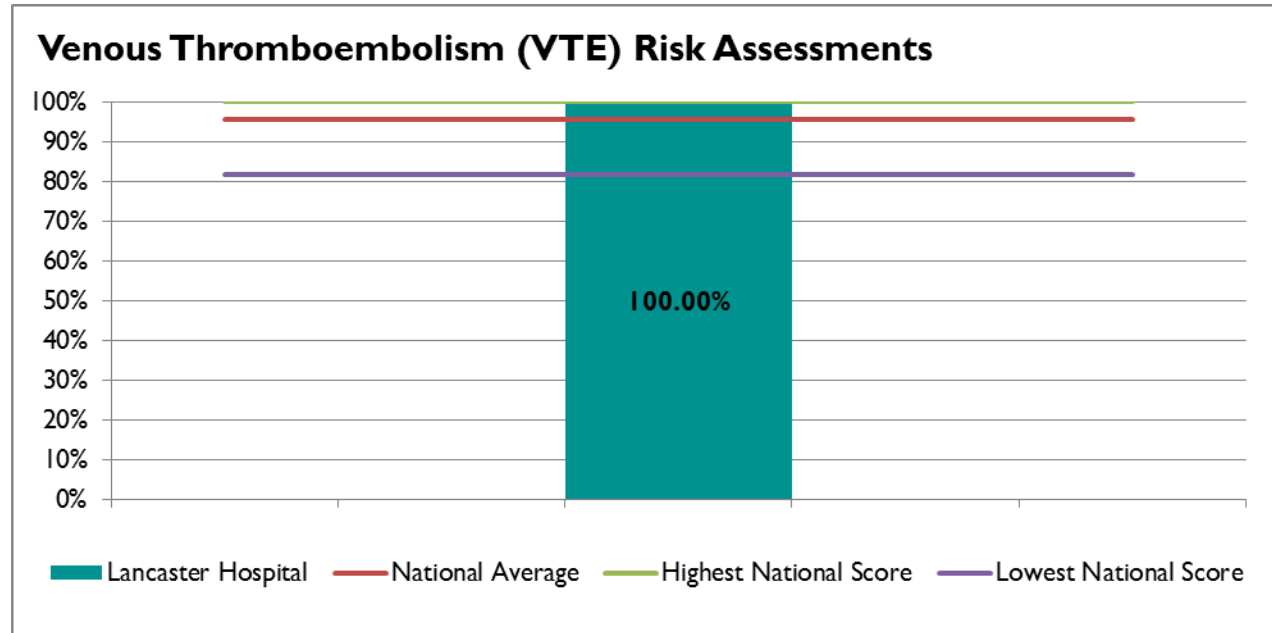
The rate per 100,000 bed days of cases of C difficile infection reported within the hospital



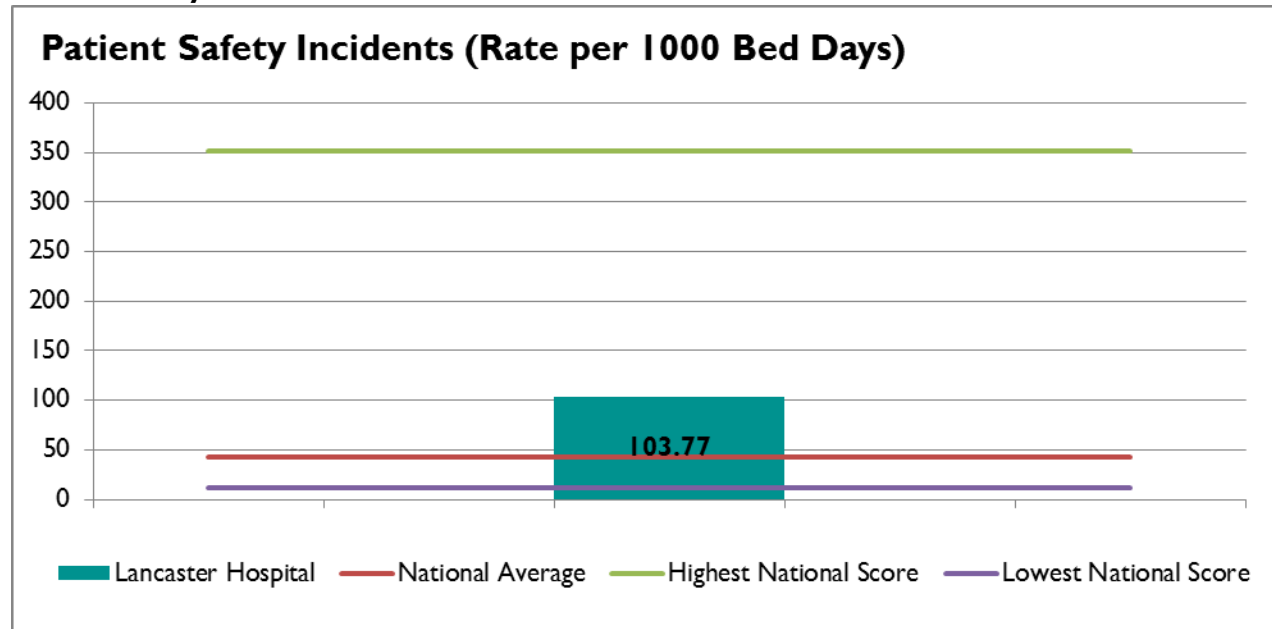
Hospitals responsiveness to the personal needs of its patients



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



Patient Safety Incidents



Further Quality Indicators

Patient Recommendation Results

