



The Lincoln
Hospital

Quality Accounts April 2016 to March 2017

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 Lincoln Hospital has 18 private en-suite bedrooms. For patient comfort, each room is equipped with television and telephone facilities. We are currently in the process of up-grading patient bedrooms which include converting existing bathrooms into wet rooms to further enhance patient experience and comfort.

BMI's commitment of significant investment in The Lincoln Hospital over the past 12 months has enabled the hospital to up-grade and replace internal lifts, replace the boilers with Heat plate exchangers, replace the Endoscopy sink, installation of a Tristel Rinse Assure system within Endoscopy and a refurbishment programme on the Ward, in Theatres and in Outpatients Department. We have also invested heavily in theatre equipment to ensure that patients receive the best treatment possible whilst in our care. There are plans in place to replace the front elevation windows in the entire building.

The hospital's theatre department consists of two operating theatres and a recovery bay. Endoscopy services are also provided from within the theatre department. BMI The Lincoln Hospital is equipped to provide a wide range of procedures from routine investigations to complex surgery.

Services that the hospital provides include an extensive range of medical and surgical outpatient's consultations and a range of in-patient surgical services including some plastic surgery procedures. These are supported by a fully equipped imaging department that has a dedicated MRI scanner and access to mobile CT scanning services on a fortnightly basis. The hospital is further supported by an experienced physiotherapy team who provide both in and out-patient services for a range of conditions.

Care is provided by an established and dedicated nursing team with medical support from consultants and 24 hour on site Resident Medical Officers (RMO's). The hospital is also supported by a wider support team who are integral in ensuring that we deliver safe and effective care to our patients.

Approximately 50% of patients treated here at BMI The Lincoln Hospital over the last 12 months were NHS Choose and Book 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 The Lincoln Hospital 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 unannounced inspection on the 9th of February 2016 and rated the hospital overall as good. In all five inspected key lines of enquiry BMI The Lincoln Hospital achieved a good rating:

CQC Ratings Grid

SAFE	Good ✓
CARING	Good ✓
RESPONSIVE	Good ✓
EFFECTIVE	Good ✓
WELL-LED	Good ✓

BMI The Lincoln 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 BMI The Lincoln 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 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 0.01064 Rate (Per number of procedures)
 - Knees 0.00000 Rate (Per number of procedures)



Hand Hygiene is assessed monthly within The BMI Lincoln Hospital using World Health Organisation (WHO) 5 moments strategy observation audit tool. The hospital has consistently achieved over 90% compliance across all staff groups over the last 12 months. Poor hand hygiene practice is immediately addressed when witnessed and all staff undergo annual hand hygiene training. Bare below the elbow is standard practice within all clinical areas and poor compliance is challenged.

Infection Prevention and Control (IPaC) environmental and clinical practice audits are carried out within all departments of the hospital according to an annual audit schedule devised by the corporate IPaC team. These are performed using the Infection Prevention Society's (IPS) Quality Improvement Tools (QIT).

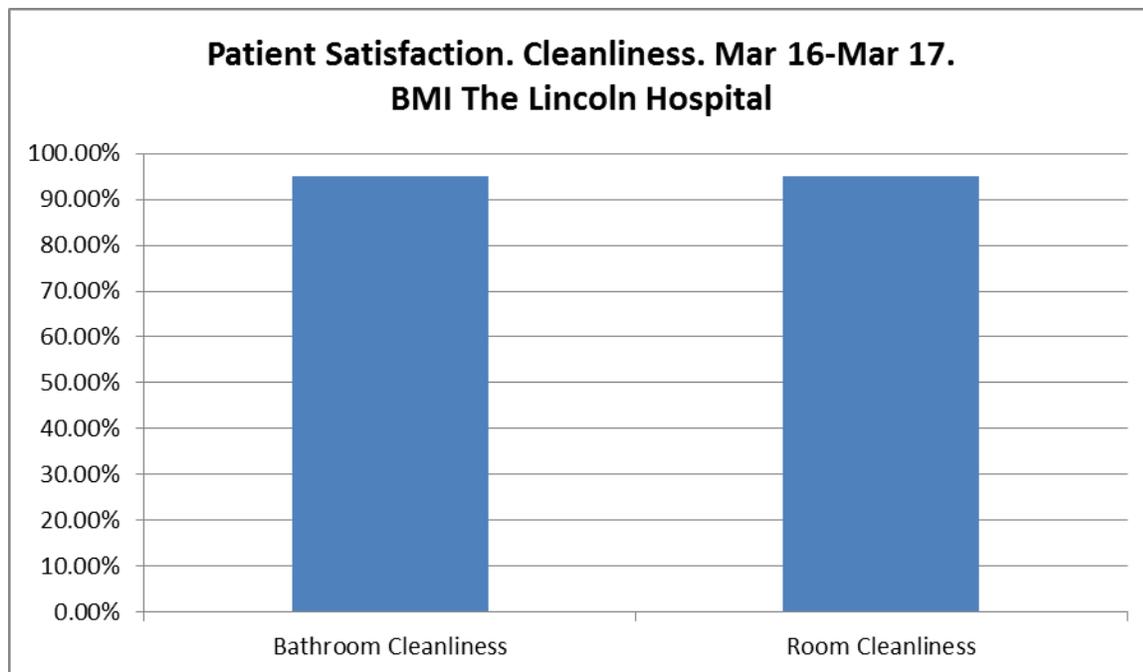
QIT audit results are reviewed by the IPaC team and areas of concern are re-visited at more regular intervals with action plans being devised for desired improvements. Challenges presented by the general hospital environment throughout the QIT audits are being addressed to ensure a clinical environment fit for purpose.

Changes to clinical practice have been implemented as a direct result of the QIT audits results. These changes have been based on risk assessment, widespread clinical and non-clinical education from the IPaC team, controlled change management and effective communication. On re-audit of the areas of concern highlighted in the QIT schedule qualitative and quantitative improvements in clinical practice and environment have been recorded and reported by the IPaC team. Overall clinical knowledge regarding IPaC, prevention of HCAs and reduction of the risk of cross contamination has improved throughout the hospital.

High Impact Intervention (HII) care bundles for peripheral cannulas, urinary catheters, and Surgical Site Infection (SSI) continue to be implemented by the IPaC team.

BMI The Lincoln Hospital comply with the guidelines, Antibiotic Formulary and Prescribing Advice for Adult Patients (Version 7 Effective from 01/04/2016) issued by the Northern Lincolnshire & Goole Hospitals NHS Foundation Trust (NLAG) and United Lincolnshire Hospitals NHS Trust (ULHT).

Environmental cleanliness is also an important factor in infection prevention and BMI The Lincoln Hospital patients rate the cleanliness of the facilities highly.



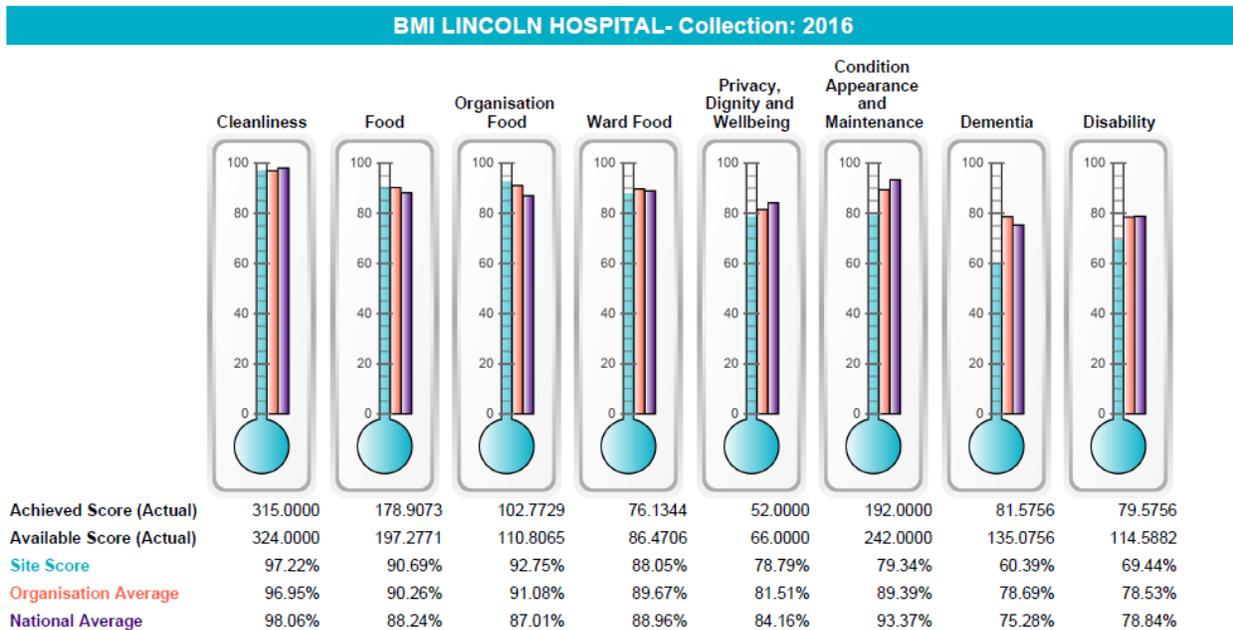
Patient Led Assessment of the Care Environment (PLACE)

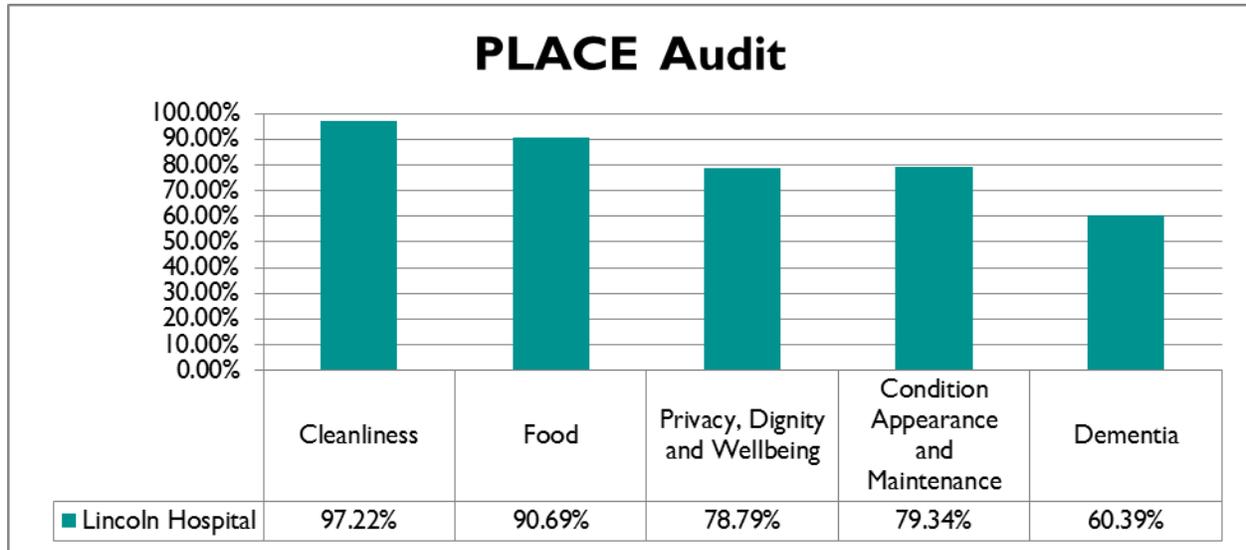
At BMI Healthcare, we believe a patient should be cared for with compassion and dignity in a clean, safe environment. Where standards fall short, they should be able to draw it to the attention of managers and hold the service to account. PLACE assessments will provide motivation for improvement by providing 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. The results will show how hospitals are performing nationally and locally. BMI The Lincoln’s Hospital PLACE assessment occurred on the 7th of April 2016. Results are displayed below:





BMI The Lincoln Hospital has scored above average in relation to cleanliness and food. We have developed a site specific action plan to increase our scores in the following areas, Privacy, Dignity, Wellbeing, Condition, Appearance, Maintenance and Dementia. Actions that we have taken and are due to undertake include:

- Investment in dementia friendly signage around the hospital. Standardising all directional signs.
- Appoint of a new role of Quality and Risk Manager to coordinate improvement plans.
- On-going plans to up-grade a patient bedroom to provide a dementia friendly environment.
- Working with our catering partners to ensure menus are available in alternative formats including several languages.
- Rolling programme of room up-grades.
- External glazing to be replaced upon the ward during 2017.
- Internal Lift replacement between theatres, ward and imaging department has been completed in April 2017.

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.

Duty of Candour Incidents
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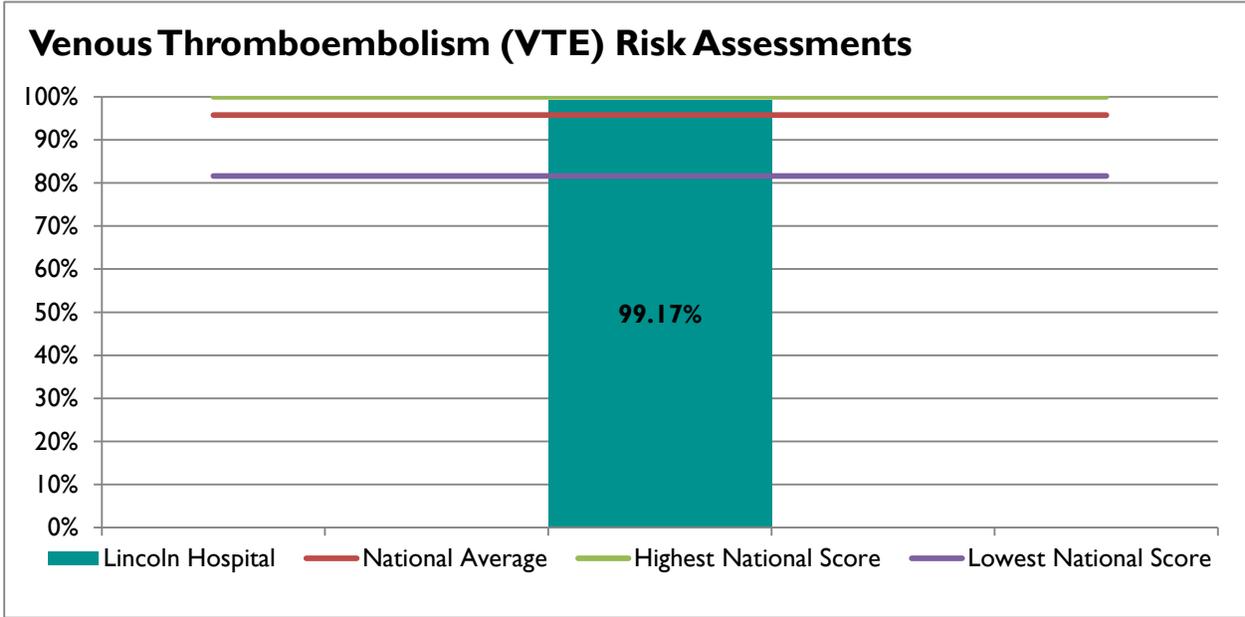
We have undertaken one Duty of Candour incident in relation to NHS patients during the reporting period. Each Duty of Candour incident is subject for review through BMI's investigation procedures and is led by a senior member of the team. External agencies are informed as appropriate and this can include the CQC and the Clinical Commissioning Group (CCG's) who funded the care.

Findings are shared firstly at hospital level through feedback at Clinical Governance and Medical Advisory Committee (MAC) and then nationally after the report is reviewed and agreed by the corporate Clinical Governance Board.

Venous Thrombo-embolism (VTE)

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



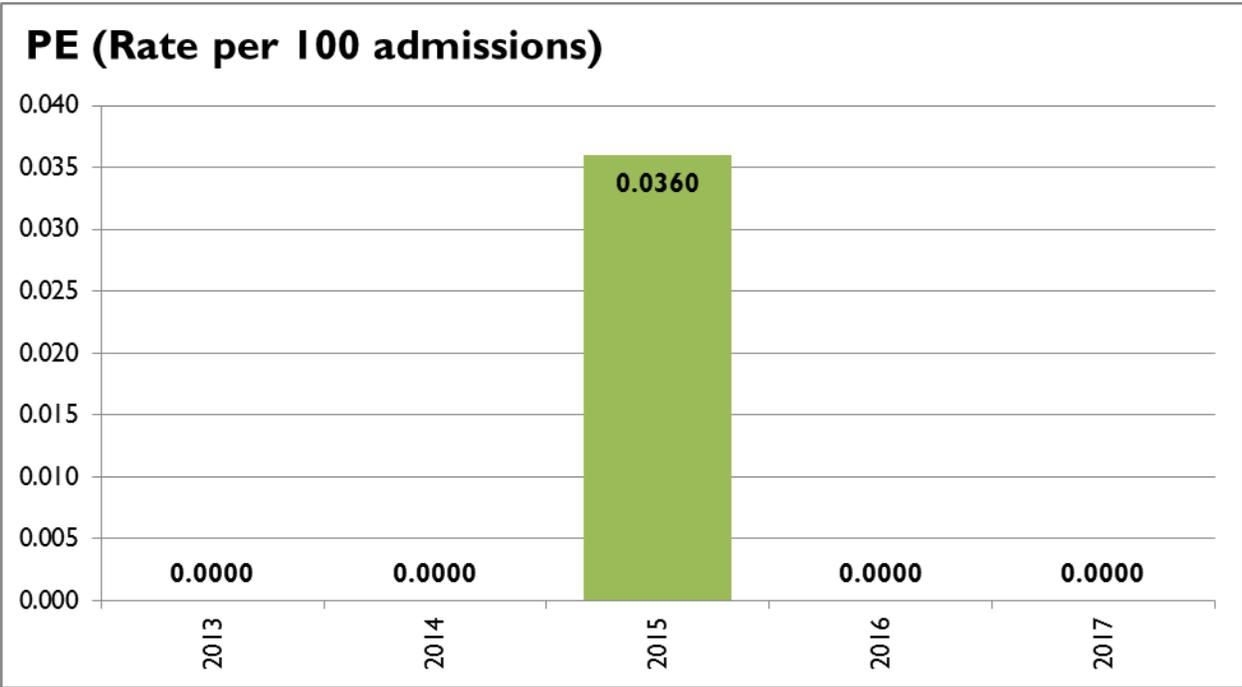
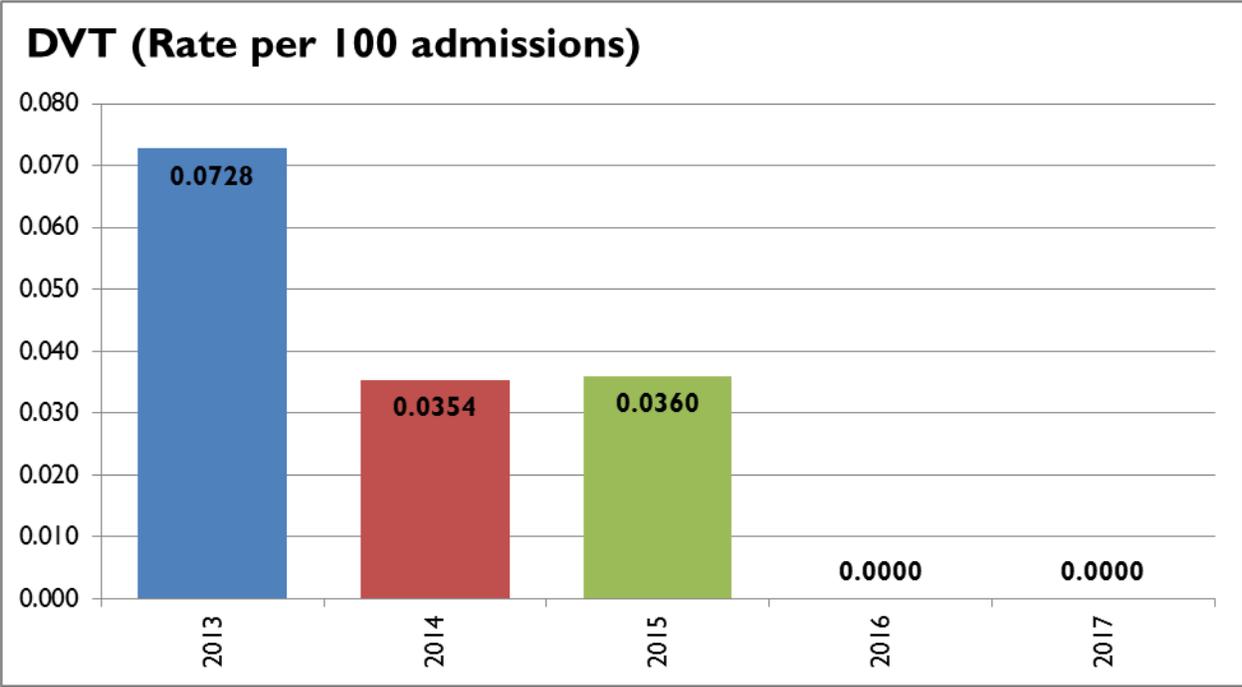
BMI The Lincoln Hospital's achieved **99.17%** of all patients assessed for risk of VTE during reporting period. As evidenced upon the graph above BMI The Lincoln Hospital results are above the national average.

BMI The Lincoln 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.

BMI The Lincoln Hospital has established links with the local NHS Acute Trust in relation to the trust informing us of patients who have had surgery at the BMI presenting in their organisation with a VTE.

The below graphs demonstrates that we have had no reported DVT's or PE's for NHS patients in the reporting period.

BMI The Lincoln Hospital



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.

The logo for the 'Sign up to SAFETY' campaign. It features the words 'Sign up to' in a green, cursive script font. Below this is a horizontal dotted line. Underneath the dotted line, the word 'SAFETY' is written in a large, bold, green, sans-serif font. At the bottom, the words 'LISTEN LEARN ACT' are written in a smaller, bold, teal, sans-serif font.

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.

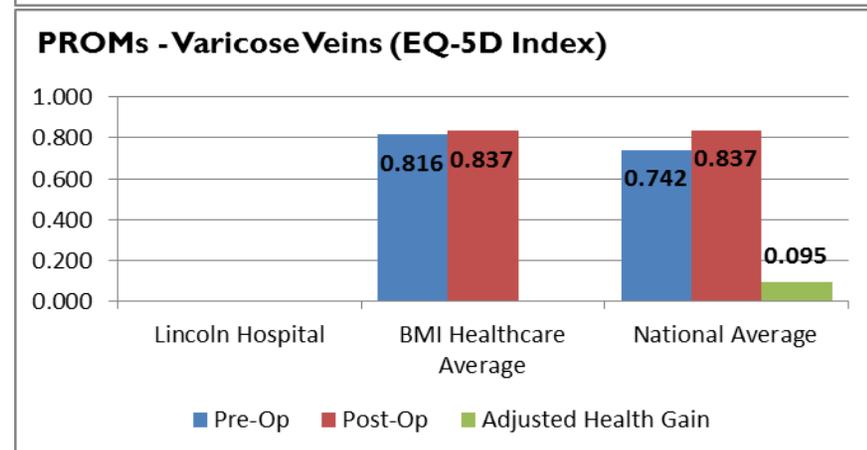
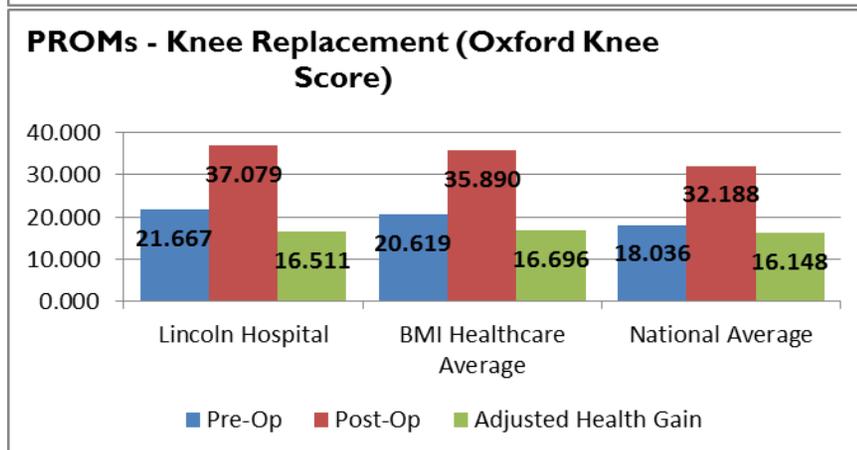
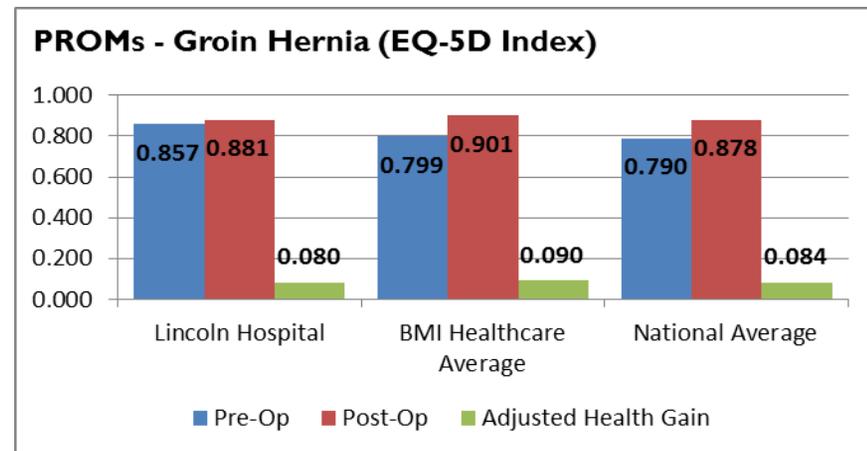
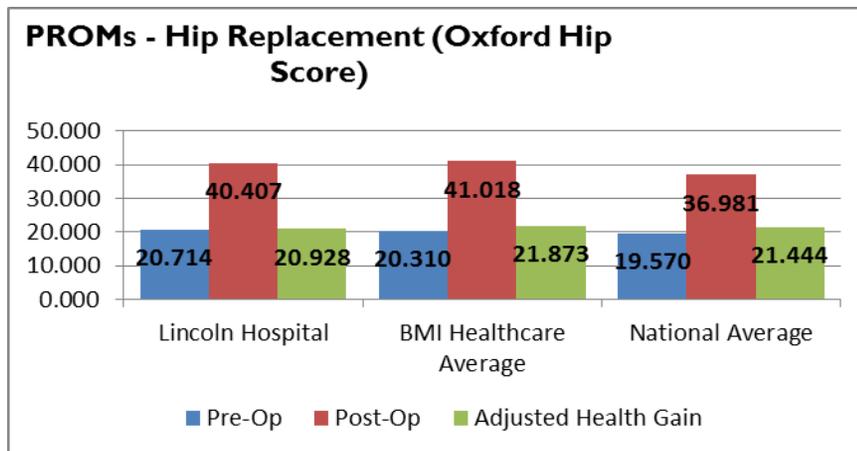
Effectiveness

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 BMI The Lincoln Hospital.

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



BMI The Lincoln Hospital has higher than average adjusted health gain for knee replacement surgery.

BMI The Lincoln is tracking just under the national average adjusted health gain in relation to groin hernia surgery and hip replacement surgery. We will monitor these results closely over the coming 12 months.

Varicose vein surgery on NHS patients is not carried out at BMI The Lincoln Hospital.

Enhanced Recovery Programme (ERP)

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

ERP is based on the following principles:-

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

BMI The Lincoln Hospital currently utilise multidisciplinary team working to maximise patient outcomes. Group physiotherapy sessions are also utilised to increase patient participation and support and reduce average length of patient stay.

Following these principles BMI The Lincoln Hospital average length of stay (AVLOS) for hip and knee replacements are:

Total HIP Replacement 2016: 2.8 Days

Total Knee Replacement 2016: 2.8 Days

Target for both Hip and Knee replacements is 3.5 days and below.

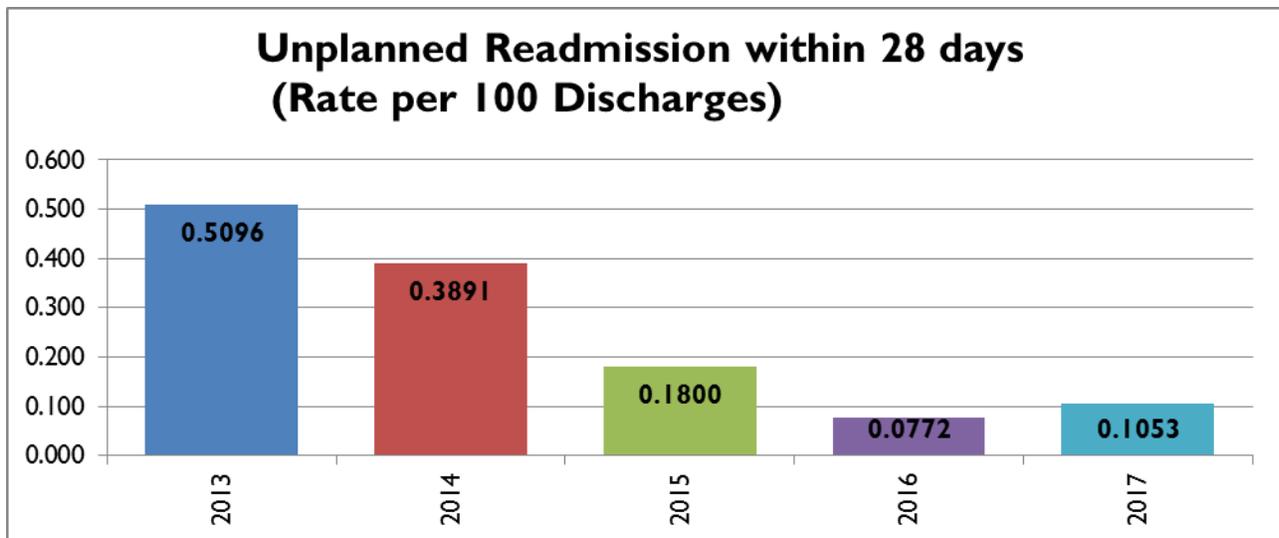
BMI The Lincoln will continue to:

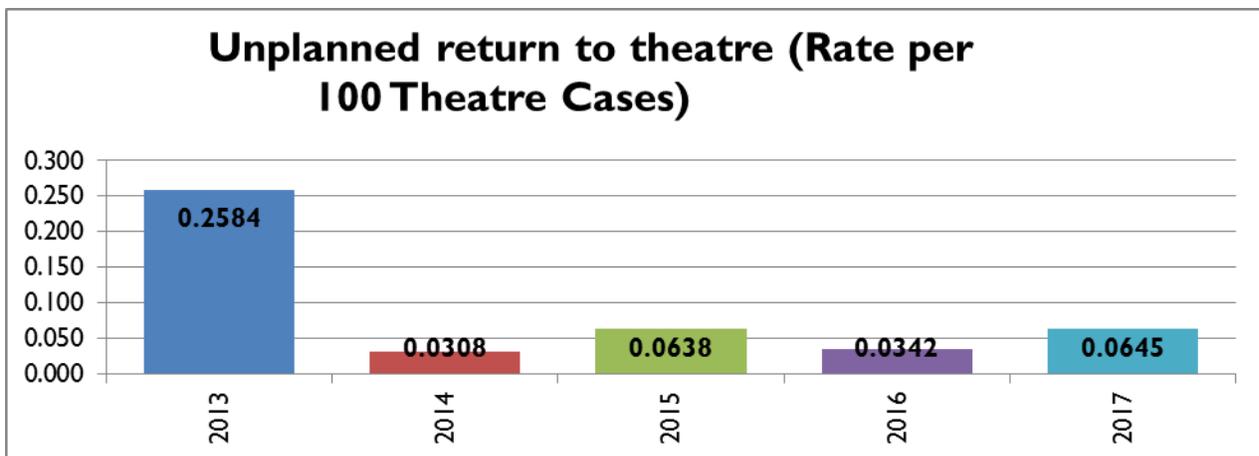
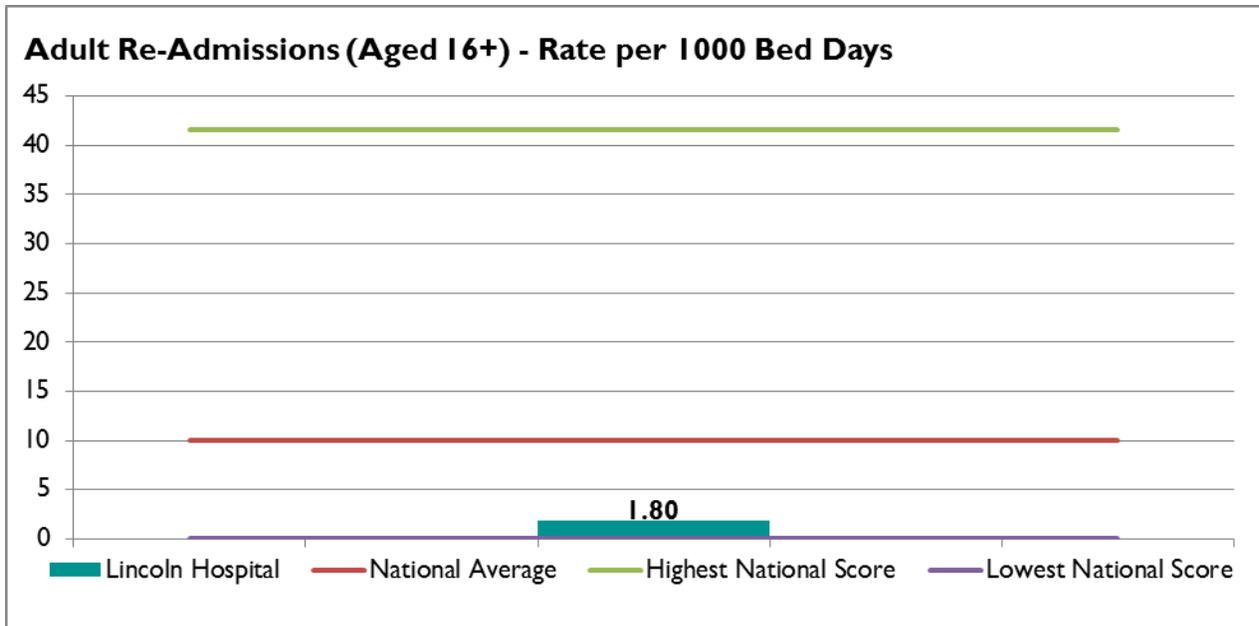
- Review processes for the patient’s pathway at the hospital.
- Promote integration and partnership working across the MDT.
- Review procedures regularly against, best practice and local pathways.
- Implement changes to the pathway ensuring that the quality of care and good patient outcomes are improved or maintained.
- Monitor key performance indicators (KPI) monthly, develop action plans and implement change as required.

BMI The Lincoln Hospital is currently in the early stages of developing a 23 hour evidence based joint replacement pathway and plans to trial this in the next 6 months.

Unplanned Readmissions & Unplanned Returns to Theatre.

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





BMI The Lincoln Hospital has a low overall rate for unplanned readmissions and theatre returns per 100 discharges and re-admission rate per 1000 bed days.

All unplanned readmissions and return to theatres are investigated for causality by a member of the senior nursing team. They are also reviewed and discussed at the quarterly hospital Medical Advisory Committee meetings. Findings and any improvement action plans are shared with relevant team members and at departmental meetings. We currently have not identified any trends or concerns in the published data.

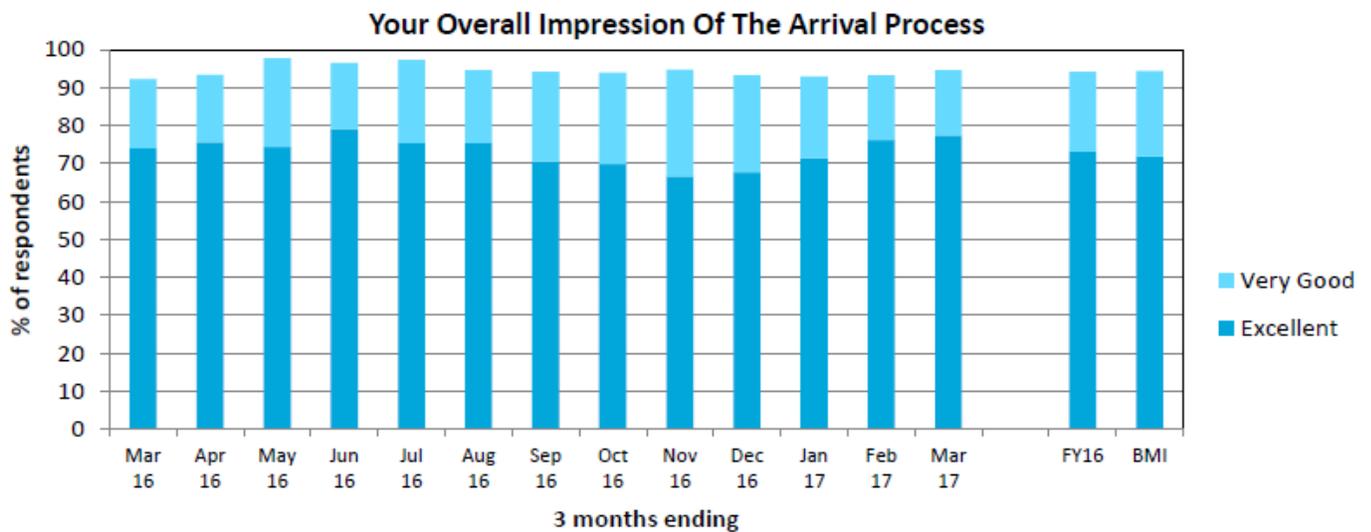
Patient Experience

Patient Satisfaction

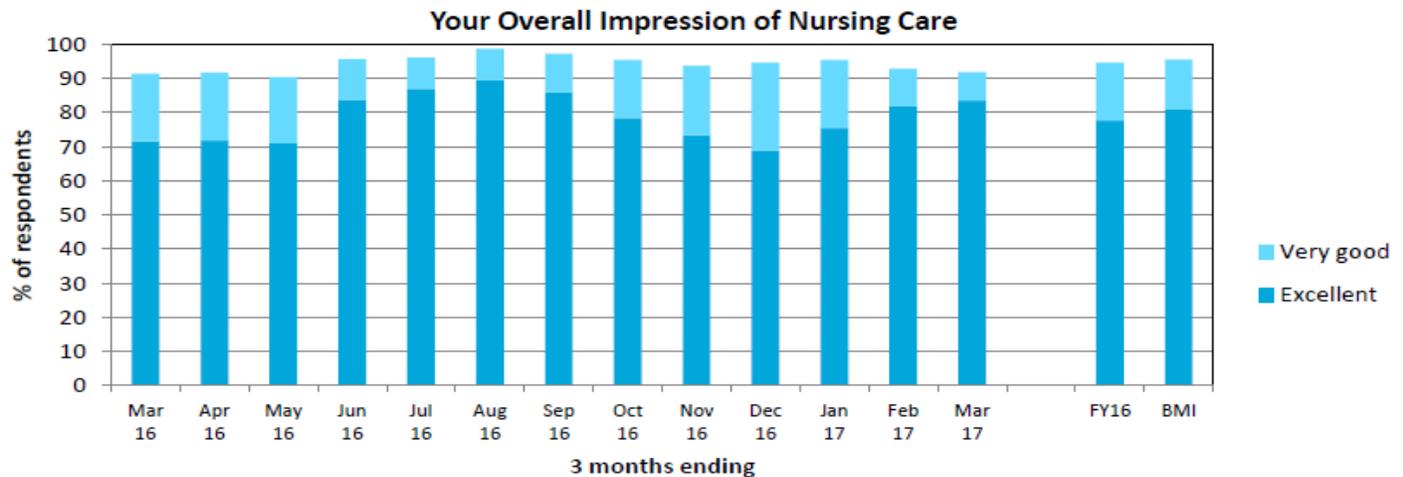
BMI Healthcare is committed to providing the highest levels of quality of care to all of our patients. We continually monitor how we are performing by asking patients to complete a patient satisfaction questionnaire. Patient satisfaction surveys are administered by an independent third party.

The barcharts over the next two pages display 5 key indicators of patient satisfactions for BMI The Lincoln Hospital for March 2016 to March 2017. These indicators are; Admission Process, Nursing Care, Accomodation, Catering and Discharge.

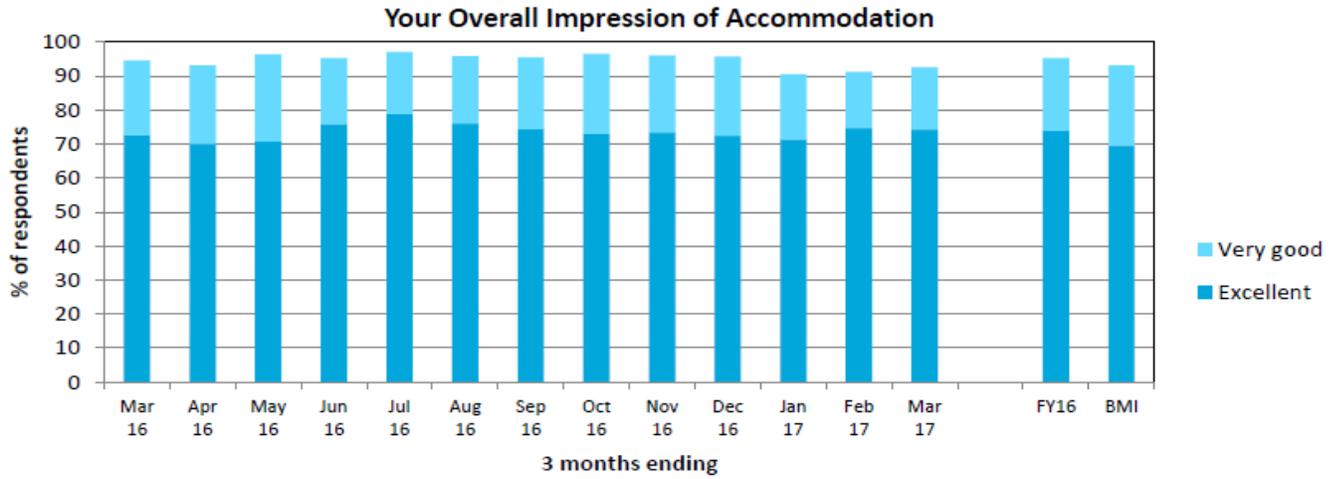
BMI The Lincoln Hosptial Satisfaction Scores 2016/17. Admission Process



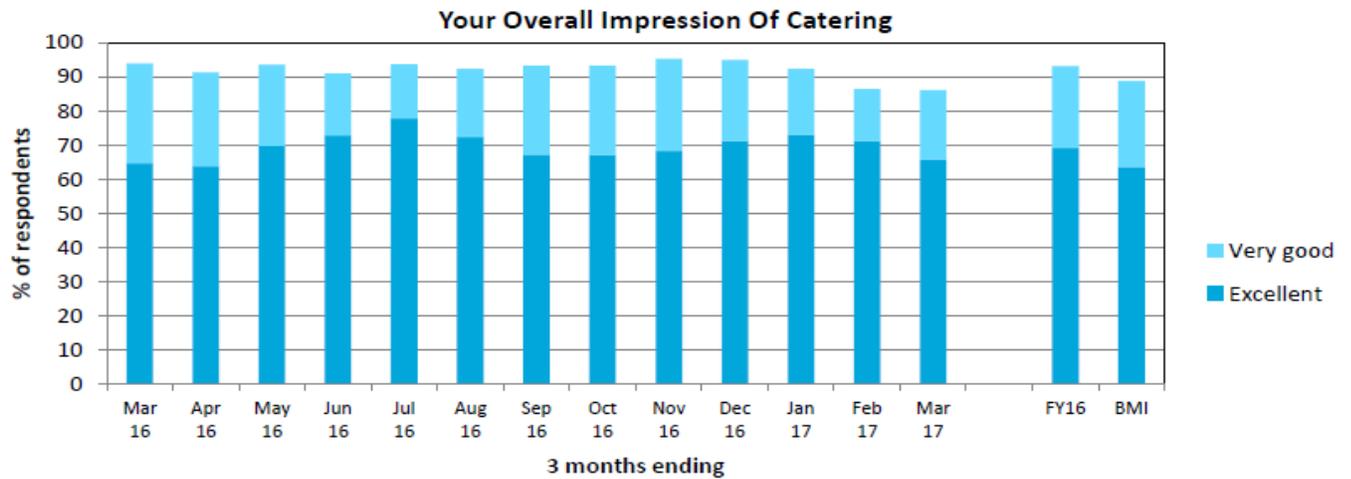
BMI The Lincoln Hospital Satisfaction Scores 2016/17. Nursing Care



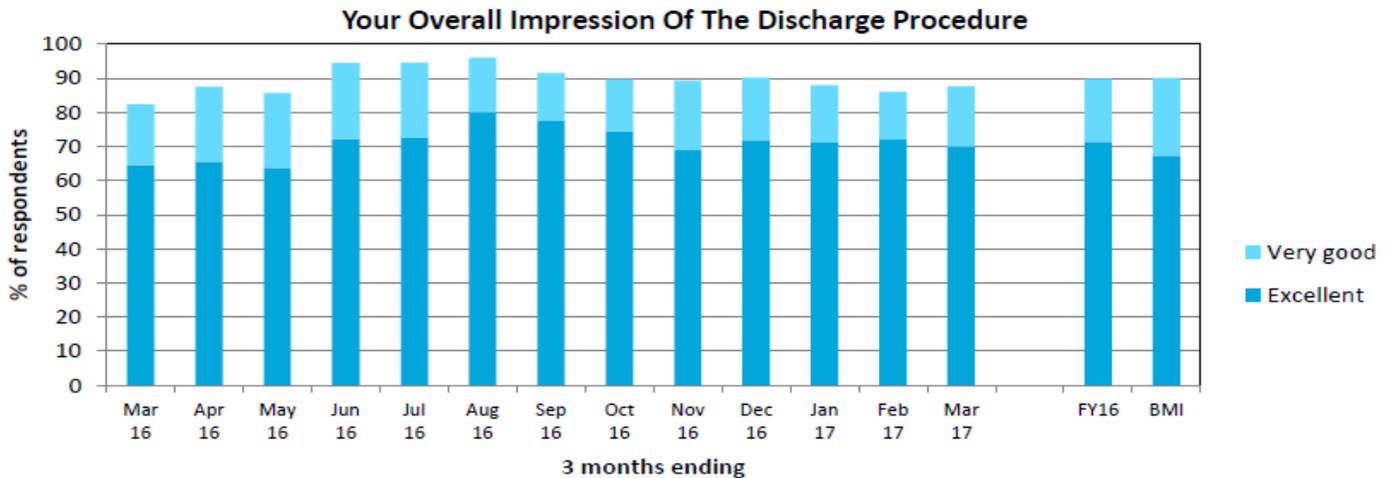
BMI The Lincoln Hospital Satisfaction Scores 2016/17. Accomodation



BMI The Lincoln Hospital Satisfaction Scores 2016/17. Catering



BMI The Lincoln Hospital Satisfaction Scores 2016/17. Departure



BMI The Lincoln Hospital has an internal patient experience group. The groups remit is to review all patient satisfaction reports, complaints and patient feedback so that themes can be identified, lessons identified, shared and improvement plans made and actioned. This group is made up of staff from all department across the hospital and chaired by the hospitals Executive Director.

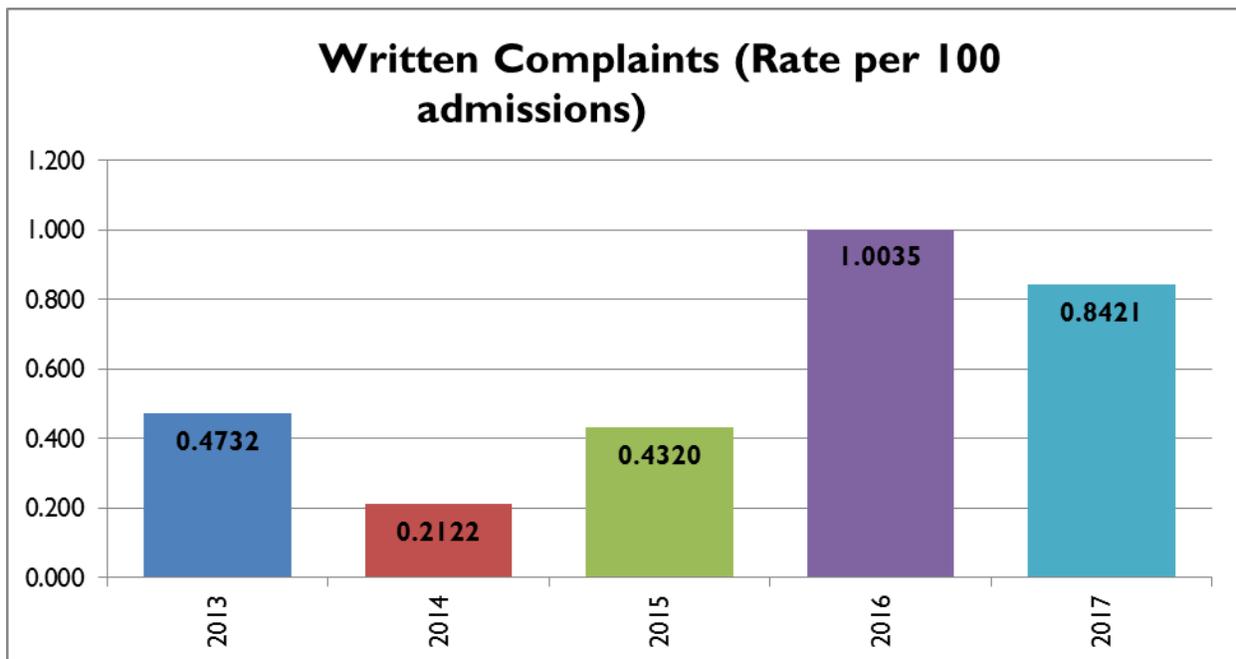
Complaints

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



All complaints have been answered within BMI 's written complaints time frame of 20 days from receipt of letter in year 2015/16.

Common themes to complaints identified include finance and billing. BMI The Lincoln will continue to work with our consultants and business partners to ensure our patients are provided with clear, unambiguous information surrounding the billing process.

Clinical complaints are reviewed at Medical Advisory Committee meetings and at departmental meetings so that lessons can be learned and feedback to all staff to improve the service. A new Quality Lead appointed at the hospital in November 2016 coordinates all complaints responses and works with the teams in the hospital to devise improvement plans to ensure lessons are learned and embedded.

Learning from this process is shared on a monthly basis by a 'Customer Feedback Report' which is sent to all BMI The Lincoln staff and displayed within the hospital upon the clinical governance board.

CQUINS

BMI The Lincoln Hospital and the CCG's Quality Support Manager agreed to abandon a CQUIN agreed in year 2015/16 in relation to deliver of ambulatory care. It was abandoned as the procedures identified to transfer to ambulatory care are not commissioned by the CCG's. As such a replacement CQUIN was identified for quarters 3 and 4. This CQUIN related to telephone follow up calls and is described below.

BMI The Lincoln Hospital meets regularly with the local clinical commissioning group's Quality Support Manager to review our CQUIN activity and results. We are currently awaiting confirmation regarding achievement of CQUIN's for year 2016/17.

CQUIN	TARGET	BMI RESULT
<p>Edmonton Frailty Tool. Frailty tool is used in the pre-assessment setting with all patients aged 75 and over. The tool identifies those patients at risk of potential requiring additional support on discharge.</p>	<p>All appropriate staffare trained to use tool and all patients aged 75 and over assessed.</p>	<p>Achieved quarter 1, 2 and 3 waiting for confirmation of quarter 4 achievement.</p>
<p>Telephone Follow Up Call. All NHS patients are to receive a follow up phone call within 48 hours of discharge to discuss elements of their care. Staff should make 3 attempts to contact patients.</p>	<p>All NHS treated patients to receive phone call within 48 hours</p>	<p>CQUIN introduced in Quarter 3, waiting confirmation of results.</p>

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.

BMI The Lincoln Hospital is not registered to consult or treat patients aged under 18. However all staff still complete Level 2 Safeguarding Children so that they remain appropriately trained. The Director of Clinical Services as the Safeguarding Lead for the hospital is trained to level 3.

All reported safeguarding incidents are reviewed by the Director of Clinical Services as the Safeguarding Lead for the hospital. The Safeguarding Lead has been trained to level 3 in both adult and children safeguarding. Safeguarding incidents are also reviewed at both the hospital's clinical governance and medical advisory committees.

VTE Exemplar Status

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

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

Antimicrobial Stewardship

Antimicrobial guidelines are in use across the hospital which details the medication to be used in clinical situations. Audit has illustrated **89%** adherence to the guidelines and the adoption of the Public Health England initiative. All medical and nursing teams are reminded to use the local published antimicrobial formulary.

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

BMI The Lincoln Hospital submits data to the National Joint Registry. BMI The Lincoln Hospital will also soon be submitting data to the National Breast and Cosmetic Implant Registry.

BMI The Lincoln Hospital undertakes various clinical audits upon a monthly basis and the results are shared with all internal teams so that improvements can be delivered as part of the audit cycle. BMI The Lincoln has recently set up a monthly Audit Group whose remit is to review all clinical audits to ensure that the audit cycle is complete and any learning is shared across the hospital.

Priorities for Service Development and Improvement

BMI The Lincoln Hospital has identified 4 main service development and improvement priorities for the coming 12 months:

- 1) Development of a 23 hour evidenced based patient pathway in respect of hip and knee replacement surgery. Patients will be carefully selected after MDT discussion for enrollment. Trial to commence in next 6 months.
- 2) Improve facilities to ensure that we meet standards for a dementia friendly environment. The hospital is in the process of sourcing dementia friendly signage and will also be undertaking work within patient bedrooms to cater for individuals with dementia.
- 3) Review clinical pathways in relation to pain management and the discharge process to enhance the experience for patients.

- 4) Continued rolling programme of up-grading patient bedroom and bathroom facilities to increase patient comfort and experience of our service.

Quality Indicators

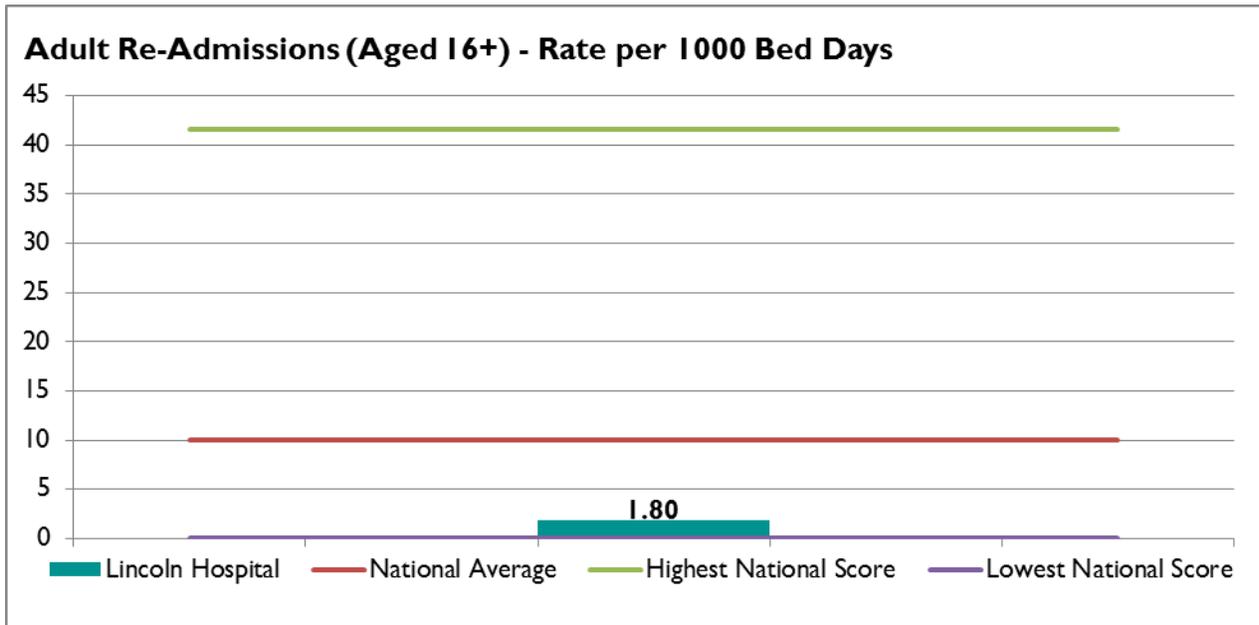
The below information provides an overview of the various Quality Indicators which form part of the annual Quality Accounts. Where relevant, information has been provided to explain any potential differences between the collection methods of BMI Healthcare and the NHS.

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 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

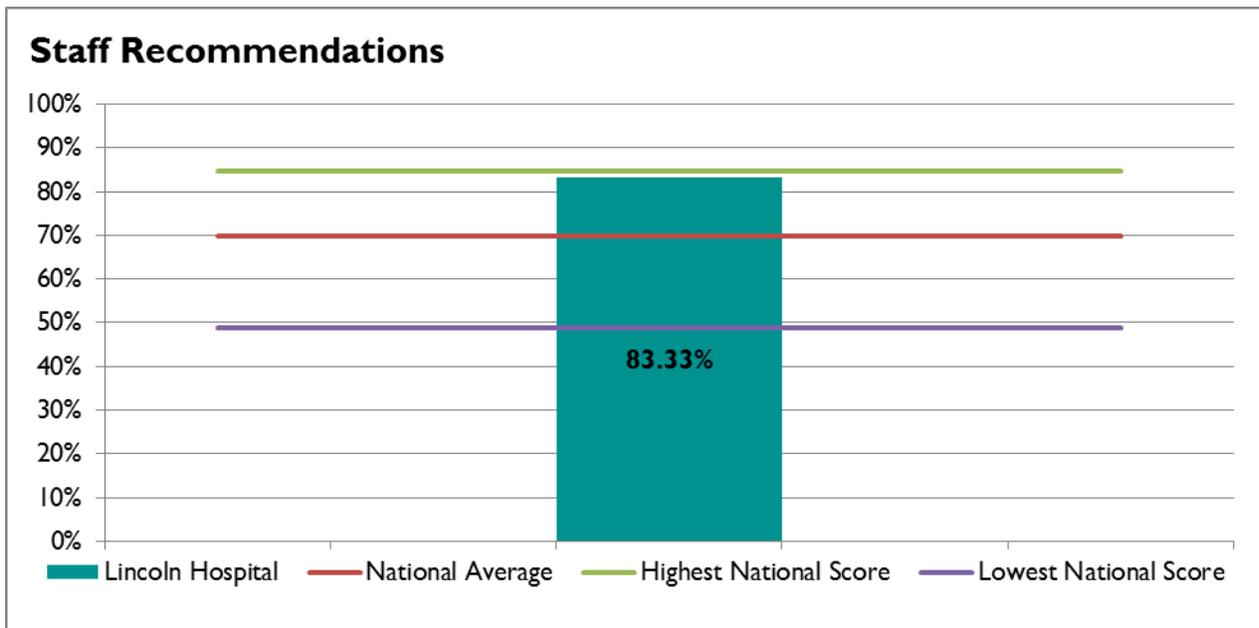
*In December 2016, BMI Healthcare changed Risk Management System. As a result, this data is taken from 2 separate sources. April – November 2016 from Sentinel, December 2016 to March 2017 from RiskMan.

Re-Admissions within 28 Days of Discharge (Adult)



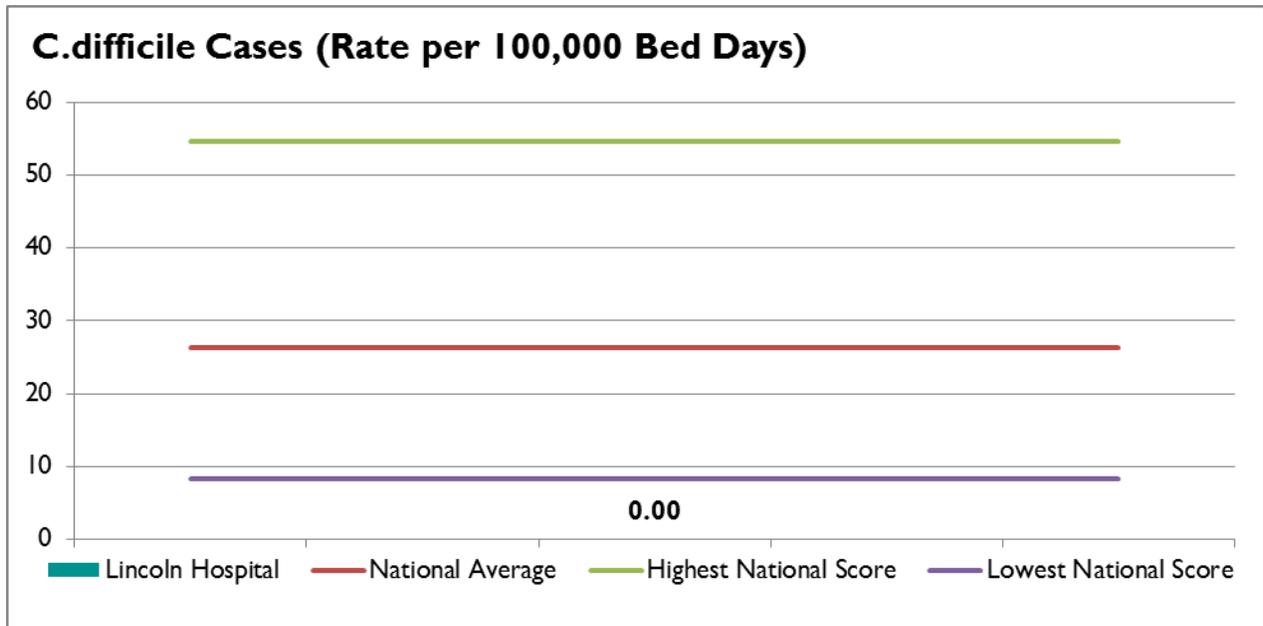
BMI The Lincoln Hospital considers that this data is as described and it is well below the national average for readmissions per 1000 bed. BMI The Lincoln will closely monitor this metric and undertakes a review of all re-admissions within 28 days of discharge.

Staff Recommendation Results



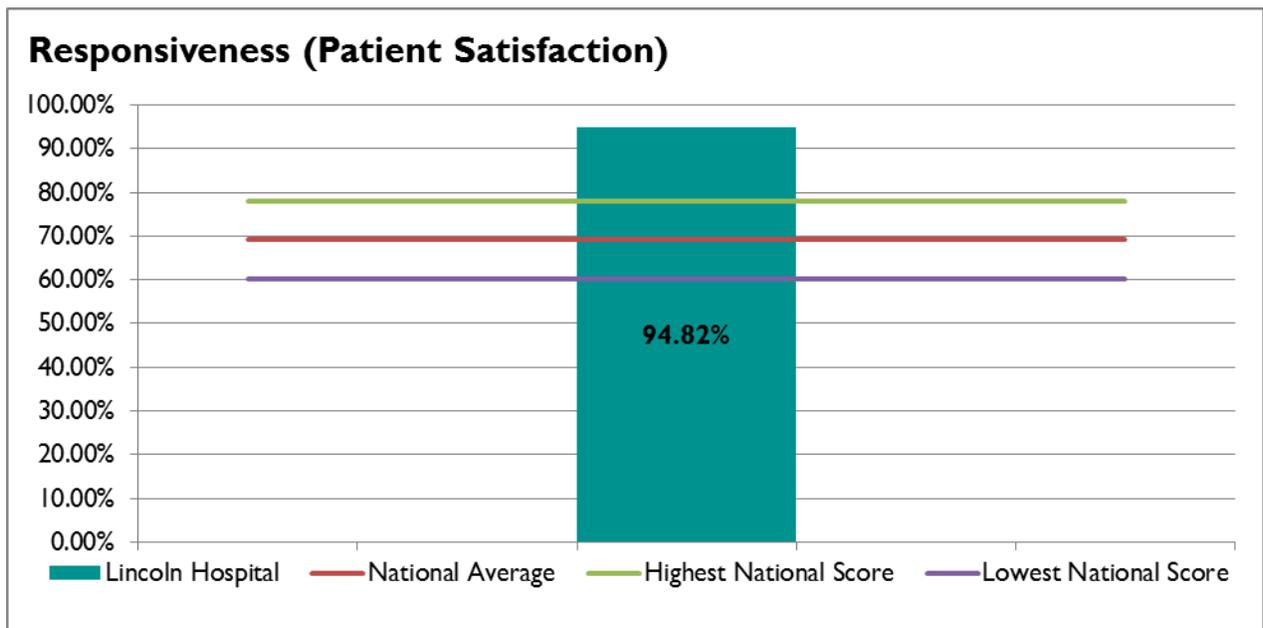
BMI The Lincoln Hospital considers that this data is as described and is above the national average for staff recommending their hospital as a provider of care. BMI The Lincoln Hospital is working with staff to improve this percentage further by engaging with them on areas of improvement.

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



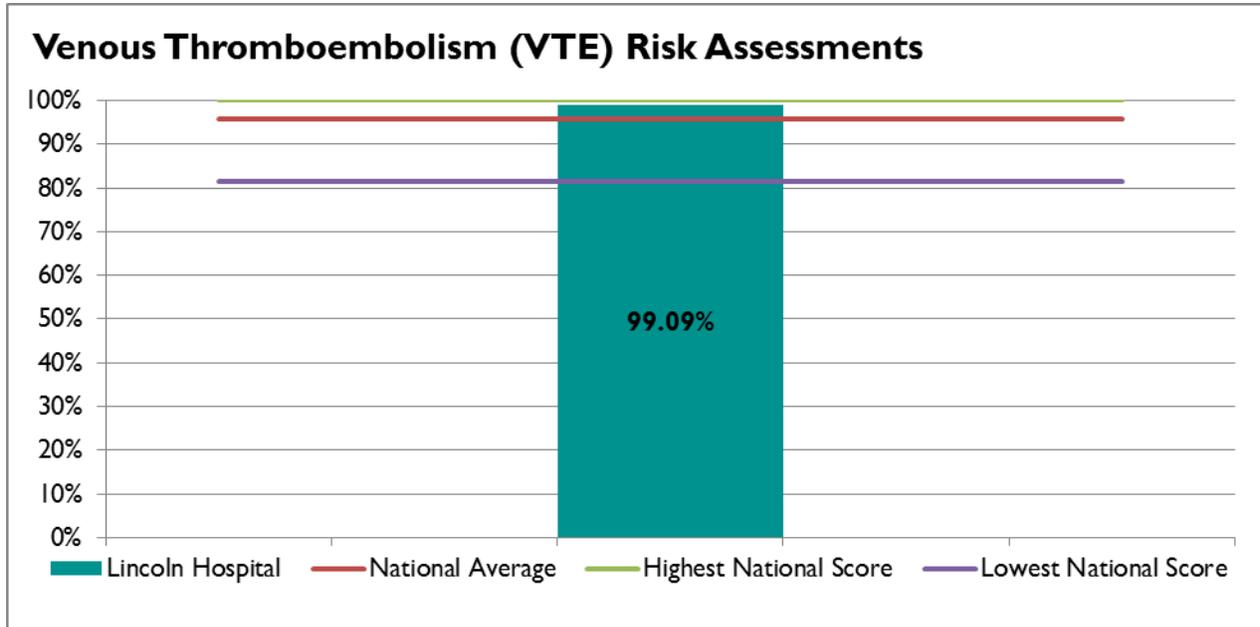
BMI The Lincoln Hospital considers that this data is as described and that no cases of C.Difficile have occurred within the reported period.

Hospitals responsiveness to the personal needs of its patients



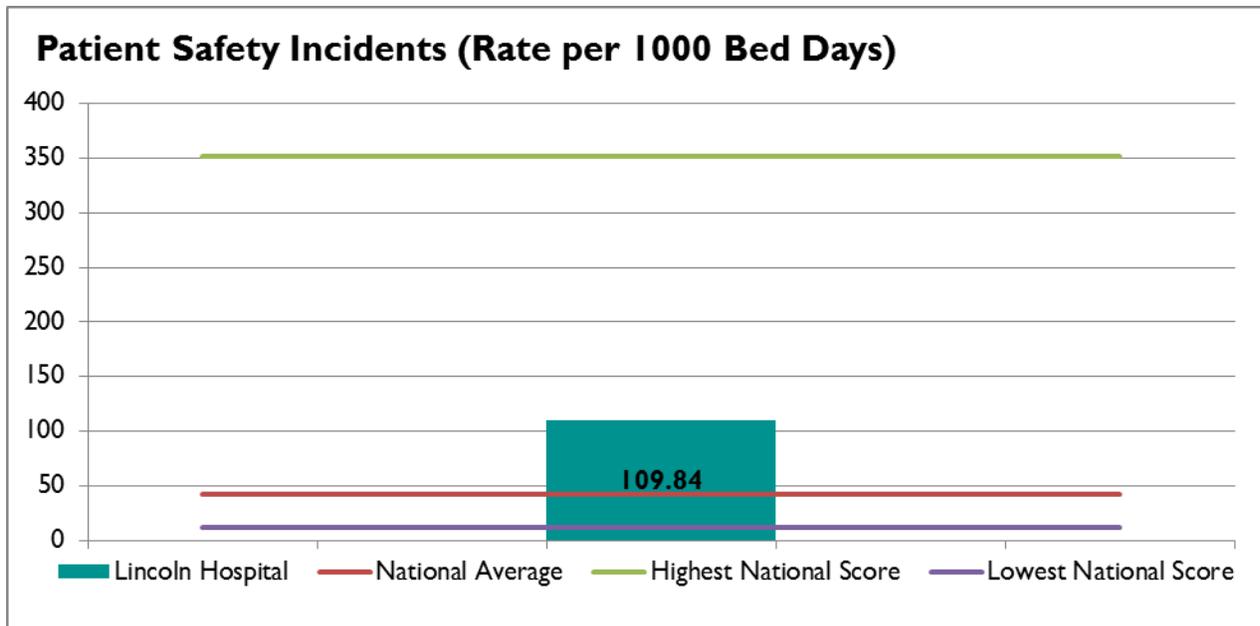
BMI The Lincoln Hospital considers that this data is as described and is above the national average score. BMI The Lincoln Hospital will continue to closely monitor this metric.

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



BMI The Lincoln Hospital considers that this data is as described and is above the nation average score. BMI The Lincoln Hospital continues to work with the clinical teams to ensure that the risk assessment is completed as policy, additional staff training is provided when required.

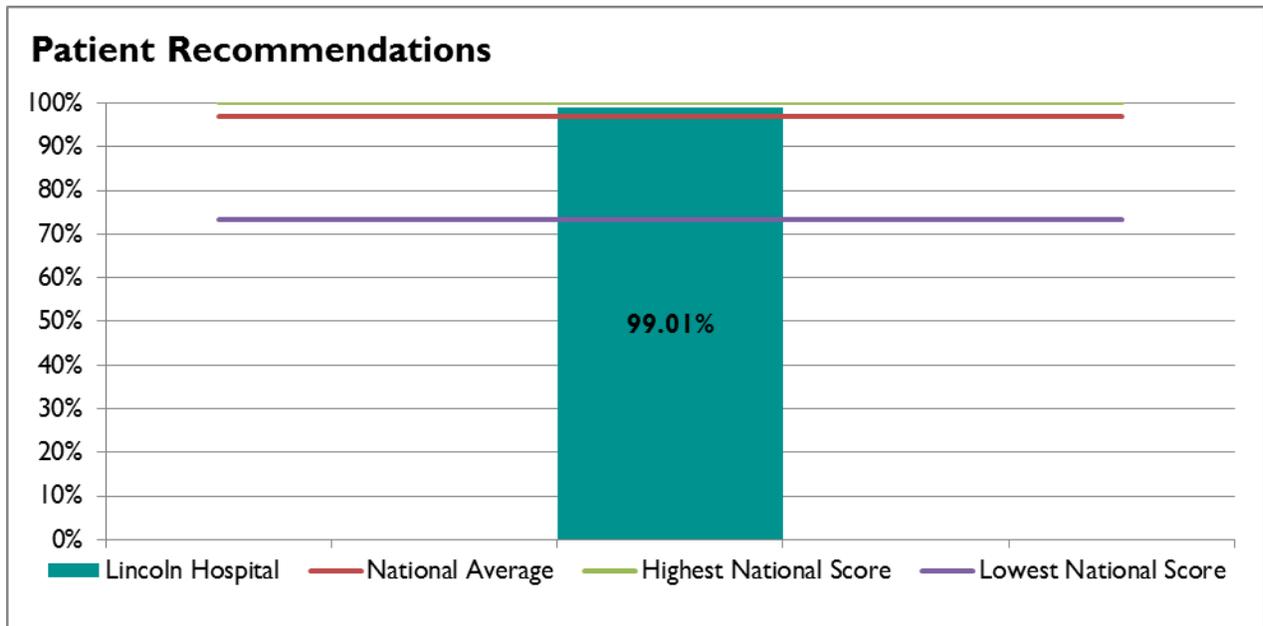
Patient Safety Incidents



BMI The Lincoln Hospital considers that this data is as described and is above the national average for incident rates per 1000 bed days. BMI The Lincoln Hospital review all patient safety incidents via Risk Man the risk management system. BMI The Lincoln Hospital has recently appointed a dedicated Quality and Risk Manager who works with the clinical teams to review all incidents and develop quality improvement plans to mitigate repeat incidents.

Further Quality Indicators

Patient Recommendation Results



BMI The Lincoln Hospital considers that this data is as described and that we have a higher than average recommendation rate from patients. We will closely monitor this metric going forward.

END