

Group Chief Executive's Statement

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

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

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

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

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

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

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

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

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

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



Jill Watts, Group Chief Executive

BMI The Princess Margaret Hospital Quality Accounts**March 2015 to April 2016**

BMI The Princess Margaret Hospital, in Windsor, Berkshire has 68 beds with single en suite rooms furnished to a high standard. The hospital has four main operating theatres, 17 outpatient consulting rooms including a minor procedures theatre which is currently planned for refurbishment, a dedicated day care ward which is currently being upgraded to accommodate ambulatory care patients, an oncology unit, pharmacy, new purpose built endoscopy unit, physiotherapy and imaging departments with onsite MRI and CT.

Over the past year we have granted practicing privileges to a number of new Consultants including Cardiologists, Pediatrics, and General Medicine.

The new purpose built Endoscopy unit was opened on the 15th June 2015 by the Mayor of Windsor.

This Endoscopy unit has a patient reception area, with a private office attached where patients are consented prior to their procedure by the treating Consultant. There is one endoscopy theatre, six recovery bays which are separated into 2 single-sex recovery bays.

The new unit will be working towards achieving JAG accreditation over the coming year.

BMI The Princess Margaret Hospital continues to participate in the Choice Network for NHS patients offering a range of services for patients to choose their hospital and surgeon. NHS patients accounted for 10.8% of the overall caseload at PMH in 2015-16. This is 0.2% lower than the previous year.

One of the planned CQUIN for the upcoming year is Dementia which is in line with the NHS requirements.

BMI Healthcare is 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 Health Inspectorate Wales (HIW) for our hospitals outside of England. BMI The Princess Margaret Hospital is registered with the CQC 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.

We are yet to have a CQC inspection using the new framework, however we anticipate one in the upcoming months using the new ratings of:

SAFE
CARING
RESPONSIVE
EFFECTIVE
WELL - LED

Princess Margaret 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 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 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, 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 finalized) 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 Control, in liaison with the Princess Margaret Hospital's Head of Infection Prevention and nominated IPC representatives across all the hospital departments.

In the past year we have had: -

- Zero cases of MRSA bacteremia in the last year (NHS 1.17cases/100,000 bed days).
- Zero cases of MSSA bacteremia /100,000 bed days.
- Zero cases E.coli bacteremia cases/ 100,000 bed days.
- Zero cases of hospital apportioned Clostridium difficile in the last 12 months.

Monthly audits are undertaken across the hospital for departmental Infection Prevention and control and Environmental measures and the annual average score is 98%.

SSI data is also submitted to Public Health England for Orthopedic surgical procedures. Our rates of infections are:

- Hips
- Knees

Hospital Infection	Attributable	Rate (per 100,000)
MRSA		0.0000
MSSA		0.0000
E.Coli		0.0000
C.difficile		0.0000

Measure	Rate (per No. of Procedures)
Hips	0.00000
Knees	0.00813

Infection Prevention and Control Audits are undertaken monthly. These have improved during the second half of the last year.

- Monthly Hand Hygiene
- 6 monthly Mattress and Pillow audit
- Annual Daniels Healthcare Sharps Audit
- During the past quarter the IPC lead has been training clinical staff on the use of FIT Testing Masks.

Departmental Infection Prevention and Control Link Practitioners receive training prior to completing the Quality Improvement Tools (QIT) relevant to their areas.

High Impact Intervention Care bundles - Peripheral Cannula, Central Venous Catheter, Urinary Catheter, SSI are audited monthly and the results are communicated quarterly by a newsletter produced by the Hospital Infection Prevention and Control Lead Nurse.

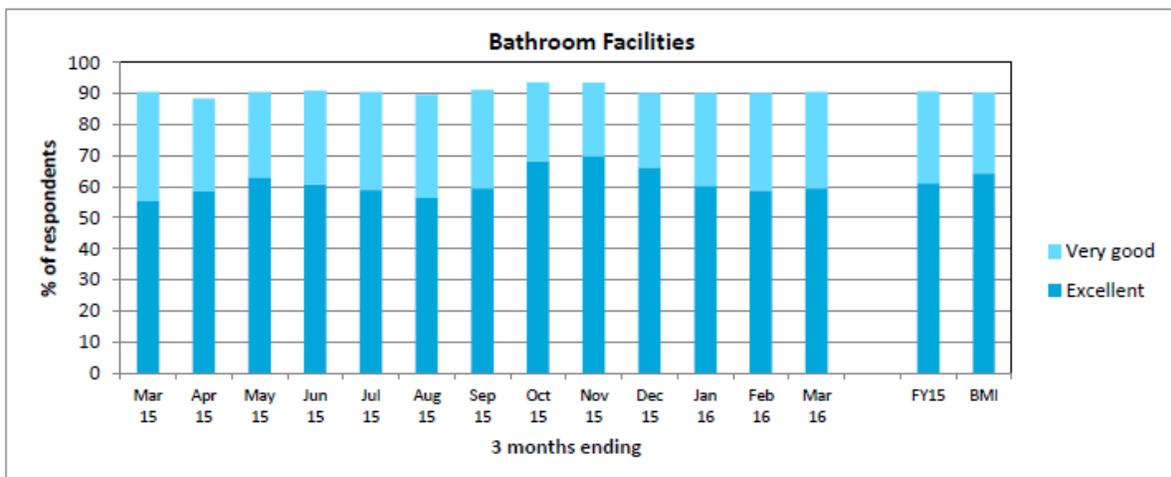
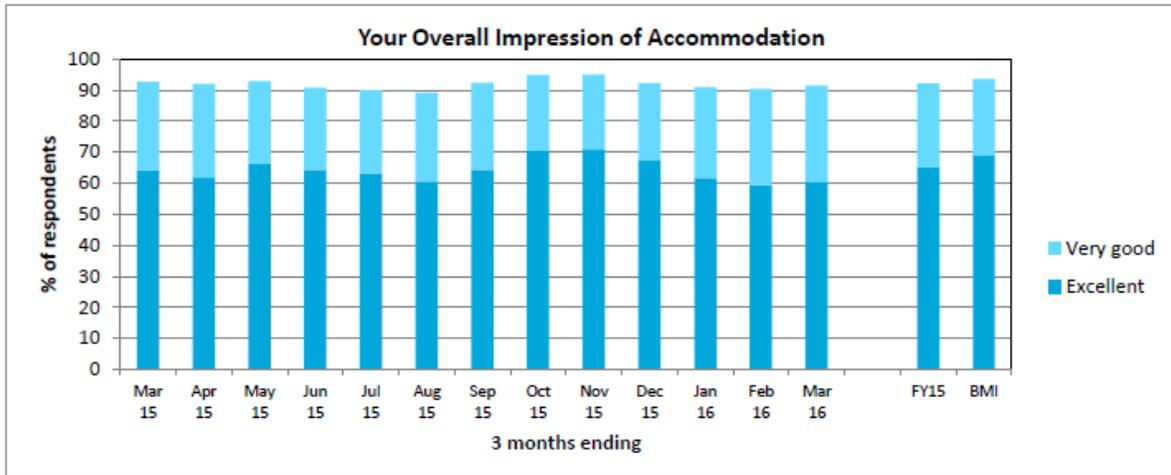
Recent feedback on areas for Improvement/ Summary of Learning Actions include:

1. Check all patients with peripheral cannula- assess and document VIP scores 3 times daily.
2. Document dates for removal of indwelling catheters and complete the integrated care pathway- sign and date catheter removal.
3. Document dates for removal of peripheral cannula and complete the care pathway - sign and date cannula removal.

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



Charts Accommodation



Patient Led Assessment of the Care Environment (PLACE)

This is the third year we have participated in the PLACE audit in March 2016.

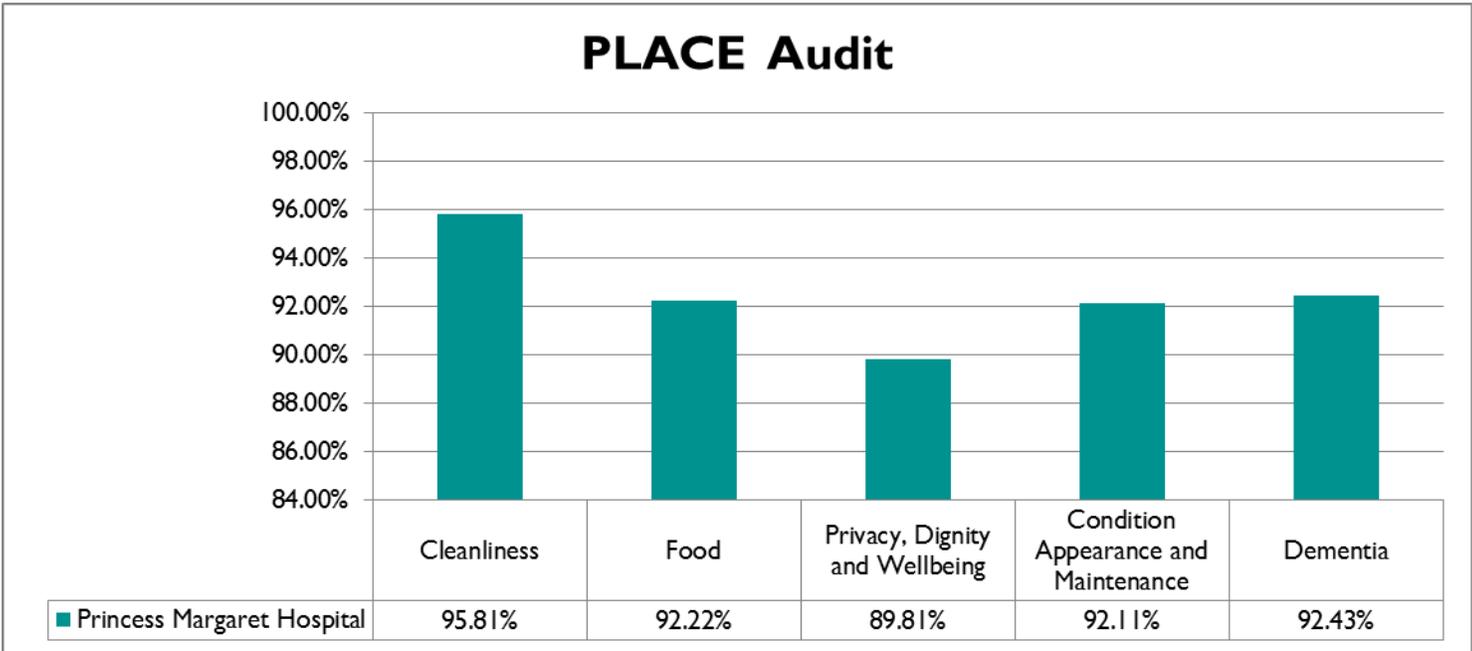
At The Princess Margaret hospital we believe that all patients should be cared for with compassion and dignity in a clean, safe environment. Where standards fall short, they should be able to draw it to the attention of managers and hold the service to account. PLACE assessments will provide motivation for improvement by providing a clear message, directly from patients, about how the environment of 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 of the PLACE audit shows how hospitals are performing nationally and locally.

Hospital	Cleanliness	Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia
Princess Margaret Hospital	95.81%	92.22%	89.81%	92.11%	92.43%



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 the 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 Duty of Candour.

All staff are required to read and understand the policy and a tracker of compliance is maintained on the shared drive.

Venous Thrombo-embolism (VTE)

BMI Healthcare, continues to hold VTE Exemplar Centre status by the Department of Health across its whole network of hospitals including The Princess Margaret 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 assess every patient who is admitted to our facility by monthly audits of patient notes and the results of our audit on this has shown high compliance with a yearly average of 100%..

The Princess Margaret 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.

During the period of March 2015 to April 2016 there were **no** reported incidents of VTE's or Pulmonary Embolism.

VTE Percentage	
VTE	98.17%

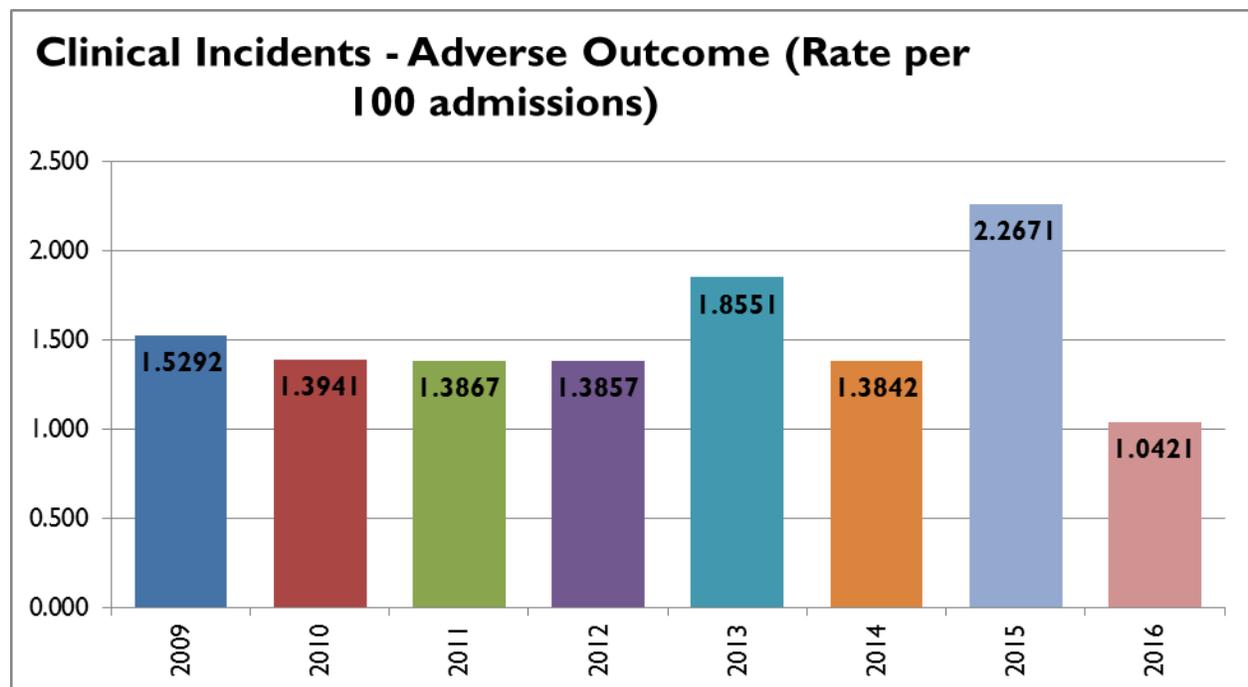
Sign Up for Safety Campaign

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.



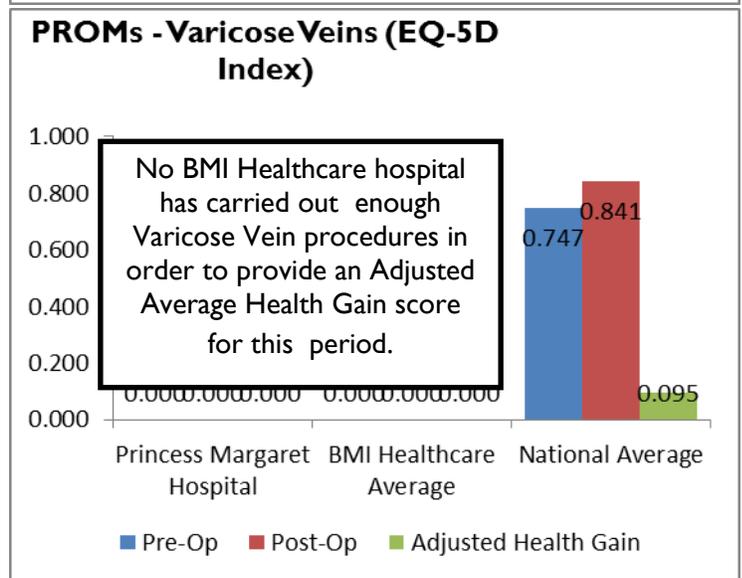
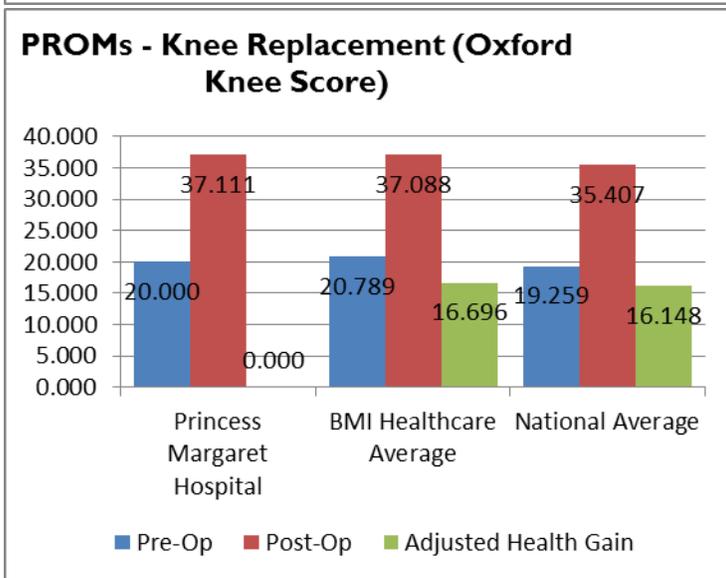
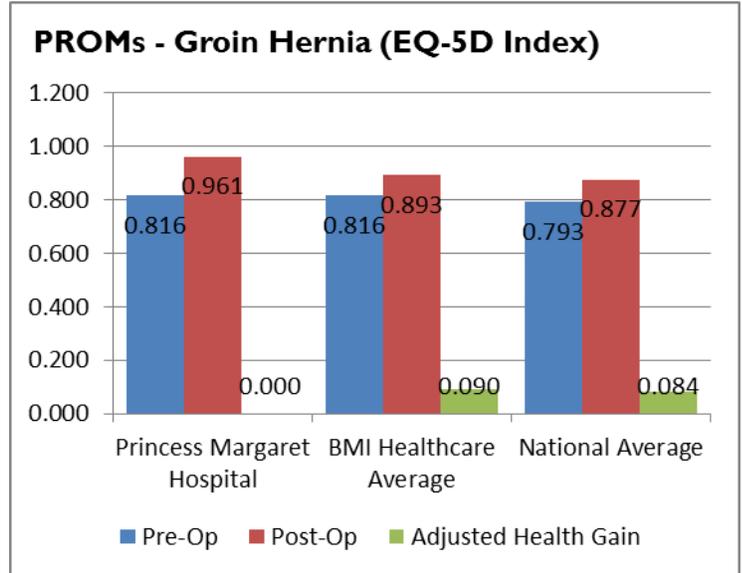
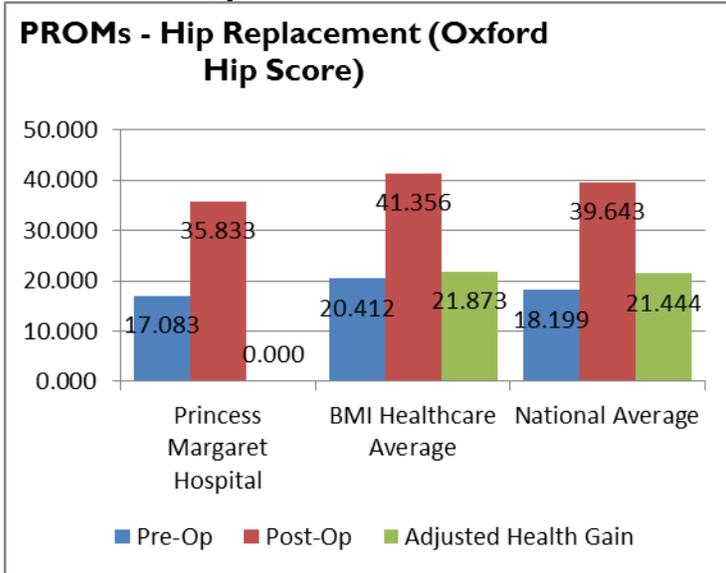
Effectiveness

Patient reported Outcomes (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 is a Department of Health led program.

The Princess Margaret hospital ensures all eligible NHS patients are encouraged to complete the PROMs questionnaire prior to admission. Due to the numbers of hips and knee surgeries being so low it is difficult to provide the score as there were less than 30 of each. This has resulted in no Hospital data being available in the annual results for the Oxford Hip Score.

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



Enhanced Recovery Programme (ERP)

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

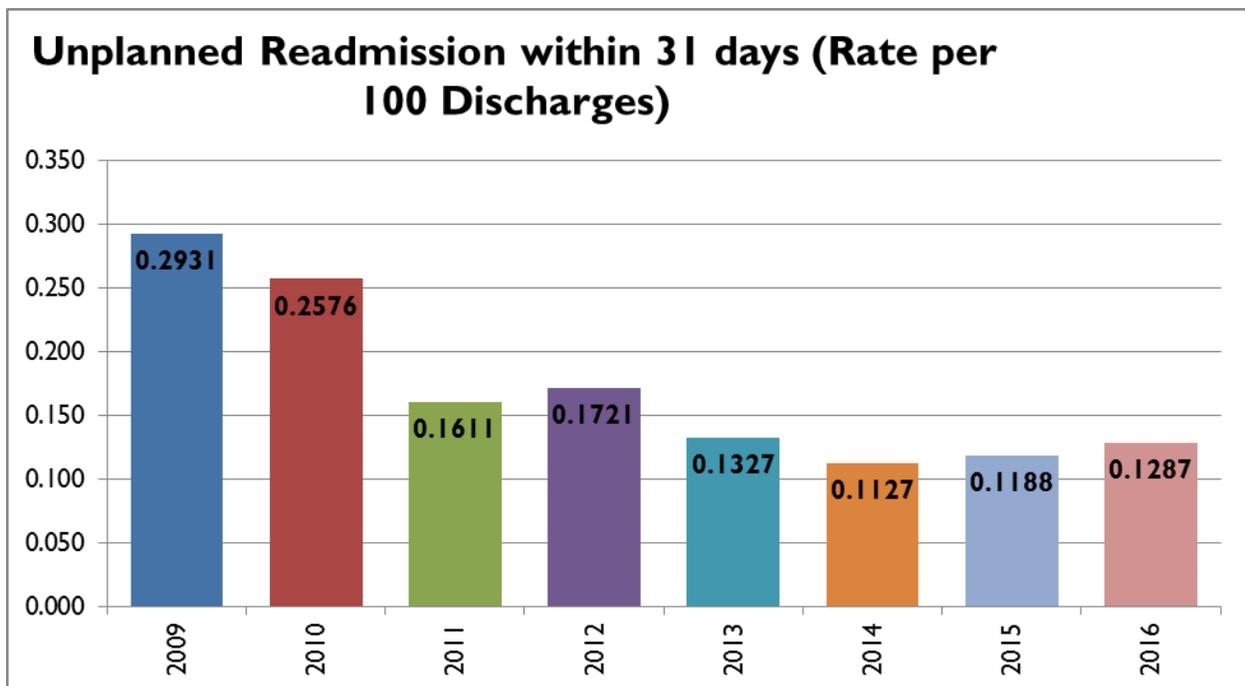
ERP is based on the following principles:-

1. All Patients are on a pathway of care
 - a. Following best practice models of evidenced based care

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

Unplanned Readmissions within 31 days and unplanned returns to theatre.

Unplanned readmissions and unplanned returns to theatre are normally due to a clinical complication related to the original surgery. Our figures remain very low. We always encourage patients to contact the hospital after discharge with any concerns they may have and undertake post discharge telephone calls.



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

	TOTAL PATIENTS		
	BMI The Princess Margaret Hospital		
	2013-4	2014-5	2015-6
Arrival process	94.1	94.4	92.2
Consultant / Anaesthetist	98.4	98.3	98.4
Consultant Surgeon / Physician	98.5	98.9	99.0
Nursing care	96.1	95.4	97.0
Accommodation	95.6	93.6	83.3
Catering	85.1	85.7	73.3
Discharge procedure	90.2	91.3	98.7
Quality of care	97.2	97.2	97.3
Met / exceeded expectation	97.9	97.6	98.3
Recommendation (definitely + probably)	97.8	98.9	98.3

Complaints

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

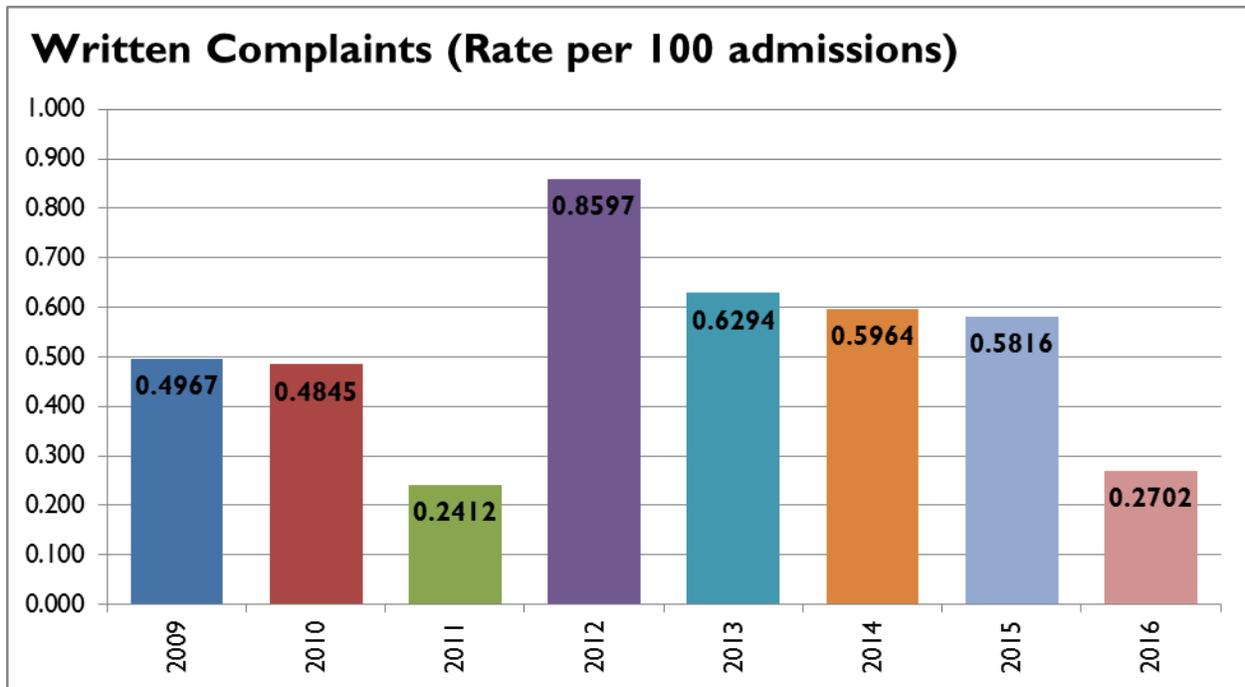
Stage 1: Hospital resolution

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 and trends are reviewed at clinical governance committee meetings with actions agreed upon.

- Financial
- Clinical
- Other



CQUINS

The CQUIN for the Princess Margaret hospital in 2015-6 was:

- Appropriate use of anti-microbial treatment
- This was successfully implemented during the year and required significant inter-departmental working to ensure the promotion, education and changes were undertaken in relation to antibiotic prescribing and monitoring.

National Clinical Audits

The Princess Margaret Hospital was only eligible to participate in National Joint Registry audit and all joint replacements are submitted to this.

Research

No research studies are carried out at The Princess Margaret hospital

Priorities for service development and improvement

1. Endoscopy

PMH has a new purpose built endoscopy unit is currently working towards obtaining JAG accreditation

2. Preadmission

Focus will continue on this aspect of the patient journey and actions proposed to increase patients' telephone and or face-to-face assessments with an emphasis on patient education, this will be enhanced and linked to improvement review of the ambulatory pathway as below.

3. Outpatient Areas

With outpatient activity continuing to grow year on year, the hospital appointed a Director of Operations in June 2015 and will continue to focus on developing the Outpatient areas including urgent care.

4. Ambulatory Care

We are currently working towards further implementing ambulatory care at Princess Margaret Hospital. This will involve reviewing the current procedures undertaken and associated pathways – to ensure care is delivered in line with British Association of Day Surgery.

Quality Indicators

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

All data provided by BMI Healthcare is for the period **April 2015-March 2016** to remain consistent with previous Quality Accounts, whilst the NHS data may not be for the same period due to HSCIC data availability. The NHS data provided will be the latest information available from the HSCIC website.

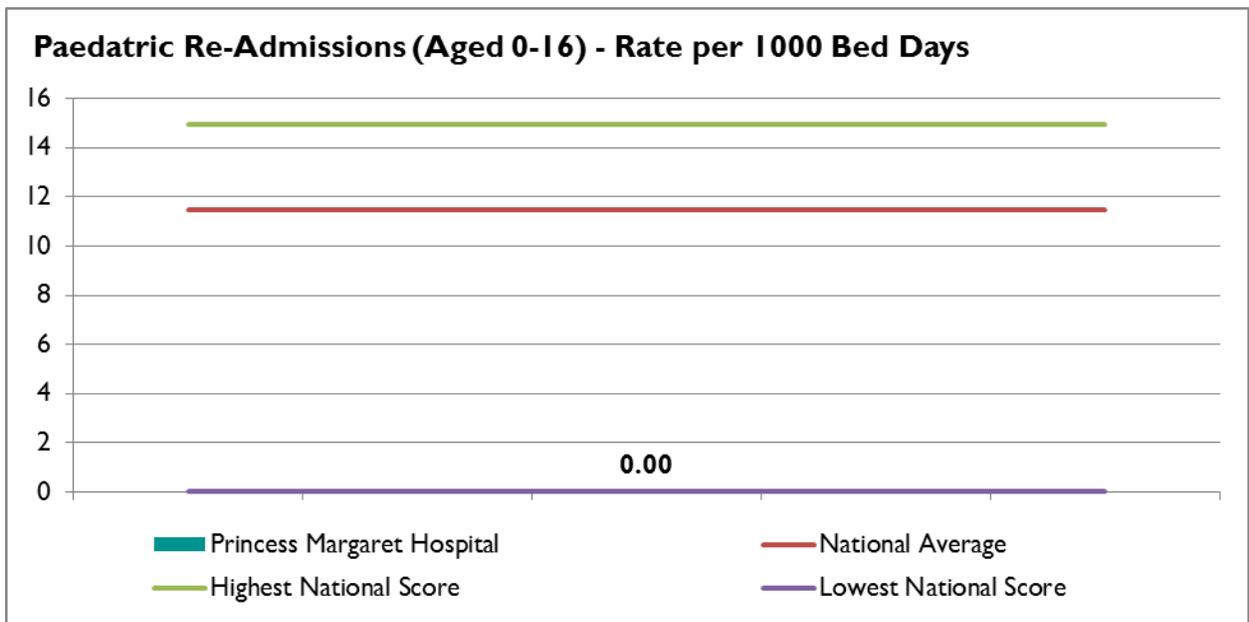
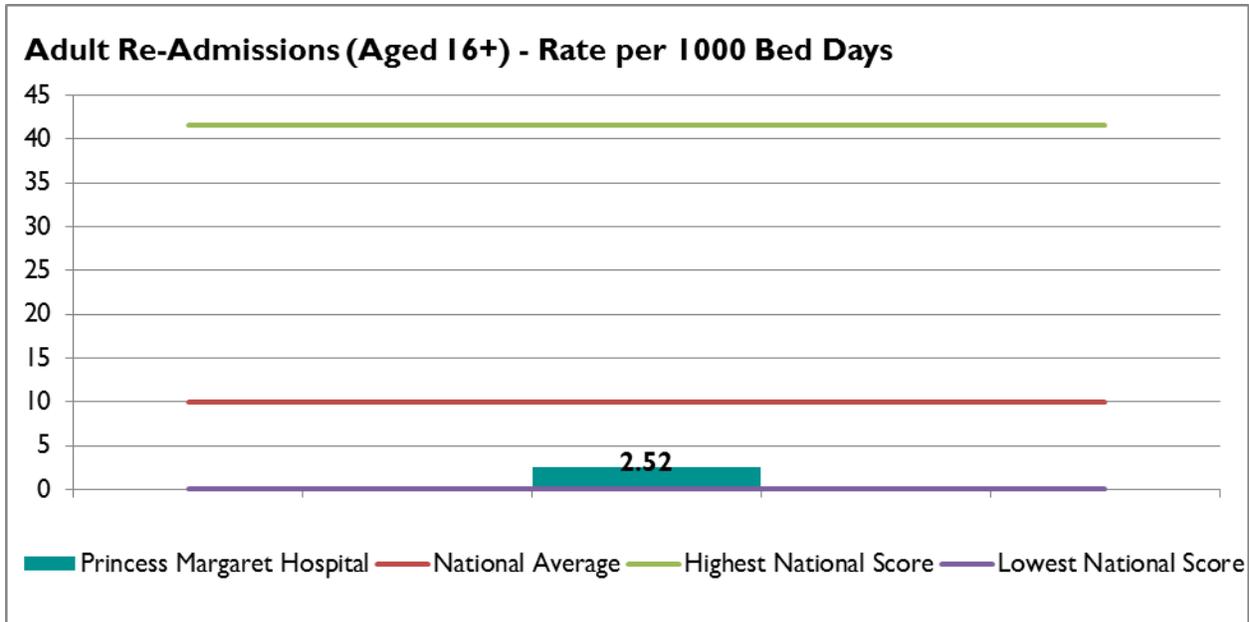
Indicator	Source	Information	NHS Date Period
Summary Hospital-Level Mortality Indicator (SHMI)	This indicator measures whether the number of patients who die in hospital is higher or lower than would be expected. This indicator is not something that is collected for the Independent Healthcare Sector.		
Number of pediatric patients re-admitted within 28 days of discharge and number of adult patients (16+) re-admitted within 28 days of discharge.	Sentinel Risk Management System which is used by all BMI Healthcare Hospitals	This figure provided is a rate per 1,000 amended discharges.	2011-2012

Percentage of BMI Healthcare Staff who would recommend the service to Friends & Family	BMI Healthcare Staff Survey		NHS Staff Survey 2015
Number of <i>C.difficile</i> infections reported	Sentinel Risk Management System which is used by all BMI Healthcare Hospitals	This indicator relates to the number of hospital-apportioned infections.	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.	June 2014 – January 2015
Number of admissions risk assessed for VTE	CQUIN Data	BMI Healthcare only collects this information currently for NHS patients.	April 2014 – March 2015
Number/Rate of Patient Safety Incidents reported	Sentinel Risk Management System which is used by all BMI Healthcare Hospitals	Based upon Clinical Incidents with a patient involved where the NPSA Guidelines deem a severity applicable.	October 2014 – March 2015
Number/Rate of Patient Safety Incidents reported (Severe or Death)	Sentinel Risk Management System which is used by all BMI Healthcare Hospitals	Based upon Clinical Incidents with a patient involved where the NPSA Guidelines deem a severity applicable.	October 2014 – March 2015

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

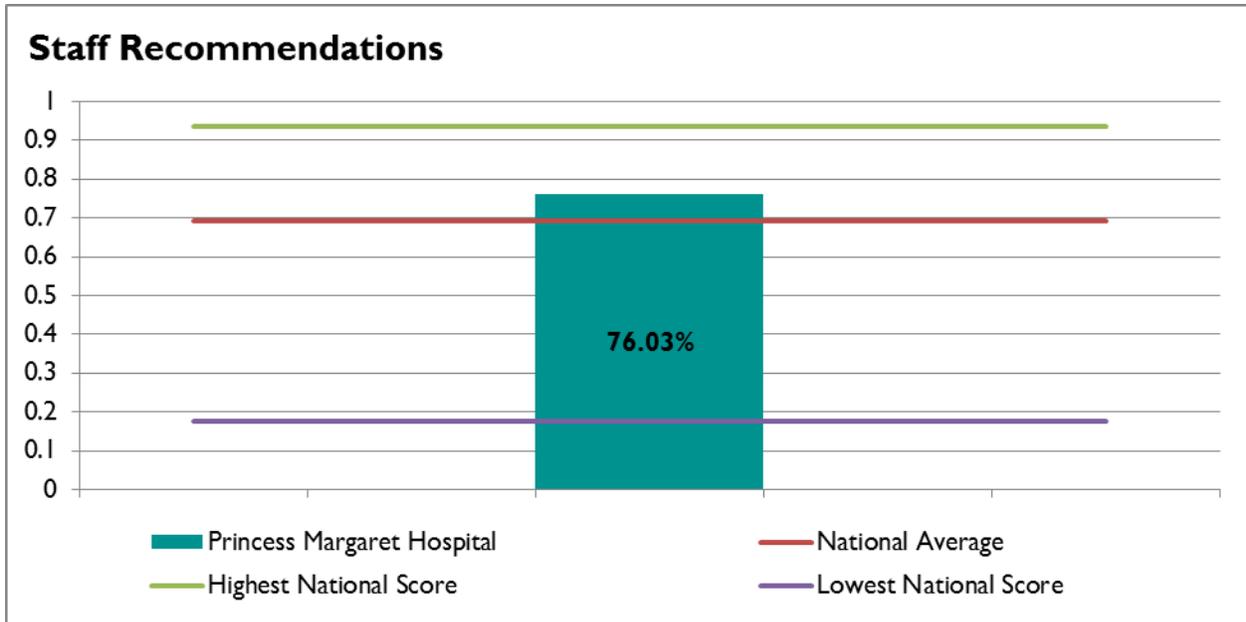
BMI Princess Margaret Hospital considers that this data is as described reasons due to robust procedures and protocols within the BMI Clinical Strategy. Together with the safeguards embedded within practice to ensure that care is safe, responsive and effective for those we care.

BMI Princess Margaret Hospital remains committed to our patients and the care we provide and continue to analyse this data in order to implement changes that may be required to prevent re-admission into the service.



Staff Recommendation Results

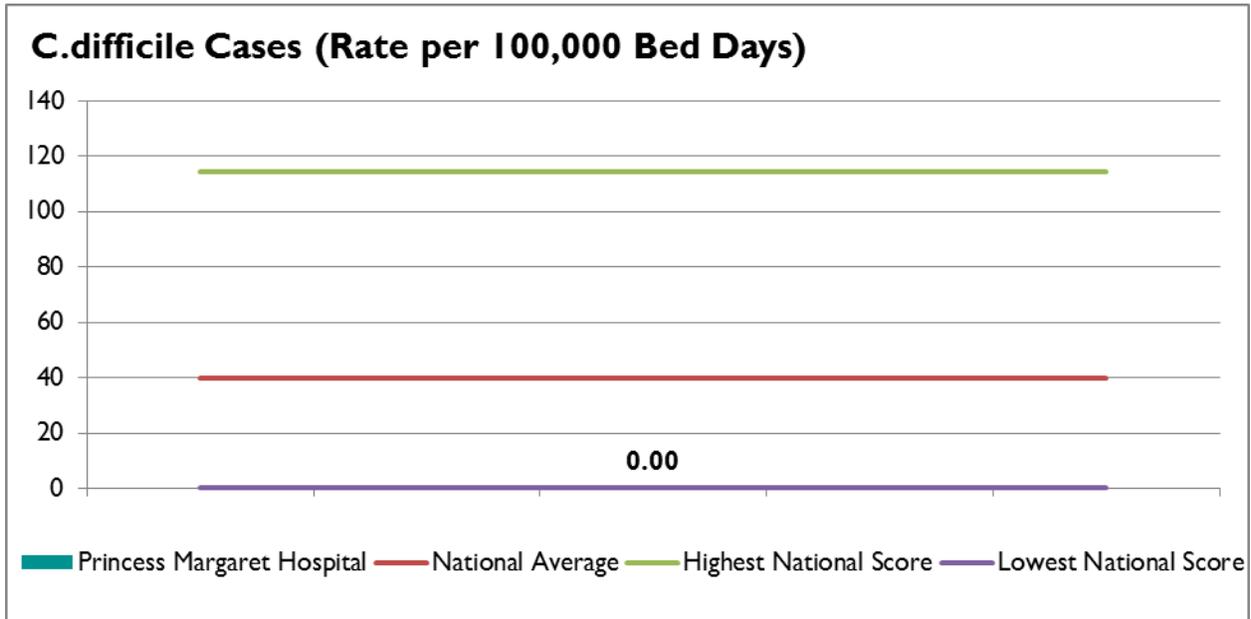
BMI Princess Margaret Hospital will hold staff forum meetings to discuss the feedback from a recent staff survey 'BMi Say 'and agree the actions to be undertaken with staff to improve this percentage, in in doing so to improve the staff morale and commitment to the organisation.



	Extremely Likely	Likely	Neither	Unlikely	Extremely Unlikely	% Likely/Extremely Likely
Princess Margaret Hospital	26.4%	49.6%	10.7%	5.0%	8.3%	76.0%

BMI Princess Margaret Hospital considers that this data is positive and demonstrates that our staff recognise our commitment to be a passionate, responsive and effective provider of patient care.

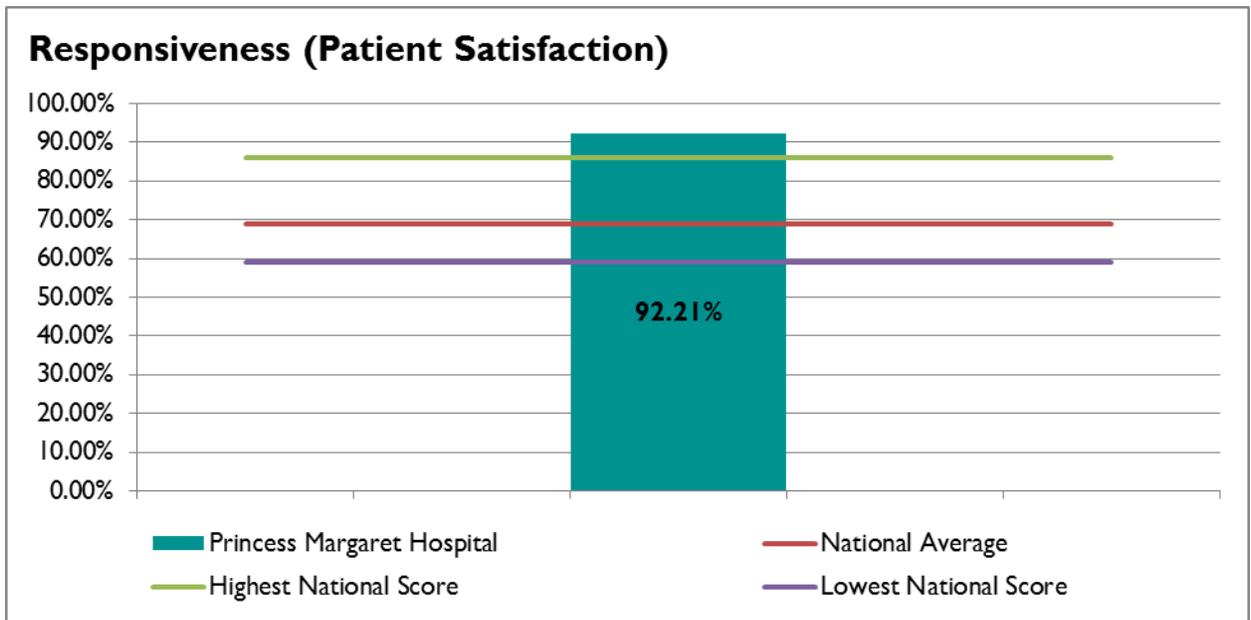
The rate per 100,000 bed days of cases of C difficile infection reported within the hospital

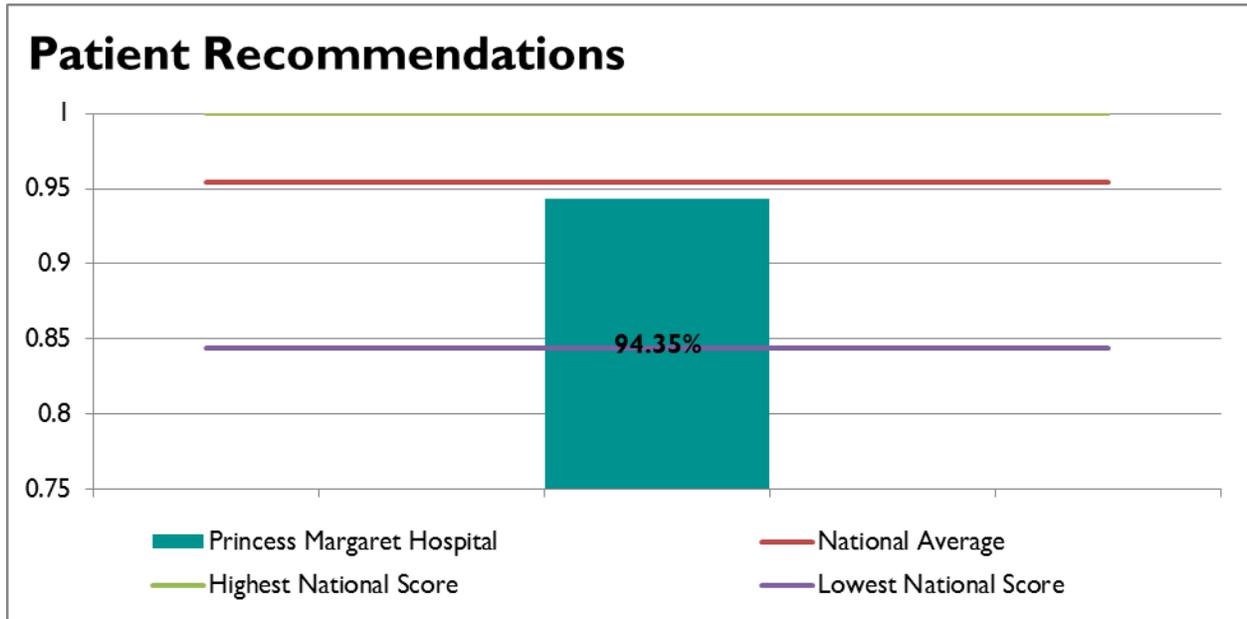


The Princess Margaret Hospital considers that this data is as described for the following reasons – we have a very fast turnover of surgical patients, and in general our patients do not have chronic co-morbidities.

We also have a robust pre – assessment screening service.

Hospitals responsiveness to the personal needs of its patients





The Princess Margaret considers this data as vital in order to improve on our customer care.

We continue to strive to provide the best possible patient care to ensure our patients have a positive experience when visiting our hospital. Complaints and incidents are feedback to departments in their respective meetings in order to improve in areas which are mentioned negatively.

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

VTE Percentage	
VTE	98.17%

We have not had and reported VTE/PE during the past year.

Commissioners Response – BMI, The Princess Margaret Hospital QUALITY ACCOUNT 2016/17

Prepared on behalf of Bracknell and Ascot CCG; Slough CCG; Windsor, Ascot and Maidenhead CCG and Wokingham CCG.

Statement

The Clinical Commissioning Groups (CCGs) are providing a response to the Quality Account for 2016/17 submitted by BMI, The Princess Margaret Hospital.

The Quality Account provides information and a review of the performance of the organisation against a number of quality indicators over the year 2016/17.

The CCGs were very pleased to receive the news that the organisation achieved Good overall as a result of the CQC inspection in September 2016.

The CCGs support BMI, The Princess Margaret Hospital openness and transparency in the areas that need further work following the CQC inspection as well as the incident reporting and duty of candour work.

The organisation should be commended on the work already undertaken to upgrade the facilities in the hospital and an assurance visit has been organised by the CCGs Quality team once the building work has been completed.

BMI, The Princess Margaret Hospital continues to encourage patient feedback and receives very high percentage rate for those patients who would recommend the service. The organisation has received very few formal written complaints. The response from staff as to whether they would recommend the service is not as high however the CCGs were pleased to see the actions that the hospital has implemented to improve staff satisfaction.

The CCGs note the good work that has been undertaken with Infection Prevention and Control and with the zero numbers of bacteraemias and CDiff.

The CQUIN work this year concentrated on improving the care of patients with dementia. The CCGs were pleased that all the milestones were achieved during the year and that staff now have an improved knowledge of working with people with dementia.

The organisation needs to continue to work with staff on ensuring that patients that are risk assessed for VTE and the CCGs will continue to monitor this during the year.

The service improvements for 2017/18 focus mainly on the areas which affect the private patients, but the overall improvement in the environment will be beneficial for all patients.