

## 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 Sloane Hospital in Beckenham, Kent and is part of BMI Healthcare, 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.

Our commitment is to quality and value, providing facilities for advanced surgical and medical procedures together with friendly, professional care.

The Sloane Hospital has a diagnostic imaging department (run by Alliance Medical) and a pro-active physiotherapy department. Our 12 Consulting rooms are modern and well equipped including a nurse led pre admissions service and Health screening.

The Sloane Hospital has 32 beds with all rooms offering the privacy and comfort of en-suite facilities.

The hospital has two theatres (one with laminar flow), and 3 bay recovery.

These facilities combined with the latest in technology and on-site support services; enable our consultants to undertake a wide range of procedures from routine investigations to complex surgery. The majority of surgical specialties are accommodated at The Sloane, including neuro surgery, orthopaedics, cosmetic surgery, gynecology, general surgery, gastroenterology, ENT surgery, vascular surgery, urology, oral maxillofacial surgery and ophthalmology.

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. An emergency medical admissions service is available 24 hours a day supported by leading medical physicians.

The Sloane Hospital is engaged in providing some NHS Standard Contract e referral services, with published offerings in Trauma and orthopaedic, neurosurgery, gynecology, gastroenterology, general

surgery, ophthalmology, podiatric surgery and pain management services. NHS work currently accounts for around 8 % of the Sloane Hospitals activity.

Currently the hospital is undergoing a rolling programme of refurbishment. There has been investment in new theatre equipment including anaesthetic monitors, liposuction machine, surgical instruments, max fax drills.

BMI Healthcare are registered as a provider with the Care Quality Commission (CQC) under the Health & Social Care Act 2008. BMI The Sloane is registered as a location for the following regulated services:-

- Treatment of disease, disorder and injury
- Surgical procedures

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

The Care Quality Commission (CQC) carried out an unannounced inspection on 17<sup>th</sup>-18<sup>th</sup> August 2016 and found the hospital to have achieved an overall rating of good in every element of the Key Lines of Enquiry (KLOE).



Last rated  
13 December 2016

BMI Healthcare Limited

BMI The Sloane Hospital



The Sloane 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.

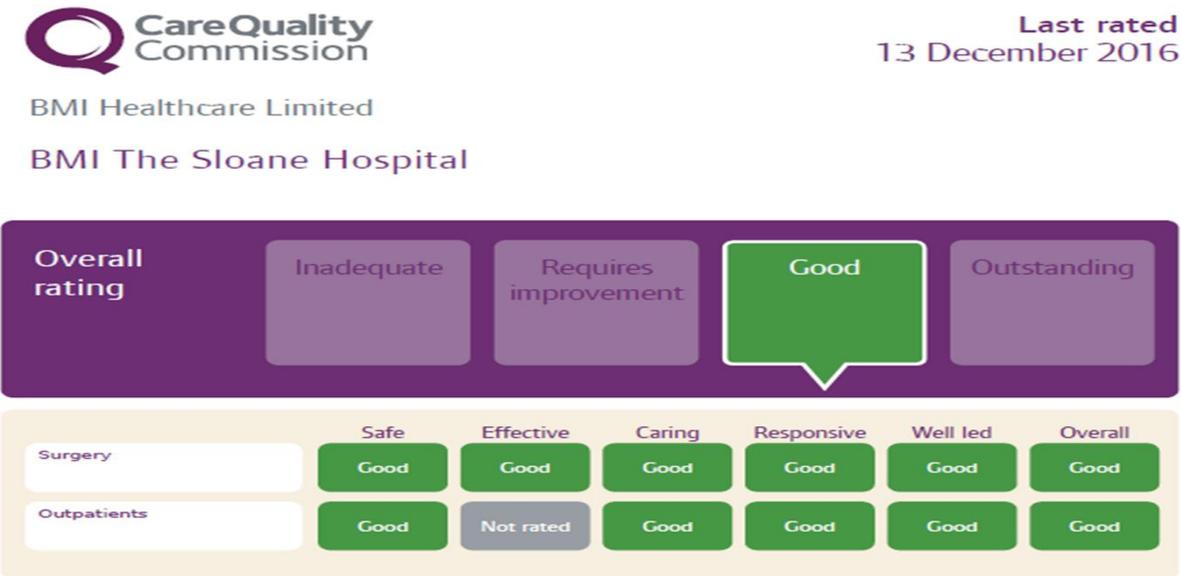
At present we provide full, standardised information to the NHS, including coding of procedures, diagnoses and co-morbidities and PROMs for NHS patients. There are additional external reporting requirements for the CQC, Public Health England (Previously HPA) CCGs and Insurers

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 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.

### CQC Ratings Grid



## Safety

### Infection Prevention and Control

The focus on Infection Prevention and Control continues under the leadership of the Group Head of Infection Prevention and Control, in liaison with the link nurse in The Sloane 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:

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

- SSI data is also submitted to Public Health England for Orthopaedic surgical procedures. Our rates of infection are;

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



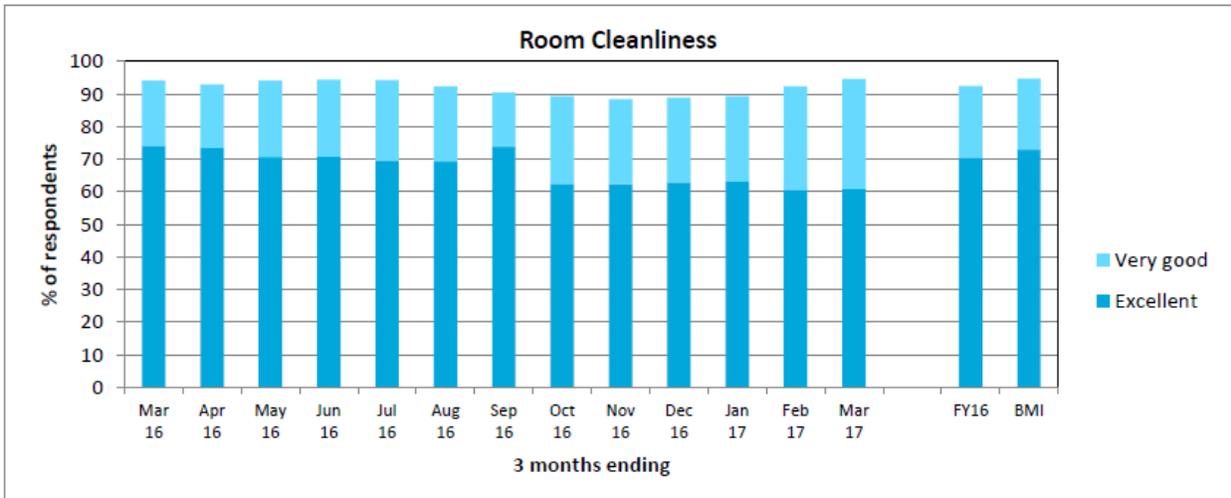
The Sloane Hospital uses care bundles as a means of documenting interventions in for example the following areas:

- Surgical site care
- Urinary catheter care
- Intravenous peripheral lines
- Surgical site infections.

These interventions are audited by departmental infection control links. Infection control audits are completed monthly as part of a rolling corporate program, with different themes each month, for example sharps management, surveillance, waste management, isolation facilities and equipment cleansing with robust compliance demonstrated.

All clinical staff undergo annual mandatory training and practical competency based assessment in ANTT (Aseptic non touch Technique) for clinical intervention.

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



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

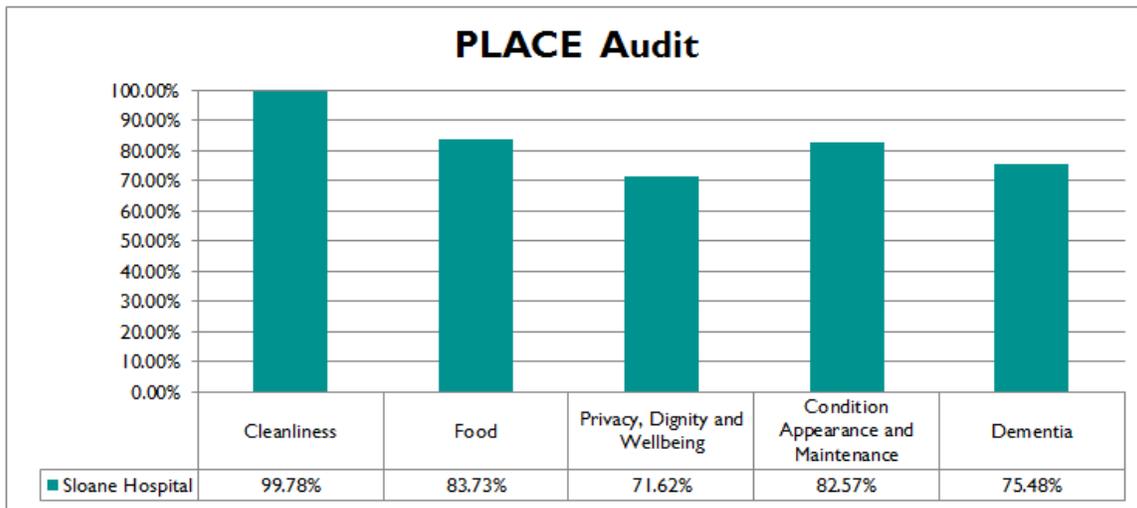
At BMI Healthcare, we believe a patient should be cared for with compassion and dignity in a clean, safe environment. Where standards fall short, they should be able to draw it to the attention of managers and hold the service to account. PLACE assessments will provide motivation for improvement by providing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

Since 2013, PLACE has been used for assessing the quality of the patient environment, replacing the old Patient Environment Action Team (PEAT) inspections.

The assessments involve patients and staff who assess the hospital and how the environment supports patient’s privacy and dignity, food, cleanliness and general building maintenance. It focuses entirely on the care environment and does not cover clinical care provision or how well staff are doing their job.

The results will show how hospitals are performing nationally and locally.

Hospital	Cleanliness	Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia
Sloane Hospital	99.78%	83.73%	71.62%	82.57%	75.48%



The Sloane Hospital have taken into consideration the feedback from the PLACE audit and have a robust action plan whereby significant improvements have been delivered. The next PLACE audit is planned to take place on 9<sup>th</sup> May.

## 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.

During the last year we have had 5 incidents during which the duty of candour regulation has been adhered to. All patients found this useful, and lessons learned have been shared with the hospital teams and Medical Advisory Committee so to promote a culture of transparency.

Duty of Candour Incidents	
	5

**Venous Thrombo-embolism (VTE)**

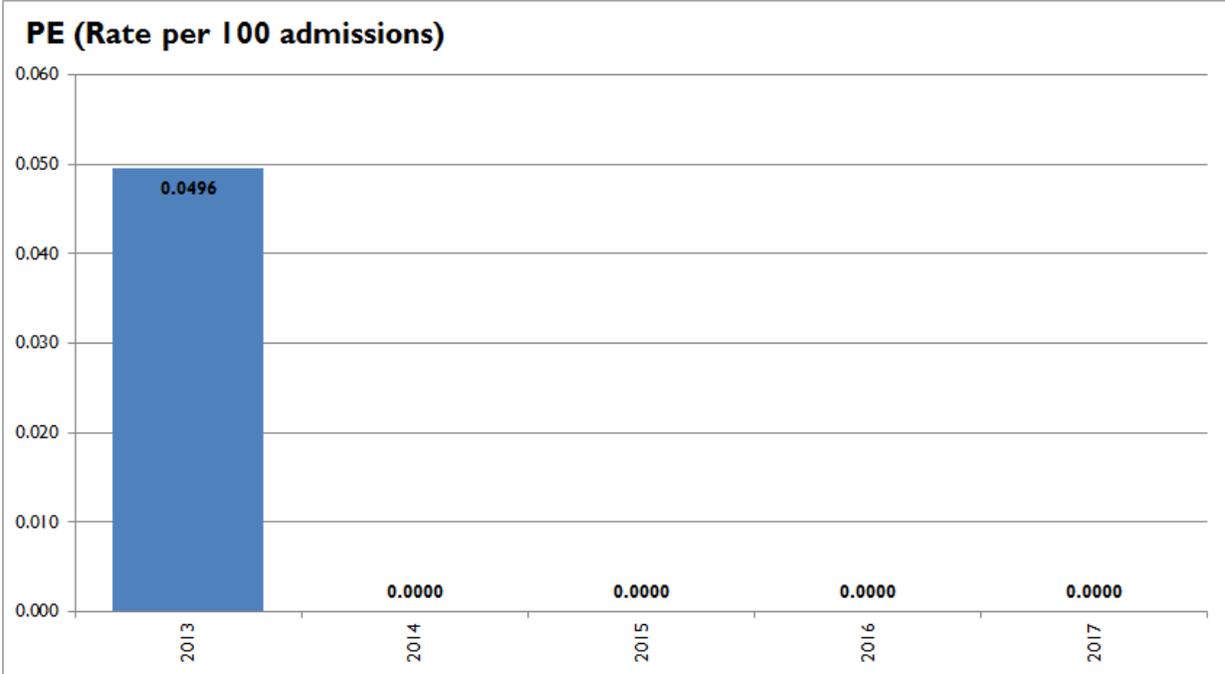
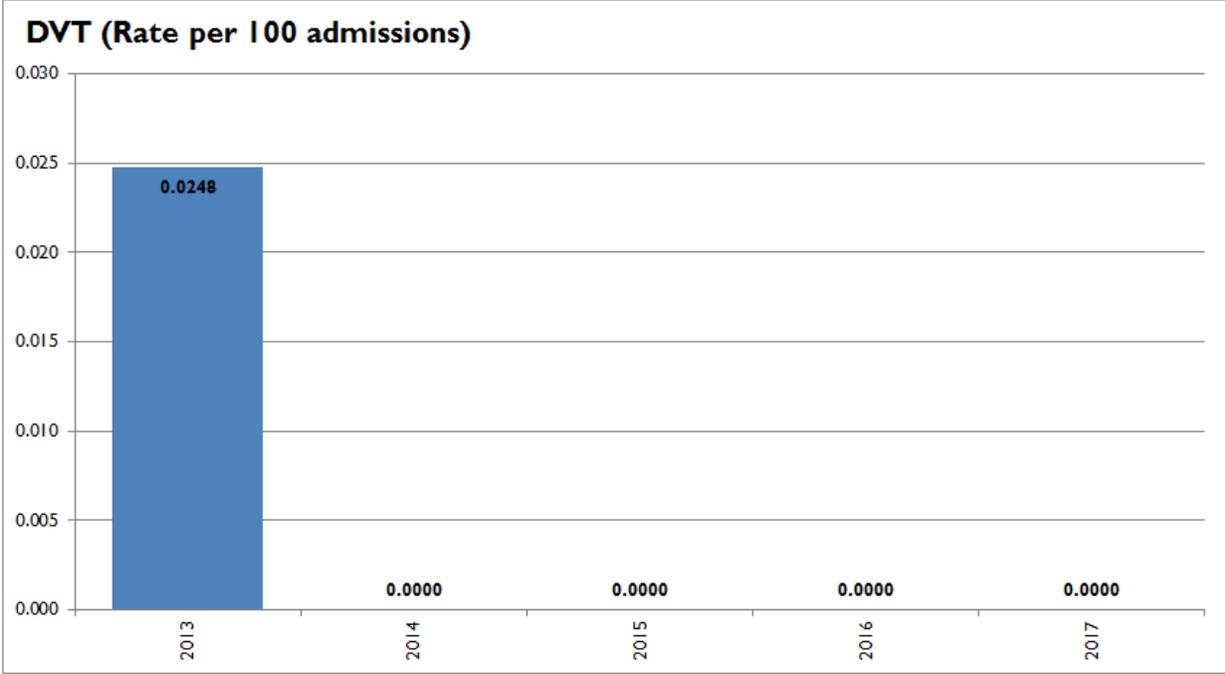
BMI Healthcare, holds VTE Exemplar Centre status by the Department of Health across its whole network of hospitals including, The Sloane Hospital. BMI Healthcare was awarded the Best VTE Education Initiative Award category by Lifeblood in February 2013 and was the Runners up in the Best VTE Patient Information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

VTE Percentage	
VTE	61.45%

The Sloane 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.

The Sloane Hospital is very proud of its zero percent for reported VTE and PE incidents for 2016.



## Sign Up for Safety Campaign

In December 2015 BMI Health applied to Sign up for Safety by submitting our actions for the following five pledges:

- **Put safety first** – Committing to reduce avoidable harm in the NHS by half through taking a systematic approach to safety and making public your locally developed goals, plans and progress. Instill a preoccupation with failure so that systems are designed to prevent error and avoidable harm
- **Continually learn** – Reviewing your incident reporting and investigation processes to make sure that you are truly learning from them and using these lessons to make your organisation more resilient to risks. Listen, learn and act on the feedback from patients and staff and by constantly measuring and monitoring how safe your services are
- **Be honest** – Being open and transparent with people about your progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong
- **Collaborate** – Stepping up and actively collaborating with other organisations and teams; share your work, your ideas and your learning to create a truly national approach to safety. Work together with others, join forces and create partnerships that ensure a sustained approach to sharing and learning across the system
- **Be supportive** – Be kind to your staff, help them bring joy and pride to their work. Be thoughtful when things go wrong; help staff cope and create a positive just culture that asks why things go wrong in order to put them right. Give staff the time, resources and support to work safely and to work on improvements. Thank your staff, reward and recognise their efforts and celebrate your progress towards safer care.

BMI Healthcare as a company was successful in their application with Sign up for Safety in March 2016. Sign up for safety is a campaign to make all our healthcare services the safest in the world. Whilst predominantly focused on the NHS the campaign welcomes independent healthcare companies or individual hospitals to participate to make all healthcare services safer. The ambition of sign up to safety is to halve avoidable harm over the next three years and save 6,000 lives as a result.

By signing up to the campaign we have committed to listening to patients, carers and staff, learning from what they say when things go wrong and taking action to improve patient's safety helping to ensure patients get harm free care every time, everywhere.



Sign up to  
SAFETY  
LISTEN LEARN ACT

## Risk Management System

In December 2016, BMI Healthcare changed its Risk Management System. **RiskMan** is now used across the company, within 70 different locations for the capturing of:

- Events (Incidents & Expected Patient Deaths)
- Feedback (Complaints, Queries & Compliments)
- Risks
- Legal Claims

During 2017, further modules will be introduced which include a Safety Alerts functionality, a Policy Library and also a dedicated CQC module which BMI Healthcare will be tailoring to the very specific nature of CQC Inspections and Key Lines of Enquiry (KLOEs).

The change of system has been met with unanimous support across the company, allowing for faster and easier incident entry and much improved reporting capabilities. The change of Risk Management System has seen around a 50% increase in incident reporting on the whole and a significant change of reporting culture is being felt across the company as a result.

With the change of Risk Management System, BMI Healthcare has also taken the opportunity to revisit its incident and complaint processes and policies in order to improve these in line with the new system.

The system is available to all BMI Healthcare employees at point of entry leading to much swifter incident investigations, action completion and closure.

## Risk Registers

As part of the implementation of a new Risk Management System, RiskMan, BMI worked diligently to implement a new Risk Register process within all of its hospitals that strengthened the approach to managing risk and responded to feedback from the CQC.

This new process allows for greater transparency of risks across all levels, from department to hospital to corporate risks. RiskMan allows for improved risk monitoring and overview, ensuring that Heads of Department & Senior Management Teams are supported to discuss risk at relevant committees and meetings with readily available information and reports.

The Executive team and Governance Committee identified risks which affect BMI Healthcare and from these risks a subset was identified that cascaded to hospitals. This ensures that organisation risks and strategies to mitigate these are monitored and actioned across all hospitals. It also allows hospitals to identify department and site specific issues and how these affect both the hospital and the overall strategic objectives of the company as a whole.

Reducing the requirement for paper versions of Risk Registers, RiskMan holds all Corporate, Hospital & Departmental Risk Registers in the system so that they are accessible easily by hospital and corporate staff for reviewing as appropriately.

Having worked closely with the CQC on this process, BMI Healthcare has received encouraging feedback on this approach from both an internal and external level and continues to implement this new way of working across its hospitals.

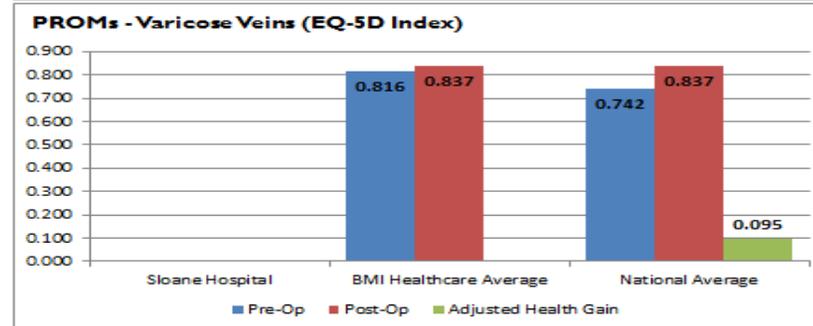
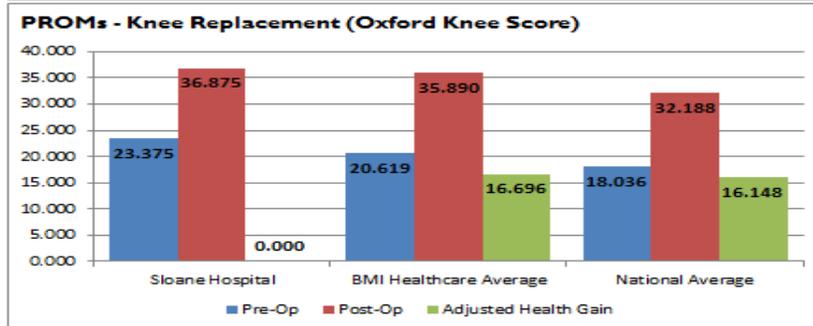
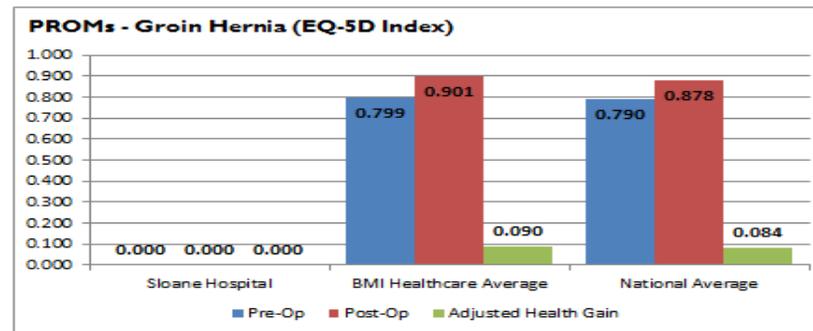
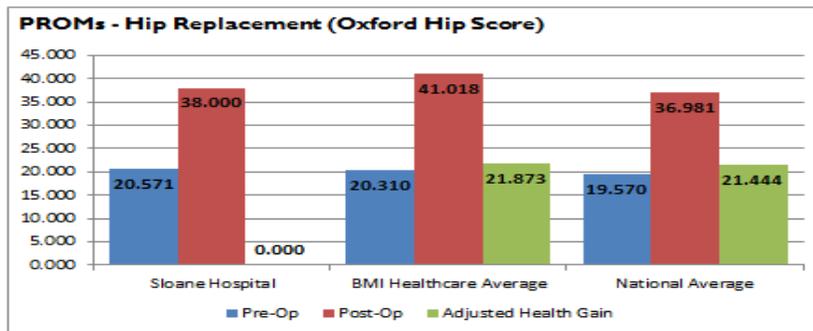
## Effectiveness

### Patient Reported Outcome Measures (PROMS)

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

For the current reporting period, the tables below demonstrate that the health gain between Questionnaire 1 (Pre-Operative) and Questionnaire 2 (Post-Operative) for patients undergoing hip replacement and knee replacement at The Sloane Hospital. Looking at our graphs, we are trending more favourable results than that of the national average.

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



## Enhanced Recovery Programme (ERP)

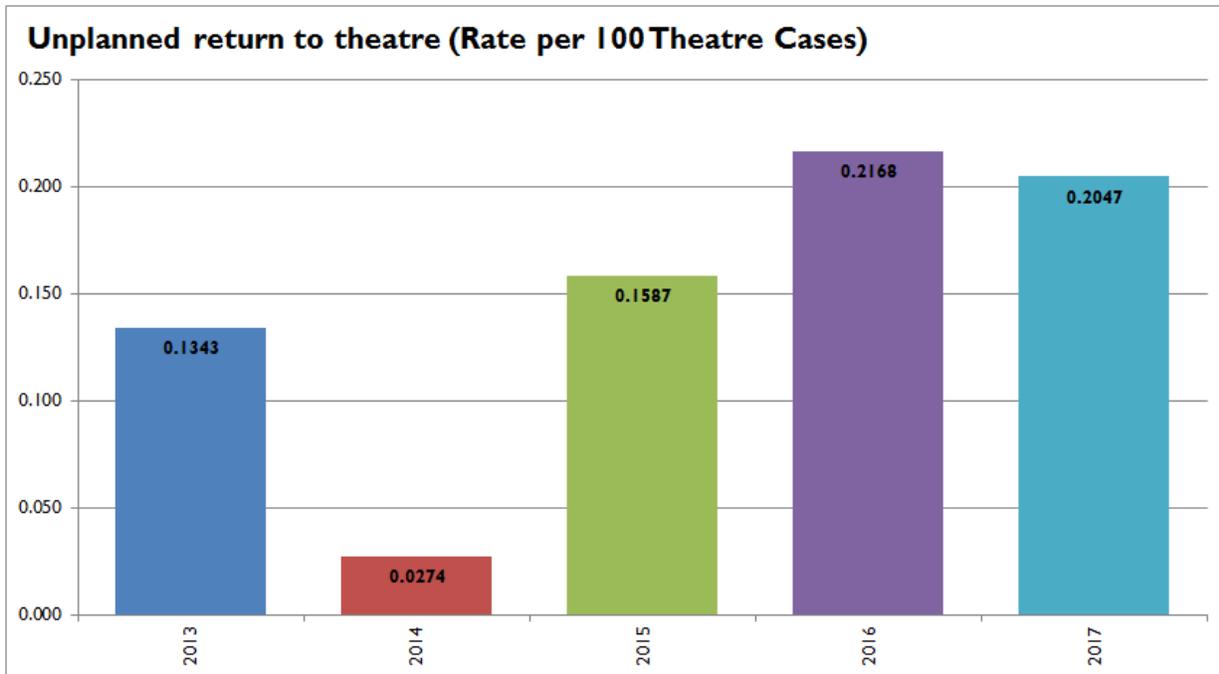
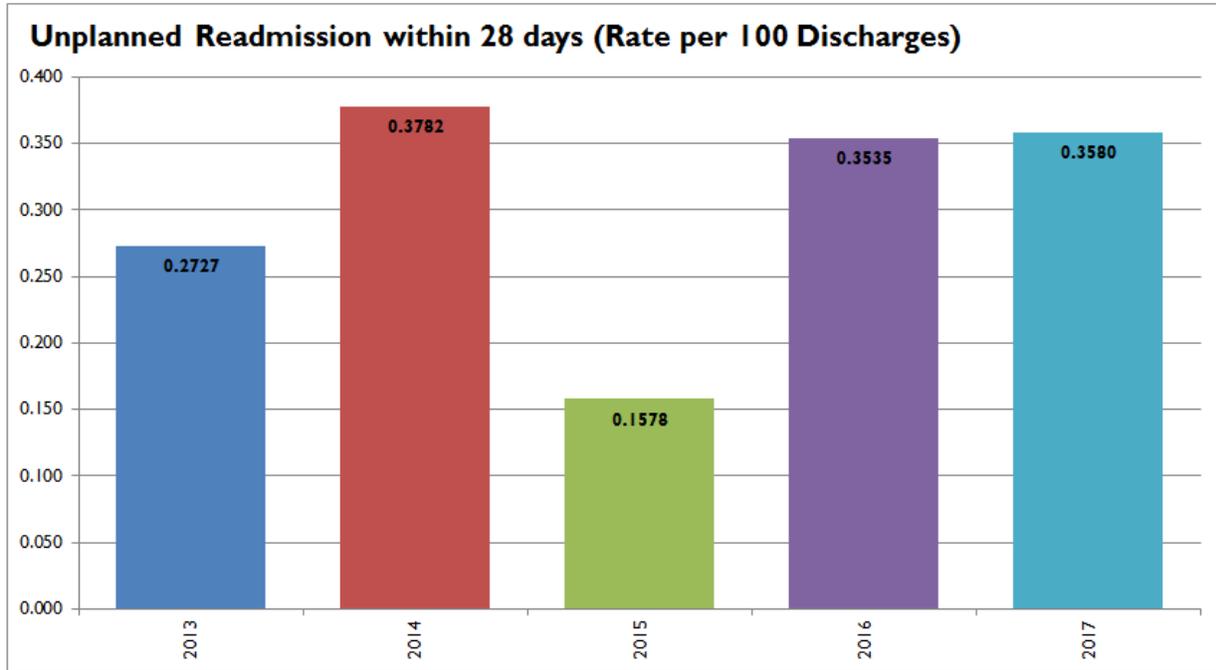
The ERP is about improving patient outcomes and speeding up a patient's recovery after surgery. ERP focuses on making sure patients are active participants in their own recovery and always receive evidence based care at the right time. It is often referred to as rapid recovery, is a new, evidence-based 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*

## 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.

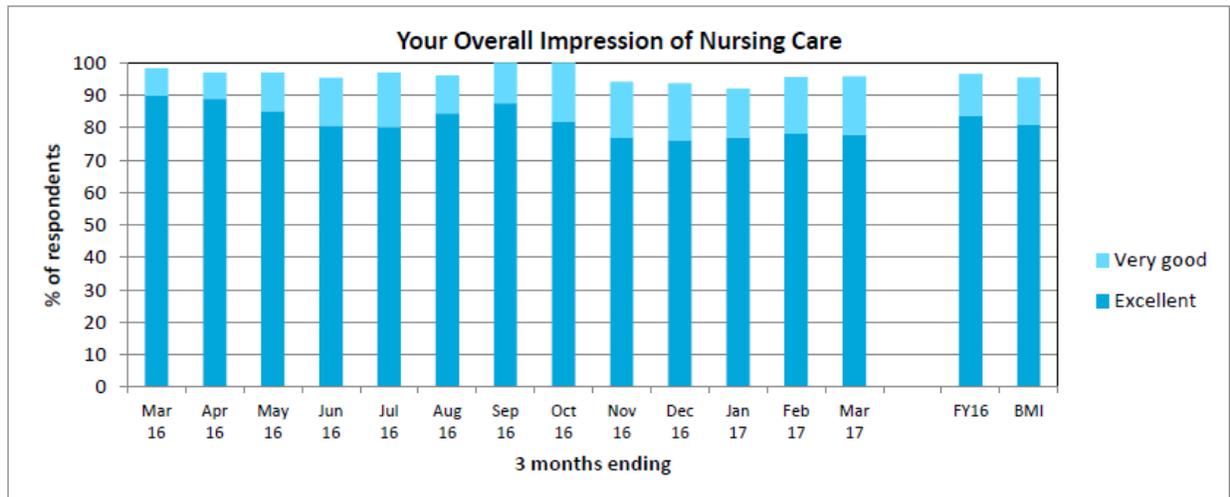
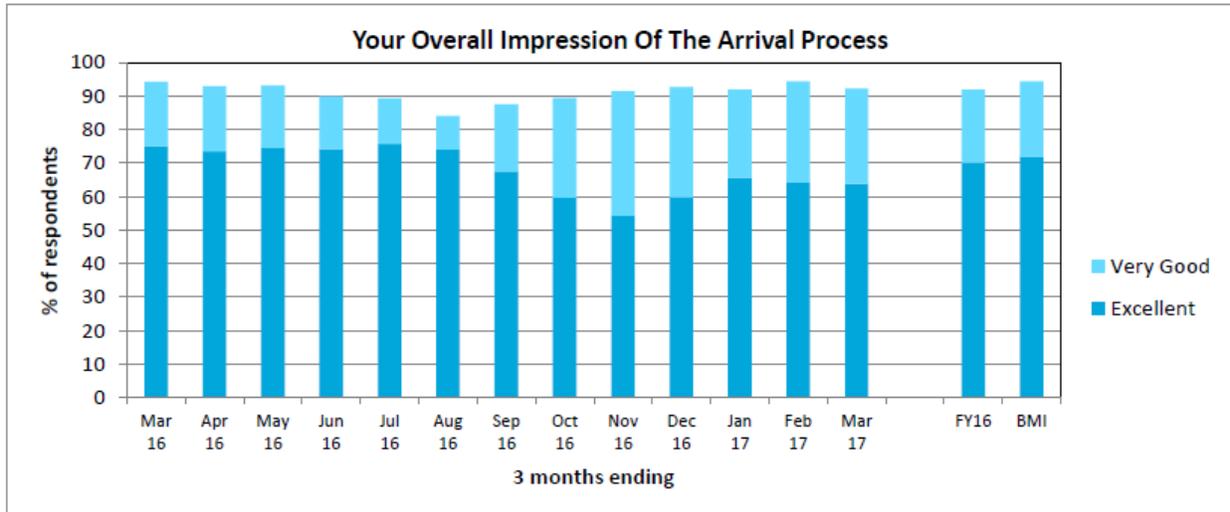


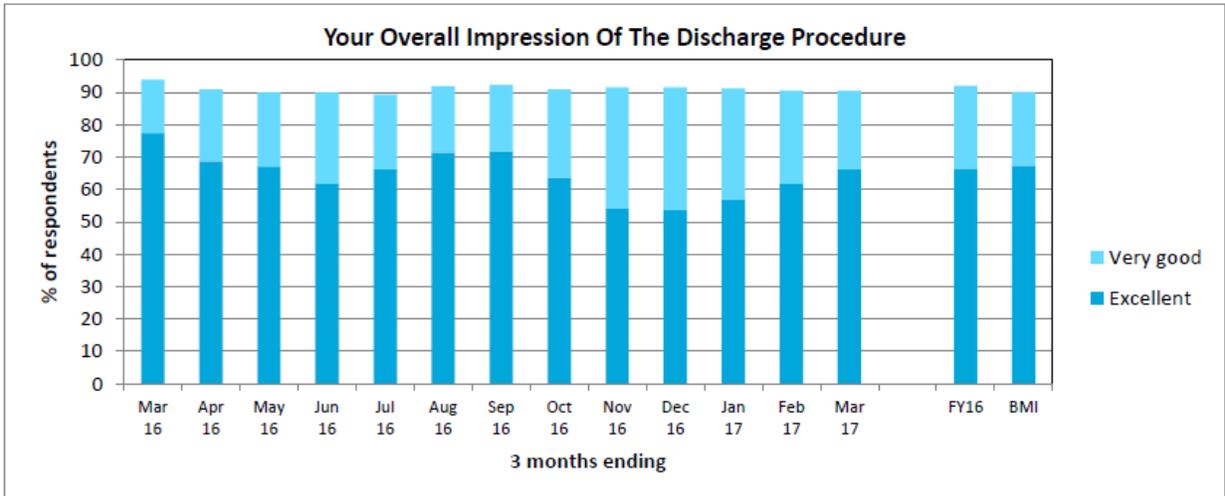
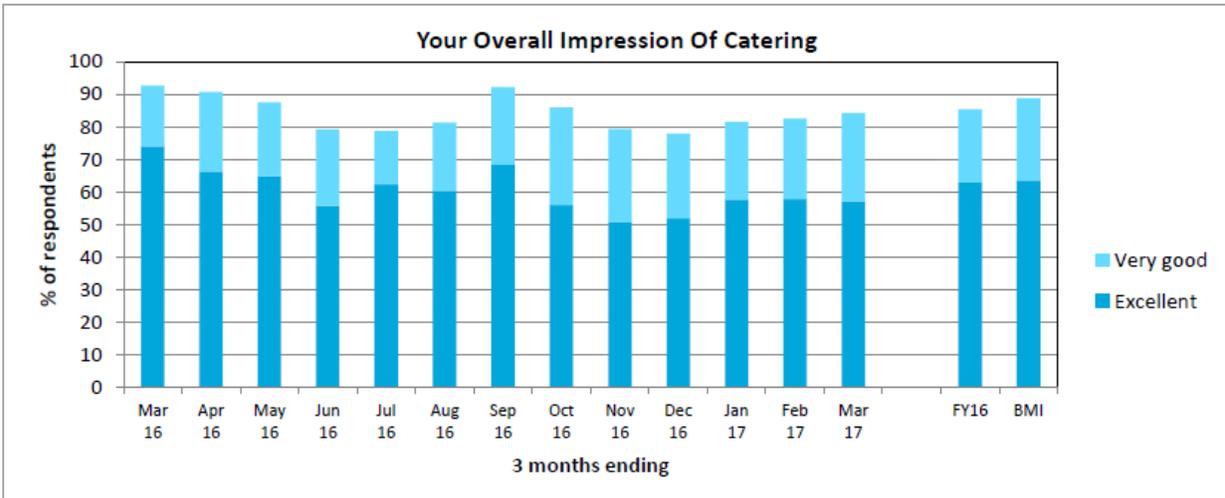
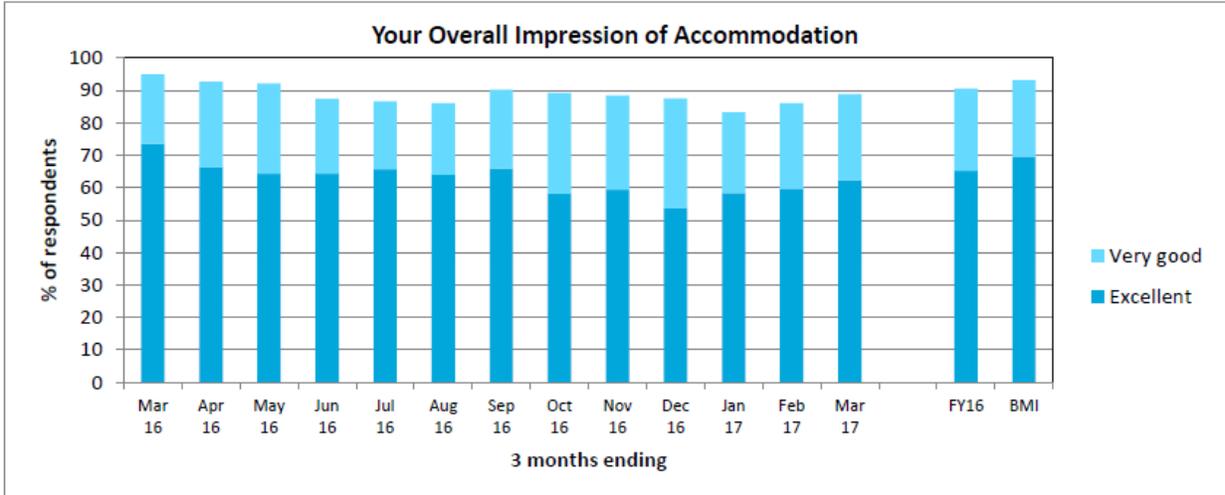
The Sloane Hospital have had few patients experiencing an unplanned re admssion (or return to theatre), all re-admissions are discussed and reviewed for trends or concerns as part of our monthly Clinical Governance Committee. Any trends are established, closely monitored and where applicable action is taken.

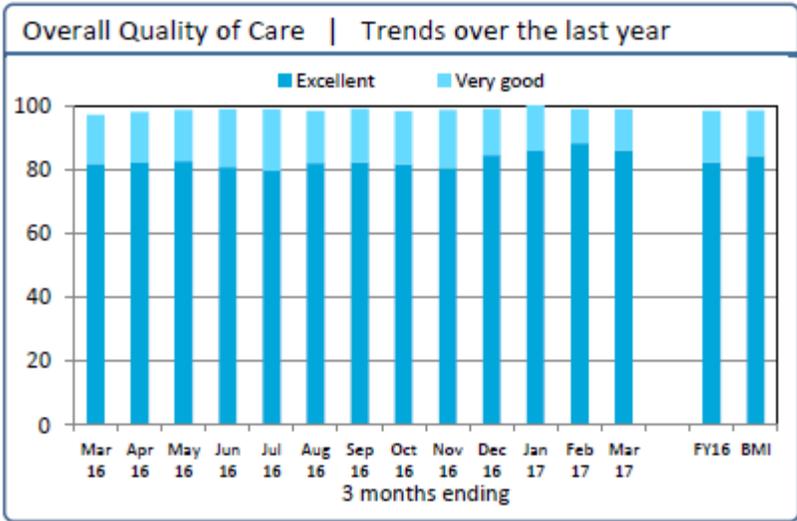
## Patient Experience

### 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.



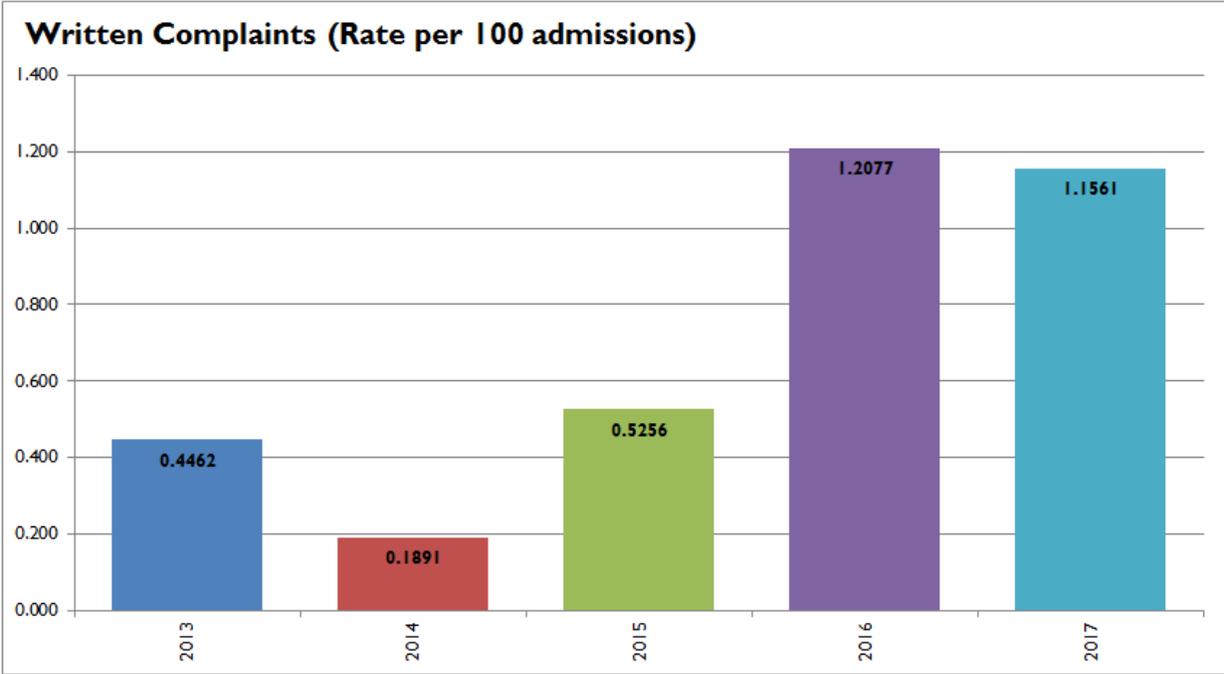




**Complaints**

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



Over the past two years The Sloane Hospital has improved its reporting of complaints and include sharing the details with the teams and made appropriate changes to improve our service and processes. Complaints are discussed in the Management Meeting, Governance Committee and the Patient Journey Meetings. The Sloane Hospital have also included ad hoc visits to ward patients to review their stay and overall experience and ensure they have the opportunity to discuss any worries with the staff.

## **CQUINS**

For the year 2016/17 CQUINs were not provided from the South London CCG's.

## **Safeguarding**

Safeguarding is about protecting people from abuse; prevent abuse from happening and making people aware of their rights. To enable us to do this better training has been enhanced and made available for staff and consultants within the hospital.

Adult abuse can happen to anyone over the age of 18 years of age and within BMI our staff are trained to adult safeguarding level 2, so they can identify, support and advise anyone who requires it.

Adult safeguarding level 3 is provided to senior members of the team to ensure that appropriate support can be provided to their staff in these situations.

Children and Young people abuse can happen to any person 18 years old or below and to ensure that that all children and young peoples are looked after appropriately all our clinical staff including consultants are trained to Level 3 children's safeguarding our other staff members are trained to level 2.

Senior registered [EA] Children Nurses are trained to level 4 safeguarding (if applicable)

The Sloane Hospital has had no safeguarding concerns over the last year. There is a comprehensive training programme for staff and during the CQC inspection all staff members exhibited a sound comprehension of the policy and escalation process.

## **VTE Exemplar Status**

BMI Healthcare holds VTE Exemplar Centre status by the Department of Health across its whole network of hospitals including The Sloane 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. The Sloane 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 100% 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

Provider Narrative in relation to Clinical Audits that are undertaken by the Sloane Hospital, including National Joint Registry etc.

To add further data/context behind the Clinical Audits, NJR Data can be found here if applicable:

<http://www.njrcentre.org.uk/njrcentre/Healthcareproviders/Accessingthedata/StatsOnline/NJRStatsOnline/tabid/179/Default.aspx>

Total	2016	2017 to date
Total Completed Operations	71	23
Hip Procedures	36	14
Knee Procedures	35	7
Ankle Procedures	0	1
Elbow Procedures	0	0

Shoulder Procedures	0	1
NHR Consent Rate	35%	21%

## Priorities for Service Development and Improvement

- TMJ Replacement surgery
- Investors in people
- Love your Liver Health Promotion Initiative
- Clinical Governance monthly staff newsletter
- Daily safety briefing at hospital communication cell
- Sharing problems to find resolutions as a team
- Quarterly team building away days
- Ambulatory care
- Minor ops suite
- Capsule endoscopy

## 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.

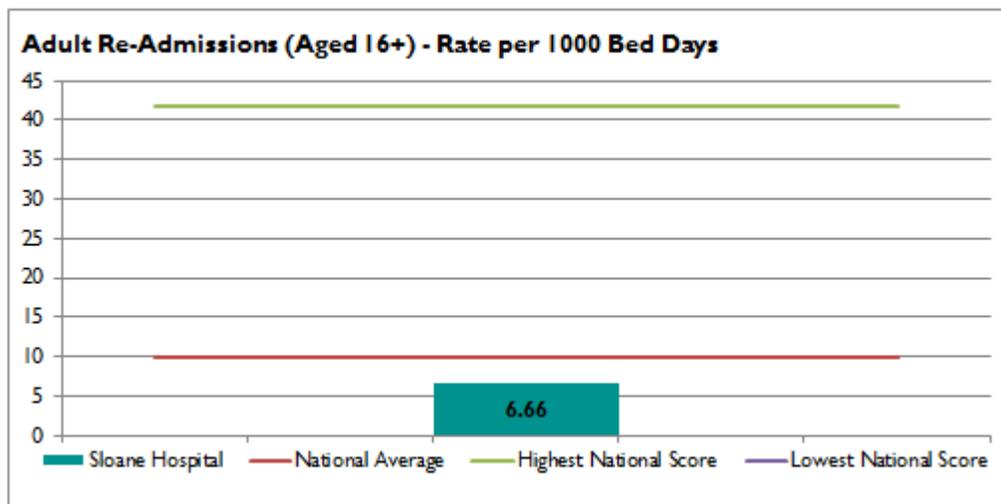
All data provided by BMI Healthcare is for the period **April 2016-March 2017** to remain consistent with previous Quality Accounts, whilst the NHS data may not be for the same period due to HSCIC data availability. The NHS data provided is the latest information available from the HSCIC Indicator Portal.

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.	<b>2011-2012</b>
Percentage of BMI Healthcare Staff who would recommend the service to Friends & Family	BMI Healthcare Staff Survey		<b>NHS Staff Survey 2016</b>
Number of <i>C.difficile</i> infections reported	BMI Healthcare Risk Management System*	This indicator relates to the number of hospital-apportioned infections.	<b>April 2014 – March 2015</b>
Responsiveness to Personal Needs of Patients	Quality Health Patient Satisfaction Report	The responsiveness score provided is an average of all categories applied to Patient Satisfaction questionnaires answered by BMI Healthcare inpatients.	<b>2015 - 2016</b>

Number of admissions risk assessed for VTE	CQUIN Data	BMI Healthcare only collects this information currently for NHS patients.	<b>January 2016 – December 2016</b>
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.	<b>October 2015 – September 2016</b>
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.	<b>October 2015 – September 2016</b>

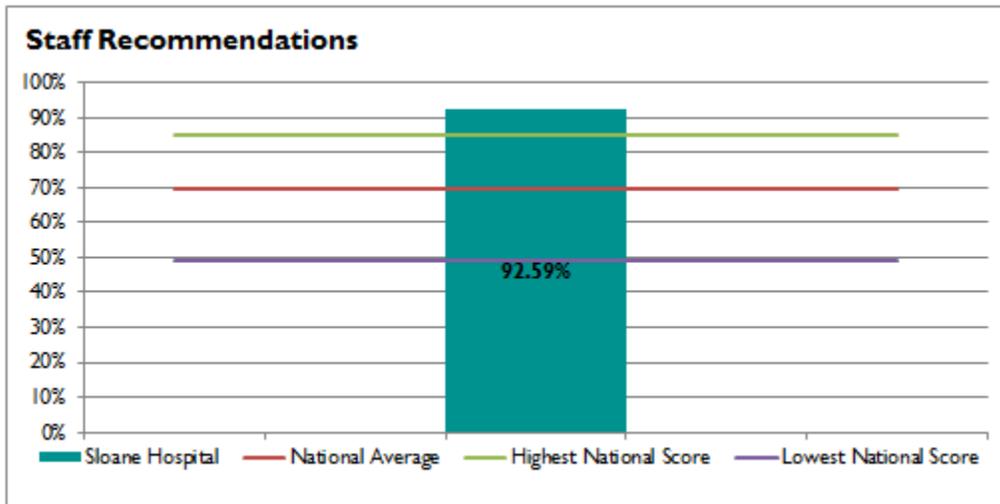
\*In December 2016, BMI Healthcare changed Risk Management System. As a result, this data is taken from 2 separate sources. April – November 2016 from Sentinel, December 2016 to March 2017 from RiskMan.

### Re-Admissions within 28 Days of Discharge



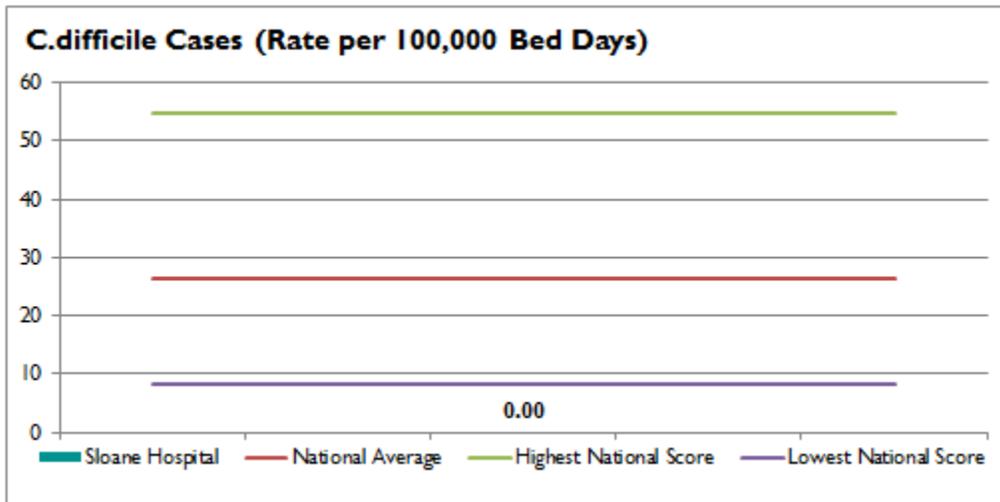
Our readmissions fall below the national average and are regularly monitored through our incident reporting system to ensure any contributing factors are reviewed and acted upon accordingly. Any trends are closely monitored and discussed within our governance framework.

**Staff Recommendation Results**

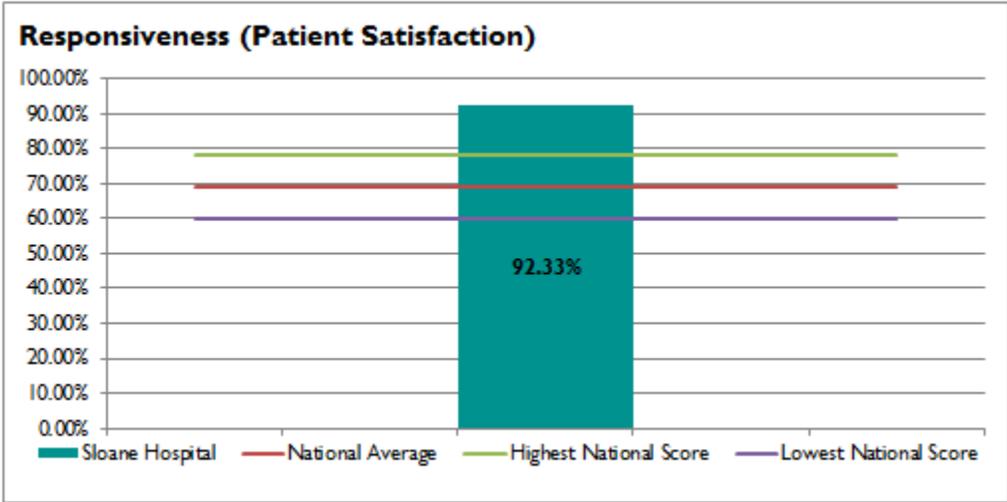


Our staff recommendations score above the highest national average which demonstrated a high degree of confidence in the high standards and care that we, as a hospital, provide.

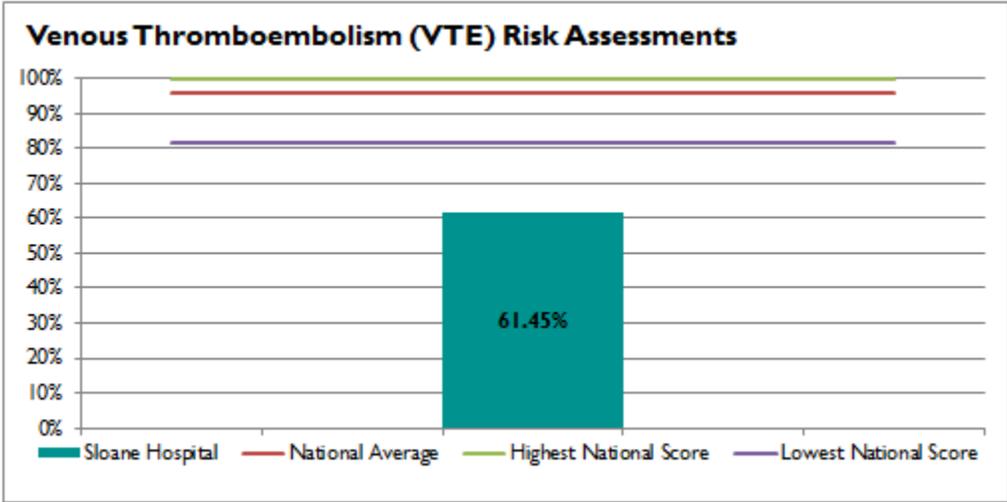
**The rate per 100,000 bed days of cases of C difficile infection reported within the hospital**



The Sloane Hospital is delighted to have a zero occurrence of C. difficile cases and is testament to the high standards of IPC adhered to within the hospital.

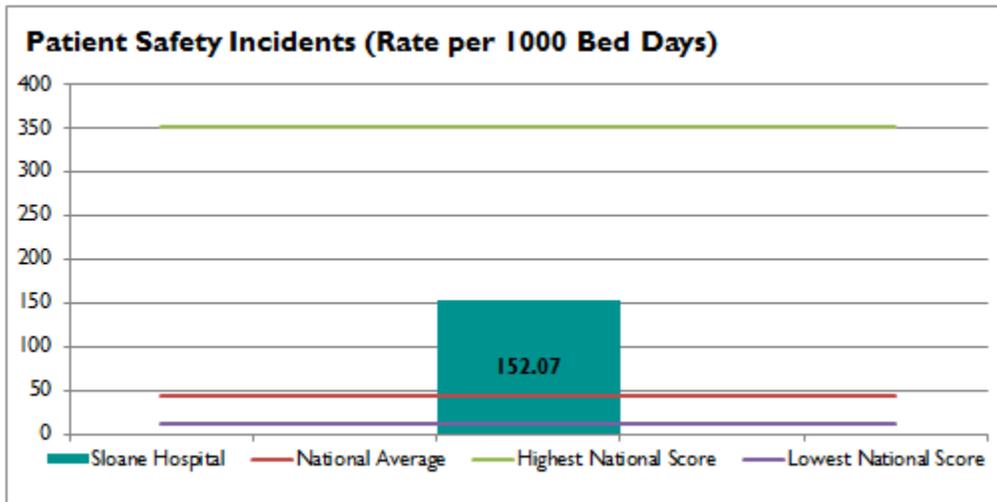
**Hospitals responsiveness to the personal needs of its patients**

Patient satisfaction is regularly monitored and any comments discussed in our regular Patient Journey Meeting to ensure we are responsive to our patient feedback. This data shows a higher than national average responsive rate indicating the success of the actions we have taken. Any actions identified are shared with the team and updated regularly.

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

We are delighted that we have not had any VTE incidents in the last 3 years however the data above demonstrates that our processes for recording this data require ongoing review. We currently have an action plan in place to rectify this with monthly audits planned which will be presented and discussed within our Governance Meetings.

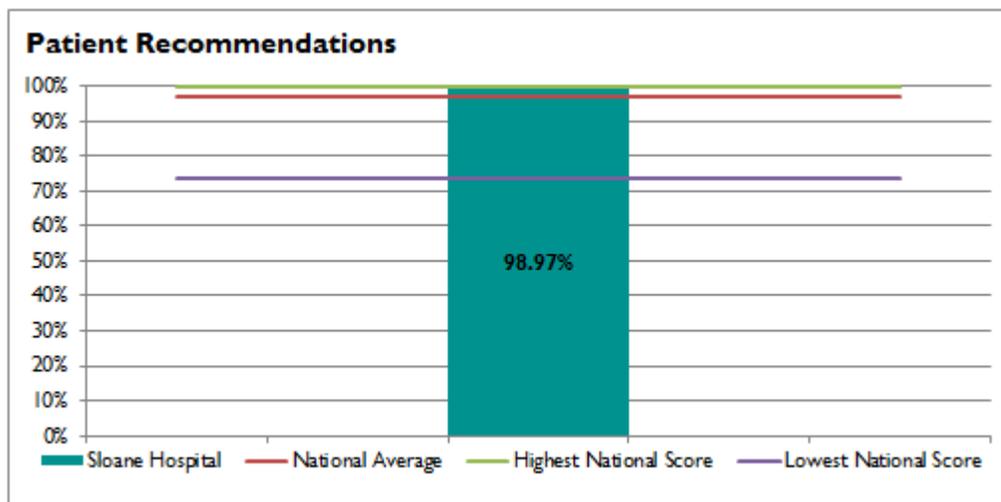
### Patient Safety Incidents



At The Sloane Hospital we positively encourage a culture of reporting and sharing incidents to ensure that action is taken and learning takes place from any clinical or non clinical safety incident. As an independent hospital we sit above the national average on patient safety reporting however this demonstrates our robust reporting culture.

### Further Quality Indicators

#### Patient Recommendation Results



The Sloane Hospital considers that this data is as described for the following reasons; we operate through a consultant led service with a high performing experienced team. We are working hard to improve all areas of service provision through a targeted and specific patient journey meeting.

Staff satisfaction and morale is a key priority for the senior management team, and initiatives such as the staff group, 'Sloane Says' and the introduction of a staff advocate will impact on morale and in turn positively influence the patient experience further.

The Sloane Hospital intends to take the following actions to improve this 98.97% score, for example,

- Optimising all processes of the patient pathway to improve the overall experience.
- All patients are provided with questionnaires to complete, feedback forms are also available in all patient rooms. Our response rate continues to improve month on month. Our score for 'Would recommend' is currently 100%. Daily Patient visits take place to obtain feedback, which is shared with the team. Actions are put in place where appropriate.
- Mandatory Customer Service training for all staff, focusing on providing a caring environment and pleasant experience for all of our patients.

 NHS  
Bromley  
*Clinical Commissioning Group*

#### **BMI HEALTHCARE: SLOANE HOSPITAL**

#### **2016/17 QUALITY ACCOUNTS**

#### **BROMLEY CLINICAL COMMISSIONING GROUP COMMENTS**

As of April 2017 Bromley Clinical Commissioning Group have taken in the role of Co-ordinating Commissioner for 4 of BMI's facilities in South London with support from North East London Clinical Support Unit (NELCSU). We therefore welcome the opportunity to review and comment on the BMI Quality Accounts for Sloane Hospital for 2016/17.

We note that BMI Sloane Hospital received an overall rating of 'Good' at the Care Quality Commission Inspection in August 2016, achieving a Good rating in all key lines of enquiry. Bromley CCG is also pleased to note that BMI has installed a new Risk Management system throughout all BMI facilities that will enable managers to identify themes and trends and monitor quality across the organisation.

Bromley CCG look forward to working closely with BMI Sloane Hospital to understand areas of good practice and to identify any quality challenges, in addition to reviewing the outcomes from BMI's participation in the Sign Up to Safety Campaign the Safer Surgery Commitment and the Enhanced Recovery Programme.

