

## 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 St Edmunds Hospital has 31 beds with all rooms offering the privacy and comfort of ensuite facilities, freeview TV, free wi-fi access and telephones. 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 physiotherapy service continues to be provided in-house and supports our enhanced recovery pathway for hip and knee replacement patients. Imaging services include plain film and ultrasound scanning. We have 7 consultant rooms, 2 operating theatres (one with laminar airflow) and an endoscopy/minor treatment room. We operate a virtual pharmacy model.

NHS work currently accounts for 45% of our overall work. We currently offer orthopaedics, general surgery, gynecology, cataract surgery, colo-rectal and urology services on Choose and Book. We have a number of spot NHS contracts for podiatry, gynaecology, urology, general surgery and orthopaedic work.

During the last year we have upgraded our physiotherapy department, replaced carpets with hard flooring in Imaging, reception, the treatment room, two consulting rooms and four patient bedrooms, redecoration in various clinical areas and installed a dementia friendly toilet in visitor toilets as part of our ongoing upgrade programme. Also swipe access for Theatres and clean utility have been installed to limit access and add to security.

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 St Edmunds is registered as a location for the following regulated services:-

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

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

The CQC carried out an announced inspection on 16<sup>th</sup> March 2017, they then attended site for an unannounced inspection on 20<sup>th</sup> March 2017. The formal report and ratings under the new framework is yet to be published. Preliminary feedback was positive and found that we were compliant in many areas, with minor corrective actions required. OPD Consultant notes within patient files were their biggest concern, with corrective work being undertaken at present. At the time of the last inspection (July 2014):

|                                                                             |   |
|-----------------------------------------------------------------------------|---|
| Standards of treating people with respect and involving them in their care  | ✓ |
| Standards of providing care, treatment & support which meets people's needs | ✓ |
| Standards of caring for people safely & protecting them from harm           | ✓ |
| Standards of staffing                                                       | ✓ |
| Standards of management                                                     | ✓ |

BMI St Edmunds 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 St Edmunds.

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Between April 2016 to March 2017, the hospital had:

- No MRSA bacteraemia cases/100,000 bed days
- No MSSA bacteraemia cases /100,000 bed days
- No E.coli bacteraemia cases/ 100,000 bed days
- No 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;
  - 0% Hips
  - 0% Knees



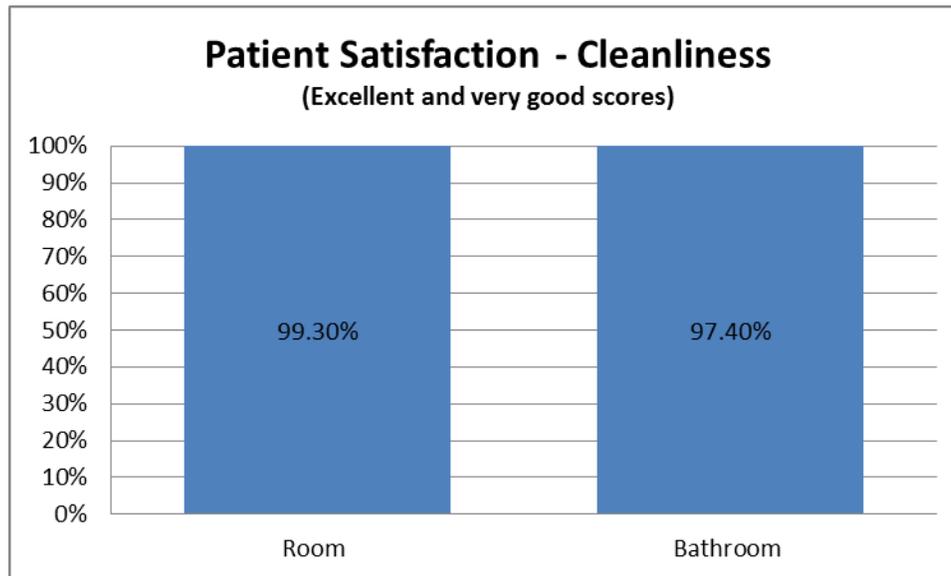
All departments are audited annually using the NHS QIT tool.

| Care Bundle                                                                            | Score                                                                                                                                                                  |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Peripheral line insertion                                                              | 67.8%                                                                                                                                                                  |
| Peripheral line ongoing care                                                           | 100%                                                                                                                                                                   |
| SSI Pre op care                                                                        | 100%                                                                                                                                                                   |
| SSI Post op care                                                                       | 100%                                                                                                                                                                   |
| SSI intraoperative                                                                     | 100%                                                                                                                                                                   |
| Blood Culture                                                                          | N/A                                                                                                                                                                    |
| Urinary Catheter insertion                                                             | 100%                                                                                                                                                                   |
| Urinary catheter ongoing care                                                          | 100%                                                                                                                                                                   |
| Non compliance                                                                         | Action                                                                                                                                                                 |
| Medical staff not wearing PPE on insertion of peripheral lines still remains an issue. | This has been raised at MAC and IPC meeting, another reminder has gone into Consultant Newsletter. Again to be addressed at MAC via new Director of Clinical Services. |

HCAI Self assessment has been completed during this year, scoring 100% in all areas.

Hand hygiene audits continue to be completed in all areas of the BMI St Edmunds, consistently scoring 100%. All clinical staff now carry small bottles of Spirigel for instances when hand washing at point of patient care is not possible.

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)

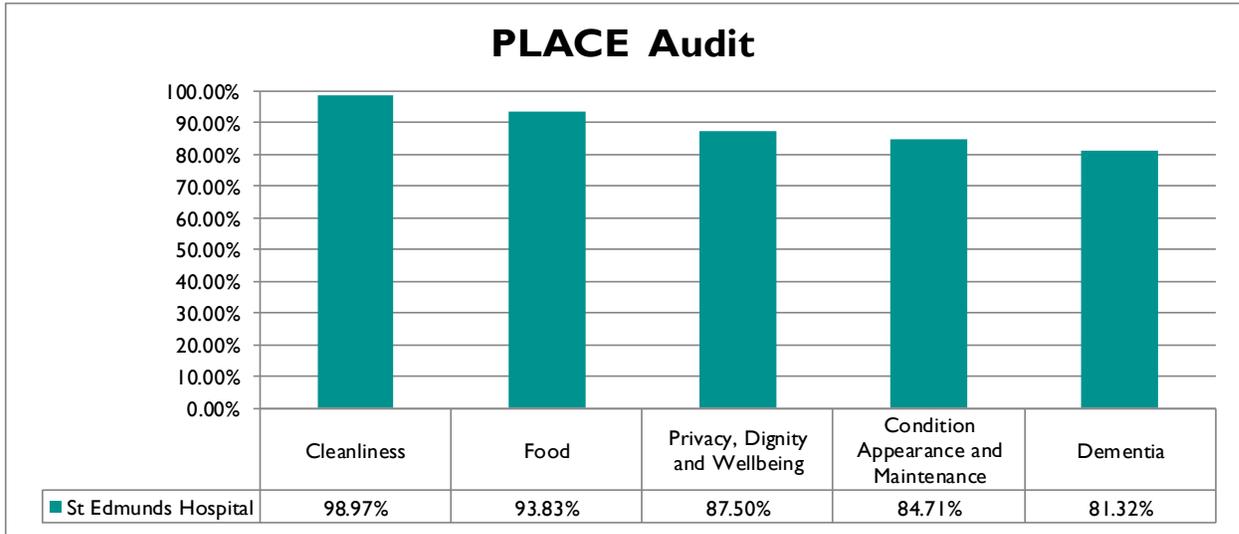
At BMI Healthcare, we believe a patient should be cared for with compassion and dignity in a clean, safe environment. Where standards fall short, they should be able to draw it to the attention of managers and hold the service to account. PLACE assessments will provide motivation for improvement by providing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

The BMI St Edmunds scores demonstrate a clear improvement in the food from the previous year; unfortunately all other areas had a slight decline. Many of the issues which were identified related to the fabric of the building which require re-decoration or replacement flooring. An action plan was developed and actions addressed and completed throughout this year, including refurbishment of reception and implementation of a flooring and re-decoration plan.

| Hospital            | Cleanliness | Food   | Privacy, Dignity and Wellbeing | Condition Appearance and Maintenance | Dementia |
|---------------------|-------------|--------|--------------------------------|--------------------------------------|----------|
| St Edmunds Hospital | 98.97%      | 93.83% | 87.50%                         | 84.71%                               | 81.32%   |



## 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 rule - 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.

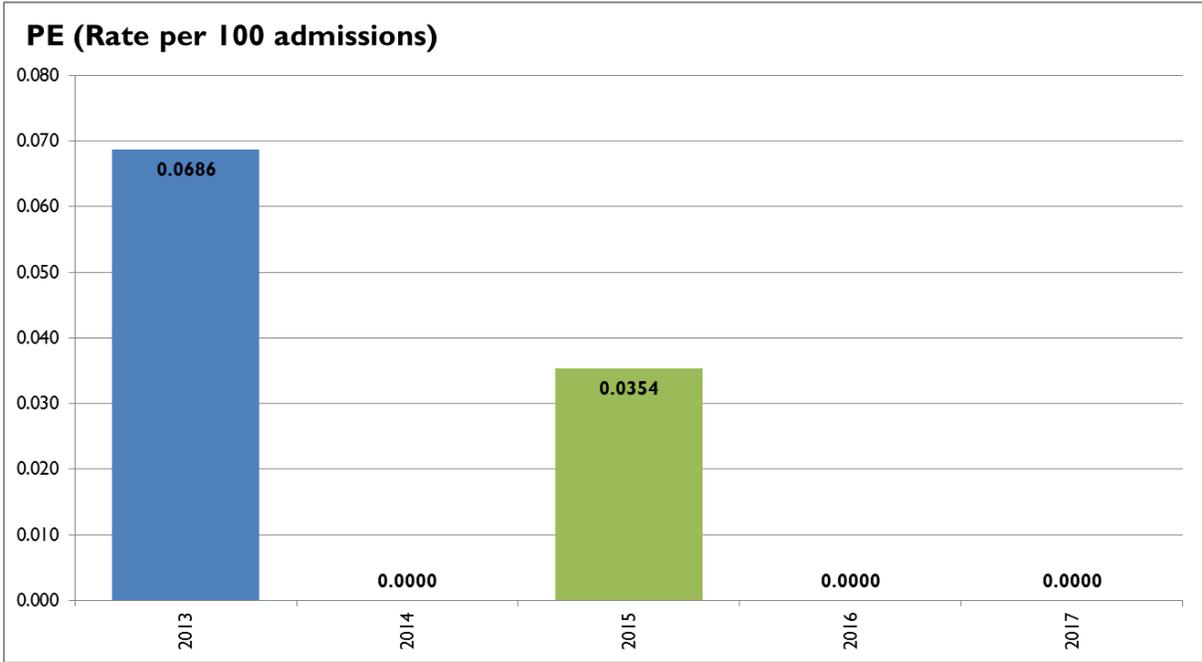
## Venous Thrombo-embolism (VTE)

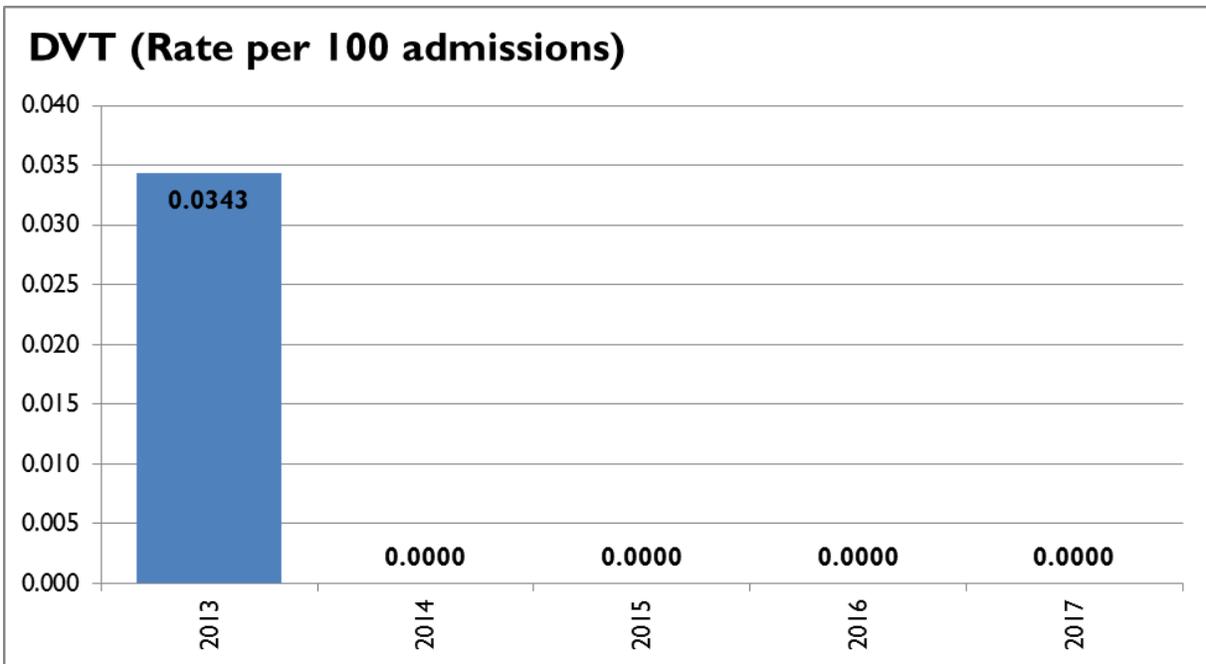
BMI Healthcare, holds VTE Exemplar Centre status by the Department of Health across its whole network of hospitals including, BMI St Edmunds. BMI Healthcare was awarded the Best VTE Education Initiative Award category by Lifeblood in February 2013 and was the Runners up in the Best VTE Patient Information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

We see this as an important initiative to further assure patient safety and care. We audit our compliance with our requirement to VTE risk assessment every patient who is admitted to our facility and the results of our audit on this has shown that

| VTE Percentage |        |
|----------------|--------|
| VTE            | 89.09% |

BMI St Edmunds 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.





We have had no reported incidents of thrombosis in the last year at BMI St Edmunds.

## Sign Up for Safety Campaign

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

- **Put safety first** – Committing to reduce avoidable harm in the NHS by half through taking a systematic approach to safety and making public your locally developed goals, plans and progress. Instill a preoccupation with failure so that systems are designed to prevent error and avoidable harm
- **Continually learn** – Reviewing your incident reporting and investigation processes to make sure that you are truly learning from them and using these lessons to make your organisation more resilient to risks. Listen, learn and act on the feedback from patients and staff and by constantly measuring and monitoring how safe your services are
- **Be honest** – Being open and transparent with people about your progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong
- **Collaborate** – Stepping up and actively collaborating with other organisations and teams; share your work, your ideas and your learning to create a truly national approach to safety. Work together with others, join forces and create partnerships that ensure a sustained approach to sharing and learning across the system

- **Be supportive** – Be kind to your staff, help them bring joy and pride to their work. Be thoughtful when things go wrong; help staff cope and create a positive just culture that asks why things go wrong in order to put them right. Give staff the time, resources and support to work safely and to work on improvements. Thank your staff, reward and recognise their efforts and celebrate your progress towards safer care.

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

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



## Risk Management System

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

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

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

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

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

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

## Risk Registers

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

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

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

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

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

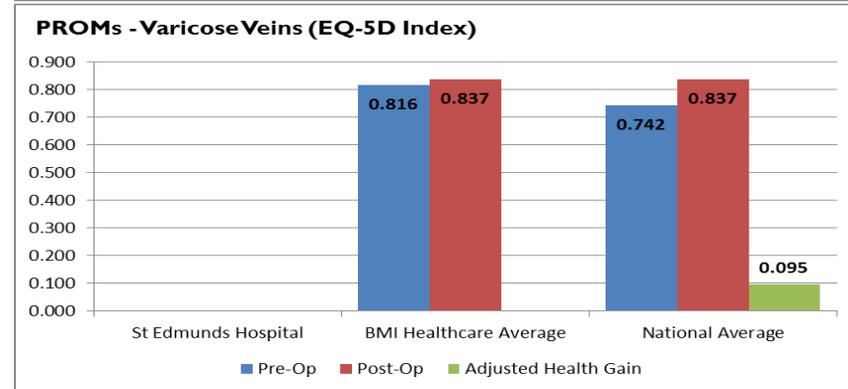
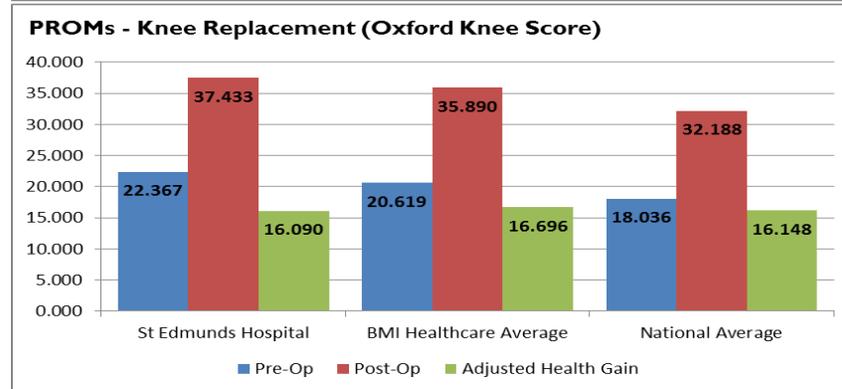
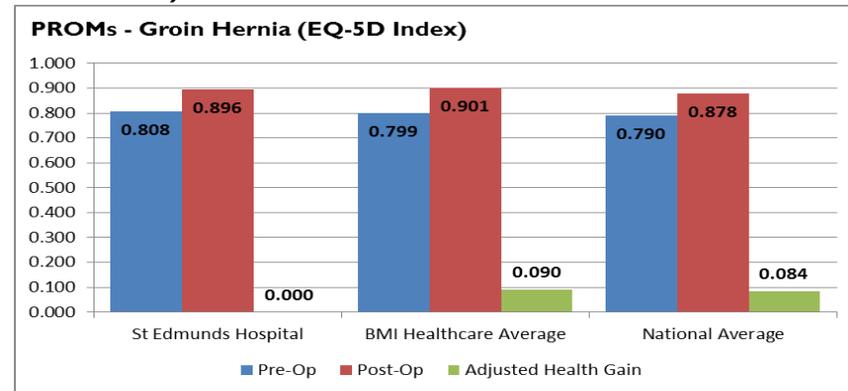
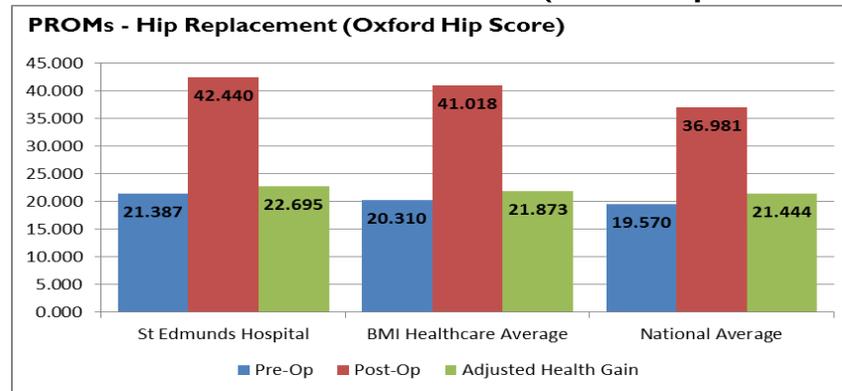
## Effectiveness

### 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 St Edmunds. The number of procedures being undertaken at this site has seen a slight increase during the year. Oxford hip and knee post-operative scores both score ahead of the national average.

### 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.

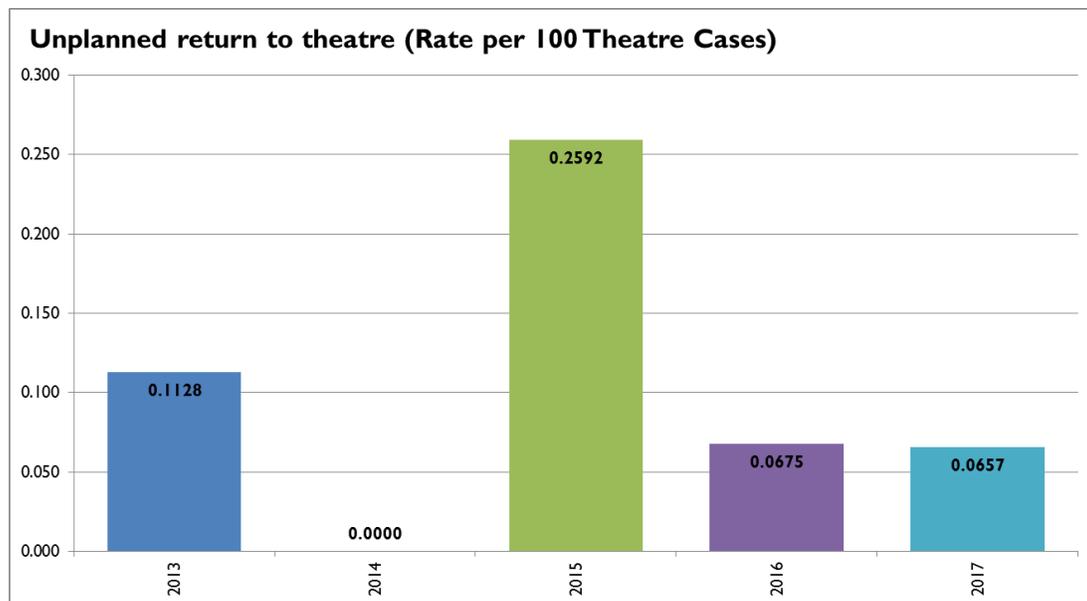
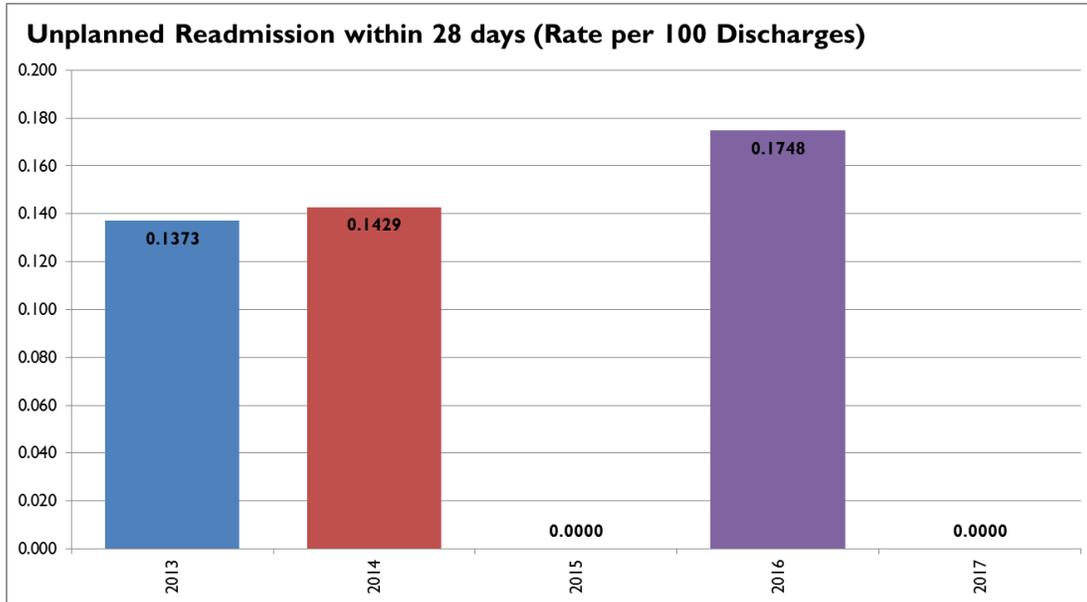
ERP is based on the following principles:-

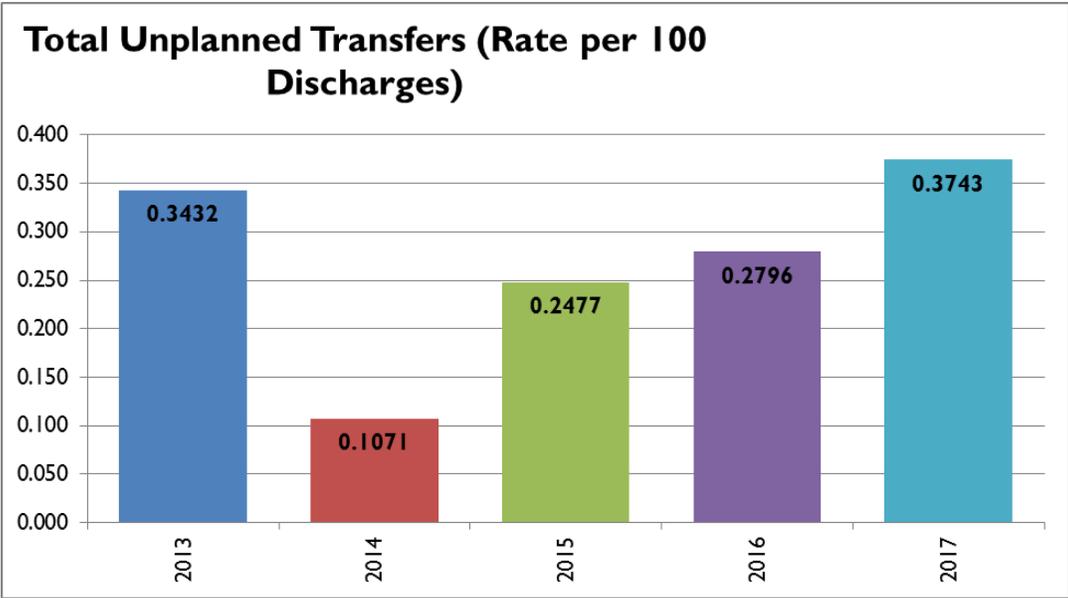
1. All Patients are on a pathway of care
  - a. *Following best practice models of evidenced based care*
  - b. *Reduced length of stay*
2. Patient Preparation
  - a. *Pre Admission assessment undertaken*
  - b. *Group Education sessions*
  - c. *Optimizing the patient prior to admission – i.e HB optimisation,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

We conduct face to face pre-assessments for the majority of patients planned for general anaesthesia and bed management meetings highlight any other patients that may benefit from this but would ordinarily not have been deemed necessary. We telephone pre-assess the majority of patients undergoing procedures under local anaesthesia. We also conduct group education classes for hip and knee joint surgery patients.

### 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. As detailed in the below graphs at BMI St Edmunds these are kept to a minimum, we will continue to monitor this and make improvements as necessary.





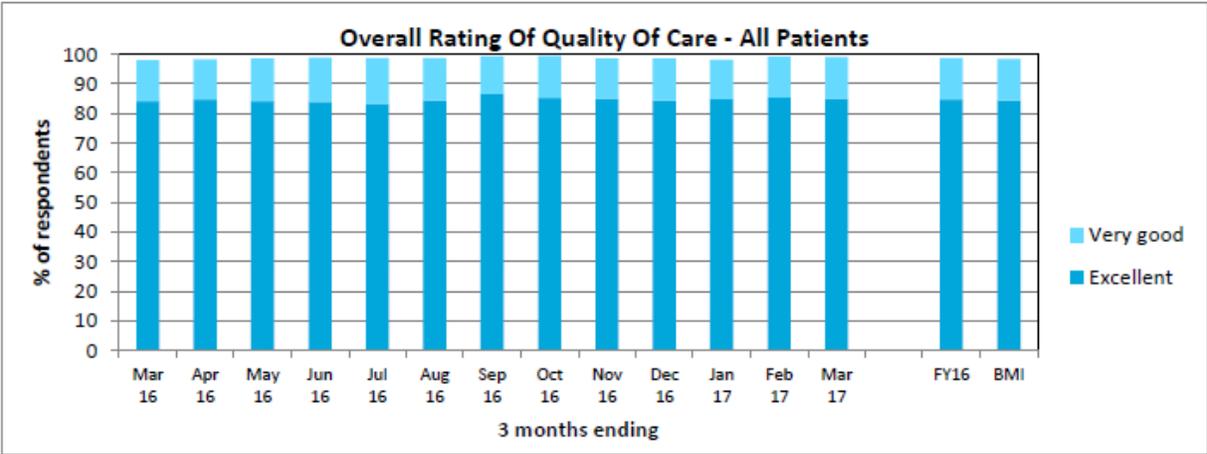
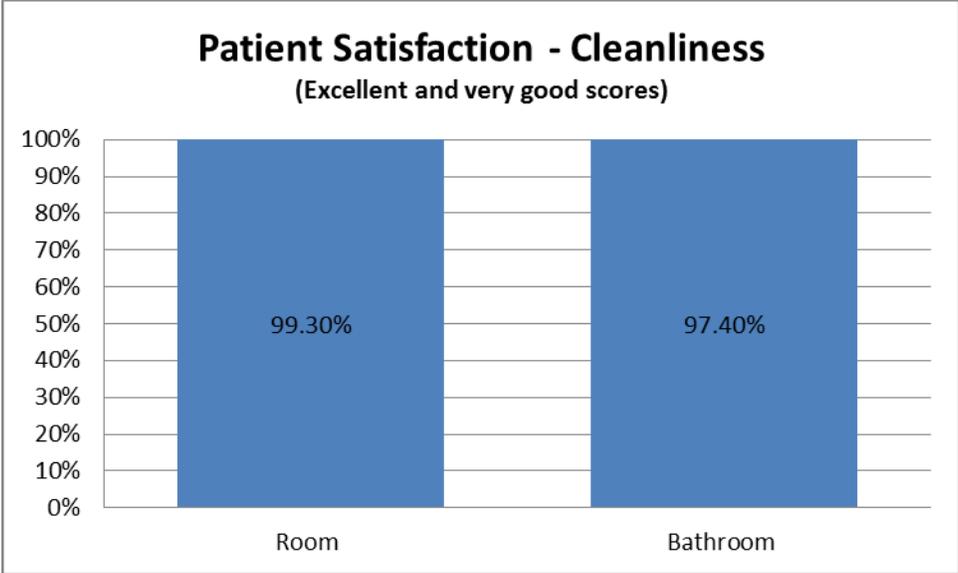
## Patient Experience

### 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.

BMI St Edmunds Hospital was ranked 27<sup>th</sup> out of 55 hospitals in March 2017, in March 2016 the hospital was ranked 32<sup>nd</sup>.

|                         | March 2017  |             |             | March 2016  |             |             |
|-------------------------|-------------|-------------|-------------|-------------|-------------|-------------|
|                         | Excellent % | Very Good % | Satisfied % | Excellent % | Very Good % | Satisfied % |
| Admission               | 72.7        | 21.9        | <b>94.5</b> | 79.5        | 17.8        | <b>97.3</b> |
| Nursing                 | 88.5        | 10.7        | <b>99.2</b> | 77.6        | 18.4        | <b>96.1</b> |
| Accommodation           | 78.0        | 20.5        | <b>98.5</b> | 73.1        | 24.4        | <b>97.4</b> |
| Catering                | 65.4        | 29.1        | <b>94.5</b> | 71.1        | 23.7        | <b>94.7</b> |
| Departure               | 63.6        | 27.3        | <b>90.9</b> | 66.2        | 27.3        | <b>93.5</b> |
| Overall Quality of Care | 85.3        | 13.8        | <b>99.1</b> | 82.4        | 14.6        | <b>97.0</b> |



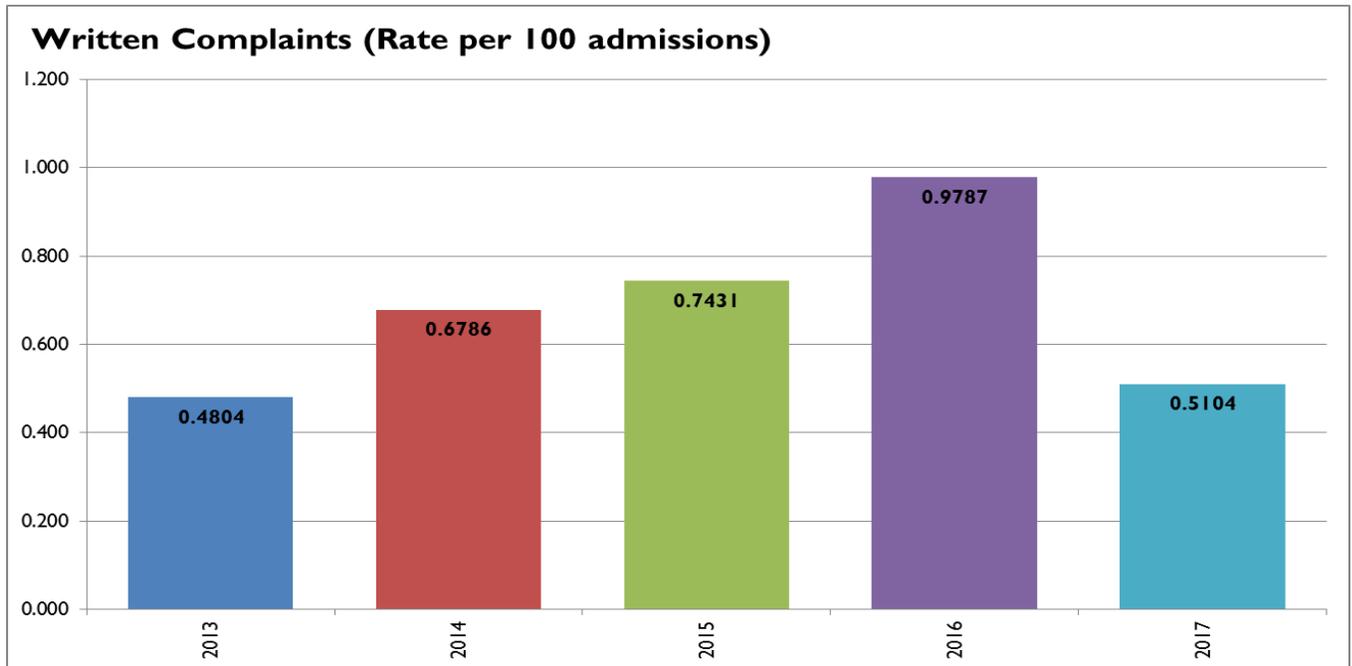
## Complaints

In addition to providing all patients with an opportunity to complete a Satisfaction Survey BMI St Edmunds 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.



Main trends of complaints was in regard to:

- admission information
- consultant care
- financial/cost related
- communication issues

## CQUINS

The purpose of the 2016/2017 CQUIN for the BMI St Edmunds was to implement the Edmonton Tool across its services, which monitors patient frailty, coded on general practice systems to identify patients for further screening and assessment. The tool assesses cognitive impairment, dependence in activities of daily living, burden of illness, self-perceived health, depression, weight loss, medication issues, incontinence, social support and mobility. Training has been given to all staff on how to use the tool effectively and how to record results on the GP discharge letter. Monthly audits are undertaken to monitor compliance.

BMI St Edmunds has achieved Quarter 1 – 3 CQUINs, currently awaiting result on Quarter 4.

## **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.

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.

## **VTE Exemplar Status**

BMI Healthcare holds VTE Exemplar Centre status by the Department of Health across its whole network of hospitals including BMI St Edmunds. 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 St Edmunds 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 78% 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

National Joint Registry

| Totals for this hospital | 2016 | Year to date:<br>2017 |
|--------------------------|------|-----------------------|
| Total completed ops      | 351  | 122                   |
| Hip procedures           | 180  | 63                    |
| Knee procedures          | 167  | 56                    |
| Ankle procedures         | 0    | 0                     |
| Elbow procedures         | 0    | 0                     |
| Shoulder procedures      | 4    | 3                     |
| NJR consent rate         | 97%  | 97%                   |

The BMI St Edmunds has increased the number of procedures that they have completed in 2016 in comparison to the 2015 data.

## Priorities for Service Development and Improvement

- Pre-assessment to relocate to within the outpatients department on the ground floor of the hospital to enhance patient experience.
- Removal of carpet within the clinical areas and replace with hard flooring.
- Replacement of hand basins within patient bedrooms.
- Implement project Optimum which will streamline the bookings process for patients and consultants.
- Implement dementia friendly elements to the BMI St Edmunds.
- Potential step down beds.
- Launch of private GP service within BMI St Edmunds.

## Quality Indicators

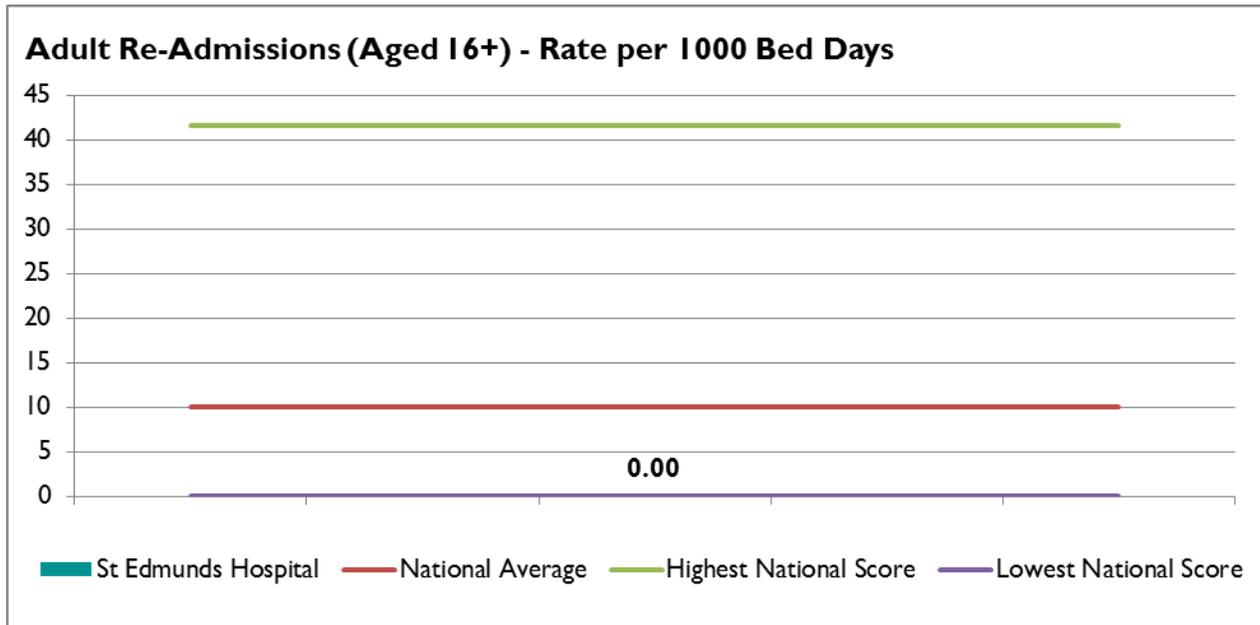
The below information provides an overview of the various Quality Indicators which form part of the annual Quality Accounts. Where relevant, information has been provided to explain any potential differences between the collection methods of BMI Healthcare and the NHS.

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> |

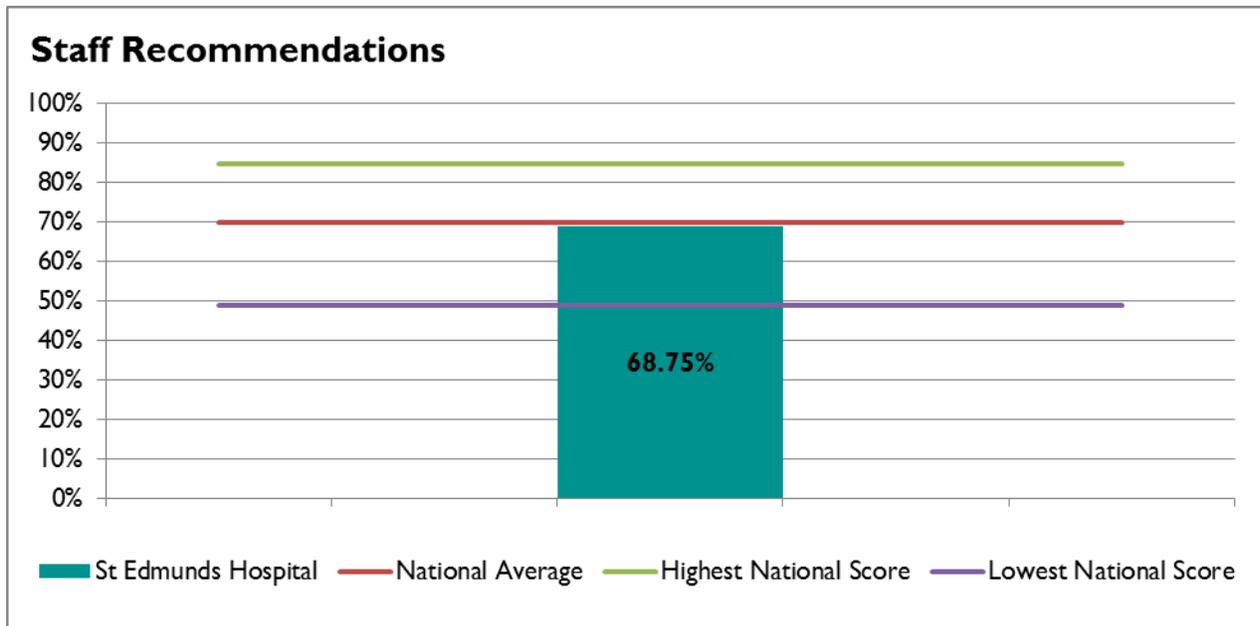
\*In December 2016, BMI Healthcare changed Risk Management System. As a result, this data is taken from 2 separate sources. April – November 2016 from Sentinel, December 2016 to March 2017 from RiskMan.

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



- The BMI St Edmunds had no re-admissions within 28 days of discharge over the last year.
- Paediatric services are not carried out at the BMI St Edmunds.

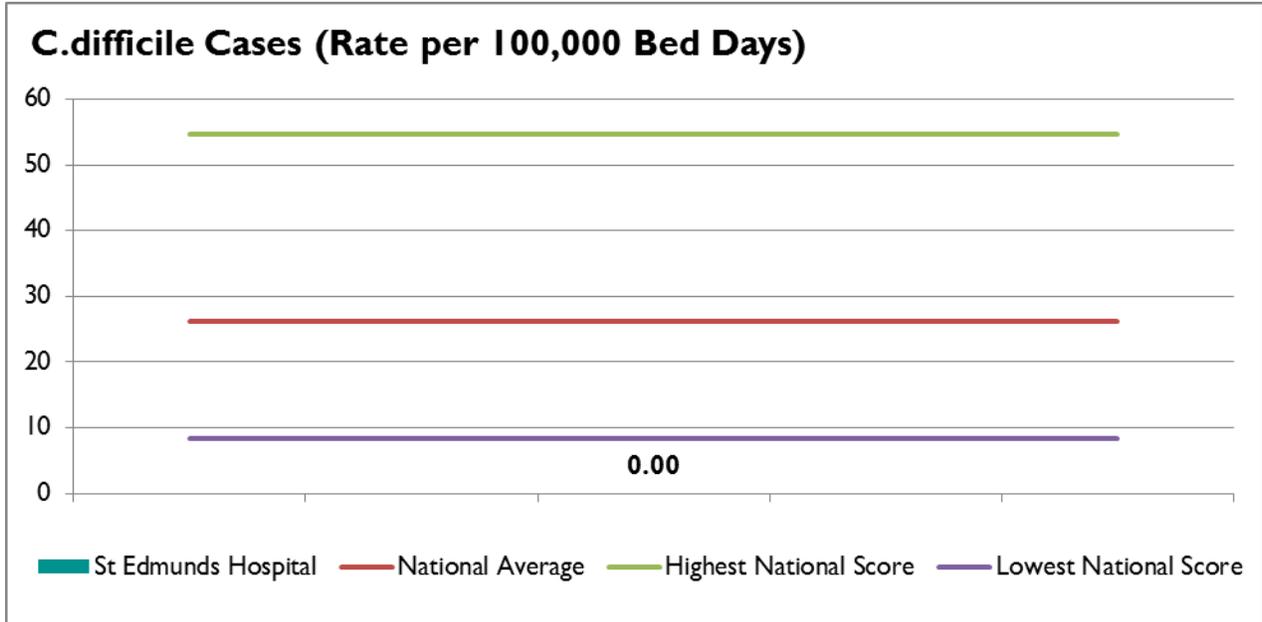
**Staff Recommendation Results**



The BMI St Edmunds is disappointed with the score received for staff recommendations. Staff turnover within the hospital remained high over the last year and many positions left vacant, during recent months these positions have been filled and hopefully will bring stability to the staffing team within BMI

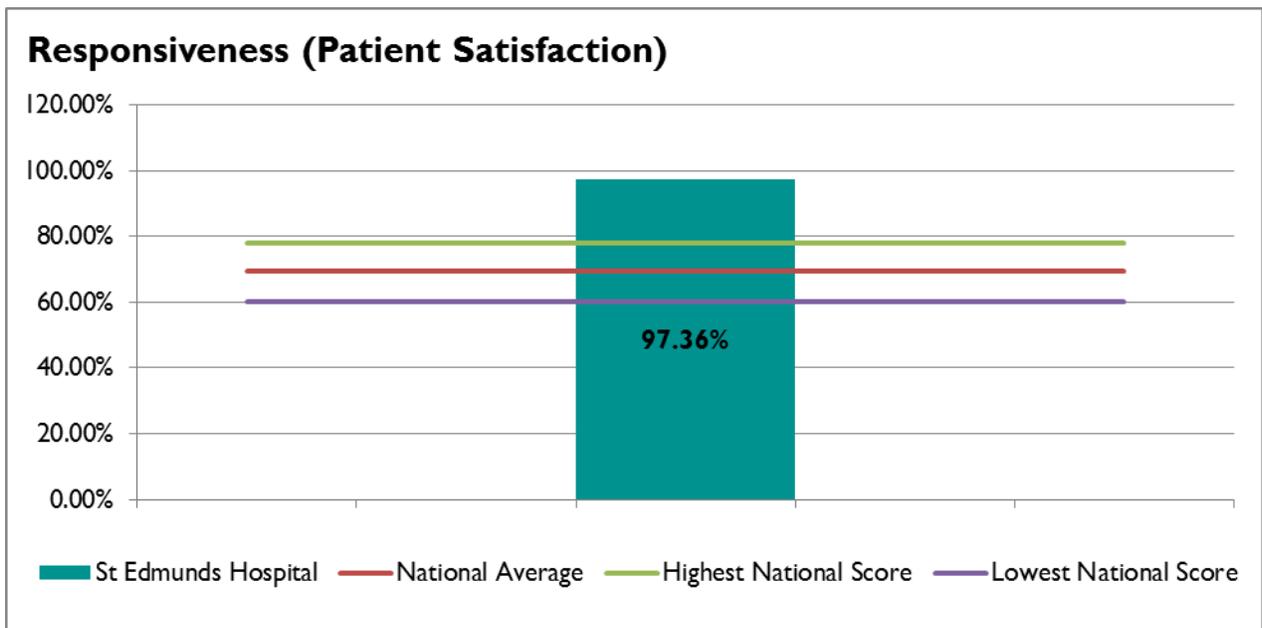
St Edmunds. Recruitment does still remain an issue in some departments, which is being addressed by the Corporate Recruitment Team,  
 Monthly recognition for staff has been introduced and is embraced by the staffing team.

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



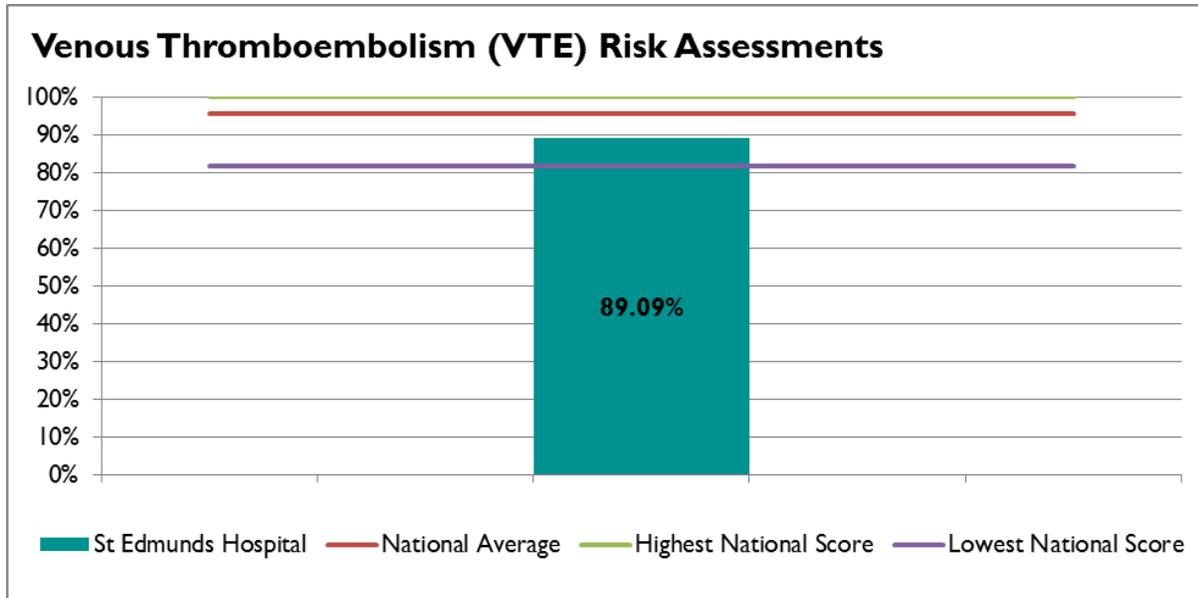
The BMI St Edmunds has had no cases of c.difficile over the last year.

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



The BMI St Edmunds has scored above the highest national score in responsiveness to patients; this is also an increase of 2.28% from last year. The BMI St Edmunds has taken the following actions to improve this percentage, and so the quality of its services, by ensuring that all staff are adequately trained in responding to patient call bells in a prompt manner and any queries that patients might have. Also there is a robust structure for carrying out regular observations on patients, ensuring that they have an enhanced patient experience.

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



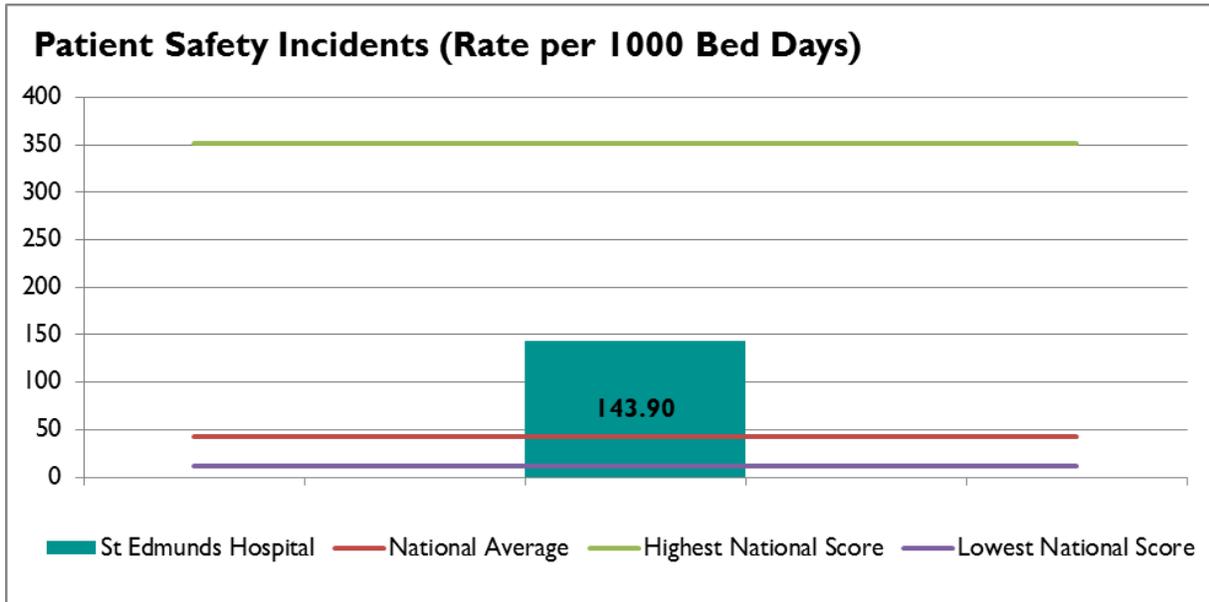
BMI St Edmunds considers that this data is as described for the following reasons

- We audit our compliance with the VTE Risk assessment requirement for every patient, only missing one patient in one month since this time last year..
- The VTE Risk Assessment has been incorporated into the patient medication chart so is reviewed by nursing staff frequently.

BMI St Edmunds Hospital reports the incidence of Venous Thromboembolism (VTE) through the corporate clinical incident system

In 2015-16 we had no reported incidences of DVT at this site.

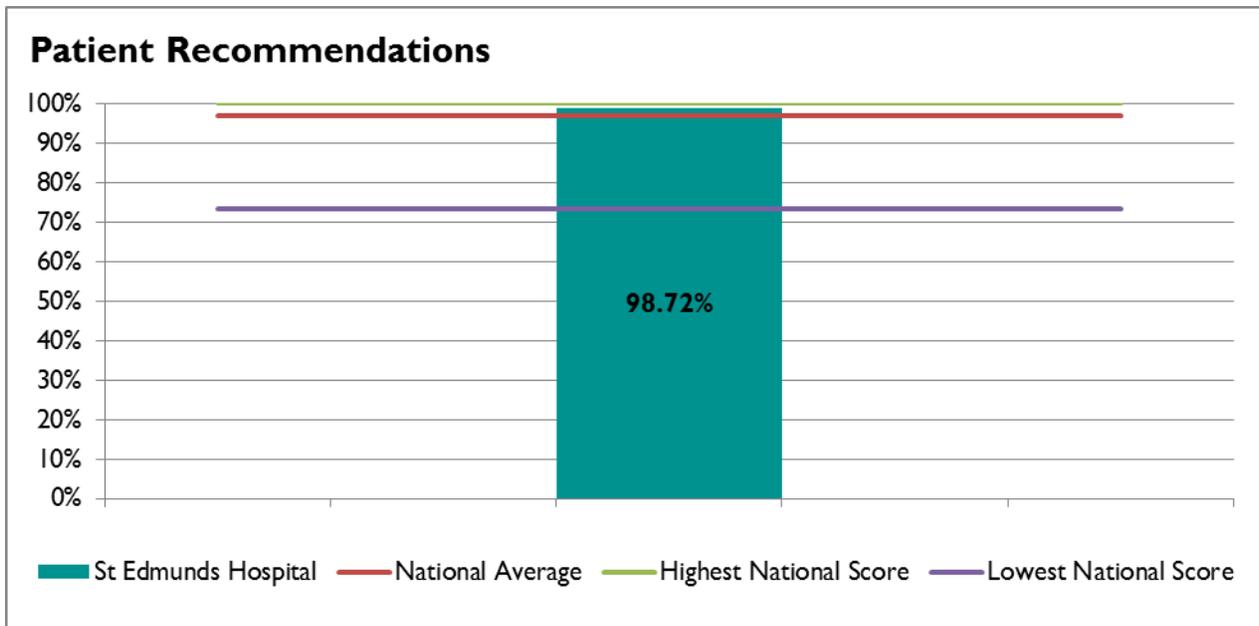
**Patient Safety Incidents**



The BMI St Edmunds considers that this data is as described due to the high reporting culture within the hospital. There is a very robust incident reporting system and all staff have access and are trained in the reporting of all incidents. The BMI St Edmunds continues to monitor all incidents within the hospital through various committees and meetings, sharing data and lessons learnt.

**Further Quality Indicators**

**Patient Recommendation Results**



The BMI St Edmunds has again scored higher than the national average for patient recommendations. Monthly Quality Health meetings monitor patient feedback and act on any suggestions/comments that are made. The BMI St Edmunds continues to improve the service given to patients and enhance their experience at the hospital. There is a programme in place for further upgrade of flooring and decoration in patient areas over the coming year.