



Bath Clinic

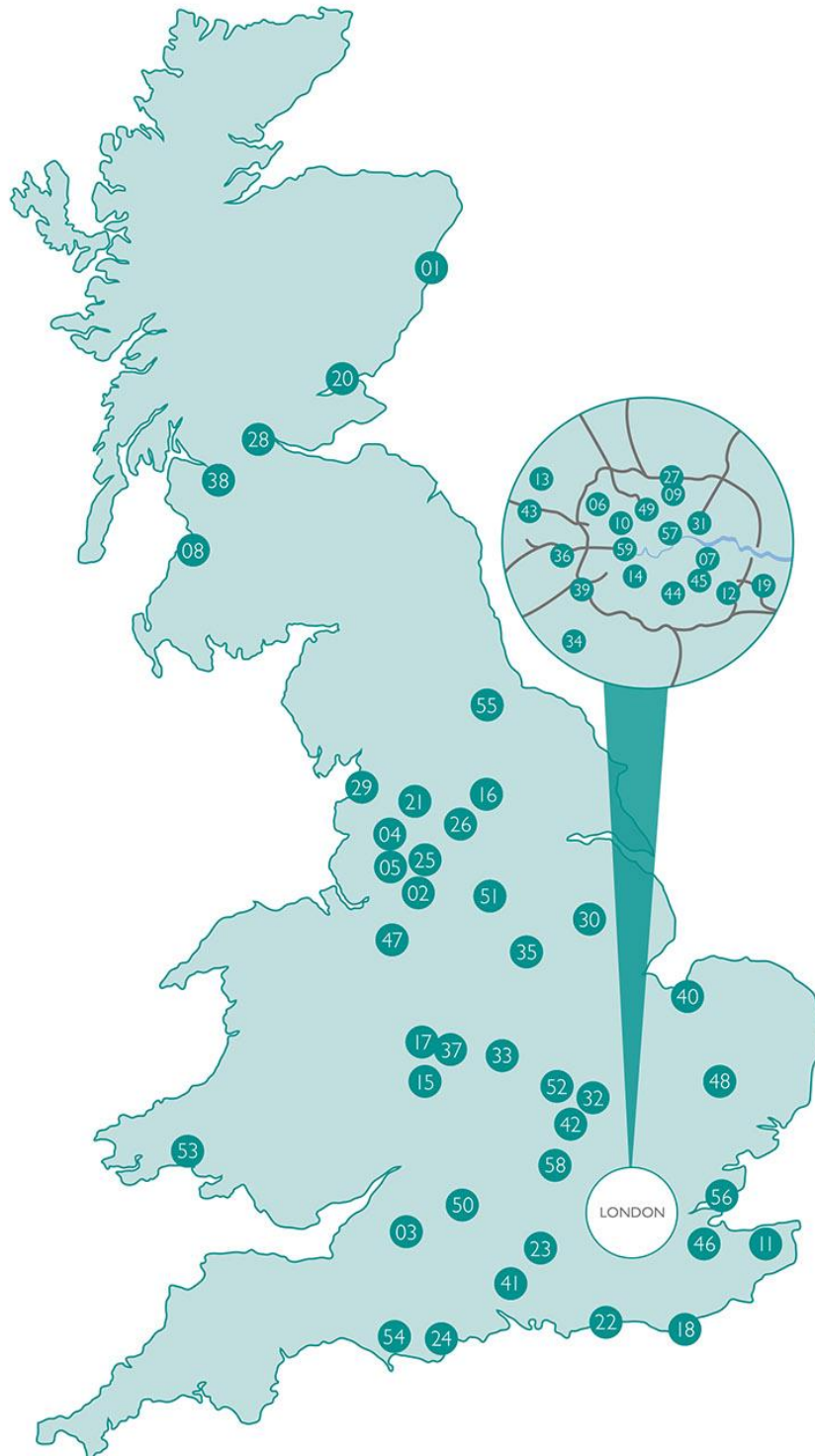
**QUALITY  
ACCOUNTS 2018**

# Contents

Our network of hospitals .....	3
Group Chief Executive's Statement .....	4
Hospital Information .....	6
Safety .....	10
Patient Led Assessment of the Care Environment (PLACE) .....	14
Duty of Candour.....	15
Venous Thrombo-embolism (VTE).....	16
Patient Reported Outcome Measures (PROMS) .....	17
Learnings from Deaths.....	21
Patient Experience .....	21
Patient Satisfaction .....	23
Complaints.....	27
CQUINS.....	28
Safeguarding .....	29
National Clinical Audits .....	30
Priorities for Service Development and Improvement .....	30
Safety Thermometer .....	31
Staff Survey & Staff Safety Culture Questionnaire.....	31
Staff Recommendation Results .....	33
Quality Indicators.....	33
Patient Recommendation Results .....	37

## Our network of hospitals

BMI Healthcare is the largest private hospital group in the UK, offering a broad range of services to patients funded by PMI, the NHS and through self-funding. BMI Healthcare offers services through 59 sites, which include acute hospitals, day case only facilities and outpatient clinics.



## Group Chief Executive's Statement



The BMI Healthcare Quality Account for 2018 is a measure of the quality of the care provided at our 59 hospitals and clinics across the UK.

When I joined BMI Healthcare in October 2017, I asked all our hospitals and corporate teams to align around a shared objective of improving quality of patient care. Our regulators – the Care Quality Commission in England, Health Improvement Scotland and Healthcare Inspectorate Wales – inspect our hospitals and provide us with valuable feedback and I am pleased to report a constructive relationship with each of our regulators.

Together, we have been working to both celebrate and share good practice and also to focus on areas where we needed to improve. All our hospitals are working through individual action plans designed to improve patient care, and our hospital and corporate teams are increasingly aligned and supporting each other around this common purpose. As a consequence, I have confidence that we will continue to improve our regulatory rankings.

Over the course of the year, we have invested in our hospitals to meet the standards required by our regulators, and that our patients expect us to achieve.

We have enhanced the clinical support for our hospital teams, with the appointment of a full-time Group Medical Director and by reinstating the role of Regional Director of Clinical Services. These important appointments are crucial if we are to achieve our clinical objectives, with all staff and all Consultants working to the same level of compliance and quality right across our hospital network.

The safety of our patients remains paramount. We have participated in the Surgical Site Infection Surveillance Service coordinated by Public Health England and Health Protection Scotland and have seen a year on year improvement since we started taking part in 2015. We were the first private hospital group to sign up to the Safer Surgery Commitment and recognise the importance of adherence to the World Health Organisation's checklist for safe surgery.

Our cancer centres are achieving Macmillan Quality Environment Marks for the high standard of the environment within which people are treated. Similarly we have a number of hospitals which have achieved Joint Advisory Group (JAG) accreditation for their endoscopy services. Our other endoscopy units are also making progress towards the same goal.

Digital technology increasingly gives us the opportunity to improve how we handle information in order to improve patient care. We already use e-prescribing across our cancer centres, enabling all health professionals in contact with a particular patient to access the same tumour protocols and see the same up-to-date patient information to better inform prescribing decisions and minimise risk. We are moving towards a new system of electronic patient records that will give the same high level of assurance for all patients choosing BMI for their healthcare.

From a corporate and governance point of view, we have rationalised and refocused our committees at both a business and a hospital level, giving each clear areas of responsibility and providing a line of sight between head office and hospital. We continue to adopt an integrated audit approach, so that

we can maintain a holistic overview of how hospitals and teams are performing against agreed standards and procedures.

Ultimately, we are here for our patients; their feedback is important both for reassurance that we are working in line with their expectations and to help highlight areas where we need to pay closer attention. Each year we ask our patients if they would recommend us to their friends and family – in 2017, 98.5% of those asked agreed that they would.

The information in this Quality Account has been reviewed by our Governance Committee and I am reassured that this information is accurate.

The data and graphs provide us with an indication of performance, but they only start to tell the story of our committed and dedicated staff. Their experience and expertise has led to positive outcomes and, in many cases, life-changing procedures for so many of our patients.

To our hospital and corporate teams, I would like to say thank you.

A handwritten signature in black ink that reads "Karen." The signature is written in a cursive, flowing style.

**Dr Karen Prins**

## Hospital Information



BMI Bath Clinic located close to the beautiful city of Bath, provides extensive acute surgical and medical services for inpatients, day patients, ambulatory and outpatients. BMI Bath Clinic admits patients from the age of 16 years old. Where required, patients will be seen or telephoned by a pre-admission nurse, which is an important step to improve patient safety, care and experience.

Services available at BMI Bath Clinic include diagnostic and treatment services such as pathology, pharmacy, occupational therapy, health screening and physiotherapy. The imaging department has a full range of diagnostic equipment including fixed site 64 slice CT, ultrasound, and mammography, x-ray, and MRI scanner. The hospital has three operating theatres, two major and one minor, and a dedicated endoscopy unit. BMI Bath Clinic is now the primary provider of private Oncology services in the area.

The hydrotherapy service is popular for patients whose objectives cannot be achieved on dry land. The service is run weekly by the Physiotherapist team providing one-to-one appointments as well as splash sessions, where several patients can exercise independently in the pool under the supervision of a Physiotherapist.

Consultants from a wide range of disciplines base their private practice at BMI Bath Clinic, providing both surgical and medical care. A Resident Medical Officer and dedicated nursing team support them 24 hours a day. During 2017 BMI Bath Clinic introduced a private GP service and NHS fracture clinic.

BMI Bath Clinic provides accommodation for inpatients and day cases. Single en-suite rooms with free view television help to maintain the privacy, dignity and comfort of patients. However, regular contact with friends and family is very important when in hospital. In order to help facilitate this, visitors are welcome at any time between the hours of 08.00 and 22.30. Outside of these hours, visits can be arranged with the nursing staff. All patient rooms have telephones and satellite TV.

There is an ongoing programme for maintenance and refurbishment. During the previous twelve months we have replaced flooring and chairs in the clinical and reception areas. We have developed our ambulatory suite, providing changing rooms and comfortable chairs which can be converted into transportation chairs. We have introduced a comfortable lounge for oncology patients and their families, and a separate new lounge for inpatients to use and enhance the patient experience.

Year to date, NHS patients have accounted for 43.3% of overall patient numbers. This is calculated by 42.8% 'Choose & Book', 0.5% Spot cases and 0.4% other cases contracts with BANES and Wiltshire Clinical Commissioning Groups.

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 Bath Clinic is registered as a location for the following regulated services:-

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

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

The CQC made an unannounced inspection on 15 May 2018 and we await the report, however feedback on the day was very positive. Prior to this visit, the CQC carried out an announced inspection on 3<sup>rd</sup> to 5<sup>th</sup> May 2016, and rated the hospital as requiring improvement overall.

## CQC Ratings Grid

### Overview of ratings

Our ratings for this location are:

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

This was very disappointing for us but the underlying issues have been reviewed and actions to address these are at the heart of the hospital's plan. There were already a range of improvement plans in place; however it was clear that we needed to accelerate our drive to improve the quality and safety of patient care throughout the hospital.

Whilst there was an environmental and corporate risk register, there were no clinical risks mentioned. There was no departmental clinical risk register, which meant the services could not proactively manage clinical risks. Issues around quality and risk management were not being identified or addressed in a timely manner. There was no proactive approach, to monitoring the implementation of actions following areas of service performance that required improvement following incidents.

In direct response, BMI Bath Clinic appointed a Quality and Risk Manager, and the senior management team has ensured that the hospital and departmental risk registers were fully implemented, managed and tabled at the relevant committee meetings. The hospital is now able to evidence a good reporting culture, learning outcomes and actions taken. There have been no 'Never Events'.

BMI Bath Clinic 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 the time of the CQC inspection, the service did not keep single care records for patients. Clinicians completed separate records which were stored in different departments providing assessment and treatment to the service user. Failure to maintain a contemporaneous set of notes for each patient presents a potential risk to patients' safety. We were aware of this risk and following the inspection we escalated our plans to improve the process. A medical records officer has since been appointed, and a local Standard Operational Procedure has been written and shared with all clinical staff and consultants' secretaries. Staff have engaged and work is ongoing to continually monitor and improve the process.

The CQC inspectors identified that the fire risk assessment in Longwood House was nine months out of date, despite the recent introduction of an eye laser service which presented a potential increased risk of fire. This was found to be an administrative oversight and was rectified at the time of identification, with assurance that the risk assessment had been completed. The Head of Department is to oversee future assessments to ensure compliance.

An addendum was added to the fire risk assessment to include the new laser and associated risk. The service had not completed action points from a risk assessment carried out in preparation for the new eye laser treatment. This was then reviewed by the external fire risk assessor and approved. Our Laser Protection Advisor based at the local NHS Trust has advised that the divergence of the laser beam is sufficiently low to avoid any changes to the blinds or curtains and we relayed this information to the CQC. However, the blind has since been replaced.

The CQC inspector spoke with some staff who were not aware of the evacuation process in the event of fire. Bath Clinic provides annual mandatory fire training to all staff, and the Health and Safety Officer has now posted a flow chart in each department giving clear instructions for the evacuation process.



The Imaging department at the time of the inspection did not have Standard Operational Procedures in place for all procedures, and therefore did not comply with the recommendations set out in the National Safety Standards for Invasive Procedures. The Standard Operational Procedures have now been developed and are implemented.

Mandatory fire training is provided for all staff and a new Evac Chair was procured, with additional training provided to staff on how to use it.

There was a lack of continuous monitoring around quality and improvement in the surgical department with infection prevention and control audits. However, incidents around infection are consistently low to zero. BMI Bath Clinic is able to evidence good compliance of audits, and action plans are in place for each department.

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. We adopt an integrated audit approach, and benchmark outcomes against nationally agreed best practice and NICE guidelines.

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. BMI Bath Clinic has a qualified and experienced Infection Prevention and Control (IPC) lead, who on behalf of the hospital's Director of Infection Prevention & Control (DIPC), ensures management of IPC is addressed across all areas of the hospital.

All BMI hospitals in England and Wales conduct an annual self-assessment to measure local compliance to the Code of Practice for Infection Prevention and Control and related guidance (DH, 2015).

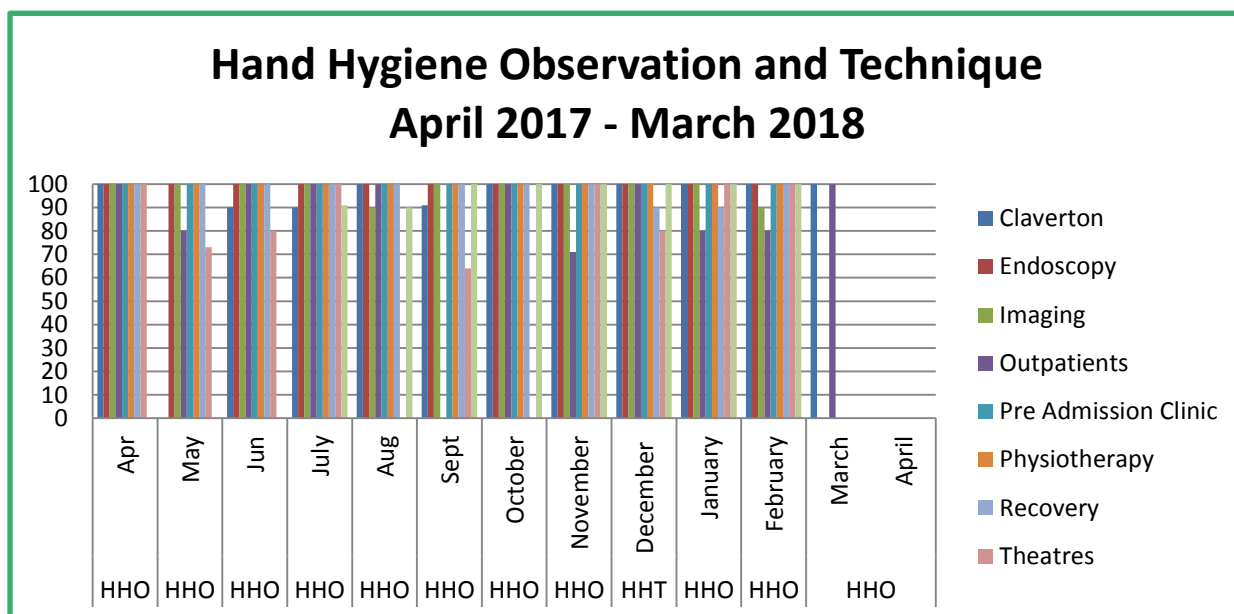
Between April 2017 to March 2018, BMI Bath Clinic had:

- Zero MRSA bacteraemia cases/100,000 bed days
- Zero MSSA bacteraemia cases/100,000 bed days
- Zero E.coli bacteraemia cases/100,000 bed days
- Zero Number of cases of hospital apportioned Clostridium difficile in the last 12 months.

SSI data is also submitted to Public Health England for Orthopaedic surgical procedures. Surveillance is ongoing and continuous for these procedure categories, and our rates of infection are:

Measure	Rate (per 100 procedures)
Hips	0.00000
Knees	0.00000

To give assurance of compliance with the Health and Social Care Act 2008: Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections and Related Guidance (2015), an annual rolling programme of audits using the Infection Prevention Society Quality Improvement Tool are conducted across clinical areas. These regular audits provide feedback to staff on the quality of their IPC practice and include hand hygiene, standard infection prevention and control precautions as well as aseptic practice.

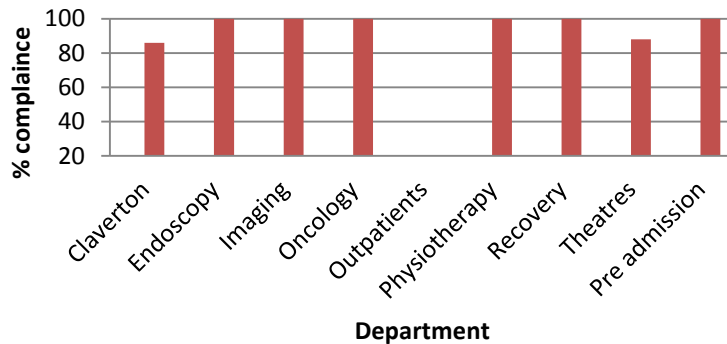


Infection Prevention Link Networkers challenged all staff members who did not practice hand hygiene according to the 'WHO 5 Moments' at the point of observation and influenced a change in practice immediately before the staff member was allowed to proceed.

Observations of practice that dipped below the minimum required were commonly found to be medical staff. This has been addressed through the medical advisory committee and repeat audits and feedback are ongoing. Visual and verbal prompts about being 'Bare below the Elbow' have been developed and serve as a reminder to all staff. Early in the year issues in theatres related to the wearing of jewellery and hand washing after cleaning equipment. Repeat audits have demonstrated marked improvement in this area.

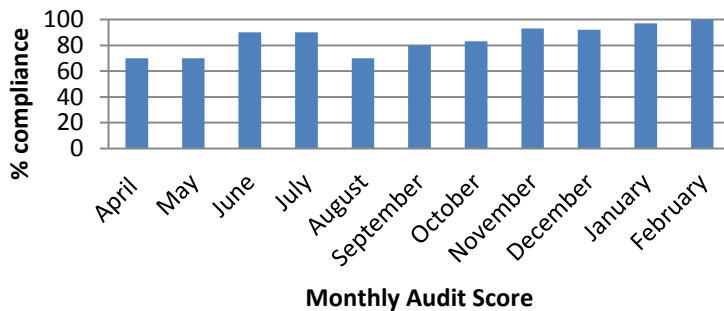
The ward asepsis audit in April 2017 identified one agency member of staff and one medical member of staff who were preparing for an aseptic procedure and needed to be prompted to use personal protective equipment and to decontaminate the reusable patient care equipment (tray). Immediate updates were given on correct aseptic technique and ensured asepsis.

### Standard Precautions Apr 2017 - Feb 2018



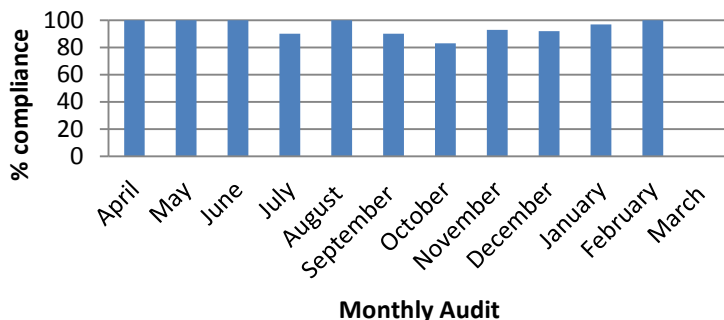
Standard precautions cover use of PPE, hand washing, sharps and waste management. Acceptable compliance was noted in all areas audited. A change in staffing in outpatients meant they did not participate in this round of audits. However, their handwashing and asepsis audits were completed and included a significant number of comparable standards.

### Claverton PVC Ongoing Care Bundle April 2017 - Feb 2018



Analysis of the audit data relating to peripheral intravenous cannula on-going care identified occasional visual infusion phlebitis (VIP) scoring not documented as being undertaken in line with policy which indicates it should be completed 3 times per day. Regular feedback is improving the completeness of documentation in this area of practice which is demonstrated through the monthly audits

### Claverton Urinary Catheter Ongoing Care bundle April 2017 - Feb 2018



Both urinary catheters and peripheral vascular devices are removed as soon as possible post-surgery (usually in under 24 hours) to ensure risks related to invasive devices are minimised.

The One Together audit assesses seven areas of care that are fundamental to best practice in minimising the risk of surgical site infection across the surgical patients whole journey, looking both at policy and its application in practice. The following compliance was noted on this baseline assessment of an orthopaedic case.

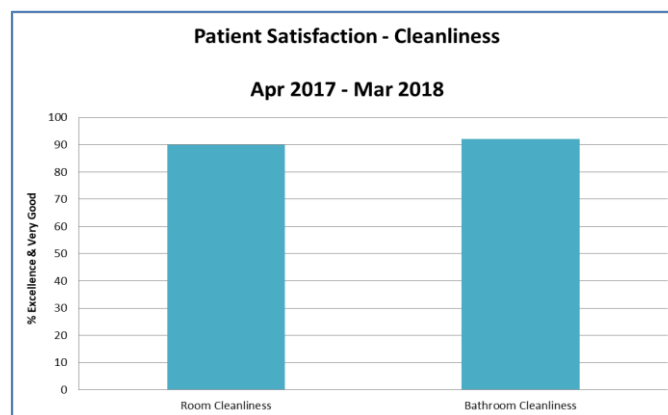
Skin preparation 83%  
Prophylactic antibiotics 100%  
Patient warming 81%  
Maintaining asepsis 93.75%  
Surgical environment 90%  
Wound management 75%\*  
Surveillance of surgical site infection 87.5%



\*The area of wound management bringing compliance below 80% required having a defined policy and access to a specialised tissue viability service. BMI does have a specialised qualified practitioner at another hospital who can be contacted for advice.

Staff undertake annual training updates on hand hygiene, aseptic non-touch techniques and application of the Care Bundles via the mandatory training programme on BMi Learn. This involves a combination of e-learning and face-to-face training which is supported by practical assessment in the working environment.

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



In March 2018 BMI Healthcare introduced a self-assessment programme of audit which includes key IPC areas of practice; Cleanliness of Patient Care Equipment, Standard Precautions, Theatre Asepsis/SSI Prevention, Hand Hygiene and Superior Patient Care/Theatre. Self-assessment tools for indwelling urinary catheters and intravascular devices are also due to be implemented.

Heads of Department (HoDs) have a responsibility for ensuring self-assessments are completed and action plans implemented to improve practice if areas of non-compliance are found, ensuring optimum IPC practices are embedded into all care provided to our patients. Bath Clinic's IPC Lead has provided training and support to other BMI hospitals, local schools and GP practices.

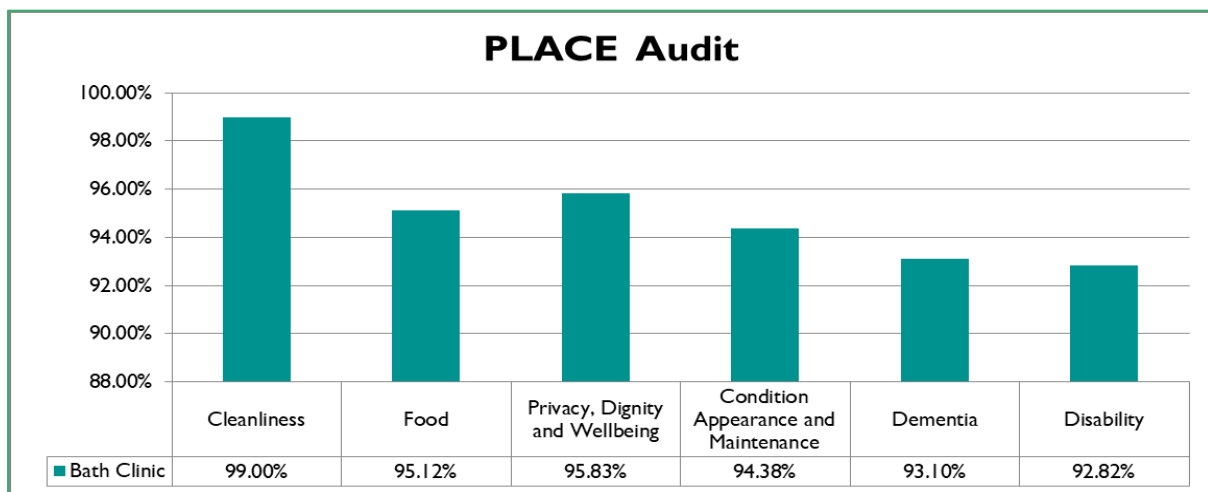
# Patient Led Assessment of the Care Environment (PLACE)

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

## BMI Bath Clinic PLACE Audit 2017 results



We run a rolling programme of refurbishment and redecoration. During 2017, we continued with replacement of carpeting throughout all the wards. Fabric chairs have been replaced with wipe clean chairs. Internal and external signage has been implemented to improve communication and safety for patients and visitors. Internal and external general paintwork has been updated. External areas have been tidied, and internal cleaning schedules have been updated.

The 2018 PLACE audit took place on 24<sup>th</sup> April and while the results are still to be published, the auditors were very positive and rated everything with an overall pass. The auditors were very impressed and the small number of suggestions for improvement have already been implemented or are in the process of being resolved.

## 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.

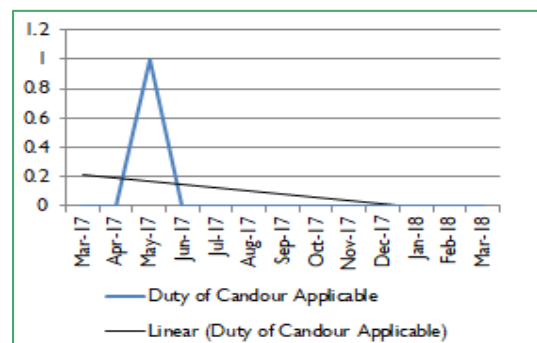
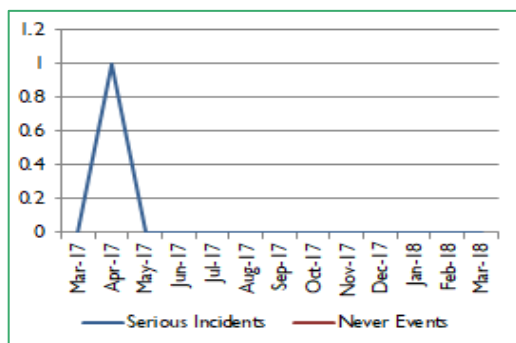
As part of our duty of candour, we will make sure that if mistakes are made, the affected person:

- Will be given an opportunity to discuss what went wrong
- Will be included in discussions to establish what can be done to deal with any harm caused
- Will be included in discussions to identify what will be done to prevent it happening again
- Will receive an apology

To achieve this, BMI Healthcare has a clear policy - BMI Being Open and Duty of Candour policy.

We are undertaking a targeted training programme for identified members of staff to ensure understanding and implementation in relation to duty of candour.

Advances in healthcare offer patients increased medical and surgical treatment options, but also brings new risks. BMI Bath Clinic considers patient safety as the top priority and has robust safeguards in place. Things rarely go wrong and when they do, staff take it very seriously and endeavor to reflect and implement appropriate actions to avoid reoccurrence.



In April 2017 we had one serious incident which resulted in serious harm but no threat to life. This was attributed to a little known complication of surgery. The surgeon complied with duty of candour by offering an explanation and apology to the patient, and supporting the nursing team with feedback and updated post-operative advice to educate patients.

In May 2017 we had one incident that resulted in moderate harm, and required minor treatment. This was due to a known but infrequently occurring associated risk for the procedure. The patient had been aware of the risk when giving signed consent, but full duty of candour was observed and the consultant explained and apologised to the patient.

# Venous Thrombo-embolism (VTE)

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

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

Bath Clinic reports the incidence of Venous Thrombo-embolism 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.

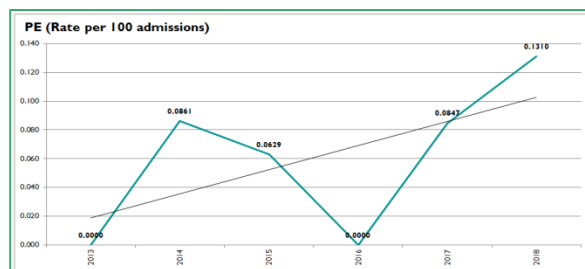
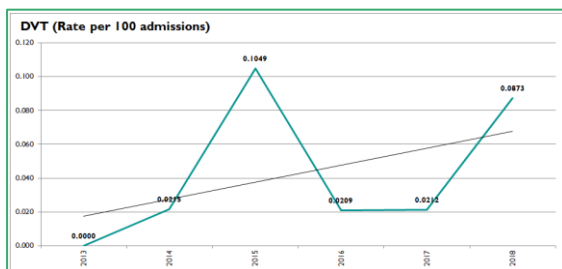
A root cause analysis (RCA) is undertaken for every patient diagnosed with a VTE. The service is confident that safe practice is embedded and all VTE incidents were deemed as unavoidable. Audits are in place to monitor compliance against NICE guidelines.

## % of NHS Patients risk assessed for VTE compared to the National Average.

Bath Clinic	VTE			
2018	2017	National Average	Highest National Score	Lowest National Score
100.00%	90.91%	95.77%	100.00%	81.60%

Four patients developed a deep vein thrombosis (DVT) post-surgery, and two patients developed a DVT during their chemotherapy treatment.

Three patients developed a pulmonary embolism (PE) post-surgery, and one patient developed a PE during chemotherapy. These patient groups carry a known high risk of developing blood clots, even though they received treatment to reduce the risk. We are pleased to say that all of the patients responded fully to treatment.



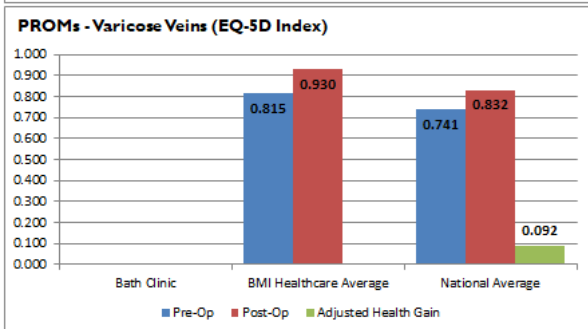
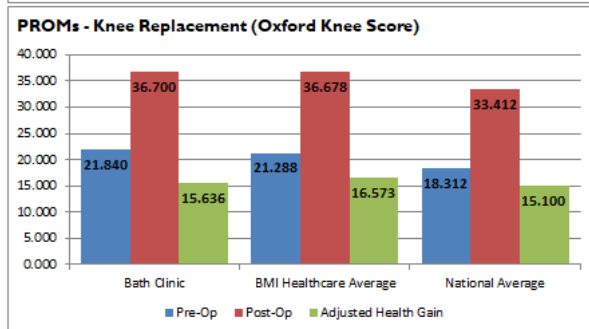
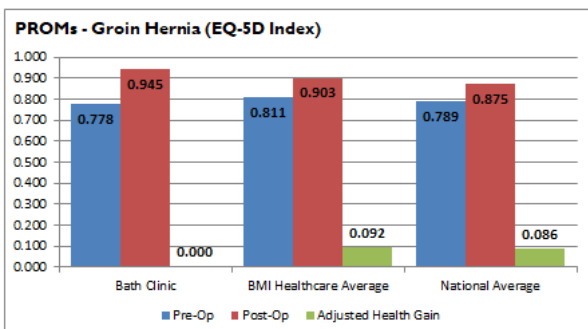
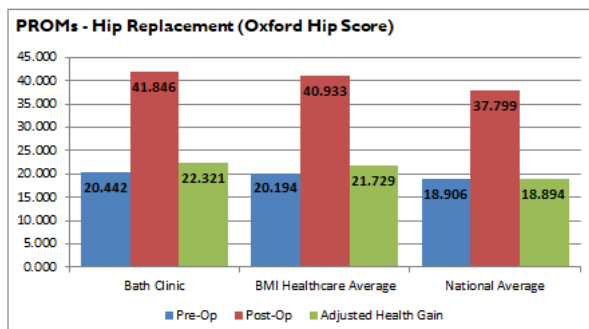


# Patient Reported Outcome Measures (PROMS)

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

For the current reporting period the tables below demonstrate the health gain between Questionnaire 1 (pre-operative) and Questionnaire 2 (post-operative) for patients undergoing hip replacement and knee replacement at Bath Clinic. BMI Bath Clinic's performance for adjusted health gain is above the national average in all areas.

## Latest PROMS data available from HSCIC (Period: April 2016 – March 2017)



## 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, and is an evidence-based model of care that creates fitter patients who recover faster from major surgery. It is the modern way of 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. *Reducing length of stay*
2. Patient Preparation
  - a. *Pre-admission assessment undertaken*
  - b. *Group education sessions*
  - c. *Optimising 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 to 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*

At BMI Bath Clinic we continue to implement initiatives to improve our pre-admission assessment processes to ensure that they are fully compliant with NICE guidance which will ultimately improve the patient pathway from pre-admission to discharge. This is fully supported by Bath Anaesthetic Group (BAG).

We also continue to work on plans to improve the quality of the discharge process for our patients. Our patient satisfaction results relating to discharge continue to indicate that we have room for improvement, and while this is the same throughout the BMI Healthcare group, we are keen to make some positive changes locally.

Our Enhanced Recovery Programme group is currently focusing upon all aspects of the discharge process, and are scrutinising data relating to all patients with an extended length of stay. Using a multi-disciplinary approach, we are identifying clear actions to improve processes.

## Unplanned Readmissions & Unplanned Returns to Theatre

At BMI Bath Clinic we monitor our unplanned readmission and unplanned return to theatre statistics closely. Unplanned readmissions and unplanned returns to theatre are normally due to a clinical complication related to the original surgery, and we are unable to identify any themes which would cause concern. The service endeavours to follow enhanced recovery pathways, discharging patients on time to enhance patient outcomes. This is balanced with ensuring the patient has a safe discharge and reducing the risk of re-admission. To avoid the risk of re-admission, on discharge we provide patients with verbal and written information which includes advice for the following:

- Mobility and exercise
- Management of pain and nausea
- Understanding medication
- Wound care and follow-up appointments
- Avoiding risk of infection
- Avoiding risk of VTE
- Contact details for 24 hour telephone clinical advice and support
- E-discharge letter is sent to patient's GP

A root cause analysis (RCA) is undertaken for all re-admissions and/or return to theatre incidents, and no trends of concern have been identified.

This data is also monitored via the corporate clinical governance teams and the local Clinical Commissioning Groups (CCGs), with no specific concerns raised.

Bath Clinic	Re-Admissions (Aged between 0-16)			
2018	2017	National Average	Highest National Score	Lowest National Score
0.000	0	11.45	14.94	0

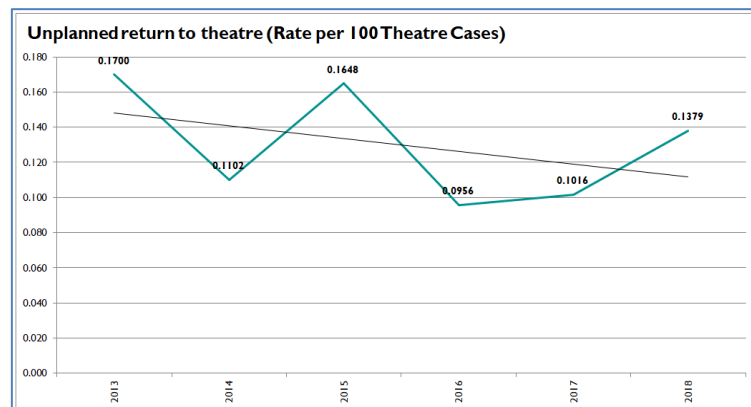
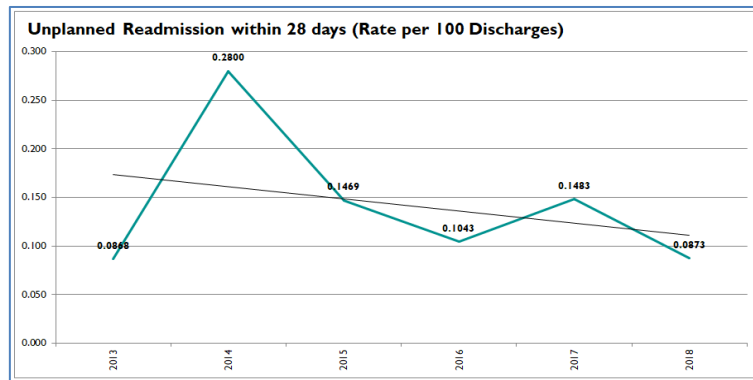
Bath Clinic	Re-Admissions (Aged 16+)			
2018	2017	National Average	Highest National Score	Lowest National Score
1.613	2.548	10.010	41.650	0.000

BMI Bath Clinic does not perform surgical procedures on patients aged 15 years and below, hence the 0% readmission rate. In terms of the patients aged 16 years and above, Bath Clinic is well below the national average and no trends have been identified when investigating each individual incident.

We have had four patients during this time period who have developed known complications associated with each particular surgical procedure. One patient was assessed at the local NHS hospital and three were assessed at Bath Clinic. Each patient had minor treatment and were then discharged again without any requirement to admit overnight.

1. A patient presented to the local NHS Trust hospital twelve days post-gynaecological surgery at BMI Bath Clinic and was diagnosed with a heterogeneous fluid collection. She was prescribed oral antibiotics and discharged home. The incidence of pelvic haematoma following surgery can be up to 40%. Large haematomas increase the risk for infection and it is considered the development of the haematoma was the cause of the subsequent infection rather than the surgery itself.

2. The patient developed an infection post-transurethral resection of the prostate (TURP), which is a known complication occurring in about 5 in every 100 cases. This catheter-associated urinary tract infection (CA-UTI) was endogenous in nature and was not deemed to be provider acquired.
3. The patient had a previous history of infection following surgery by another healthcare provider many years ago. Prior to surgery at Bath Clinic, the surgeon had taken advice from the BMI microbiology team in Sheffield to ensure additional safeguards were in place. The patient had post-operative pain which is not unusual following total knee replacement, but may have been exacerbated by her previous history. The patient returned to the clinic for assessment, and was able to be discharged again.
4. The patient had urology surgery as a day case, and during the night phoned the clinic to report pain. The patient was invited in for assessment and was diagnosed with urinary retention, which is a known complication of surgery. Treatment was provided and the patient was able to go home.



## Learnings from Deaths

Preservation of life and avoidance of unnecessary death is an essential objective for healthcare providers; BMI Healthcare recognises this and is committed to ensuring that its hospitals and the organisation as a whole learn from the death of any patient whilst under our care. Sharing these lessons learnt is vital in order to ensure excellent quality of our care is provided across the company.

The Care Quality Commission (CQC) conducted a review in December 2016. This found that some providers were not sufficiently prioritising the learnings from deaths, and as a result, opportunities were being missed to identify and improve upon quality of care. This review was discussed by BMI Healthcare through the Clinical Governance Committee so that as an organisation, we could ensure we were following the best practice suggested through this review.

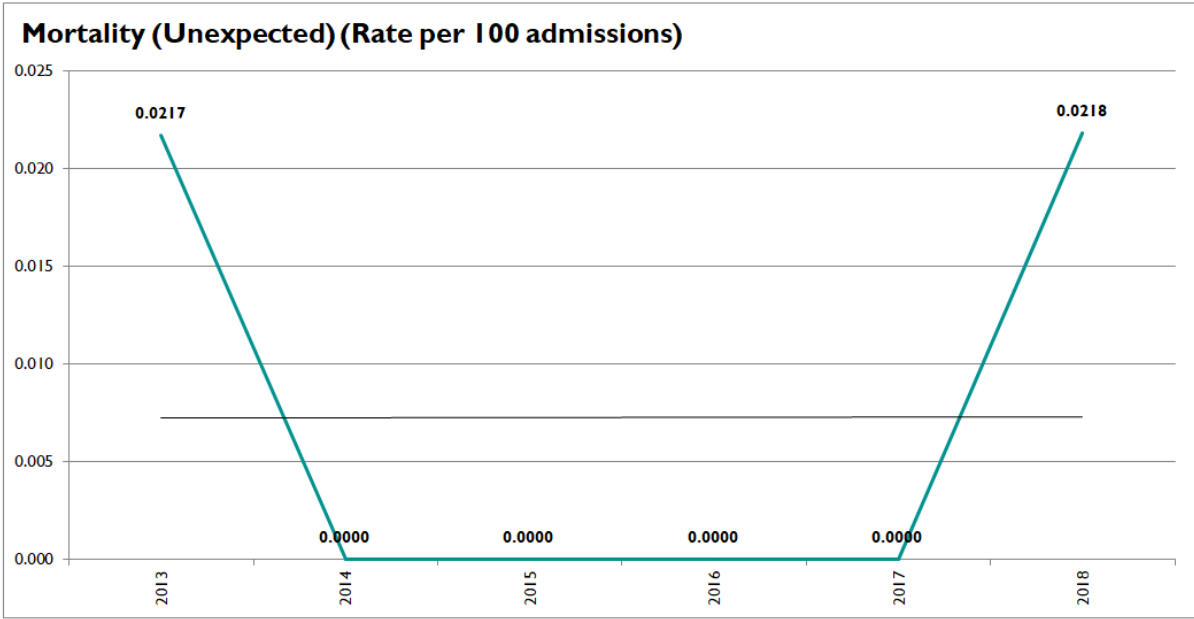
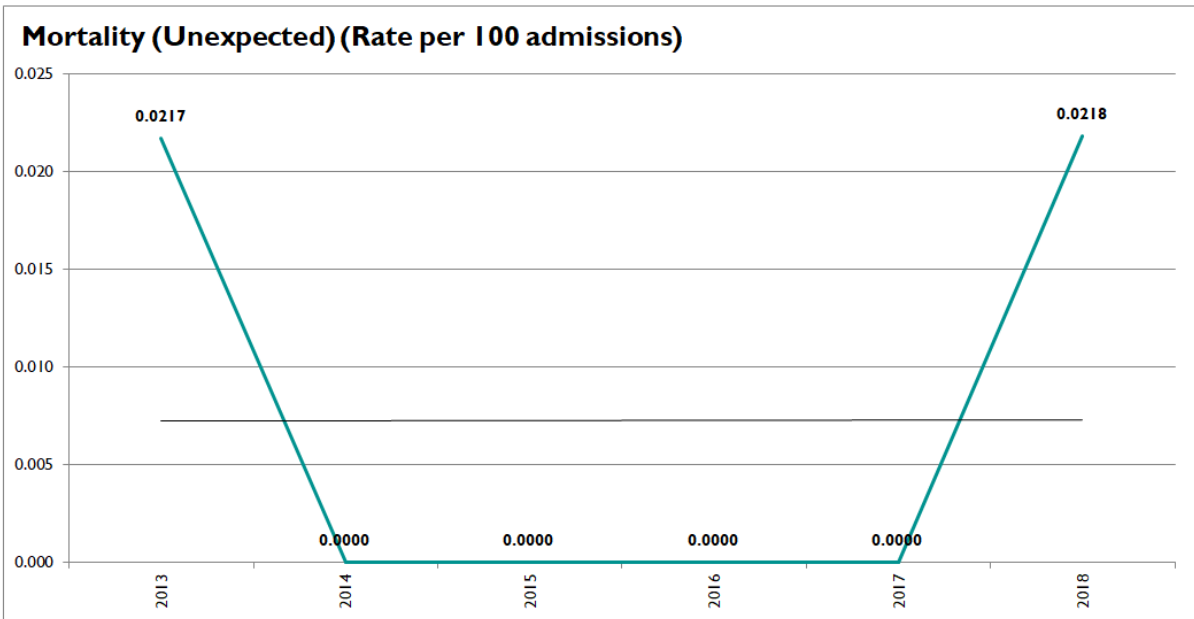
All deaths, whether expected or unexpected, are reported to the regulators (CQC, HIS, HIW). They are also reported via the hospital incident management system and therefore managed in line with the company's Incident Management Policy. When an unexpected patient death has occurred, a root cause analysis (RCA) is conducted to understand the event; the contributing factors relating to a death, identify potential areas for change in practice and develop recommendations which deliver safer care to our patients. The findings from RCAs are reported as part of the hospital's Clinical Governance reporting requirements, and shared with the regional and corporate quality teams. These findings are also shared with the patients' families in line with BMI Healthcare's Duty of Candour policy and its behaviours surrounding transparency.

All deaths are discussed at the hospital Clinical Governance Committee, and further escalated to the Regional Quality Assurance Committee and National Clinical Governance Committee for review as appropriate; this ensures that lessons learnt from deaths are discussed at all levels and findings are then shared to all hospitals through the national monthly Clinical Governance Bulletin.

Bath Clinic	Severe or Death (Rate per 1000 Bed Days)			
2018	2017	National Average	Highest National Score	Lowest National Score
0.403	0.000	0.250	2.300	0.000

Bath Clinic	Severe or Death (Count)			
2018	2017	National Average	Highest National Score	Lowest National Score
1	0	21	219	0

We have experienced the death of one patient during this time period. The patient had a stage 3 high grade serous papillary carcinoma. Prior to chemotherapy treatment commencing, the patient's condition deteriorated and she required treatment at the local NHS hospital. Shortly after this the patient commenced chemotherapy, but her condition deteriorated again and this time when she was admitted to the local NHS hospital, she declined treatment for infection and sadly died.

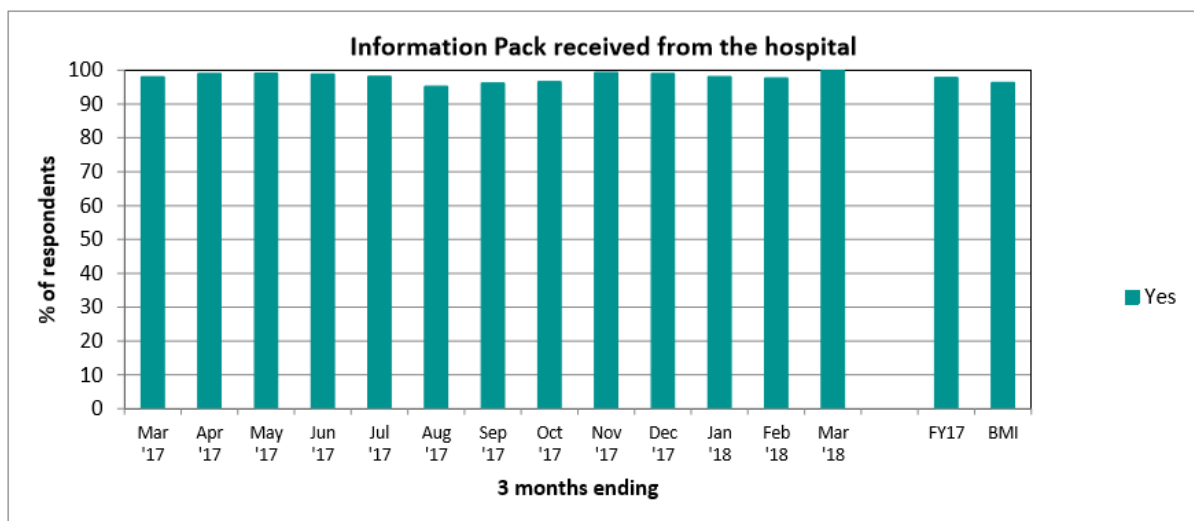


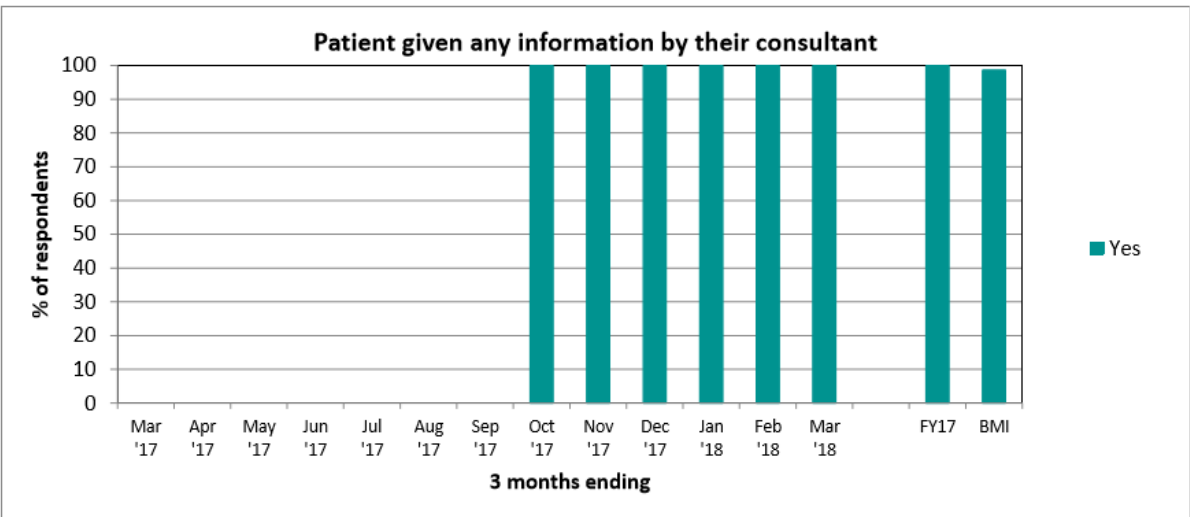
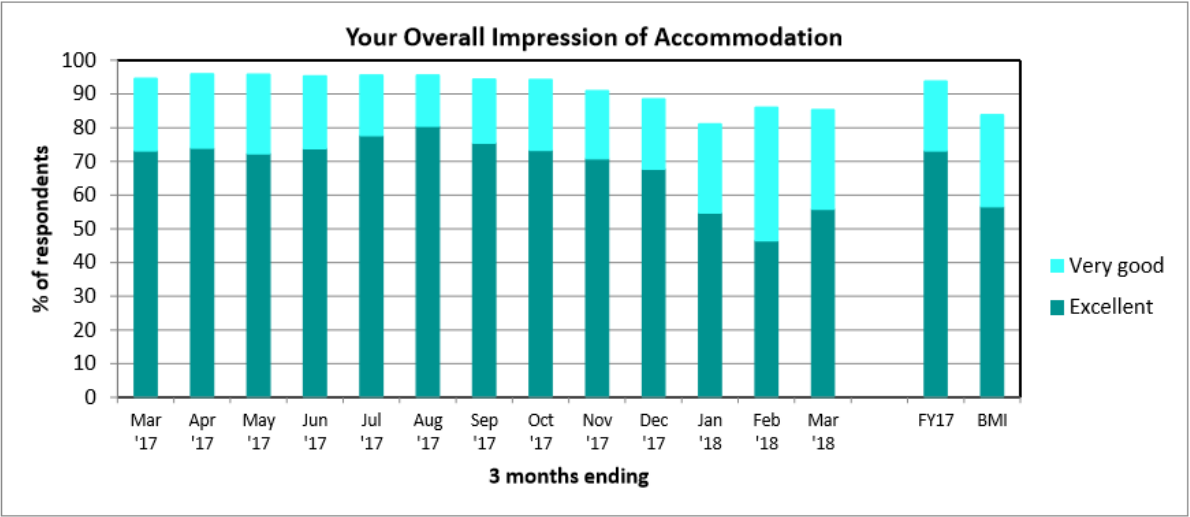
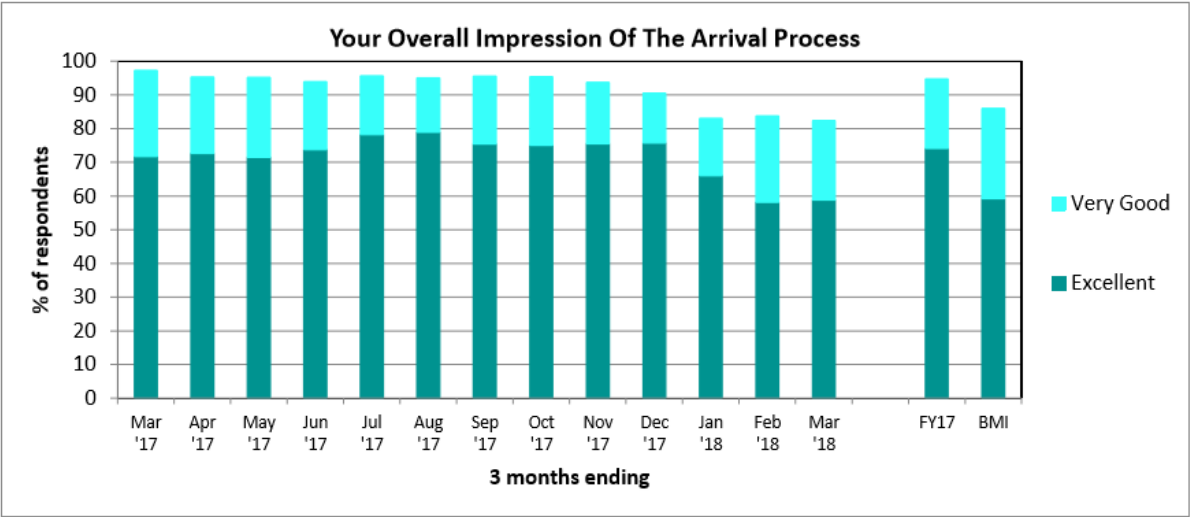
# Patient Experience

## Patient Satisfaction

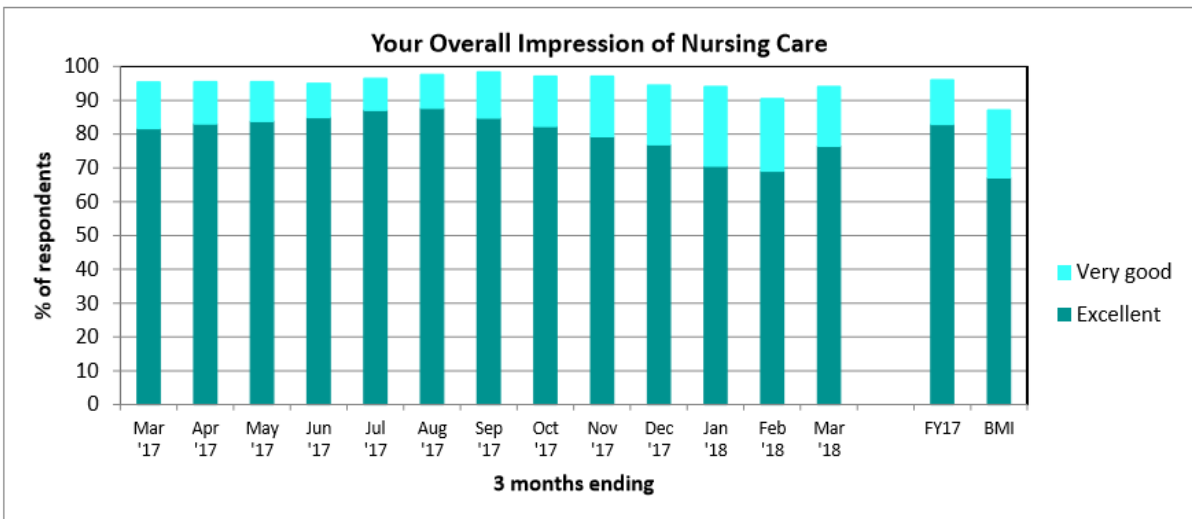
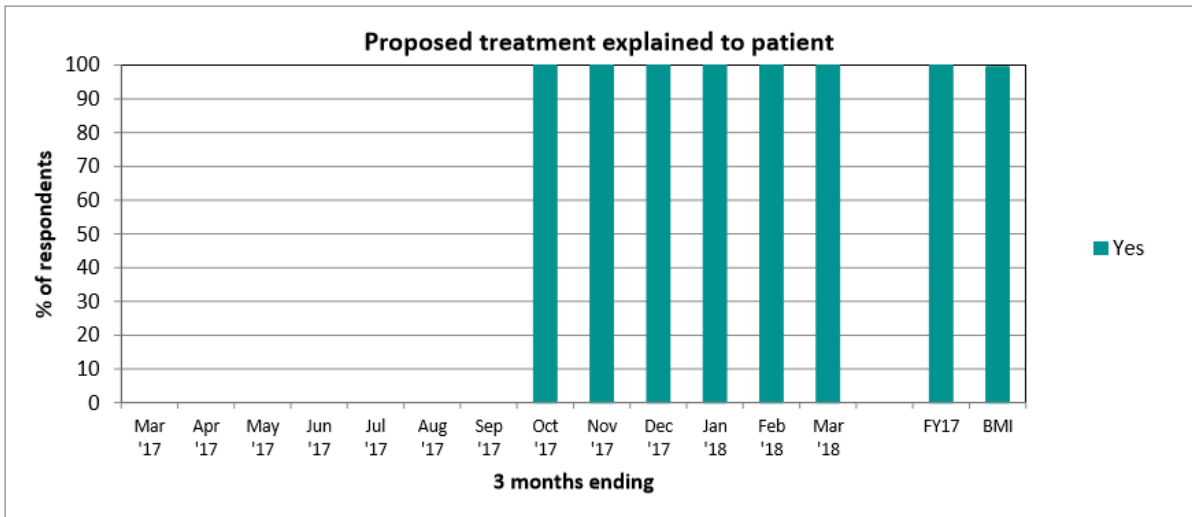


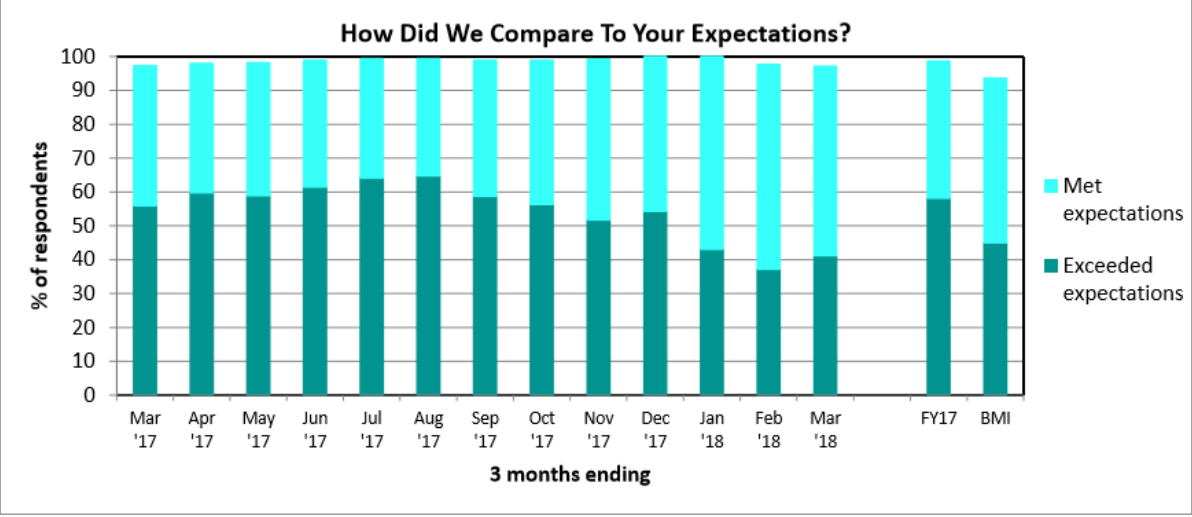
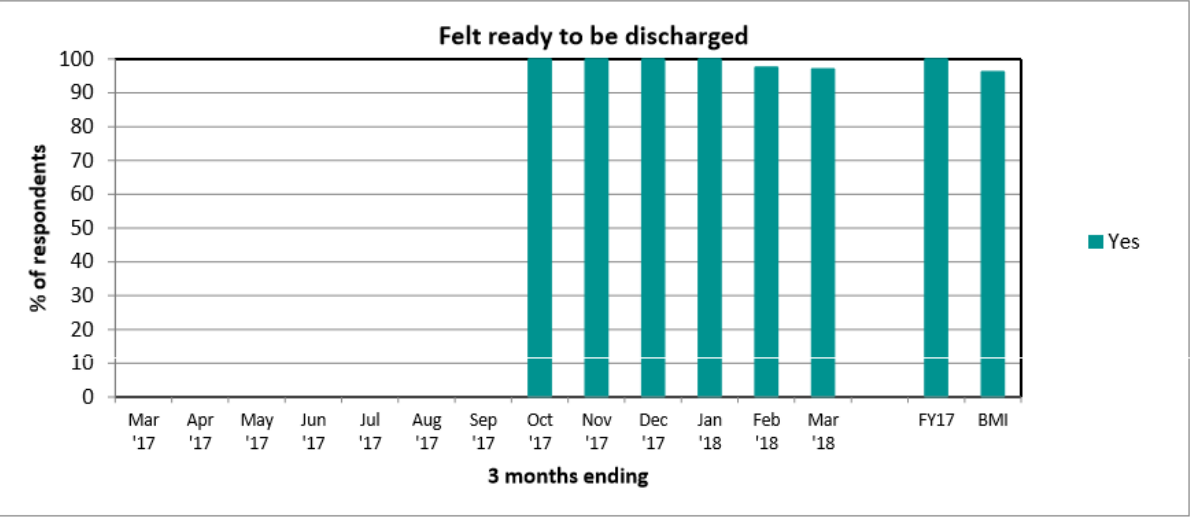
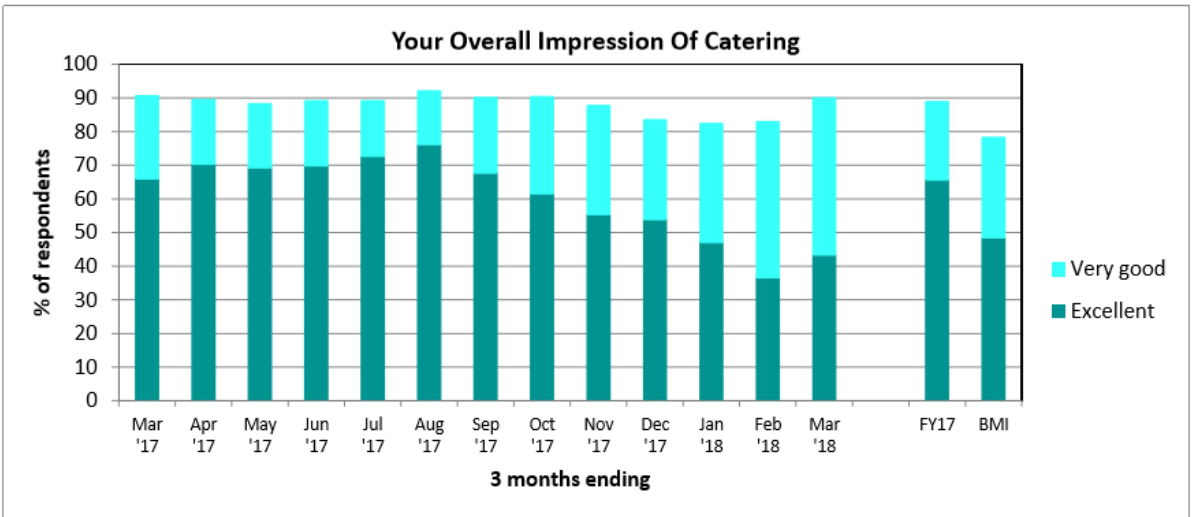
BMI Healthcare is committed to providing the highest levels of quality of care to all of our patients. We continually monitor how we are performing by asking patients to complete a patient satisfaction questionnaire. Patient satisfaction surveys are administered by an independent third party.













BMI Bath Clinic's main theme of complaints in this reporting period has related to communication. In response to this, we have developed a new pricing information leaflet that is sent out to patients by medical secretaries with appointment letters, and given out on main reception at the point of registration. We have focused on this issue and stressed the need to be transparent in our charging structure, and our secretarial staff are committed to advising patients of charges prior to attending for appointments. We have also focused on communication generally and reviewed processes to ensure we communicate effectively, and ensure patients feel listened to.

Having spoken with one of our complainants who raised concern about the discharge process, she was invited and accepted our invitation to join our PLACE patient assessor panel in April 2018. She enjoyed having the opportunity to audit our services, and gave very positive feedback.

By reviewing ongoing feedback, satisfaction surveys, complaints and incidents we know we can continue to make a difference to patients' experience of our services, including:

- Access to services
- Better communication
- Carers' needs and involvement
- Dignity, choice and respect

It is important to note that not all formal complaints are the result of BMI Bath Clinic failing or providing a poor service. At the outset of each complaint we try to determine the complainant's desired outcome from making the complaint, however it is not always possible to give people what they seek. We will continue to provide feedback throughout the year, as well as through next year's Quality Account. This will include: progress made using "you said...we did."

## CQUINS

For the year 2017/18, our local CQUIN focus has been increasing the uptake of flu vaccination by frontline clinical staff, improving staff health and wellbeing, evidencing the implementation of safer surgery pathways, monitoring anti-microbial stewardship, and introducing patient initiated follow-up (PIFU) in line with our local NHS Trust. Having received confirmation of achievement of Q1-Q3 requirements, we await confirmation of attainment of Q4 requirements.

BMI Bath Clinic have a number of initiatives running to improve staff health and wellbeing and our self-assessment using the Workplace Wellbeing Charter shows a marked improvement between Q1 and Q4. We are still working on healthy eating and alcohol awareness strategies, however, all of our staff continue to have access to health-screening appointments within the hospital. We have been able to successfully evidence achievement of safer surgery initiatives and have confidence in the attainment of Q4 targets confirming full CQUIN achievement.

Our BMI Healthcare inpatient care plan enables patients smoking status and alcohol screening outcomes to be recorded and both are routinely recorded for all inpatients. As a provider we have identified that our pre-admission clinic staff are the relevant professionals to deliver this advice. All NHS patients have contact with these members of staff pre-operatively either in person or over the telephone. This allows the staff to discuss consumption/usage levels, the effects smoking/alcohol usage can have on them during the procedure and their stay, and advice on stopping smoking/reducing alcohol consumption. All of our pre-admission clinic staff have gone on to the

NCSCT website and completed the online training and assessment programme. The training combined with on-going healthcare training and in depth care pathways has provided our staff with a good knowledge base and confidence in having, what can be difficult, discussions with patients.

BMI Healthcare has a robust commitment to anti-microbial stewardship, which includes regular discussion at Clinical Governance and Medical Advisory Committee meetings. BMI Bath Clinic continues to work hard to fully implement PIFU ensuring alignment with our local NHS Trust.

## Safeguarding

Safeguarding is about protecting people from abuse; preventing abuse from happening and making people aware of their rights. To enable us to do this, training has been enhanced and mandated 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 persons 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 of our clinical staff, including consultants, are trained to Level 3. All other staff members are trained to level 2. The Director of Clinical Services has completed level 4 safeguarding training. BMI Bath Clinic has had no reportable safeguarding incidents in this period.

During 2018 Bath Clinic has rolled out training on female genital mutilation, and we have been able to provide training to other BMI hospitals.

There have been no safeguarding incidents at BMI Bath Clinic. Continuing on from the previous year, the service has had no incidents of pressure sores during the last twelve months.

## E-Prescribing

Electronic prescribing for systemic anti-cancer treatment associated with solid tumour treatment was introduced during 2016 using web-based software. These changes have significantly enhanced the governance processes with an automatic audit trail for all amendments to the standard BMI protocol.

There is an interface with pathology results including automatic alerts when parameters are outside those stated in the protocol.

E-Prescribing is fully embedded at BMI Bath Clinic and used daily on our oncology unit.

## Antimicrobial Stewardship

Antimicrobial guidelines are in use across the hospital which details the medication to be used in varying clinical situations. The pharmacy team support staff to adhere to the guidelines and to the adoption of the Public Health England initiative.

## **BMI Healthcare's Safer Surgery Commitment**

BMI Healthcare commissioned an external review of Never Events that took place across the business in 2015/16. In response to these key findings, BMI Healthcare developed a 'Safer Surgery Commitment' as a commitment to ensuring we are a 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-compliance

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 full implementation.

## **National Clinical Audits**

BMI Bath Clinic continues to supply relevant data to the National Joint Registry and to NCEPOD in order to participate in national clinical audits. Any anomalies identified are investigated and resolved promptly, such as a recent query relating to a particular consultant with a higher than the national average incidence of revision hip surgery. The NJR were satisfied with the named consultant's explanation.

## **Priorities for Service Development and Improvement**

### **1. Patient diaries**

We have introduced a patient diary initiative whereby we will be inviting patients who go on to have treatment with us to complete a diary to capture their feedback on each aspect of their interaction with us. The diary format will allow patients to record both immediate reactions and more reflective comments and will work for both shorter and longer periods of care. This approach takes into account the fact that it is only the patient who experiences BMI Bath Clinic's end-to-end process; as staff, we often only see isolated aspects. At the end of the process, patients will be invited to come to the hospital and share their experiences directly with staff, if they wish.

### **2. General medicine project**

BMI Bath Clinic is working hard to introduce effective patient pathways in preparation for the admission of general medical patients. This has included the appointment of a junior sister with a background in general medicine, and staff training and development. We are working with our consultants to establish on-call rotas ensuring effective patient care at all times.

### **3. Development of Endoscopy unit**

We are currently working towards JAG accreditation. Decontamination has now been successfully moved off-site to a purpose-built unit. BMI Bath Clinic has recently submitted an up to date GRS submission to continue the application for accreditation process.

### **4. Ambulatory care development**

Our ambulatory care suites are now fully-refurbished and in use, and we are working hard to improve our processes in line with British Association of Day Surgery (BADs) guidance and BMI Healthcare pathways.

### **5. Hb optimization**

Prior to elective surgery it is important that patients are not anaemic, to reduce the risk of post-operative complications. Currently patients who are assessed as anaemic following pre-assessment are referred back to their GP for investigation and treatment if needed. Surgery is delayed until the patient has been optimised. For NHS patients this can result in a long delay, so Bath Clinic is planning to initiate our own service where we can investigate and treat patients with iron deficiency, so that we can reduce postponement of surgery.

### **6. Cardiology pathways**

We are working towards introducing cardiology pathways that will enable us to provide diagnostic tests including echocardiograms. Currently, patients who require this test are referred to their GP and have testing elsewhere. This can cause surgery to be delayed, which particularly affects NHS patients.

### **7. Theatre heating and cooling system**

Our next big project will be to update the heating and cooling system throughout our three theatres, for the safety and comfort of patients and staff.

## **Safety Thermometer**

BMI Healthcare is fully compliant and supportive of the reporting guidelines in relation to the NHS Safety Thermometer. This is part of BMI Healthcare's engagement with local Clinical Commissioning Groups nationwide. The measures reported on a monthly basis relate to the following:

- VTE risk assessment and treatment
- Falls
- Catheter related urinary tract infection
- Pressure ulcers by category

## **Staff Survey & Staff Safety Culture Questionnaire**

A good safety culture is an important foundation of a safe organisation and we all have our part to play in embedding a robust safety culture, for our patients and those we work with. BMI Healthcare launched the Safety Culture Questionnaire in October 2017 to assess the safety culture across our hospitals and across BMI Healthcare.

Staff were asked to complete the questionnaire openly and honestly in order for the Senior Management Team of their hospital to be able to address any concerns with regards to safety, and to identify areas for improvement.

The online questionnaire was accessible to staff at 59 sites across England, Scotland and Wales. Staff from all areas of the hospitals were asked to rate up to 24 statements. Staff were asked to rate the statement with the following system: 1 (Inadequate), 2 (Poor), 3 (Good) and 4 (Excellent).

1571 responses were received across all sites. All statements asked within the questionnaire received an average rating of 'Good'. The statements with the highest rating averages were:

- I am aware of my obligations regarding mandatory training
- I know how to report a patient safety incident or near miss
- I am aware of my own departmental risks and how these are reflected within the overall risk register
- I support the organisation's plan to become recognised as 'Outstanding' CQC rated hospitals



## Staff Recommendation Results



Bath Clinic	Staff Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
38.00%	88.89%	73.18%	89.98%	50.44%

Engagement with our staff is important. We know that they deserve the best possible working environment. The staff survey asked staff 'who would recommend BMI and its services' and Bath Clinic performance from 2017 to 2018 declined in this area. The Senior Management Team have taken steps to move forward from this position, and the action plan includes the following focus areas:

- Reward & Recognition:** Acknowledging staff who go 'Above & Beyond'  
 Long service PIN awards  
 Sharing positive feedback  
 Refer to national action plan-pay, benefits and recognition scheme
- Communication:** Daily senior management team Comm Cell meetings  
 Daily newsletter to share news on each department's activity
- Managing Change:** Listen to staff  
 Drop in clinics' and bi-monthly Staff Engagement Forum
- Career Development:** Annual Appraisal for each member of staff  
 Career development discussion held on one-to-one basis

## Quality Indicators

The information below 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 2017-March 2018** 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
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>Apr 2011 - Mar 2012</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>Apr 2014 – Mar 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>Feb 2016 – Jan 2017</b>
Number of admissions risk assessed for VTE	CQUIN Data	BMI Healthcare only collects this information currently for NHS patients.	<b>Jan 2017 – Dec 2017</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>Oct 2015 – Sep 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>Jul 16 – Jun 17</b>

Further Indicator	Information
Percentage of BMI Healthcare Staff who would recommend the service to Friends & Family	This information is taken from BMI Healthcare's Staff Survey which was conducted during 2017.

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

Bath Clinic	Re-Admissions (Aged 16+)			
2018	2017	National Average	Highest National Score	Lowest National Score
1.613	2.548	10.010	41.650	0.000

BMI Bath Clinic admits young adults between the ages of 16-18 years. This age group are carefully pre-assessed and a risk assessment undertaken to ensure they can be admitted and safely treated on the adult care pathway. All re-admissions are reported on our electronic RiskMan reporting system, and followed up by undertaking a root cause analysis. No concerns have been identified.

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

Bath Clinic	C.difficile (per 100,000 bed days)			
2018	2017	National Average	Highest National Score	Lowest National Score
0.000	0.000	35.928	147.455	0.000

The Bath Clinic considers that this data is as described because all patients are screened for risk of infection prior to admission, and are nursed in single rooms which reduce the risk of spreading infections.

Antimicrobial guidelines are in use across the hospital which details the medication to be used in clinical situations. The pharmacy team supports staff to adhere to the guidelines and the adoption of the Public Health England initiative.

To give assurance of compliance with the Health and Social Care Act 2008: Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections and Related Guidance (2015), an annual rolling programme of audits using the Infection Prevention Society Quality Improvement Tool are conducted across clinical areas. These regular audits provide feedback to staff on the quality of their IPC practice and include hand hygiene, standard infection prevention and control precautions as well as aseptic practice.

## Hospitals responsiveness to the personal needs of its patients

Bath Clinic	Responsiveness			
2018	2017	National Average	Highest National Score	Lowest National Score
93.73%	93.38%	69.22%	78.00%	60.10%

BMI Bath Clinic is well above the highest national score therefore no action is required to improve this, however we cannot be complacent and will continue to improve the response rates for our patient satisfaction questionnaires.

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

Bath Clinic	VTE			
2018	2017	National Average	Highest National Score	Lowest National Score
100.00%	90.91%	95.77%	100.00%	81.60%

The Bath Clinic considers that this data is as described because all patients are screened to identify their risk of VTE. Patients will be re-assessed if they are admitted overnight and/or if their condition changes. Pharmaceutical and mechanical prophylaxis treatment will be prescribed as appropriate for the individual. An RCA is undertaken for any patient that develops a VTE, and no serious concerns have been raised.

## Patient Safety Incidents

Bath Clinic	Patient Safety Incidents (Rate per 1000 Bed Days)			
2018	2017	National Average	Highest National Score	Lowest National Score
132.258	165.999	43.292	149.700	11.200

Bath Clinic	Patient Safety Incidents (Count)			
2018	2017	National Average	Highest National Score	Lowest National Score
328	456	3908	14506	31

The Bath Clinic considers that this data is as described for the following reasons:

Patient safety and quality of clinical care is at the heart of everything we do. Reducing avoidable harm remains a high priority for Bath Clinic.

The number of low level incidents reported has increased, which is a good indicator that staff know what to report, and is reflective of the open and honest culture in which we provide care. During this period we had one incident with an outcome of severe harm, due to a surgical complication that rarely occurs. We had one incident with an outcome of moderate harm following a procedure that carried the associated risk of harm. All other incidents have had an outcome of none to low harm, and we have had no Never Events.

Patients admitted as a day case and later transferred to the in-patient ward due to known associated risks such as pain and nausea will be included in our incident report to reflect our safety culture. No trends of concern have been identified.

We have demonstrated progress in medication safety. In 2016 it was highlighted that Medication Administration Records (MAR) charts were not always being annotated after administration by nurses. This meant it was not clear if the medication had been given, which could lead to a patient receiving a double dose or not receiving essential medication. An improvement process was implemented and charts are now checked by at least two nurses during shift handovers, and this is also monitored by the pharmacy team who check each chart during daily visits to the ward. This has reduced incidents and promoted patient safety and effective care.

Quality Boards were introduced in 2018 to every department to promote safer care and improve clinical outcomes for patients. The boards display information that includes patient feedback, incidents, audits and risk registers. These help staff to focus on successes, identify where improvements are required, and provide an opportunity to reflect on the quality of care being delivered in their team.

'Safety huddles' are held each morning where conversations include updates on patients and their condition, identification of any changes in care required, and acting on any concerns. These include a focus on patients at risk of falls, and are used to prioritise key messages for staff.

In 2017 Bath Clinic helped to pilot a new Clinical Governance Report which has now been successfully rolled out across all BMI hospitals, supporting transparency and shared learning.

A monthly Quality and Risk Newsletter is circulated to all the departments which gives feedback and learning outcomes, in addition to a 'focus of the month'.

We are planning to implement a focus on delivering the 'Always Events' programme, supported by NHS England, to continually improve the patient experience.

## Patient Recommendation Results

Bath Clinic	Patient Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
99.36%	99.60%	97.07%	100.00%	75.61%

The Bath Clinic considers that this data is as described for the following reasons:

We consistently rank in the top ten, and our staff work hard to ensure the patient has a positive experience and good outcomes. BMI Bath Clinic will continue to improve the response rates for our patient satisfaction questionnaires, as the decline during the reporting period is reflective of the reduction in completed questionnaires from 2017 to 2018.

BMI Bath Clinic  
Claverton Down Road  
Combe Down  
Bath  
Somerset  
T: 01225 835555  
F: 01225 835900

## **Statement from Swindon, BaNES and Wiltshire Clinical Commissioning Groups on the BMI Bath Clinic Quality Account for 2017-18.**

Swindon Clinical Commissioning Group (CCG) has reviewed the information provided by the BMI Bath Clinic in the 2017-2018 Quality Account collaboratively with BaNES and Wiltshire CCGs, in line with the co-ordinating commissioner contractual arrangements. In so far as we have been able to check the factual details, our view is that the Quality Account is materially accurate. The Quality Account provides information across a wide range of quality measures which are monitored through regular Contract Review Meetings, with which the BMI Bath Clinic have been fully engaged and gives a comprehensive view of the quality of care provided by the organisation.

The CCGs support BMI Bath Clinic's identified service and quality priorities for 2018-19 that includes: patient diaries, general medicine project, development of endoscopy unit, Hb optimization, cardiology pathways and theatre heating and cooling system. CCG's will monitor progress against these priorities during 2018-19, particularly the achievement JAG accreditation to ensure endoscopy procedures are delivered in line with nationally agreed standards.

Commissioners note the BMI Bath Clinic received an unannounced CQC inspection in May 2018 and that the reported outcomes are awaited.

The commissioners note and commend the BMI Bath Clinic for the continued focus on infection prevention and control and for continuing to report no cases of MRSA bacteraemia, Clostridium difficile or E.coli bacteraemia and a 0.0 surgical site infection rate for hip and knee surgery. The commissioners commend BMI Bath Clinic for achieving 100% compliance with Venous Thromboembolism risk assessment.

The BMI Bath Clinic has reported a decline in the staff recommendation results during 2017-18. Improvements in this area will be supported by the national staff health and wellbeing CQUIN which is in contract for 2017-19 and commissioners are assured that the BMI Bath Clinic have a programme in place to improve this. The commissioners take note of workforce information and the evidence is strong regarding staff morale and safe care. Commissioners review and monitor CQUIN progress on a quarterly basis to ensure actions are taken to improve the health and wellbeing of staff within the organisation.

Commissioners acknowledge how the BMI Bath Clinic continually monitors patient satisfaction and the 2017-18 results are detailed within the Quality Account. However, the commissioners would welcome seeing the response numbers included with these results.

Commissioners welcome BMI Bath Clinic's commitment to safer surgery and have been monitoring progress with the implementation of the National Safety Standards for Invasive Procedures (NatSSIPs) during 2017-18 and will continue to do so during 2018-19 to assure the safety of patients within the theatre setting. Commissioners await the Serious Incident investigation report in relation to hip replacements and shoulder surgery, and will continue to work with the provider to seek assurance that

any appropriate actions identified through the investigation are learned from and embedded in to future practice.

Commissioners recognise the work undertaken with the CQUIN schemes for 2017-18 and would welcome the inclusion of the CQUIN outcomes in future Quality Accounts. Additionally, commissioners would request that the BMI Bath Clinic reflect on the outcomes achieved in year against the previous year's priorities in future accounts, to outline progress and improvements made to patient safety, clinical effectiveness and patient experience.

Commissioners are committed to ensuring collaborative working with the BMI Bath Clinic to achieve continuous improvement for patients in both their experience of care and outcomes. The CCGs look forward to working with the BMI Bath Clinic on the 2018-19 local STP CQUIN which focuses on 'Always Events'.

A handwritten signature in cursive script, appearing to read "Gill May".

Gill May, Executive Nurse, NHS Swindon Clinical Commissioning Group.