



Chelsfield Park
Hospital

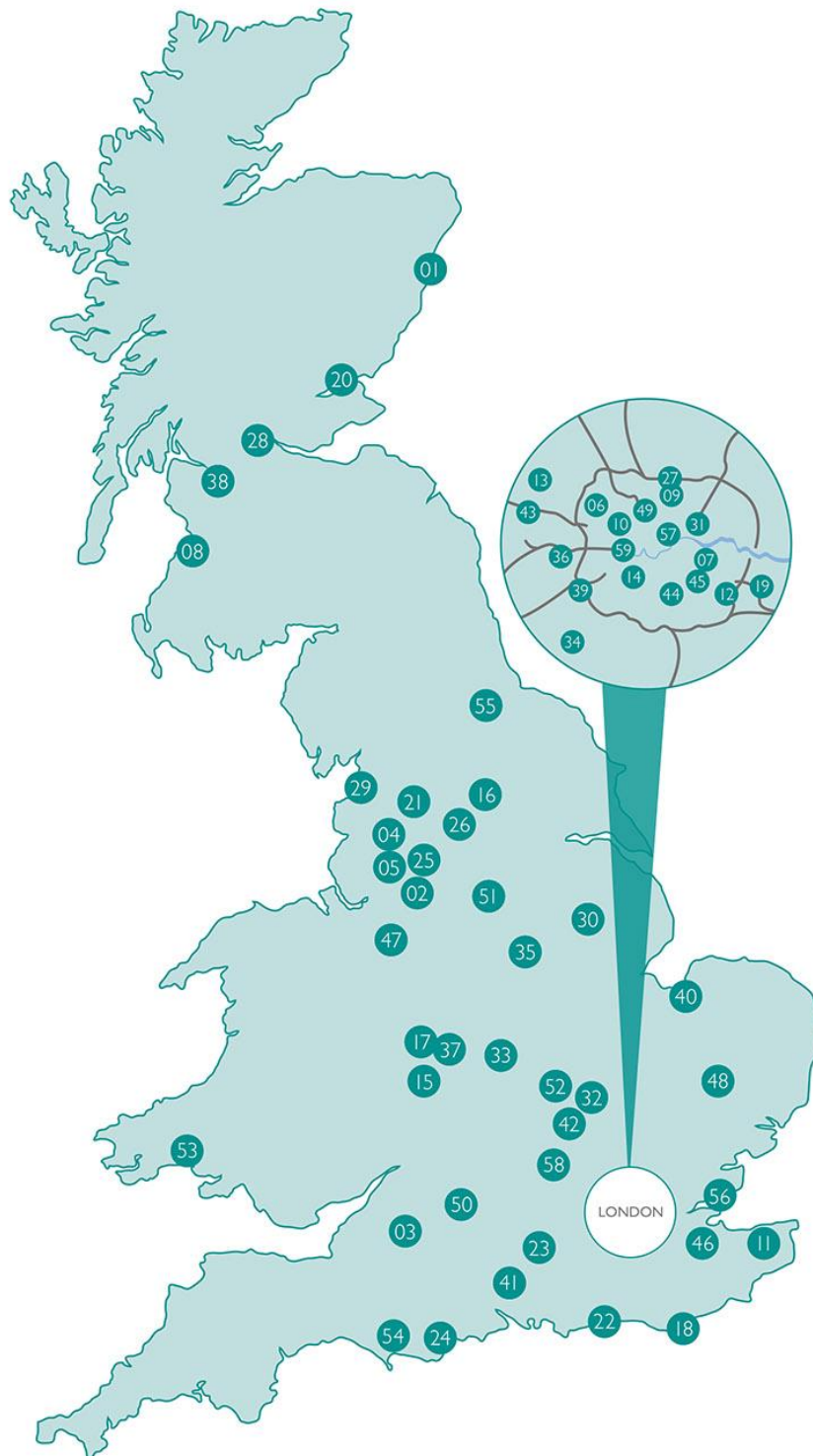
**QUALITY
ACCOUNTS 2018**

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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 Chelsfield Park Hospital, situated in Chelsfield Village on the outskirts of Orpington is part of the BMI Healthcare group of hospitals. The hospital has 36 beds and provides a range of elective services across most general specialties, with the exclusion of Psychiatry and Maternity services.

The hospital has two wards, including an Extended Recovery with 2 beds, 2 Main Operating Theatres and a Recovery Unit, a Minor Procedure Theatre, 7 Consulting Rooms, a minor procedure room in outpatients, Assisted Conception Unit, Imaging Department, mobile MRI, Oncology Suite, Pharmacy Department and a Physiotherapy Department. The hospital does not have an Intensive Therapy Unit, therefore, specialties are limited and patients are risk assessed to ensure that a need for HDU and ITU are not anticipated. Housekeeping services are managed by in-house service and Catering services are out sourced to a third party.

The hospital provides specialist services in Bariatric Surgery and received accreditation from the International Federation for the Surgery of Obesity and Metabolic Disorders [IFSO] as a Bariatric Surgery Centre of Excellence. This service is supported by a specialist multi-disciplinary team. Patients with a body mass index of >45 are cared for at another local BMI site. The hospital has an adult transfer agreement in place with NHS Princess Royal University Hospital for those patients who may require a higher level of care than can be facilitated at Chelsfield Park Hospital

The hospital has Human Federation Embryology Authority (HFEA) accreditation for Assisted Conception which is clinician led and supported by specialist nurses and embryologists.

The hospital admits children from the age of 3 years old for minor elective surgical procedures as day case or one overnight stay. Paediatric nursing care is provided by Registered Children's Nurses. The hospital has a Paediatric retrieval transfer agreement in place with Guys & St Thomas'

Other Specialist Nurses support Oncology, Breast Care and Infection prevention & Control services within the hospital. On call provision for all the specialist services is available for patient support.

We achieved our McMillian Accreditation Mark in November 2016.

The hospital admits NHS patients across a number of specialties and for NHS patients referred via the Electronic Referral process (eRs), this equates to 25 % of the overall hospital activity with an






additional 1.6% being admitted via the 'SPOT' route. Close links exist with Bromley Clinical Commissioning Group with quarterly joint meetings being held

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 Hospital Name 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 Care Quality Commission (CQC) carried out an announced inspection at Chelsfield Park Hospital on 12th and 13th July 2016 and found the hospital to have achieved an overall rating of good with requires improvement, for "Are Services Safe" section.

Overall rating for this location		Good 
Are services safe?	Requires improvement	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive?	Good	
Are services well-led?	Good	

Chelsfield Park Hospital has a local framework through which clinical effectiveness, clinical incidents and clinical quality is monitored and analysed. Where appropriate, action is taken to continuously improve the quality of care. This is through the work of a multidisciplinary group and the Medical Advisory Committee.

At 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 our robust reporting culture 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 in terms of shared learning.

At present we provide full, standardised information to the NHS, including coding of procedures, diagnoses, co-morbidities and Patient Related Outcome Measures (PROMs), reporting 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 Chelsfield Park Hospital.

The focus on Infection Prevention and Control continues under the leadership of the Group Director of Infection Prevention and Control and Group Head of Infection Prevention and Control, in liaison with the Infection Prevention and Control Lead.

Between April 2017 to March 2018, the hospital had:

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

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

Measure	Rate (per 100 procedures)
Hips	0.00000
Knees	0.00000

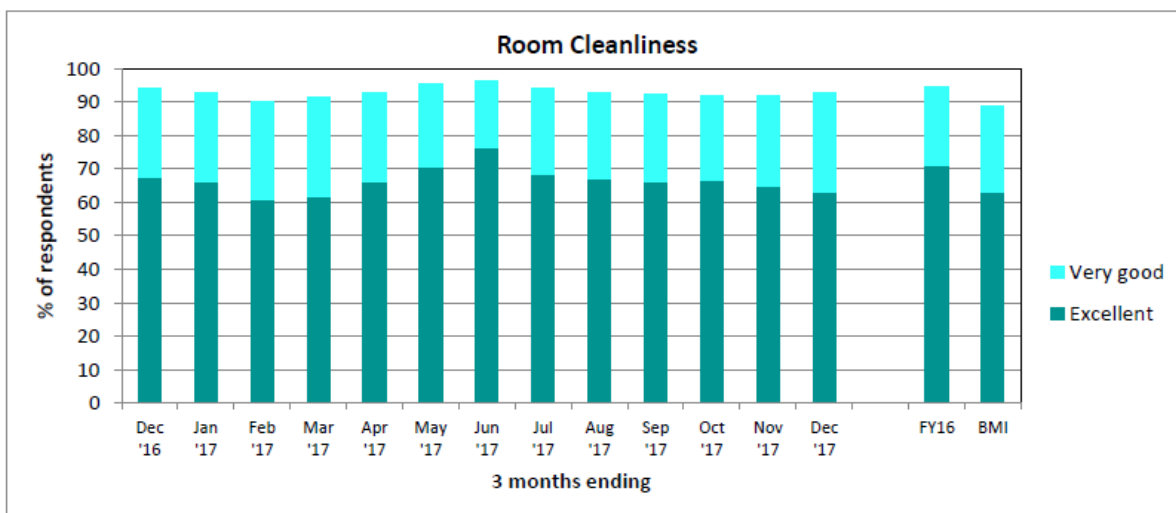
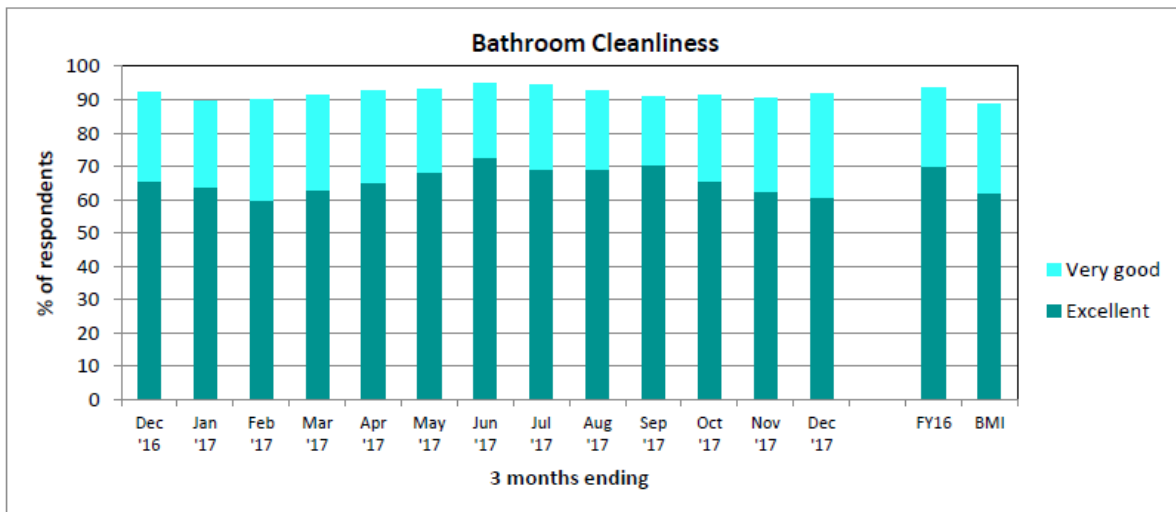
An Infection Prevention & Control Audit Programme is in place to ensure that all hospital areas are audited and assessed for compliance against Infection Prevention & Control, best practice standards. The Director of Clinical Services acts as the Director of Infection Prevention & Control (DIPC) Supported by the National Infection Prevention and control lead for BMI.

Locally, Chelsfield Park has an Infection Prevention and Control (IPC) Lead nurse who monitors all infection related incidences, Monthly IPC meetings are held with representatives from all departments and a lead microbiologist from the local NHS Trust attends who also covers an on call service for the hospital. Link practitioners who represent individual departments also meet monthly to discuss audit trends, analysis and any departmental concerns.

Care Bundle Audits are undertaken as per the company's audit requirements.

- Insertion and Ongoing Care of Central Venous Catheters
- Insertion and Ongoing Care of Peripheral Venous Cannula
- Insertion and Ongoing Care of Indwelling Urinary Catheters
- Intra-Operative / Surgical Site
- Clostridium Difficile
- An infection prevention & control audit programme is in place to ensure that all hospital areas are inspected and assessed against Infection Prevention & Control best practice standards via our corporate policy and audit programme, which the DIPC oversees.
- Quality Improvement Tools for hand hygiene are completed in all clinical areas annually. Hand hygiene audits are conducted monthly for every department and results reported at the HIPC Committee meetings quarterly.
- In patient areas audit is completed for blood cultures, peripheral line & urinary catheter on-going High Impact Intervention care bundle audits monthly.
- Oncology areas complete blood cultures, peripheral line insertion and on-going High impact Intervention/ care bundle audits monthly.
- Theatre departments (including minor procedures) complete central line, peripheral line and urinary catheter insertion plus pre, intra & post-operative High Impact Intervention/ care bundle audits monthly.
- All audit results are easily available to clinical staff on the shared drive along with audit results reported at Infection Prevention & Control Committee together with the Governance Committee. Where gaps are identified action plans are developed to improve practice quarterly.
- Quality Improvement Tools (QIT) are completed in all clinical areas and entered into the QIT web based audit tool annually and are completed by a link person in that area, and in the absence of a link person the Head of that Department.
- Action plans are produced using the online corporate Audit Calendar programme and where results are inadequate repeat audits / action plans and closing the loop for improvement are conducted.
- Hand Hygiene and management of sharps along with aseptic non touch technique is covered in mandatory training. Ad hoc training is supported by BMI product suppliers.

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



Patient Led Assessment of the Care Environment (PLACE)

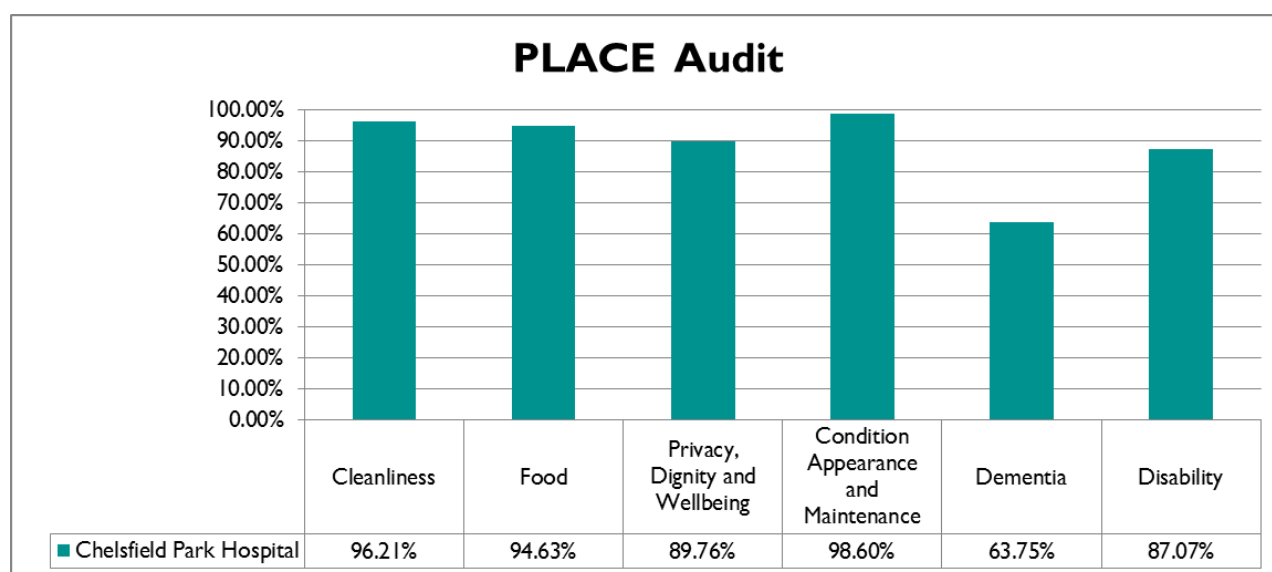
At BMI Healthcare, we believe a patient should be cared for with compassion and dignity in a clean, safe environment. Where standards fall short, they should be able to draw it to the attention of managers and hold the service to account. PLACE assessments will provide motivation for improvement by providing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

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

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

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

Hospital	Cleanliness	Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
Chelsfield Park Hospital	96.21%	94.63%	89.76%	98.60%	63.75%	87.07%



The PLACE audit identified some areas where focus was required to meet national and local standards. Dementia care was an area that scored lower than expected and we therefore put new measures in place to ensure we had greater support for this patient type. For example, implementation of “Dementia Boxes” which are kept on the wards included large clocks, easy handle cutlery and extra signage to help patients admitted with dementia to maintain a level of independence and safety.

We continue to support our training regarding the management of patients admitted with Dementia. This is undertaken through the company BMI Learn programme and also through external information, linked to national guidance.

We have an ongoing refurbishments programme in place to improve the fabric of the hospital, in the areas identified.

The ward environment underwent minor refurbishment in 2016 with both new flooring and areas have undergone refreshment painting.

We continue to outsource our catering provision to a third party, (Compass) and we continue to give regular feedback to the provider, as well as providing the third party with feedback from our Quality Health Patient Satisfaction Feedback.

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 has a responsibility to be open and honest. This is even more important when errors happen.

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

- Will be given an opportunity to discuss what went wrong.
- What can be done to deal with any harm caused
- What will be done to prevent it happening again
- Will receive an apology.

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

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

Chelsfield Park had 2 incidences in 2017 which required Duty of Candour to be upheld. Both of these incidences were dealt with directly by the hospital team, with consultant involvement and full explanations were provided to the patients. The incidences were logged on our corporate incident reporting system and investigated accordingly. Contact with the patient was made as soon as the incidences were identified and an apology was offered. Lessons learnt were shared with the teams involved and processes changed to avoid a recurrence of the event. Once full investigation had taken place and learning had been identified, debrief meetings were held with the teams involved and the Consultant. This ensured shared feedback and promotion of an open and honest culture around reporting of events. It also allowed staff the opportunity to discuss what they had learnt from the incident and how they were going to alter their practice moving forwards.

Duty of Candour Incidents
2

Venous Thrombo-embolism (VTE)

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

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

VTE Percentage	
VTE	100.00%

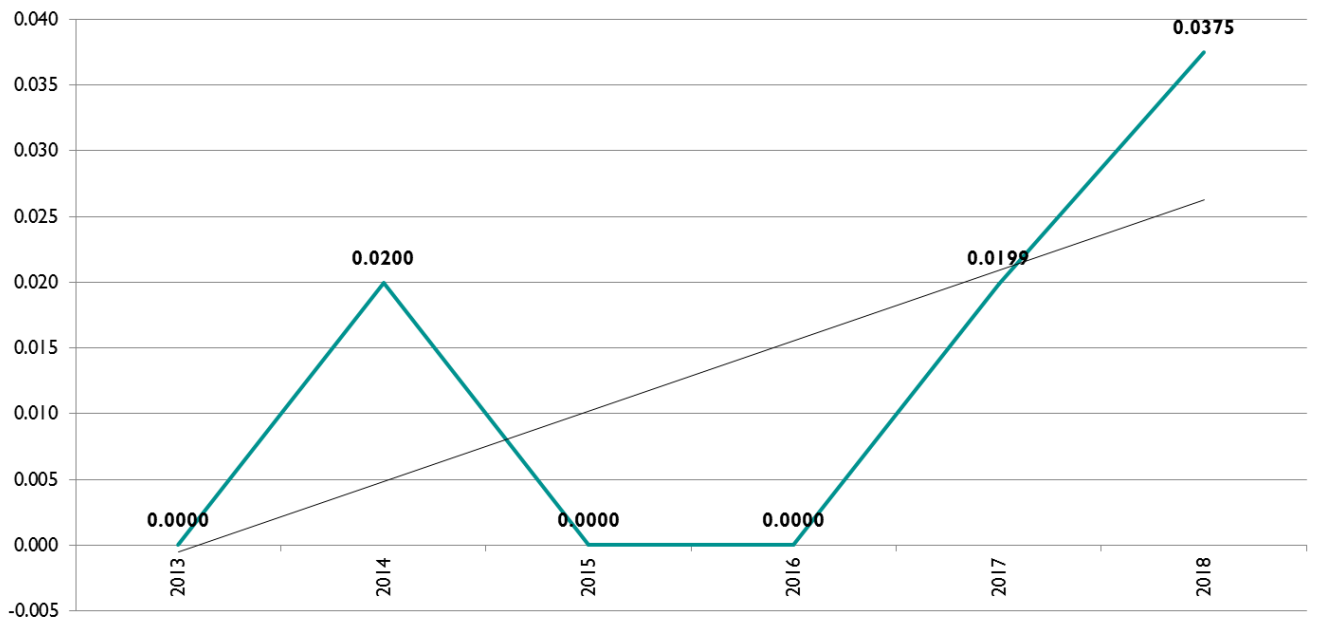
Chelsfield Park Hospital reports the incidence of Venous Thromboembolism (VTE) through the corporate clinical incident system. It is acknowledged that the challenge is receiving information for patients who may return to their GPs or other hospitals for diagnosis and/or treatment of VTE post discharge from the Hospital. As such we may not be made aware of them. We continue to work with our Consultants and referrers in order to ensure that we have as much data as possible. .

Chelsfield Park Hospital	VTE			
2018	2017	National Average	Highest National Score	Lowest National Score
100.00%	99.91%	95.77%	100.00%	81.60%

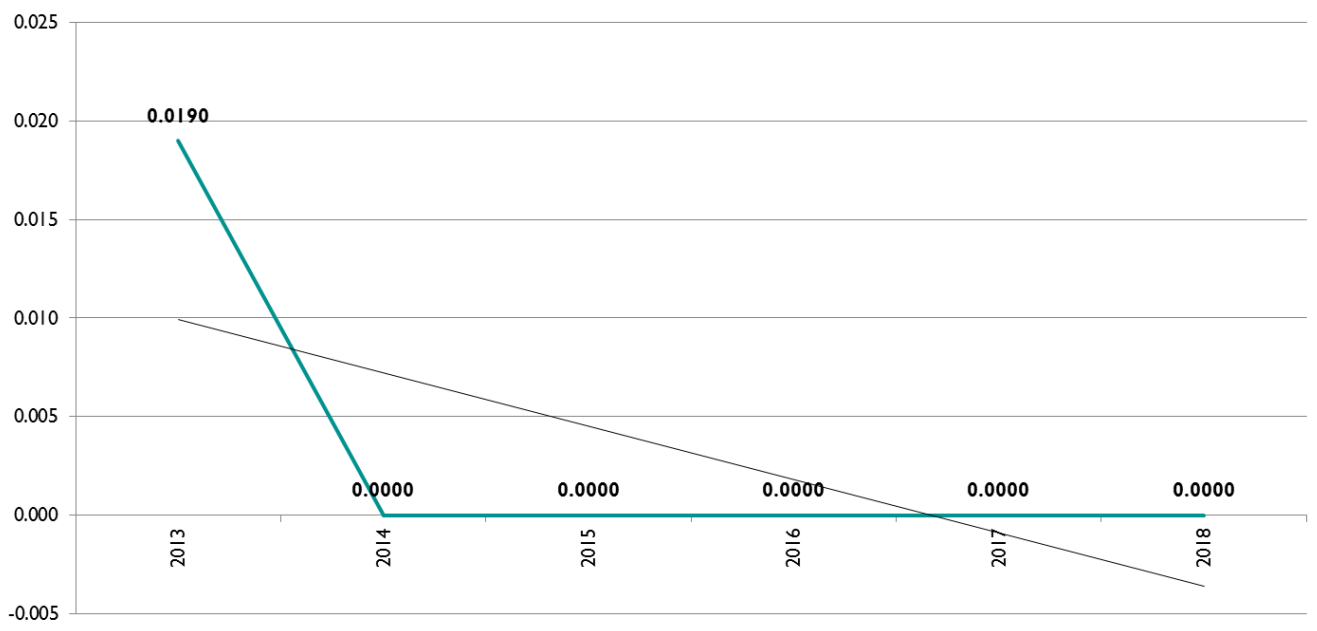
VTE prevention and education is an integral part of both medical and surgical patients' journey at Chelsfield Park. Patients who attend a pre-operative assessment receive face to face education and re-enforcement about the importance of early mobilisation, hydration and healthy diet to reduce the risk of developing a deep vein thrombosis (DVT). On admission, a risk assessment is undertaken and high risk patients are measured and fitted with anti-embolism stockings. Further education is provided to the patient again, (both verbally and in writing) on discharge from the hospital. This includes the symptoms of DVT to be aware of and how to contact the hospital should they have any concerns. Recent introduction of a new VTE assessment tool has required the Consultant to sign that they have acknowledged the risk assessment and appropriate thromboprophylaxis has been prescribed if necessary. This has been discussed at the Medical Advisory Committee to ensure compliance and is audited monthly.

We have had no reports of any pulmonary embolisms for 2017.

DVT (Rate per 100 admissions)



PE (Rate per 100 admissions)





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 Chelsfield Park Hospital.

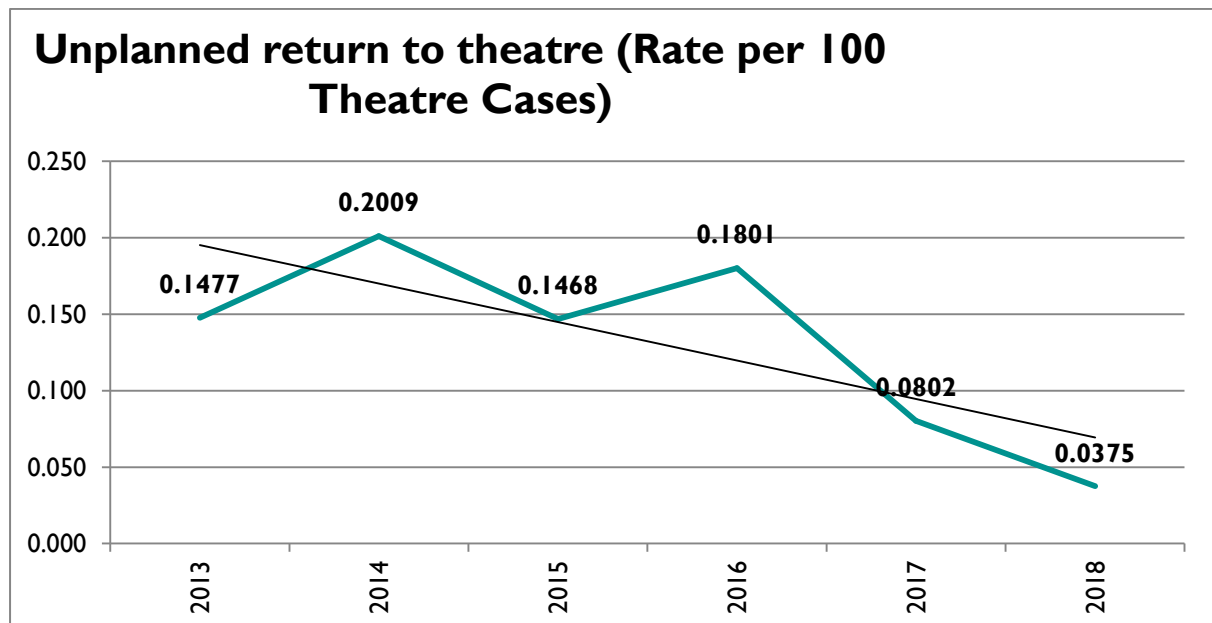
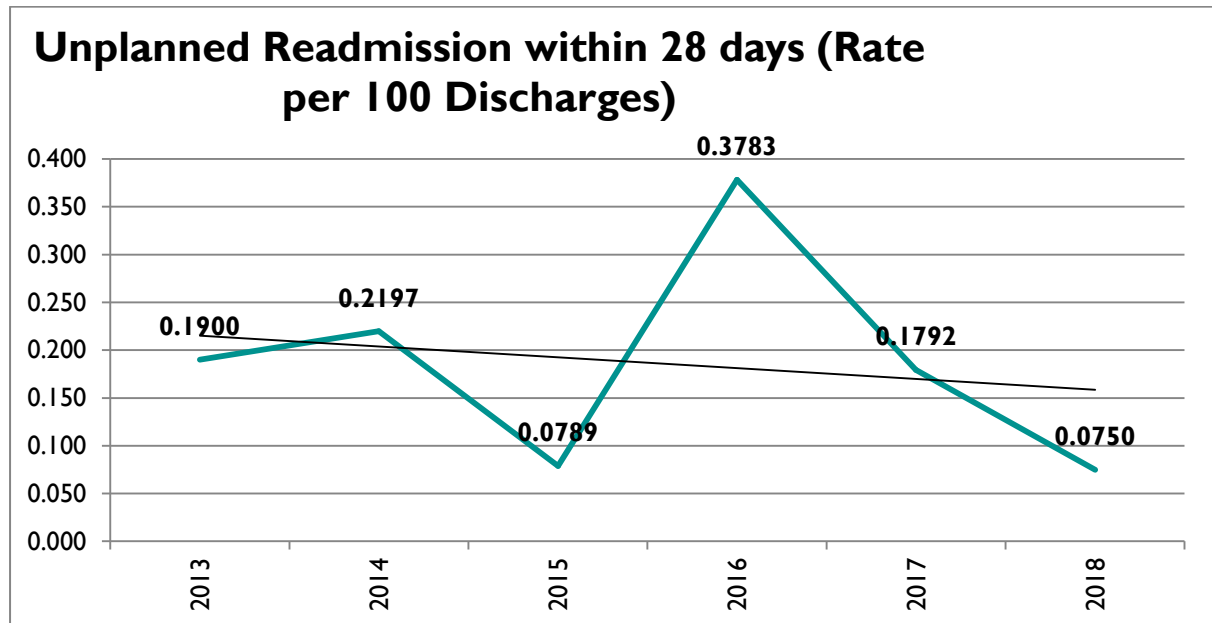
Latest PROMS data available from HSCIC (Period: April 2016 – March 2017)



Joint replacement patients admitted to Chelsfield Park Hospital for both private and NHS patients are invited to a joint school pre-admission appointment in preparation for the forthcoming surgery. Most patients find the 'group' appointment very conducive in helping them progress, as they have met with other patients in a similar position and realise they are not on their own.

Unplanned Readmissions & Unplanned Returns to Theatre

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



The hospital has low incidence of readmission or returns to theatre. Patients are well prepared both pre- operatively and post operatively before discharge.

Effective pre- assessment is paramount to ensuring patients are educated and prepared for their admission and procedure. Once discharged, patients are contacted at 48 hours post discharge to check on post -operative progress and are given the contact telephone number for the hospital if they have any concerns before or after this call. Any calls received in or out of working hours follow the same, clear route of escalation from Senior Nurse to Resident Medical Officer to Consultant.

We also have specific on- call arrangements for Breast, Oncology, Bariatric and Paediatric patients (and parents) and this results in less complications once the patients are at home and therefore a very low re- admission and return to theatre rate.

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 as suggested through this review.

All deaths, whether expected or unexpected, are reported to the regulators (CQC, HIS, HIW). They are also reported via our hospitals 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, under (Mortality & Morbidity) 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, to ensure lessons are learnt across the company.

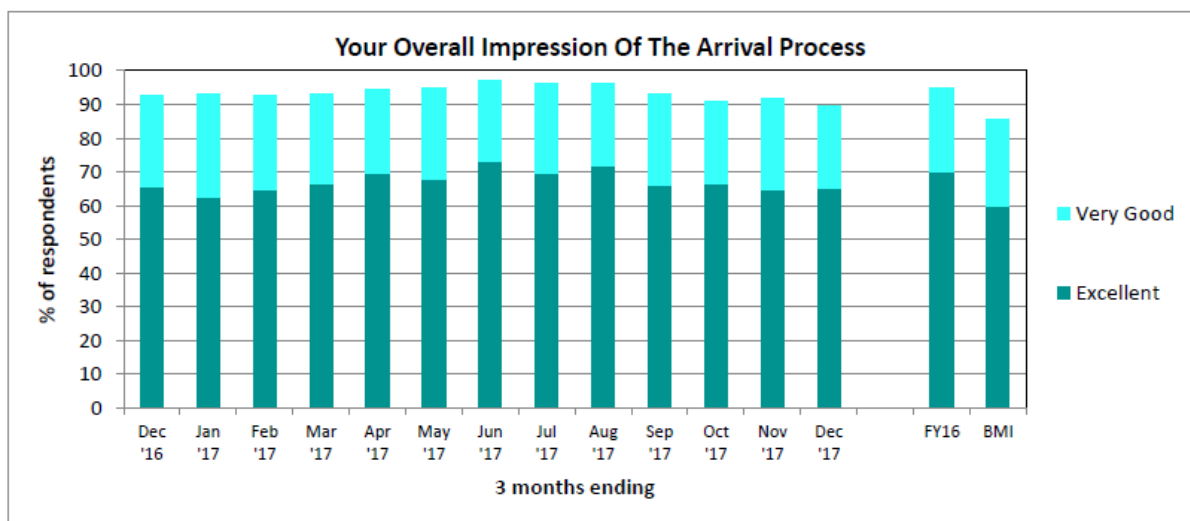
All deaths whether expected or unexpected are reported to the Care Quality Commission and for those NHS patients are additionally reported to the Local Clinical Commissioning group.

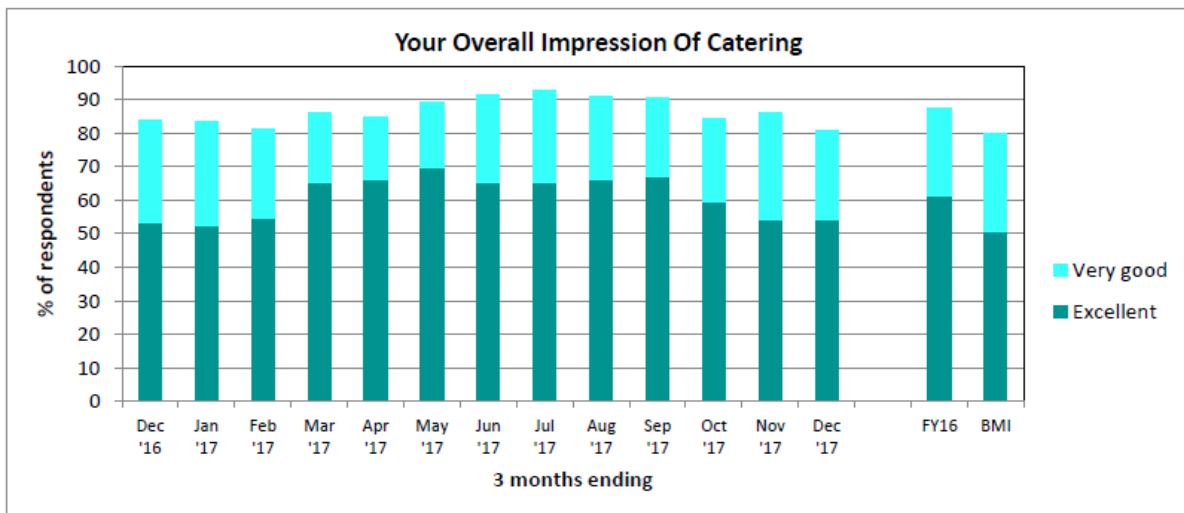
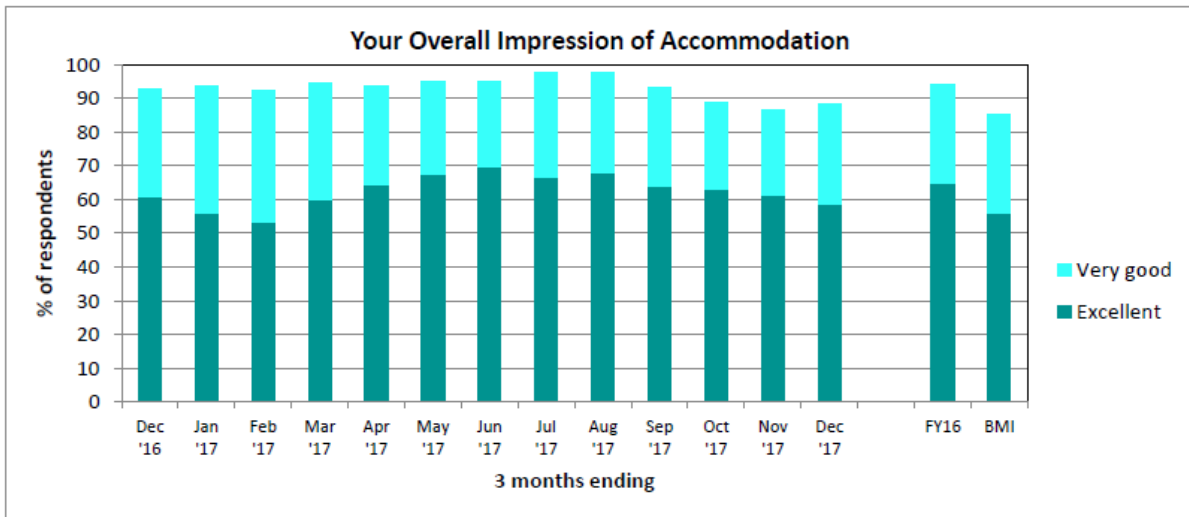
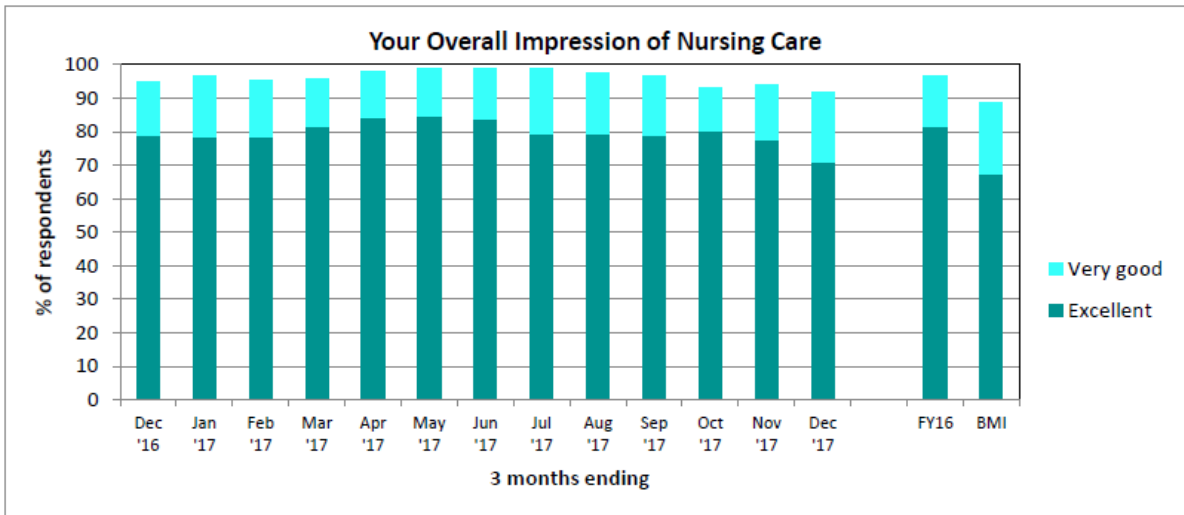
Patient Experience

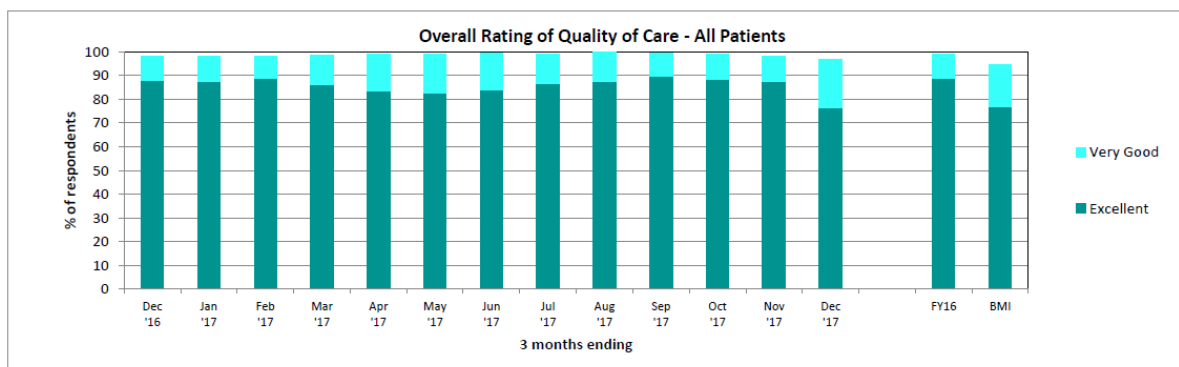
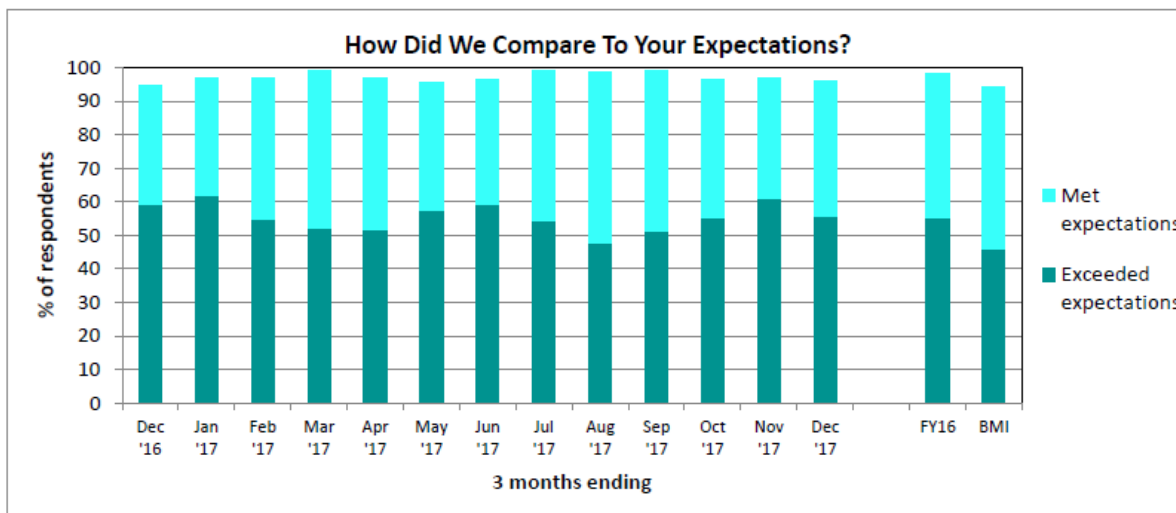
Patient Satisfaction



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.







We welcome patient feedback, both positive or suggestions for areas of improvement.

Collation of feedback from patients is not undertaken on site, it is undertaken by a third party (Quality Health). These reports are then available on a monthly basis which is then shared to our Head of Departments to share the reports with their team, to assist in what we do to try and routinely improve the patient journey.

The hospital holds a monthly Patient Satisfaction Meeting to review the reports and also to discuss and implement any changes required to try and improve our patient’s satisfaction following their time with us.

On a BMI ranking of patient satisfaction, the hospital is regularly in the top 20 hospitals in the group, is generally above the BMI average for Quality and above 95% of patients would recommend the hospital.

Chelsfield Park Hospital	Patient Recommendations				
	2018	2017	National Average	Highest National Score	Lowest National Score
	98.75%	99.55%	97.07%	100.00%	75.61%

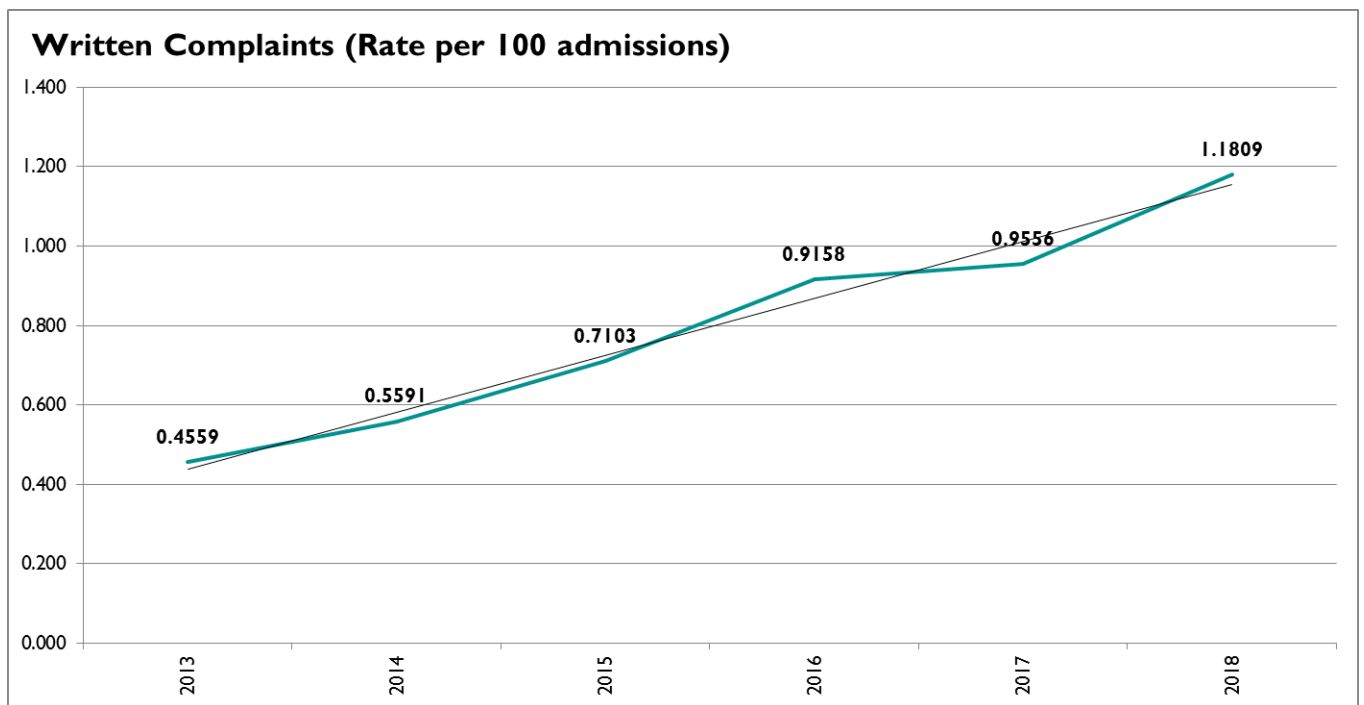
Complaints

In addition to providing all patients with an opportunity to complete a Patient Satisfaction Survey BMI Chelsfield Park Hospital actively encourages feedback both informally and formally. Patients are supported through a robust complaints procedure, operated over three stages:

Stage 1: Hospital resolution

Stage 2: Corporate resolution

Stage 3: Patients can refer their complaint to Independent Adjudication if they are not satisfied with the outcome at the other 2 stages.



Chelsfield Park Hospital has a low incidence of complaints; however when received trend analysis is undertaken to review if any of the same type of complaint is being repeated. This will enable focused input to improve what we do to reduce repeat complaints.

Complaints are discussed at Senior Management Team Meetings, Head of Department Meetings, Clinical Governance and Medical Advisory Committee Meetings to promote shared learning and introduction of processes to reduce future complaints. Complaints are also shared widely with each department around the hospital.

CQUINS

The CQUIN's agreed for the period 2017/18 were:

- Promoting Healthy Behaviors: Tobacco and Alcohol screening, brief advice and/or referral. The hospital was able to demonstrate that the majority of patients were screened for smoking and alcohol levels
- Increased uptake of front line staff who received a flu vaccination. The action agreed with the CCG for this year was to provide evidence of promotion and availability of the vaccination. BMI Chelsfield Park Hospital was able to evidence a marginal improvement in uptake when compared to the previous year.

The outcome of the CQUIN's is awaited at time of this report.

Safeguarding

Safeguarding is about protecting people from abuse; and making patients aware of their rights while ensuring the patient has capacity. Staff need to be aware of key signs to ensure adults and children are protected.

Safeguarding training is undertaken by all staff at varying levels, by means of online modules, as well as practical sessions for specific elements of safeguarding.

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.

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

Senior registered [EA] Children Nurses are trained to level 4 safeguarding

The Director of Clinical Services (DoCS) is the Lead Nurse for Safeguarding within the hospital.

The DoCS and the senior - level 4 Paediatric Nurse attend the local borough safeguarding meetings.

National Clinical Audits - NJR data

Within Chelsfield Park Hospital we have an annual corporate audit plan detailing our audit requirements for each month. These audits are completed by the departments and, if required, an action plan is prepared to improve where necessary.

Together with this we have additional local IPC audits relating to care bundles and various clinical documentation audits undertaken in specific months. We also conduct audits if and when we become aware of trends to improve and monitor our progress.

Submission to The National Joint Registry from Chelsfield Park takes place monthly. In 2017 submissions were made without fail. For 7 months of the year >90% compliance in gaining consent was obtained resulting in an overall 89% compliance rate for the year.

Month	Completed operations	Hips	Knees	Ankles	Elbows	Shoulders	Consent rate
January	19	9	10	0	0	0	94
February	17	10	7	0	0	0	88
March	22	12	10	0	0	0	77
April	17	7	10	0	0	0	94
May	18	8	10	0	0	0	83
June	17	6	11	0	0	0	100
July	12	4	8	0	0	0	91
August	4	4	0	0	0	0	100
September	16	6	10	0	0	0	81
October	19	8	11	0	0	0	89
November	16	8	8	0	0	0	93
December	8	4	4	0	0	0	100

Priorities for Service Development and Improvement

- Development of the “Standard Structures” within the hospital. The whole administration teams within the hospital are now line managed by one manager. This enables a greater degree of flexibility for covering all departments and enables cross training to ensure there is always cover.
- In our Outpatient Department we have developed our minor procedures, which for some procedures have reduced the need for patients to be admitted to the ward, one example being the development of a Capsule Endoscopy service and we have added two new local Gastroenterologists who with current consultants have assisted with this new service
- A new Consultant Neurosurgeon has been recruited who undertakes minimally invasive spinal procedures.
- Electronic prescribing for systemic anticancer treatment associated with solid tumour treatment was introduced during 2016/17 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.

- We have a rolling refurbishment plan in place for the hospital to ensure all areas are well maintained and presentable for all patients coming into the hospital; this has included replacing carpets with wood flooring and improved higher resolution lighting.

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 hospitals' engagement with local Clinical Commissioning Groups nationwide. The measures reported on a monthly basis relate to the following;

VTE Risk Assessment & Treatment	Catheter related Urinary Tract Infection
Falls	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 Safe 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 pick up on areas for improvement.

The online questionnaire was accessible by staff at 59 sites across England, Scotland and Wales. Staff from all areas of the hospitals were asked to rate up to 24 statements (England sites were asked 20 questions, Scotland sites were asked 24 questions and Wales sites were asked 22). 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 hospital (England and Wales sites) / with Health Care Improvement Scotland within the 5 Quality Themes as a 6 (Excellent) rated hospital (Scotland sites).

Results were reported to sites in three ways: a report of all site data, regional reports and individual hospital results for sites who received a response rate of 30% or more.

Staff Recommendation Results



Chelsfield Park Hospital	Staff Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
69.00%	88.37%	73.18%	89.98%	50.44%

Chelsfield Park Hospital considers that this data is as described for the following reasons:

There have been a number of staff leavers over the period; some have left for reasons such as equity of pay and due to some changes with the introduction of standardised terms & conditions.

The hospital continues to support using the following pointers to assist with staff engagement:-

- Open door policy for Executive Director/Director of Clinical Services/Operations Manager.
- Daily “Comms Cell” meeting with representatives from all departments attending, and then feeding back to their own departments, therefore increasing the knowledge in all departments what is occurring around the hospital.
- Implemented a monthly staff forum for all staff to attend with the Executive Director to be updated on company/hospital strategy.
- A staff suggestion box has been implemented in the dining room for all to suggest positive improvements, implemented suggestions receive a gift.
- All staff receives a birthday card and free lunch voucher from the Executive Director.
- Long service PIN award recognition.
- “Pat on the back” for staff who go above and beyond with all team involved.
- Monthly themed events, e.g. – “You Can Do It!” Team take on a challenge for the month for example, eat at least 3 pieces of fruit or vegetables a day for the whole month and if we fail we put a donation into a pot that then goes to a charity at the end of the year.
- Support of all national charity events such as McMillan coffee mornings and Infection Prevention & Control events.

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 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.	Apr 2011 - Mar 2012
Number of <i>C.difficile</i> infections reported	BMI Healthcare Risk Management System	This indicator relates to the number of hospital-apportioned infections.	Apr 2014 – Mar 2015
Responsiveness to Personal Needs of Patients	Quality Health Patient Satisfaction Report	The responsiveness score provided is an average of all categories applied to Patient Satisfaction questionnaires answered by BMI Healthcare inpatients.	Feb 2016 – Jan 2017
Number of admissions risk assessed for VTE	CQUIN Data	BMI Healthcare only collects this information currently for NHS patients.	Jan 2017 – Dec 2017
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.	Oct 2015 – Sep 2016
Number/Rate of Patient Safety Incidents reported (Severe or Death)	BMI Healthcare Risk Management System	Based upon Clinical Incidents with a patient involved where the NPSA Guidelines deem a severity applicable.	Jul 16 – Jun 17

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) -

Chelsfield Park Hospital	Re-Admissions (Aged between 0-16)			
2018	2017	National Average	Highest National Score	Lowest National Score
0.000	0	11.45	14.94	0

Chelsfield Park Hospital	Re-Admissions (Aged 16+)			
2018	2017	National Average	Highest National Score	Lowest National Score
2.176	3.463	10.010	41.650	0.000

Chelsfield Park Hospital is pleased to confirm there has been no paediatric readmissions over the reporting period. This is largely due to our Paediatric Lead offering a specific on call service should parents or guardians need further advice post discharge.

As with the Paediatric service our adult readmission figures have decreased in the past year. We offer on call nursing services for patients following breast surgery, bariatrics surgery and for our oncology patients. Our ward nurses are on hand to triage patients to assess their suitability for our facilities at Chelsfield Park Hospital.

We will continue to monitor these figures and address any concerning trends that arise.

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

Chelsfield Park Hospital	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

Chelsfield Park Hospital considers that this data is as described for the following reasons:

Patients who attend a pre-operative assessment receive face to face education and re-enforcement about the importance of early mobilisation, hydration and healthy diet to reduce the risk of developing a deep vein thrombosis (DVT). On admission, a risk assessment is undertaken and high risk patients are measured and fitted with a pair of anti-embolism stockings. Further education and is given to the patient again on discharge from the hospital. This includes the symptoms of DVT to be aware of and how to contact the hospital should they have any concerns. Recent introduction of a new VTE assessment tool has required the Consultant to sign that they have acknowledged the risk assessment and appropriate thrombo prophylaxis has been prescribed if necessary.

Hospitals responsiveness to the personal needs of its patients

Chelsfield Park Hospital	Responsiveness			
2018	2017	National Average	Highest National Score	Lowest National Score
93.83%	94.48%	69.22%	78.00%	60.10%

At Chelsfield Park Hospital we hold regular meetings to discuss our results. This includes daily communication between the teams, our Medical Advisory Committee and Patient Satisfaction Meetings which is represented by each department. Actions plans are shared with the representatives and improvements made where necessary. Positive comments are shared with individuals.

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

Chelsfield Park Hospital	VTE			
2018	2017	National Average	Highest National Score	Lowest National Score
100.00%	99.91%	95.77%	100.00%	81.60%

Chelsfield Park Hospital considers that this data is as described for the following reasons.

VTE prevention and education is an integral part of both medical and surgical patients' journey at Chelsfield Park. Patients who attend a pre- operative assessment receive face to face education and re- enforcement about the importance of early mobilization, hydration and healthy diet to reduce the risk of developing a deep vein thrombosis (DVT). On admission, a risk assessment is undertaken and high risk patients are measured and fitted with anti- embolism stockings. Further education is provided to the patient again, (both verbally and in writing) on discharge from the hospital. This includes the symptoms of DVT to be aware of and how to contact the hospital should they have any concerns. Recent introduction of a new VTE assessment tool has required the Consultant to sign that they have acknowledged the risk assessment and appropriate thromboprophylaxis has been prescribed if necessary. This has been discussed at the Medical Advisory Committee to ensure compliance and is audited monthly.

We have had no reports of any pulmonary embolisms for 2017.

Patient Safety Incidents

Chelsfield Park Hospital	Patient Safety Incidents (Rate per 1000 Bed Days)			
2018	2017	National Average	Highest National Score	Lowest National Score
205.831	199.307	43.292	149.700	11.200

Chelsfield Park Hospital	Patient Safety Incidents (Count)			
2018	2017	National Average	Highest National Score	Lowest National Score
473	518	3908	14506	31

Chelsfield Park Hospital can confirm from the figures above and looking at the previous year our rate of patient safety incidents per 1000 bed days has increased slightly however number of patient safety incidents (count) has decreased.

Our clinical teams are very aware of reporting patient incidents as they occur and these are taken very seriously to ensure our patients are well looked after during their stay.

Chelsfield Park Hospital intends to take this a step further by also improving on the near misses that could or should be reported by the teams so we can prevent and take action before any unnecessary patient safety incidents occur.

Patient Recommendation Results

Chelsfield Park Hospital	Patient Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
98.75%	99.55%	97.07%	100.00%	75.61%

Chelsfield Park Hospital considers that this data is as described for the following reasons - welcome patient feedback, both positive or suggestions for areas of improvement.

Collation of feedback from patients is not undertaken on site, it is undertaken by a third party (Quality Health). These reports are then available on a monthly basis which is then shared to our Head of departments to share the reports with their team, to assist in what we do to try and routinely improve the patient journey.

The hospital holds a monthly Patient satisfaction meeting to review the reports and also to discuss and implement any changes required to try and improve our patient's satisfaction following their time with us.

On a BMI company rating for patient satisfaction, the hospital is regularly in the top 20 hospitals in the group, is generally above the BMI average for Quality, with 98% of patients who would recommend the hospital

BMI Quality Accounts : Bromley CCG Statement

Thank you for giving the commissioners the opportunity to comment on the draft quality account for 2017/18. Bromley CCG acts on behalf of the six CCGs in South East London to hold BMI Blackheath, Chelsfield Park and Sloane hospitals to account for quality. We are keen to build on the collaborative working and open dialogue within the contractual and quality management processes that have been established this year.

Development work continues within the Clinical Quality Review Group on a quarterly basis where we accept quality assurance reports and receive assurance against agreed quality indicators.

Bromley CCG are pleased to note that Care Quality Commission inspections have resulted in an overall rating of 'good' at all 3 sites The Sloane, Chelsfield Park and Blackheath Hospital. The CCG also notes that there is shared learning happening across sites.

We note the significant work that has taken place to continue reducing Venous Thrombo-embolism (VTE) across BMI's network of hospitals and the drive to risk assess every patient that is admitted. There are also positive results against Patient Reported Outcome Measures (PROMS). BMI emphasises the importance of patient satisfaction across sites and the CCG is pleased to see that overall patient satisfaction scores in relation to the clinical care are positive.

BMI's commitment to embedding the Learning from Deaths in this year's Quality Accounts, in line with the national Learning from Deaths Guidance is welcomed.

Bromley CCG are also pleased to note BMI's intention to move towards ambulatory/outpatient models of care which is in line with the CCG's strategic approach to developing care closer to home.

Sonia Colwill
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Bromley CCG

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