



Fawkham Manor
Hospital

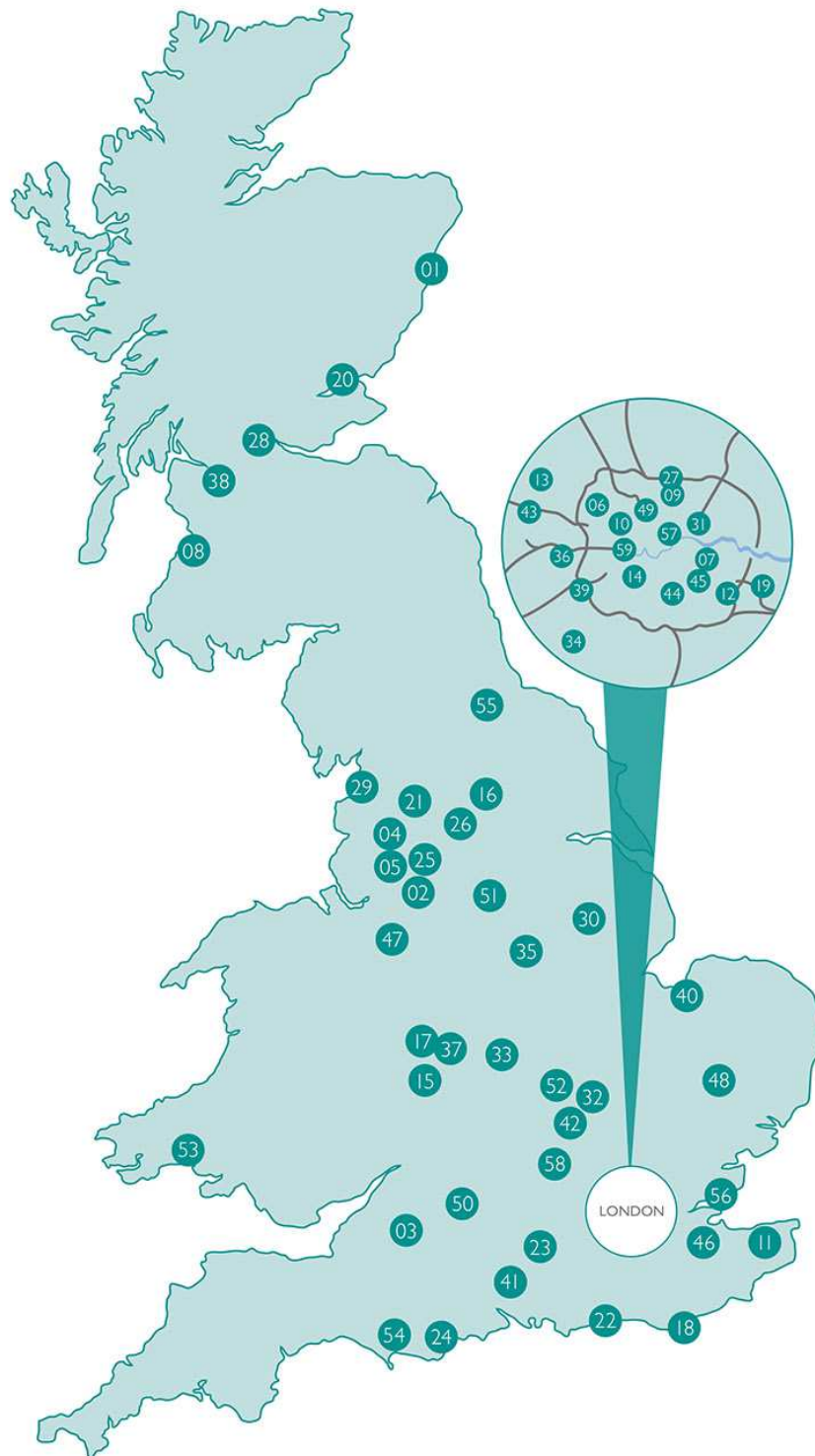
QUALITY ACCOUNTS 2018

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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." with a period at the end. The signature is written in a cursive, slightly slanted style.

Dr Karen Prins

Hospital Information



BMI Fawkham Manor Hospital, situated near Longfield in Kent, is part of the BMI Healthcare group of hospitals. The hospital has 30 beds and provides a range of elective services across most general specialties, with the exclusion of Psychiatry and Maternity services.

The hospital is a 2 storey building, originally a manor house, which has been extended. The hospital consists of :-

- 30 bed ward
- Two Operating Theatres [1 laminar flow] and a Recovery Unit
- 8 Consulting Rooms
- Imaging Department including mobile CT and MRI
- Pharmacy Department
- Physiotherapy Department
- Housekeeping Service

Pathology services are outsourced and the pathology laboratory which serves the hospital is located at BMI Blackheath Hospital. Point of care testing equipment is available to allow urgent tests to be undertaken within the hospital.

Decontamination services are not undertaken at the hospital, with instrument decontamination being undertaken off site by the BMI Decontamination Ltd. The Catering service is also outsourced to Compass Catering.

The hospital admits patients from the age of 16 years and above.

During financial year 2017/2018 approximately 50% of the hospital's patients were NHS funded under the Standard Acute Contract, directly commissioned services or through funding from NHS Trusts.

BMI Healthcare is registered as a provider with the Care Quality Commission (CQC) under the Health & Social Care Act 2008 as well with the Hospital Improvement Scotland (HIS) and Healthcare Inspectorate Wales (HIW) for our hospitals outside of England. BMI Fawkham Manor Hospital 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 carried out an unannounced inspection on 10th & 11th April 2017 at BMI Fawkham Manor Hospital and found the state compliance as below.

Overall rating	Requires improvement	●
Are services safe?	Requires improvement	●
Are services effective?	Requires improvement	●
Are services caring?	Good	●
Are services responsive?	Requires improvement	●
Are services well-led?	Requires improvement	●

The CQC inspection in 2017 raised the hospital's compliance from Inadequate [2016] to Requires Improvement. A 70 point hospital improvement plan was devised to address the issues that had been identified and by the end of March 2018 all actions were completed, with the exception of installation of disabled bathroom facilities, for which a project is being scoped.

The hospital improvement plan included all recommendations from the CQC covering aspects such as facilities, governance and processes. A new management team was appointed in May 2017 to lead the improvements and changes that were required.

The management team has maintained close working links with the CQC and has welcomed external scrutiny from working in partnership with Dartford, Gravesham & Swale Clinical Commissioning Group and BUPA. These organisations have undertaken inspections at the hospital to see actions and improvements in practice and have provided the management team with additional reassurance about the effectiveness of their actions and provided themselves with reassurance as commissioners and/or funders of treatment.

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

At a Corporate Level, BMI Healthcare's Clinical Governance Board has an overview and provides the strategic leadership for corporate learning and quality improvement.

There has been ongoing focus on robust reporting of all incidents, near misses and outcomes. Data quality has been improved by ongoing training and database improvements. New reporting modules have increased the speed at which reports are available and the range of fields for analysis. This ensures the availability of information for effective clinical governance with implementation of appropriate actions to prevent recurrences in order to improve quality and safety for patients, visitors and staff.

At present we provide full, standardised information to the NHS, including coding of procedures, diagnoses and co-morbidities and PROMs for NHS patients. There are additional external reporting requirements for 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 Infection Prevention and Control Lead in BMI Fawkham Manor Hospital.

Between April 2017 to March 2018, the hospital had:

- Nil MRSA bacteraemia cases/100,000 bed days
- Nil MSSA bacteraemia cases /100,000 bed days
- Nil E.coli bacteraemia cases/ 100,000 bed days
- Nil cases of hospital apportioned Clostridium difficile in the last 12 months.
- SSI data is also submitted to Public Health England for Orthopaedic surgical procedures. During 2017/2018 there have been no infections in patients undergoing Total Hip or Total Knee replacement surgery at BMI Fawkham Manor Hospital.

In order to maintain a focus on safeguarding patients from infection risks at the hospital, regular audits have been conducted to measure compliance with practice standards in the core areas of hand hygiene, including 'bare below the elbows', and MRSA screening. Results of the audits demonstrate very high compliance with hand hygiene and MRSA screening standards.

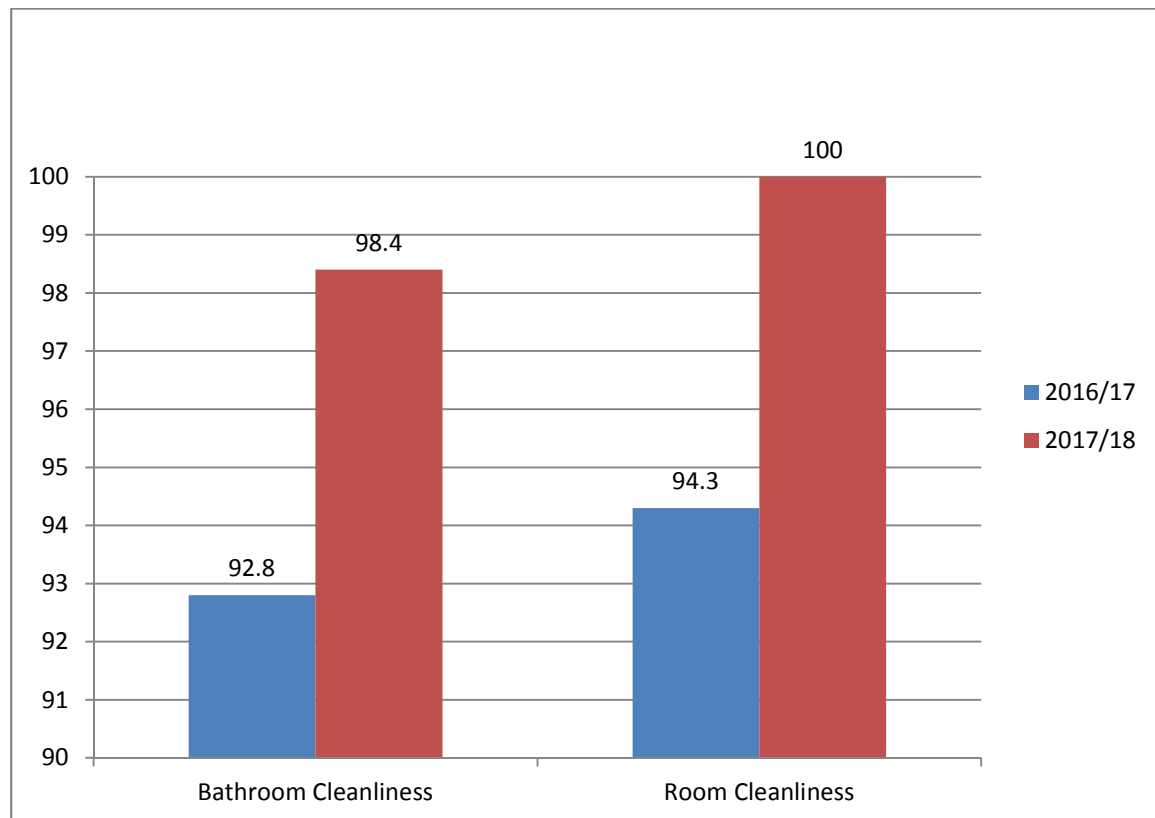
Department of Health High Impact Intervention audits have continued throughout the year and have shown that clinical practice in relation to peripheral cannula insertion and care, urinary catheter insertion and care, surgical site infection and equipment cleanliness is in accordance with practice recommended as reducing risk to patients.

All clinical staff within BMI Fawkham Manor Hospital are required to undertake annual Infection, Prevention and Control training, which incorporates theory and practical sessions in hand hygiene and aseptic non-touch technique. Compliance with these training requirements has been met throughout the year.

BMI Fawkham Manor Hospital holds quarterly Infection Prevention and Control Committee meetings to review data, processes, policy and procedures. The hospital team is supported by local Consultant Microbiologists.

During 2017/2018 the Director of Clinical Services, who is also the local Director of Infection Prevention and Control, has promoted closer working relationships between Heads of Departments and the Infection Prevention and Control Lead by confirming and reinforcing Infection Prevention and Control responsibilities within clinical departments. This has led to improved ownership and increased awareness about Infection Prevention and Control issues amongst clinical teams.

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



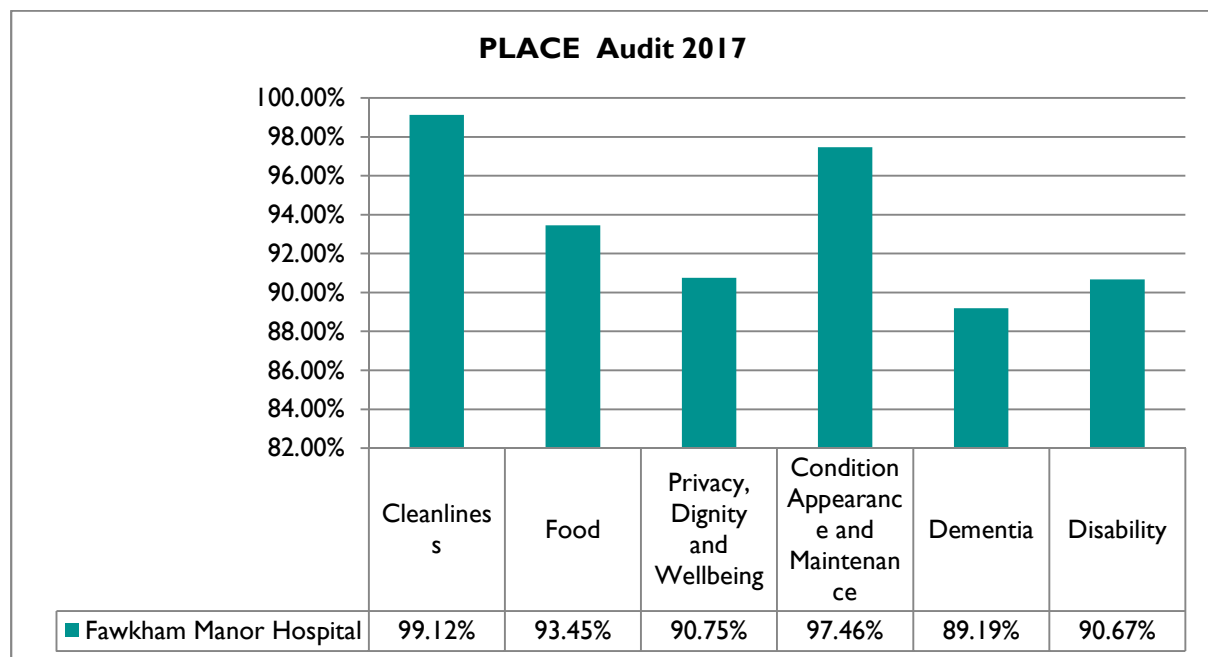
Patient Led Assessment of the Care Environment (PLACE)

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. In 2017, BMI Fawkham Manor Hospital’s results were as below, all above the national average scores.



Duty of Candour

A culture of Candour is a prerequisite to improving the safety of patients, staff and visitors as well as the quality of Healthcare Systems.

Patients should be well informed about all elements of their care and treatment and all staff have a responsibility to be open and honest. This is even more important when errors happen.

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

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

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

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

During 2017/2018 there was one patient incident which required the Duty of Candour to be formally instigated, although principles of candour were followed as necessary for minor incidents and near misses.

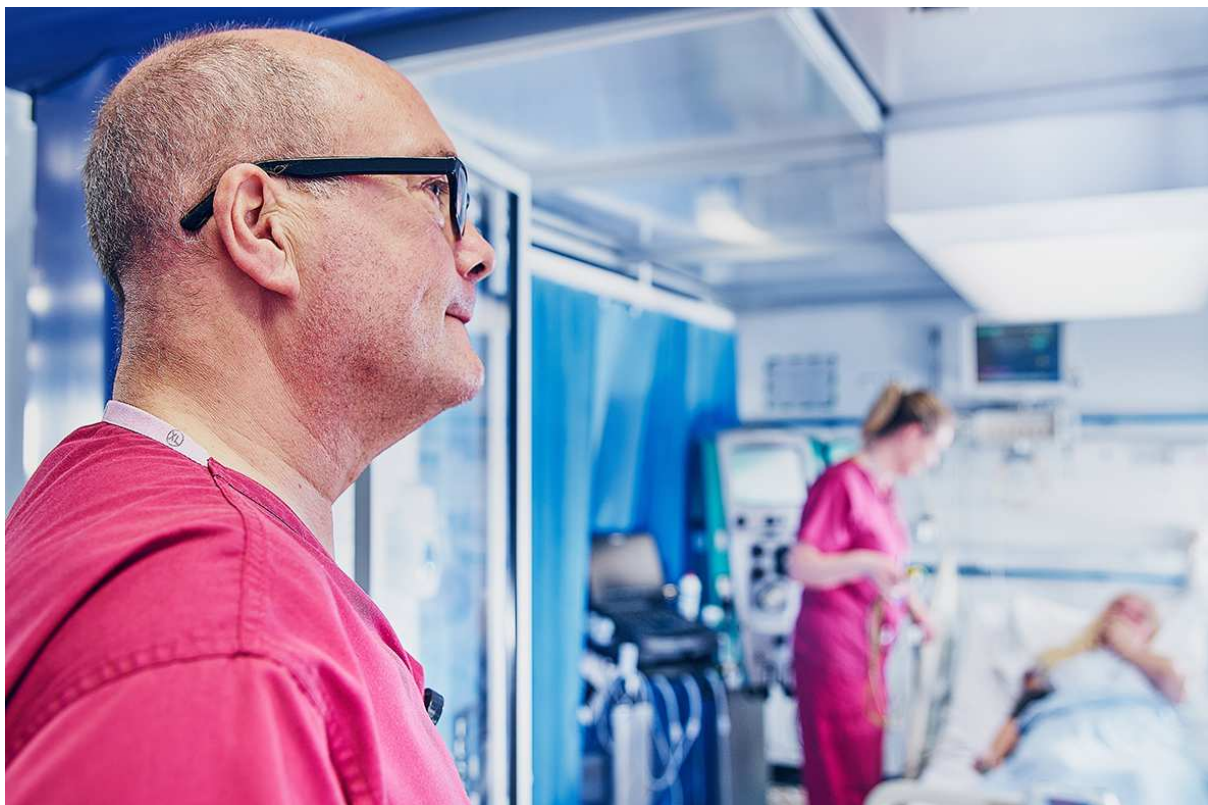
Venous Thrombo-embolism (VTE)

BMI Healthcare holds VTE Exemplar Centre status by the Department of Health across its whole network of hospitals including BMI Fawkham Manor 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 that during 2017/2018 100% of audited patients at BMI Fawkham Manor Hospital were risk assessed for VTE.

BMI Fawkham Manor 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. .

BMI Fawkham Manor Hospital had no reports of VTE during the year.

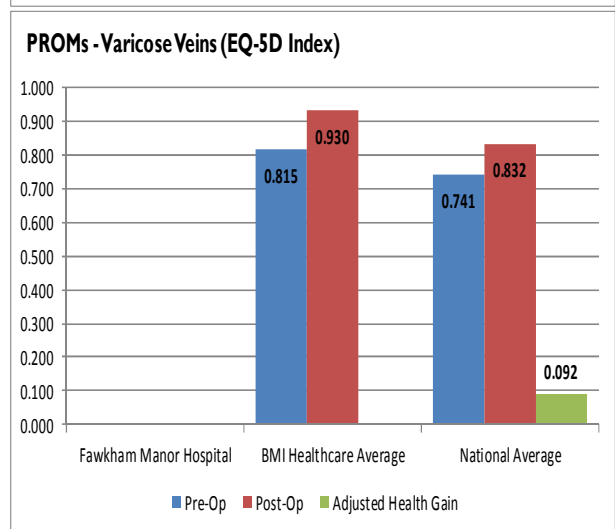
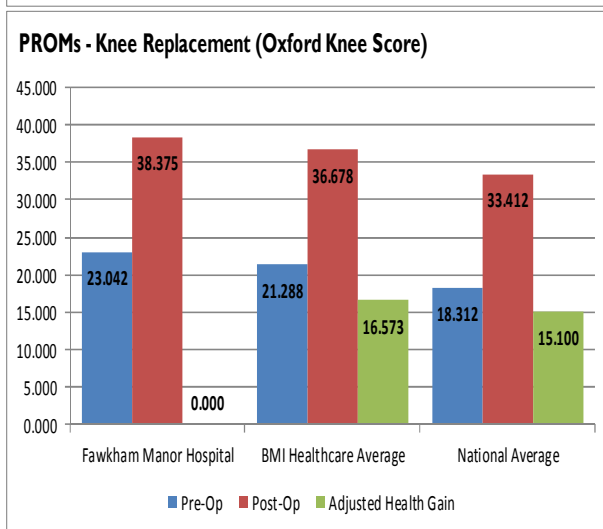
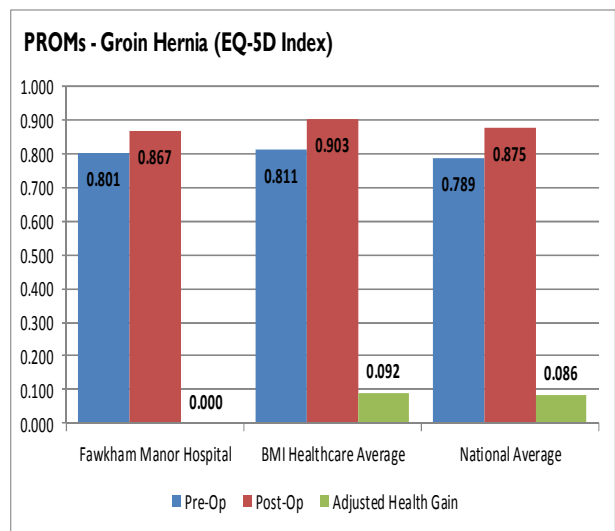
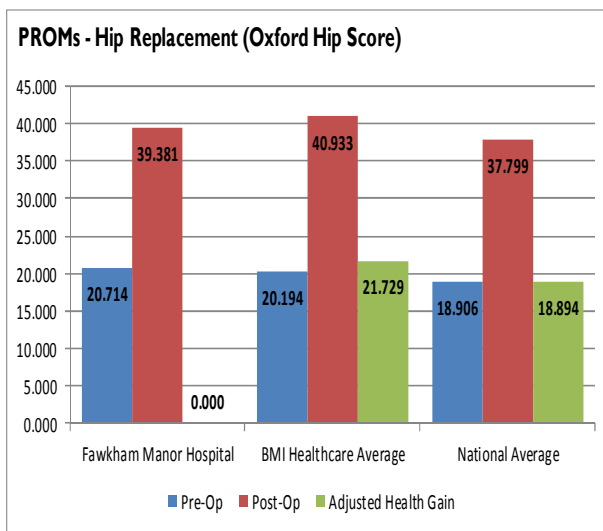


Patient Reported Outcome Measures (PROMS)

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

For the current reporting period, the tables below demonstrate that the health gain between Questionnaire 1 (Pre-Operative) and Questionnaire 2 (Post-Operative) for patients undergoing hip replacement and knee replacement at BMI Fawkham Manor Hospital was positive and in line with BMI Healthcare’s and the national average, however, not calculable for the individual hospital due to low numbers of patients.

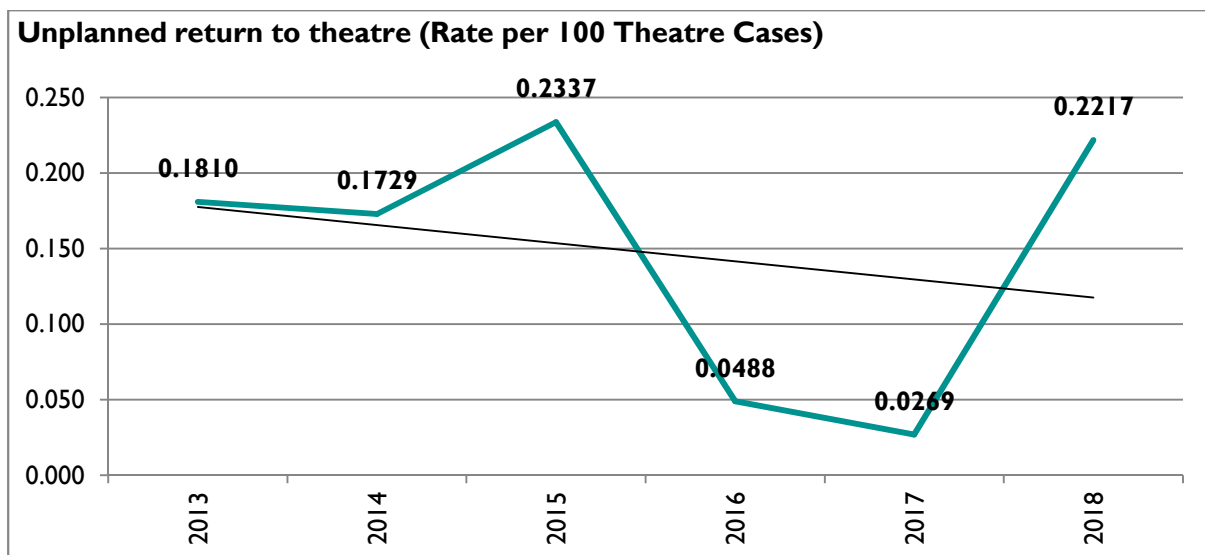
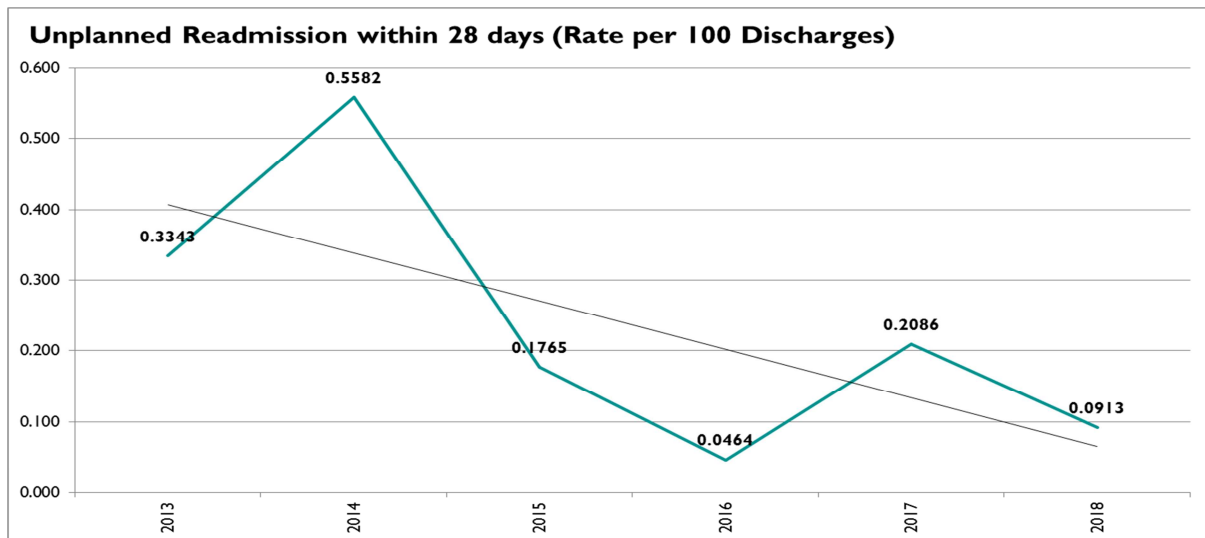
Latest PROMs data available from HSCIC (Period: April 2016 – March 2017)



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. BMI Fawkham Manor Hospital has low rates of readmission and return to theatre and each one is fully investigated.

No specific trends were identified during 2017/2018 and there was no associated mortality.



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 a 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, to ensure lessons are learnt across the company.

Patient Experience

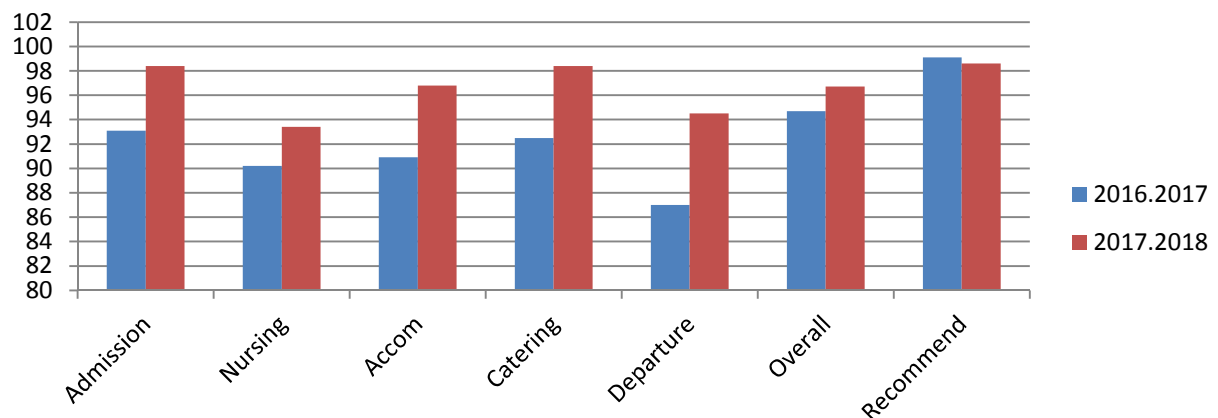
Patient Satisfaction



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.

During 2017/2018 patient satisfaction scores at BMI Fawkham Manor Hospital were higher than in the previous year. A Patient Experience Focus Group was convened which meets monthly to review patient satisfaction trends and devise actions for implementation in response to the feedback received.

Patient Satisfaction 2016 - 2018



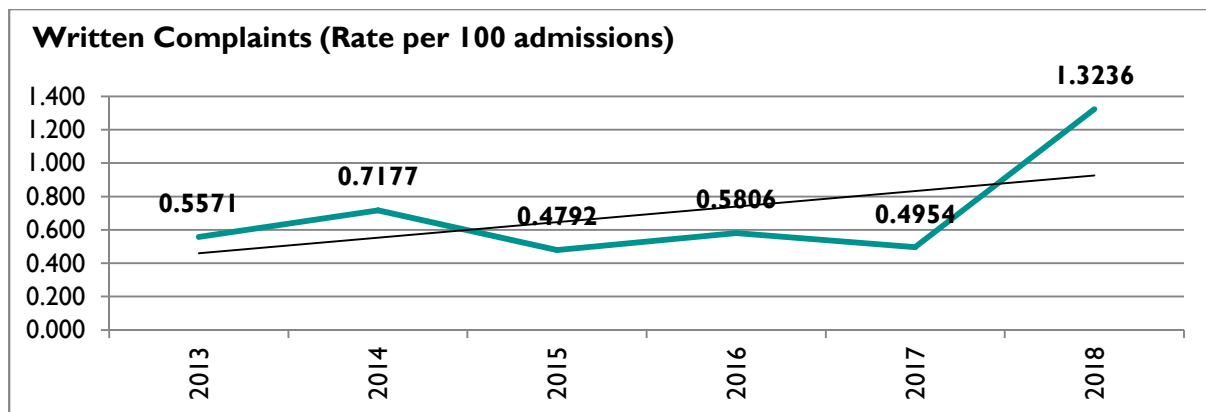
Complaints

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

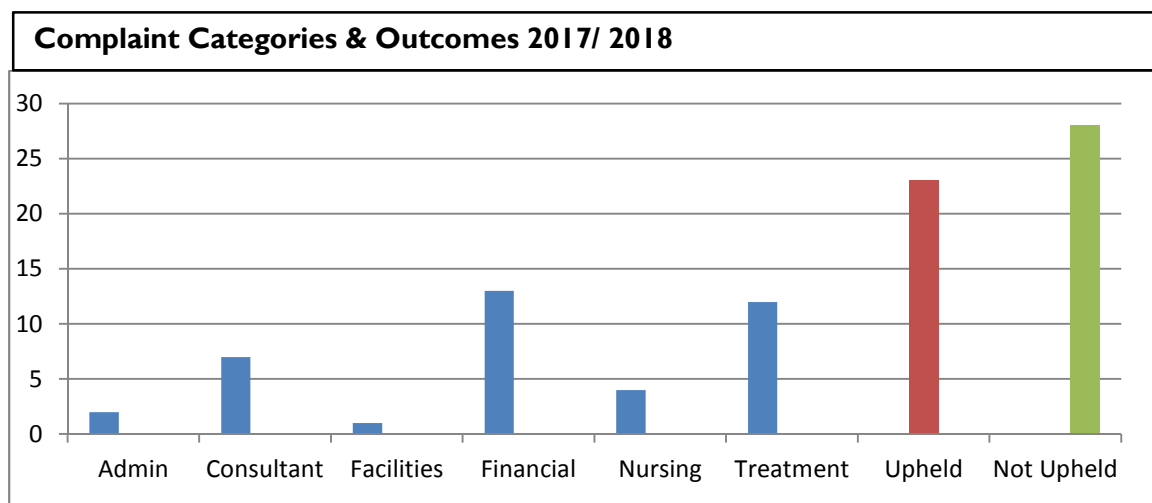
Stage 1: Hospital resolution

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.



During 2017/2018 BMI Fawkham Manor Hospital received a higher than normal volume of written complaints. The theme which became evident was an increase in complaints and queries relating to costs, particularly unexpected out-patient charges. As a result of these complaints, Consultants and nursing staff are now aware of the need to explain additional costs to patients and have access to price lists in each consulting room so patients have the option to accept costs or not.



CQUINS

BMI Fawkham Manor Hospital achieved the following CQUINs for 2017/2018

- Tobacco screening, brief advice and referral
- Alcohol screening, brief advice and referral
- Healthy food for staff, visitors and patients

CQUIN for 70% of front-line staff uptake on flu vaccination was not achieved.

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 better, training has been enhanced and made available for staff and consultants within the hospital.

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

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

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

During 2017/2018 no safeguarding issues were identified or reported at BMI Fawkham Manor Hospital.

National Clinical Audits

Data continues to be submitted from BMI Fawkham Manor Hospital to the National Joint Registry for all hip and knee replacement operations that are performed.

In the latest National Joint Registry Report, covering data to 31st December 2016, BMI Fawkham Manor Hospital is not listed as an outlier within any category, therefore, the success rate is considered to be as expected in comparison to all providers.

Priorities for Service Development and Improvement

BMI Fawkham Manor Hospital is a private sector acute care provider which aims to deliver high quality cost effective care which exceeds patients' expectations. The priorities for service development and improvement identified in 2017 have not been achieved due to the necessity to change strategic priorities during 2017/2018.

The priorities for BMI Fawkham Manor Hospital in the coming year are :-

Patient Experience

- Improve patient satisfaction scores to above 90% for assessment and management of pain by nursing staff to improve the lowest nursing related scores in the hospital's monthly Patient Satisfaction reports.

Patient Safety

- Build on the improvements made to surgical safety procedures since the CQC inspection in 2016 by embedding a robust observational audit programme with the aim of achieving 100% compliance with safer surgery standards in each monthly observational audit.
- Complete the implementation of contemporaneous medical records being held at the hospital for all patients who attend for care and treatment with these records being available for all out-patient and admitted episodes.

Clinical Effectiveness

- Ensure antimicrobial therapy is as effective as possible through compliance with best practice guidance and a programme of antimicrobial stewardship and audit identifying that 100% of antimicrobials used within the hospital were clinically appropriate with correct duration.

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 an '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.

BMI Fawkham Manor Hospital's response rate was 51.4%. Staff responses rated all 20 statements as 'Good' overall. The highest average response rate for a statement centred around staff understanding their obligations about mandatory training. Other statements that rated highly included '*I support the organisation's plan to become recognised as an 'Outstanding' CQC rated hospital*', '*I understand what it means for my hospital to be recognised as 'Outstanding'*' and '*I understand what Duty of Candour means and my obligations*'. The lowest rated responses were '*We receive feedback when we report incidents*' and '*I understand the committee structure, and how governance matters are discussed and documented*'.

The Senior Management Team and Heads of Departments have compiled an action plan to ensure that feedback regarding reported incidents is improved and staff have a greater understanding about the governance structure and processes within the hospital.

Staff Recommendation Results



Fawkham Manor Hospital	Staff Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
75.00%	95.65 %	73.18%	89.98%	50.44%

BMI Fawkham Manor Hospital considers that this data is as described. The BMiSay 2017/2018 staff survey took place in June 2017, a month after the arrival of a new Senior Management Team to replace interim management arrangements which had been in place for six months.

The feedback received from staff showed commitment to doing their best for the hospital and patients remained high, but reflected that the staff had been through a turbulent and unsettling period since the hospital received a poor Care Quality Commission report in 2016.

Several staff engagement initiatives have been implemented, such as a Staff Suggestion Box, 'You Said We Did' noticeboard, 'Above & Beyond' monthly awards for staff members who as well as ensuring that 100% of staff have an annual appraisal and a monthly Team Brief keeps everyone up to date with what is going on in the hospital.

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

Fawkham Manor Hospital	Re-Admissions (Aged 16+)			
2018	2017	National Average	Highest National Score	Lowest National Score
2.721	4.667	10.010	41.650	0.000

The rate per 100,000 bed days of cases of C difficile infection

Fawkham Manor 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

Hospitals responsiveness to the personal needs of its patients

Fawkham Manor Hospital	Responsiveness			
2018	2017	National Average	Highest National Score	Lowest National Score
94.75%	94.05%	69.22%	78.00%	60.10%

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

Fawkham Manor Hospital	VTE			
2018	2017	National Average	Highest National Score	Lowest National Score
100.00%	90.91%	95.77%	100.00%	81.60%

Patient Safety Incidents

Fawkham Manor Hospital	Patient Safety Incidents (Count)			
2018	2017	National Average	Highest National Score	Lowest National Score
222	320	3908	14506	31

Patient Recommendation Results

Fawkham Manor Hospital	Patient Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
98.29%	99.17 %	97.07%	100.00%	75.61%

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