



Goring Hall
Hospital

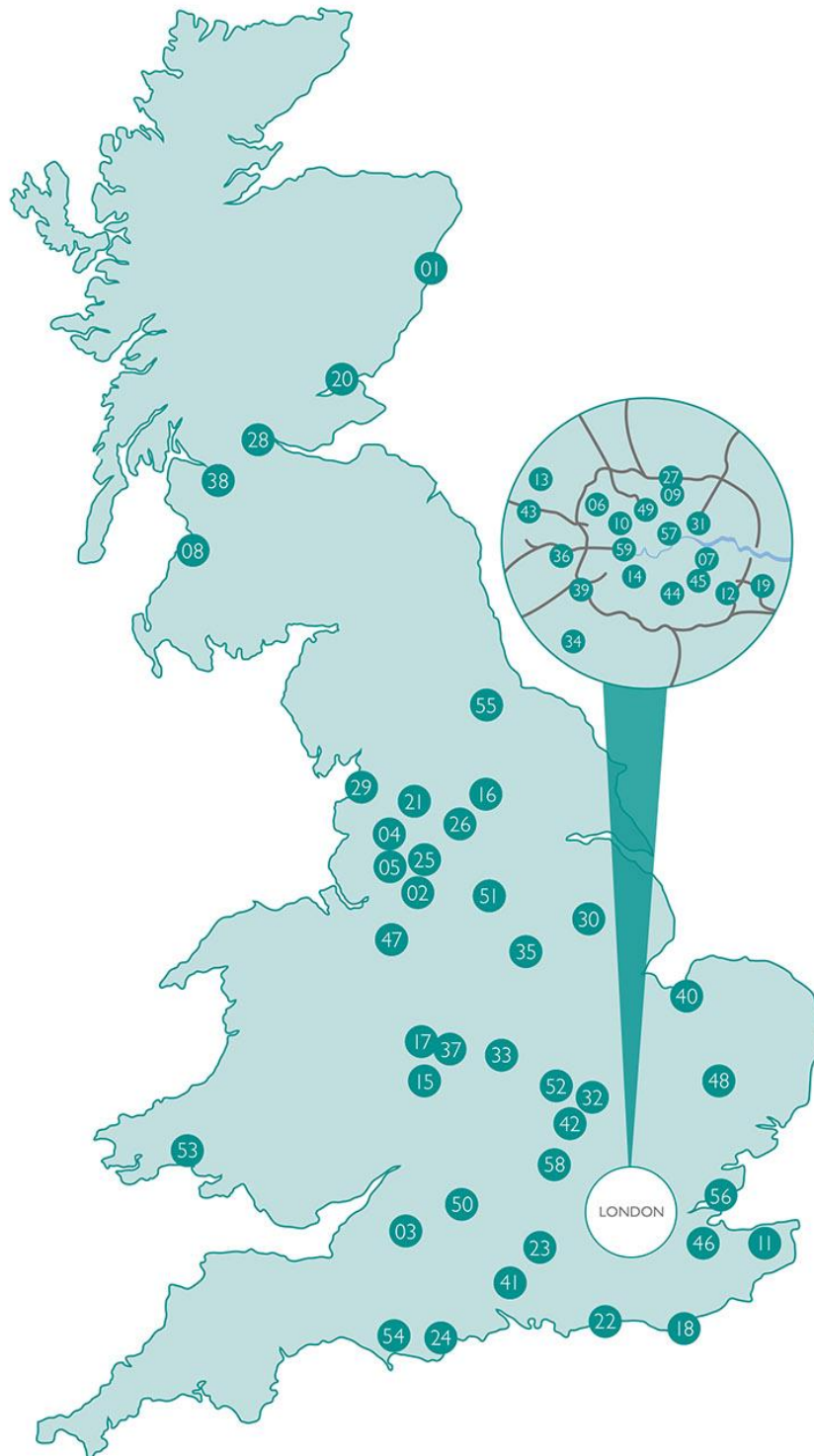
QUALITY ACCOUNTS 2018

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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 private medical insurers (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, slightly slanted style.

Dr Karen Prins

Hospital Information



BMI Goring Hall Hospital has 23 private inpatient rooms, all with en-suite bathrooms and a 2 bed Extended Recovery Unit. Day case patients are accommodated in a 12 bed surgical Day Care Unit. In addition, the Day Care Unit can accommodate 8 ambulatory patients in recovery chairs that facilitate early discharge. All accommodation is allocated to ensure that patients are treated in a “same gender” area. Medical day care patients are treated in the Mulberry Suite, which can accommodate 5 day care patients at any one time.

The hospital has 3 main theatres (two with laminar flow), an endoscopy theatre and an outpatient treatment room.

The hospital has a wide range of inpatient and outpatient services covering many specialties, such as Orthopaedics, Gynaecology, Urology, Gastroenterology, General Surgery, General Medicine, Cardiology, Pain Management, Ophthalmology and ENT. Physiotherapy and rehabilitation services are managed by our specialist therapists.

The hospital benefits from a full range of diagnostic facilities including CT (on specific days only), MRI, Ultrasound, Digital Mammography and X-ray.

The hospital treats patients with various funding routes, the majority of which are privately funded. The hospital has successfully bid for NHS commissioned care delivery and in 2017/18 NHS cases accounted for 63.7%% of total case load.

BMI Healthcare are registered as a provider with the Care Quality Commission (CQC) under the Health & Social Care Act 2008 and with the Hospital Improvement Scotland (HIS) and Healthcare Inspectorate Wales (HIW) for our hospitals outside of England. BMI Goring Hall Hospital is registered as a location for the following regulated services:-

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

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

The CQC carried out an unannounced inspection on 17th and 18th August 2016 and found that the core surgical services were good throughout. However, some improvements were recommended in Medicine and Outpatient services and these are summarised below together with progress.

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Surgery	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Requires improvement	N/A	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Good	Good	Good

Improvement Recommendations	Progress since last inspection
<p>Outpatient and Imaging services</p> <ul style="list-style-type: none"> The provider must maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. Carry out planned works without delay to ensure clinical areas comply with Health Building Note (HBN) 00/10 Part Flooring (DH 2013). 	<ul style="list-style-type: none"> Contemporaneous outpatient medical record service was implemented in January 2018. The hospital has completed the refurbishment in all existing consulting rooms to ensure compliance with HBN 00/10. In addition carpets have been removed and replaced with hard flooring in the main outpatient waiting room.
<p>Medicine and cancer services</p> <ul style="list-style-type: none"> Cancer Services must follow national guidance in relation to the numbers and competency of staff. Ensure arrangements for chemotherapy patients who become unwell are safe. The provider must ensure that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely. There were no Standard Operating procedures for the oncology services at the hospital. There was no local strategy for cancer services at the hospital. The ward staff were not trained to manage the needs of patients with complications of chemotherapy. 	<ul style="list-style-type: none"> Cancer services are provided for private patients only. An Operational Policy has been developed that defines service specification and staffing levels. A Transfer Agreement and Pathway is in place that allows for rapid identification & transfer of patients. Competence defined within Operational Policy. Additional competent nursing staff have been recruited / trained. Operational Policy has been ratified. Local Strategy has been ratified.

<ul style="list-style-type: none"> • The advice helpline for patients was not staffed by appropriately qualified staff, in line with national guidance. • There was a specialist breast care nurse employed at the hospital to support the care of patients with breast cancer. The person who undertook this role had other roles and responsibilities which limited the time available for breast care support and updating of their skills. • The admissions policy allowed the admission of acutely unwell patients based on support from a critical care team that was not available. • The risks associated with the oncology service had not been identified and there was no oversight by the MAC. • This included the risk of the chemotherapy nurses seeing patients out of hours on their own in the Mulberry suite. • The leadership of cancer services was ineffective. 	<ul style="list-style-type: none"> • Oncology specialist nursing support provided via on-call system. Cancer care awareness programme delivered to ward nursing teams. • Cancer services restructured to ensure that breast nurse has protected time for specialist input. • Admission criteria redefined within Standard Operating Procedure, Critical Care Transfer Agreement in place. • Lead Cancer Services Consultant identified who represents specialty within Clinical Governance structures. • Out of hour's admissions are now assessed within ERU. • Cancer services have been restructured with a designated head of department.
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BMI Goring Hall 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 Director of Infection Prevention and Control and Group Head of Infection Prevention and Control, in liaison with the Infection Prevention and Control Lead in BMI Goring Hall Hospital.

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	19.20
C.difficile	0.0000

The two E Coli cases were attributable to outpatient Trans-rectal biopsy of the prostate. Cross infection from the bowel is an accepted complication of this procedure. The hospital's Infection Prevention Team have adapted the guidance for antimicrobial prophylaxis in response to these 2 infections.

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

Measure	Rate (per 100 procedures)
Hips	0.01579
Knees	0.03704

BMI Goring Hall in response to any SSI conducts an investigation to identify themes and trends. An area identified through trend analysis is improved maintenance of patient temperature during the perioperative phase. The hospital has implemented a plan to ensure the maintenance of normothermia, this includes training staff in the use of active patient warming devices, purchasing additional patient warming equipment: fluid warmers and patient warming gowns and enhancing monitoring of core temperature.

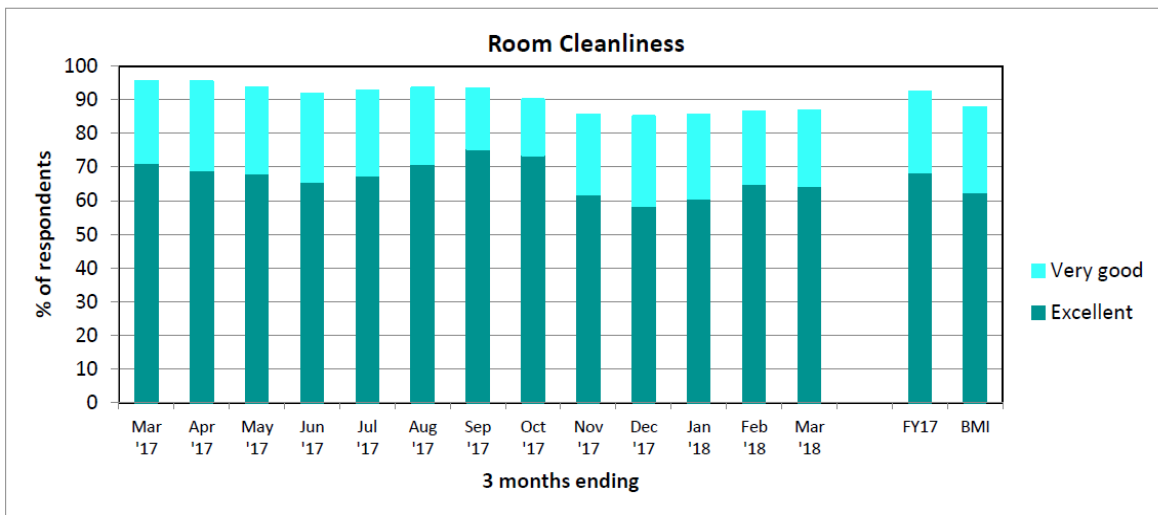
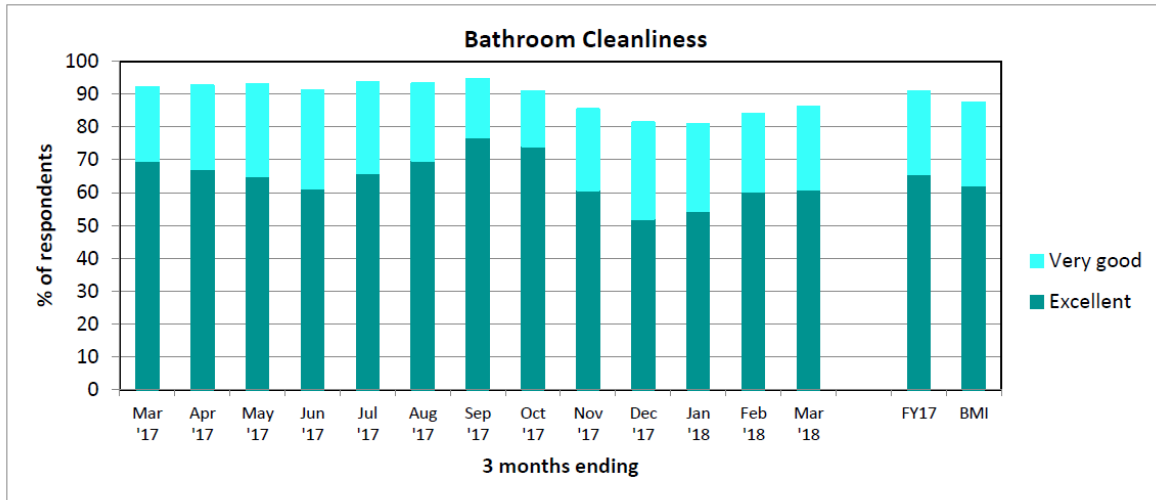
Several practice areas are audited according to an audit plan. Detailed below is an example of a high impact interventions audit for venous cannula insertion.

	Feb-17	Mar-17	Apr-17	May-17	Aug-17	Sept-17	Oct-17	Nov-17
IV Cannula Insertion	100%				100%			
IV Cannula On-going	98%				98%			
Antimicrobial Prescribing		93%				96%		
Urinary Catheters Insertion & On-going			100%				98%	
Central Venous Catheters On-going	100%			100%				100%

Observational audits of hand hygiene practice are conducted throughout the year by our IPC team. These audits have consistently demonstrated an excellent level of compliance. Challenging of poor practice is encouraged at all levels to ensure that standards are maintained.

Hand Hygiene Observational audits												
Department	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Theatres	90%	80%	90%	90%	90%	80%	100%	90%	70%	50%		60%
Mulberry	100%	100%	100%	100%	100%	100%	100%	90%	100%	100%	100%	100%
Ward		100%		100%	100%	90%		100%	100%	100%		100%
DCU	80%		100%				100%			90%	100%	

Environmental cleanliness is also an important factor in infection prevention and our patients rate the cleanliness of our facilities highly. The graphs below summarise patient responses to cleanliness questions on our patient survey.



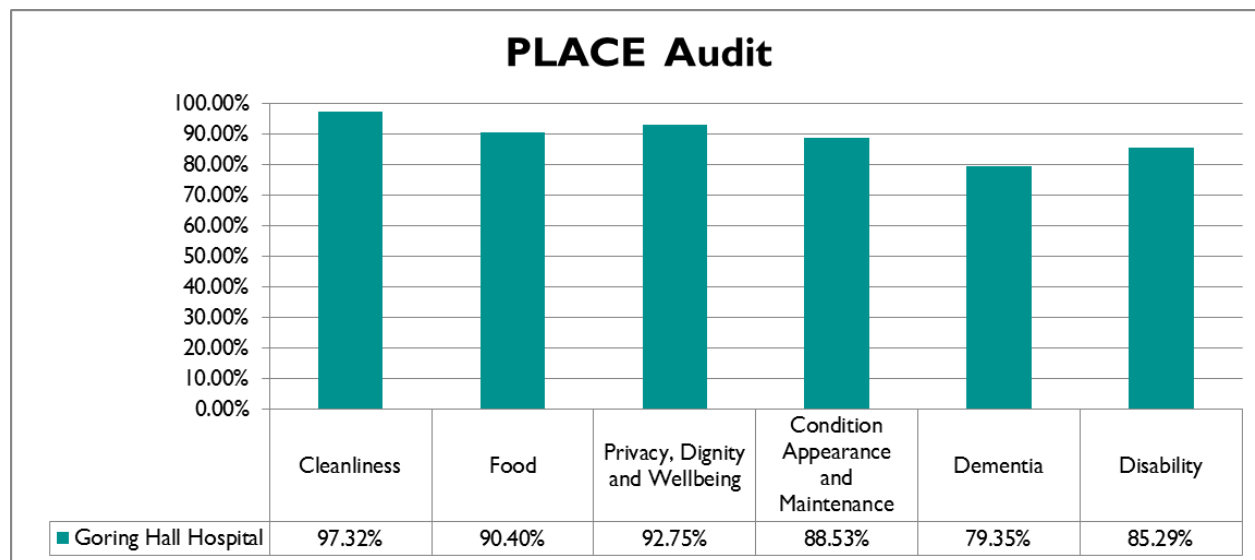
Patient Led Assessment of the Care Environment (PLACE)

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. BMI Goring Hall Hospital has developed an action plan in response to the last assessment. Several actions detailed in this plan have been completed within the last year: consulting rooms have been refurbished, public toilets have been improved, waiting areas have been upgraded, signage improved, dementia resources improved and waiting room chairs improved.



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.

The Hospital delivers a targeted training programme for members of staff to ensure understanding and implementation in relation to the Duty of Candour. We have also introduced a Safety and Culture survey across all employees highlighting questions which help communicate our Duty of Candour responsibilities.

In the past 12 months there were 6 incidents that required formal Duty of Candour notification. These involved:

- Emergency management of intraoperative Ophthalmic complications

- Care of Intravenous infusions
- Infection control in Ophthalmology
- Communication regarding surgical side effects and risks

In the last 12 Months there was one 'Never Event'- wrong laterality of nerve block. This was identified immediately. However important learnings were gained from this incident:

- Enhancing the 'stop before you block' processes
- Implemented a physical barrier that prompts the operator to stop prior to administration of blockage.

All Duty of Candour incidents are documented in the patient's notes and highlighted via the implementation of the sticker as shown below.

BMI Healthcare Serious about health. Passionate about care.

DUTY OF CANDOUR

Incident Number (if Known)

Member of staff carrying out Duty of Candour

Name: _____ Position: _____
Signed: _____ Date: _____

Person receiving information & Apology

Patient Next of Kin Other

Name: _____
Relationship to patient: _____

Account of incident given and effects/harm explained
 Apology given (this is not an admission of liability)
 Details of how the incident is going to be investigated
 Offer ongoing support given
 Action points agreed e.g further follow up meeting

Description of incident and conversation to be documented underneath this sticker within the medical records.

Venous Thromboembolism (VTE)

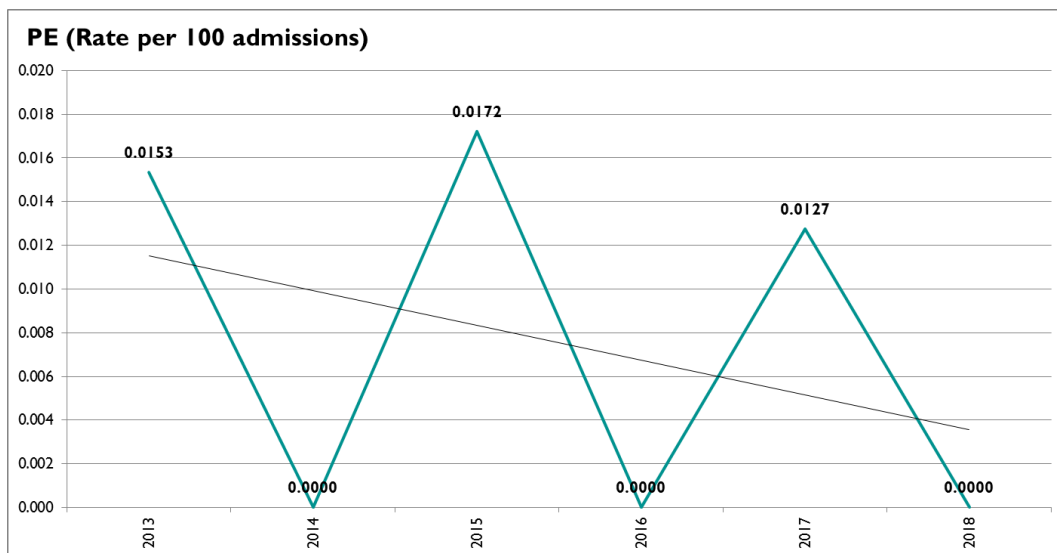
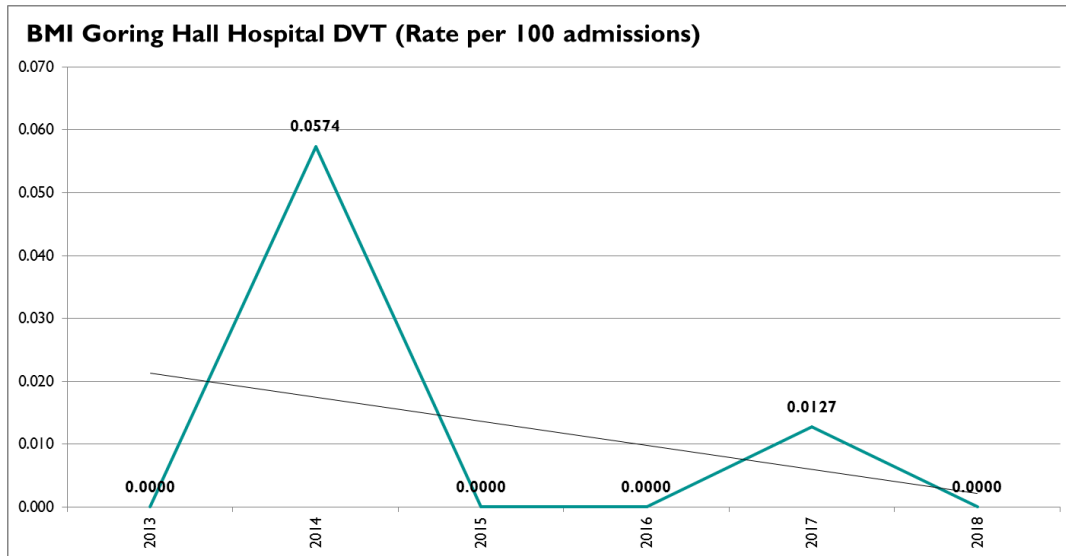
BMI Healthcare, holds VTE Exemplar Centre status by the Department of Health across its whole network of hospitals including, BMI Goring Hall Hospital. BMI Healthcare was awarded the Best VTE Education Initiative Award category by Lifeblood in February 2013 and was the runner up in the Best VTE Patient 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 is shown below:

Goring Hall Hospital	VTE Risk Assessment				
	2018	2017	National Average	Highest National Score	Lowest National Score
100.00%	99.73%	95.77%	100.00%	81.60%	

BMI Goring Hall Hospital reports the incidence of Venous Thromboembolism (VTE) through the corporate clinical incident system. It is acknowledged that the challenge is receiving information for

patients who may return to their GPs or other hospitals for diagnosis and/or treatment of VTE post discharge from the Hospital. As such we may not be made aware of them. We continue to work with our Consultants and referrers in order to ensure that we have as much data as possible.



The principals of VTE prophylaxis are embedded within our care pathways; risk assessment, early mobilisation, hydration, chemical and physical prophylaxis.



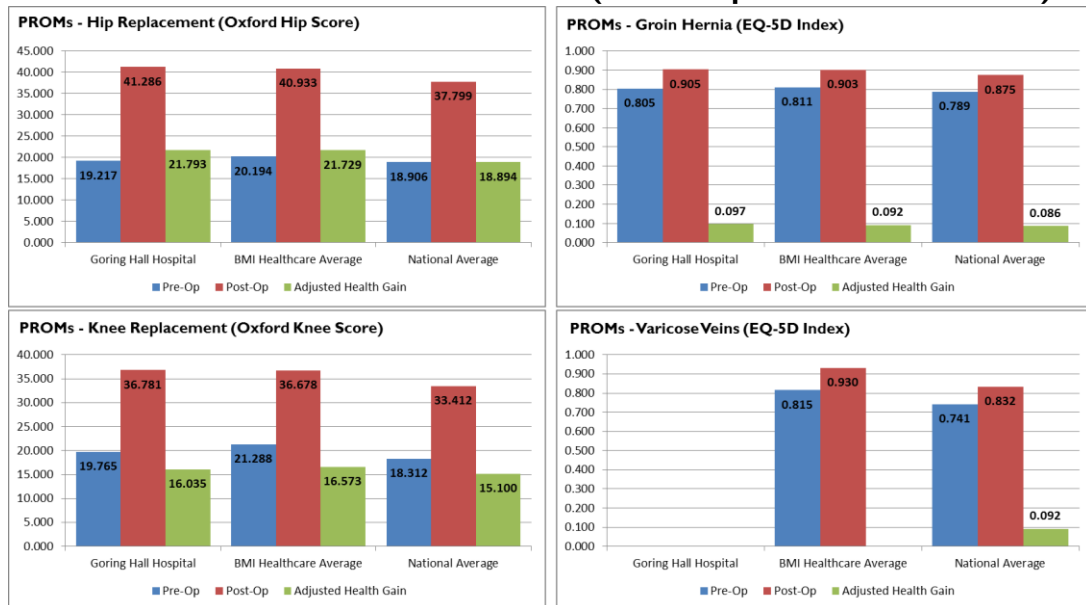
Patient Reported Outcome Measures (PROMS)

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 the health gain between Questionnaire 1 (Pre-Operative) and Questionnaire 2 (Post-Operative) for patients undergoing hip replacement and knee replacement at BMI Goring Hall Hospital.

Our Enhanced Recovery Pathways support improved patient outcomes by ensuring that following surgery care is focused on achieving a safe and effective discharge. This is evident in the PROMS results which are encouraging when compared to the benchmark.

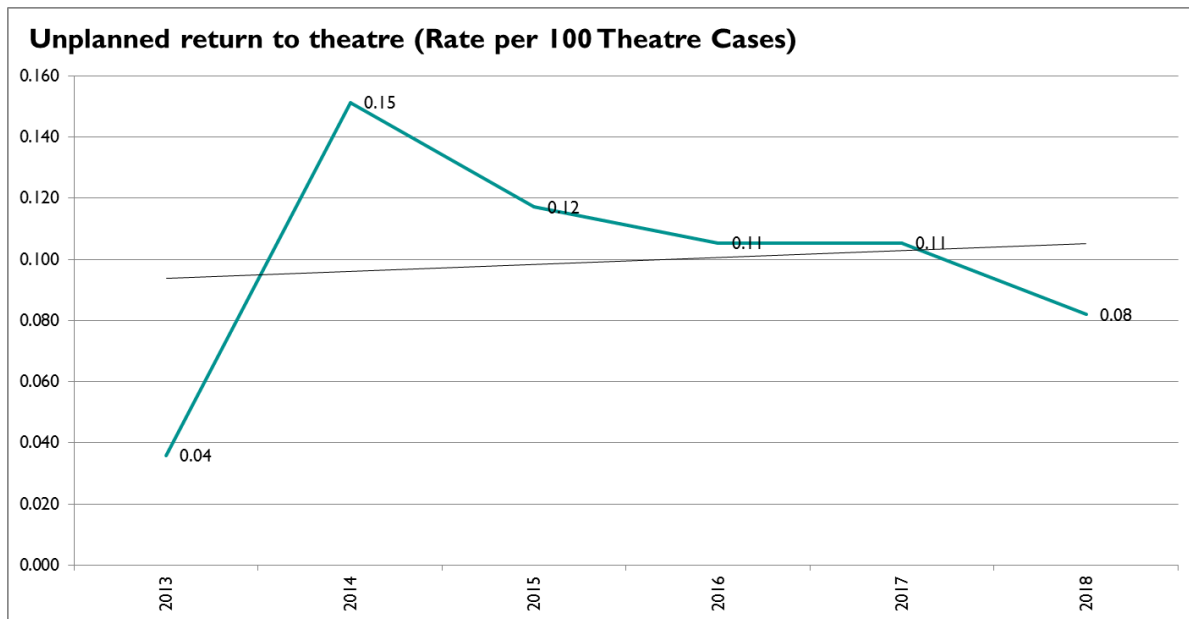
Latest PROMs data available from HSCIC (Period: April 2016 – March 2017)



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. All such incidents are reported and included within Clinical Governance reports. Where further investigation is necessary a local review or Root Cause Analysis is conducted. The rate of unexpected returns to theatre has reduced from 0.15 (2014) to 0.08 (2017).

Goring Hall Hospital	Re-Admissions (Aged 16+)			
2018	2017	National Average	Highest National Score	Lowest National Score
2.622	3.319	10.010	41.650	0.000



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 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.

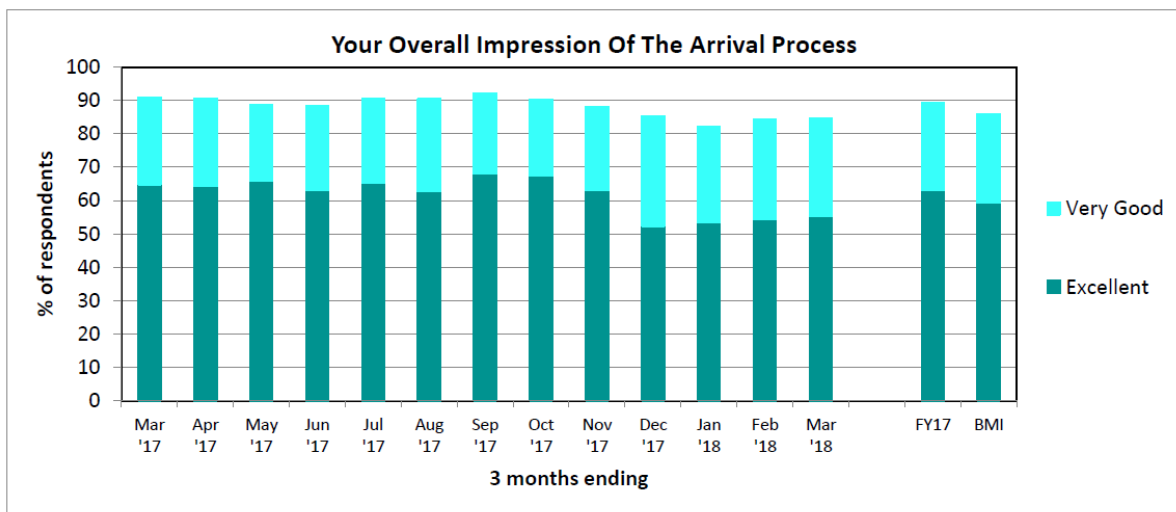
During 2017-18 there were no unexpected deaths or expected deaths at BMI Goring Hall Hospital.

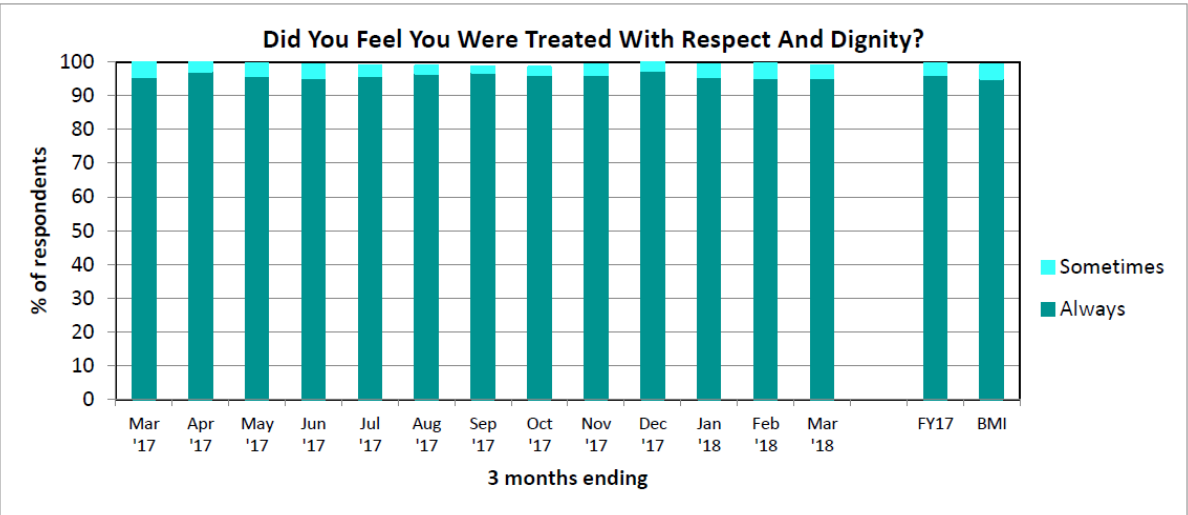
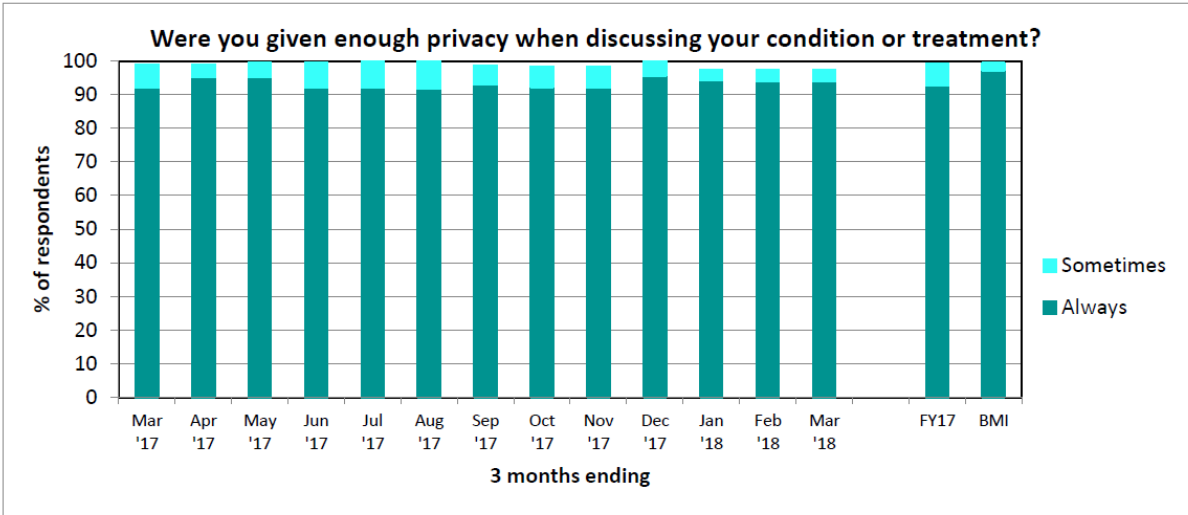
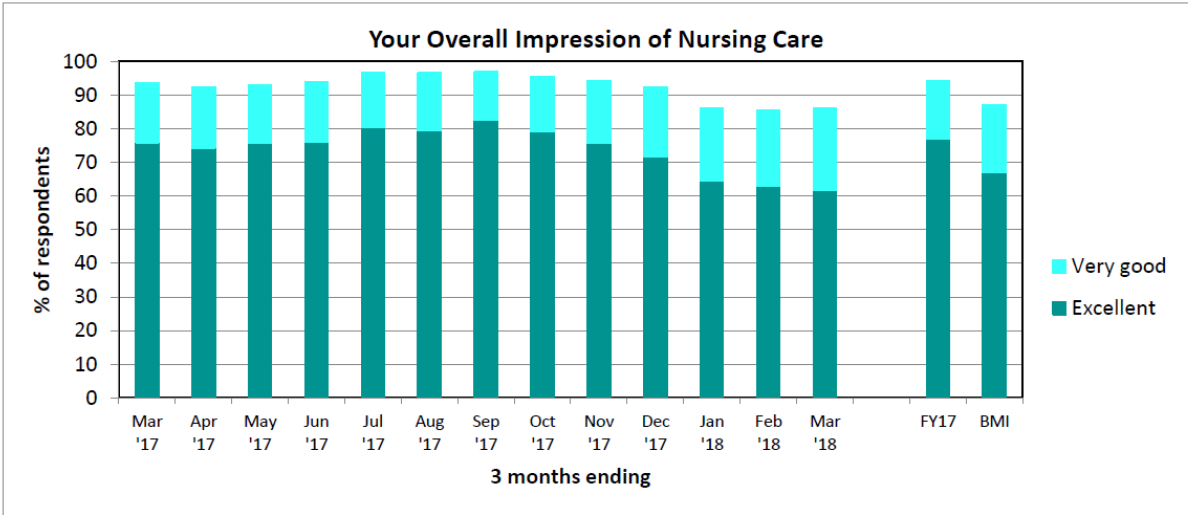
Patient Experience

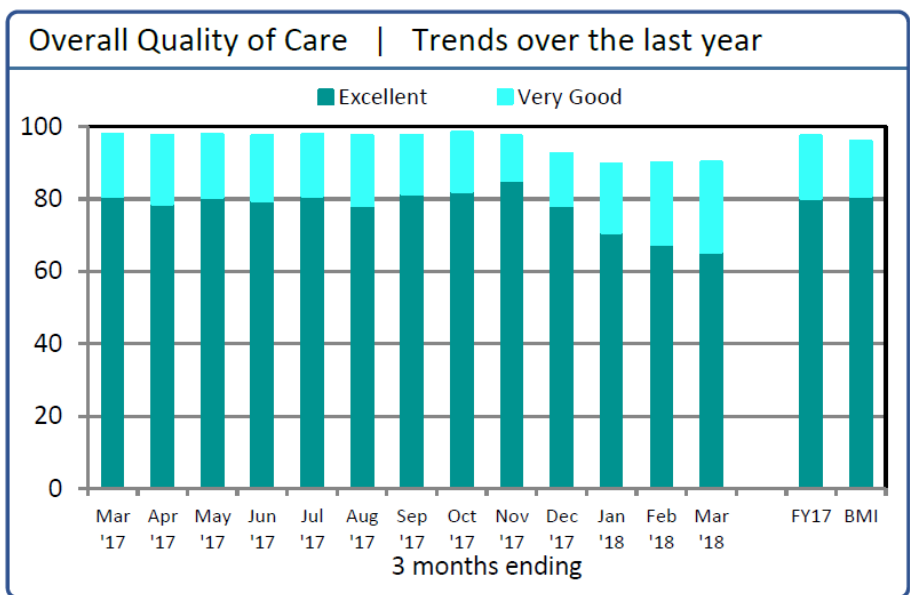
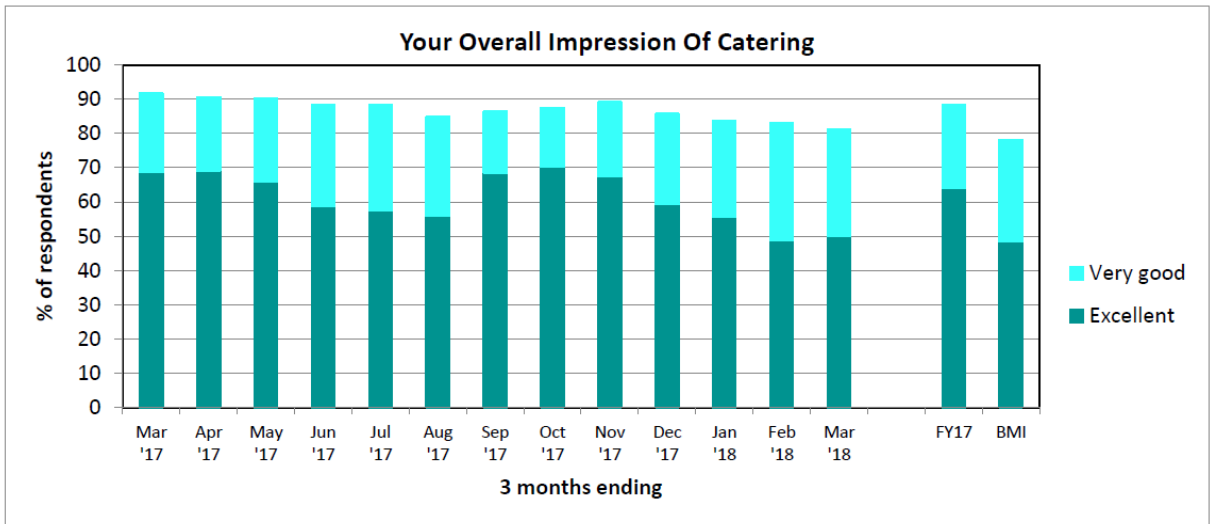
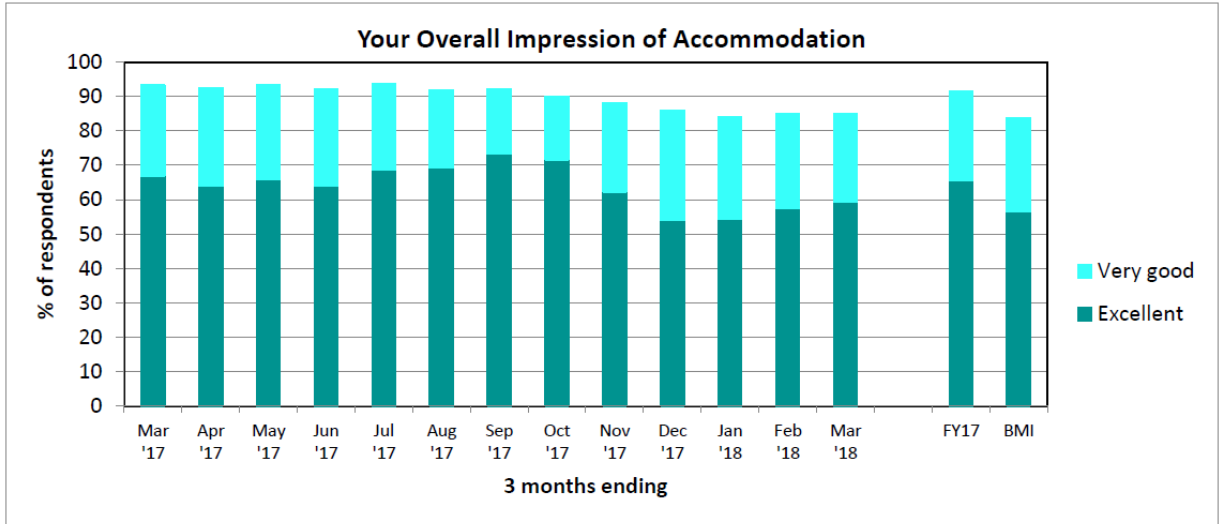


Patient Satisfaction

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. Patient satisfaction rates with different aspects of their stay for 2016 and 2017 are as follows:







Further to the above, during the period of January to December 2017, BMI Goring Hall Hospital has developed other mechanisms to promote patient involvement in how services are delivered. There is patient representation on the Executive Management Board, and the frequency of patient forums has been increased to biannually. Patient attendees at patient forums are recruited from our complainant's database. This enables the hospital to demonstrate that it is responsive to its patient's needs.

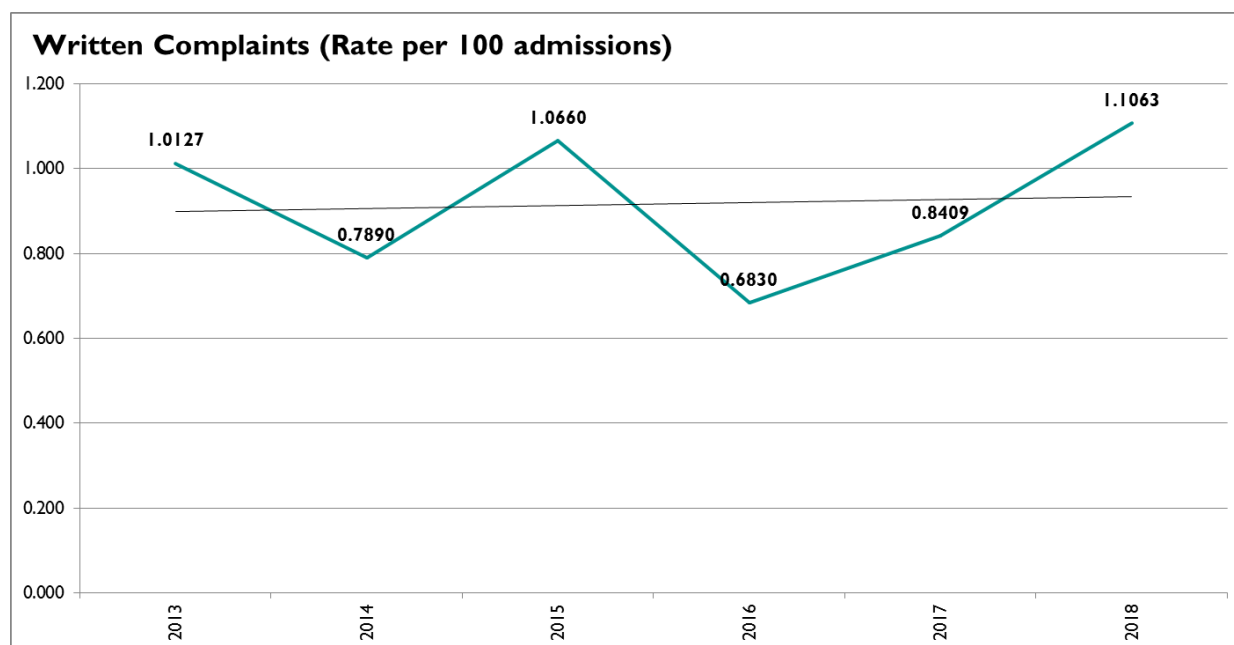
Complaints

In addition to providing all patients with an opportunity to complete a Satisfaction Survey BMI Goring Hall 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.



All complaints are discussed and reviewed by the Hospital Governance Committee, Medical Advisory Committee and are communicated via the daily "Communications Cell" which is attended by all Heads of Department. During 2017 customer care training was rolled out to all staff to further promote BMI Behaviors and improve communication between staff and patients.

CQUINS

During 2017/18 BMI Goring Hall Hospital agreed to participate in the Commissioning for Quality and Innovation Scheme (CQUINS). These schemes are designed to improve the quality of patient care and improve patient safety.

CQUIN	Goal	Achievement
Advice and guidance	Provide access to Consultant advice and guidance for GPs via ERS	All specialties are open to advice and guidance requests from GPs
Tobacco	Identify patients that are smokers and signpost to services that will support cessation	79 patients have been signposted to smoking cessation advice
Alcohol	Identify patients that would benefit from reducing their alcohol intake and signpost to services that will support this change	17 patient signposted to support services
Ambulatory care	Where appropriate manage day case patients within an ambulatory care setting	6 out of eight day case procedures have demonstrated an improved day case rate. Implemented 2 specific ambulatory care pathways for lower limb and pain procedures.

Safeguarding

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

Adult abuse can happen to anyone over the age of 18 years of age, 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.

There were no safeguarding related incidents reported in the reporting period Apr 2017 to Mar 2018.

National Clinical Audits

BMI Goring Hall Hospital participated in The National Joint Register (NJR). The purpose of the NJR is to collect high quality and relevant data about joint replacement surgery in order to provide an early warning of issues relating to patient safety. NJR reports are reviewed by the Group Medical Director. The table below details how well the hospital participates in NJR data submissions.

Month	Completed operations	Hips	Knees	Ankles	Elbows	Shoulders	Consent rate
April	60	23	35	0	0	2	96%
May	77	33	41	0	1	2	96%
June	59	26	31	0	0	2	88%
July	56	24	32	0	0	0	100%
August	188	71	113	1	0	3	96%
September	71	32	32	2	0	5	98%
October	92	39	50	1	0	2	94%
November	61	27	31	0	0	3	100%
December	78	36	39	0	0	3	92%
January	49	20	26	0	0	3	91%
February	63	31	30	0	0	2	95%
March	118	51	63	0	1	3	90%

Priorities for Service Development and Improvement

During 2017 BMI Goring Hall Hospital completed work on a new Theatre facility. This was commissioned and opened in March 2018 and now presents an opportunity for the hospital to support reduction of waiting list initiatives and develop new service propositions.

BMI Goring Hall Hospital continues to focus on introducing service developments which will benefit patients. Over the next year the hospital will continue to focus on developing the following:

- Move Physiotherapy to the ground floor
- Enhance Ophthalmic services and review pathway
- Submit a 5 year building control plan, to include enhanced parking and ambulatory care facilities

Safety Thermometer

BMI Goring Hall Hospital 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
- Falls
- Catheter related Urinary Tract Infection
- Pressure Ulcers by Category

BMI Goring Hall Hospital has implemented a programme of actions that have resulted in a reduction in falls rate. There were zero falls incidents that resulted in harm during the second half of the year.

The falls prevention actions included:

- Intentional rounding
- Fall risk assessment & audit
- Post falls care plan revised and updated
- Clinical resourcing tool that is reactive to red flags
- Implementation of new ward shift - twilight shift
- Slippers replaced with anti-slip bed socks
- Review of opiate prescribing practices
- Improved signage 'please call don't fall'
- Daily red flag reporting to highlight staffing deficits

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.

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 Goring Hall Hospital has instigated a staff engagement strategy to ensure that staff are involved in decision making. Staff representatives attend a monthly Executive Meeting where proposals can be aired. The hospital supports an active Staff Social Committee who organise bi-monthly staff social and wellbeing events. As a result of staff feedback and involvement the facilities available for ward staff have been improved and a designated training resource room has been developed.

Clinical and non-clinical training programmes are now available in-house that offer accredited courses at levels 2-7. The delivery of these programmes is supported by a Practice Based Educator and the Regional Trainer.



Staff Recommendation Results

Goring Hall Hospital	Staff Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
64.00%	80.00%	73.18%	89.98%	50.44%

BMI Goring Hall Hospital considers that this data is as described for the following reason: there have been considerable changes in how the workforce and internal processes are organised.

BMI Goring Hall Hospital has taken the following actions to improve this percentage and so the quality of its services by:

- Improve communication with staff concerning proposed process change and innovations
- Promote staff engagement
- Managing communication pathways

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.

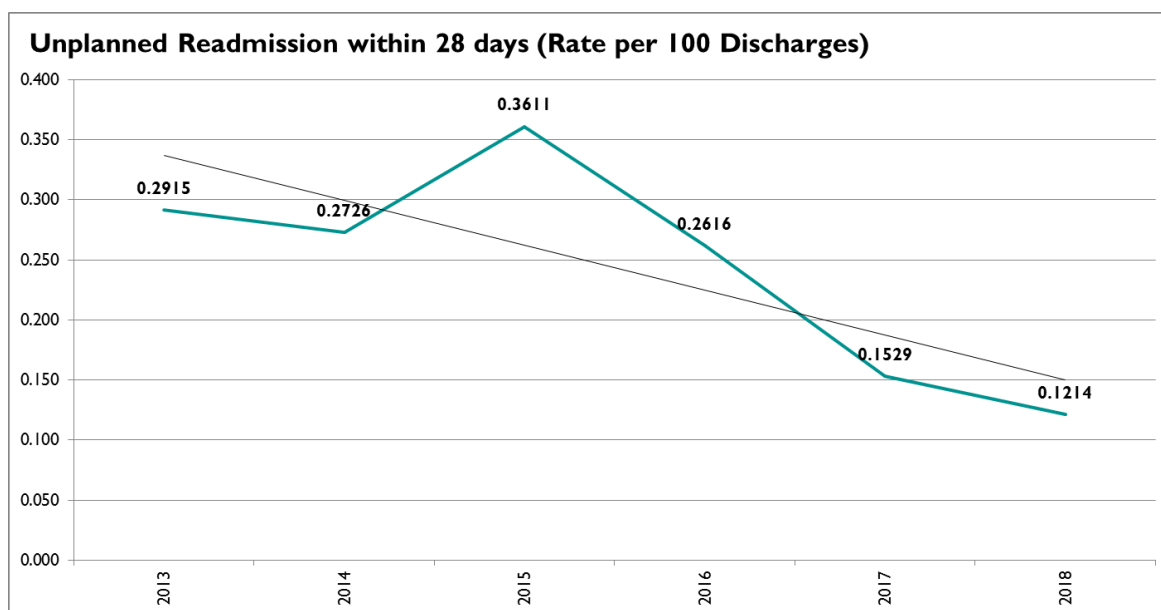
Indicator	Source	Information	NHS Date Period
Number of paediatric patients re-admitted within 28 days of discharge and number of adult patients (16+) re-admitted within 28 days of discharge.	BMI Healthcare Risk Management System	The figure provided is a rate per 1,000 amended discharges.	Apr 2011 - Mar 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

Goring Hall Hospital	Re-Admissions (Aged 16+)			
2018	2017	National Average	Highest National Score	Lowest National Score
2.622	3.319	10.010	41.650	0.000

BMI Goring Hall Hospital considers that this data is as described for the following reason: readmission rates have continued to decrease year on year.



BMI Goring Hall Hospital intends to continue to improve available information concerning readmission to other hospitals through liaison with the Clinical Commissioning Group.

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

Goring Hall 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

BMI Goring Hall Hospital considers that this data is as described for the following reasons: the hospital has robust screening systems that identify potential infection risks prior to admission.

Hospitals responsiveness to the personal needs of its patients

Goring Hall Hospital	Responsiveness			
2018	2017	National Average	Highest National Score	Lowest National Score
92.35%	92.38%	69.22%	78.00%	60.10%

BMI Goring Hall Hospital considers that this data is as described for the following reasons: all patients attending the hospital, either as an Outpatient or Inpatient are encouraged to provide feedback on their experience.

Patient comments and compliments are regularly reported to the Heads of Department and where necessary actions taken in response to patients suggestions for improvement. During the reporting year, a number of changes were implemented based on patient suggestions including the provision of additional disabled parking bays and improved signage in the car park, improved décor and signage within the hospital, continued upgrade of patient bedrooms and regular reviews of patient menus. In addition, the newly appointed Chef Manager prides himself on delivering a responsive service to all patients in particular the long stay colorectal patients who often have unique dietary requirements.

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

Goring Hall Hospital	VTE Risk Assessment			
2018	2017	National Average	Highest National Score	Lowest National Score
100.00%	99.73%	95.77%	100.00%	81.60%

BMI Goring Hall Hospital considers that this data is as described for the following reasons: all patients booked for surgery at hospital are assessed by our Pre-assessment team prior to their admission and at that stage are risk assessed for Venous Thromboembolism (VTE). Patients scoring 2 or above are required to complete an additional Bleeding Risk Assessment and if a bleeding risk is identified recommendations regarding the need for mechanical and pharmacological prophylaxis are considered and decided on by the consultant on admission.

The assessment is repeated within 24 hours of admission, to take into account admission related risk factors i.e. reduced mobility, hip or knee replacement, surgery involving pelvis or lower limbs with an anaesthetic and surgical time > 60 mins. Compliance to these standards are audited at regular intervals.

Patient Safety Incidents

Goring Hall Hospital	Patient Safety Incidents (Rate per 1000 Bed Days)			
2018	2017	National Average	Highest National Score	Lowest National Score
123.507	119.006	43.292	149.700	11.200

Goring Hall Hospital	Patient Safety Incidents (Count)			
2018	2017	National Average	Highest National Score	Lowest National Score
424	551	3908	14506	31

Goring Hall Hospital	Severe or Death (Rate per 1000 Bed Days)			
2018	2017	National Average	Highest National Score	Lowest National Score
0.583	1.383	0.250	2.300	0.000

Goring Hall Hospital	Severe or Death (Count)			
2018	2017	National Average	Highest National Score	Lowest National Score
2	5	21	219	0

BMI Goring Hall Hospital considers that this data is as described for the following reason: the hospital supports a reporting culture, where reporting of incidents and near misses is actively encouraged. This enables the hospital to identify preventative measures and share learnings. All patient and non-patient related incidents are now reported on RiskMan, a newly introduced, easy to use IT system for capturing and classifying all incidents.

The Quality and Risk agenda has focused on ensuring every incident wherever it occurs in the hospital is reported and the hospital has carried out a safety and culture survey to encourage reporting. There has been a slight increase in overall reporting rates; however severe incident rates has declined. All such incidents are reviewed by the hospital's Clinical Governance Committee and Medical Advisory Committee to identify any trends and enable actions to be taken from any learning identified.

Patient Recommendation Results

Goring Hall Hospital	Patient Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
95.60%	97.58%	97.07%	100.00%	75.61%

BMI Goring Hall Hospital considers that this data is as described for the following reasons: all patients attending the hospital are encouraged to complete a feedback postcard indicating how likely they are to recommend our service to friends and family if they needed similar care or treatment. The hospital has trialled an email version of the questionnaire. This resulted in a decline in the response rate. Therefore the postcard questionnaires have now been reintroduced.

BMI Goring Hall prides itself on maintaining an above average score with 96.5% of patients saying they are likely or extremely likely to recommend the hospital to friends and family. On the rare occasion that patients are unlikely to recommend, their feedback is reviewed and shared with the relevant ward or department to ensure lessons are learnt and to help embed a culture of patient focused quality improvement.

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