



Hendon
Hospital

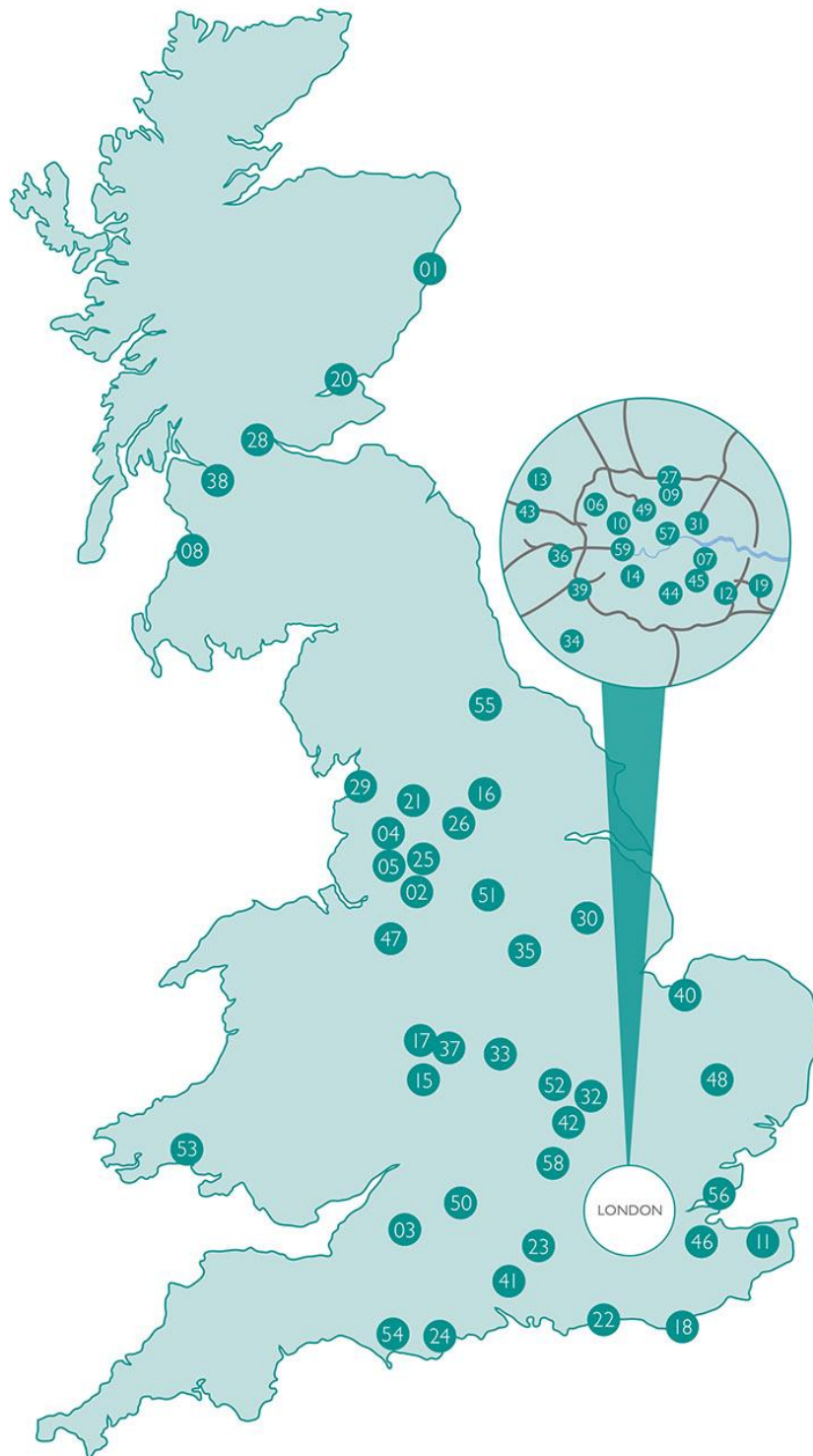
**QUALITY
ACCOUNTS 2018**

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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, slightly slanted style.

Dr Karen Prins

Hospital Information



BMI Hendon Hospital is a 23 bedded Day Case Unit comprising of 18 beds and 5 day unit bays situated in Hendon, London and is easily accessible with transport links from central London and surrounding areas. The hospital offers the privacy and comfort of en-suite facilities, satellite TV and telephone, ten consulting rooms, two operating theatres, minor ops room, outpatient cardiology, health screening, physiotherapy and an onsite pharmacy department. The hospital also has an imaging suite with a 1.5t MRI.

BMI Hendon offers choose and book NHS services for diagnostic, orthopedic, urology, gynecology, ophthalmic, endoscopy and general surgery .We have a NHS musicians clinic for upper limb surgery and sports injury for 18yrs and above . BMI Hendon Hospital sees in the region of 50% of NHS to private patients.

The Physiotherapy department offers a unique Whole Body Cryotherapy service (WBC) which is the exposure of the entire body to extreme cold at approximately -80 degrees Celsius, alongside a state of the art Alter-G anti-gravity treadmill and shockwave therapy.

The Consulting suite has ten consulting rooms, one minor procedure room, offering walk-in-walk out service for Cystoscopy services. One stop Dermatology/Plastics shop. We do not provide Paediatric services at present.

Outpatient Cardiology service including Cardiac MRI, Electrocardiogram, Stress Electrocardiogram and Echocardiograms.

The Imaging department has an MRI and ultrasound facilities. With the equipment available in the imaging suite, we are able to provide interventional procedures such as Barium swallows, Joint injections and Urodynamics.

There is an out of hours GP service available called “EDgCARE”, which creates referrals through multi departments on site and it is hoped that this service will grow, to support both the local community and BMI Hendon.

Also located at BMI Hendon is “CDS”. Clinical Diagnostic Services who provide scanning services. This service is led by renowned “Consultant Ultrasound Specialist” and leads to referrals also, on site.

Brent Community Ophthalmology Services (BCOS) is a dedicated community outpatient service for the London Borough of Barnet. The service was set up to treat common eye problems, and to manage a range of short and long term eye conditions including Blepharitis, Blurred vision, Dry eyes, and eye/eyelid lesions. Field defects, floaters, Glaucoma, Retinal lesions and Watery eyes. There are two community based sites (Sudbury and Willesden) open 6 days a week. Consultant led multidisciplinary team delivery of care, Urgent appointments available within 24 hours, routine appointments within 4 weeks. There is a choice of secondary care providers if onward referral is necessary and support is also available through a GP advice line/on call service.

Choose and book referrals can be made via the online Choose and book system. Choose and book manual referrals can be sent via the NHS .net accounts or fax.

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

- Treatment of disease, disorder and injury
- Surgical procedures
- Diagnostic and screening
- Family Planning if registered for this

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

The CQC carried out an announced inspection on the 21st July 2016 and rated the hospital as ‘Good’ overall.

BMI Hendon 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.

CQC Ratings Grid

Overview and CQC Inspections

Overall Good Read overall summary	Safe	Requires improvement ●
	Effective	Good ●
	Caring	Good ●
	Responsive	Good ●
	Well-led	Good ●

Safety



Infection Prevention and Control

The focus on Infection Prevention and Control continues under the leadership of the Group Head of Infection Prevention and Control, in liaison with the link nurse in BMI Hendon 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;

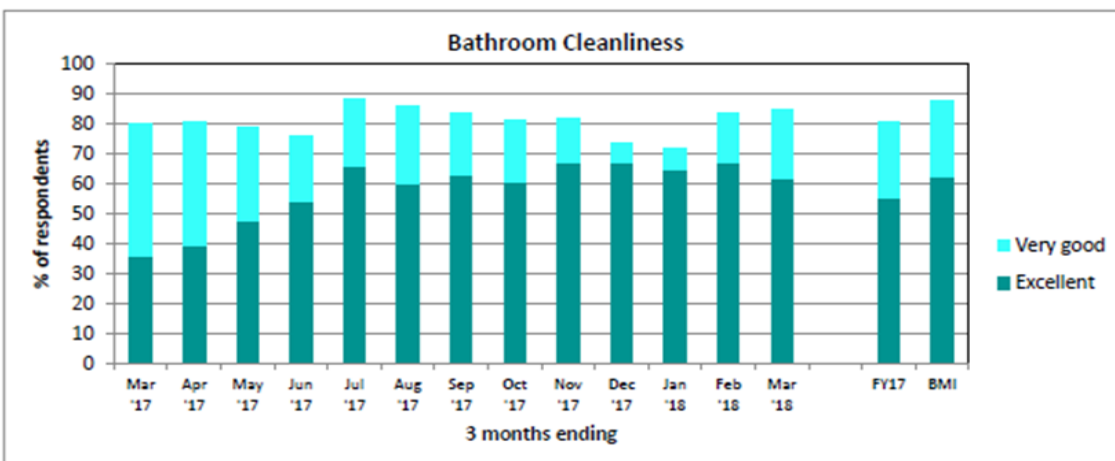
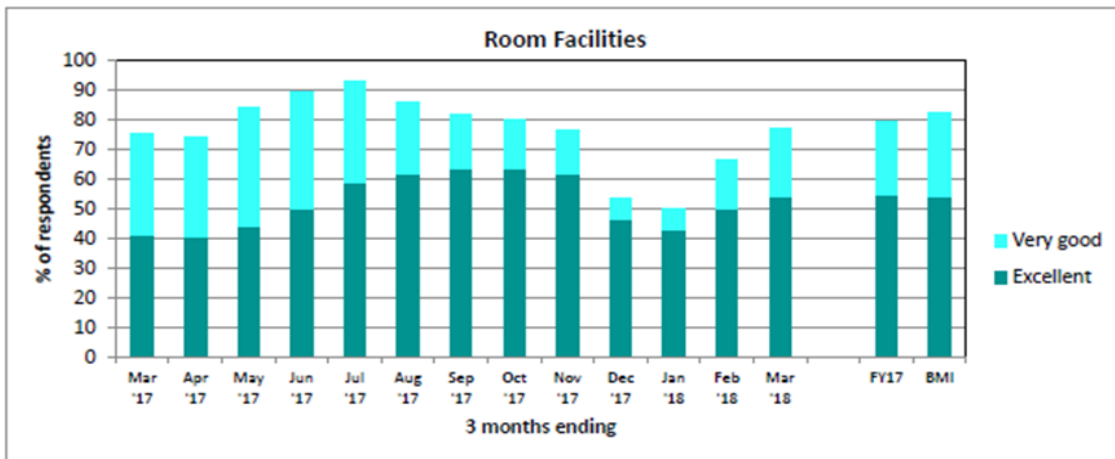
Measure	Rate (per 100 procedures)
Hips	0.00000
Knees	0.00000

Hand Hygiene, High Impact Intervention Care Bundle and QIT Audits were undertaken monthly as part of the Clinical Audit Planner in accordance with the IPC audit planner policy.

We are pleased to report that compliance is 100% in most audits, with any non-compliance reported to relevant committees at site, such as Infection, Prevention and Control, Clinical Governance and MAC meetings. Non-compliance is also fed back to appropriate departments with actions implemented.

The hospital's Infection Prevention and Control Lead provides regular practical training to all staff on hand hygiene and aseptic non touch technique.

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.

Site achieved lower scores for Food related questions, we use an external company for the provision of food and we work closely to improve our relationship with them, thereby reiterating the need for a high quality service.

Lower scores were noted for the Dementia segment, mainly due to the lack of a large clock with date and day details in patient rooms, areas for staff access only were not painted the same colour as surrounding walls and mirrors in most bathrooms are flush with the walls so they are more difficult to cover if required.

It is noted that we have reduced scores for Privacy, Dignity and Wellbeing due to the lack of a separate treatment room on the ward and the lack of lockable storage space for patient items, however, rooms are locked as standard when the patient goes to Theatre to reduce any potential security risks, patients are also advised not to bring valuables to site.

For the Disability segments, lower scores were noted due to the lack of handrails in many areas apart from Physio, car spaces marked for use by those with disability badges are not the correct sizes, no hearing loop in the Out Patient department.

We are pleased to note scores above 90% for cleanliness, condition, appearance and maintenance.

CLN Score %	Food Score %	Org Food Score %	Ward Food Score %	PDW Score %	CAM Score %	DEM Score %	DIS Score %
0.9852	0.8539	0.8952	0.786	0.7708	0.9029	0.7946	0.7877

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.

- There were no incidents at BMI Hendon during this time period, where it was necessary to apply the Duty of Candour, however we aim to be supportive, open and honest with our patients at all times.

Venous Thrombo-embolism (VTE)

BMI Healthcare, holds VTE Exemplar Centre status by the Department of Health across its whole network of hospitals including, 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.

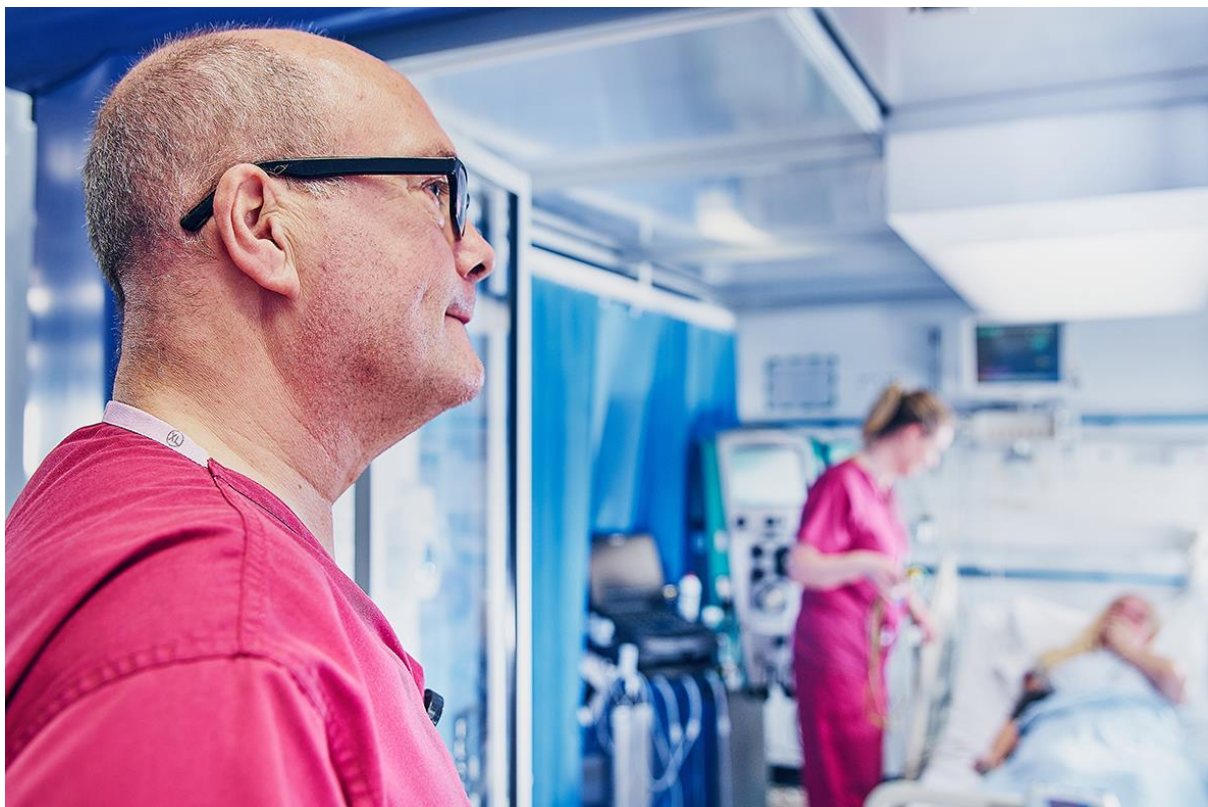
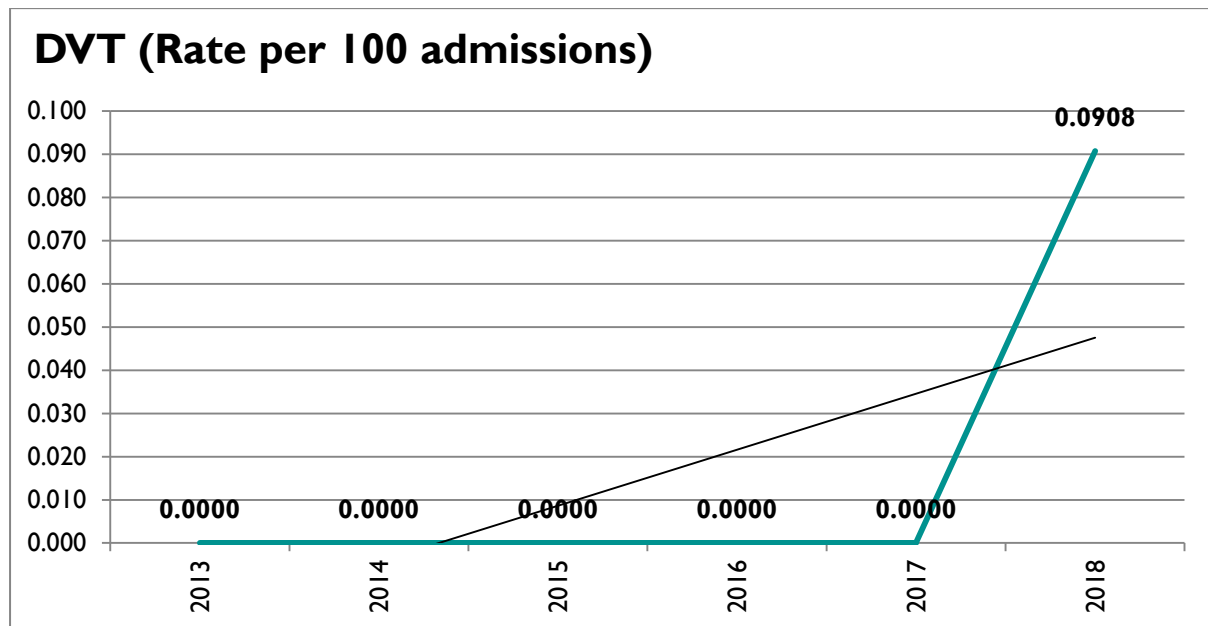
We see this as an important initiative to further assure patient safety and care. We audit our compliance with our requirement to VTE risk assessment every patient who is admitted to our facility and the results of our audit on this has shown

VTE Percentage	
VTE	100.00%

BMI Hendon 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.

One post-operative DVT was reported in 2017 for a patient at BMI Hendon Hospital. This was picked up during a follow up IPC call. The patient received care through her GP and NHS day

services. A root cause analysis was undertaken and the DVT was deemed unavoidable. The patient made a full recovery.



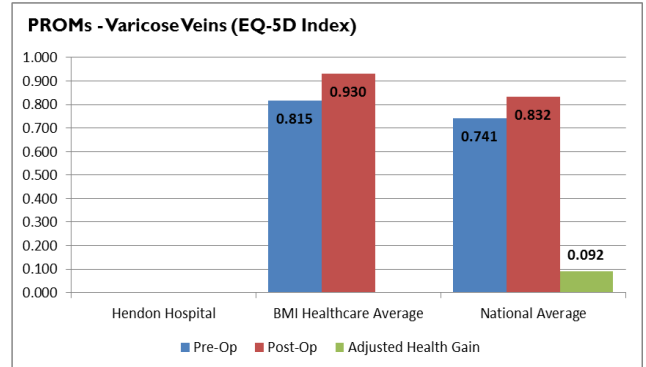
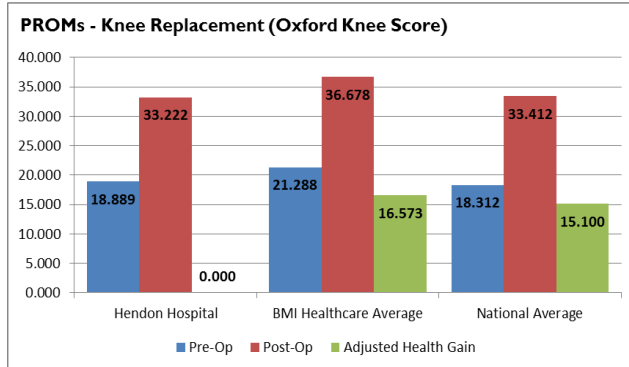
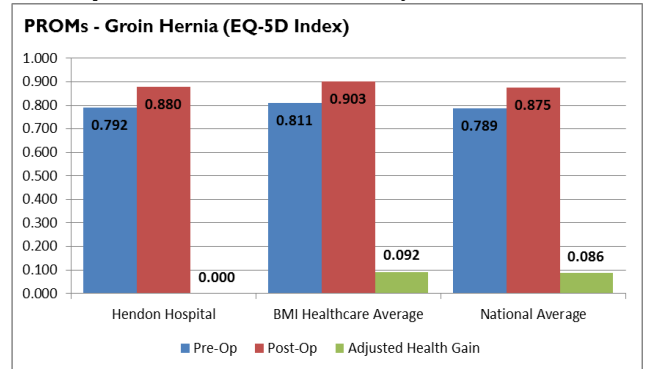
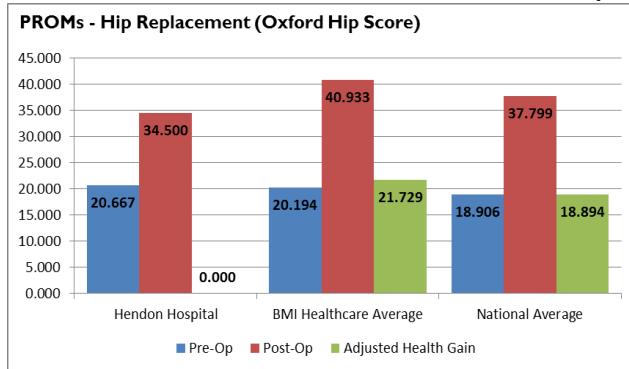
Patient Reported Outcome Measures (PROMS)

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 Hendon Hospital.

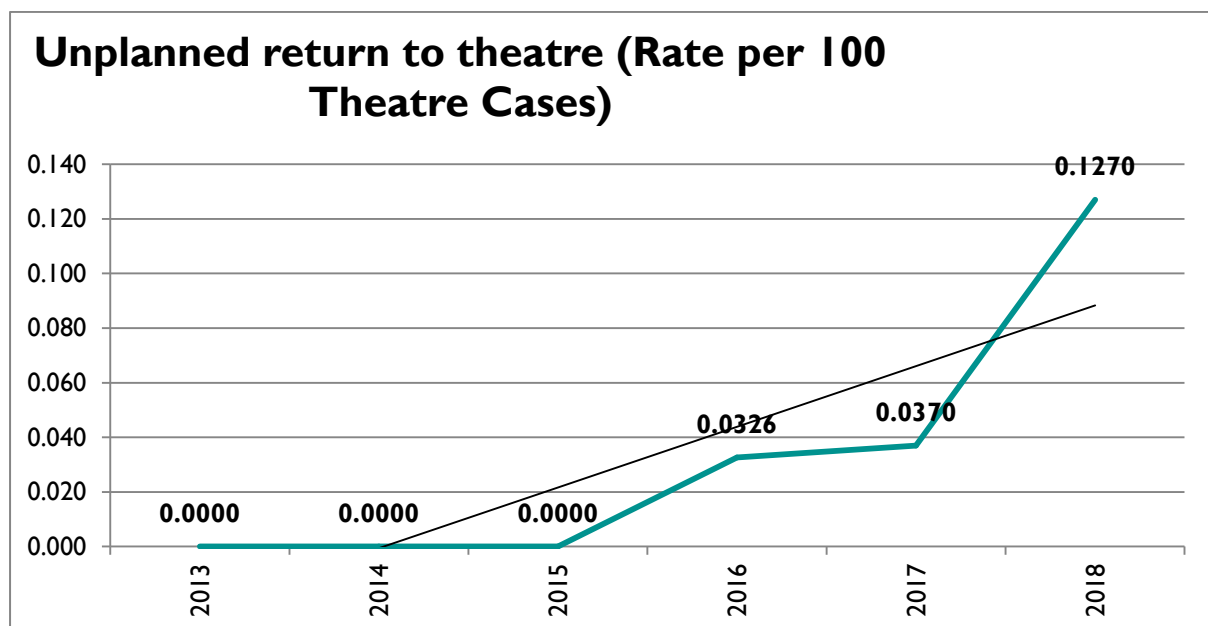
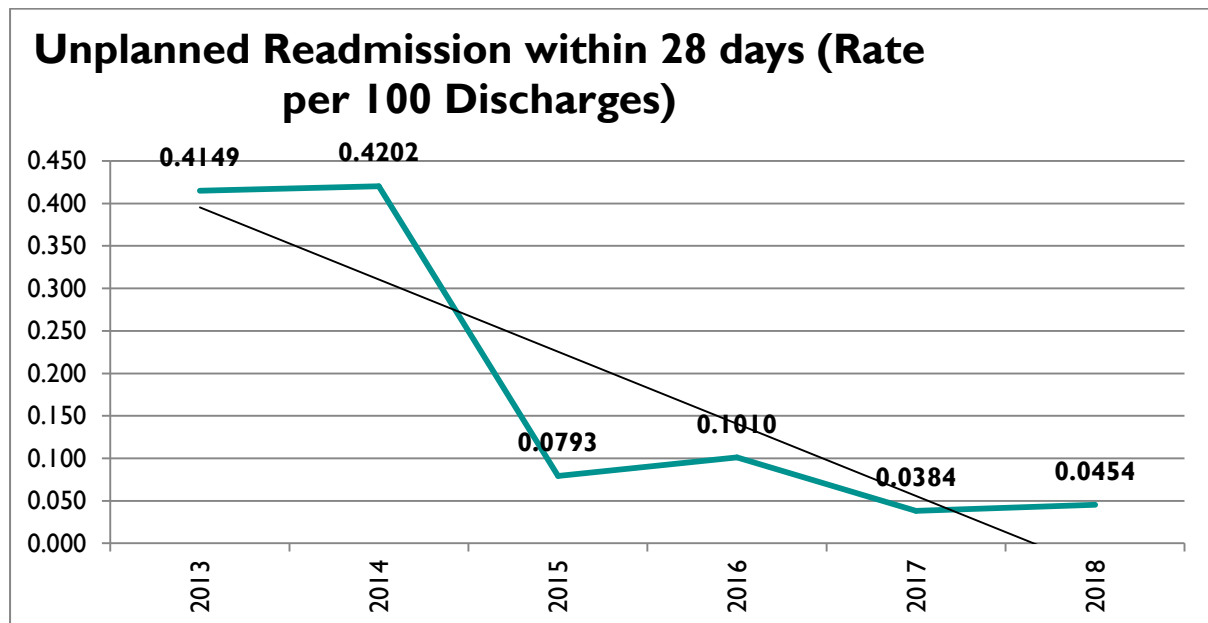
We are pleased to report a consistent perceived improvement in outcomes for patients across all areas of surgeries reported. As we are now operating as a day case only site, we will not have any results reported for Hips and Knees scores in the next reporting period.

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.



We are pleased to report a consistent decline, year on year, for unplanned readmissions to site. We feel this is a reflection of the robust processes we have at site, in particular relating to safe discharge.

An increase is noted for “Unplanned returns to Theatre. On investigation, the root causes were post-operative bleeding and the requirement to perform a post-operative check using a specialist Microscope within the Theatre department.

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.

BMI Hendon Hospital- Patient Satisfaction Dashboard January 2016



Top Bottom 5 | Most Improved / Deteriorated Scores

Top 5 Most improved Satisfaction Scores from January 2015 to January 2016



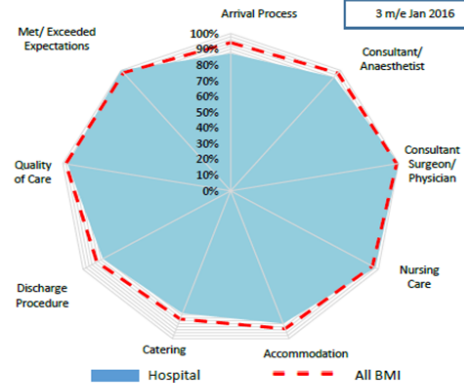
Question	Jan 2015	Jan 2016	Increase
Staff told you about the medication side effects?	82.5%	100.0%	17.5%
The convenience of your departure time	74.5%	90.2%	15.8%
Staff told you who to contact after you left hospital?	81.0%	95.0%	14.0%
Directions (internal signage)	85.1%	97.2%	12.1%
Opinion of Physiotherapy	84.2%	95.2%	11.0%

Bottom 5 Most deteriorated Satisfaction Scores from January 2015 to January 2016

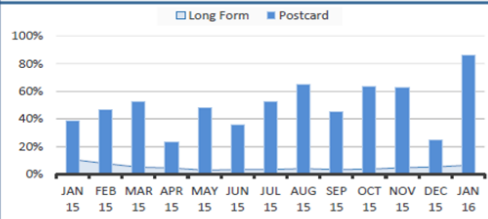


Question	Jan 2015	Jan 2016	Decrease
Greeted on arrival at reception desk	87.5%	79.5%	-8.0%
Opinion of Diagnostic Imaging/X-ray	100.0%	92.9%	-7.1%
The variety/choice of food	67.2%	61.0%	-6.2%
Opinion of Theatre Staff	100.0%	95.5%	-4.5%
Information pack gave all information needed?	100.0%	96.2%	-3.8%

Spider Diagram | Snapshot of Hospital vs All BMI For Key Questions



Response Rates | Trends over the last year



FFT | IP Response Rates & Score

	Response Rate	Would Recommend
IP Longform	6.6%	98.7%
F&F P'card	86.1%	

Ranking | How your hospital compares

This month	53	out of 55 hospitals
Bottom 10		
Last month	51	out of 55 hospitals
Bottom 10		

Overall Quality of Care | Trends over the last year



BMI Hendon Hospital- Patient Satisfaction Dashboard January 2017



Top Bottom 5 | Most Improved / Deteriorated Scores

Top 5 Most improved Satisfaction Scores from January 2016 to January 2017



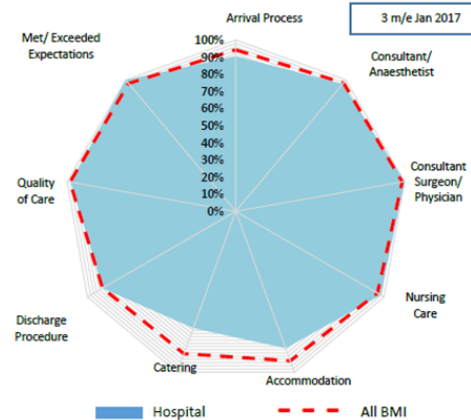
Question	Jan 2016	Jan 2017	Increase
Greeted on arrival at reception desk	79.5%	86.0%	6.6%
Administrative queries dealt with efficiently?	93.8%	100.0%	6.3%
Instructions of your aftercare	86.8%	92.9%	6.0%
Information pack gave all information needed?	96.2%	100.0%	3.8%
Family had the opportunity to speak to a doctor?	96.9%	100.0%	3.1%

Bottom 5 Most deteriorated Satisfaction Scores from January 2016 to January 2017

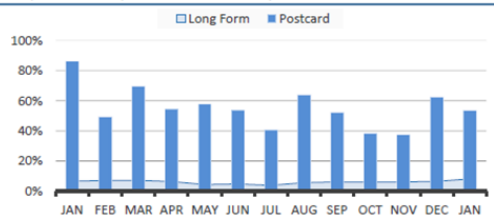


Question	Jan 2016	Jan 2017	Decrease
The promptness of service	90.5%	69.0%	-21.4%
Opinion of Physiotherapy	95.2%	76.2%	-19.0%
Care of visitors	97.1%	82.5%	-14.6%
The temperature of food	85.4%	71.4%	-13.9%
The friendliness/helpfulness of housekeeping staff	97.5%	85.7%	-11.8%

Spider Diagram | Snapshot of Hospital vs All BMI For Key Questions



Response Rates | Trends over the last year



FFT | IP Response Rates & Score

	Response Rate	Would Recommend
IP Longform	8.1%	100%
F&F P'card	53.6%	

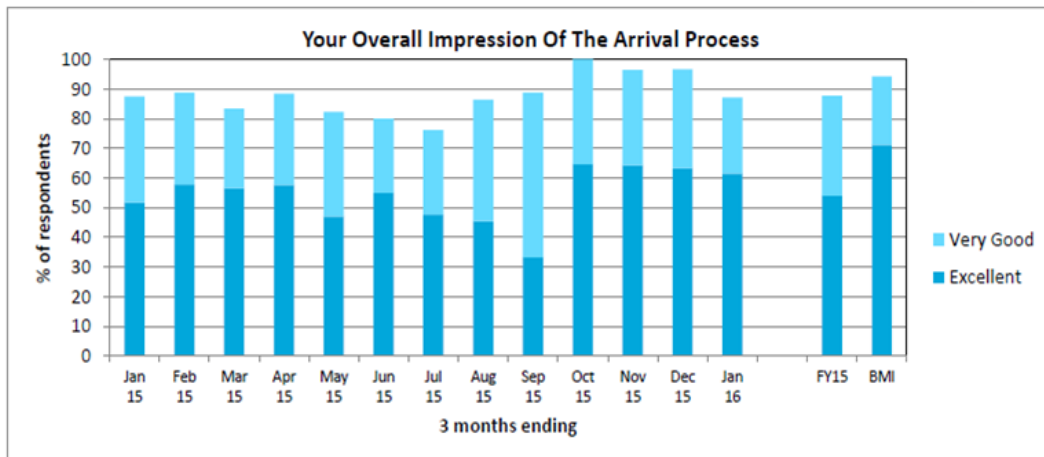
Ranking | How your hospital compares

This month	47	out of 55 hospitals
Bottom 10		
Last month	53	out of 55 hospitals
Bottom 10		

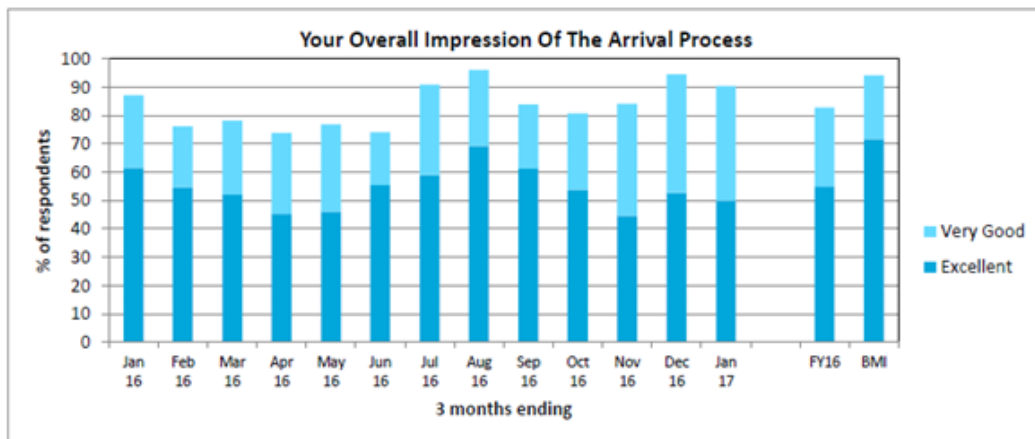
Overall Quality of Care | Trends over the last year



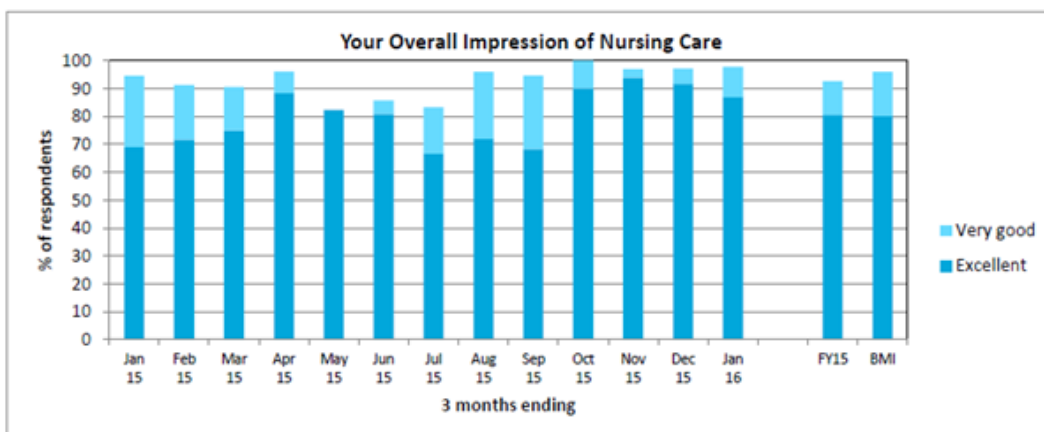
2016 – Admission Process



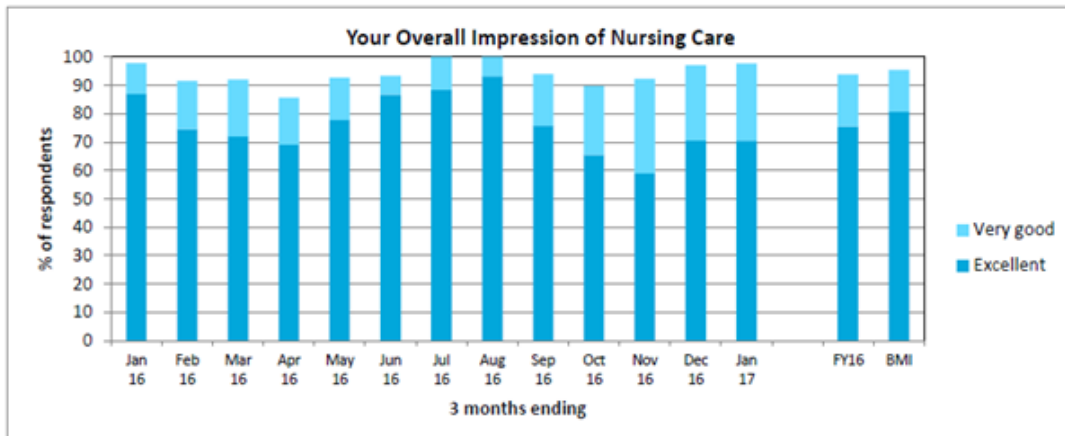
2017 – Admission Process



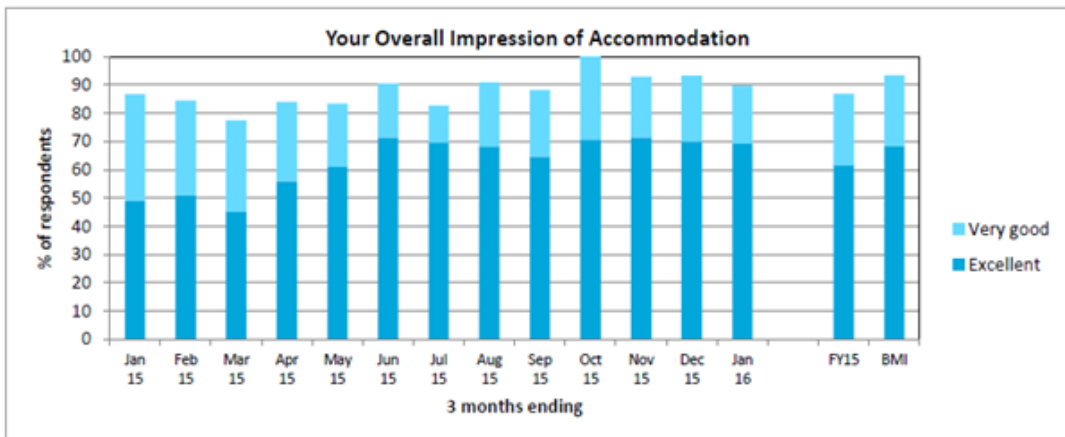
2016 – Overall Impression of Nursing Care



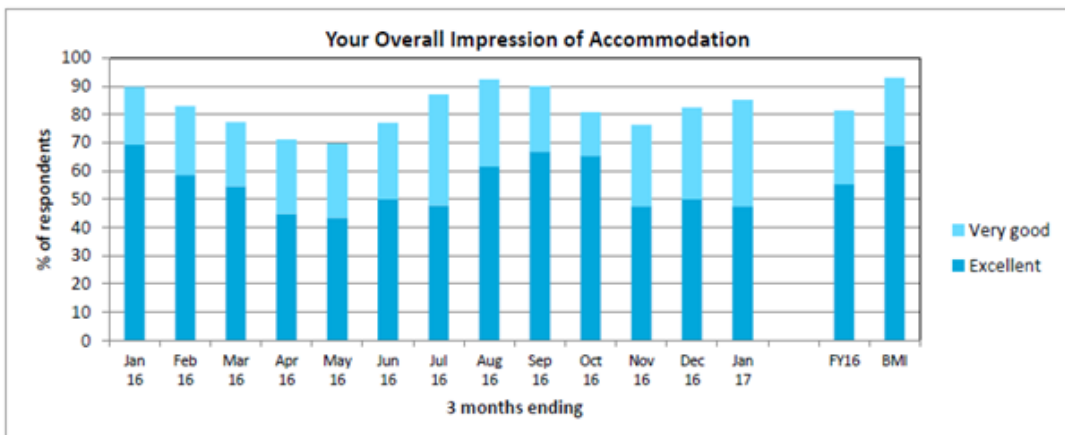
2017 – Overall Impression of Nursing Care



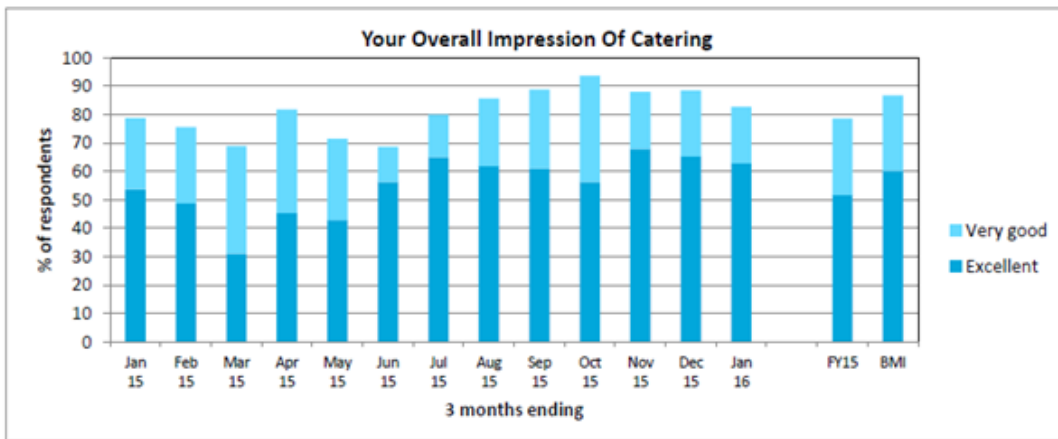
2016 – Accommodation



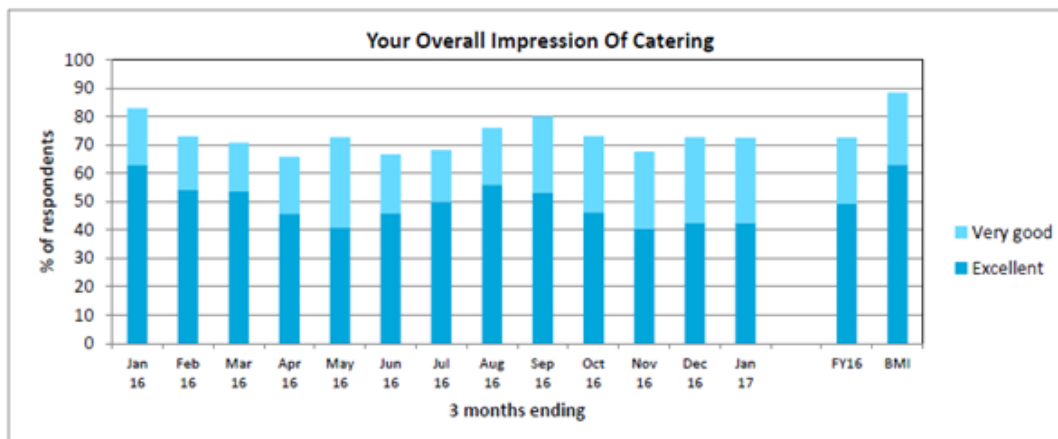
2017 – Accommodation



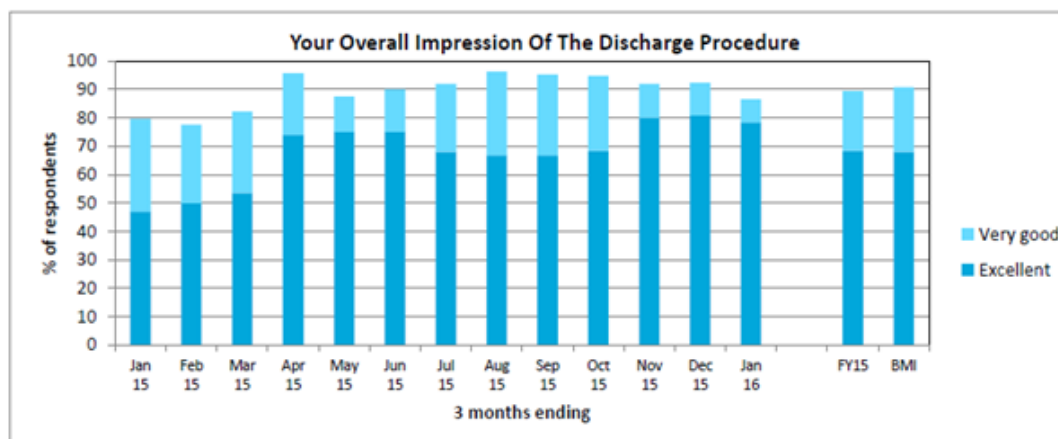
2016 – Catering



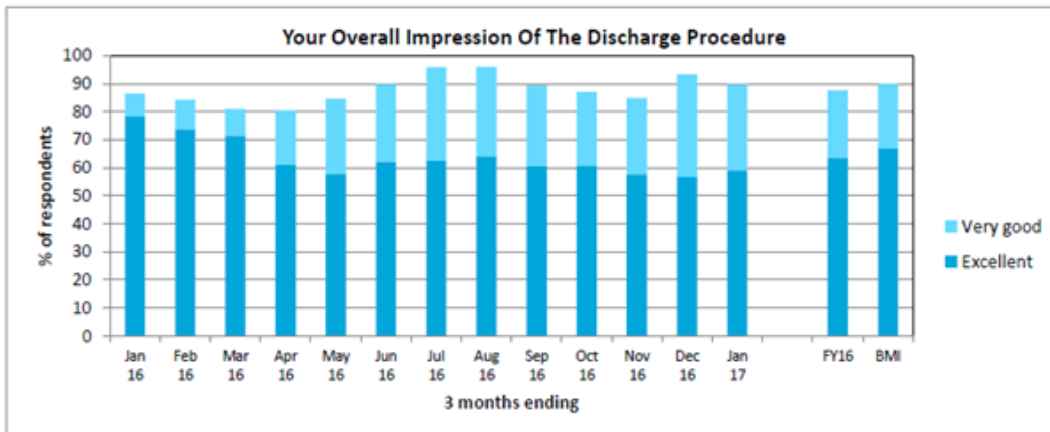
2017 – Catering



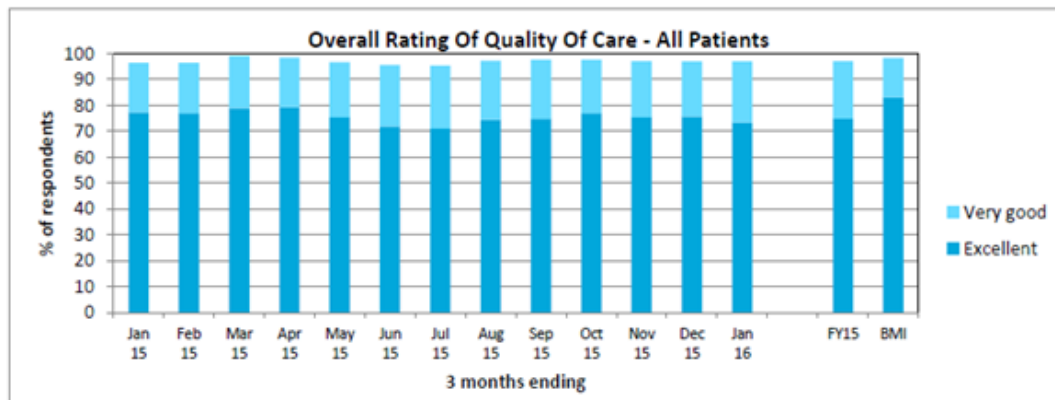
2016 – Discharge



2017 – Discharge



2016 – Overall Quality of Care



2017 – Overall Quality of Care



Although there were reduced scores across many domains from 2016 to 2017, we are pleased to report an increase in the score for overall Quality of Care. Our hospital ranking has also improved.

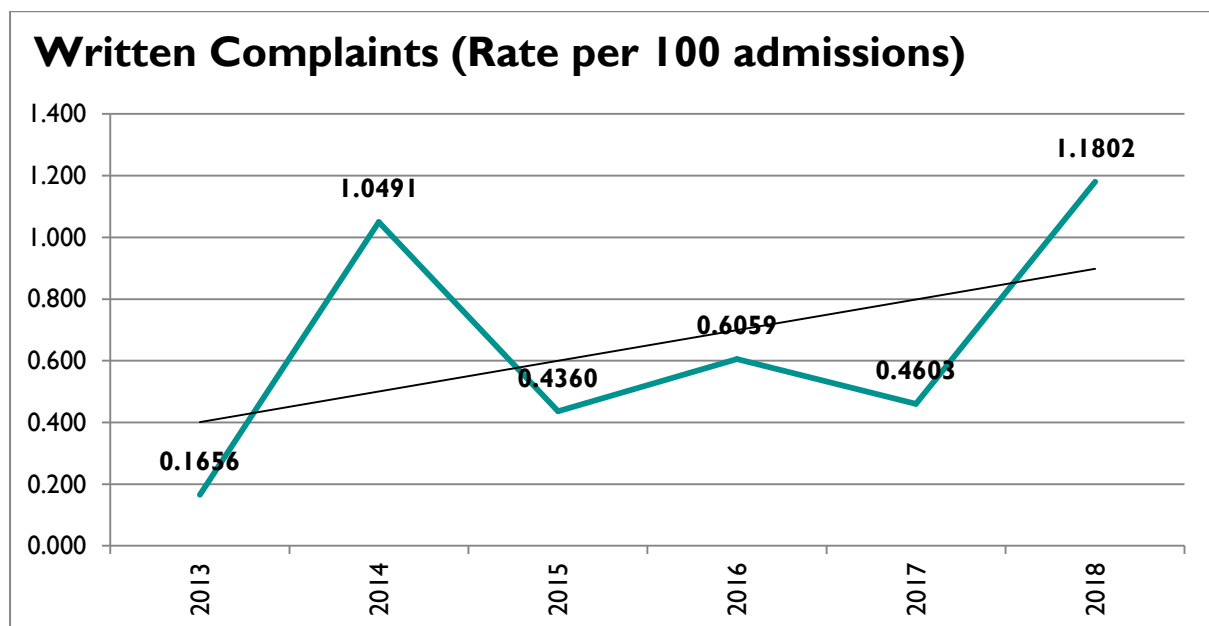
Complaints

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



CQUINS

At BMI Hendon, we continue to provide information to our CCGs as requested. Many reports are provided on a monthly basis, feeding back and informing regarding incidents for our NHS patients. We collect and collate data regarding Tobacco and Alcohol intake and referrals, with updates regarding training for staff. We also report back of flu vaccine uptake for our staff members.

Safeguarding

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

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

Adult safeguarding level 3 is provided to senior members of the team to ensure that appropriate 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.

There were no reported Safeguarding incidents reported at BMI Hendon Hospital during this period.

National Clinical Audits

The BMI Clinical Audit calendar was in place for 2017. This was fully completed and the majority of audits showed above 95% compliance, audits are available for review by corporate colleagues. Where there were non-compliant results, actions were decided upon and undertaken with these being reported to regional Quality and Risk and Clinical Governance Teams. Results and outcomes are reported back through departmental meetings and relevant local meetings, IPC, Medicines Management, Resuscitation, Clinical Governance Board and MAC. This ensures that relevant information is relayed to all staff and Consultants as appropriate.

January		100%	February		100%	March		100%	April		100%	May		100%	June		100%
Patient Health Records	Y	95%	Patient Health Records	Y	93%	Patient Health Records	Y	99%	Patient Health Records	Y	91%	Patient Health Records	Y	91%	Patient Health Records	Y	94%
WHO Checklist	Y	100%	WHO Checklist	Y	99%	WHO Checklist	Y	100%	WHO Checklist	Y	97%	WHO Checklist	Y	95%	WHO Checklist	Y	99%
VTE	Y	100%	VTE	Y	100%	VTE	Y	100%	VTE	Y	100%	VTE	Y	100%	VTE	Y	100%
Theatres	Y	93%	Theatres	Y	96%	Controlled Drugs	Y	100%	Blood Transfusion	Y	96%	Vertical PoCT	Y	100%	Controlled Drugs	Y	93%
IPC	Y	100%	IPC	Y	100%	Consent	Y	83%	Theatres	Y	100%	Theatres	Y	98%	Consent	Y	85%
Hand Hygiene	Y	100%	Hand Hygiene	Y	100%	Theatres	Y	100%	IPC	Y	100%	IPC	Y	100%	Theatres	Y	96%
Safeguarding	Y	92%	Medicine Management	Y	100%	IPC	Y	100%	Hand Hygiene	Y	100%	Hand Hygiene	Y	100%	IPC	Y	100%
Resuscitation	Y	100%	Same-Sex Accomodation	Y	100%	Hand Hygiene	Y	100%	Resuscitation	Y	97%	Medicine Management	Y	98%	Hand Hygiene	Y	100%
Falls	Y	100%	Pain Management	Y	92%	Intrathecal Audit	Y	100%				Oncology	Y	0%	Critical Care	Y	100%
July		88%	August		75%	September		100%	October		100%	November		100%	December		100%
Patient Health Records	Y	95%	Patient Health Records	Y	98%	Patient Health Records	Y	86%	Patient Health Records	Y	85%	Patient Health Records	Y	87%	Patient Health Records	Y	93%
WHO Checklist	Y	98%	WHO Checklist	Y	100%	WHO Checklist	Y	100%	WHO Checklist	Y	86%	WHO Checklist	Y	100%	WHO Checklist	Y	99%
VTE	Y	100%	VTE	Y	100%	VTE	Y	100%	VTE	Y	100%	VTE	Y	100%	VTE	Y	100%
Theatres	Y	95%	Theatres	Y	100%	Controlled Drugs	Y	97%	Blood Transfusion	Y	92%	Theatres	Y	100%	Controlled Drugs	Y	97%
IPC	Y	100%	IPC	Y	100%	Consent	Y	86%	Theatres	Y	96%	IPC	Y	100%	Consent	Y	95%
Hand Hygiene	Y	100%	Hand Hygiene	Y	100%	Theatres	Y	100%	IPC	Y	100%	Hand Hygiene	Y	100%	IPC	Y	100%
Resuscitation	Y	93%	Medicine Management	Y	96%	IPC	Y	100%	Hand Hygiene	Y	100%	Medicine Management	Y	99%	Hand Hygiene	Y	100%
Falls	Y	41%	Pain Management	Y	89%	Hand Hygiene	Y	100%	Resuscitation	Y	93%	Oncology	Y	0%	Critical Care	Y	25%
Ad-Hoc		0%															
Physiotherapy		0%															

Audit Action Plans

Please select "Yes" if Oncology

No

Services are carried out

BMI Hendon Hospital participated in the National Joint register audit; however, as we moved to a Day Case model in April 2018, next year's numbers will be reduced, reflecting the change of model.

Our participation results are shown below:

Totals for this hospital	2017	Year to date: 2018
Total completed ops	42	10
Hip procedures	12	3
Knee procedures	29	7
Ankle procedures	0	0
Elbow procedures	0	0
Shoulder procedures	1	0
NJR consent rate	100%	100%

Priorities for Service Development and Improvement

Local Hospital information – must have at least 4.

- Day Case Model – streamlining, efficiencies
- Ophthalmology – link with BCOS, promoting throughput to Hendon
- Positive outcome from standardization, cross training and development through departments – upskilling, promoting teamwork.
- To relaunch the Whole Body Cryotherapy service, and Alter-G, anti-gravity treadmill within physiotherapy services

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



Hendon Hospital	Staff Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
85.00%	91.30%	73.18%	89.98%	50.44%

The BMI Hendon Hospital considers that this data is as described for the following reasons;

In 2017, BMI Hendon underwent a number of changes around standardisation of job roles and the results may have been influenced by this. However, staff members were supported through any transition by ensuring that effective and timely communication was maintained between staff and the senior management team. The project is now complete and as mentioned above, a positive outcome from standardization was that there was a multitude of cross training and development through departments – thereby upskilling staff and promoting teamwork.

Although the standardisation has now been fully implemented, the senior management team endeavours to maintain open communication channels, while promoting staff engagement with new projects such as the conversion to the day case model, ensuring staff members opinions are taken in to account and promoting the sharing of good ideas and indeed practice.

Quality Indicators

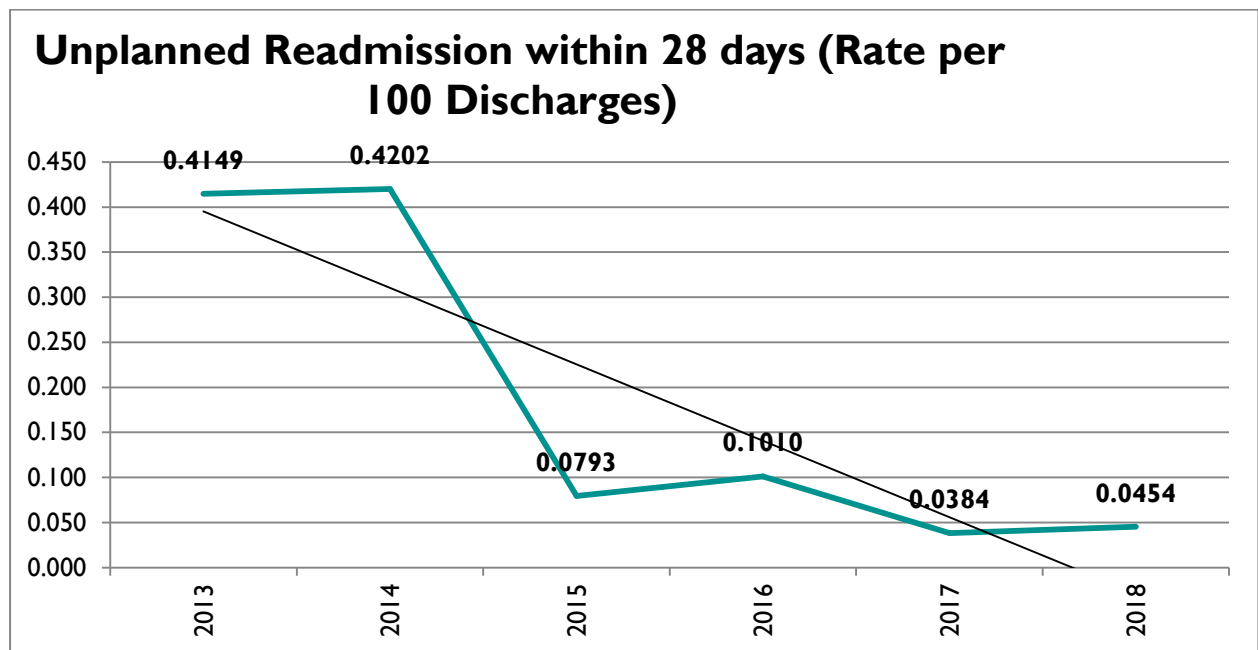
The below information provides an overview of the various Quality Indicators which form part of the annual Quality Accounts. Where relevant, information has been provided to explain any potential differences between the collection methods of BMI Healthcare and the NHS.

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.

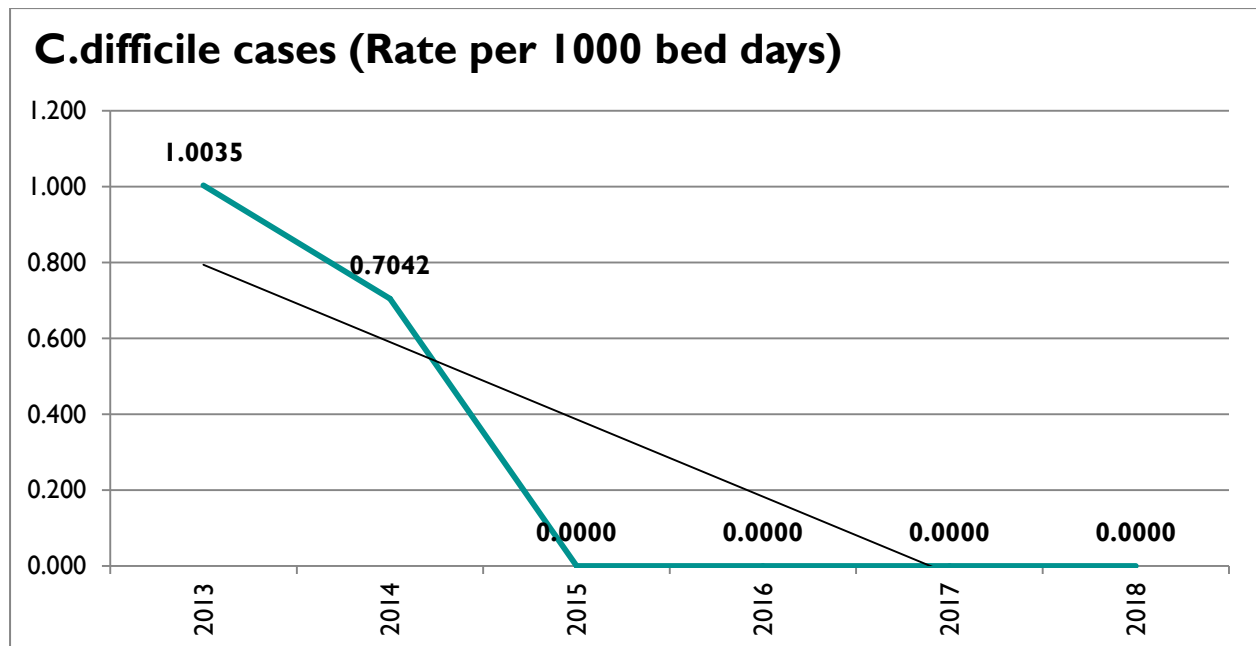
Re-Admissions within 28 Days of Discharge (Adult)



The BMI Hendon Hospital considers that this data is as described for the following reasons. We feel this is a reflection of the robust processes we have at site, in particular relating to safe discharge.

Paediatric Services are not offered at BMI Hendon Hospital.

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



The BMI Hendon Hospital considers that this data is as described for the following reasons:

- Robust Infection Prevention and Control training and processes at site.
- Engagement with Microbiologists and Consultants at site to ensure adherence to Antimicrobial stewardship requirements.

The BMI Hendon Hospital intends to continue audit, provide staff training and promote the requirements of robust IPC and antimicrobial stewardship at site to maintain this percentage and so the quality of its services.

Hospitals responsiveness to the personal needs of its patients

Hendon Hospital	Responsiveness				
	2018	2017	National Average	Highest National Score	Lowest National Score
	85.66%	88.16%	69.22%	78.00%	60.10%

The BMI Hendon Hospital considers that this data is as described for the following reasons;

The BMI Hendon Hospital, as already mentioned, has initiated a day case model in April 2018. As a team, we feel that the new model ensures streamlined processes, thereby ensuring an efficient patient journey, Indeed since April 2018, we have seen a consistent, notable improvement in the patient satisfaction results being reported.

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

VTE Percentage	
VTE	83.25%

The BMI Hendon Hospital considers that this data is as described for the following reasons:

- Risk Assessments are completed at Pre-Assessment or on admission and must be reviewed and signed off by the Consultant responsible for the patient. Site are currently reinforcing the requirement for Consultant sign off and reviewing ways in which to streamline the process and ensure compliance.

The BMI Hendon Hospital intends to take the following actions to maintain this percentage and so the quality of its services, by:

- Undertaking the Consultant review as part of the Time Out process.

Patient Safety Incidents

Hendon Hospital	Patient Safety Incidents (Count)			
2018	2017	National Average	Highest National Score	Lowest National Score
191	183	3908	14506	31

The BMI Hendon Hospital considers that this data is as described for the following reasons:

- Focus on reporting of incidents daily at the Comm Cell meeting.
- Further focus by having incident reporting as a weekly topic highlighted – looking at numbers of incidents, actions required and lessons learned. The summary is shared with all departments following Comm Cell.

The BMI Hendon Hospital intends to continue this process, constantly reviewing to ensure that there is an open and honest culture around incident reporting and shared learning.

Patient Recommendation Results

Hendon Hospital	Patient Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
98.04%	98.21%	97.07%	100.00%	75.61%

The BMI Hendon Hospital considers that this data is as described for the following reasons:

- Facilities and Décor – The hospital has a rolling redecoration programme which includes replacement of taps and lighting in some areas. There are carpets and baths in some patient rooms.

The BMI Hendon Hospital has taken the following actions to improve this score, and so the quality of its services, by having the duty manager visit patients daily. By doing so, issues, complaints or compliments can be dealt with quickly and efficiently. This is shared at the next morning's daily "Comm Cell" and actions developed and updated, with lessons shared.

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22 June 2018

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Dear Jacinta

Re: 2017/2018 Quality Accounts

The North West London Collaboration of eight CCGs has welcomed the opportunity to review your quality accounts for 2017/18.

We are delighted to note that following the CQC inspection of the BMI Hendon Hospital in July 2016, that the hospital was rated an overall 'Good' in the care provided. We note that safety was rated as '*requires improvement*'. We anticipate that the hospital will work towards an outstanding performance in their next CQC inspection.

Whilst we recognise that the quality account covers the key quality indicators, it does not fully adhere to the requirement set out by NHS England for Quality Account reporting.

The Quality Account does not clearly identify the priorities for BMI Hendon Hospital for the year 2016/17, in order to highlight the progress made in the reporting year. Again, the Quality Account has not identified SMART objectives and priorities for the year 2018/2019, in order to highlight areas that require improvement in the year ahead. It outlined some priorities for service development and improvement, however, most of the priorities highlighted are completed service improvement, for example the new Ambulatory Care Unit which successfully commenced scheduling cases in April 2017.

We have noted a sharp increase in written complaints in 2018 compared to 2017 and expect this to improve in the year ahead.

We have also noted a slight decrease in the number of staff who would recommend BMI Hendon Hospital. We appreciate the reason offered and eager to see an increased number in 2018/2019.

We would suggest that:

- The 2018/2019 Quality Account complies fully with the criteria set out by NHSE regarding quality account reporting.
- Wherever relevant that there is a comparison between BMI Hendon Hospital and other

nearby BMI Hospitals to establish parity of care across the hospital sites or highlight any variation if indicated.

- The 2018/2019 Quality account covers data to reflect at least the last two reporting periods, to show the progress made against set priorities.

The NWL CCGs look forward to working more collaboratively with BMI Hendon Hospital to monitor the progress against the 2018/2019, through a Clinical Quality Review Group (CQRG); which will provide assurance of continuous quality improvement for North West London Population.

Yours sincerely

Diane Jones

**Director of Quality & Safety
NHS Brent, Harrow and Hillingdon
Clinical Commissioning Groups**

Enc.

Cc:

Dr Ethie Kong, Chair, NHS Brent CCG

Dr Amol Kelshiker, Chair, NHS Harrow CCG

Dr Ian Goodman, Chair, NHS Hillingdon CCG

Nnenna Eke, Assistant Director for Quality & Safety (Brent Lead)

Jennifer Roye, Deputy Director for Quality & Safety