



Mount Alvernia
Hospital

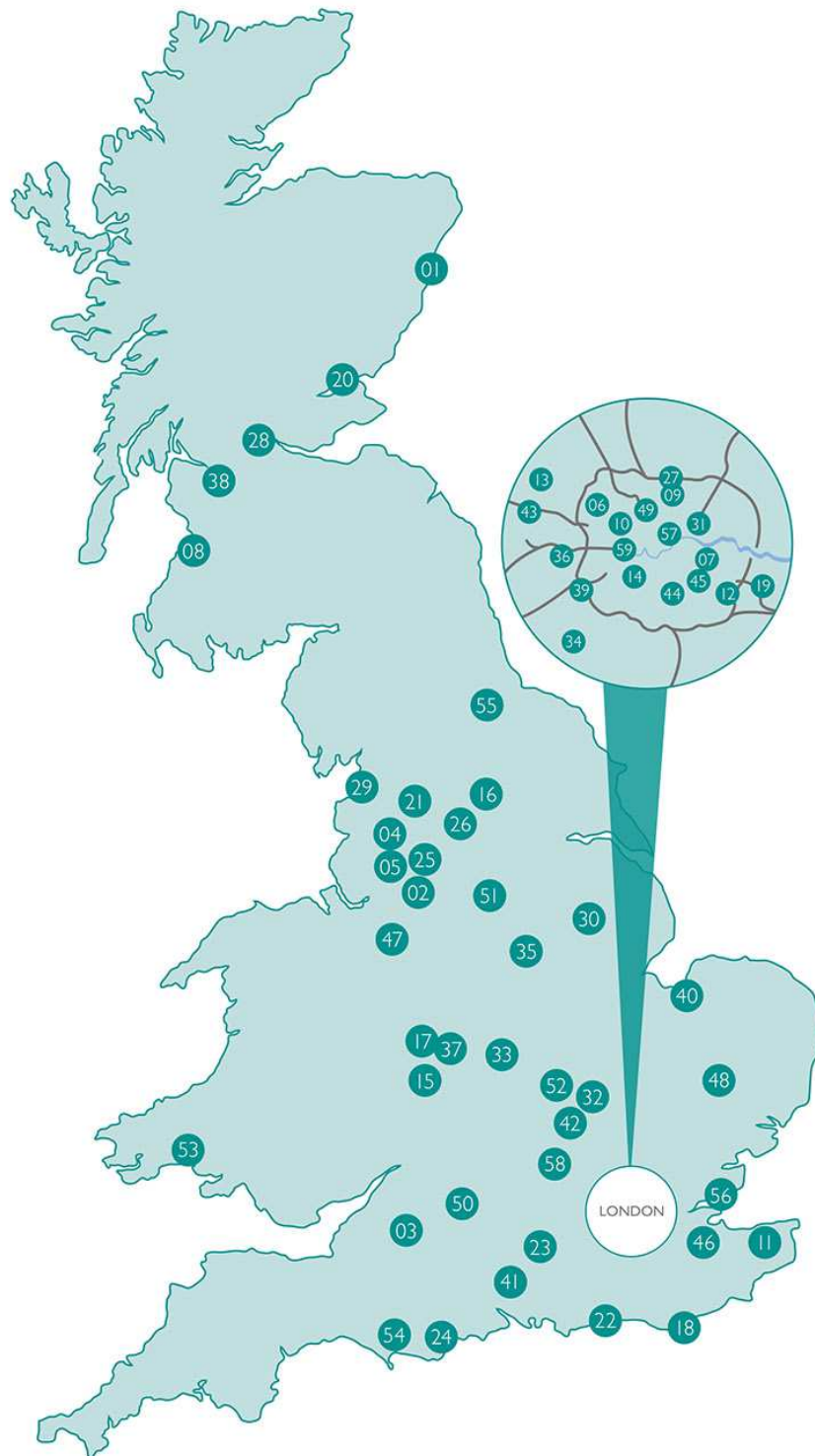
QUALITY ACCOUNTS 2018

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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.



Dr Karen Prins

Hospital Information



BMI Mount Alvernia Hospital is situated in Guildford Surrey. The hospital is part of BMI Healthcare with a nationwide network of hospitals and clinics performing more complex surgery than any other private healthcare provider in the country. Our commitment is to quality and value, providing a wide range of acute surgical and medical services for both elective and urgent care patients, within a friendly and professional environment. Our vision is to be part of a Group that creates a world of consumer led care, where individuals choose our extensive health and well-being services throughout their lives, and in doing so help improve the health of the nation.

Accommodation is provided in 58 in patient bedrooms – 3 of which can convert to twin occupancy, all with the comfort of en-suite facilities, satellite television and telephone. This also includes a 6 bay ambulatory care unit for those patients undergoing minor procedures, 6 chemotherapy bays and 10 oncology day bedrooms. These facilities, combined with the latest in technology and on-site support services, enable our consultants to undertake a wide range of procedures from routine investigations to complex surgery.

The theatre suite comprises 3 main theatres, two of which have laminar flow, 8 patient recovery bays, offsite TSSU together with supporting areas. The Ambulatory Care Unit comprises 2 endoscopy/minor ops theatres, 6 patient recovery bays, consulting room, treatment room, reception and waiting room.

The Consulting Room Suite has 11 consulting rooms including dedicated ENT, ophthalmic and cardiology rooms, 2 treatment rooms are also available along with a registration desk, 2 waiting areas and free coffee facilities.

The Imaging Department provides a comprehensive range of diagnostic imaging services including all types of general x-rays, digital screening, mammography, bone densitometry, a full ultrasound service including Doppler. The department also has a state of the art 128 slice CT scanner, a 1.5 Tesla MRI scanner. A Nuclear Medicine Department provides a Gamma Camera and a mobile PET CT service.

A dedicated physiotherapy service provides clinical specialty trained physiotherapists to both in and outpatients. The hospital also provides a full range outreach service, which includes hydrotherapy treatment, in GP surgeries and gymnasiums across the Guildford area.

The Pharmacy Department provides both inpatient and outpatient services.

Consultant led care is supported by caring and professional medical staff, with a dedicated registered medical officer (RMO) covering the twenty four hour period. The nursing service is led by the Director of Clinical Services. There is a senior nurse on duty at all times, in order to support the co-ordination of a seamless provision for patients utilising the service.

New developments within the last year include

- Introduction of an Urgent Care Centre
- Expansion of Ophthalmology Services

Future planned developments include:

- An in-house PET CT scanner
- Purchase of a spinal/ENT microscope

The table below shows the number of NHS patients seen within BMI Mount Alvernia Hospital between March 2017 and February 2018.

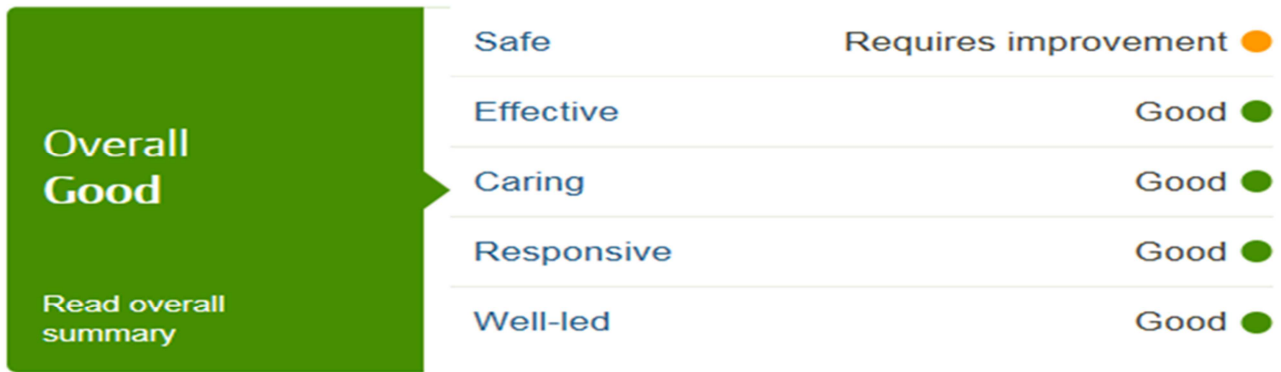
AGE BAND	FUNDER	INPATIENT OVERNIGHT	INPATIENT DAYCASE	OUTPATIENT FIRST ATTENDANCE	OUTPATIENT FOLLOW UP
Adults aged 18 to 64 years	NHS funded patients	61	634	1045	1319
Adults aged 65 to 74 years	NHS funded patients	33	142	212	335
Adults aged 75+ years	NHS funded patients	21	137	154	213
Children aged 16 and 17 years	NHS funded patients	0	0	2	3

This indicates an increase in all areas with the exception of adults aged 75 and over.

BMI Healthcare are registered as a provider with the Care Quality Commission (CQC) under the Health & Social Care Act 2008 as well with the Hospital Improvement Scotland (HIS) and Healthcare Inspectorate Wales (HIW) for our hospitals outside of England. BMI Mount Alvernia 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 inspection on 19th & 20th July 2016 followed by a subsequent unannounced inspection 14 days later and rated the hospital as:



BMI Mount Alvernia 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) CCG’s and Insurers.

BMI Healthcare is a founding member of the Private Healthcare Information Network (PHIN) UK – where we produce a data set of all patient episodes approaching HES-equivalency and submit this to PHIN for publication.

This data (once PHIN is fully established and finalised) will be made available to common standards for inclusion in comparative metrics, and is published on the PHIN website <http://www.phin.org.uk>. This website gives patients information to help them choose or find out more about an independent hospital including the ability to search by location and procedure.

Safety



Infection Prevention and Control

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

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:

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

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

- Hips - 0 cases over the reporting period
- Knees – 0 cases over the reporting period

All staff, including those working on the bank who are employed by BMI Healthcare, are required to participate in induction and mandatory annual infection prevention and control training updates. To achieve this BMI Healthcare has implemented an IPC e-learning programme through Skills for Health and this is complemented by face to face training provided by the IPC Lead and IPC Link

Practitioners. This includes Hand Hygiene, Aseptic Non Touch Technique (ANTT) and the application of care bundles in practice which are based on the DH High Impact Interventions. There is a consistent positive feedback from all staff attending the practical sessions. Training is 100% compliant for Non- Clinical Staff (IPC Awareness) and for Clinical Staff (IPC for Healthcare) is 100%. There is 100% compliance to ANTT Competency training.

Our Care bundle audits are completed on a monthly basis and the results show that we are compliant with the High impact Interventions. This is also seen through our low infection rates.

Sharps Awareness & Compliance Audit

At BMI Mount Alvernia Hospital an external audit is carried out by Daniels Healthcare Representative on an annual basis in line with EU Directive 2010/32/EU. All the wards and other departments where sharps are in use were audited. This is an annual check to assess compliance in the use of sharps containers. The general findings and recommendations are highlighted to all Heads of the Departments. All IPC link practitioners attended a Sharps Awareness study session to support the dissemination of information within their department. Random 'spot audits' supplement the audit program to continually assess compliance.

QIT IPS Environmental Cleanliness Annual Audit

All clinical departments are involved in IPS QIT environmental audits on an annual basis. The audits cover general IP&C management, as well as cleanliness, hand hygiene, PPE, waste & sharps management, standard precautions, etc. Each section is given a percentage score and then an overall score is calculated. Action plans are in place for areas where improvement is required. Each department is audited using the IPS QIT tools for environmental compliance.

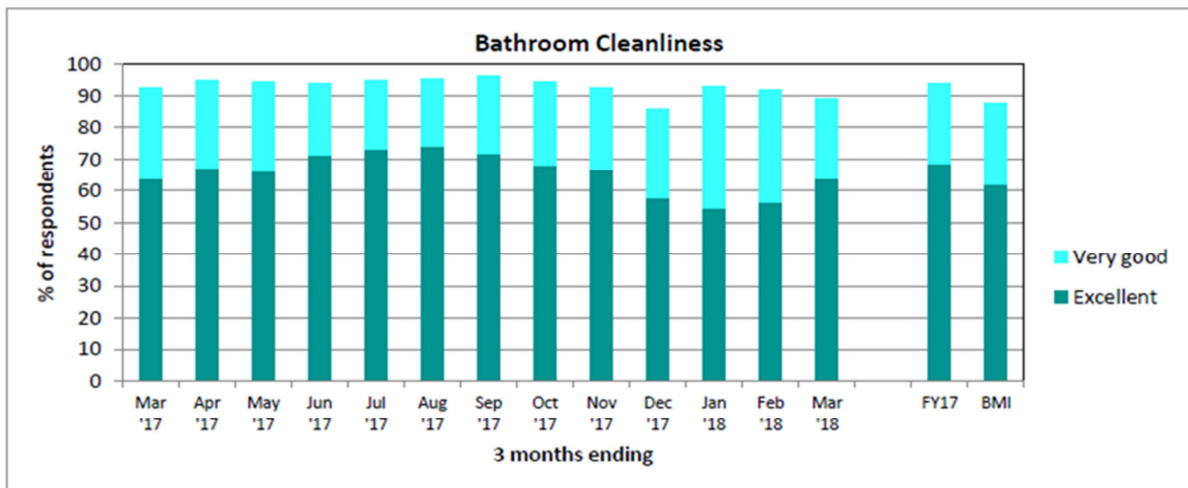
Saving Lives / High Impact Interventions / Care Bundles

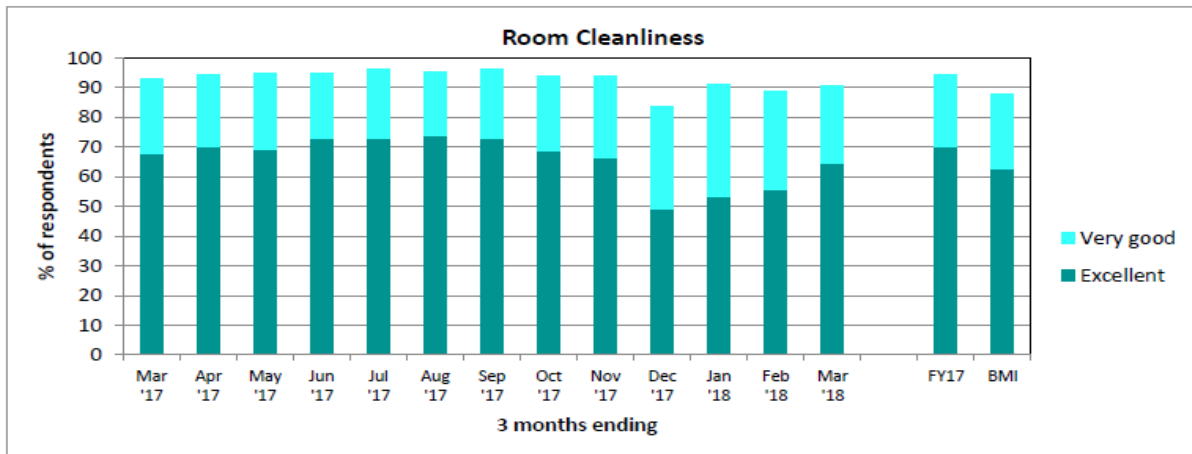
A selection of High Impact Intervention/Care bundles audits are currently undertaken on a quarterly basis. These are for the insertion and ongoing management of patient with urinary catheter, peripheral and central venous catheter. Results are fed back to the Clinical Governance monthly meetings and action plans are devised and discussed at Link Practitioner meetings and to the quarterly IPC Committee meeting.

From April 2017 – March 2018, High Impact Intervention Care bundles had shown 100% compliance from all departments involved in the audit. The most recent audit results are detailed in the table below.

Care Bundles	St Martha	Wards	Consulting Rooms	Theatres	Radiology
Peripheral Insertion	100%	100%	NA	100%	100%
Peripheral ongoing	100%	100%	NA	NA	NA
CVL insertion	NA	NA	NA	100%	NA
CVL ongoing	85%	100%	NA	NA	NA
Catheter insertion	NA	100%	NA	100%	NA
Catheter ongoing	NA	100%	NA	NA	NA
SSI pre op	NA	NA	NA	100%	NA
SSI intra op	NA	NA	NA	100%	NA
SSI post op	NA	100%	100%	NA	NA

Environmental cleanliness is also an important factor in infection prevention and our patients rate the cleanliness of our facilities highly. The two graphs detailed below indicate patient satisfaction scores for both bathroom and room cleanliness over the previous year.



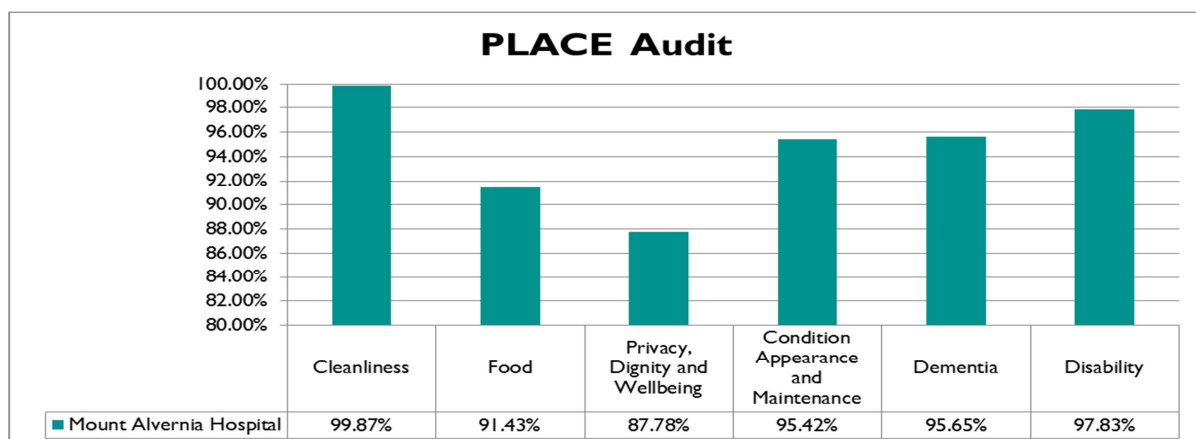


Patient Led Assessment of the Care Environment (PLACE)

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.

The graph below details scores submitted for BMI Mount Alvernia in the 2017 audit.



The patient survey scores privacy and dignity at 100% which differs from the scores obtained following the PLACE audit. One area of focus is to improve confidentiality and maintain privacy when people book in an appointment or admission.

To address and improve the score for Dementia, e-learning is available and mandatory for clinical staff. In addition, a number of staff have completed advanced training in order to provide additional resource for those working within the hospital.

Plans are in place to strengthen the provision for this type of patient by increasing the number of staff identified as 'dementia friends', with additional signage throughout the hospital, and modifications to in-patient rooms.

The hospital's catering services are now provided by an external company and audits have identified a drop in patient satisfaction. Regular reviews and ideas are formulated through the patient satisfaction group to help improve the quality and service that they offer to our patients.

Duty of Candour

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

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

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

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

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

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

During the financial year 2017/18 there has been one event for which the duty of candour applied. The event related to a patient who experienced awareness under anaesthetic. The patient was seen by the anaesthetist as soon as the hospital became aware, and a full apology was provided by both the anaesthetist and the Executive Director. Following review a copy of the report was sent to the patient.

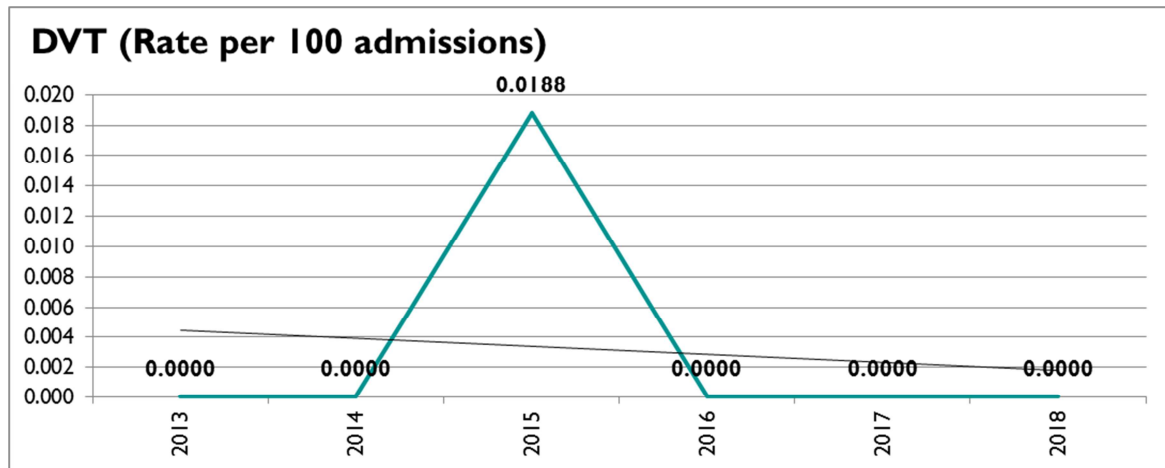
Venous Thrombo-embolism (VTE)

BMI Healthcare holds VTE Exemplar Centre status by the Department of Health across its whole network of hospitals including BMI Mount Alvernia. 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 on a monthly basis. The results of our audit on this have shown 100% compliance to risk assessments performed either at pre-assessment or on admission over the past year.

BMI Mount Alvernia 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 graph below indicates the DVT rate per 100 admissions during the reporting period.



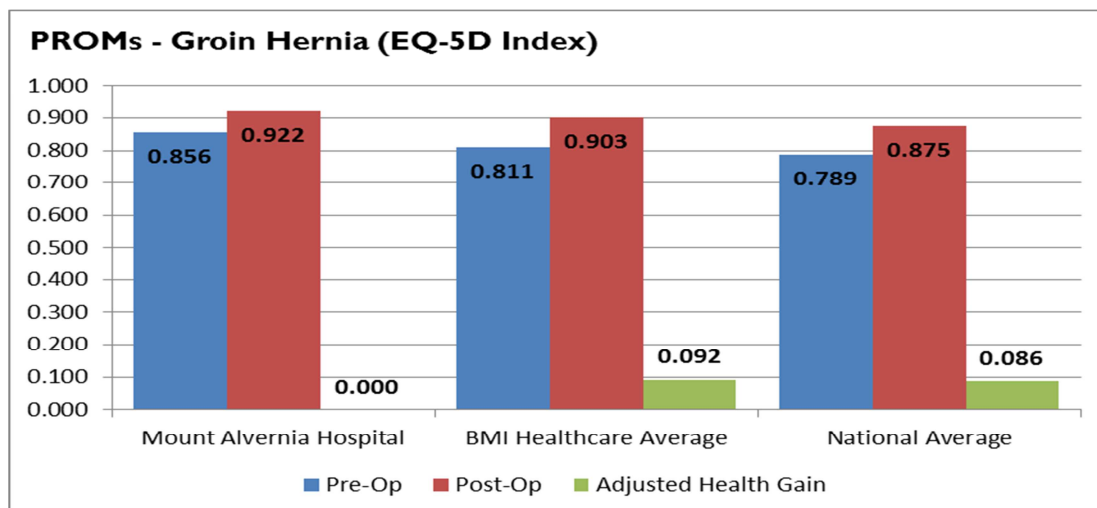
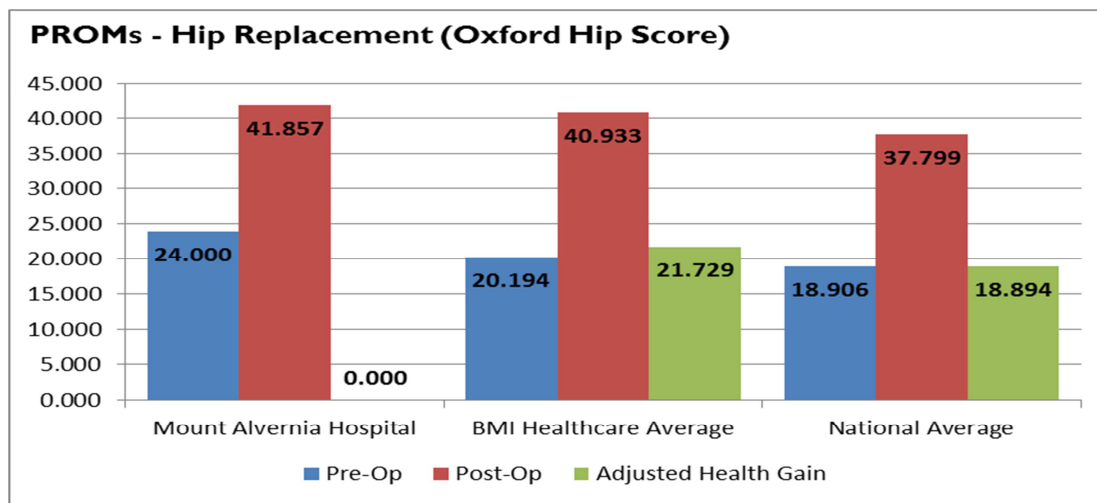
During 2017/18 there was one reported VTE Episode. The incident related to a patient who was re-admitted to a neighbouring NHS hospital facility three weeks following spinal surgery. The incident was reviewed fully and it was determined to be a non-preventable event. Learning identified from the event included the importance of accurate documentation of risk factors in the same place within the medical record and early communication to the patient consultant when risk factors are identified at pre-assessment.

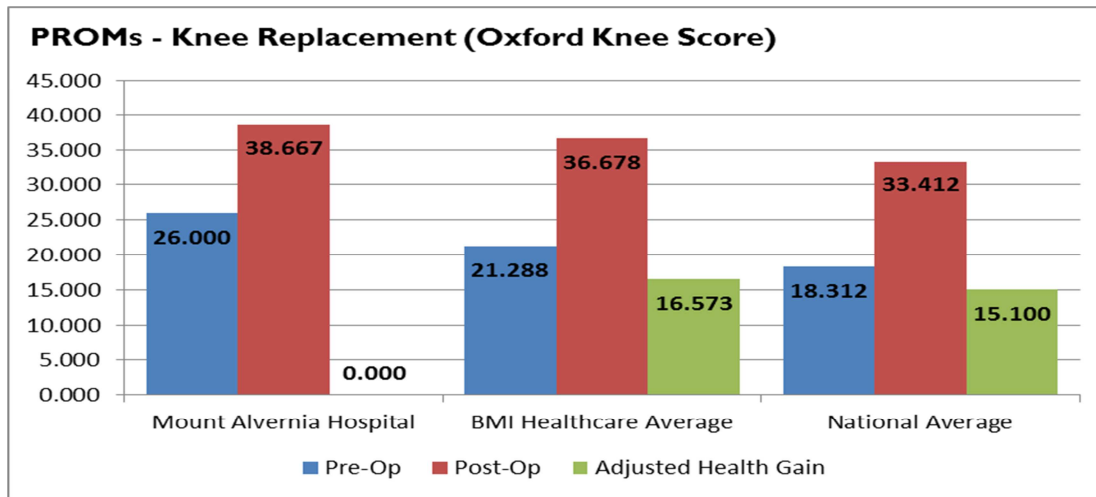


Patient Reported Outcome Measures (PROMS)

Patient Reported Outcome Measures (PROMs) assess the quality of care delivered to NHS patients from the patient perspective. PROMs are a Department of Health led programme. Until September 2017, the programme covered four clinical procedures (Hip and knee replacement, groin and varicose vein procedures, however following on from the [NHS England Consultation on PROMs](#) collection of data for hernia and varicose veins ceased on 1 October 2017. The purpose of PROMS is to calculate the health gains after surgical treatment using pre- and post-operative surveys.

The latest PROMs data available from HSCIC (**Period: April 2016 – March 2017**) is detailed within the graphs below. The graphs below demonstrate any health gain reported by patients between Questionnaire 1 (Pre-Operative) and Questionnaire 2 (Post-Operative) for patients undergoing hip replacement and knee replacement, and groin repair at BMI Mount Alvernia during the reporting period.





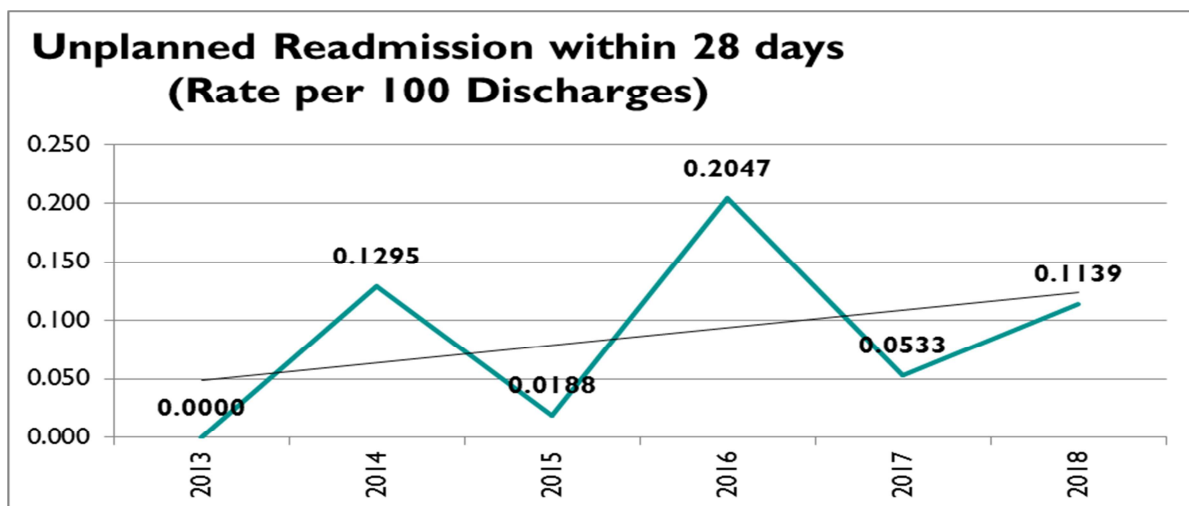
Participation in the PROM's programme is promoted when the patient attends for pre-assessment.

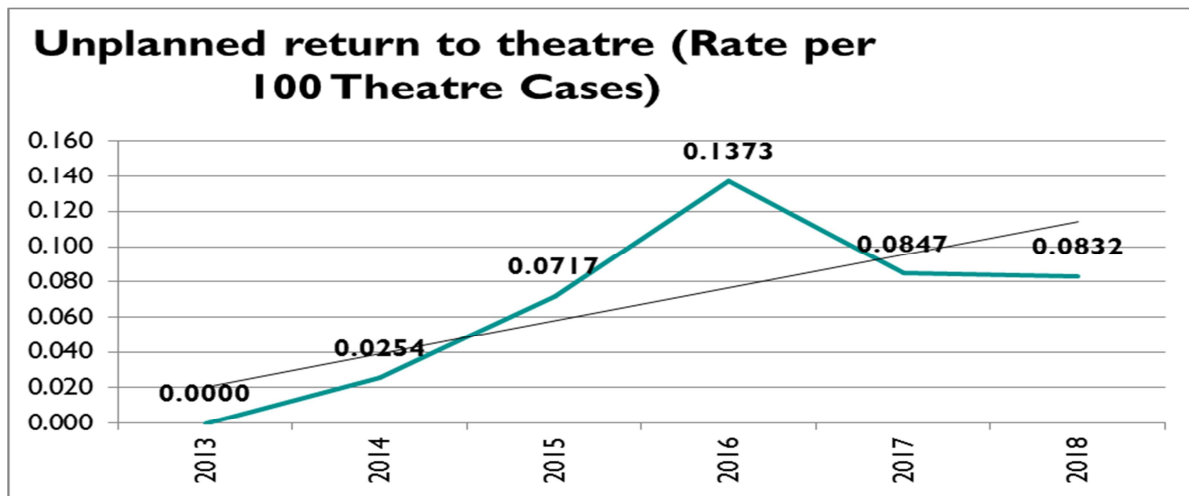
Unplanned Readmissions & Unplanned Returns to Theatre

Unplanned readmissions and Unplanned Returns to Theatre are normally due to a clinical complication related to the original surgery. The two tables below provide information on the rate of unplanned re-admissions and unplanned return to theatre over the preceding five year period.

During the period April 2017 – March 2018 there were a total of 5 patients re-admitted and 4 patients returned to theatre, which confirms that these categories of incidents are rare events. On call Theatre teams are available to the hospital to ensure minimal delay when patients require further surgery.

The rates per 100 discharges are detailed in the two graphs below.





At BMI Mount Alvernia Hospital unplanned readmissions within 28 days of discharge and unplanned returns to theatre are both considered as recognised Mortality and Morbidity categories. All cases are investigated and a report detailing any findings and learning presented at the Clinical Governance Committee.

Learning from the events which were reported over the previous year included:

- The importance of ensuring patients receive a pre-assessment appropriate for the procedure for which they are admitted, and that when risks are identified they are communicated effectively to the consultant anaesthetist and consultant to ensure appropriate actions are taken
- Recording of VTE risk assessment both at pre-assessment and at time of admission
- Importance of clear, concise and contemporaneous documentation within the medical record

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 finding are then shared to all hospitals through the National monthly Clinical Governance Bulletin, to ensure lessons are learnt across the company.

During the period of this report there were no unexpected deaths reported at BMI Mount Alvernia.

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 –Quality Health. Patients are given the opportunity to feedback on their experience during their Outpatient attendance by completing a handwritten questionnaire. The opportunity to provide on-line feedback was introduced in October 2017. The hospital did see a reduction in the number of returns in the first few months, but this has gradually improved. Patients are now able to provide feedback on-line or through completion of a questionnaire prior to discharge from hospital.

At BMI Mount Alvernia a Patient Satisfaction Committee, attended by a representative for all department areas, meets on a regular basis to review the content of the report and agree local actions to enable continuous improvement.

Over the period of the past two years, BMI Mount Alvernia has seen their patient satisfaction scores improve in many areas. The current focus and actions relate to:

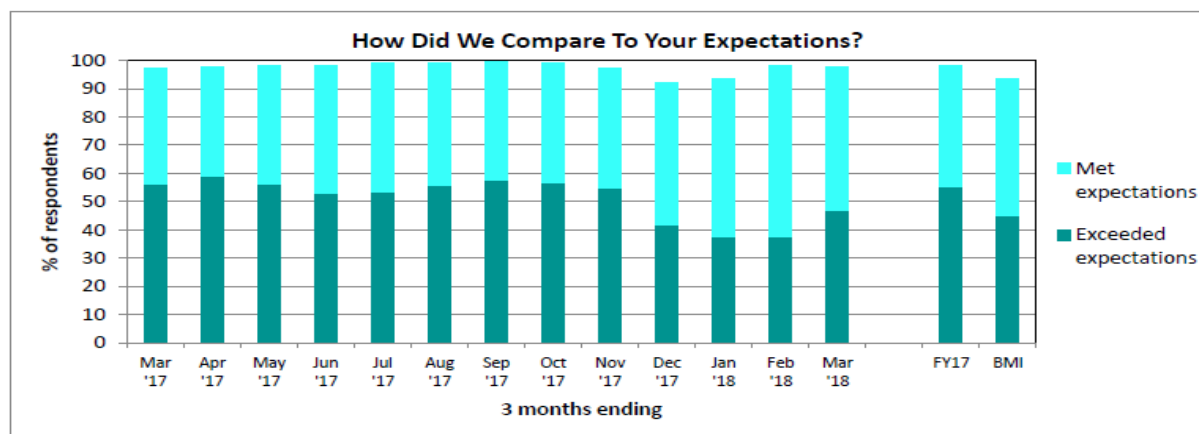
- Improving the patient experience on arrival

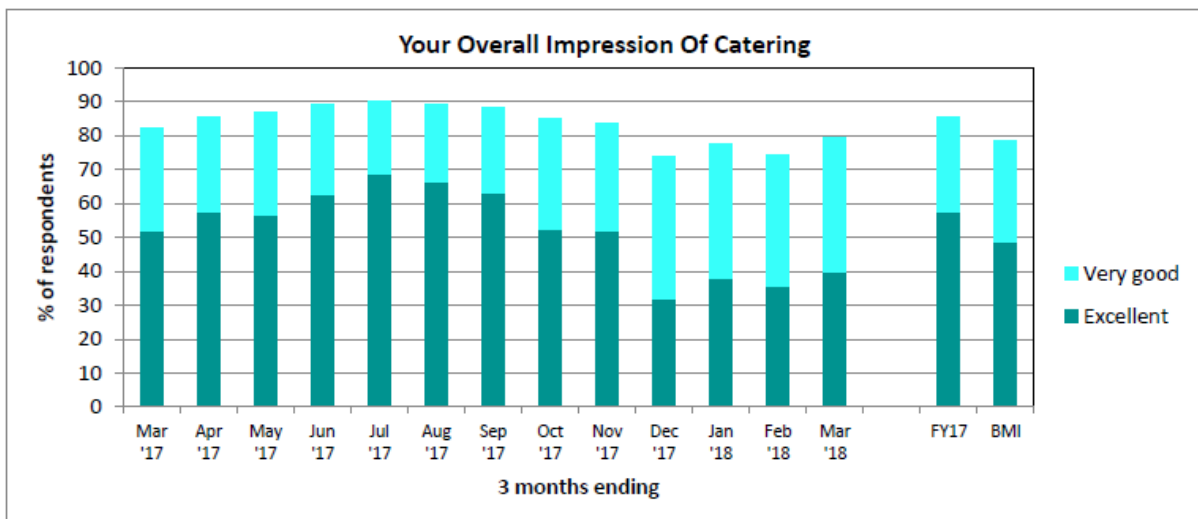
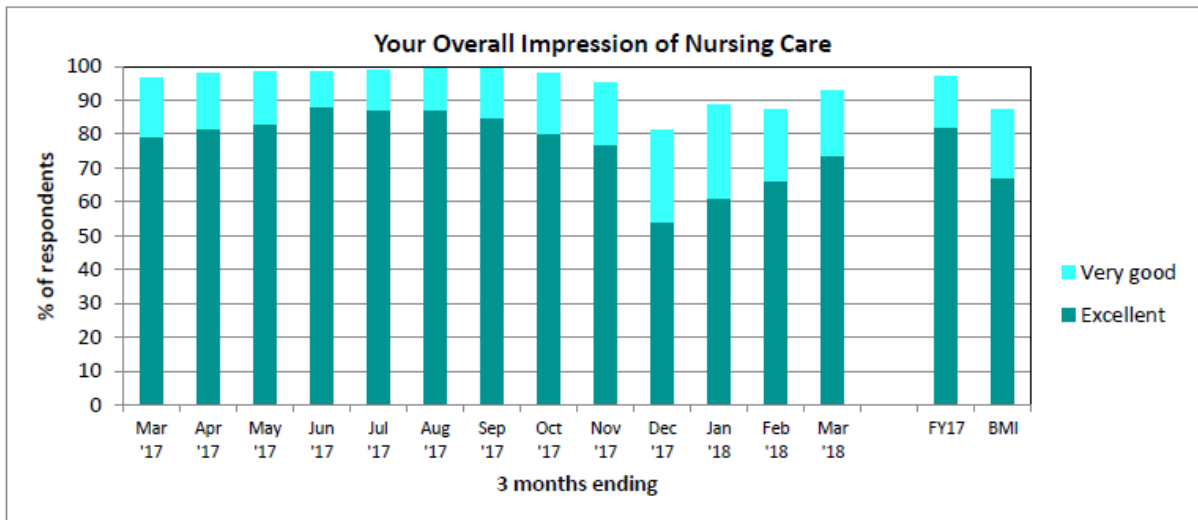
- Supporting patients to participate in the management of their pain by posters in the room, and additional education on pain assessment for clinical staff
- Auditing requirements for refurbishment in each area
- Working with the Head Chef to improve the catering options available, specifically for longer stay patients

The following graphs detail the patient’s response in relation to:

- Meeting expectations and dignity and respect
- Overall impression of the arrival process
- Overall impression of nursing care
- Did you feel you were treated with dignity and respect
- Overall impression of the discharge process

Each graph indicates a high level of satisfaction.





Complaints

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

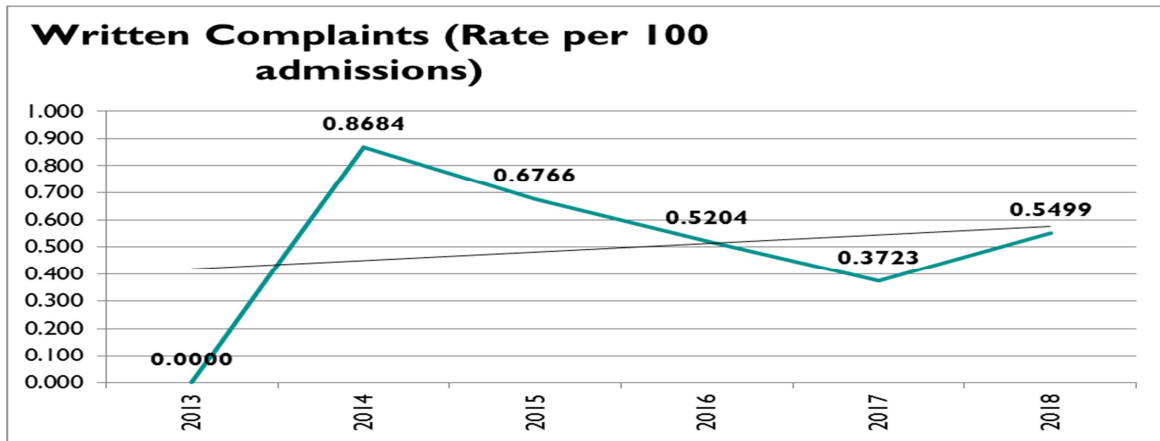
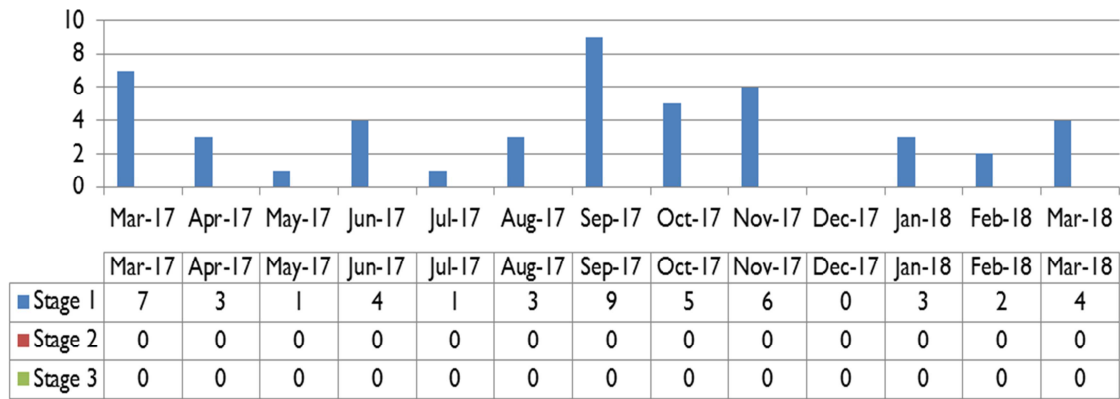
Stage 1: Hospital resolution

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.

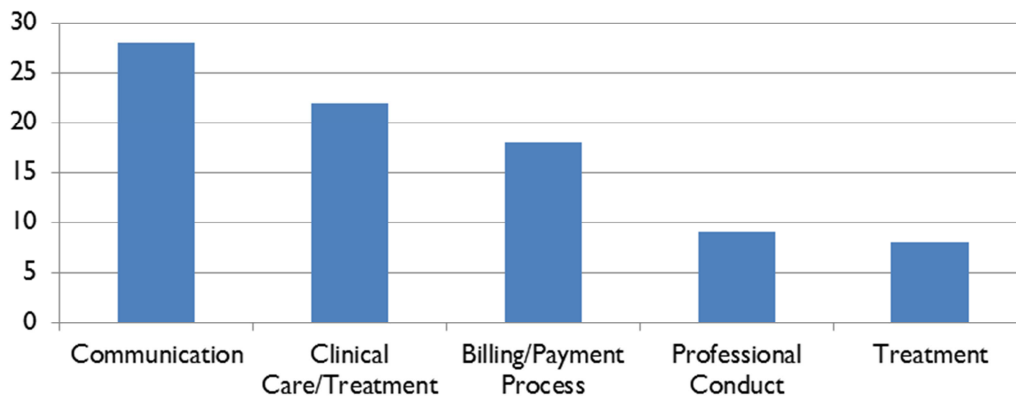
Over the course of 2017/18 a total of 41 complaints were received, all of which were responded to as a stage 1. The two graphs below provide a month on month breakdown of complaints received over the past year, and an indication of the rate per 100 admissions.

Complaint Stages



At BMI Mount Alvernia Hospital analysis of the complaints received indicated that a number were multifactorial. The main themes emerging during this period were in relation to communication, clinical treatment, and the billing process.

Top 5 Complaints



The investigation and response to complaints at BMI Mount Alvernia Hospital is considered an opportunity to learn and improve the quality of services provided. Where a complaint encompasses

several services, responses are sought from each area in order to compile joint response and ensure shared learning. Individual staff members are encouraged to participate in the investigation and are provided with feedback on outcomes.

Lessons learned during the period of this report include:

Communication issues identified:

- Review of process for pre-assessment to strengthen communication of identified risks to the consultant body; process for arranging pre-assessment within pre-determined timescales
- Apology to patients cancelled on day of surgery providing an explanation of circumstances leading to the event

Financial issues identified:

- Improved transparency around costings associated with pathology, steroid injection and other charges

Environment:

- Access to clocks. Clocks previously removed due to patients concerns. Clocks now available for those requesting them

CQUINS

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

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

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

Safeguarding

Safeguarding is about protecting people from abuse; 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 safeguarding events reported during the period of this report.

National Clinical Audits

BMI Mount Alvernia Hospital participates in the National Joint Registry Audit and all joint replacements data is submitted to this. BMI Mount Alvernia also contributes to the Annual Quality Audit on data submission which confirms accuracy of data submitted.

During the period April 2017 – March 2018 the hospital undertook a total of 203 operations (131 hip procedures, 71 knee procedures and 1 shoulder procedure). The overall consent rate for inclusion in the register within the reporting period the year was 86%. Totals for the hospital are detailed in the tables below.

Month	Completed operations	Hips	Knees	Ankles	Elbows	Shoulders	Consent rate - %
April	16	9	7	0	0	0	81
May	8	6	2	0	0	0	87
June	18	11	6	0	0	1	83
July	13	7	6	0	0	0	84
August	15	9	6	0	0	0	100
September	17	13	4	0	0	0	58
October	24	16	8	0	0	0	50
November	18	13	5	0	0	0	77
December	11	6	5	0	0	0	100
January	23	16	7	0	0	0	69
February	21	13	8	0	0	0	66
March	19	12	7	0	0	0	68
	203	131	71	-	-	1	86

The focus for the coming year is to improve the results in relation to obtaining **and** documenting consent.

Priorities for Service Development and Improvement

During 2017/18 there were a number of priorities for service development and improvement detailed within the Quality Account. The table below indicates the status of each action at the time of this report.

No	Action	Status
1	Introduction of an Urgent Care Centre	This action was completed in January 2018. The service is subject to audit in order to improve provision going forward.
2	Provision of a static in-house PET CT scanner. This will be the first PET scanner in a private facility and will support the Oncology work across the hospital.	The building works have commenced. Timescale for completion is estimated to be during Q4 (Jan- Mar) 2019
3	Expansion of current Ophthalmology Services available at site	This service has expanded to undertake more complex surgery. The service is subject to audit

Priorities for the coming year include:

- To continue to improve the patient experience – the introduction of a Patient Forum is planned in order to build on the feedback already received through the PLACE audit and Quality Health questionnaire
- Pain Management – Promote patient engagement in the management of pain through posters within the patient room and additional education on pain assessment for clinical staff
- Strengthen the pre-assessment process by enabling allocation of different level of assessment dependent on procedure
- Explore the possibility to expand outpatient service provision to include Paediatrics
- Focus on the patient environment – refurbishment programme
- Expand the capacity to undertake spinal procedures following purchase of new equipment

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 hospital 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.

In order to assess the culture and awareness of the hospital for patient safety BMI Mount Alvernia also conducted a local anonymous survey in September 2017 as part of the 'sign up to safety' campaign. The questions were based on the Act on Reporting document produced by the NPSA. Analysis of the responses indicated that staff recognised that patient safety is everyone's responsibility. Actions arising relate to provision of feedback and improving communication at handover at the start of a shift.



Staff Recommendation Results

Mount Alvernia Hospital	Staff Recommendations			
	2018	2017	National Average	Highest National Score
78.00%	75.61%	73.18%	89.98%	50.44%

BMI Mount Alvernia considers that this data is as described. The BMI Say staff survey took place in June 2017. Results of the 2017 staff survey indicated the areas for focus to be:

- Leadership
- Communication and change management
- Feeling valued, rewarded and benefits

The full findings were presented at a number of hospital forums open to all staff. The actions taken in response to the results include:

- Weekly 'this week-next week' email sent to all staff detailing key messages for the week from the Executive Director
- Staff Engagement Forum with representation from staff from a number of different areas
- Celebrate success events held in the restaurant to thank staff for combined achievements. E.g. for example when the hospital patient satisfaction scores and placement improved

Quality Indicators

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

All data provided by BMI Healthcare is for the period **April 2017-March 2018** to remain consistent with previous Quality Accounts, whilst the NHS data may not be for the same period due to HSCIC data availability. The NHS data provided is the latest information available from the HSCIC Indicator Portal.

Indicator	Source	Information	NHS Date Period
Number of paediatric patients re-admitted within 28 days of discharge and number of adult patients (16+) re-admitted within 28 days of discharge.	BMI Healthcare Risk Management System	This figure provided is a rate per 1,000 amended discharges.	Apr 2011 – Mar 2012
Number of <i>C.difficile</i> infections reported	BMI Healthcare Risk Management System	This indicator relates to the number of hospital-apportioned infections.	Apr 2014 – Mar 2015
Responsiveness to Personal Needs of Patients	Quality Health Patient Satisfaction Report	The responsiveness score provided is an average of all categories applied to Patient Satisfaction questionnaires answered by BMI Healthcare inpatients.	Feb 2016 – Jan 2017
Number of admissions risk assessed for VTE	CQUIN Data	BMI Healthcare only collects this information currently for NHS patients.	Jan 2017 – Dec 2017
Number/Rate of Patient Safety Incidents reported	BMI Healthcare Risk Management System	Based upon Clinical Incidents with a patient involved where the NPSA Guidelines deem a severity applicable.	Oct 2015 – Sep 2016
Number/Rate of Patient Safety Incidents reported (Severe or Death)	BMI Healthcare Risk Management System	Based upon Clinical Incidents with a patient involved where the NPSA Guidelines deem a severity applicable.	Jul 16 – Jun 17

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

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

Mount Alvernia Hospital	Re-Admissions (Aged 18+)			
2018	2017	National Average	Highest National Score	Lowest National Score
2.759	1.064	10.010	41.650	0.000

The table details that BMI Mount Alvernia had a lower than average number of re-admissions over the period of this report. BMI Mount Alvernia does not admit patients under the age of 18.

All cases of re-admission are reviewed as part of a Mortality and Morbidity review programme and presented at the Clinical Governance Committee to ensure any lessons learned can be shared.

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

Mount Alvernia 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

The table details that BMI Mount Alvernia had a lower than national average number (n=0) reported cases of c.difficile over the period of the report.

Hospitals responsiveness to the personal needs of its patients

Mount Alvernia Hospital	Responsiveness			
2018	2017	National Average	Highest National Score	Lowest National Score
93.79%	94.27%	69.22%	78.00%	60.10%

The table indicates that BMI Mount Alvernia responsiveness to the patient's individual needs rates highly when compared to the highest national average score. This can be seen in part due to the engagement of all staff in prioritising the patient experience. On-going customer care training, available to all staff groups, may also contribute to these results.

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

Mount Alvernia Hospital	VTE			
2018	2017	National Average	Highest National Score	Lowest National Score
100.00%	100.00%	95.77%	100.00%	81.60%

At BMI Mount Alvernia, completion of VTE risk assessment on/before admission and at 24 hours is subject to audit on a regular basis. The audit results support the scores documented in the table above.

Patient Safety Incidents

Mount Alvernia Hospital	Patient Safety Incidents (Rate per 1000 Bed Days)			
2018	2017	National Average	Highest National Score	Lowest National Score
181.149	157.503	43.292	149.700	11.200

BMI Mount Alvernia considers that the data within the table above demonstrates that there is a positive reporting culture, with evidence of reporting of no, low and near miss events throughout the reporting period.

Staff are encouraged to report using the on-line reporting system and receive electronic feedback directly following completion of the review and closure of the event. The system also allows for the identification of emerging trends for further action.

Patient Recommendation Results

Mount Alvernia Hospital	Patient Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
98.62%	98.83%	97.07%	100.00%	75.61%

BMI Mount Alvernia considers that the data in the table above reflects the feedback from patients from the patient satisfaction survey, and supports the emphasis staff place on the patient at all stages of their journey.

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**Guildford and Waverley
Clinical Commissioning Group**

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18 May 2018

Dear Mr Newth

NHS Guildford and Waverley Clinical Commissioning Group

Commissioner Statement for NHS Guildford and Waverley Clinical Commissioning Group

Guildford and Waverley Clinical Commissioning Group (G&W CCG) welcomes the opportunity to comment on the BMI Healthcare/Mount Alvernia Hospital Quality Account for 2017/18.

Having reviewed the draft Quality Account document for 2017/18, the CCG is satisfied that it gives a general account and analysis of the quality of services provided. There is also appropriate evidence of the hospital's quality focus. The detail is in line with the data supplied by BMI Healthcare/Mount Alvernia Hospital during the year 2017/18, and reviewed as part of performance requirements under the contract with G&W CCG.

Following our review, we are assured that the Hospital's Quality Account sets out and meets the mandated requirements. Performance over the year is detailed; where performance has not been met, further actions for improvement have been outlined in the report.

Quality and Safety improvement areas for 2017/18

The hospital is commended for their continued work and emphasis on the quality of patient care. The CCG is satisfied that the areas identified by the Hospital reflect the Quality Account requirements in relation to Patient Safety, Clinical Effectiveness and Patient Experience.

The Quality Account provides a summary of progress made in 2017/18. In particular, the CCG would like to note the following areas of achievement:

- Patient Led Assessment of the Care Environment (PLACE): This tool has been used by BMI/Mount Alvernia Hospital for assessing the quality of patient environment. Assessments involve patients and staff who assess the Hospital in terms of how the environment supports patients' privacy and dignity, food, cleanliness and general

maintenance. Excellent results have been achieved in the areas of cleanliness, food, condition, appearance and maintenance of the premises, dementia and disability.

One area of focus for further improvements is that of confidentiality and privacy when patients are admitted or appointments are made.

- Venous Thromboembolism (VTE): This is a key area for BMI Healthcare which continues to hold the VTE Exemplar Centre status by the Department of Health across its whole network of hospitals – including Mount Alvernia. This is an important initiative for the organisation in further assuring patient safety and care. An audit of compliance with VTE risk assessments, either in pre-assessment or on admission, has shown 100% compliance in the last year.

The following areas of improvement are noted, against which the hospital has summarised plans for improvement:

Staff recommendation: Results of the 2017 staff survey indicated the areas for focus to be:

- Leadership
- Communication and change management
- Feeling valued, rewarded and benefits

The CCG welcomes the inclusion of the following areas of focus within the Quality Account Priorities identified for 2018/19:

- Introduce a Patient Forum, to build on the feedback through the PLACE audit and Quality Health Questionnaire.
- Promote patient engagement in the management of pain and additional education on pain assessment for clinical staff.
- Continue to improve the patient environment.

The Commissioner is satisfied with the accuracy of the data contained in the Quality Account.

In conclusion, G&W CCG would like to thank BMI Healthcare/Mount Alvernia Hospital for sharing its draft Quality Account document, and is satisfied that it accurately reflects the work undertaken in Quality and Patient Safety. As a Commissioner, we have a positive relationship with the Hospital and we will continue to work together to ensure continuous improvement in the delivery of safe and effective services for our patients.

Kind regards



Clare Stone
Executive Director of Quality
Surrey Heartlands CCGs (Guildford and Waverley, North West Surrey and Surrey Downs CCGs)