



Sarum Road
Hospital

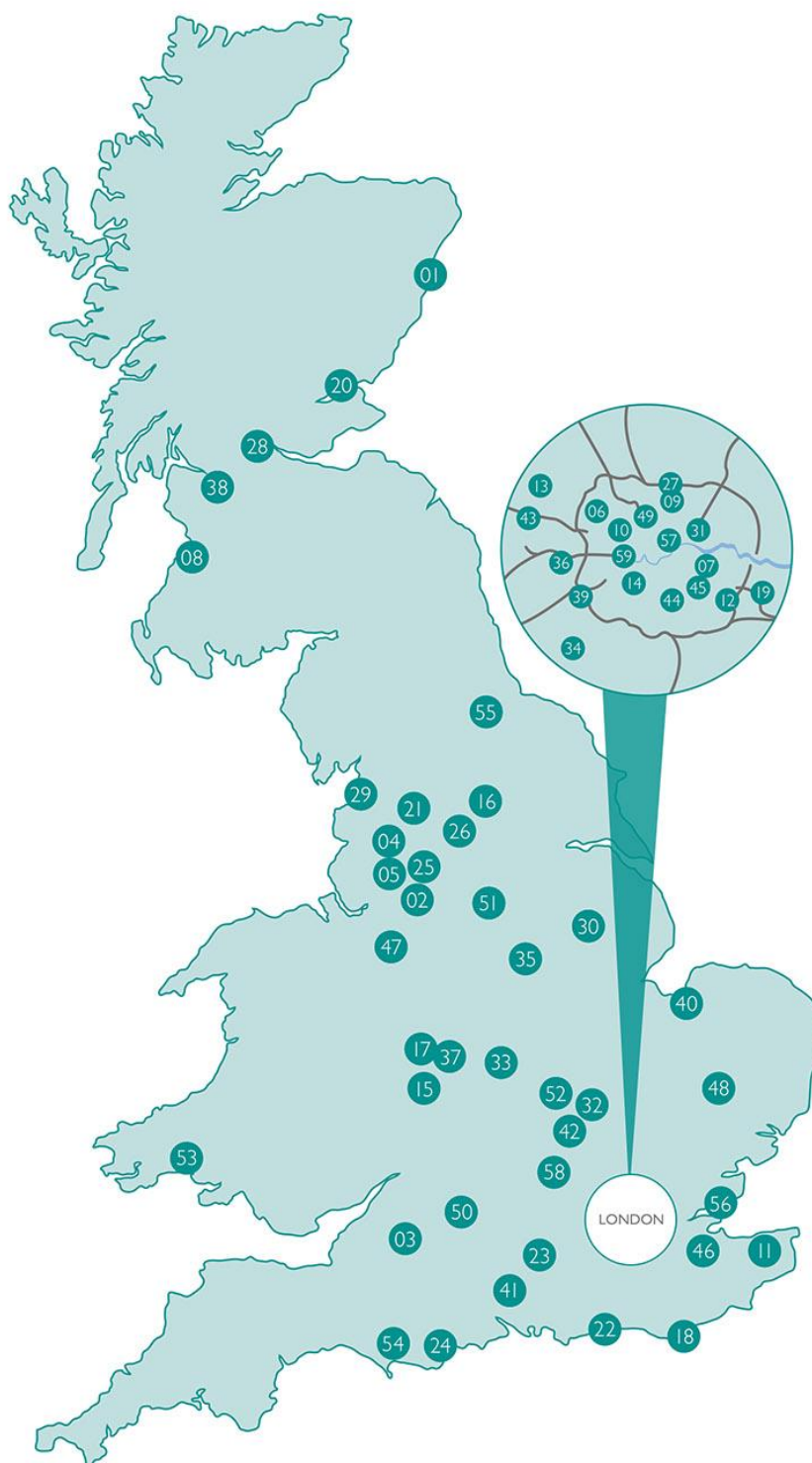
QUALITY ACCOUNTS 2018

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Our network of hospitals

BMI Healthcare is the largest private hospital group in the UK, offering a broad range of services to patients funded by PMI, the NHS and through self-funding. BMI Healthcare offers services through 59 sites, which include acute hospitals, day case only facilities and outpatient clinics.



Group Chief Executive's Statement



The BMI Healthcare Quality Account for 2018 is a measure of the quality of the care provided at our 59 hospitals and clinics across the UK.

When I joined BMI Healthcare in October 2017, I asked all our hospitals and corporate teams to align around a shared objective of improving quality of patient care. Our regulators – the Care Quality Commission in England, Health Improvement Scotland and Healthcare Inspectorate Wales – inspect our hospitals and provide us with valuable feedback and I am pleased to report a constructive relationship with each of our regulators.

Together, we have been working to both celebrate and share good practice and also to focus on areas where we needed to improve. All our hospitals are working through individual action plans designed to improve patient care, and our hospital and corporate teams are increasingly aligned and supporting each other around this common purpose. As a consequence, I have confidence that we will continue to improve our regulatory rankings.

Over the course of the year, we have invested in our hospitals to meet the standards required by our regulators, and that our patients expect us to achieve.

We have enhanced the clinical support for our hospital teams, with the appointment of a full-time Group Medical Director and by reinstating the role of Regional Director of Clinical Services. These important appointments are crucial if we are to achieve our clinical objectives, with all staff and all Consultants working to the same level of compliance and quality right across our hospital network.

The safety of our patients remains paramount. We have participated in the Surgical Site Infection Surveillance Service coordinated by Public Health England and Health Protection Scotland and have seen a year on year improvement since we started taking part in 2015. We were the first private hospital group to sign up to the Safer Surgery Commitment and recognise the importance of adherence to the World Health Organisation's checklist for safe surgery.

Our cancer centres are achieving Macmillan Quality Environment Marks for the high standard of the environment within which people are treated. Similarly we have a number of hospitals which have achieved Joint Advisory Group (JAG) accreditation for their endoscopy services. Our other endoscopy units are also making progress towards the same goal.

Digital technology increasingly gives us the opportunity to improve how we handle information in order to improve patient care. We already use e-prescribing across our cancer centres, enabling all health professionals in contact with a particular patient to access the same tumour protocols and see the same up-to-date patient information to better inform prescribing decisions and minimise risk. We are moving towards a new system of electronic patient records that will give the same high level of assurance for all patients choosing BMI for their healthcare.

From a corporate and governance point of view, we have rationalised and refocused our committees at both a business and a hospital level, giving each clear areas of responsibility and providing a line of sight between head office and hospital. We continue to adopt an integrated audit approach, so that we can maintain a holistic overview of how hospitals and teams are performing against agreed standards and procedures.

Ultimately, we are here for our patients; their feedback is important both for reassurance that we are working in line with their expectations and to help highlight areas where we need to pay closer attention. Each year we ask our patients if they would recommend us to their friends and family – in 2017, 98.5% of those asked agreed that they would.

The information in this Quality Account has been reviewed by our Governance Committee and I am reassured that this information is accurate.

The data and graphs provide us with an indication of performance, but they only start to tell the story of our committed and dedicated staff. Their experience and expertise has led to positive outcomes and, in many cases, life-changing procedures for so many of our patients.

To our hospital and corporate teams, I would like to say thank you.

A handwritten signature in black ink that reads "Karen." with a period at the end. The signature is written in a cursive, slightly slanted style.

Dr Karen Prins

Hospital Information



The hospital has two theatres, a day care unit, an extended recovery unit and an oncology unit. 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. This specialist expertise is supported by caring and professional medical staff, with dedicated nursing teams and Resident Medical Officers on duty 24 hours a day, providing care within a friendly and comfortable environment.

A significant amount of refurbishment was undertaken throughout the hospital during the year, in many cases continuing projects commenced last year.. This includes:

Ground floor:- Replacement furniture in Reception; refurbishment of the ground floor disabled toilet; replacement of three hand wash sinks; new hearing booth for Health screening/ ENT consultations.

First Floor:- New flooring to replace carpet on the remainder of the ward corridor; new door by room 18 – 21 creating a secure environment for paediatric patients; theatre corridor flooring; anti-microbial wall covering and flooring in Theatres One and Two; anti-microbial wall covering in Recovery; cupboards in both anaesthetic rooms replaced; new Turis equipment for theatres; electronic Patient Wristbands introduced replacing hand written wristband.

Exterior:- Window replacement (Phase I); replacement waste compound, relining of parking spaces in staff car park..

32.5% of overall work is attributed to NHS patients. This includes an ongoing Urology and Orthopaedic revision surgery SPOT contracts with University Hospitals Southampton (UHS) and Hampshire Hospitals NHS Foundation Trust (HHFT) for Orthopaedic – Hip & Knee surgery. Recently, UHS have extended the Urology SPOT contract to include children.

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 Sarum Road Hospital is registered as a location for the following regulated services:-

Treatment of disease, disorder and injury

Surgical procedures

Diagnostic and screening

Family Planning

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

The CQC carried out an announced inspection on 24th and 25th February 2016, followed by an unannounced inspection on 3rd March 2016, and gave the hospital an overall rating of good.

SAFE	Good	
CARING	Good	
RESPONSIVE	Good	
EFFECTIVE	Good	
WELL-LED	Good	

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

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

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

At present we provide full, standardised information to the NHS, including coding of procedures, diagnoses and co-morbidities and PROMs for NHS patients. There are additional external reporting requirements for CQC/HIS/HIW, Public Health England (Previously HPA) CCGs and Insurers

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

This data (once PHIN is fully established and finalised) will be made available to common standards for inclusion in comparative metrics, and is published on the PHIN website <http://www.phin.org.uk>.

This website gives patients information to help them choose or find out more about an independent hospital including the ability to search by location and procedure.

Safety



Infection Prevention and Control

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

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

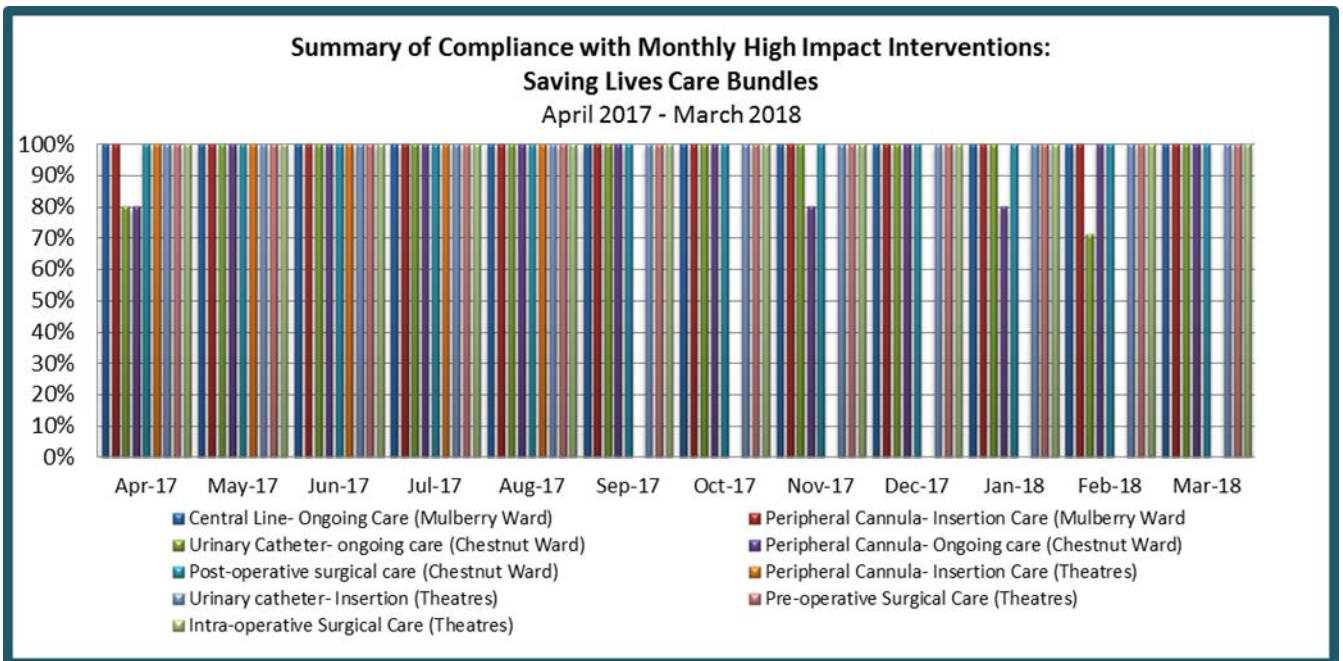
Hospital Attributable Infection	Rate (per 100,000 Bed Days)
MRSA	0.0000
MSSA	0.0000
E.Coli	0.0000
C.difficile	0.0000

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

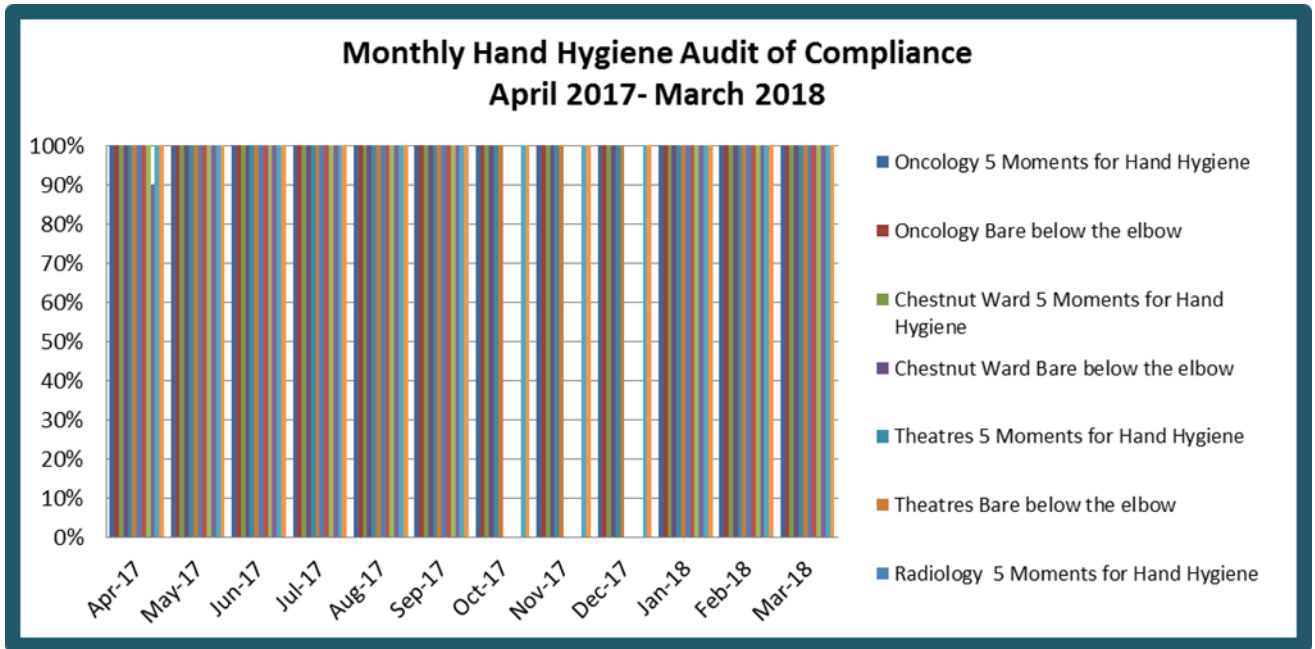
Measure	Rate (per 100 procedures)
Hips	0.00800
Knees	0.00000

The hospital conducts monthly audit of compliance with High Impact Interventions (Saving Lives Care Bundles) based on the epic 3 standards. The graph below shows monthly compliance with care bundles for care of patients with peripheral cannula, central venous catheter, indwelling catheter and patients undergoing surgery.

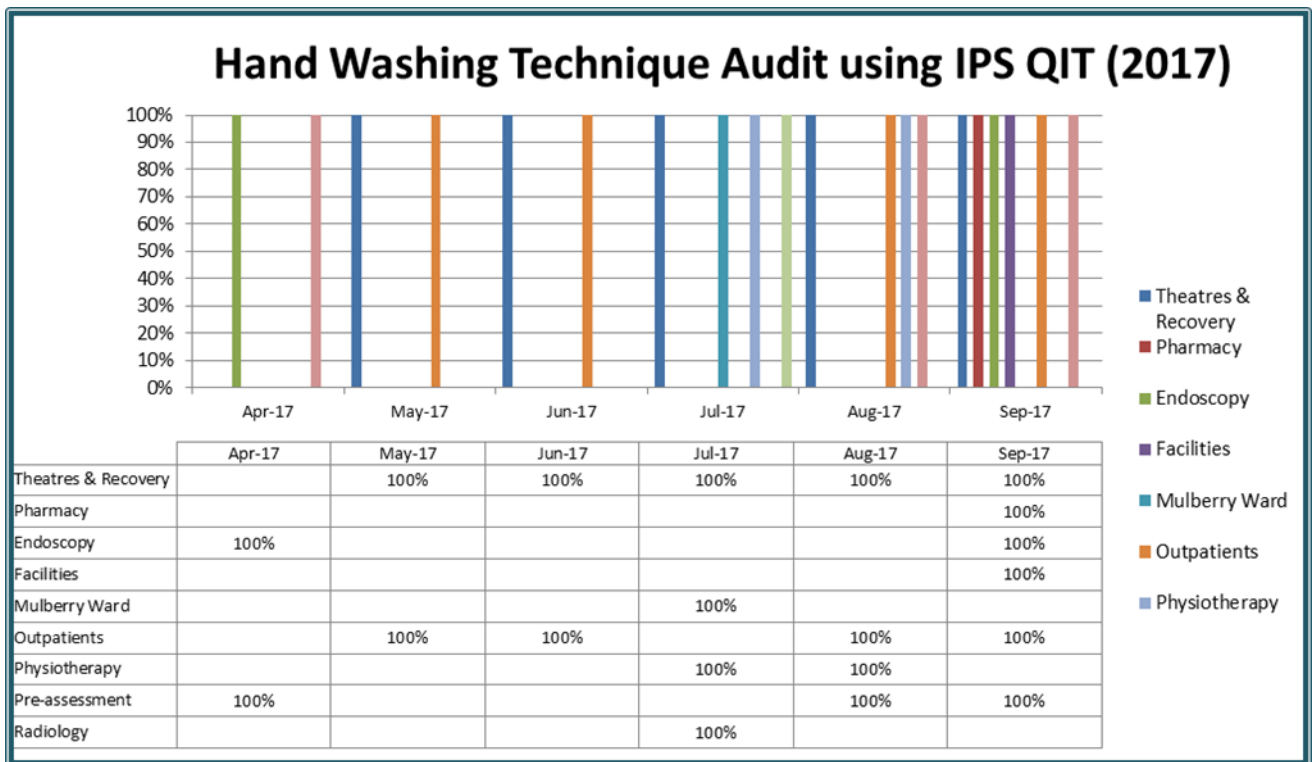
These audits are conducted by Infection Control Link Practitioners in each area and the result shared with all the teams. Each area formulates their own action plan in response to areas of non-compliance.



Compliance with bare below the elbow and 5 Moments for Hand Hygiene are also audited monthly by the Infection Control Link Practitioners. (See graph below.)

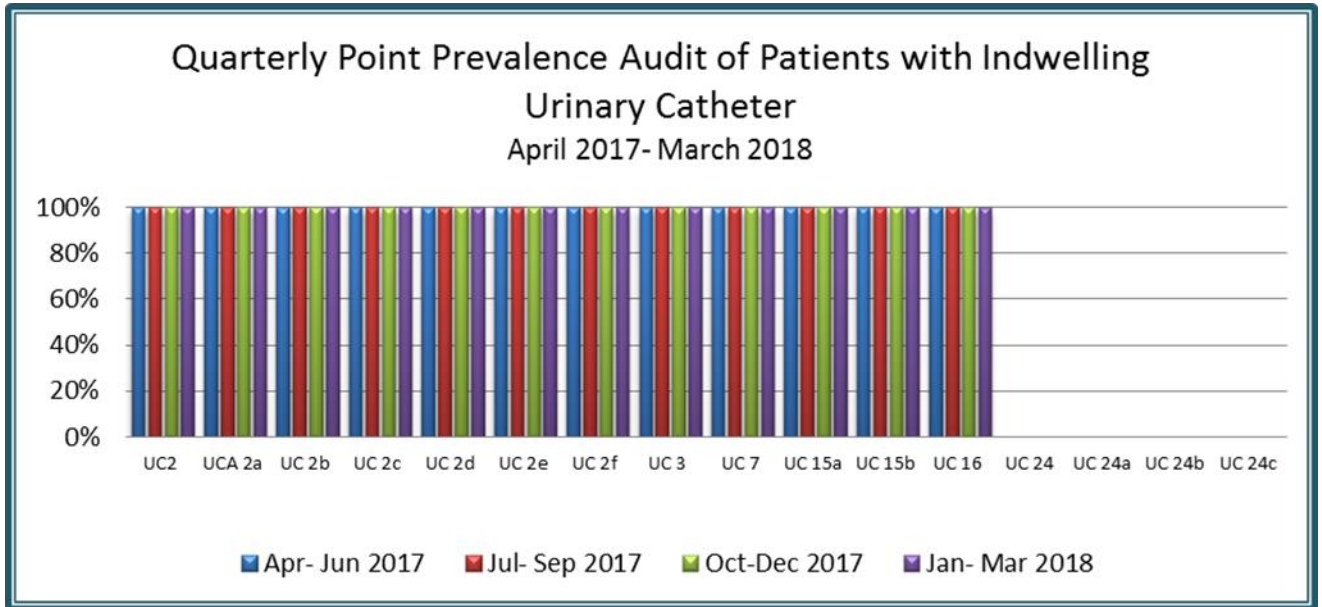


The Hospital Infection Prevention and Control (HIPC) Lead also conducts periodic assessment of staff handwashing technique as part of the yearly mandatory infection control training for all staff. The graph below shows compliance with correct hand washing technique as per the standards set in the Infection Prevention Society Quality Improvement Tool.



The hospital conducts quarterly point prevalence surveillance of patients with indwelling urethral catheters to monitor how we are looking after our patients with indwelling catheter and the information and support that patients receive when they are discharged from hospital with an indwelling urethral catheter.

The graph below shows consistently good compliance with the set criteria based on epic 3 guidelines.



In April 2017, in line with the Orthopaedic Enhanced Recovery Programme and with support from our anaesthetists and staff from operating theatre and the ward, the hospital introduced a set of guidelines to reduce the number of patients who are catheterised following major joint arthroplasty.

All patients having a spinal anaesthetic are at risk of developing urinary retention. This risk is increased if opiates are used in the spinal. Male patients over the age of 70 are particularly at risk of developing urinary retention post-operatively and the guidelines assisted in the management of patients post joint arthroplasty.

The guidelines were set to achieve the following standards:

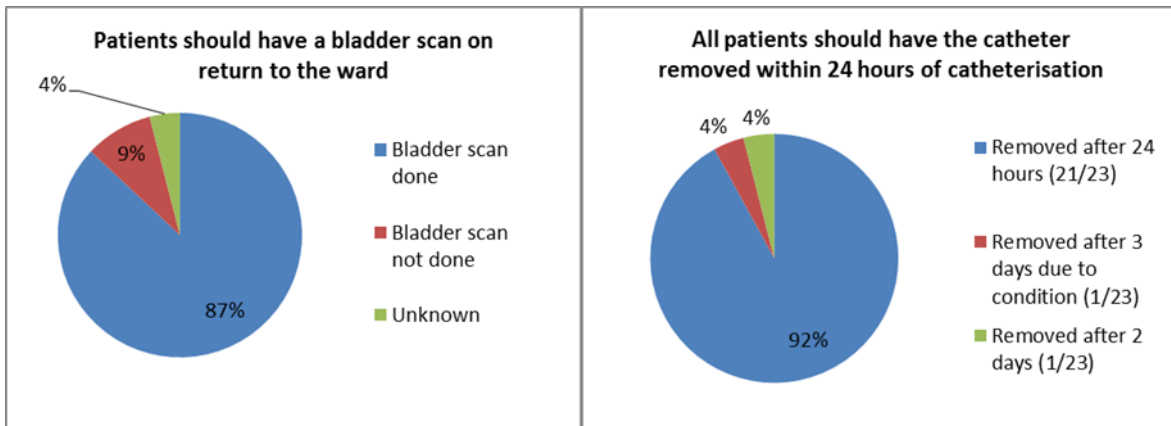
Following Total Joint Arthroplasty (Total Hip Replacement [THR] & Total Knee Replacement [TKR]):

- All patients should have a bladder scan on return to the ward
- If the bladder volume is >500mls then the patient should be encouraged to void urine
- If they remain unable to void urine after 30 minutes, they should undergo indwelling catheterisation to empty their bladder

- If the bladder volume on scan is <500ml patients should have repeat bladder scan every 2 hours until they have either passed urine or the bladder volume is >500ml, then proceed as above
- All patients should have the catheter removed within 24 hours of catheter insertion

Fifty patients who had THR and TKR over the months of April- June 2017 were retrospectively audited against the standard set on the guidelines above.

Results of the audit showed good compliance with the guidelines. Majority (87%) of patients had a bladder scan on return to the ward and of those who were catheterised, 92% had the catheter removed within 24 hours. Early removal of indwelling urethral catheter reduces the risk of urinary tract infection. Continued monitoring through quarterly spot checking of patients with indwelling catheter supports the implementation of the guidelines. Results are shared to all relevant staff and are made accessible on shared drive.



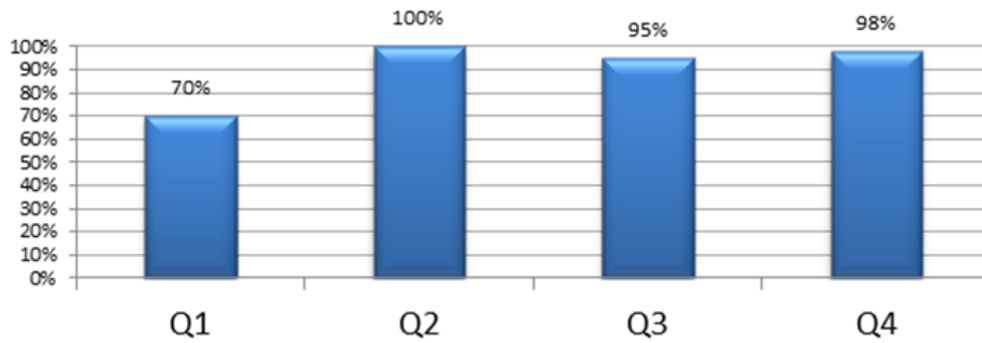
The annual sharps audit was conducted in July 2017 with majority of the relevant areas achieving 100% compliance in safe management of sharps items/equipment (see Table below with clinical areas included in the audit and the standards against all the areas were assessed).

Result of the audit was shared with all the relevant teams and each team actioned areas of non-compliance.

AREA	Number of sharps containers inspected	POSSIBLE SCORE	Number of sharps containers with protruding items	Number of sharps containers incorrectly assembled	Number of sharps containers with non-matching lid & label	Number of sharps containers with items above the fill line	Number of sharps containers sited on the floor or at an unsuitable height	Number of sharps containers unlabelled whilst in use	Number of sharps containers with significant inappropriate contents	Number of sharps containers with temporary closure not in use when left unattended or during movement	NUMBER OF NON COMPLIANCES	ACTUAL SCORE	PERCENT COMPLIANT
Chestnut Ward	7	56	0	1	0	1	0	2	1	0	5	51	91.07%
Endoscopy	3	24	0	0	0	0	0	0	0	0	0	24	100.00%
Imaging	1	8	0	0	0	0	0	1	0	0	1	7	87.50%
Oncology	2	16	0	0	0	0	0	0	0	0	0	16	100.00%
OPD	5	40	0	0	0	0	0	0	0	0	0	40	100.00%
Pharmacy	3	24	0	0	0	0	0	0	0	0	0	24	100.00%
Physiotherapy	1	8	0	0	0	0	0	0	0	0	0	8	100.00%
Theatres	7	56	0	0	0	0	0	0	0	0	0	56	100.00%

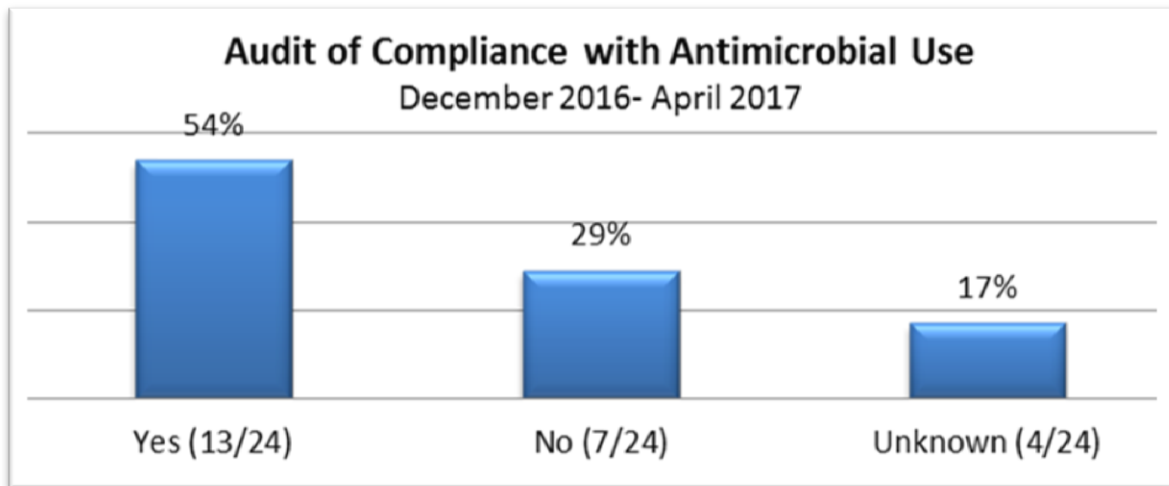
There is a quarterly point prevalence audit of compliance with MRSA screening where all patients over any 2 week-period are audited against the standards set in the MRSA screening. The policy changed in May 2017. Quarters 2-4 have seen an improvement when compared to Qtr1 2017/18 with Quarter 2 achieving 100% compliance.

MRSA screening Quarterly Compliance Rates 2017-2018



Quarterly results are shared with all the relevant teams and areas of non-compliance are escalated to heads of departments for review and action.

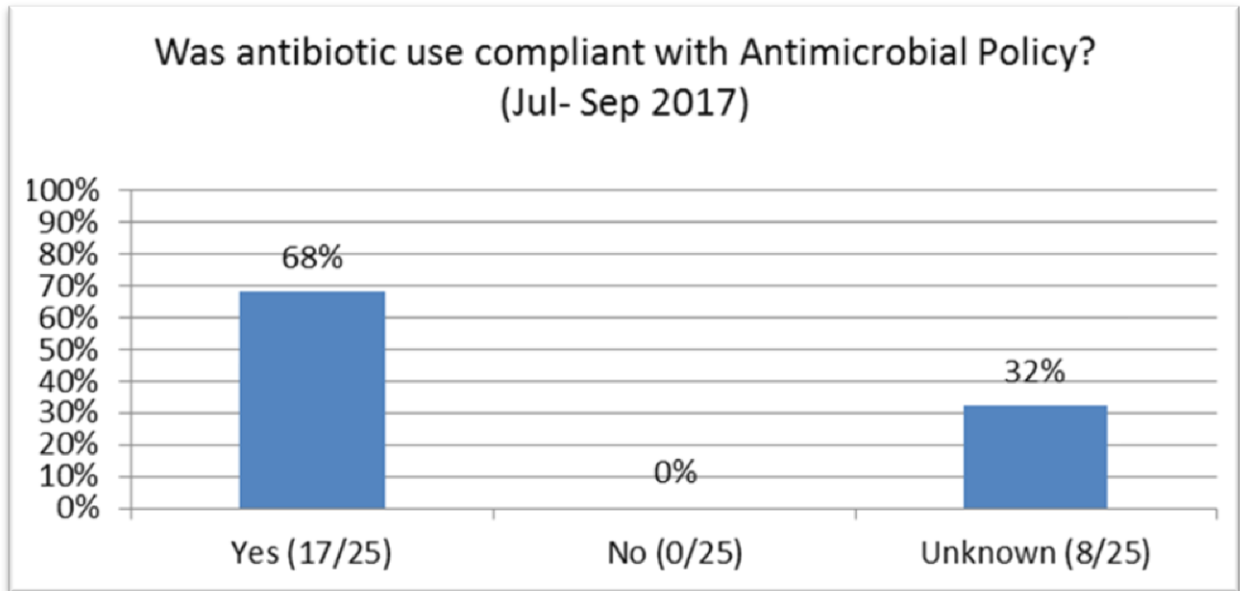
There is an annual antibiotic prescribing audit based on the antimicrobial audit data collected from December 2016 to April 2017, about 1/3 of antimicrobials prescribed were not compliant with recommended best practice (using HHFT Microguide).



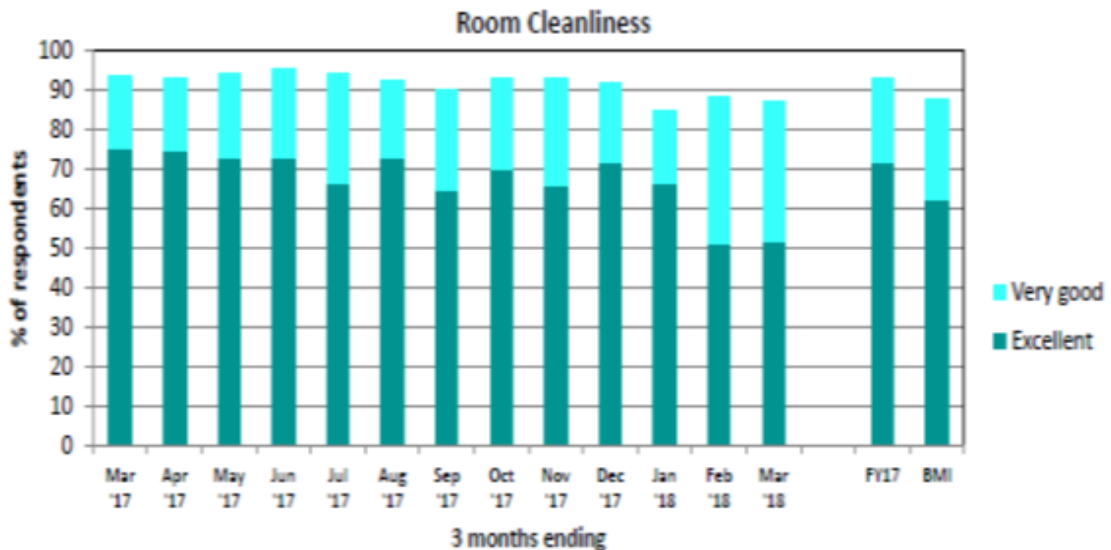
Results of this audit were reported back to BMI Sarum Road Hospital’s IPC Committee and Clinical Governance Committee. As a result of this audit, the IPC Doctor (Consultant Microbiologist), HIPC Lead, and Antimicrobial Pharmacist have been working closer with the consultants with their choice of antibiotics, providing advice face-to-face or over the telephone. Information on how to download the HHFT Microguide has also been made available in all computer terminals. The RMO at BMI

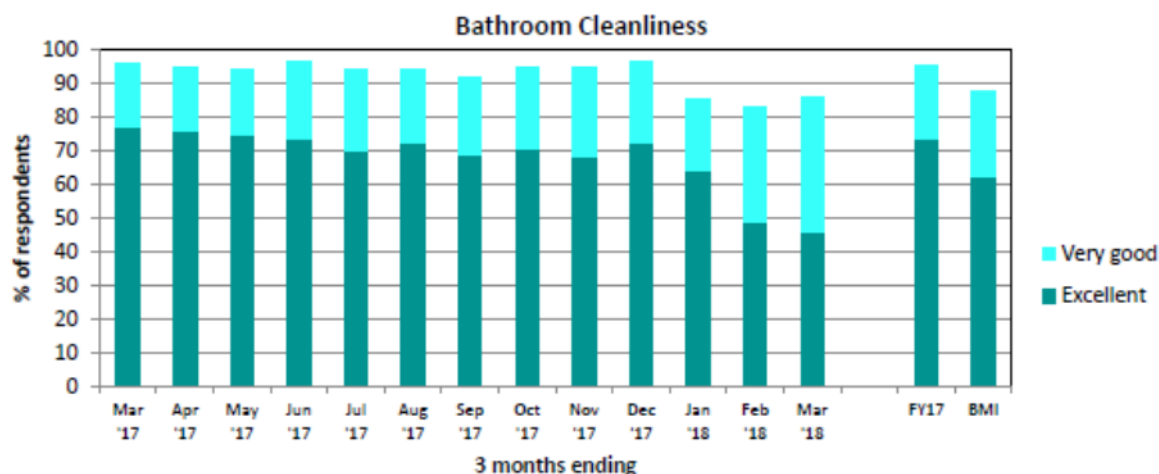
Sarum Road has been provided with a mobile phone with a direct link to the HHFT Microguide for convenient access when needed.

A follow up audit conducted in October 2017 showed some improvement in compliance with antimicrobial policy (see graph below) but work continues to improve how clinicians are prescribing and prescribing of most appropriate antimicrobials for patients with support from the Infection Control Doctor/Consultant Microbiologist, IPC Lead, and all the clinicians.



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





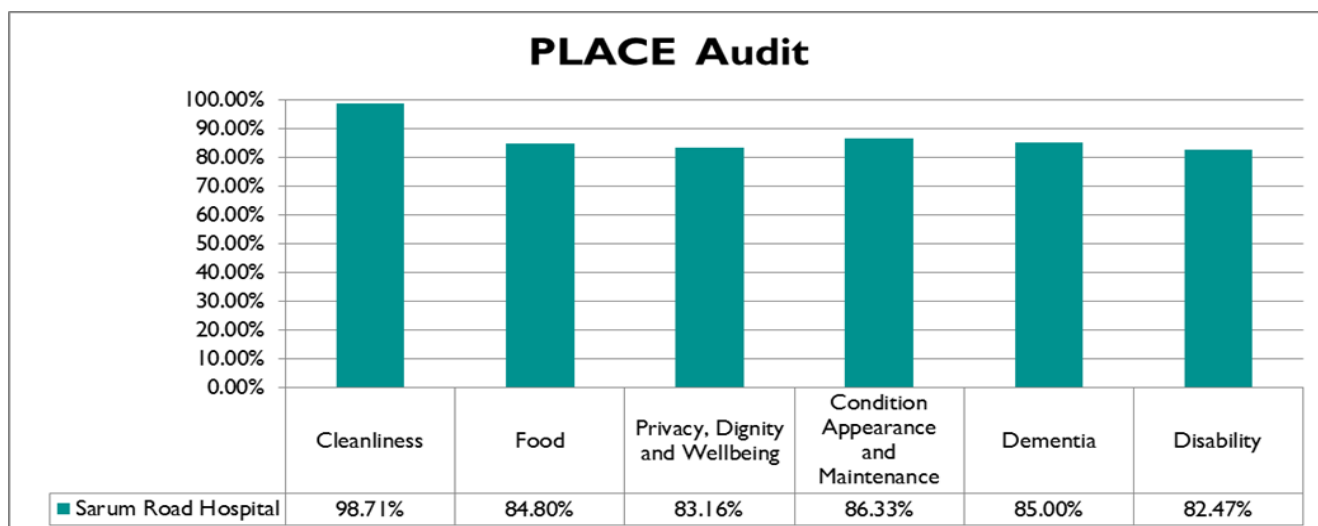
Patient Led Assessment of the Care Environment (PLACE)

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

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

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

The results will show how hospitals are performing nationally and locally. In last year’s PLACE audit, BMI Sarum Road Hospital’s Cleanliness Score has been consistently very good, with a score of 98.71%. Our Facilities Team and Catering Department (Compass) are working together to provide better food quality and service to our patients. We are also continuing to make improvements to providing a more supportive healthcare environment for patients with dementia and disability.



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.

Duty of Candour Incidents
2

Case 1 – On 21st June 2017, BMI Sarum Road Hospital were informed by the Thrombosis Co-ordinator of the local NHS Trust Hospital that a patient had been diagnosed with DVT of right SFV vein 17 days post discharge from hospital.

Patient had Right Total Hip Replacement on the 24th May 2017 and was discharged three days later. Patient prescribed 4 weeks of anti-coagulant medication but only dispensed with 2 weeks.

The Executive Director made the Duty of Candour disclosure on 3rd July.

Outcome - Patient was informed that we would be investigating to establish whether the DVT was avoidable. Following the investigation there was emphasis on the importance of mobilisation post discharge and having a conversation with patients at pre-assessment to fully establish level of activity at home and also to specifically ask if the patients have pain in legs not associated with the hip/knee pain. i.e. calf pain or pain behind the knee.

BMI Thrombosis group agreed that this VenousThromboembolism (VTE) was potentially avoidable because pharmacological prophylaxis was not in accordance with National Institute for Health and Care Excellence (NICE) guidance for post hip replacement surgery.

Case 2 - Patient was identified to have deep/ joint space surgical site infection within 1 year after revision hip replacement.

Patient's son informed the hospital that his father was admitted into an NHS hospital and had another surgery to manage the infection following revision of hip replacement in March 2017. He deteriorated, was admitted to ITU and died on 8th July 2017 from hospital-acquired pneumonia and acute respiratory distress syndrome.

The Consultant Orthopaedic Surgeon made the Duty of Candour disclosure on 21st July 2017.

Outcome – Root Cause Analysis did not demonstrate any specific lessons to be learnt however the management of the patient was identified as satisfactory all points of care were compliant with standards.

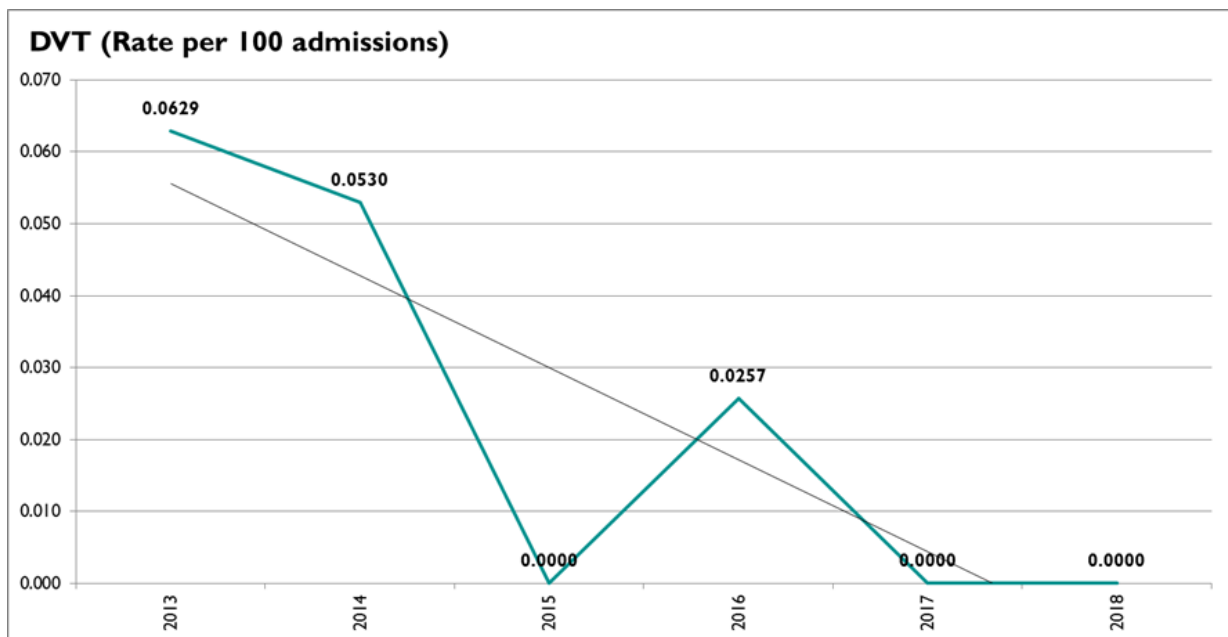
Venous Thrombo-embolism (VTE)

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

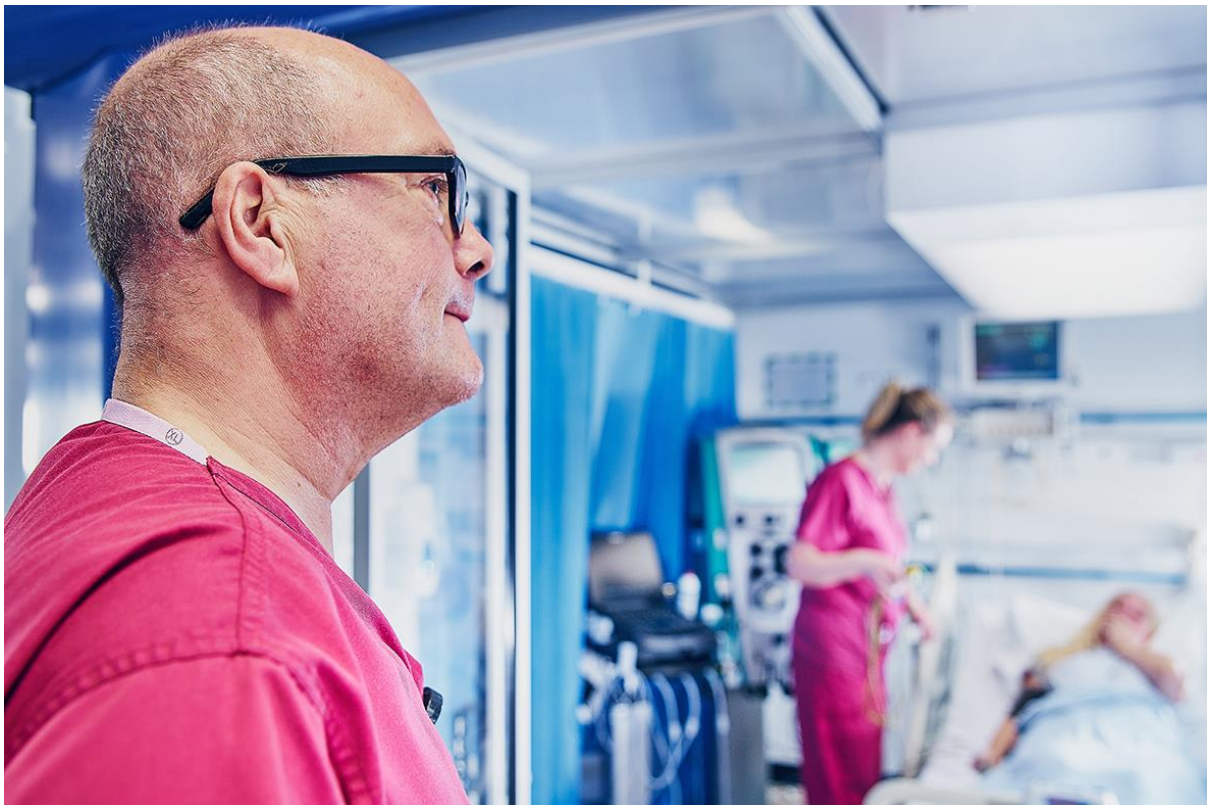
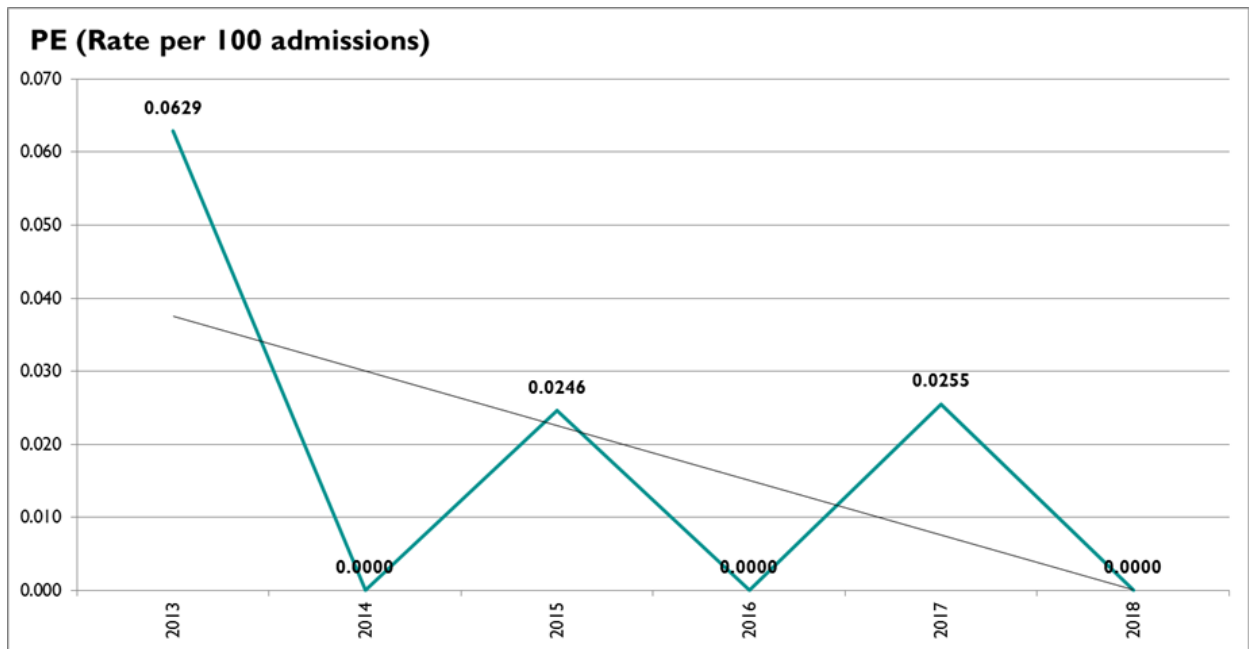
We see this as an important initiative to further assure patient safety and care. We audit our compliance with our requirement to VTE risk assessment every patient who is admitted to our facility and the results of our audit on this has shown

VTE Risk Assessment Compliance Percentage	
VTE	100.00%

BMI Sarum Road 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.



As previously referred to on page 18, there was a VTE episode in 2017. However, there is no representation on the graph above which will be addressed during a data cleanse of the electronic reporting system.



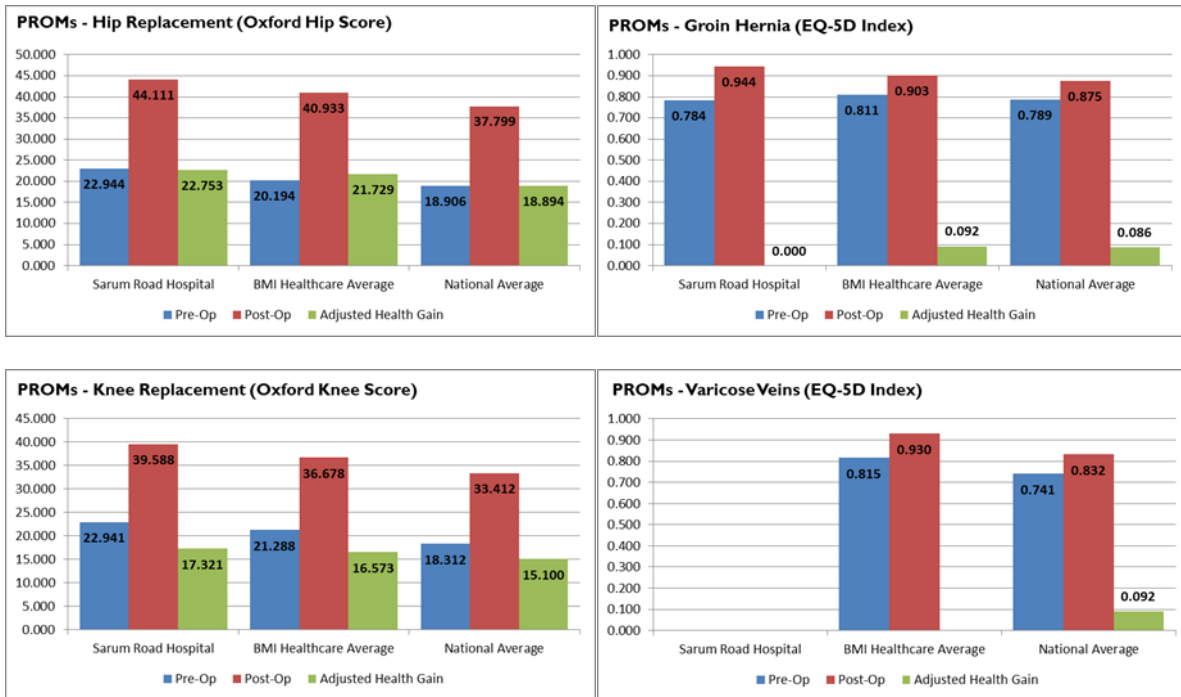
Patient Reported Outcome Measures (PROMS)

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 Sarum Road Hospital.

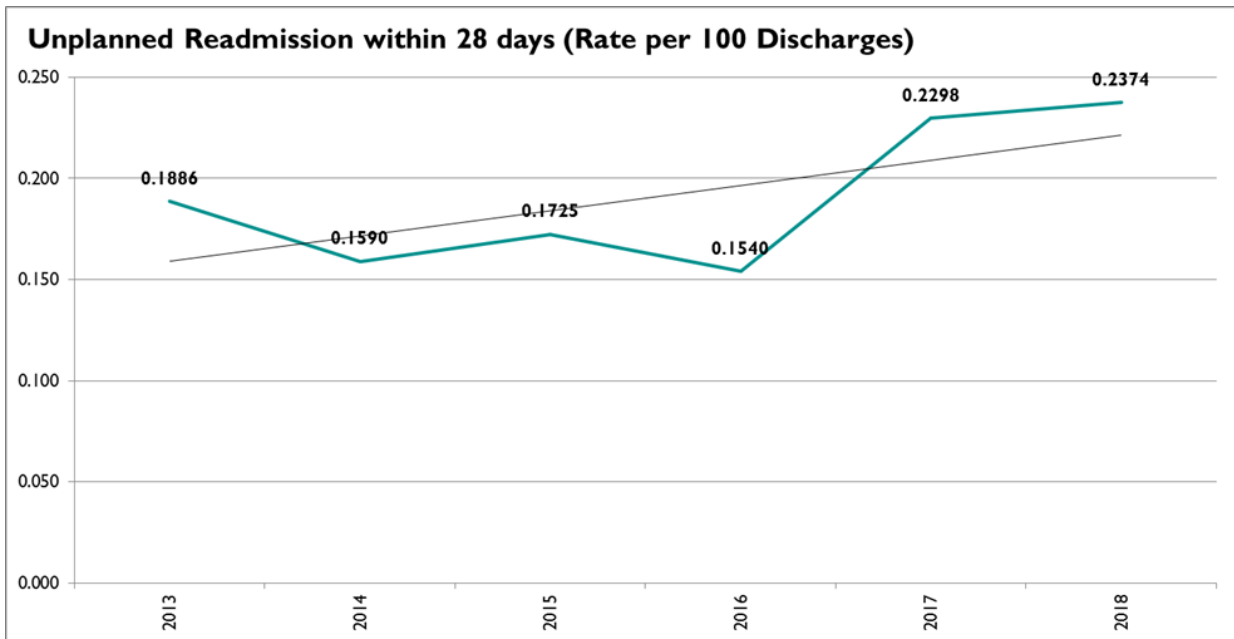
The PROMs data for 2016-17 showed that the health gain for patients treated at BMI Sarum Road Hospital for both Hip and Knee Replacement was above national average. Pre and post op joint classes for hip and knee surgery were established during 2016 and this has resulted in a significantly higher health gain for patients treated at BMI Sarum Road Hospital than the national average.

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



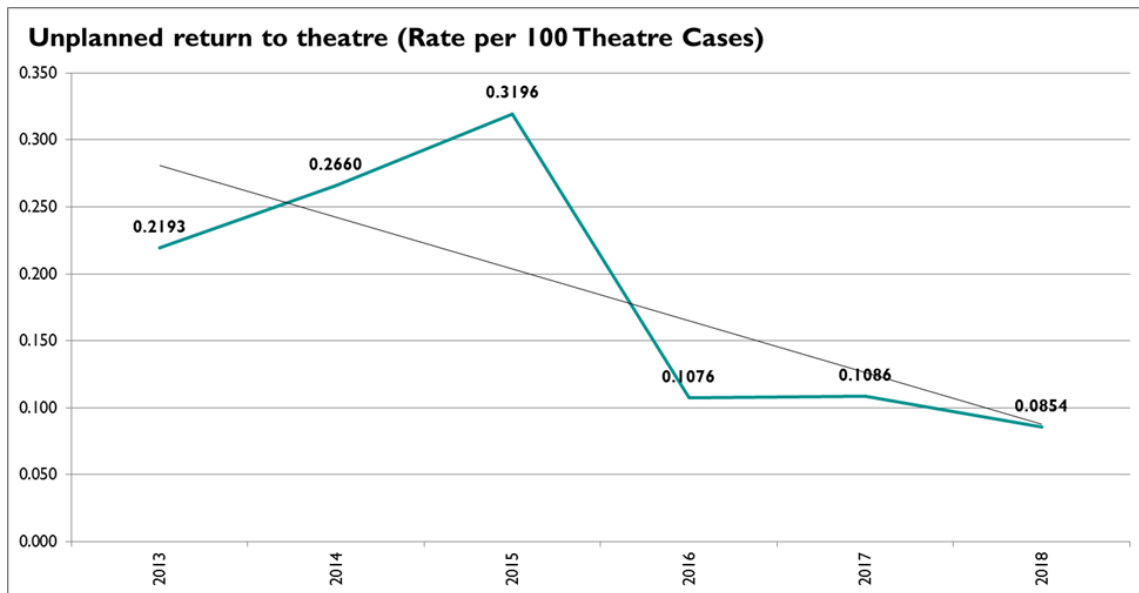
Unplanned Readmissions & Unplanned Returns to Theatre

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



Whilst the graph reflects a slight upward trend over the past five years, the readmission rate per 100 discharges remains below 0.5%. Each readmission is reviewed at Clinical Governance and Medical Advisory Committee meetings to identify trends or actions required. No trends have been identified and it should be noted that approx. 50% of readmissions do not involve a return to theatre. No further action required at present.

6 monthly benchmarking is undertaken against other medium sized hospitals across BMI Healthcare. BMI Sarum Road Hospital has demonstrated a lower rate for unplanned readmission than many of its counterparts.



The hospital is pleased with the continued, and decreasing, low rate of unplanned returns to theatre per 100 theatre cases.

This data is scrutinised at each Clinical Governance and Medical Advisory Committee meeting to identify any trends and potential actions, as a result of this. The surgical specialty and reason for return to theatre is consistent but no other trend has been identified. No improvement plans indicated.

6 monthly benchmarking is undertaken against other medium sized hospitals across BMI Healthcare. BMI Sarum Road Hospital has demonstrated a lower rate for unplanned return to theatre rate than many of its counterparts.

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.

During 2017, there were two expected deaths of oncology patients within 30 days of receiving chemotherapy.

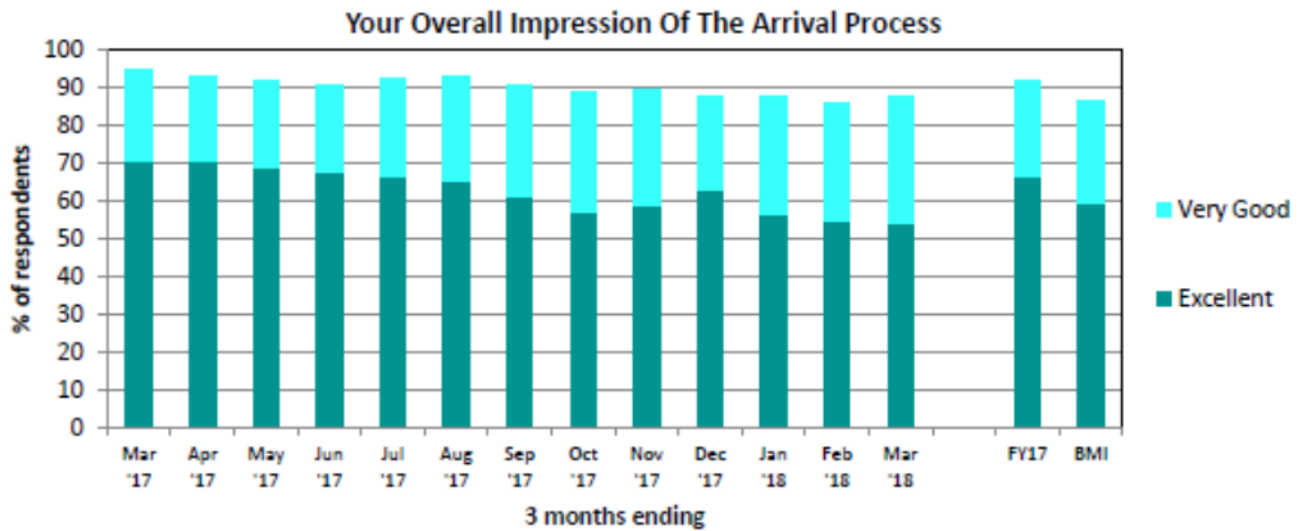
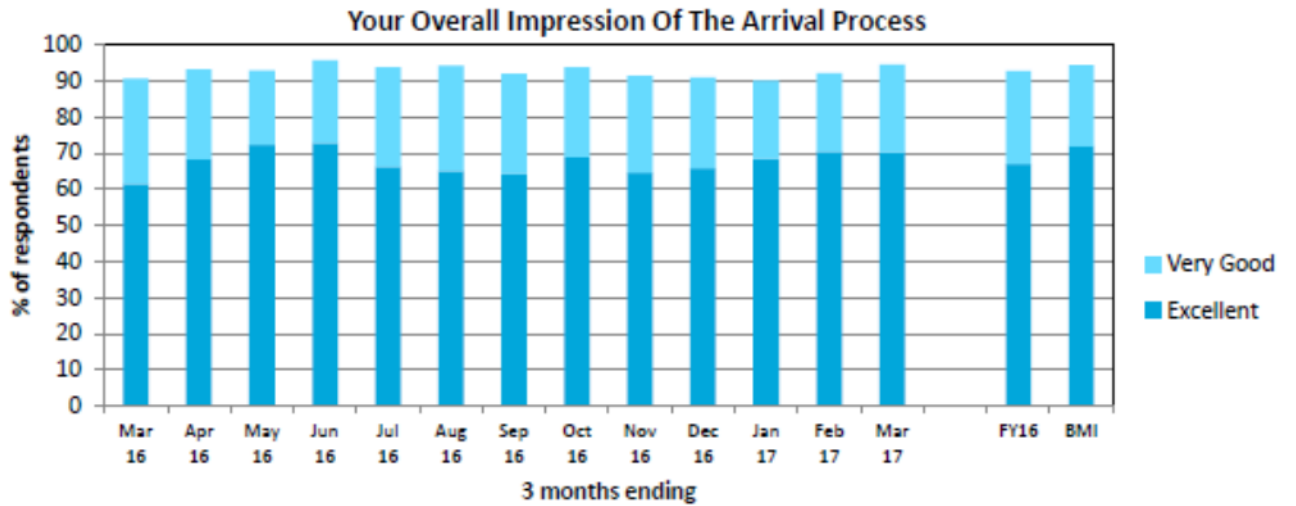
Patient Experience

Patient Satisfaction

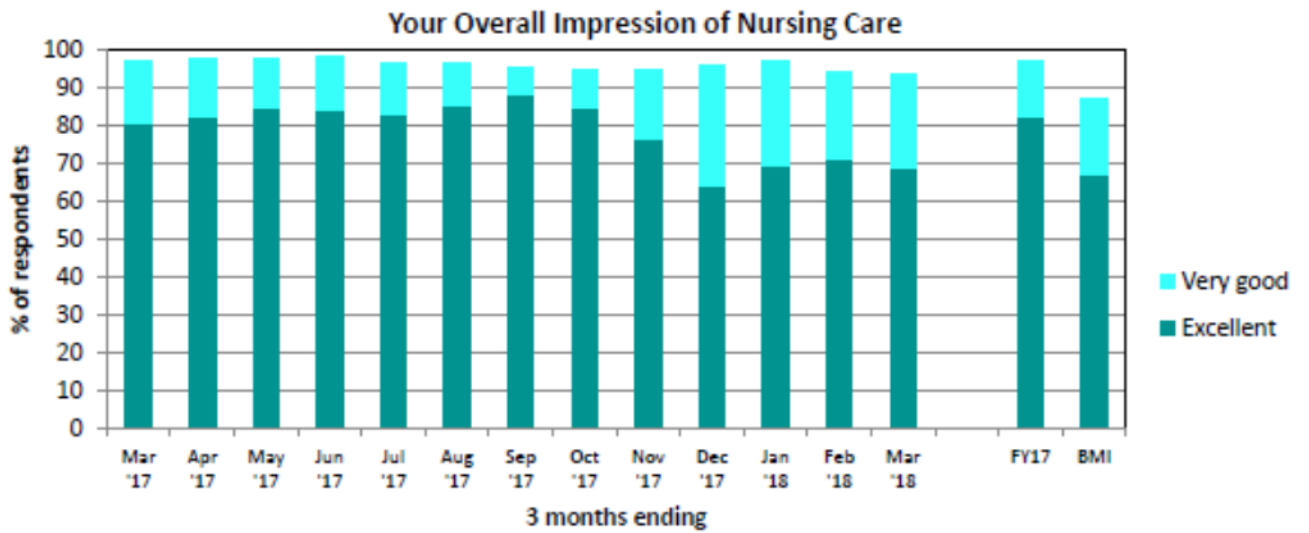
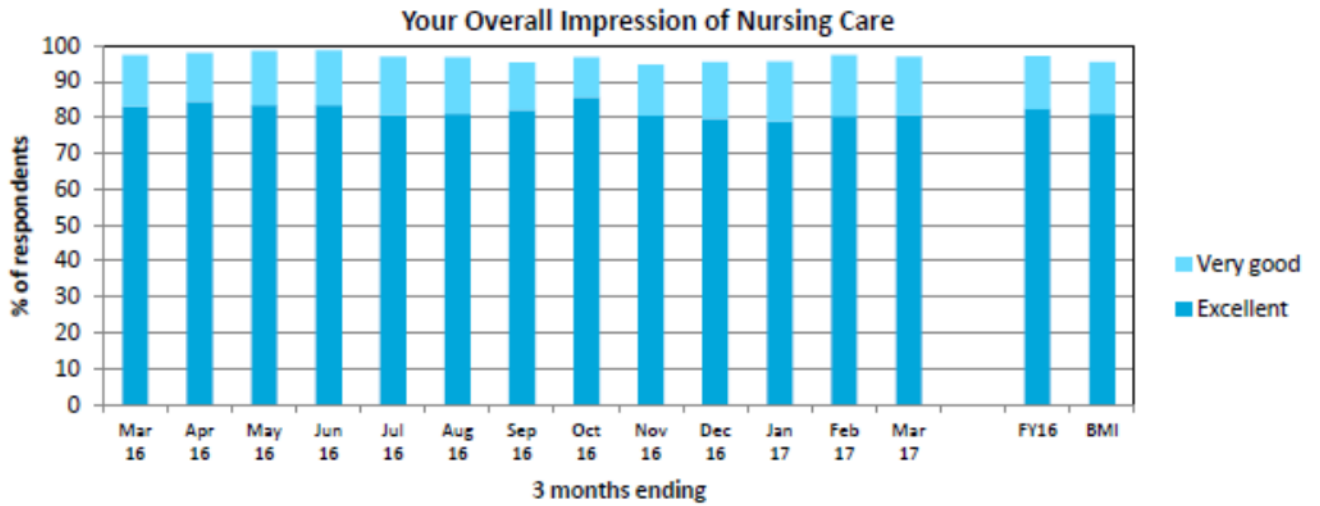


BMI Healthcare is committed to providing the highest levels of quality of care to all of our patients. We continually monitor how we are performing by asking patients to complete a patient satisfaction questionnaire. Patient satisfaction surveys are administered by an independent third party.

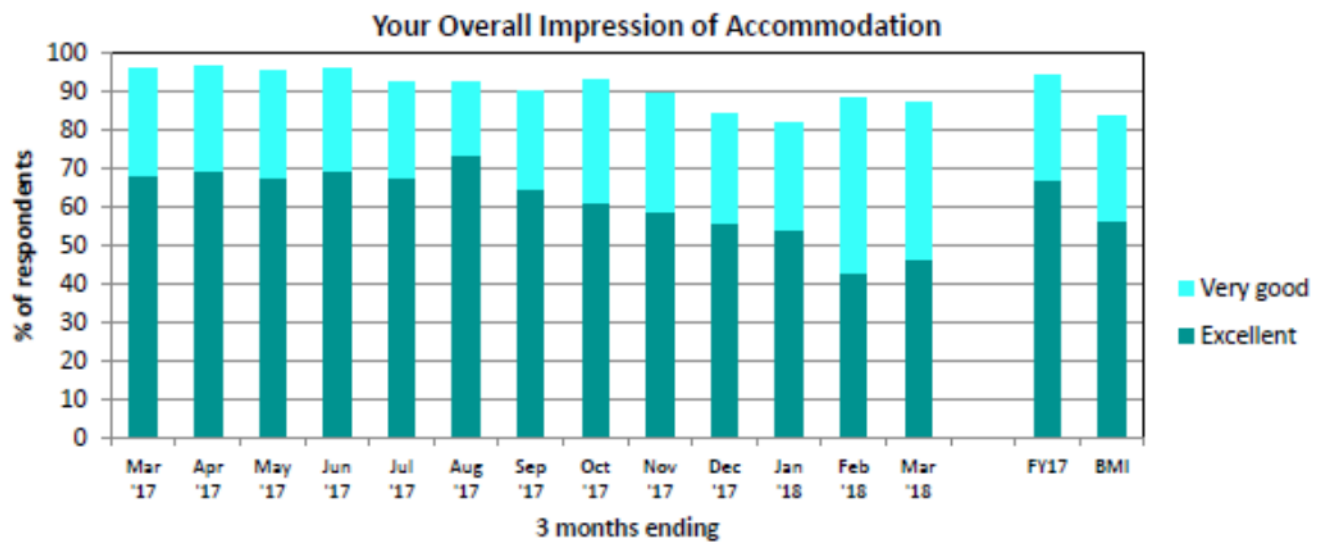
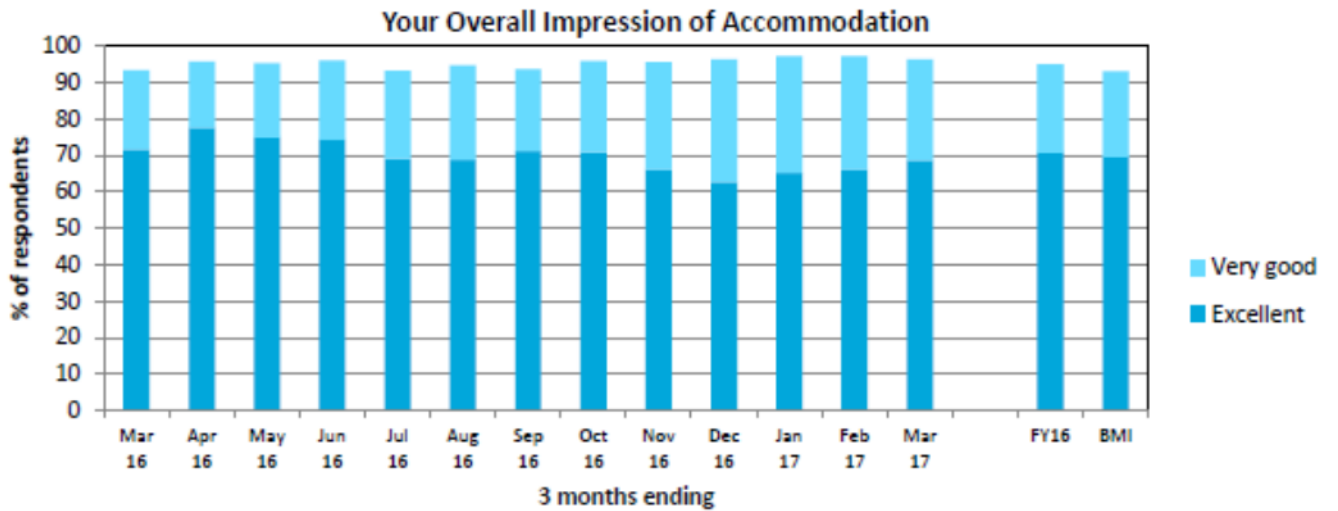
The following series of graphs provides a comparison over the last 2 years with narrative on improvement plans:



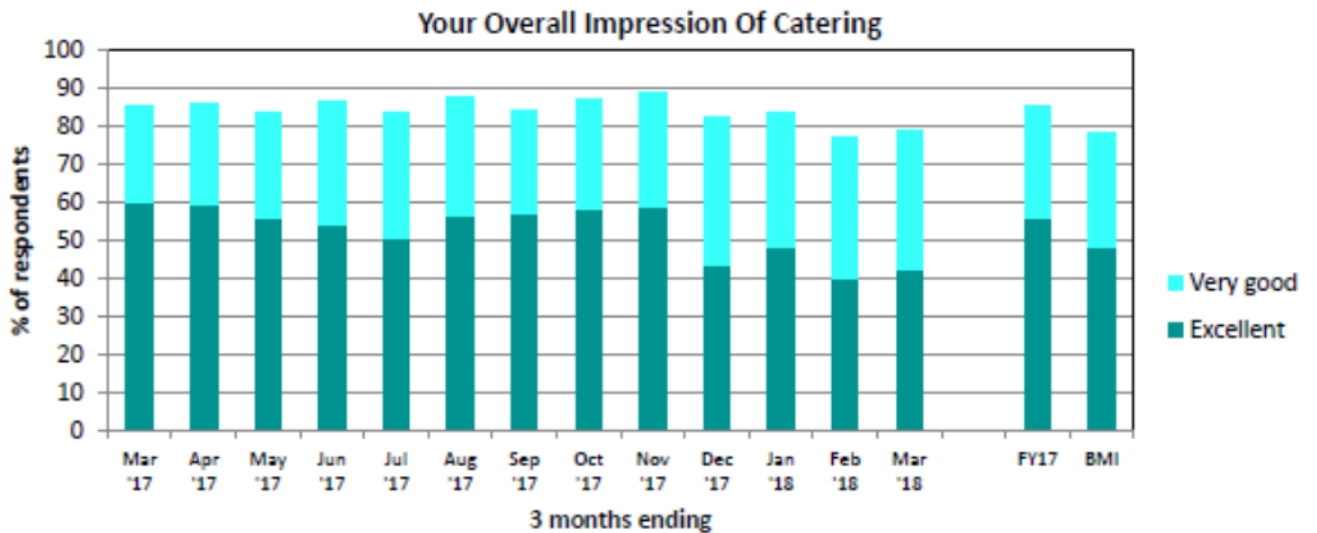
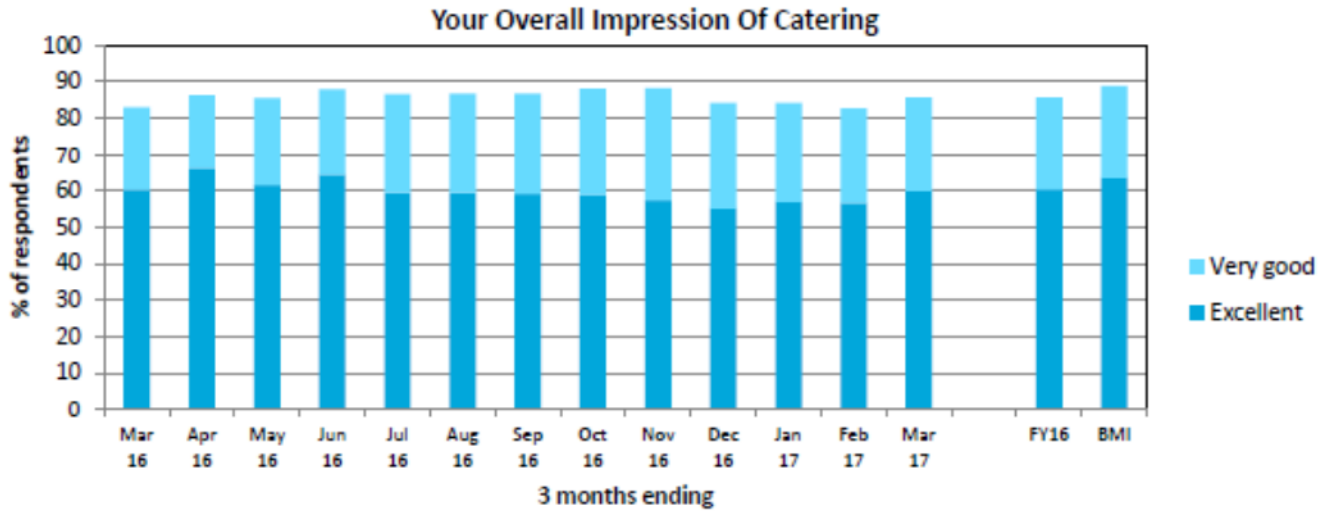
In response to feedback from the Patient Satisfaction report and complaints, customer care training has been undertaken, the staffing level at peak times is to be addressed as well as planned work to redesign the layout of reception to make it more accessible and improve confidentiality.



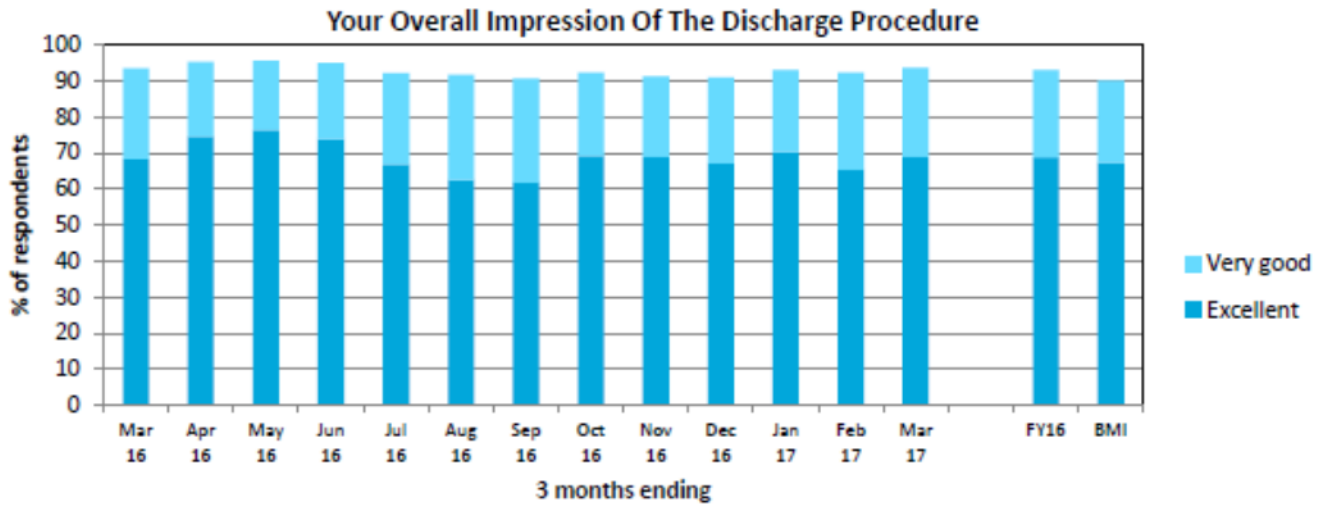
It is pleasing to find that a higher percentage of patients attending BMI Sarum Road Hospital rate their nursing care excellent than across BMI Healthcare. The decline in this percentage, that is evident in the table since November 2017, corresponds to a change in how patient satisfaction was gathered across BMI Healthcare as the response rate for BMI Sarum Road Hospital has been greatly reduced. This is an area that could be explored with the Patient Forum for confirmation.



Some patient bedrooms have had new flooring to replace carpeting and work will continue until every bedroom has been re-floored. The hospital will refurbish rooms to the new corporate look on as needed basis whilst the refurbishment programme is rolled out across the whole BMI Healthcare estate.



The close relationship between the hospital and external catering provider is reflected in the higher percentage of patients rating catering as excellent at BMI Sarum Road Hospital than across BMI Healthcare. However, this has declined since December 2017 and can be directly attributed to the reduced response rate at BMI Sarum Road Hospital. This is an area that could be explored with the Patient Forum for confirmation.



There is no comparative graph for 'Your Overall Impression of the Discharge Process' for FY17 as it no longer appears in the report received from the third party since the change in regions across BMI Healthcare. However, information is received regarding the component questions for this category.



BMI Sarum Road Hospital consistently exceeds expectation of 50% or more of the patients attending the hospital. The reduced percentage of patients whose expectations were exceeded over the last two months can be attributed to the reduced response rate and, within those responses, three patients who would not recommend the hospital to Family and Friends.

Patient Satisfaction Action Plans are submitted on a monthly basis as part of the Clinical Governance Report.

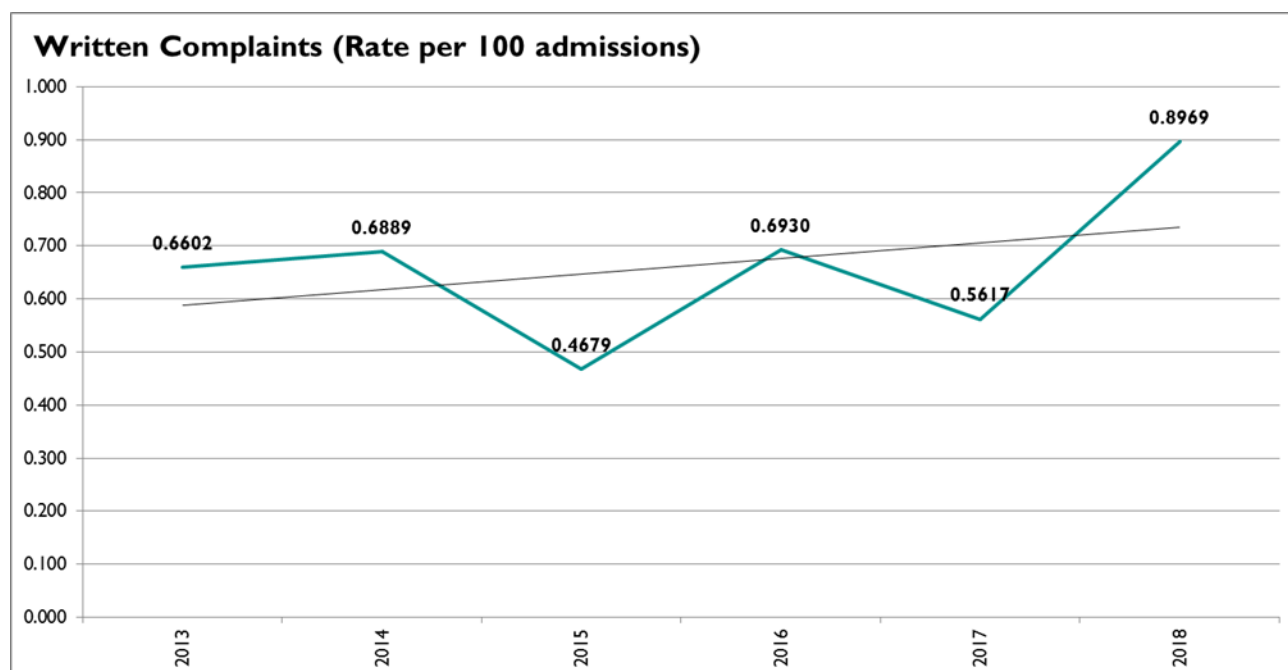
Complaints

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

Stage 1: Hospital resolution

Stage 2: Corporate resolution

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



The following is an extract from a quarterly report submitted to West Hampshire CCG:

‘The triangulation report for QTR 4 demonstrated that there were no specific reductions in themes from feedback or incidents from the previous quarter.

However, there has been some reduction in themes compared to baselines established in QTR 1.

In QTR 1, the main complaint themes were communication and billing, with some complaints containing both themes.

During the year, there has been an improvement in communication between BMI Healthcare Business Services (BBS) and hospitals sites through effective use of an online system - Query Portal. This is used after an invoice has been raised for services provided.

Private Healthcare Market Investigation Order 2014 requires consultants to send letters to patients ahead of and following their initial outpatient appointment, primarily to ensure patients are properly advised as to the costs of each stage in their pathway. The requirement for pre-consultation letters applies from 31 December 2017, and the post-consultation letters from 28 February 2018. The Order requires private hospital operators to provide consultants with a template letter and BMI Healthcare led the sector on the development of a template letter. The letter has been approved by the Competition and Markets Authority (CMA).

Additionally, there is a resource available in outpatients for consultants to refer to, prior to undertaking a procedure during the consultation, with the costs of common procedures undertaken.

The combination of these actions has reduced the complaints received relating to billing.'

CQUINS

CQUIN Indicator	Name	% of Total CQUIN Value
1	NHS eReferrals	50%
2	Implementing eDischarges	50%

NHS e-Referrals CQUIN

This indicator relates to GP referrals to consultant-led 1st outpatient services only and the availability of services and appointments on the NHS e-Referral Service. It is not looking at percentage utilisation of the system.

All providers to publish ALL NHS services and make ALL of their First NHS Outpatient Appointment slots available on NHS e-Referral Service (e-RS) by 31 March 2018.

Undertake required work on their Directory of Services to publish ALL NHS Services on the NHS e-Referral Service.

All providers to have removed the availability of a fax machine option for referrers by the end of 2017/2018. All referrals will be received by electronic means.

Implementing eDischarge CQUIN –

This indicator relates to the use of electronic means for sharing transfers of care between care settings.

CQUIN targets have been achieved for all four quarters of 2017/18.

There were also three local Quality Indicators agreed with West Hampshire Clinical Commissioning Group –

QI-01 - National Early Warning Scoring and the timely identification and treatment of sepsis

QI-02 - WHO Surgical Safety Checklist and capturing near-miss incidents that have been prevented as a result

QI-03 - Reduction in the providers’ most common theme from feedback and incidents

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.

Training	Level	Qtr 4 2017/18 compliance
Safeguarding Children Training Compliance	Level 1	95%
	Level 2	93%
	Level 3	97%
Safeguarding Adult Training Compliance	Level 1	94%
	Level 2	94%
	Level 3	100%

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

BMI Sarum Road Hospital is able to demonstrate its commitment to safeguarding as an active participant in the Independent Sector Safeguarding Forum facilitated by West Hampshire CCG. The Director of Clinical Services is a member of the Hampshire Safeguarding Children Board (HSCB) Health sub-group and attends Wessex Director of Nursing meetings.

To date, there have been no safeguarding incidents logged.

National Clinical Audits

The following data has been supplied to the National Joint Registry (NJR):

Totals for this hospital	2017	Year to date: 2018
Total completed ops	232	93
Hip procedures	121	44
Knee procedures	109	45
Ankle procedures	0	0
Elbow procedures	0	0
Shoulder procedures	2	4
NJR consent rate	99%	100%

The hospital also supplies information, with patient consent, to the Breast and Cosmetic Implant Registry.

BMI Sarum Road Hospital takes part in NCEPOD audits when applicable to our site and we also have a pro-active internal Clinical Audit Plan in place.

Priorities for Service Development and Improvement

The following projects were identified as part of a three year plan in 2015. Some projects will be managed locally and others are to be agreed as part of the wider BMI strategic development plans:

1) Establish new multi-purpose endoscopy/ minor ops unit to meet required standards supporting the following:

- Walk in/walk out endoscopy/ minor ops
- Diagnostic endoscopies
- Therapeutic endoscopies

To include:

- Working area, decontamination area, storage area
- Patient reception area, patient rest area, patient discharge area
- Consultant area, staff area

Update – The hospital has ceased to offer an endoscopy service and it has been identified that the environment is suitable for undertaking minor ops as it already has air exchange. Refurbishment of the new minor ops room is near completion and an area has been identified for step down care.

2) Enhance Oncology Patient Care Provision

- To provide triage and overnight facility for oncology patients to support any drug therapy regime, infectious status and maintain overall support to patient
- To include investment in staffing/ training and medical support
- Working towards the Macmillan Quality Environment Mark in Oncology
- Review of current practices to support improvement as required to meet required quality standards

Update – Achieved.

3) Imaging

- Establish purpose built facilities for a static MRI scanner
- Update digital screening rooms, ultrasound and mammography with associate reception and waiting areas and staff areas

Update – Business Case to be develop and submitted for a static MRI scanner. Work to upgrade the imaging equipment to digital resolution, alongside general refurbishment of X-ray Room 2, will commence in June 2018.

4) Patient bedroom refurbishment

- Planned programme to review all patient bedrooms to refurbish as appropriate including bathrooms/wet shower areas
- Installation of piped oxygen/ suction in all patient bedrooms
- Update patient call system

Update – Flooring replaced carpeting in two inpatient bedrooms and all the Oncology patient rooms. Phase I of the window replacement took place in September 2017.

Literature received for the corporate look of bedrooms.

There are three new projects underway in 2018:

- New car parking management system
- Swipe access control for key areas (already in place on ward and ready on staff entrance)
- Refurbishment of reception area and a new outpatient toilet complex

With a new Executive Director in post from April 2018, and completion of three of the four Priorities for Service Development and Improvement, another three year plan will be identified during summer of 2018.

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

Sarum Road Hospital	Staff Recommendations				
	2018	2017	National Average	Highest National Score	Lowest National Score
81.00%	87.84%	73.18%	89.98%	50.44%	

BMI Sarum Road Hospital considers that this data is as described for the following reasons – changes in management led to an unsettling period of change within the company.

BMI Sarum Road Hospital intends to take the following actions to improve this percentage, and so the quality of its services, by reinforcing the ethos of the hospital. This will be achieved through enlisting “Speak now” facility, maintaining robust communications at all levels, maintaining staff morale and engagement through regular staff forums.

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	BMI Healthcare	Based upon Clinical Incidents with a	Jul 16 – Jun

Incidents reported (Severe or Death)	Risk Management System	patient involved where the NPSA Guidelines deem a severity applicable.	17
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Further Indicator	Information
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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)

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

Sarum Road Hospital	Re-Admissions (Aged 16+)			
2018	2017	National Average	Highest National Score	Lowest National Score
5.604	5.045	10.010	41.650	0.000

BMI Sarum Road Hospital considers that this data is as described due to robust procedures and protocols within the BMI Clinical Strategy. Together with the safeguards embedded within practice to ensure that care is safe, responsive and effective for those we care for.

BMI Sarum Road Hospital remains committed to our patients and the care we provide and continue to analyse this data in order to implement changes that may be required to prevent re-admission into the service.

There have been no paediatric readmissions so graph not included. Limited surgical procedures are offered to children and young people at BMI Sarum Road Hospital. Currently there are less than 100 paediatric admissions a year.

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

Sarum Road Hospital	C.difficile (per 100,000 bed days)			
2018	2017	National Average	Highest National Score	Lowest National Score
0.000	0.000	35.928	147.455	0.000

BMI Sarum Road Hospital considers that this data is as described due to our dedication to ensure a safe environment in which to deliver a high standard of care.

At BMI Sarum Road Hospital, we have in place an SLA with a Consultant Microbiologist who has substantive practice in the local Trust. Our dedicated team monitors and audits surveillance data,

meeting when required assessing any underlying trends in line with our patient outcomes. The aim is to give assurance to the quality of our services. We are very proud of our dedication to our Infection Prevention and Control (IPC) strategy and aim to maintain this ongoing standard.

Hospitals responsiveness to the personal needs of its patients

Sarum Road Hospital	Responsiveness			
2018	2017	National Average	Highest National Score	Lowest National Score
94.03%	94.65%	69.22%	78.00%	60.10%

BMI Sarum Road Hospital considers that this data is as described due to our continued commitment to our patients and the care in which they receive.

BMI Sarum Road Hospital has embraced the 6C's integrated strategy for improving quality of care and patient experience at our site. Staff have taken ownership of this framework to embed a culture of patient centred care and are actively dedicated to improving our patient outcomes. We aim to continue to improve on this high standard of responsiveness to patient needs and will measure its effectiveness to improve where appropriate.

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

Sarum Road Hospital	VTE			
2018	2017	National Average	Highest National Score	Lowest National Score
100.00%	72.73%	95.77%	100.00%	81.60%

BMI Sarum Road Hospital considers that this data is as described as demonstration that staff acknowledge the importance of VTE risk assessment.

All staff will continue to receive training as part of the induction process and undergo continual development to maintain clinical competencies in line with best practice. We see this as an important initiative to further assure our patients of our commitment to their safety and welfare whilst under our care.

Patient Safety Incidents

Sarum Road Hospital	Patient Safety Incidents (Count)			
2018	2017	National Average	Highest National Score	Lowest National Score
296	327	3908	14506	31

Sarum Road Hospital	Patient Safety Incidents (Rate per 1000 Bed Days)			
	2018	2017	National Average	Highest National Score
184.309	183.296	43.292	149.700	11.200

BMI Sarum Road Hospital considers that this data is as described demonstrating our commitment to our patients and our intentions to create a safe, effective and responsive environment. We aim to maintain this measure by:

- Continuing to have in place a robust process for patient safety incident reporting and management including near misses.
- Continuing to have in place a developing and systematic approach to shared learning.
- Continuing to promote an open reporting and transparent culture.

All patient safety incidents are reviewed at Clinical Governance, Medical Advisory Committee and appropriate specialty meetings. Analysis of the clinical incidents has not identified any trends directly affecting patient outcomes, however, there have been items of equipment where some degree of failure was reported and subsequently replaced; occasional patient healthcare records not readily available for evening outpatient clinics. Many incidents are reported demonstrating that due process has been followed averting potential serious incidents.

The actions taken following a previous trend concerning information security have been effective as there have been no further incidents. These actions included a double checking system before patients are given their discharge pack which is talked through with them, double checking that the GP address is showing in the report field for electronic imaging reports and stamping an envelope to indicate that it is for internal use only.

There have been no serious incidents or never events at BMI Sarum Road Hospital.

Patient Recommendation Results

Sarum Road Hospital	Patient Recommendations			
	2018	2017	National Average	Highest National Score
98.18%	99.32%	97.07%	100.00%	75.61%

BMI Sarum Road Hospital considers that this data, from the Friends & Family postcard, is positive and recognises our dedication to provide high quality compassionate care to our patients. We strive towards continued improvement on this indicator.

We have made the continued commitment to our Six C philosophy; championing the core values of care, compassion, competence, communication, courage and commitment as set out in the Chief Nursing Officer's consultation paper in 2012 and the BMI Healthcare Clinical Strategy.

This will enable us the opportunity to collate a more concise view of how patients view our services against these measures and will allow us to take action and share learning accordingly.

BMI Sarum Road Hospital
Sarum Road, Winchester SO22 5HA
T 01962 844555

Headquarters

Omega House
112 Southampton Road
Eastleigh
Hampshire
SO50 5PB

Direct Dial: 023 8062 2714
Switchboard: 023 8062 7444

Sharon Greasley

Director of Clinical Services
Sarum Road,
Winchester,
SO22 5HA

15.06.2018

Dear Sharon

Re: Sarum Road Hospital Quality Account

West Hampshire Clinical Commissioning Group would like to thank Sarum Road Hospital for providing us with the opportunity to review and respond to their Quality Account for 2017/18.

West Hampshire CCG and Sarum Road Hospital have continued to work together over the year to monitor the quality of care provided for our population and to identify areas for quality improvement.

The Clinical Commissioning Group would like to congratulate Sarum Road Hospital on achieving:

- an improvement in compliance with the hospital antimicrobial policy
- achievement of the 2017/18 local Commissioning for Quality and Innovation (CQUIN) schemes regarding NHS e-referrals and implementing e-discharge
- improved results in all areas measured by the Patient Led Assessment of the Care Environment (PLACE) audit in comparison to the previous year
- 100% compliance with venous thromboembolism risk assessment
- zero methicillin-resistant staphylococcus aureus (MRSA) bacteraemia/100,000 bed days
- zero cases of hospital apportioned *Clostridium difficile* infection.

We commend Sarum Road Hospital on the development and implementation of a set of guidelines aimed at reducing the number of patients who are catheterised following major joint arthroplasty and look forward to seeing the impact this has on patient outcomes.

Sarum Road Hospital has achieved average ratings of 'good' in the staff survey and staff safety culture questionnaire; however we note a decline in the staff recommendation results. The CCG is aware that the provider has plans in place to improve this position by focusing, in particular, on communication with staff. We look forward to receiving regular updates against these actions throughout the year and in seeing their impact in next years' results.

The provider has supported and welcomed regular quality visits undertaken by the West Hampshire Clinical Commissioning Group Quality Team and has responded positively to any recommendations noted as a result. During 2018/19 we will follow up on the recommendations given following our infection, prevention and control visit.

Sarum Road Hospital has demonstrated 100% compliance with the World Health Organisation Safe Surgery Checklist and has demonstrated an annual average of 94% compliance with the National Early Warning Score.

During 2017/18 the provider has been an active and welcome participant in the local West Hampshire Clinical Commissioning Group Falls Leads Forum.

During 2018/19 Sarum Road will continue their focus on the National Early Warning Score and the timely identification of sepsis; reducing the most common theme from negative feedback and incidents and continuing their work in relation to the World Health Organisation surgical checklist as part of the quality element of our contract with them.

We look forward to continuing our work with Sarum Road Hospital during the forthcoming year and to monitor progress against their quality improvement initiatives.

Yours sincerely

Matthew Richardson
Deputy Director of Quality & Deputy Board Nurse