



Southend
Hospital

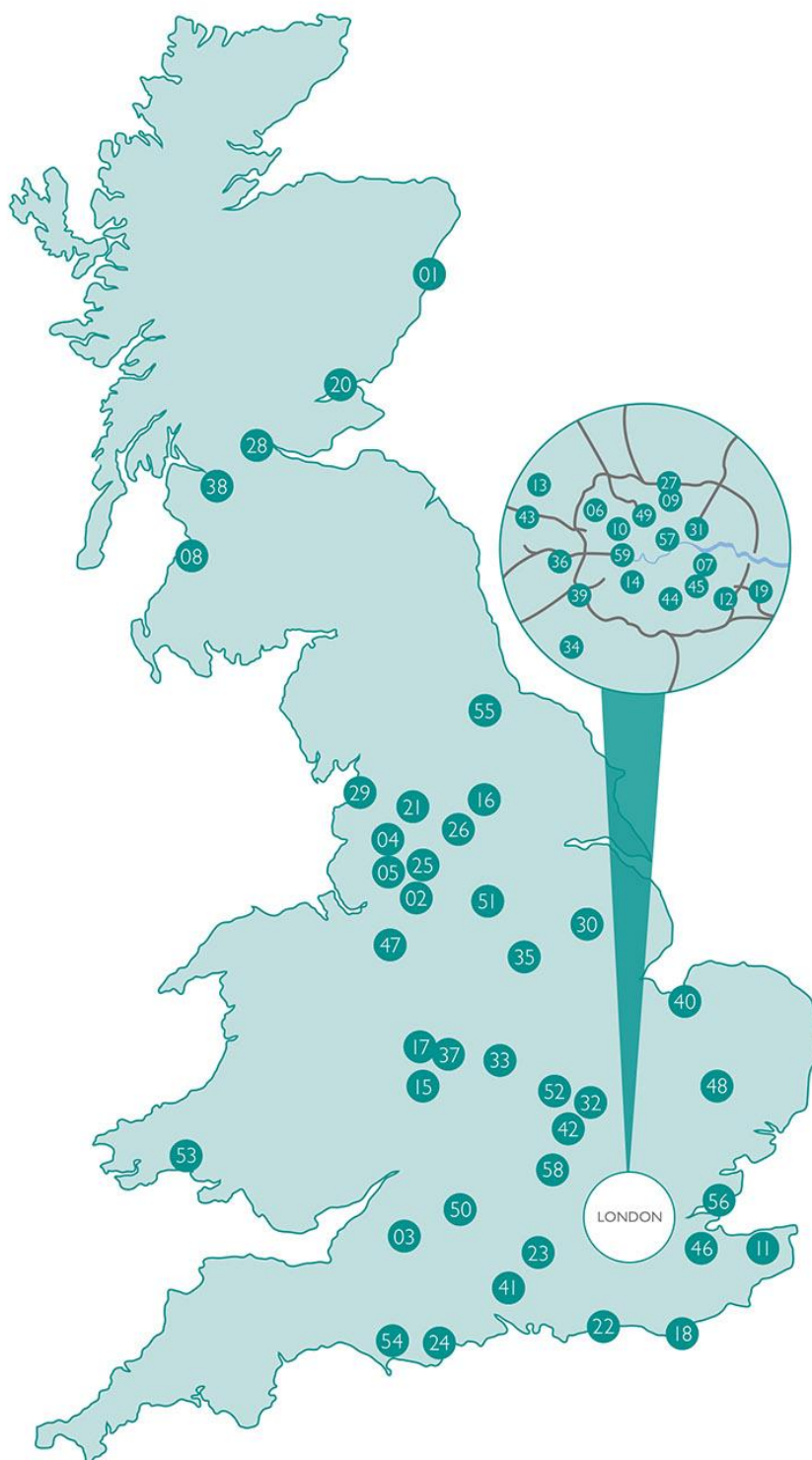
QUALITY ACCOUNTS 2018

Contents

Our network of hospitals	3
Group Chief Executive’s Statement	4
Hospital Information	6
Safety.....	9
Patient Led Assessment of the Care Environment (PLACE)	10
Duty of Candour.....	10
Venous Thrombo-embolism (VTE)	11
Patient Reported Outcome Measures (PROMS).....	12
Learnings from Deaths	12
Patient Experience.....	14
Patient Satisfaction	14
Complaints.....	15
CQUINS	15
Safeguarding.....	15
National Clinical Audits.....	16
Priorities for Service Development and Improvement.....	16
Safety Thermometer	16
Staff Survey & Staff Safety Culture Questionnaire.....	17
Staff Recommendation Results	18
Quality Indicators	18
Patient Recommendation Results	21

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



No overnight stay, ambulatory day surgery unit only. Offer various ophthalmology services, including state of the art laser surgery, minor orthopaedic and dermatology out-patient clinics and local anesthetic surgery. Theatre suite consists of two operating theatres, one of which newly opened this year. There are five consulting rooms (Three of which are for ophthalmology & diagnostics), one treatment room and a (YAG) laser room. Recent refurbishment included all new operating and diagnostic equipment.

65% of NHS patients to overall work.

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 Southend Private Hospital is registered as a location for the following regulated services:-

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

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

The CQC carried out an unannounced inspection on 26th October 2016 and found the overall rating for this location as 'Requires Improvement'

Overview of ratings

Our ratings for this location are:

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

Following this report, a number of actions were immediately implemented under a new management team. A plan was submitted across a number of areas of focus to ensure improvements across all areas. After this plan was implemented in the short term, a longer term action plan of continued improvement is being implemented. Actions are monitored and reviewed on a regular basis. Additionally, BMI have produced a CQC inspection document which we are using to compile a folder of evidence.

SAFE

Risk management using Riskman, an online tool for recording events and risks. This is accessible to all staff and they are encouraged to report any events or risks they see. Reports from this system are reviewed in Governance meetings and also monitored for trends which can then be investigated. We are also made aware of trends and incidents across all BMI hospitals any of which that are applicable to our hospital so that learnings are shared.

All staff have recently attended a 'Human Factors' course to better understand the needs of our patients and staff in terms of emotional support and workplace culture.

CARING

Friends and family tests are monitored and are very positive, with our most recent score at 99.52% for patient recommendations.

We continue to work hard to maintain and improve the 'good' rating achieved in our last inspection.

RESPONSIVE

We work hard to prove that we are responsive to our patient's needs. Complaints and concerns are logged and investigated fully with any learning's implemented wherever possible. Patients are invited to come to the hospital and discuss any matters they are concerned about rather than just correspond by letter.

We have translation service available for those whose require this service.

Any patients that need re-booking are normally given a new date on the day of cancellation. This is also monitored at a corporate level and reports discussed at governance meetings.

EFFECTIVE

Best practice guidelines are followed and we continue to look for improvements.

WELL-LED

A number of improvements have been made in this area. Patient notes have been improved by a combination of forms and enforcing good practice. This is audited on a regular basis both internally and externally.

Mandatory training is undertaken and monitored on a weekly basis. Staff can develop additional skills through the BMI learning academy.

Self-assessment audits are performed on a monthly basis across a wide range of disciplines. Any shortcomings are identified and an action plan put in place to address which is then monitored.

Southend Private 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 Southend Private 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 cases of MRSA, MSSA or E.coli bacteraemia along with no cases of hospital apportioned Clostridium difficile.

Self-assessments are carried out on a regular basis for IPC following guidelines from set policies and procedures. An IPC course is also part of the mandatory BMI Learn modules that staff are required to complete. A Corporate IPC lead is available and consulted with should we require any additional information. We also complete surveillance data for IPC reporting on a monthly basis. We are also following government guidelines on anti-microbial stewardship.

Hand hygiene, cleaning, uniform and PPE audits are regularly completed. We have an SLA in place for an off-site, accredited decontamination centre locally. Waste management audits are also regularly undertaken.

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

Monthly cleaning audit undertaken with outside contractors. Our housekeeper also maintains a log of cleaning undertaken on a daily basis. We also have a theatre clean performed twice a year; air samples are then taken for microbiology testing by an outside organisation and certificated.

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. At BMI Southend Private Hospital we are not currently audited under the PLACE system. We are now working towards introducing the PLACE audits at this hospital with results to be published in due course.

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. At BMI Southend Hospital we have had zero duty of candour events for this reporting period

Venous Thrombo-embolism (VTE)

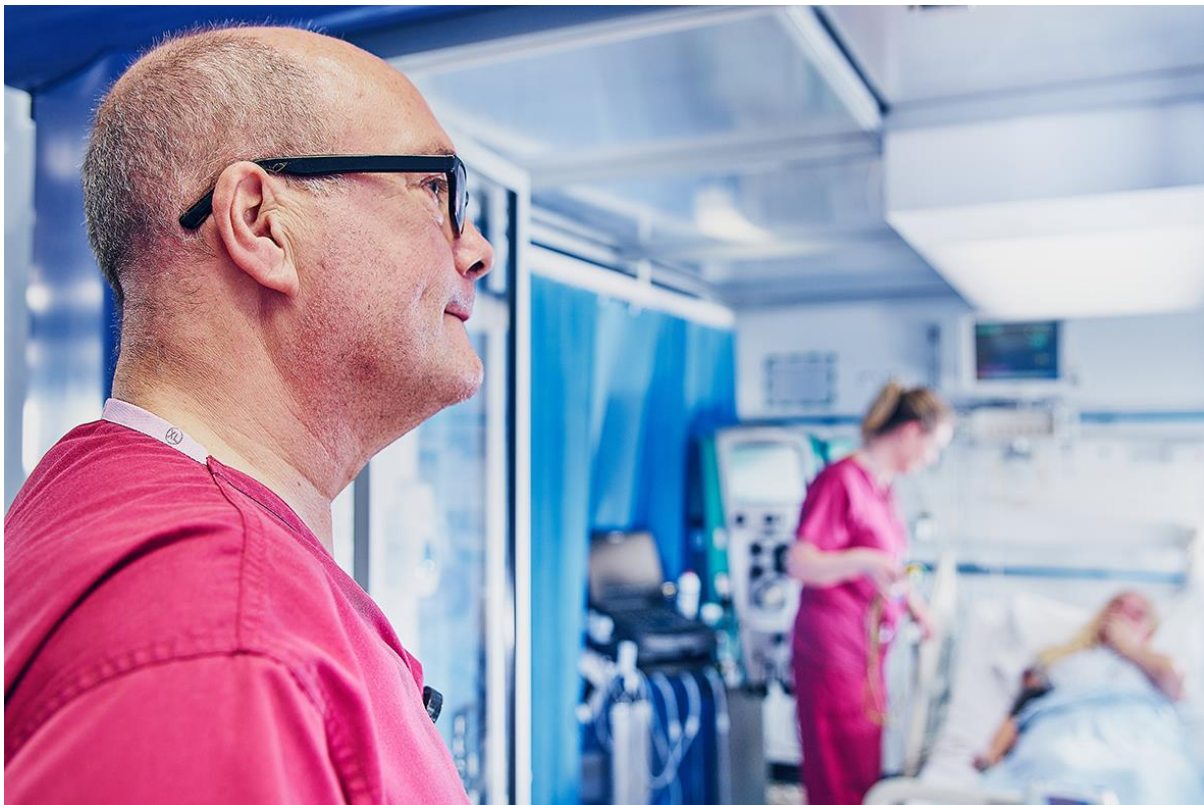
BMI Healthcare, holds VTE Exemplar Centre status by the Department of Health across its whole network of hospitals including, Southend Private Hospital. BMI Healthcare was awarded the Best VTE Education Initiative Award category by Lifeblood in February 2013 and was the Runners up in the Best VTE Patient 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 Percentage	
VTE	75.00%

Southend Private Hospital reports the incidence of Venous Thromboembolism (VTE) through the corporate clinical incident system. It is acknowledged that the challenge is receiving information for patients who may return to their GPs or other hospitals for diagnosis and/or treatment of VTE post discharge from the Hospital. As such we may not be made aware of them. We continue to work with our Consultants and referrers in order to ensure that we have as much data as possible. .

The figure above reflects the stopping of VTE assessments at this hospital from 2018. In the previous 9 months of 2017 VTE assessments were captured, however, under advice from our thrombosis group, guideline and policy only requires that admitted patients, not patients on an ambulatory care pathway, require a VTE risk assessment. The figure above will therefore continue to decrease across the remainder of this year.



Patient Reported Outcome Measures (PROMS)

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

For the current reporting period, the tables below demonstrate that the health gain between Questionnaire 1 (Pre-Operative) and Questionnaire 2 (Post-Operative). As can be seen, no hip or knee replacements are undertaken. Groin hernia and varicose vein procedures are no longer carried out at this hospital. (As from Oct 2016)

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.

For the period in question, BMI Southend Private Hospital had no unplanned readmissions or unplanned returns to theatre.

Southend Hospital	Re-Admissions (Aged 16+)			
2018	2017	National Average	Highest National Score	Lowest National Score
0.000	0.000	10.010	41.650	0.000

Learnings from Deaths

Preservation of life and avoidance of unnecessary death is an essential objective for healthcare providers; BMI Healthcare recognises this and is committed to ensuring that its hospitals and the

organisation as a whole learn from the death of any patient whilst under our care. Sharing these lessons learnt is vital in order to ensure excellent quality of our care is provided across the company.

The Care Quality Commission (CQC) conducted a review in December 2016. This found that some providers were not sufficiently prioritising the learnings from deaths, and as a result, opportunities were being missed to identify and improve upon quality of care. This review was discussed by BMI Healthcare through the Clinical Governance Committee so that as an organisation, we could ensure we were following the best practice as suggested through this review.

All deaths, whether expected or unexpected, are reported to the regulators (CQC, HIS, HIW). They are also reported via our hospitals incident management system and therefore managed in line with the company's Incident Management Policy. When an unexpected patient death has occurred, a Root Cause Analysis (RCA) is conducted to understand the event; the contributing factors relating to a death, identify potential areas for change in practice and develop recommendations which deliver safer care to our patients. The findings from RCAs are reported as part of the hospital's Clinical Governance reporting requirements, and shared with the Regional and Corporate Quality teams. These findings are also shared with the patients' families in line with BMI Healthcare's Duty of Candour policy and its behaviours surrounding transparency.

All deaths are discussed at a hospital Clinical Governance Committee, and further escalated to the Regional Quality Assurance Committee and National Clinical Governance Committee for review as appropriate; this ensures that lessons learnt from deaths are discussed at all levels and findings are then shared to all hospitals through the National monthly Clinical Governance Bulletin, to ensure lessons are learnt across the company.

Patient Experience

Patient Satisfaction



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

Southend Hospital	Patient Recommendations			
	2018	2017	National Average	Highest National Score
99.52%	81.28%	97.07%	100.00%	75.61%

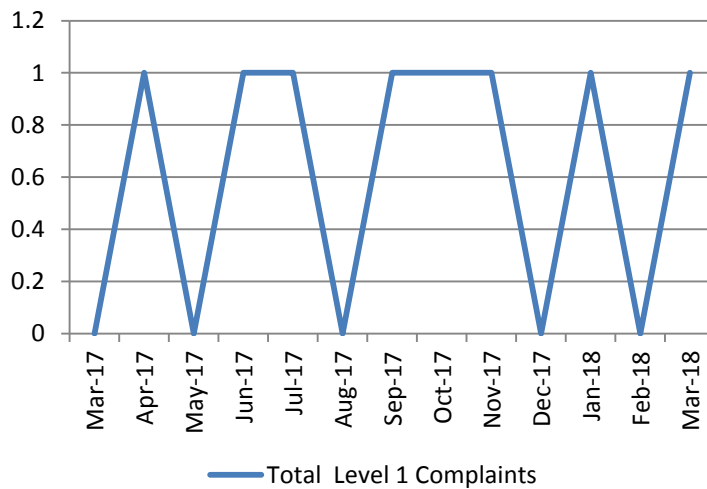
Complaints

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



We have had a total of 8 stage 1 complaints in the period Mar 17 – Mar 18 as shown above. We have had no stage 2 or 3 complaints in the same time period.

CQUINS

We selected staff health and well-being and staff flu vaccines as our CQUINS.

As part of the CQUINs the staff survey was undertaken and the NHS Health and Wellbeing questions asked. This will provide a baseline year. As the CQUIN is a 2 year CQUIN, it is hoped that the hospital will build on this year’s scores in order to achieve the maximum achievement.

The second part of the CQUIN was Flu vaccine. The hospital achieved an uptake of 67% against a target of 45%.

As yet, CQUIN achievement has not been confirmed by the commissioners but we are hoping to achieve 100%. This is a big improvement on previous years, both admin staff and clinical staff have worked hard to ensure our compliance with the CQUINs we were set

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.

Senior registered [EA] Children Nurses are trained to level 4 safeguarding (if applicable)

We have had no safeguarding incidents in the period from Mar 17 – Mar 18

There is a safeguarding lead for the company and any issue involving safeguarding is communicated to her directly once logged on RiskMan – BMI Healthcares Incident & Risk Management System

National Clinical Audits

Not applicable, BMI Southend Hospital do not carry out procedures that are logged at a national level.

Priorities for Service Development and Improvement

We will work towards improving RTT times for all patients, despite increasing our workload.

We will continue to develop and train staff to a high level, providing opportunities for them to both increase their knowledge and by this also increase our ability to care effectively.

We will continue to ensure our equipment is of the best quality, by regular maintenance and auditing. Where necessary, new equipment will be purchased to increase patient safety or comfort.

We will continue to work with our local CCGs opening up additional NHS services to help reduce waiting times.

We will continue to monitor our patient satisfaction and invite patients to provide feedback via sessions held in the hospital.

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



Southend Hospital	Staff Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
94.00%	93.33%	73.18%	89.98%	50.44%

We are pleased to see that the score of our staff that would recommend BMI and its services compares very favourably to the best NHS scores and continues the benchmark set last year.

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)

Southend Hospital	Re-Admissions (Aged 16+)				
	2018	2017	National Average	Highest National Score	Lowest National Score
0.000	0.000	10.010	41.650	0.000	

There have been no re-admissions for the recorded period.

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

Southend 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

We are an ambulatory day care facility hence our zero result above.

Hospitals responsiveness to the personal needs of its patients

Southend Hospital	Responsiveness			
2018	2017	National Average	Highest National Score	Lowest National Score
68.24%	74.54%	69.22%	78.00%	60.10%

The Southend Private Hospital considers that this data is as described because some of the ratings are against services we do not provide such as catering and this can result in a lower overall score. As an example, our score for Nursing in this category is 91.3 which we feel more accurately reflects the level of service we provide.

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

Southend Hospital	VTE			
2018	2017	National Average	Highest National Score	Lowest National Score
75.00%	Not Collected	95.77%	100.00%	81.60%

The figure above reflects the stopping of VTE assessments at this hospital from 2018. In the previous 9 months of 2017 VTE assessments were captured, however, under advice from our thrombosis group, guideline and policy only requires that admitted patients, not patients on an ambulatory care pathway, require a VTE risk assessment. The figure above will therefore continue to decrease across the remainder of this year.

Patient Safety Incidents

Southend Hospital	Patient Safety Incidents (Count)			
2018	2017	National Average	Highest National Score	Lowest National Score
72	0	3908	14506	31

We consider the data is as shown above as we are an ambulatory day care unit.

Patient Recommendation Results

Southend Hospital	Patient Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
99.52%	81.28%	97.07%	100.00%	75.61%

We are pleased that the above table shows that our patients are very happy to recommend our hospital and is in line with anecdotal comments we receive on an almost daily basis. Our feedback comments often include names of our care staff which is greatly appreciated so that this can be fed back to the people concerned.

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