



St Edmunds
Hospital

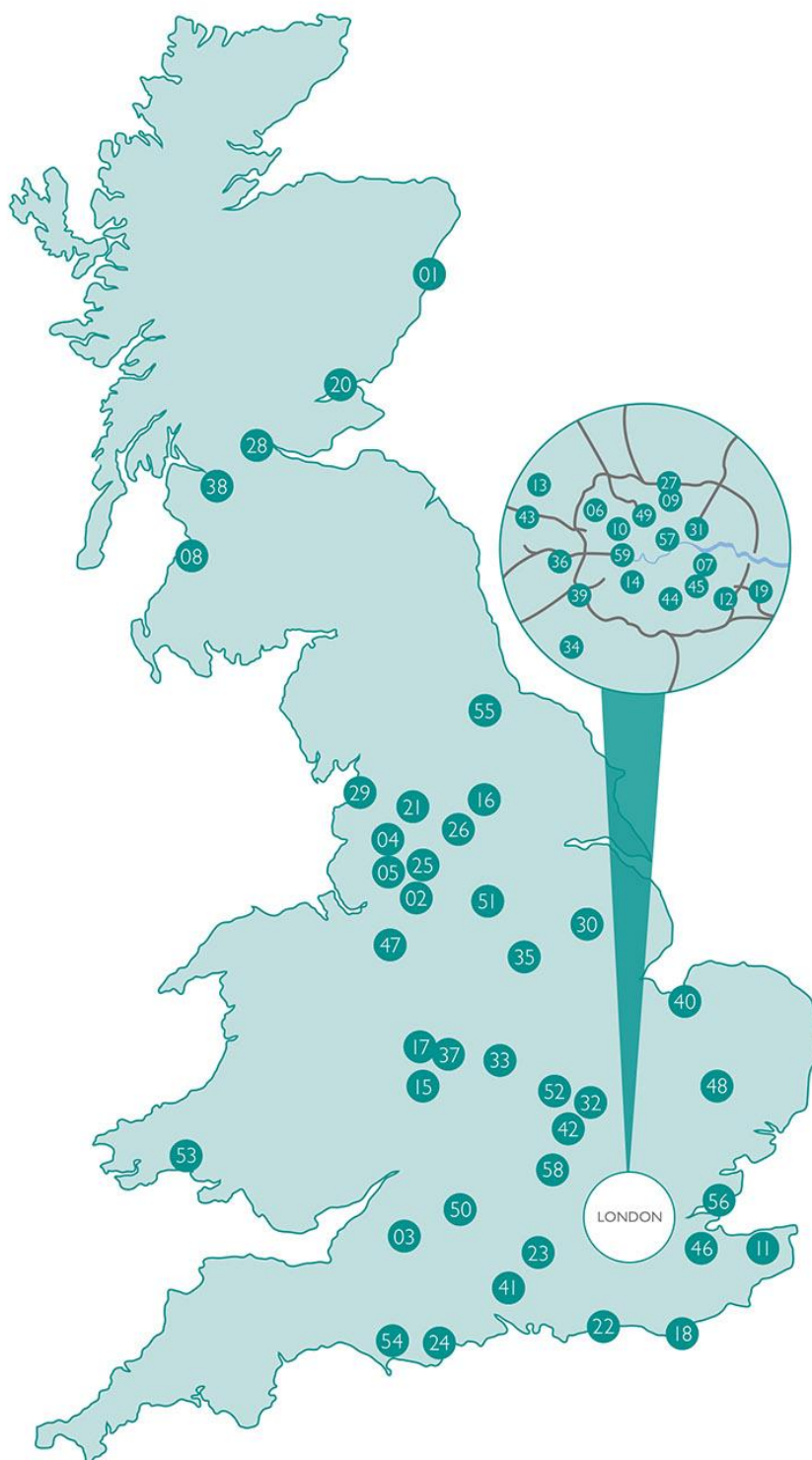
QUALITY ACCOUNTS 2018

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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



BMI St Edmunds Hospital has 31 beds with all rooms offering the privacy and comfort of ensuite facilities, freeview TV, free Wi-Fi access and telephones. These facilities combined with the technology and on-site support services; enable our consultants to undertake a wide range of procedures from routine investigations to complex surgery.

The physiotherapy service continues to be provided in-house and supports our enhanced recovery pathway for hip and knee replacement patients. Imaging services include plain film and ultrasound scanning. We have 7 consultant rooms, 2 operating theatres (one with laminar airflow) and an endoscopy/minor treatment room. We operate a virtual pharmacy model.

NHS work currently accounts for 45% of our overall work. We currently offer orthopedics, general surgery, gynecology, cataract surgery, colo-rectal and urology services on Choose and Book. We have a number of spot NHS contracts for podiatry, gynecology, urology, general surgery and orthopedic work.

During the last year we have replaced carpets with hard flooring in all clinical areas, including consulting rooms, redecoration in various clinical areas and installed swipe access for medical records to limit access. The pre-assessment department has also relocated nearer to the Out-Patient department to enhance the patient experience.

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 St Edmunds 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 announced inspection on 16th March 2017, they then attended site for an unannounced inspection on 20th March 2017. The overall rating for BMI St Edmunds was Requires Improvement.

Safe	Requires improvement ●
Effective	Requires improvement ●
Caring	Good ●
Responsive	Good ●
Well-led	Requires improvement ●

Areas of non-compliance and actions completed:

The CQC found incomplete records within outpatients from consultants, with limited or no documentation relating to the care delivered and treatment plans discussed and implemented.

- The matter of contemporaneous records was an agenda item on the Medical Advisory Committee meeting; all consultants received a letter outlining the requirement to have a complete set of medical records for their patients. Consultants were asked to use the triplicate pads to document their consultation notes. Audits undertaken on compliance and any non-compliances are documented in the consultant records and addressed formally by the Executive Director.

The CQC found the creation and amendment of records relating to staff inconsistent across BMI St Edmunds. For example, consultants practising privileges, nursing revalidation and the professional registrations of allied healthcare professionals.

- The Employee Compliance Co-ordinator reviews the staff and consultant database weekly to monitor due dates of compliance. Reminders are sent to consultants/staff 30 days prior to expiry date using standard letters from the database which includes a warning of suspension; copies of these letters are stored on the personnel files. Compliance to requirements of practising privileges is an agenda item for the Medical Advisory Committee.

Health, social and other care professionals must have access to clinical or professional supervision as required, in line with the requirements of the relevant professional regulator. The CQC found this was limited within the radiology department at BMI St Edmunds. Providers should have systems in place to assess the competence of employees before they work unsupervised in a role. They must provide appropriate direct or indirect supervision until the person is assessed as competent to carry out the role. The provider must ensure all staff receive a regular appraisal (in line with local policy)

of their performance in their role from an appropriately skilled and experienced person. Training, learning and development needs should be identified, planned for and supported. We found this was inconsistent across BMI St Edmunds, particularly within the theatre department. Staff should be supported to make sure they can participate in any additional training identified as necessary to carry out regulated activities as part of their job duties and, in particular, to maintain necessary skills to meet the needs of the people they care for and support. The CQC found this was inconsistent across BMI St Edmunds, with theatre staff and radiology staff lacking required competencies, training and supervision. We also found that not all consultants had 'scope of practice' documents within their staff files.

- The Supervision Policy was re-distributed to all clinical staff and the Director of Clinical Services ensured that they have full understanding of the requirements. The relationship with the Radiation Protection Advisor was re-established with the Imaging Clinical Services Manager. All relevant clinical competencies were reviewed and verified prior to individuals working unsupervised. A training needs analysis has been conducted by each department using the annual appraisal system. All employees are now compliant with mandatory training requirements and supported to do any additional training that is pertinent to their role. Additional courses will be highlighted during the annual appraisal and if the course is not available on the BMI Learn system, support will be given to the individual to access the training. The consultant's files have been brought in line with the practising privileges documentation required and the database updated.

BMI St Edmunds 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 St Edmunds.

The focus on Infection Prevention and Control continues under the leadership of the Group Director of Infection Prevention and Control and Group Head of Infection Prevention and Control, in liaison with the Infection Prevention and Control Lead.

Between April 2017 to March 2018, the hospital had:

- 0 MRSA bacteraemia cases/100,000 bed days
- 0 MSSA bacteraemia cases /100,000 bed days
- 0 E.coli bacteraemia cases/ 100,000 bed days
- 0 number of cases of hospital apportioned Clostridium difficile in the last 12 months.
- SSI data is also submitted to Public Health England for Orthopaedic surgical procedures. Our rates of infection are;

Measure	Rate (per 100 procedures)
Hips	0.00000
Knees	0.00000

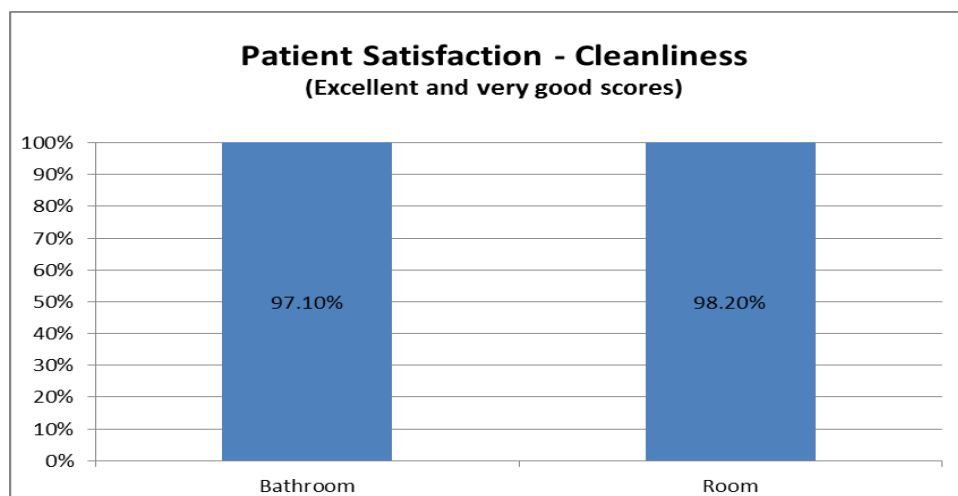
All departments are audited annually using the NHS QIT tool.

Care Bundle	Score
Peripheral line insertion	58.8%
Peripheral line ongoing care	100%
SSI Pre op care	100%
SSI Post op care	100%
SSI intraoperative	100%
Blood Culture	N/A
Urinary Catheter insertion	100%
Urinary catheter ongoing care	100%
Non compliance	Action
Medical staff not wearing PPE on insertion of peripheral lines still remains an issue.	This has been raised at MAC and IPC meetings; another reminder has gone into Consultant Newsletter. Will continue to be addressed at MAC via Director of Clinical Services and within one to one meetings with the MAC Lead Anaesthetist.

HCAI Self-Assessment has been completed during this year, scoring 99% across the hospital.

Hand hygiene audits continue to be completed within all departments at BMI St Edmunds, consistently scoring 100%. All clinical staff continue to carry small bottles of Spigel for instances when hand washing at point of patient care is not possible.

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)

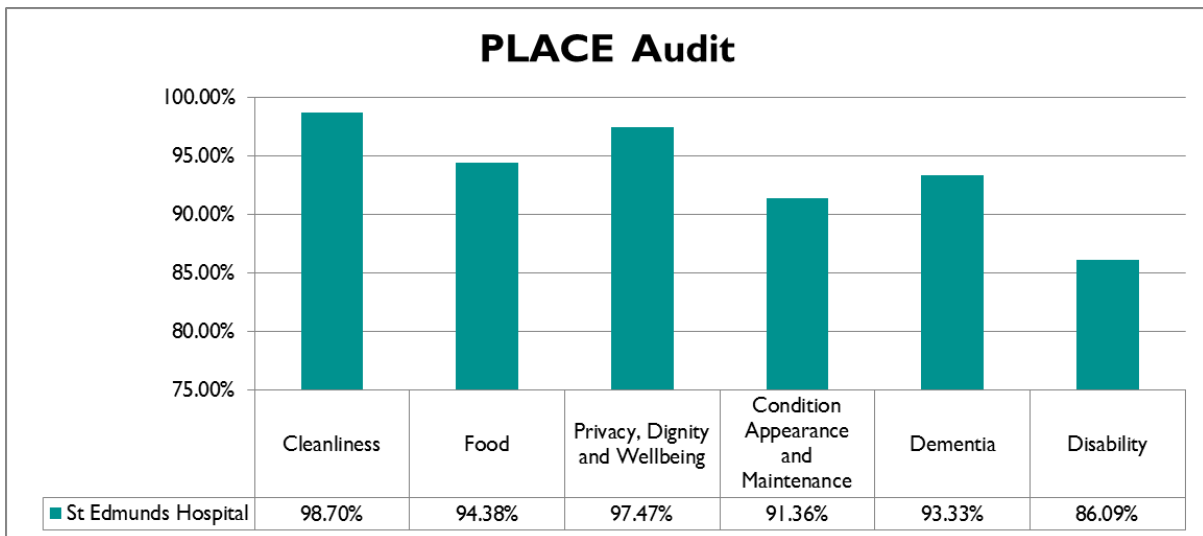
At BMI Healthcare, we believe a patient should be cared for with compassion and dignity in a clean, safe environment. Where standards fall short, they should be able to draw it to the attention of managers and hold the service to account. PLACE assessments will provide motivation for improvement by providing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

Hospital	Cleanliness	Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
St Edmunds Hospital	98.70%	94.38%	97.47%	91.36%	93.33%	86.09%



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	
	0

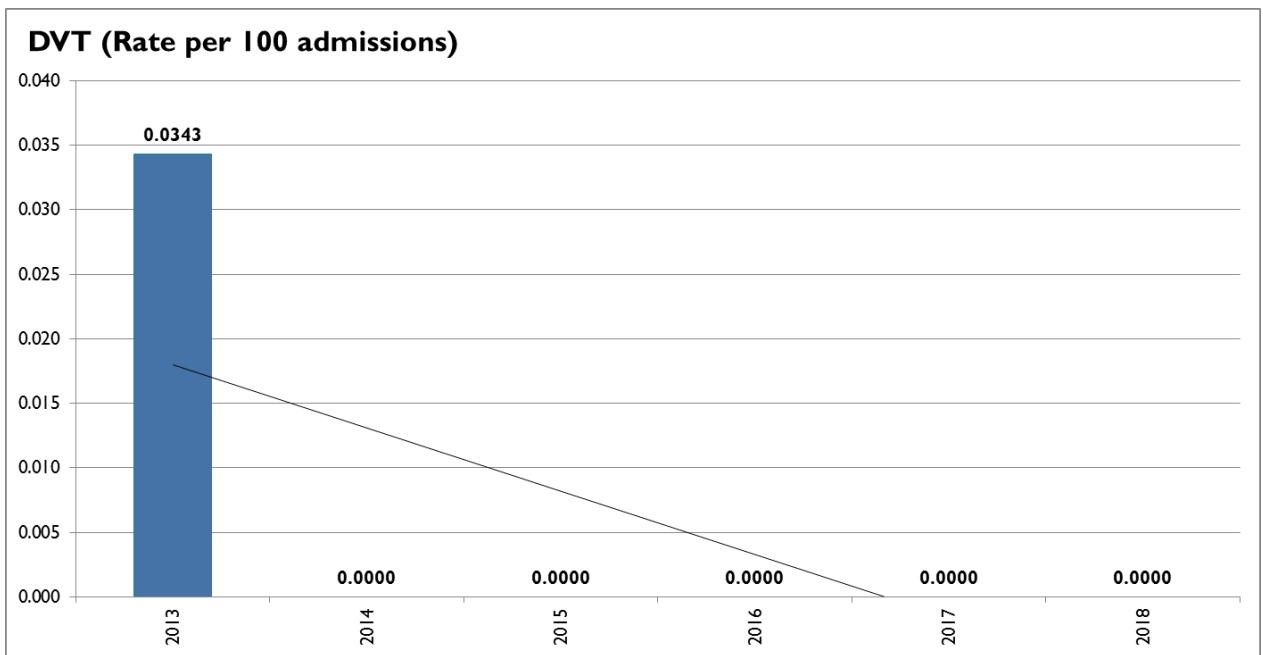
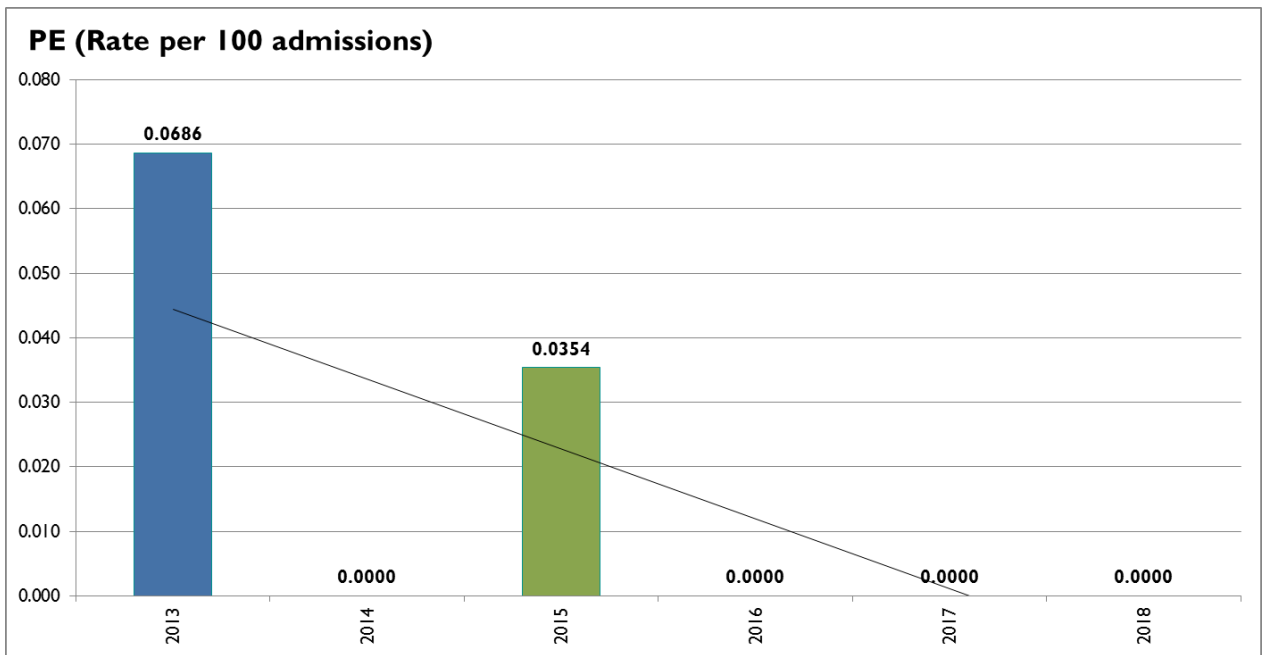
Venous Thrombo-embolism (VTE)

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

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

VTE Percentage	
VTE	100.00%

BMI St Edmunds 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.



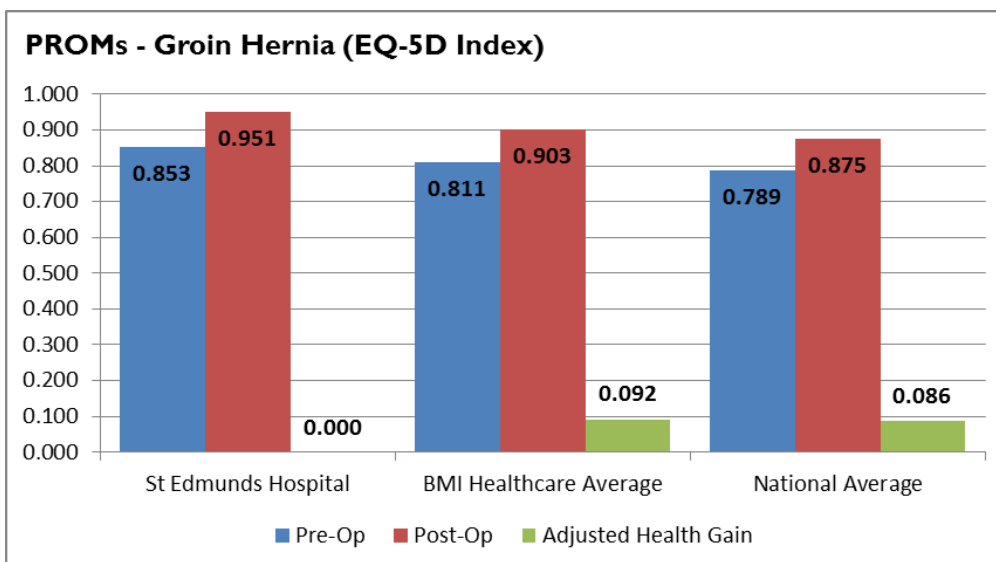
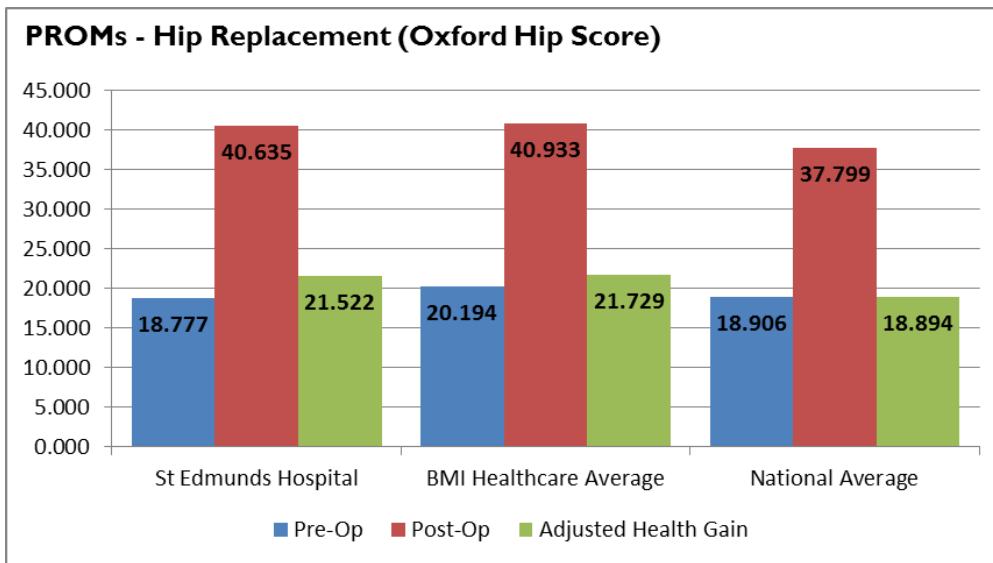


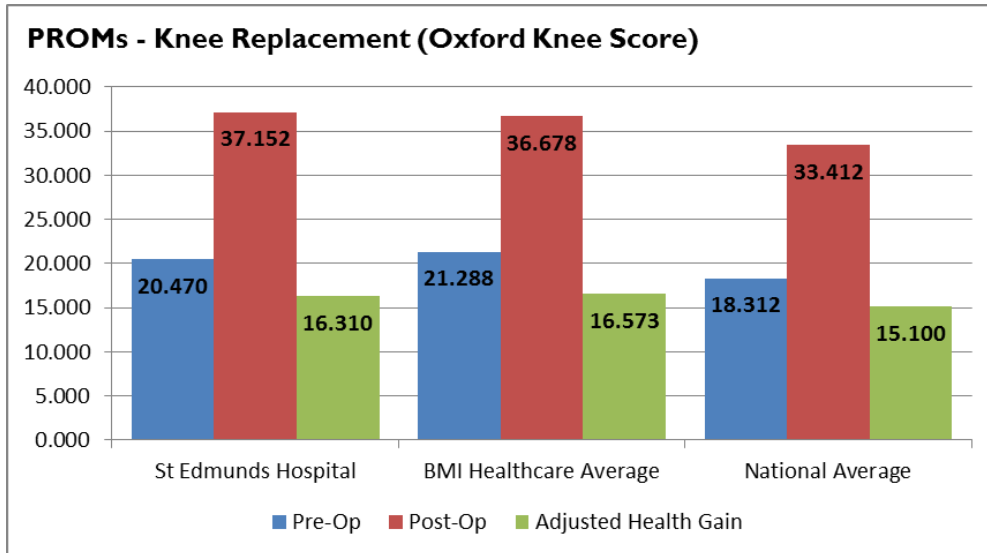
Patient Reported Outcome Measures (PROMS)

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 St Edmunds. The number of procedures being undertaken at this site has seen a slight increase during the year. Groin Hernia, Oxford hip and knee post-operative scores both score ahead of the national average.

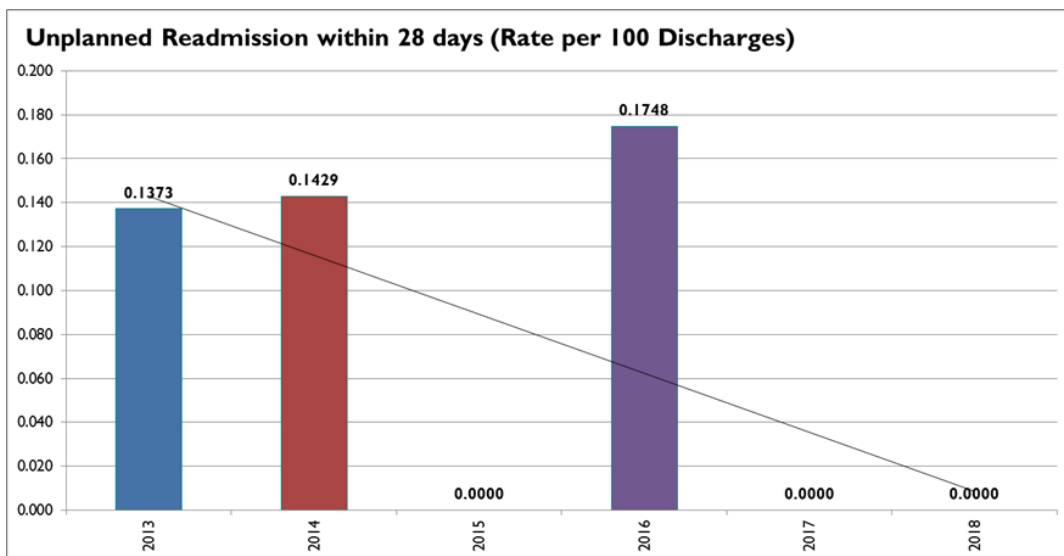
Latest PROMs data available from HSCIC (Period: April 2016 – March 2017)

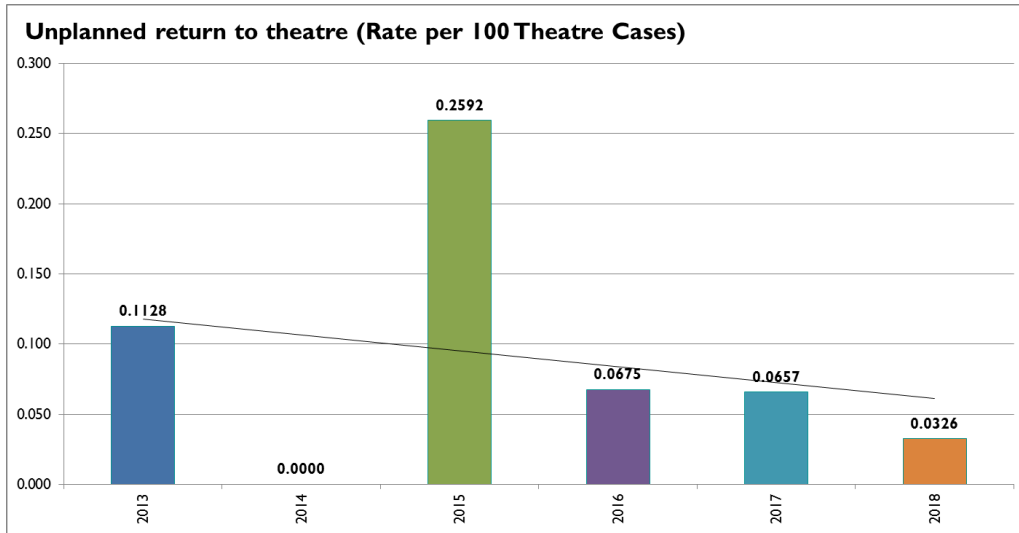




Unplanned Readmissions & Unplanned Returns to Theatre

Unplanned readmissions and Unplanned Returns to Theatre are normally due to a clinical complication related to the original surgery. As detailed in the below graphs at BMI St Edmunds these are kept to a minimum, we will continue to monitor this and make improvements as necessary.





Learnings from Deaths

Preservation of life and avoidance of unnecessary death is an essential objective for healthcare providers; BMI Healthcare recognises this and is committed to ensuring that its hospitals and the organisation as a whole learn from the death of any patient whilst under our care. Sharing these lessons learnt is vital in order to ensure excellent quality of our care is provided across the company.

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

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

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

Patient Experience

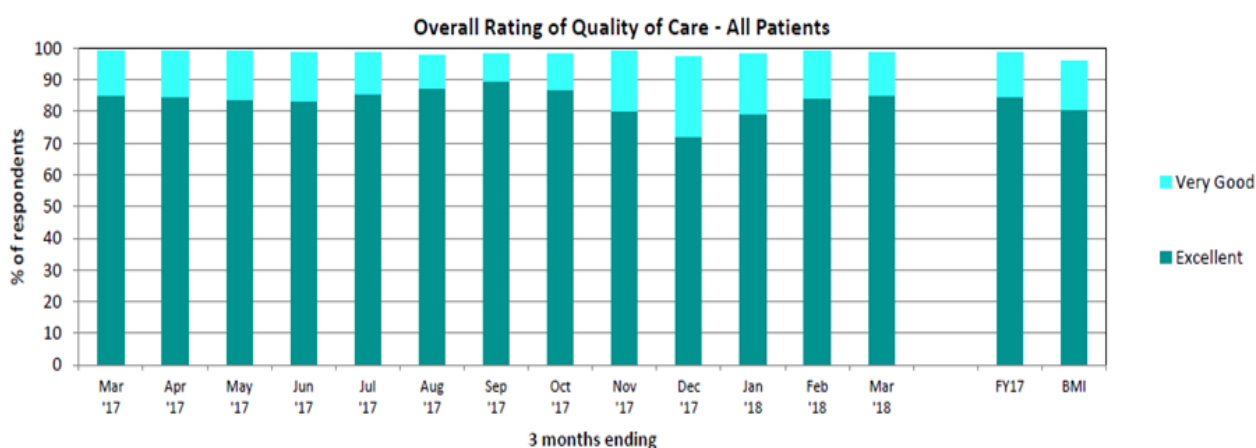
Patient Satisfaction



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

BMI St Edmunds Hospital was ranked 11th out of 55 hospitals in March 2018, and 2nd within the region, in March 2017 the hospital was ranked at 27th.

	March 2018			March 2017		
	Excellent %	Very Good %	Satisfied %	Excellent %	Very Good %	Satisfied %
Admission	73.5	23.1	96.6	72.7	21.9	94.5
Nursing	80.5	18.6	99.1	88.5	10.7	99.2
Accommodation	70.4	24.3	94.8	78.0	20.5	98.5
Catering	75.0	18.3	93.3	65.4	29.1	94.5
Overall Quality of Care	86.1	11.4	97.5	85.3	13.8	99.1



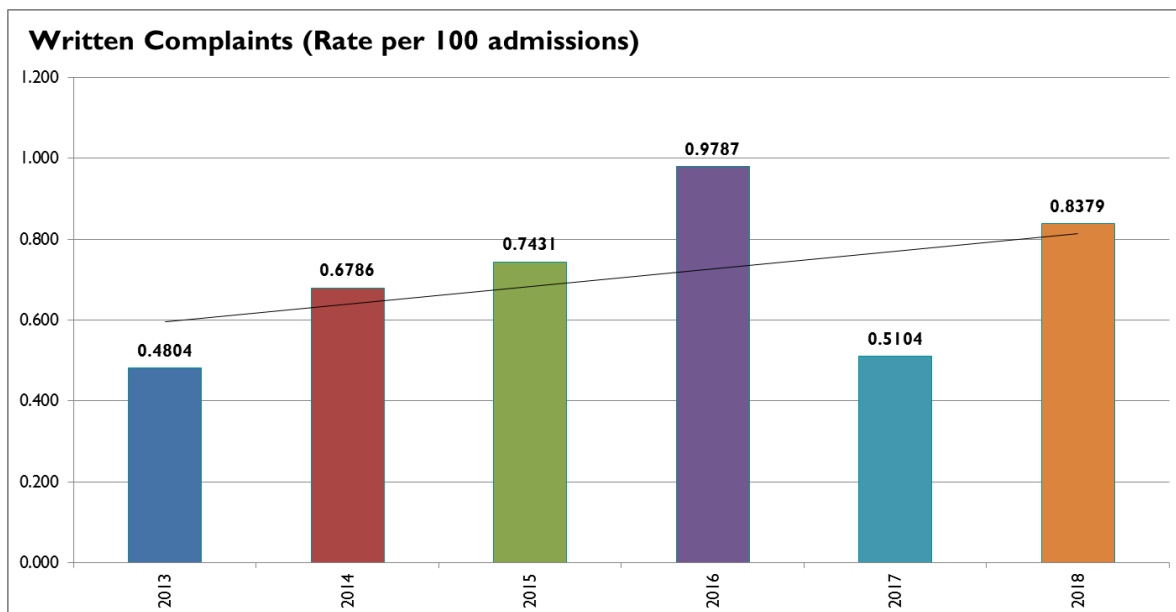
Complaints

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



Main trends of complaints were in regard to:

- Administration Processes
- Financial/cost related
- Consultant Care
- Standards of Facilities

Process review being undertaken within administration to improve the service given to patients this will also strengthen the communication regarding financial and cost issues.

Two rooms within the BMI St Edmunds are currently part of an improvement program to upgrade facilities to a higher standard, incorporating feedback from patient comments and suggestions.

CQUINS

The purpose of the 2017/2018 CQUIN for the BMI St Edmunds was to further implement and enhance the Edmonton Tool across its services (regardless of payor types), which monitors patient frailty, coded on general practice systems to identify patients for further screening and assessment. The tool assesses cognitive impairment, dependence in activities of daily living, burden of illness, self-perceived health, depression, weight loss, medication issues, incontinence, social support and mobility.

BMI St Edmunds ensures that the Edmonton tool is conducted on all patients over the age of 75 years (regardless of payor type), during the pre-assessment stage of the patient journey so early identification of needs can be addressed. Following the assessment, discussion with the patient and referrals (notifying them of the score and what frailty domain was affected) are made immediately to the GP if required, this leads to early intervention. On all BMI St Edmunds paperwork, the elevated score is highlighted raising awareness to all staff that will be in contact with the patient during their admission. 48hrs post discharge a telephone call will be made to the patient to ensure that they have followed up with the GP. The GP is reminded of the score within the discharge letter. In the event an urgent referral is required the discharge nurse places a call to the local social services with the patients consent for a referral. Training has been given to all staff on how to use the tool

effectively, how to record results on the GP discharge letter and steps to be taken if the patient score is elevated. Monthly audits are undertaken to monitor compliance.

The second CQUIN is for the BMI St Edmunds to improve their role as an employer in looking after employees' health and wellbeing. Part of this CQUIN is to introduce schemes focusing on mental health, physical activity and MSK. In addition we wish to improve staff perception of BMI as their employer in improving their Health and Wellbeing. A staff survey has been completed during this reporting year and an action plan devised and implemented, the survey will be re-issued during 2018/2019 CQUINs to highlight improvements and any further issues.

BMI St Edmunds has achieved Quarter 1 – 3 CQUINs, currently awaiting result on Quarter 4.

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)

National Clinical Audits

National Joint Registry

Totals for this hospital	2017	Year to date: 2018
Total completed ops	430	172
Hip procedures	234	95
Knee procedures	193	77
Ankle procedures	0	0
Elbow procedures	0	0
Shoulder procedures	3	0
NJR consent rate	99%	100%

The number of procedures the BMI St Edmunds has completed in 2017 has increased in comparison to 2016 data.

Priorities for Service Development and Improvement

- Replacement of hand basins within clinical areas.
- Enhance project Optimum which will streamline the bookings process for patients and consultants.
- Implement dementia friendly elements to the BMI St Edmunds.
- Full review of medical records processes within the hospital.
- Launch of private GP service within BMI St Edmunds, including health screening.

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



St Edmunds Hospital	Staff Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
75.00%	68.75%	73.18%	89.98%	50.44%

The staff recommendations percentage for the BMI St Edmunds has increased from 2017 to 2018. However, BMI St Edmunds is still disappointed with the score received, and hopes that it will improve over the next year. Staff turnover within the hospital has lessened over the last year and many positions have been filled, which has given stability to the staffing team.

Monthly and annual recognition for staff continues and is still embraced by the staffing team.

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)

St Edmunds Hospital	Re-Admissions (Aged 16+)			
2018	2017	National Average	Highest National Score	Lowest National Score
0.728	0.000	10.010	41.650	0.000

The BMI St Edmunds considers that this data is as described as re-admissions within the hospital are at a minimum and below the national average.

Pediatric services are not carried out at the BMI St Edmunds.

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

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

The BMI St Edmunds considers that this data is as described for the following reasons as there have been no cases of c.difficile over the last year.

Hospitals responsiveness to the personal needs of its patients

St Edmunds Hospital	Responsiveness			
2018	2017	National Average	Highest National Score	Lowest National Score
97.72%	97.36%	69.22%	78.00%	60.10%

The BMI St Edmunds has again scored above the highest National Average score in responsiveness to patients, and made an increase on last year. The improvement of this percentage, and the quality of the service given to patients, has been through a number of actions, the nursing staff are adequately trained in responding to nurse call bells in a prompt manner. There is also a robust structure in place for carrying out regular observations on patients, ensuring that they have an enhance experience. During the last year, the use of agency staff has been at a minimum ensuring a consistent approach to care is given to our patients.

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

St Edmunds Hospital	VTE			
2018	2017	National Average	Highest National Score	Lowest National Score
100.00%	89.09%	95.77%	100.00%	81.60%

The BMI St Edmunds considers that this data is as described for the following reasons:

- VTE Risk Assessment compliance is monitored monthly through local audits and quarterly via the Corporate Audit Programme.

- The nursing staff regularly review the patient medication chart to ensure that the VTE Risk Assessment is completed at consultant/patient point of contact.
- During this year we have completed all VTE assessments and had no reported incidents of DVT at this site.

Patient Safety Incidents

St Edmunds Hospital	Patient Safety Incidents (Rate per 1000 Bed Days)			
2018	2017	National Average	Highest National Score	Lowest National Score
155.022	143.905	43.292	149.700	11.200

St Edmunds Hospital	Patient Safety Incidents (Count)			
2018	2017	National Average	Highest National Score	Lowest National Score
213	157	3908	14506	31

The BMI St Edmunds considers that this data is as described due to the reporting culture within the hospital. There is a very robust incident reporting system which all staff have access to and are suitable trained in the reporting of all incidents. There is a dedicated Quality and Risk role, which cleanses data, reports on trends and ensures that investigations are completed in a timely manner. The monitoring of all incidents occurs through the various committees and meetings within the BMI St Edmunds, this raises staff awareness of incidents, lessons learnt and sharing of data.

Patient Recommendation Results

St Edmunds Hospital	Patient Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
99.29%	98.72%	97.07%	100.00%	75.61%

The BMI St Edmunds has again scored higher than the national average for patient recommendations and has improved on the 2017 result. Monthly Quality Health meetings monitor all patient feedback, positive and negative, and act on any suggestions/comments that are made. The BMI St Edmunds continues to improve the service given to patients and enhance their experience at the hospital. During this year improvements have been made by upgrading flooring and decoration in patient areas. Over the coming year we are looking to improve patient bedrooms with new furniture and redecoration and upgrade the main corridor flooring.

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integrated working

QUALITY ACCOUNTS

West Suffolk Clinical Commissioning Group, as the commissioning organisation for BMI Healthcare, St. Edmunds Hospital, confirm that BMI Healthcare has consulted and invited comment regarding the Quality Account for 2017/2018. This has occurred within the agreed timeframe and the CCG is satisfied that the Quality Account incorporates all the mandated elements required.

The CCG has reviewed the Quality Account data to assess reliability and validity and to the best of our knowledge consider that the data is accurate. The information contained within the Quality Account is reflective of both the challenges and achievements within the Trust over the previous 12 month period. The priorities identified within the account for the year ahead reflect and support local priorities.

West Suffolk Clinical Commissioning Group is currently working with clinicians and manager from BMI Healthcare and with local service users to continue to improve services to ensure quality, safety, clinical effectiveness and good patient/care experience is delivered across the organisation.

This Quality Account demonstrates the commitment of the Trust to improve services. The Clinical Commissioning Group endorses the publication of this account.

A handwritten signature in black ink that reads "Lisa Nobes".

Lisa Nobes
Chief Nursing Officer