



The Beardwood  
Hospital

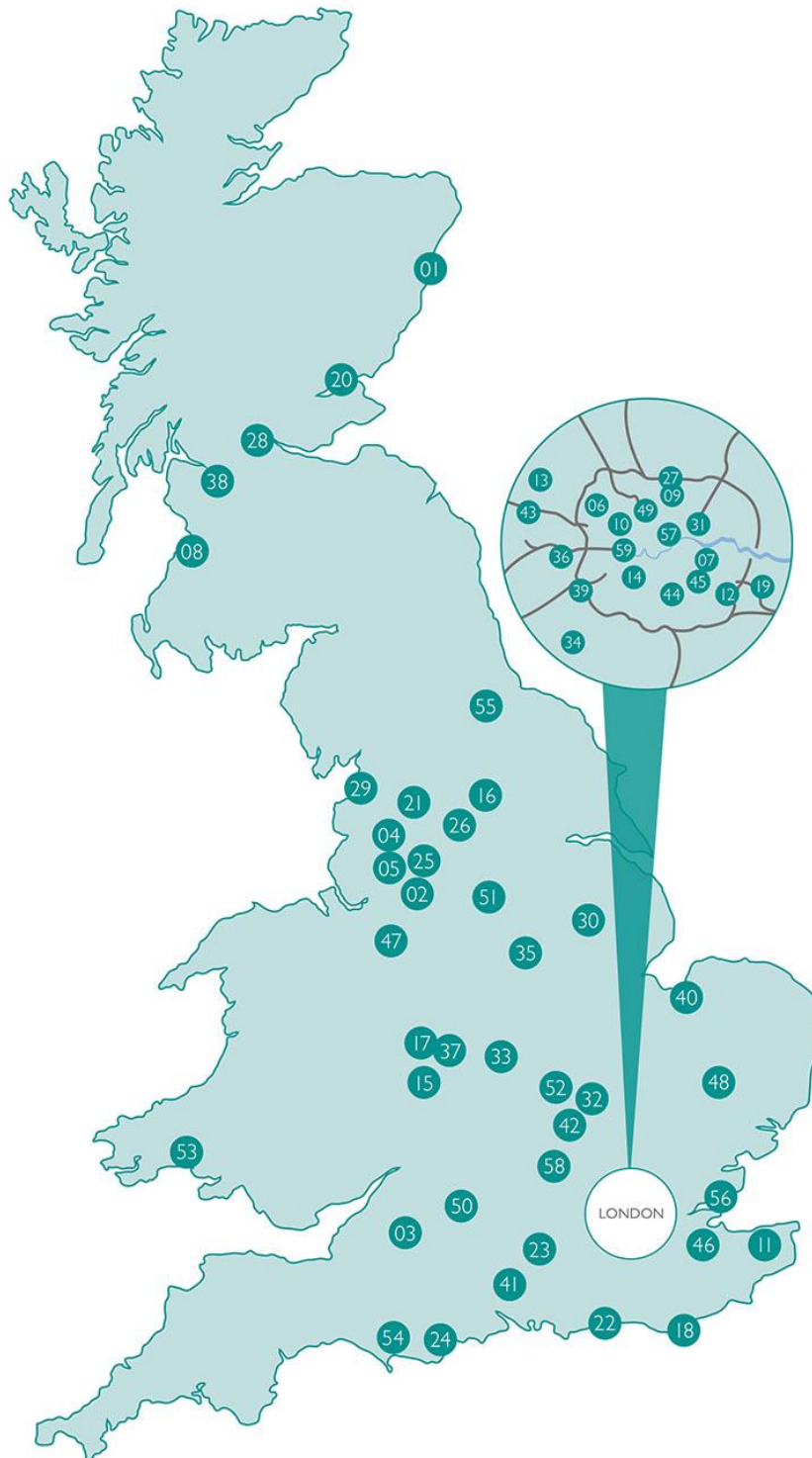
**QUALITY  
ACCOUNTS 2018**

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# Our network of hospitals

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



# Group Chief Executive's Statement



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

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

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

improve our regulatory rankings.

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

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

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

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

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

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

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

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

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

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

A handwritten signature in black ink that reads "Karen." The signature is written in a cursive, flowing style.

**Dr Karen Prins**

# Hospital Information



BMI The Beardwood Hospital in Blackburn, Lancashire is part of BMI Healthcare, Britain's leading provider of independent healthcare with a nationwide network of hospitals & clinics performing more complex surgery than any other private healthcare provider in the country. Our commitment is to quality and value, providing facilities for advanced surgical procedures together with friendly, professional care.

BMI The Beardwood Hospital provides a range of medical and surgical services and has 18 single rooms offering the privacy and comfort of en-suite facilities, satellite TV and telephone. The hospital also has a six bed day care unit which caters for patients who have had more minor day case surgery or an endoscopy procedure, an augmented care facility and an ambulatory care facility with 7 reclining chairs, combined with the latest in technology and support services, enable our consultants to undertake a wide range of procedures from routine investigations to complex surgery. At The Beardwood Hospital we have a dedicated Cancer Care Unit with 4 individual treatment rooms and we are able to treat a wide variety of cancers including Breast, Bowel, Prostate, Ovarian, Lung, Lymphoma and Myeloma. We also have a static CT and MR scanning unit offering state of the art facilities. This specialist expertise is supported by caring and professional medical staff, with dedicated nursing teams and Resident Medical Officers 24 hours a day, providing care within a friendly and comfortable environment.

The amount of NHS work we carry out at the Beardwood Hospital has increased steadily over the last few years. Our current rate of NHS work amounts to >90%. We accept patients from the Choose and Book network and are also involved in waiting time initiatives, helping to reduce waiting times in the NHS by taking blocks of patients on spot contracts.

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 The Beardwood 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 announced inspection on the 5<sup>th</sup> and 6<sup>th</sup> October 2016 and an unannounced visit on the 10<sup>th</sup> October 2016 and rated the hospital as Good overall. The inspectors made some recommendations that the hospital 'should' do but did not make any that they 'must' do. All the recommendations have been completed.

<b>Overall Good</b>  Read overall summary	Safe	Requires improvement ●
	Effective	Good ●
	Caring	Good ●
	Responsive	Good ●
	Well-led	Good ●

The inspectors rated the hospital as requires improvement in the Safe category as they felt that the incident reporting systems did not always correspond. However they did comment that there was a robust system in place to report incidents and staff knew how to report an incident and lessons were learnt and disseminated across the hospital.

The Beardwood 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 Director of Infection Prevention and Control and Group Head of Infection Prevention and Control, in liaison with the Infection Prevention and Control Lead.

Between April 2017 to March 2018, the hospital had:

- 0 MRSA bacteraemia cases/100,000 bed days
- 0 MSSA bacteraemia cases /100,000 bed days
- 0 E.coli bacteraemia cases/ 100,000 bed days
- 0 Number of cases of hospital apportioned Clostridium difficile in the last 12 months.
- SSI data is also submitted to Public Health England for Orthopaedic surgical procedures. Our rates of infection are;
  - Hips 0.00694%
  - Knees 0%

At The Beardwood Hospital we conduct monthly High Impact Intervention audits on peripheral intravenous catheters, central venous catheters, and hand hygiene and theatre interventions.

The Beardwood Hospital has an extremely dynamic Infection Prevention and Control Lead nurse who is developing a number of link nurses in all departments so they can assist with the annual Infection Prevention audit and training program.



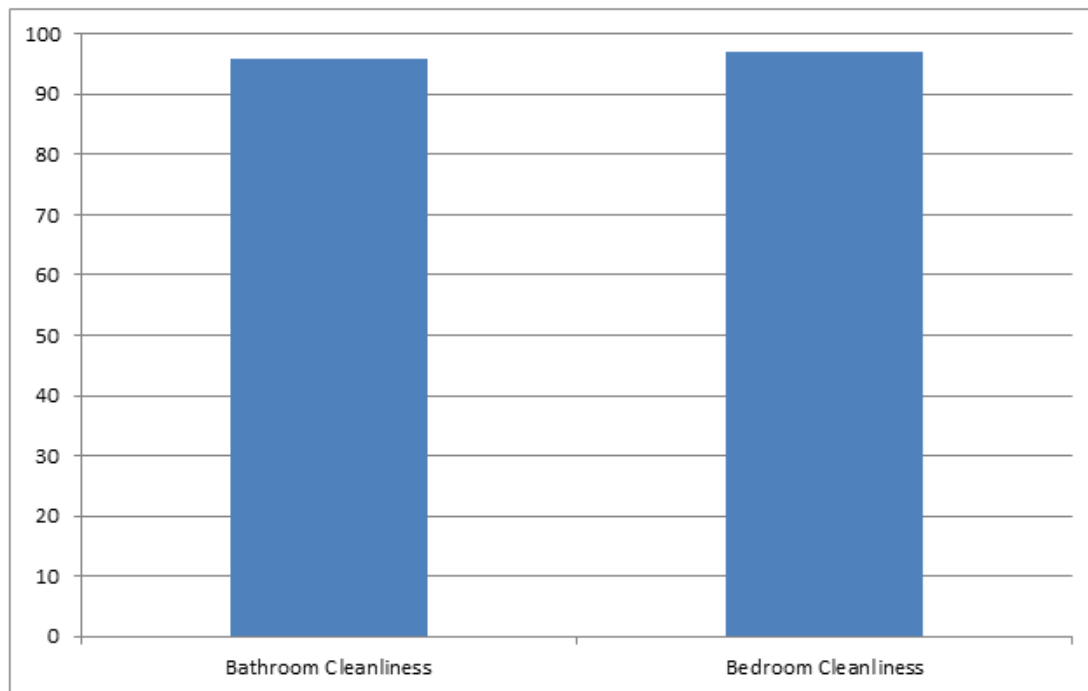
The hospital has a robust audit program of audit across both clinical practice and the environment. Each month all clinical departments complete an observational hand hygiene audit in practice, which is used to drive compliance with this fundamental aspect of patient safety. Any areas not scoring 100% are required to implement an action plan to improve compliance and this is monitored via the Infection Control Committee. Managerial support is always available to support with the challenge of practice.

High impact intervention audits have been part of our everyday working for some time now. These are championed by infection control link practitioners in all relevant clinical departments. These are undertaken on invasive procedures such as cannula insertion, urethral catheter insertion and surgical site management.

An active group of Infection Control link practitioners continues within the hospital. They are actively supported by the IPC lead Nurse. They have been afforded development through study days facilitated by the IPC lead nurse.

The IPC and pharmacy team have developed a robust antimicrobial stewardship plan which is supported by audit and education as part of the Commissioning for Quality and Innovation scheme (CQUIN). This is in response to the international drive to reduce the use of antibiotics in general and to target the ones that are used more appropriately.

Environmental cleanliness is also an important factor in infection prevention and our patients rate the cleanliness of our facilities highly. 96% of patients rated the bathroom cleanliness as very good or excellent and 97% of patients rated the bedroom cleanliness as very good or excellent.



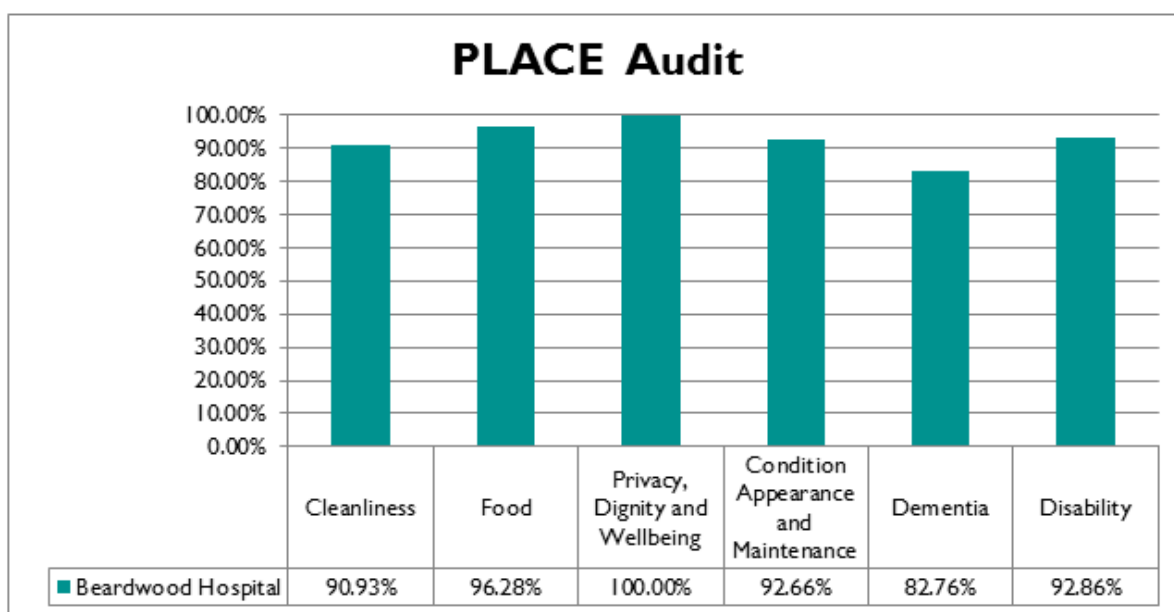
# Patient Led Assessment of the Care Environment (PLACE)

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

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

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

The results will show how hospitals are performing nationally and locally.



The 2018 PLACE audit resulted in a dementia score for The Beardwood Hospital that was the lowest from the areas inspected. Our NHS contract, which is the vast majority of our work, precludes us from admitting patients with dementia so consequently our hospital is not fully equipped for this group of patients. However The Beardwood Hospital recognises that not all patients will have a formal diagnosis of dementia and so we may look after patients in the early stages of the disease. With this in mind and following the PLACE audit the hospital is taking steps to ensure we have dementia friendly accommodation available to ensure patients are cared for in the safest possible surroundings.

# 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.

The Beardwood Hospital as had 0 Duty of Candour incidents during the reporting period.

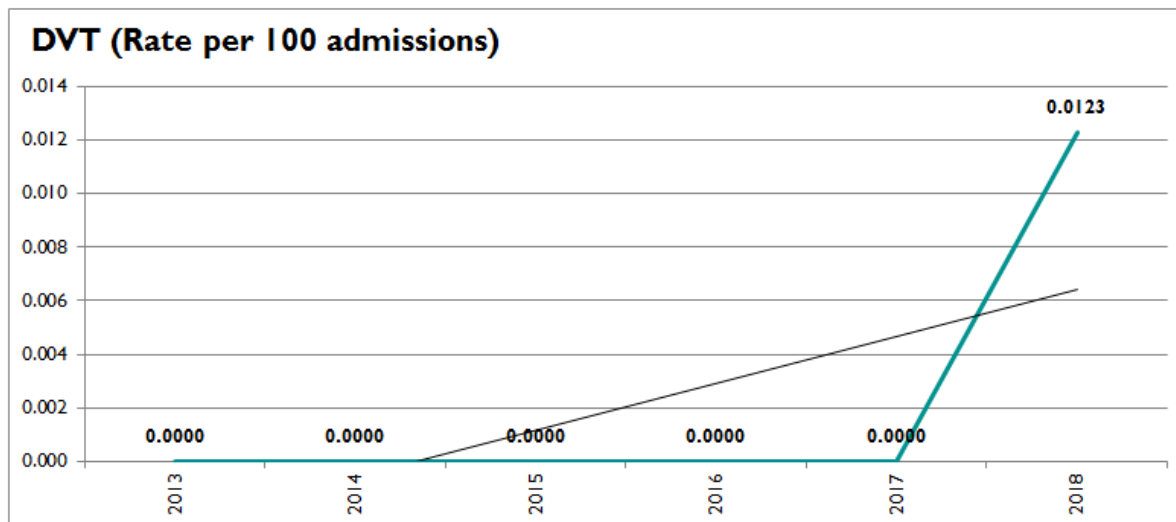
# Venous Thrombo-embolism (VTE)

BMI Healthcare, holds VTE Exemplar Centre status by the Department of Health across its whole network of hospitals including, The Beardwood Hospital. BMI Healthcare was awarded the Best VTE Education Initiative Award category by Lifeblood in February 2013 and was the Runner 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

The Beardwood Hospital carries out a VTE risk assessment on all patients receiving admitted care. During the reporting period 100% of patients received and assessment.

The Beardwood 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.

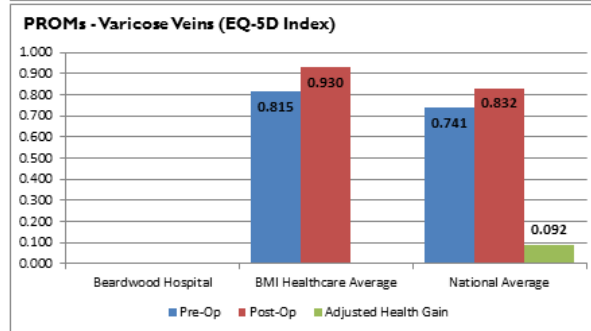
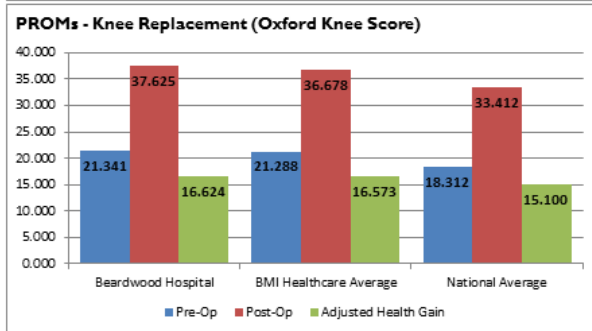
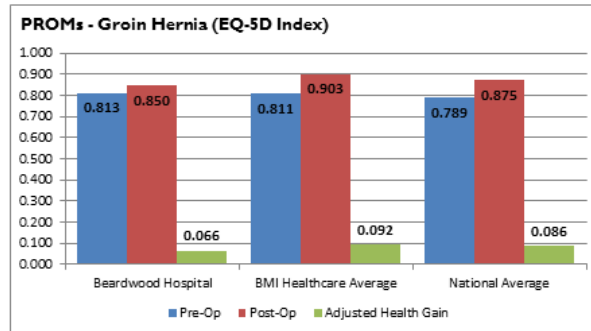
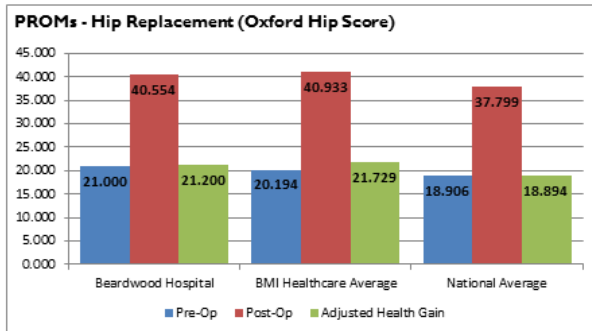


During the reporting period The Beardwood Hospital identified one patient who developed a DVT 5 weeks post lower limb surgery. An investigation was carried out and this identified no lapses in care.

# 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.

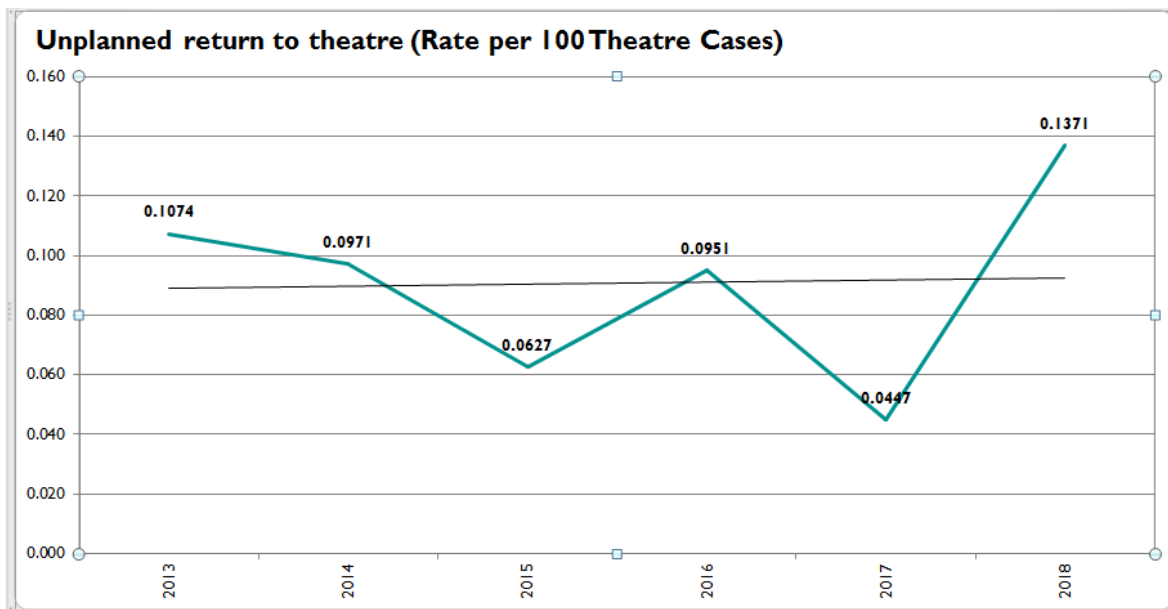
For the current reporting period, the tables below demonstrate that the health gain between Questionnaire 1 (Pre-Operative) and Questionnaire 2 (Post-Operative) for patients undergoing hip replacement and knee replacement at The Beardwood Hospital.



## Unplanned Readmissions & Unplanned Returns to Theatre

Unplanned readmissions and Unplanned Returns to Theatre are normally due to a clinical complication related to the original surgery. The Beardwood Hospital had a total of 1 patient who was readmitted within 28 days of surgery and returned to Theatre and a further 5 patients who had an unplanned return to Theatre.

The main theme was for removal of haematoma, however, on investigation there were no common themes or trends, the patients were under different Consultants and specialties.



Beardwood Hospital	Re-Admissions (Aged 16+)			
2018	2017	National Average	Highest National Score	Lowest National Score
0.511	1.056	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.

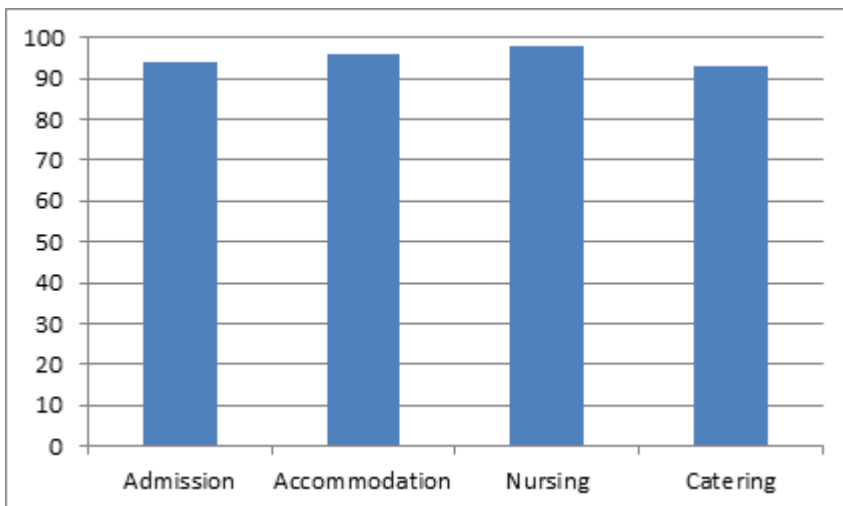
# Patient Experience

## 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.

The Beardwood Hospital Patient Satisfaction Scores 2017-18





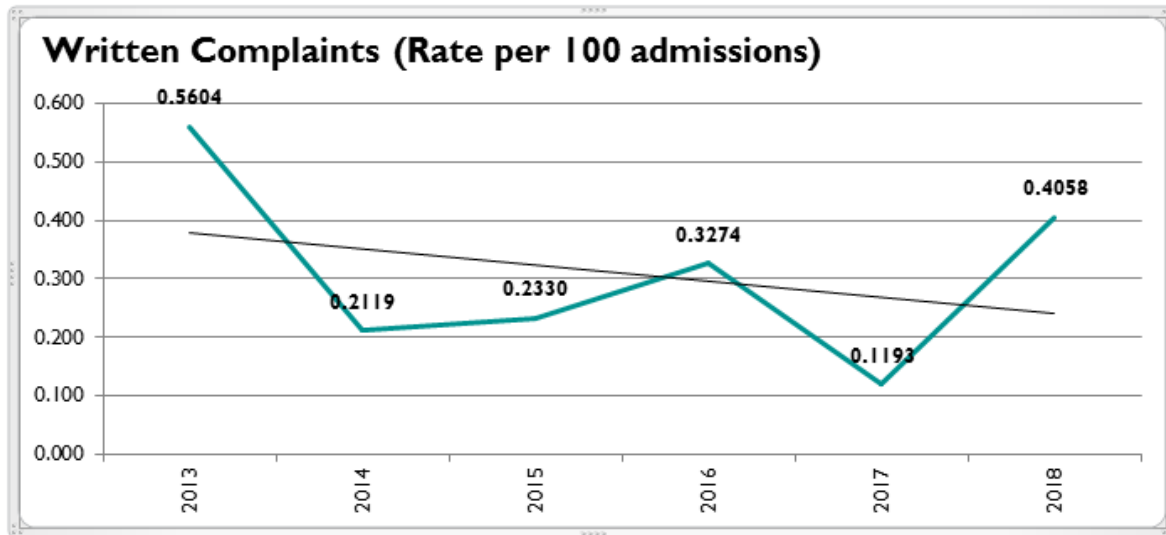
# Complaints

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



# CQUINS

The CQUIN's for 2017 will run for two years and finish in April 2019. A substantial part of the CQUIN will be to look at Antimicrobial stewardship and in particular looking at the prescribing behaviours of Consultants and ensuring they are prescribing from the most up to date antibiotic formulary and local guidelines. The primary objective of the Formulary is to ensure appropriate selection of antimicrobials for treatment of common infections and prophylaxis. The choice of antimicrobials in the Formulary has been carefully selected to move to agents with a lower risk of precipitating Healthcare Associated Infections, including MRSA, Clostridium difficile and ESBLs.

These guidelines are evidence based and reflect nationally agreed practice. They specify the recommended antimicrobial, dose, route and duration of treatment for common infections encountered in secondary care. Good progress has been made on this CQUIN. Currently 85% of Consultants are prescribing appropriately from the formulary; this has increased from a low of 75%. As can be seen from these figures there is still work to be done and determined efforts to reach 100% compliance will continue through the remainder of the CQUIN. Another element to this CQUIN is to 'start smart and focus' which requires prescribers to initiate the correct route for antibiotic therapy and if intravenous therapy is started this must be reviewed within 48 hrs to see if this can be changed to oral and the length of treatment also reviewed. The final part of this CQUIN looks at total antibiotic usage and ways in which this can be reduced.

The Beardwood Hospital also undertook the Preventing Ill health CQUIN, specifically looking at reducing alcohol consumption and helping people who smoke tobacco to stop. This CQUIN seeks to help deliver on the objectives set out in the Five Year Forward View.

## **The burden of excessive alcohol consumption**

In England, 25% of the adult population (33% of men and 16% of women) consume alcohol at levels above the UK CMOs' lower-risk guideline and increase their risk of alcohol-related ill health.<sup>1</sup> Alcohol misuse contributes (wholly or partially) to 60 health conditions leading to hospital admission, due either to acute alcohol intoxication or to the toxic effect of alcohol misuse over time. Conditions include cardiovascular conditions, liver disease, cancers, depression and accidental injuries.<sup>2</sup> There are nearly 22,500 alcohol-attributable deaths per year.<sup>3</sup> Out of c3.7m admissions<sup>4</sup>, c333,000 were admissions where an alcohol-related disease, injury or condition was the primary diagnosis or there was an alcohol-related external cause. These alcohol-related admissions are 32% higher than in 2004/05.<sup>5</sup>

Alcohol is estimated to cost the public purse £21bn per annum, of which £3.5bn are costs to the NHS. Around three quarters of the £3.5bn cost to the NHS is incurred by people who are not alcohol dependent, but whose alcohol misuse causes ill health – this is the group for which IBA is the most effective. Identification and Brief Advice (IBA) results in recipients reducing their weekly drinking by c12%. Because alcohol health risk is dose dependent, reducing regular consumption by any amount reduces the risk of ill health.

## **The burden of smoking**

Smoking is estimated to cost £13.8bn to society (£2bn on the NHS through hospital admissions, £7.5bn through lost productivity, £1.1bn in social care). Smoking is England's biggest killer, causing nearly 80,000 premature deaths a year and a heavy toll of illness, 33% of tobacco is consumed by people with mental health problems.<sup>6</sup> Smoking is the single largest cause of health inequalities<sup>7</sup>.

<sup>1</sup> <http://digital.nhs.uk/catalogue/PUB16076>

<sup>2</sup> <http://www.hscic.gov.uk/catalogue/PUB13218/HSE2012-Ch6-Alc-cons.pdf>

<sup>3</sup> Public Health England (2016), Local Alcohol Profiles for England. Available at: <http://fingertips.phe.org.uk/profile/local-alcohol-profiles>

<sup>4</sup> Admissions to acute, acute & community and acute specialist providers in 2014/15, excluding maternity and below 18s, based on HES data

<sup>5</sup> Statistics on Alcohol, England, 2016 (NHS Digital, 2016)

<sup>6</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/366852/PHE\\_Priorities.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366852/PHE_Priorities.pdf)

<sup>7</sup> <http://www.sciencedirect.com/science/article/pii/S0140673606689757>

A Cochrane Review<sup>8</sup> shows that smoking cessation interventions are effective for hospitalised patients regardless of admitting diagnosis. Inpatient smoking cessation leads to a reduced rate of wound infections, improved wound healing and increased rate of bone healing.

Permanent smoking cessation reduces the risk of heart disease, stroke, cancer and premature death. The quit rates among patients who want to quit and take up a referral to stop smoking services are between 15% and 20%, compared to 3% to 4% amongst those without a referral.<sup>9</sup>

The Beardwood Hospital has screened and signposted all patients who were admitted for an in-patient procedure.

## 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

The Beardwood Hospital took part in the National Joint Registry (NJR) Audits and the Public Health England Audit of Surgical Site Infections in Hip and Knee replacement surgery. Data for our SSI rates is published on the Public Health England Website and our current infection rate stands at 0%

The Beardwood Hospital was awarded a certificate of excellence for the quality of data input into the NJR.

## BMI Beardwood Private Hospital

### Submission figures for this hospital

By operation date							By submission date						
2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
2017							2018						
Month	Completed operations	Hips	Knees	Ankles	Elbows	Shoulders	Consent rate						
January	12	7	4	0	0	1	100						
February	36	13	21	0	0	2	97						
March	19	10	8	0	0	1	94						
April	38	15	23	0	0	0	89						
May	8	4	4	0	0	0	87						

# Priorities for Service Development and Improvement

To further enhance patient safety and experience The Beardwood Hospital is working towards becoming accredited to the Joint Advisory Group (JAG) on Gastrointestinal Endoscopy standards.

Accreditation to the scheme was established in 2005 and, along with the Global Rating Scale (GRS), has supported endoscopy services across the UK to focus on standards and identify areas for development. The scheme is regarded as one of the most innovative and effective in the healthcare sector, and has been used as a model and source of inspiration for similar schemes both here and overseas.

Both patients' and professionals' expectations of endoscopy have increased greatly since the standards were first introduced. Operational pressures within endoscopy services and challenges to provide a high-quality environment for patients continue to grow. The JAG accreditation standards have been developed to reflect current expectations and to reduce the burden of evidence collection for accreditation.

Accreditation to the scheme enables our endoscopy services to assess our current performance, and it supports us in planning and developing our services. It helps with:

- > people – it helps to improve their focus on meeting users' needs
- > workforce – it helps to improve their focus on meeting the team's needs
- > profile – it raises awareness and understanding of endoscopy, so building confidence and credibility both within the organisation and among the public.
- > improving performance – the standard serves as an authoritative benchmark for assessing performance.

In addition to working towards JAG accreditation, we also aim to:

- Continue to maximize our existing clinical services and develop new ones.
- Following on from the successful implementation of the National Early Warning System, we will introduce the new NEWS2 in 2018 as part of our ongoing commitment to patient safety.
- Ensure antimicrobial therapy is as effective as possible through compliance with best practice guidance and antimicrobial stewardship, we will identify through regular audits that 100% of antimicrobials used within the hospital were clinically appropriate.

# 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.

The Beardwood Hospital had an excellent response rate to the BMI Say with 70% of employees completing the survey. As a result the hospital was able to gain some valuable information on what we are doing well and also on what we need to improve on. As can be seen from the extract below BMI The Beardwood Hospital has a very engaged workforce.

## Percentage Positive Scores

Percentage positive scores represent the proportion of respondents who answered either **Strongly Agree** or **Agree** to a question. Presented below are percentage positive scores for each Engagement question for your hospital:

Engagement Question	% Pos.
Q20 I am proud to say that I work for BMI Healthcare	83%
Q21 I would recommend BMI Healthcare as an employer	70%
Q22 I am committed to doing my very best for BMI Healthcare	100%
Q25 I intend to be working for BMI Healthcare in 12 months' time	71%
Q59 Overall, I am satisfied working for BMI Healthcare	81%



## Staff Recommendation Results

Beardwood Hospital	Staff Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
93.00%	96.81%	73.18%	89.98%	50.44%

BMI The Beardwood Hospital is proud of the result achieved from our staff recommendations, not only have we exceeded the national average for healthcare providers but this demonstrates the confidence our staff have in the clinical services delivered in our hospital. It is a reflection of the commitment our staff share to provide excellent care that they would want for themselves or their family. To enhance our staff engagement and recommendations further we have the following initiatives in place:

- The Staff performance review program to ensure all staff receive an annual appraisal.
- Staff forums are held regularly usually quarterly and chaired by the Executive Director
- A local Employee recognition program is already embedded
- A Daily Meeting takes place to communicate important hospital messages to all departments
- A weekly newsletter is circulated informing staff of key developments at the hospital, visitors, training & development



## 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.	<b>Apr 2011 - Mar 2012</b>
Number of <i>C.difficile</i> infections reported	BMI Healthcare Risk Management System	This indicator relates to the number of hospital-apportioned infections.	<b>Apr 2014 – Mar 2015</b>
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.	<b>Feb 2016 – Jan 2017</b>
Number of admissions risk assessed for VTE	CQUIN Data	BMI Healthcare only collects this information currently for NHS patients.	<b>Jan 2017 – Dec 2017</b>
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.	<b>Oct 2015 – Sep 2016</b>
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.	<b>Jul 16 – Jun 17</b>

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)

Beardwood 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

Beardwood Hospital	Re-Admissions (Aged 16+)			
2018	2017	National Average	Highest National Score	Lowest National Score
0.511	1.056	10.010	41.650	0.000

BMI The Beardwood Hospital is currently below the national average for readmission rates, we consider this to be attributed to our effective surgical pre-assessment, our commitment to patient safety and effective patient discharge processes.

BMI The Beardwood Hospital does not currently carry out Paediatric Services.

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

Beardwood 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

During the reporting period BMI The Beardwood Hospital had no cases of Hospital acquired C.difficile. We consider this score to demonstrate our diligence in Infection Prevention and Control.

## Hospitals responsiveness to the personal needs of its patients

Beardwood Hospital	Responsiveness			
2018	2017	National Average	Highest National Score	Lowest National Score
97.31%	97.38%	69.22%	78.00%	60.10%

BMI The Beardwood Hospital considers that this data demonstrates the high standard of care received by our patients. We are proud of the feedback we have received which acknowledges our delivery of high quality care which meets the expectations of our patients.

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

Beardwood Hospital	VTE			
2018	2017	National Average	Highest National Score	Lowest National Score
100.00%	#####	95.77%	100.00%	81.60%

BMI The Beardwood Hospital 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 team 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 in accordance with local and national policy.

## Patient Safety Incidents

Beardwood Hospital	Patient Safety Incidents (Rate per 1000 Bed Days)			
2018	2017	National Average	Highest National Score	Lowest National Score
127.171	120.908	43.292	149.700	11.200

Beardwood Hospital	Patient Safety Incidents (Count)			
2018	2017	National Average	Highest National Score	Lowest National Score
249	229	3908	14506	31

BMI The Beardwood Hospital considers that this data is as described due to the positive safety culture within the hospital. There is a very robust incident reporting system which all staff have access to and have received training in for 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 meeting committees within BMI The Beardwood Hospital.

## Patient Recommendation Results

Beardwood Hospital	Patient Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
98.75%	99.38%	97.07%	100.00%	75.61%

BMI The Beardwood Hospital has again scored higher than the national average for patient recommendations. BMI The Beardwood Hospital considers that this data is due to the high standard of care received by our patients. The hospital welcomes feedback that acknowledges that we are meeting the expectations of our patients, as well as any feedback that gives us the opportunity address specific areas of dissatisfaction through our quality processes to continually improve our service and exceed patient experience.