



The Beaumont
Hospital

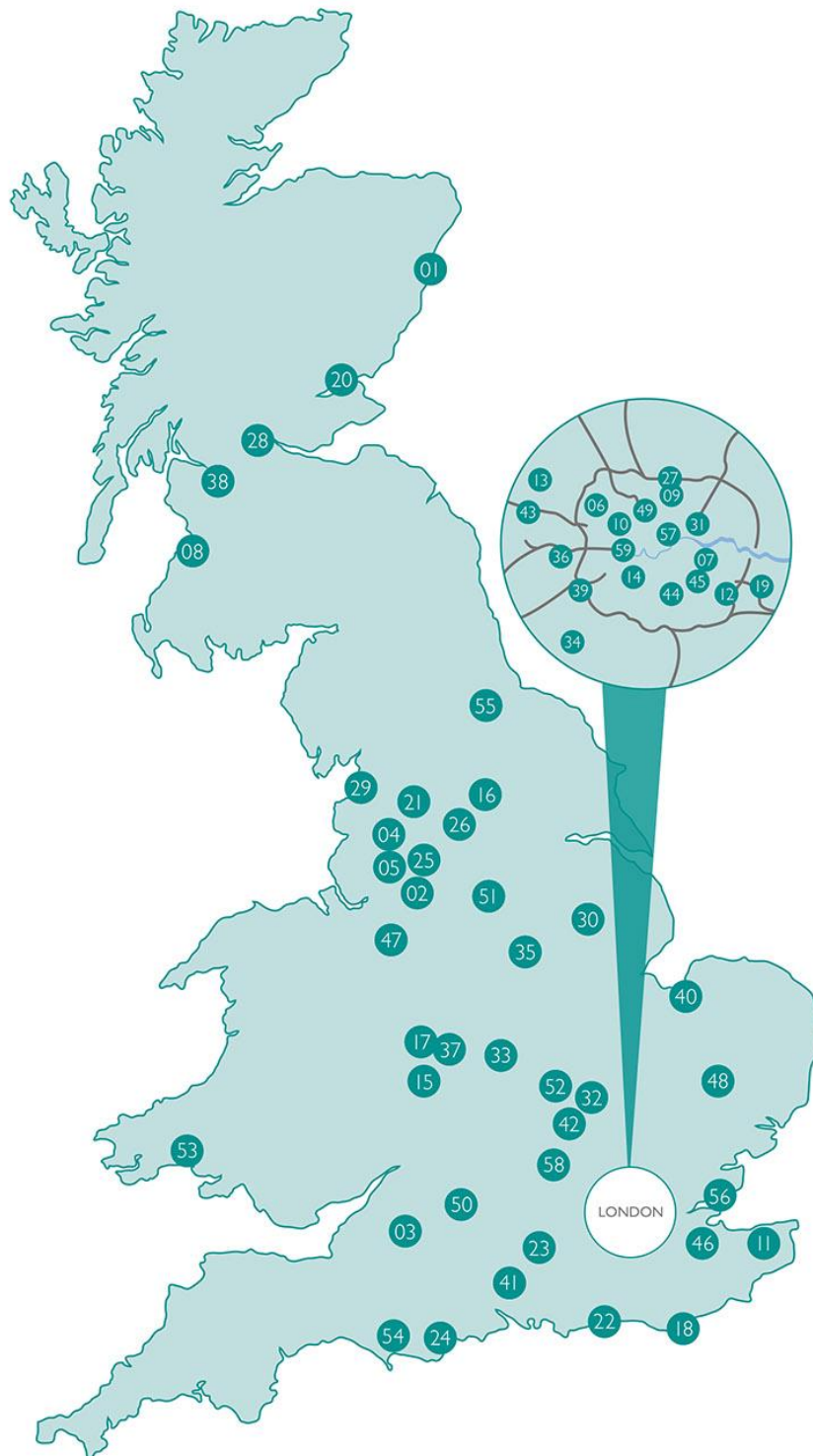
**QUALITY
ACCOUNTS 2018**

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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, slightly slanted style.

Dr Karen Prins

Hospital Information



BMI The Beaumont Hospital is a private hospital that opened in Bolton, Lancashire in 1984 and is part of BMI Healthcare, a 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 diagnostics and surgical procedures together with friendly, professional care.

BMI The Beaumont Hospital has a reputation for excellence of quality in Healthcare. It is a mature hospital with a sound financial base, thus ensuring continuous growth and development.

The Beaumont Hospital has 14 overnight beds with rooms all offering the comfort of en-suite facilities, TV's and telephone, 12 bed/ chairs ambulatory care unit (for patients undergoing minor procedures and diagnostics who do not require admission to a hospital bed) with an integrated admission and discharge lounge. The hospital has three operating suites. These facilities combined with on-site support services; enable our consultants to undertake a wide range of procedures from routine investigations to more complex surgeries.

This specialist expertise is supported by caring and professional allied health professionals, dedicated nursing teams and Resident Medical Officers on duty 24 hours a day.

During the last 12 months we are in the process of developing a minor procedures unit in out-patients and now offer three new orthopaedic procedures for the treatment of osteoarthritis and chronic muscle or tendon injuries one of which is only available within BMI at The Beaumont and in the region itself.

The hospital also offers an acute setting with;

- Patient satisfaction rate of 99%
- Radiology services including static MRI and mobile CT
- Eight Consulting rooms
- Two Treatment rooms
- Physiotherapy services on site
- Pharmacy services on site
- 136 Consultants with practicing privileges
- 7257 patients treated in 2016
- 120.6 Full-Time Equivalent (FTE) staff

NHS activity remains the predominant patient attendee, although 21% lower than in 2016/17, with 59% of referrals being NHS patients. The Beaumont Hospital continues to participate within the

Standard NHS Contract with Bolton CCG being the primary CCG with Associate CCGs in Bury and Wigan.

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 Beaumont 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 2-3 September 2015 and an unannounced inspection on 17 September 2015 and was rated overall as 'Good'.

SAFE - Good

CARING - Good

RESPONSIVE - Good

EFFECTIVE - Good

WELL-LED - Good

The Beaumont 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 (MAC).

At a Corporate Level, BMI Healthcare 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.



Infection Prevention and Control

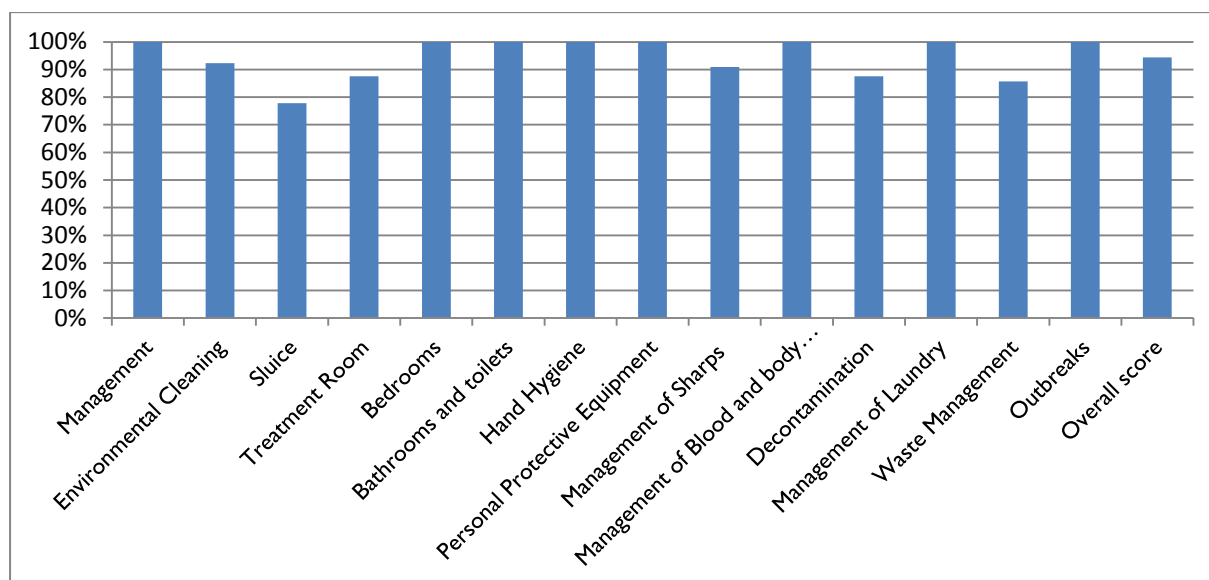
The focus on Infection Prevention and Control continues under the leadership of the Group Head of Infection Prevention and Control, in liaison with the link nurse in The Beaumont Hospital.

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:

- MRSA bacteraemia cases 0/100,000 bed days
- MSSA bacteraemia cases 0/100,000 bed days
- E.coli bacteraemia cases 0/100,000 bed days
- 0 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 per 100 procedures are;
 - Hips – 0.15%
 - Knees – 0.06%

At The Beaumont Hospital, we audit Infection and Prevention Control on a monthly basis, using both tools from a corporate and local schedule as follows:



From these audits, we have implemented the following:

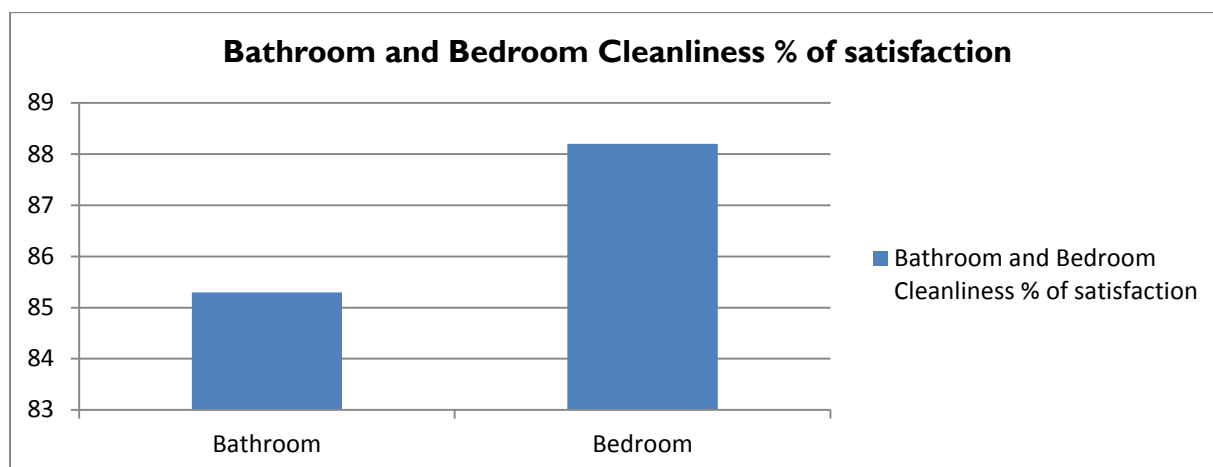
- Enhanced training around cleaning of medical devices
- Increased spot checks of the environment
- Weekly housekeeping and facilities meetings

Alongside this, each department is audited on relevant care bundles from high impact interventions as follows:

Care bundles are also on our audit programme to be monitored monthly. Example below:

	Jan	Feb	March	April	May	June
Area = Theatre						
Cannula Insertion	100%	100%	100%	100%	100%	100%
Urinary Cath Ins	100%	100%	100%	100%	100%	100%
Month	Jan	Feb	March	April	May	June
Area =R Ward						
Cannula ongoing	100%	100%	100%	100%	100%	100%
Cannula removal	100%	100%	100%	100%	100%	100%
Ongoing care Cath	100%	100%	100%	100%	100%	100%
Cath removal	100%	100%	100%	100%	100%	100%

Environmental cleanliness is also an important factor in infection prevention and our patients rate the cleanliness of our facilities highly. We hope to upgrade our facilities further in 2018/19.



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 show how hospitals are performing nationally and locally. This year PLACE light was undertaken due to remedial work being undertaken in the hospital causing some disruption and also time limitations for some lay members who had agreed to participate. Scores below show a small representation of the audit. A full assessment will be undertaken in 2018.

Element Audited	2016% Score	2017% Score
Cleanliness	97.89%	96.47%
Food Overall	97.12%	97.27%
Ward Food	97.24%	97.26%
Organisation of Food	94.57%	97.03%

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.

We applied Duty of Candour to 2 incidents in 2017/18 as follows:

- A patient suffered a post-operative haemorrhage which resulted in a return to theatre and transfer to the local trust. The patient recovered from this incident, although a full investigation was performed which did not highlight any areas of concern from the surgery. The patient and the family were kept informed and supported throughout their stay, during the admission at the trust and post-discharge both verbally and in writing.
- A near miss was identified in theatre when during routine checks it was realized that the wrong limb had been prepared for theatre. Although no harm occurred we performed a full investigation and ensured the patient was kept informed throughout both verbally and in writing. We identified that due to human error, the staff member had not followed the correct checking process.

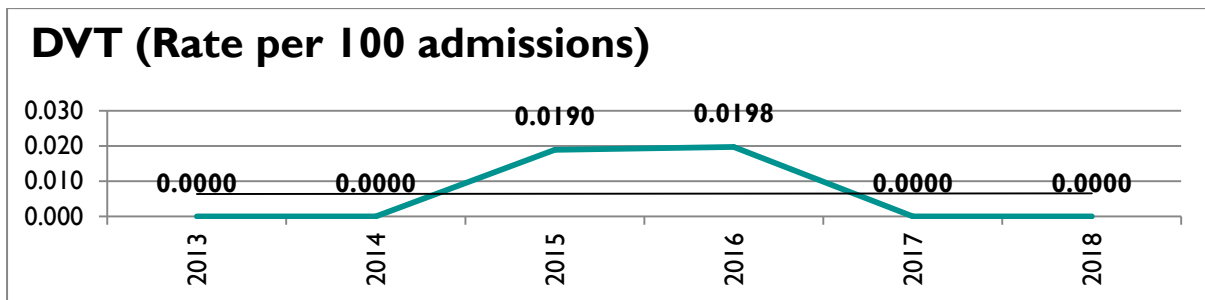
Venous Thrombo-embolism (VTE)

BMI Healthcare, holds VTE Exemplar Centre status by the Department of Health across its whole network of hospitals including, The Beaumont 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.

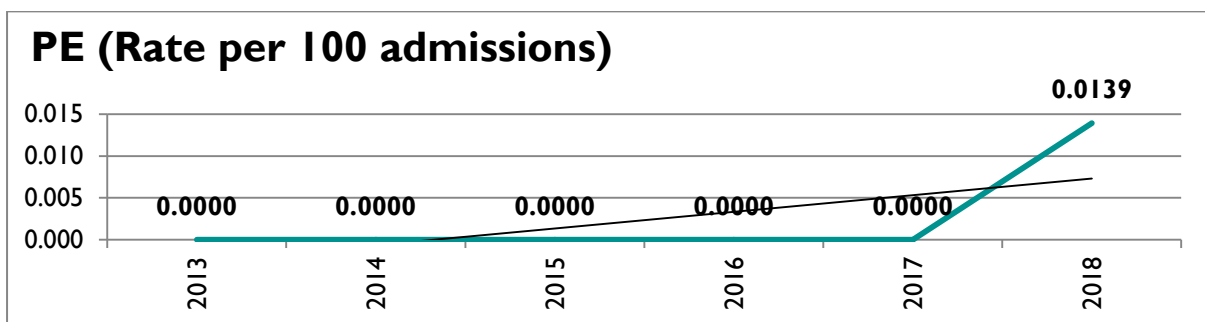
We see this as an important initiative to further assure patient safety and care. We audit our compliance with our requirement to VTE risk assessment every patient who is admitted to our facility and the results of our audit on this has shown compliance on 98.17%.

The Beaumont 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.

There were no DVT's to report within this time period.



In early 2018, 1 patient suffered a PE following joint replacement surgery. Investigation revealed that the patient was risk-assessed throughout, mobilised early, was well hydrated and received the appropriate mechanical and chemical prophylaxis. The patient made a full recovery.





Patient Reported Outcome Measures (PROMS)

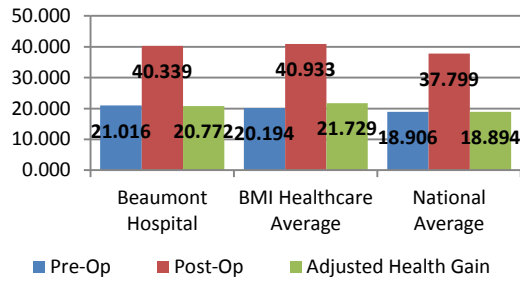
Patient Reported Outcome Measures (PROMs) are a means of collecting information on the effectiveness of care delivered to NHS patients as perceived by the patients themselves. PROMs are a Department of Health led programme.

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 Beaumont Hospital.

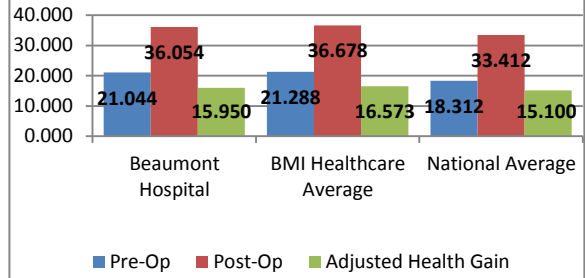
We are proud that our hip and knee replacement patients benefit from a greater adjusted health gain than the national average, and constantly monitor individual performance through our experienced consultant and physiotherapy services.

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

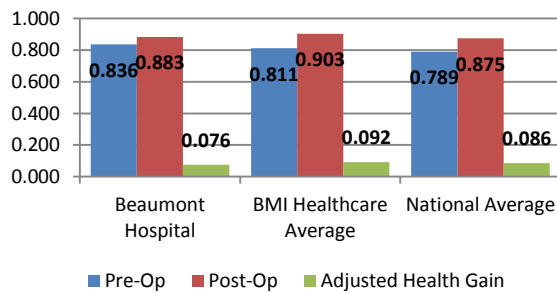
PROMs - Hip Replacement (Oxford Hip Score)



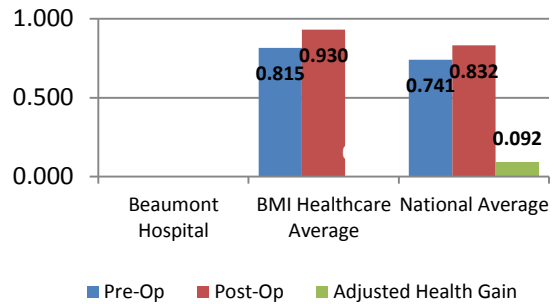
PROMs - Knee Replacement (Oxford Knee Score)



PROMs - Groin Hernia (EQ-5D Index)



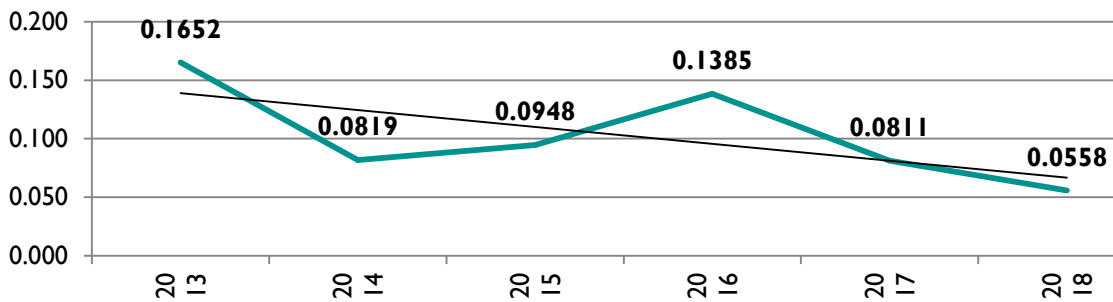
PROMs - Varicose Veins (EQ-5D Index)

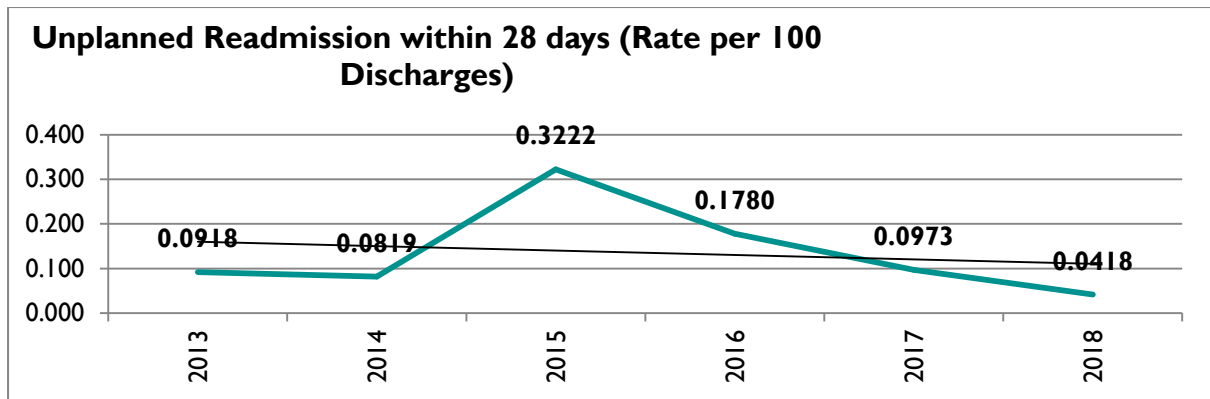


Unplanned Readmissions & Unplanned Returns to Theatre

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

Total Unplanned Transfers (Rate per 100 Discharges)





We can see a decline overall in un-planned transfers and readmissions. Both are reported on RiskMan as an incident and investigated dependent on severity according to policy.

In the case of unplanned transfers, we establish that it was appropriate on each occasion to ensure we do not burden the NHS further.

Lessons learned and action plans are established and developed where required.

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 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.

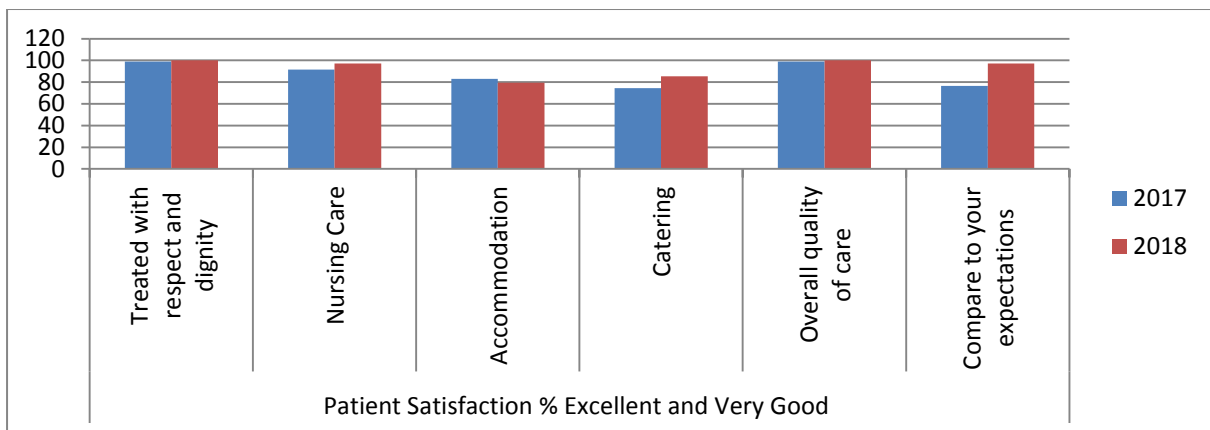
Patient Experience



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.

Following a comparison of 2017 and 2018 patient satisfaction, all areas below showed an increase with the exception of accommodation which is currently subject to refurbishment.



We continue to monitor feedback through our patient satisfaction group where the report and complaints are discussed. Currently we are focusing on:

- Increasing the number of returns in all areas
- Discharge planning
- Refurbishment
- Timely management of administration queries

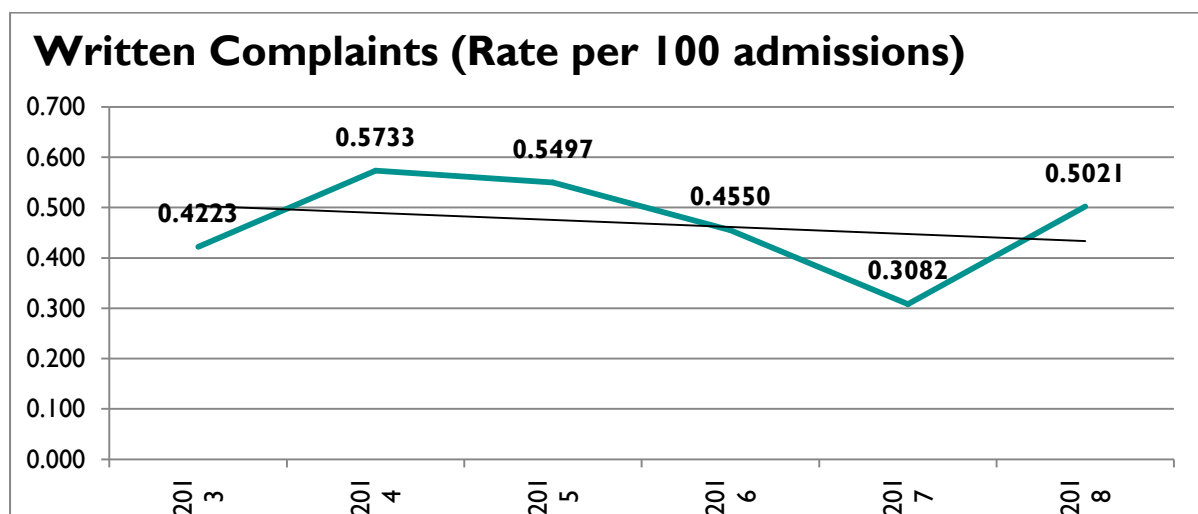
Complaints

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



Of all written and verbal complaints, the 2 main themes were around:

- Communication
- Clinical care

Each complaint is investigated in full by the appropriate Head of Department, and is discussed at Clinical Governance committee, patient Satisfaction Committee, Heads of Department, Senior Management Team and medical Advisory Committee. Action plans are developed where required and all are managed as per corporate policy.

CQUINS

In 2017/18 our CQUINs were as follows:

- Theatre Safety
- Staff Flu Vaccination
- Staff Safety
- Staff health and wellbeing in the workplace

Although we did not meet the full target of staff flu vaccination, we improved a great deal on previous year's uptake and are on target to achieve the rest in full.

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 did not report any safeguarding incidents within this time period.

National Clinical Audits

The Beaumont Hospital data is submitted to the National Joint Registry and results can be seen below. The Beaumont Hospital is committed to maintaining full compliance to publish data and increase audit participation through patient education beginning at the pre-assessment stages of their care.

2017		2018					
Month	Completed operations	Hips	Knees	Ankles	Elbows	Shoulders	Consent rate
January	24	8	16	0	0	0	100
February	18	4	14	0	0	0	100
March	25	8	17	0	0	0	100
April	17	6	11	0	0	0	100
May	23	13	10	0	0	0	100
June	25	9	16	0	0	0	100
July	18	7	11	0	0	0	100
August	17	2	15	0	0	0	100
September	27	11	16	0	0	0	96
October	34	8	26	0	0	0	100
November	31	9	22	0	0	0	100
December	29	11	18	0	0	0	100

2017		2018					
Month	Completed operations	Hips	Knees	Ankles	Elbows	Shoulders	Consent rate
January	25	4	21	0	0	0	96
February	24	9	15	0	0	0	79
March	20	6	14	0	0	0	50
April	24	10	14	0	0	0	62
May	1	0	1	0	0	0	100

Also in 2018, the Beaumont participated in the NCEPOD audit, Peri-operative Management of Surgical Patients with Diabetes, although the results are yet to be published.

Priorities for Service Development and Improvement

In 2018/19, we plan to achieve the following:

- Hospital refurbishment plan
- Upgrade theatre instruments
- Laminar flow replacement
- Replace sinks and carpets
- Completion of minor ops room
- JAG Accreditation
- Good or Outstanding CQC inspection

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 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.

Freedom to Speak Up Guardian

In 2018, BMI Healthcare introduced a Freedom to Speak Up Guardian.

Staff Recommendation Results



Beaumont Hospital	Staff Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
85.00%	91.95%	73.18%	89.98%	50.44%

The Beaumont Hospital considers that this data is as described for the following reasons:

- Not having the right staffing resources available to support at the right time
- Introduction of corporate standard role structures

The Beaumont Hospital has taken the following actions to improve this percentage by:

- Flexing staff to activity requirements
- Improved flexible working
- Providing administration support at weekends
- Support and guidance during change
- Supplied training to meet the demands of the new structure

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 Staff Survey which was conducted during 2017.

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

Beaumont Hospital	Re-Admissions (Aged 16+)			
2018	2017	National Average	Highest National Score	Lowest National Score
1.717	4.539	10.010	41.650	0.000

The Beaumont Hospital considers that this data is considerably less than the national average and much improved from the previous year.

The Beaumont Hospital intends to maintain or reduce this percentage and so the quality of its services, by reporting and monitoring each event, thereby identifying lessons learned

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

Beaumont 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 Beaumont Hospital is pleased to report the zero incidence rate, and plans to maintain this through good hygiene practices and antibiotic stewardship which will be evidenced through audit and supported by policy and guidance.

Hospitals responsiveness to the personal needs of its patients

Beaumont Hospital	Responsiveness			
2018	2017	National Average	Highest National Score	Lowest National Score
97.12%	97.27%	69.22%	78.00%	60.10%

The Beaumont Hospital considers that this data is as described for the following reasons:

- Staff commitment to individual and personal care at all levels
- Flexibility of the teams to the needs of the business

The Beaumont Hospital will continue to maintain or increase this percentage by monitoring patient feedback and complaints and making changes where required. We are currently attempting to recruit patients

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

Beaumont Hospital	VTE			
2018	2017	National Average	Highest National Score	Lowest National Score
98.17%	90.91%	95.77%	100.00%	81.60%

The Beaumont Hospital has been working towards increasing compliance and we have seen an increase in 2018 thus far. Each month we will continue to audit compliance and take action where necessary.

Patient Safety Incidents

Beaumont Hospital	Patient Safety Incidents (Rate per 1000 Bed Days)			
2018	2017	National Average	Highest National Score	Lowest National Score
246.709	216.339	43.292	149.700	11.200

Beaumont Hospital	Patient Safety Incidents (Count)			
2018	2017	National Average	Highest National Score	Lowest National Score
431	286	3908	14506	31

Beaumont Hospital	Severe or Death (Rate per 1000 Bed Days)			
2018	2017	National Average	Highest National Score	Lowest National Score
0.000	1.513	0.250	2.300	0.000

Beaumont Hospital	Severe or Death (Count)			
2018	2017	National Average	Highest National Score	Lowest National Score
0	2	21	219	0

The Beaumont Hospital considers that this data is as described for the following reasons:

- Increase in activity
- Increased training in RiskMan, leading to increased reporting

The Beaumont Hospital considers that this data demonstrates a transparent incident reporting process is in place and that all incidents involving patient's safety are recorded and discussed at the Medical Advisory Committee and the Clinical Governance Committee.

Patient Recommendation Results

Beaumont Hospital	Patient Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
99.26%	99.22%	97.07%	100.00%	75.61%

The Beaumont Hospital considers that this extremely positive and that recognises our dedication to provide high quality care to our patients. This feedback enables us to take the opportunity to collate how patients view our services and allows us to take action where is needed.

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