

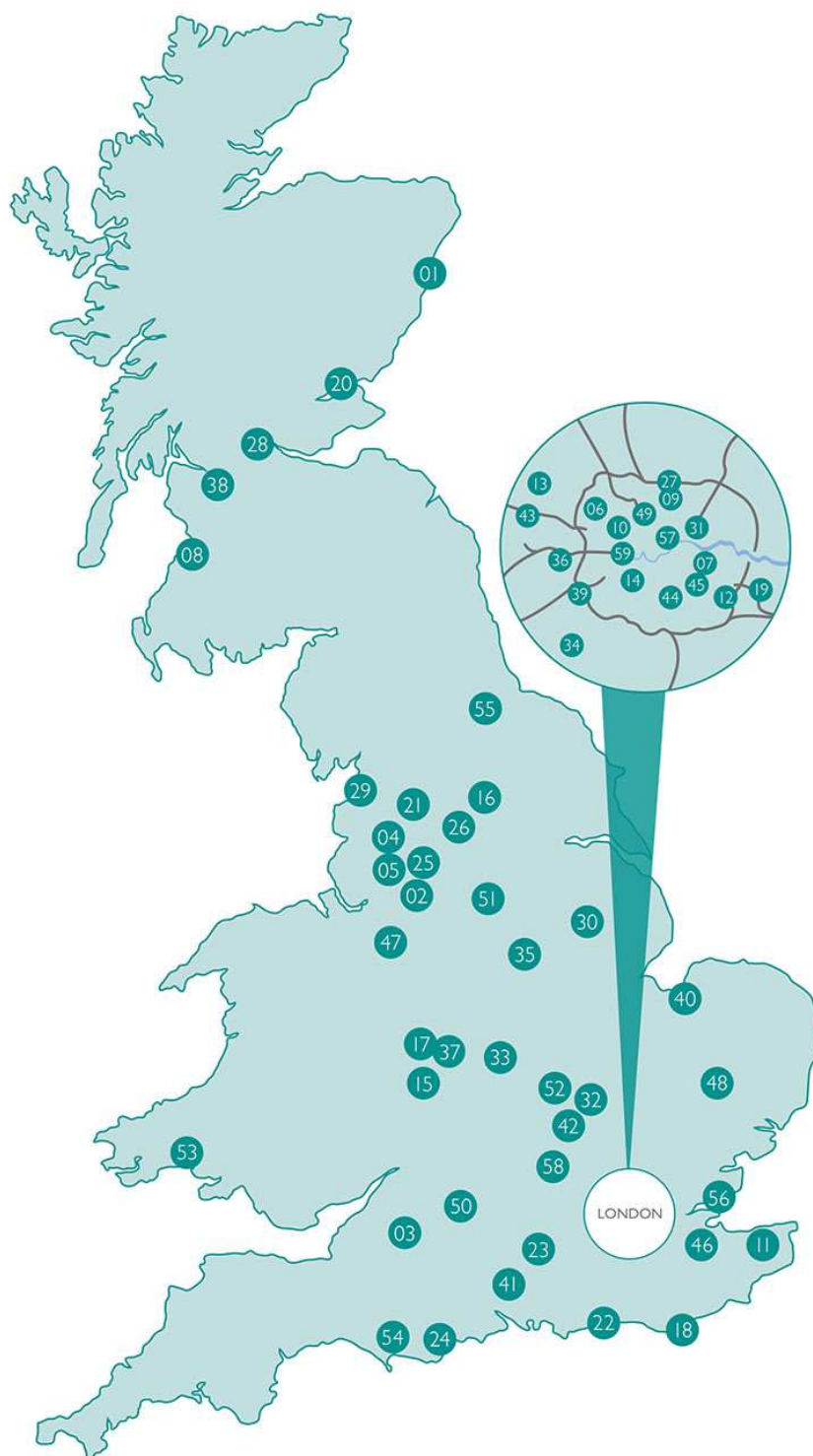
**QUALITY
ACCOUNTS 2018**

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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.

Dr Karen Prins

Hospital Information



BMI Blackheath Hospital is situated in Blackheath Village, South East London and is part of the BMI Healthcare group of hospitals.

The BMI Blackheath Hospital is based across 2 sites within a few minutes' walk of each other. The Main Blackheath Hospital Site is situated in Lee Terrace. The Blackheath Outpatient & Urgent Care Service is in nearby Independents Road. Both sites are well served by a wide range of public transport options including rail and bus with the added benefit of free on-site car parking facilities.

Our Main Site has 69 beds across our Meridian Inpatient, Paragon Day case, Oncology, Endoscopy, and High Dependency Units. All our Ward rooms offer the privacy and comfort of en-suite facilities, satellite flat screen TV, a telephone and *Wi-Fi* guest internet service. The majority are single rooms but there are also 5 double rooms, these enable us to provide appropriate space and facilities for children and young people and other patients who benefit from wider family support during their stay. Our specialist areas are designed to support the specific clinical care pathways, enabling patients to be treated with respect and dignity. The 2 high dependency beds include bespoke infection control environment pods and dedicated critical care equipment.

There are 3 operating theatres, 2 of which have laminar flow to support major orthopaedic surgery. Our on-site clinical support services include Diagnostic Imaging (including MRI, CT, Ultrasound and X-Ray services) and Pharmacy. Pathology services are outsourced although our service provider, The Doctors Laboratory has a hub laboratory on-site.

Theatre operating services are scheduled Monday to Saturday from 07.30 – 20.30 hours.

The Outpatient & Urgent Care Centre contains 22 consulting rooms, 2 minor treatment rooms, diagnostic imaging, physiotherapy, phlebotomy and cardiology departments.

The outpatient service is scheduled Monday to Saturday from 08.00 – 20.30 hours.

The Urgent Care Service is a walk-in service providing immediate assessment, treatment from Nursing and Medical staff and signposting to further services where appropriate. This service runs Monday to Friday from 08.00 – 20.00 hours and Saturday 08.00 -18.00 hours.

Our objective is to provide safe, quality healthcare in a welcoming friendly environment utilising modern technology that meets the needs of patients and healthcare professionals.

We do this through assuring a competent and professional workforce, working to national standards and best practice guidelines. We wish to make coming into hospital the least stressful an experience as possible for patients, their families and friends

The hospital provides a range of urgent and elective care services across most general specialties, with the exclusion of psychiatry and maternity services. The hospital admits patients from the age of 3 years and above however services for children and young people under the age of 17 are limited to non-complex elective surgery requiring day care or maximum one night stay for example, tonsillectomy, grommets or inguinal hernia repair.

Our services are provided by UK registered health care professionals and support teams working together to deliver safe and effective care. The admitting Consultant has continuous overall responsibility for the care of their patient. Oncology, Imaging, Pharmacy, Physiotherapy, High Dependency and Theatres have 24 hour on call arrangements. The hospital provides 24hours (7 days per week) RMO services. There is a team of Registered Sick Children's Nurses (full time and Bank Nurses) who provide the nursing care and support for children admitted for surgery. Two of the team are on duty for all children's admissions providing the environment, care and knowledge to achieve an appropriate and good experience for the children and their families. There is also an RSCN within the outpatient and urgent care centre team. Specialist Clinical Nurses support Oncology, Breast Care, Stoma Care and Infection Prevention & Control Services.

The BMI Blackheath hospital is currently seeing a surge of respected senior consultants seeking practicing privileges which will give rise to a number of new/ expanded specialties such as hematology, cardiology, orthopedics and bariatric surgery.

The BMI Blackheath hospital is currently developing new models of care in ambulatory and integrated primary care, engaging with a diverse range of stakeholders.

During financial year 2017/18 approximately 30% of the hospital's patients were NHS funded under the Standard Acute Contract, directly commissioned services or through funding from NHS Trusts.

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 Blackheath is registered as a location for the following regulated services:-

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

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

The CQC carried out an announced inspection on 12 – 13 July 2016 and rated BMI Blackheath Hospital Overall **Good**, The ratings are summarised in the below table.

42 - 44 Lee Terrace
Blackheath
London
SE3 9UD
Tel: 020 8318 7722
Website: <https://www.bmihealthcare.co.uk/hospitals/bmi-the-blackheath-hospital>

Date of inspection visit: 12-13 July 2016
Date of publication: This is auto-populated when the report is published

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location		Good ●
Are services safe?	Requires improvement	Requires improvement ●
Are services effective?		Good ●
Are services caring?		Good ●
Are services responsive?		Good ●
Are services well-led?		Good ●

Following the publication of this report and recommendations, key action points were taken to improve BMI Blackheath Hospital,

- **Endoscopy** – BMI Blackheath Hospital is now compliant with the actions reported by its last CQC inspection. New sinks have been installed, decontamination is now outsourced and two separate technicians have been recruited. Plans are being finalised for the endoscopy suite and relocation of its services into the theatre department.
- **Endoscopy (JAG)** – BMI Blackheath Hospital submitted its application for JAG accreditation in April 2018 upon all completion of the GRS requirements. Plans are underway to extend parts of the hospital and create a brand new endoscopy unit, in line with JAG requirements.
- **Infection prevention and control** – BMI Blackheath Hospital has renewed its efforts through the senior management team to ensure that all departments' mandatory training, policies and procedures are compliant. Additional support has been extended through additional training and support from the senior executive team. All Infection control audits are input into a central database, and are reviewed throughout the Hospital to ensure continuity and compliance. BMI Blackheath has Infection prevention control links meeting bi-monthly and committee meetings on a quarterly basis. The Hospital also boasts of a dedicated IPC nurse.
- **Risk Management** – BMI Blackheath Hospital is compliant with the introduction of its new Risk Management system implemented throughout BMI. The introduction of Riskman provides more transparency throughout all levels of the hospital, and information is gathered faster enabling managers and departments to spot trends, implement action points and limit the amount of risk within the hospital. BMI Blackheath are monitored against other sites within a similar service, information is cascaded to all department heads to identify areas of good practice or areas for additional requirement.
- **Facilities** – CQC have highlighted a number of action points relating to facilities such as hand washing facilities and access requirements. BMI Blackheath Hospital has reviewed these

actions points and investments have been put in place to complete the work highlighted by the CQC. All patients' rooms have additional gel dispensers for point of care use, BMI Blackheath continues full renovation of all rooms throughout the year.

- **Policies** – BMI Blackheath Hospital is fully compliant regarding testing of pregnancy before surgery, policies and procedures are in place and adhoc monitoring has been scheduled.
- **Staff Training and Development** - BMI Blackheath offers robust mandatory training to ensure that staffs competencies are in line with national standards. All staff members are supported by their line managers through mandatory one to ones and appraisal, Currently BMI Blackheath is complaint with mandatory waste disposal as required by our last CQC visit. BMI Blackheath is on target YTD with appraisals. BMI are working with external stakeholders to provide additional training and support for staff members surrounding dementia training and Mental Capacity act.
- **Urgent Care centre** – BMI Blackheath Hospital is currently compliant with the action plans given by CQC, All Urgent care staff at BMI Blackheath have been enrolled in the Manchester triage Training, A new operational procedure pack has been developed in line with national guidelines, risk assessment have been put in place and plans to move Urgent care to the main building are underway, increasing larger clinical support including privacy and access. This will strengthen our service within the community.
- **Clinical** – BMI Blackheath Hospital has put steps in place to audit and monitor our MRSA screening in line with CQC action points; however the Hospital remains complaint with its Policies and procedures. Senior clinical managers have been supported in capturing data to monitor and review targeted levels.
- **Occupational Therapy** – BMI has recently finalised a contract with an external provider to provide occupation therapies amongst all BMI sites. BMI Blackheath has access to this service as required.

Patient Engagement- BMI Blackheath has created a Quality care committee which was launched at the end of July 2017. The is to focus on improving patient care and services, local stakeholders have shown interest and are committed in supporting this committee, Patients will continue to be at the forefront of strengthening our care and the committee will use their feedback and insight to help continue to move quality standards forwards.

BMI Blackheath 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 Healthcares 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 at BMI Blackheath.

Between April 2017 to March 2018, the hospital had:

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

- 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

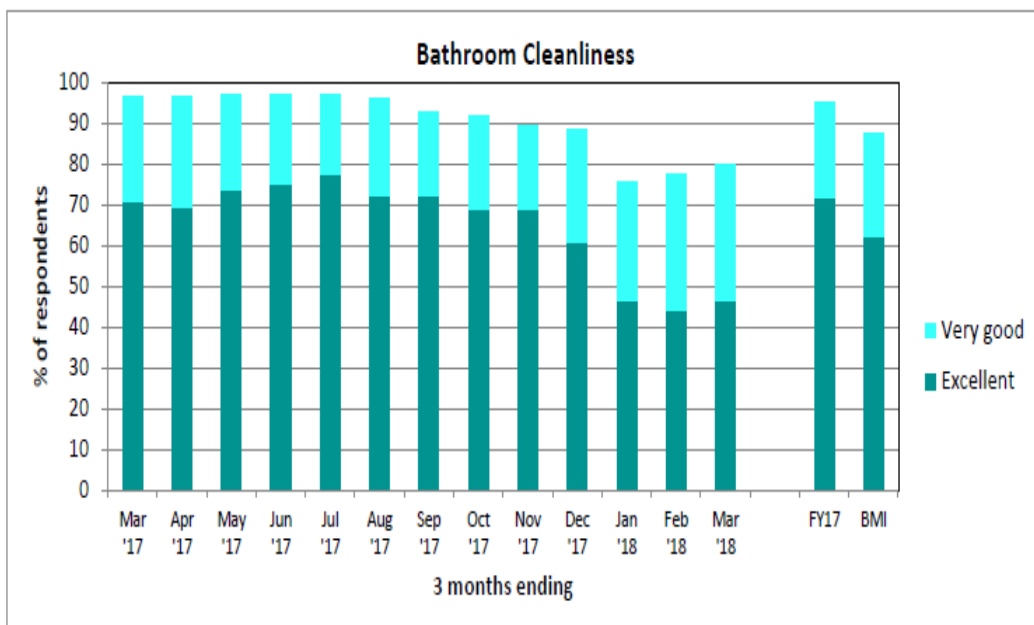
- 0 Number of cases of hospital apportioned Clostridium difficile in the last 12 months.
- SSI data is also submitted to Public Health England for Orthopaedic surgical procedures. Our rates of infection are;
 - Hips =0.00000
 - Knees =0.0000

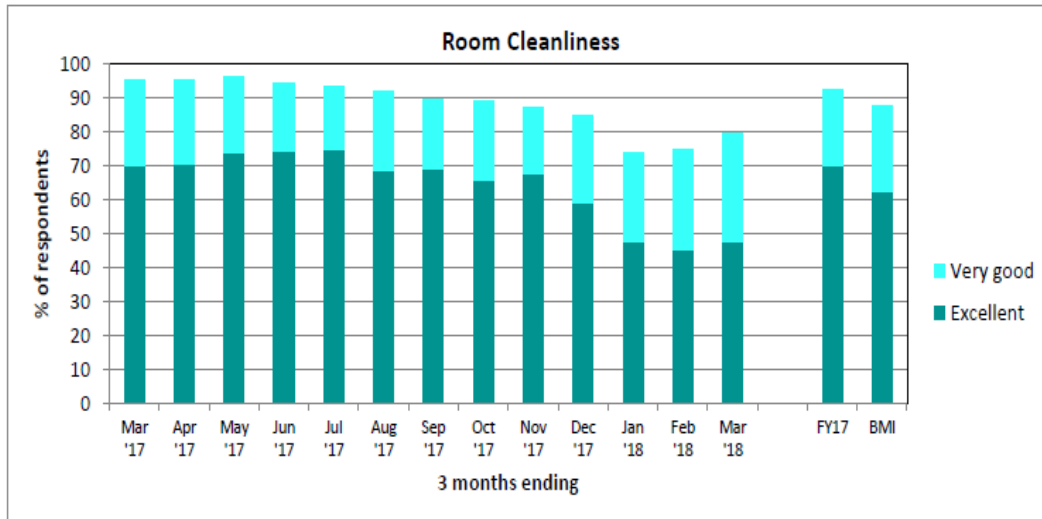
At BMI Blackheath Hospital, the appointed Infection Prevention & Control Lead Nurse coordinates IPC activities with departmental link nurses. Monthly hand hygiene audits are undertaken with high levels of compliance demonstrated which are presented at Governance meetings both at Hospital and departmental level. There is an annual departmental IPC Audit Program in place. The year also saw the introduction of self-assessment audit tools where IPC assessments and IPC observational audits are carried out alternatively monthly.

Nursing staff undertake annual IPC training which includes Aseptic Non Touch Technique, WHO Five Moments for Hand Hygiene, Care Bundles/High Impact Interventions, Sharps Awareness and general IPC awareness.

A High Impact Interventions Care Bundle Audit Program is in place with high levels of compliance to best practice being demonstrated.

Environmental cleanliness is also an important factor in infection prevention and our patients rate the cleanliness of our facilities highly. Attached below are Patient’s ratings of our bathroom and room cleanliness. Satisfaction score declines in Jan-Mar are attributed to a change to electronic satisfaction scoring where response rates dramatically fell away, and ongoing renovation works replacing flooring and sinks in the wards.





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.

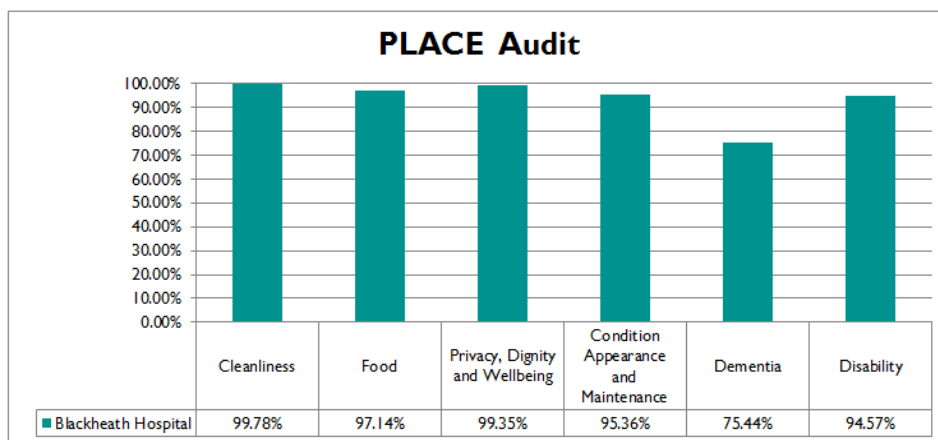
Since 2013, PLACE has been used for assessing the quality of the patient environment, replacing the old Patient Environment Action Team (PEAT) inspections.

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 PLACE audit for BMI Blackheath Hospital was carried out in May 2017 and involved patient assessors, a member of Greenwich Health watch and two staff assessors who were split into 2 teams. The results show how hospitals are performing nationally and locally.

There has been significant improvements observed in our performances however a dip in our dementia ratings. A range of improvements measures have been put in place to address this including recruitment of dementia champions at Blackheath Hospital. The next visit is scheduled for 1st June 2018.

Hospital	Cleanliness	Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
Blackheath Hospital	99.78%	97.14%	99.35%	95.36%	75.44%	94.57%



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.

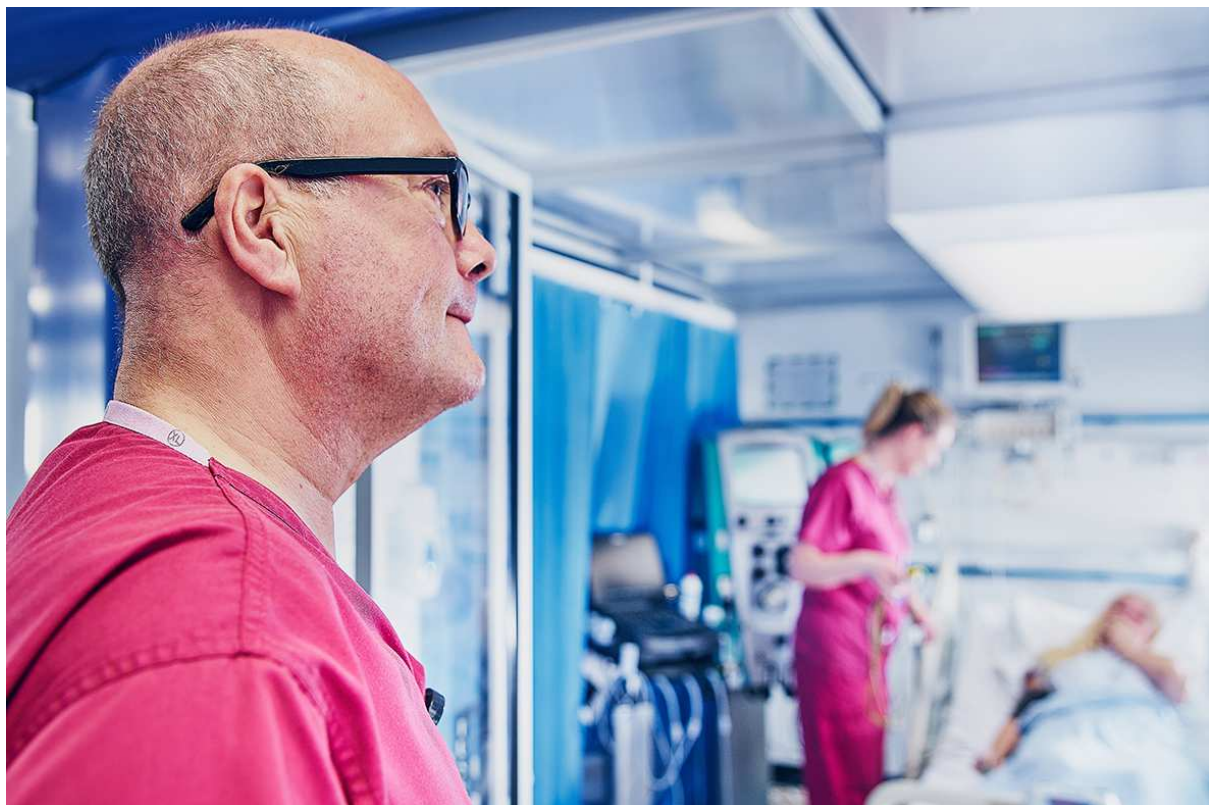
Venous Thrombo-embolism (VTE)

BMI Healthcare, holds VTE Exemplar Centre status by the Department of Health across its whole network of hospitals including, BMI Blackheath. 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. The table below shows 99.92% of our patients had VTE risk assessment completed.

VTE Percentage	
VTE	99.92%

BMI Blackheath 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.

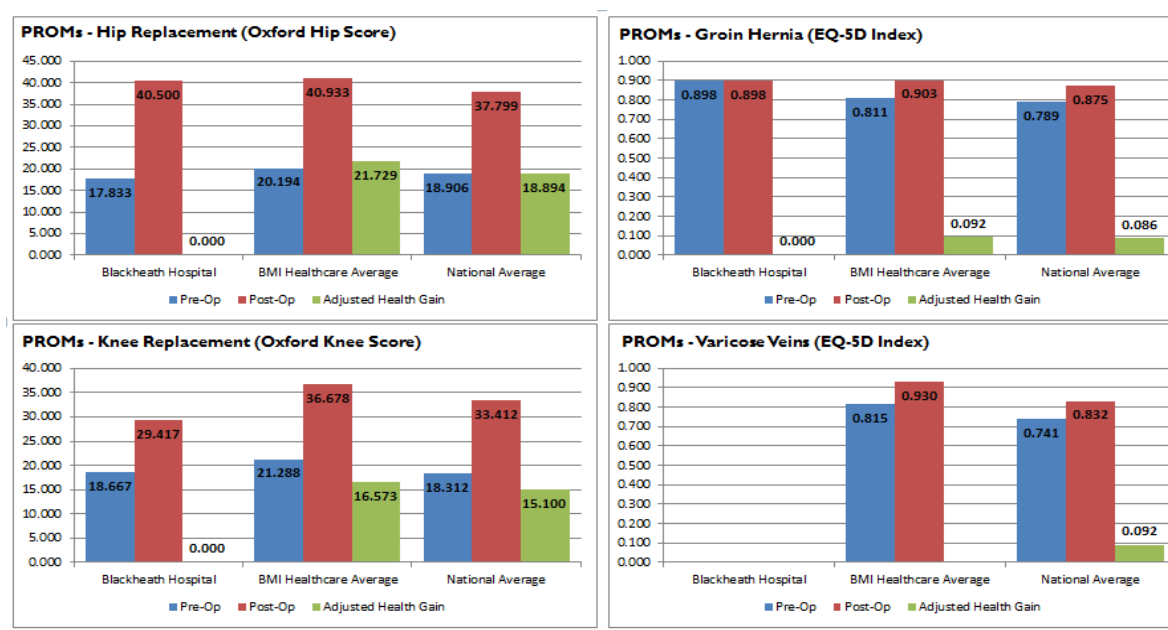


Patient Reported Outcome Measures (PROMS)

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 Blackheath was significant.

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



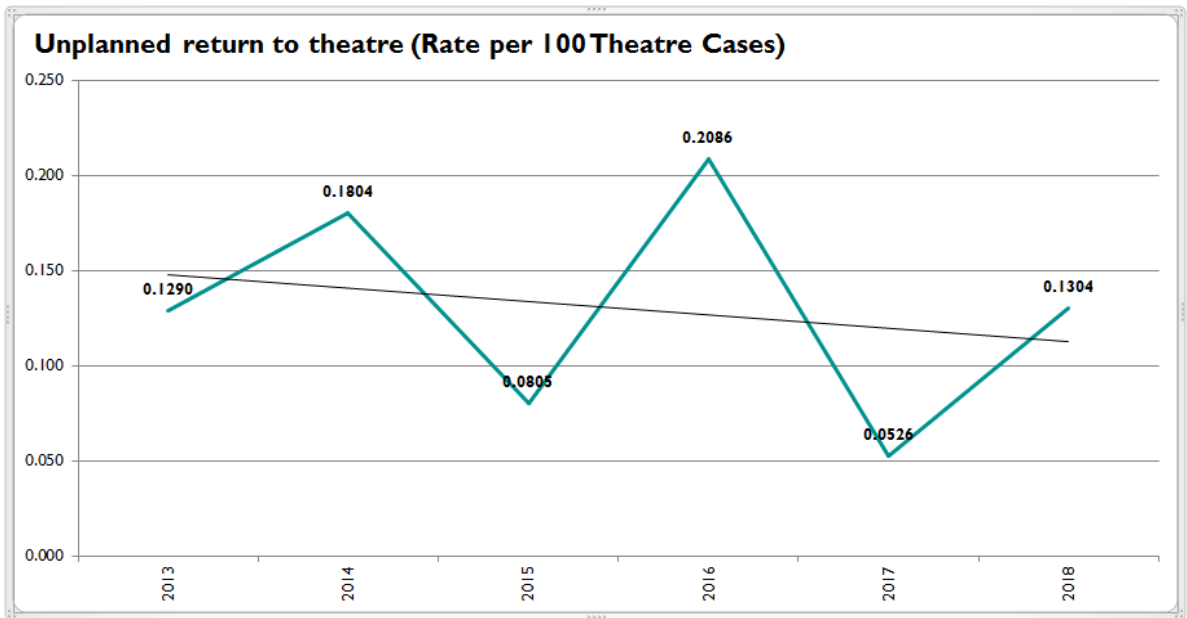
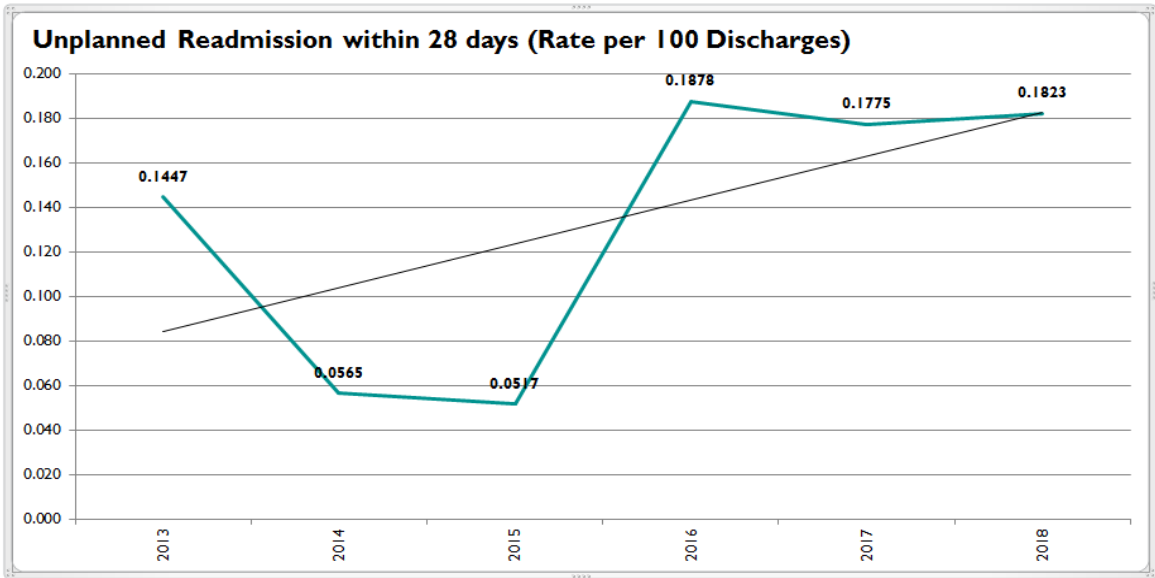
Unplanned Readmissions & Unplanned Returns to Theatre

Unplanned readmissions and Unplanned Returns to Theatre are normally due to a clinical complication related to the original surgery. Readmissions and unplanned returns to theatre are monitored and scrutinized through our monthly Clinical Governance Committee meetings, they are reported on our incident management system Riskman where a robust investigation is carried out and all leanings and outcomes shared with the teams.

At Blackheath Hospital rates for unplanned readmission and return to theatre are below the national average.

Blackheath 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

Blackheath Hospital	Re-Admissions (Aged 16+)			
2018	2017	National Average	Highest National Score	Lowest National Score
4.222	3.529	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.

Blackheath Patient Satisfaction %	2016/2017	2017/2018
Admission	93.1%	85.6%
Consultant Care	97.9%	97.3%
Nursing Care	94.3%	87.3%
Accommodation	93.5%	86.1%
Catering	86.8%	78.2%
Discharge	86.3%	93.0%
Overall Quality of Care	96.4%	92.2%

A large dip was observed in the 2017/18 reporting figures for Patient satisfaction scores and this was attributed to corporate decisions taken to direct our Patients to an online portal for completion of the satisfaction survey. The portal and links were marred with technical errors resulting in the loss of valuable patient feedback in the first quarter of 2018 in addition to response rates falling to negligible levels. As these scores are quarterly based it has a marked negative impact on scores. Our hospitals have now returned to the paper method of completing the survey.

The hospital also underwent major refurbishment works last year which extended into 2018 which caused major service disruptions and was a major cause of dissatisfaction for many of our Patients.

The hospital endeavoured to keep these disruptions to a minimum. In return we now have an ultra-modern state of the art Imaging department.

The Management team at Blackheath hospital have made Patient experience a primary focus with a number of initiatives which have already begun to have positive effects. The Executive Director recently appointed a Director of Operations and Quality and Risk Manager and has tasked them with ensuring we are a health provider of choice for both our Patient's and Consultants. Some of the initiatives the hospital is working on include the roll out of hospitality and customer service training, a revised induction programme for new starters, commencement of a Patient quality group consisting of a patient and Consultant representative, robust systems for responding to and investigating complaints including learning and improving services from them. Director of Operations now meets monthly with catering provider to review service and provides feedback.

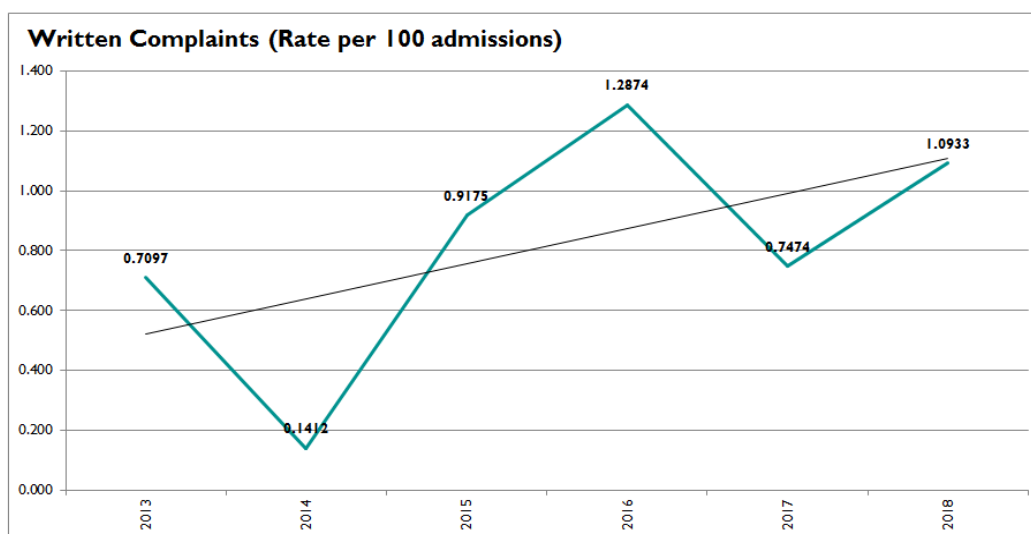
Complaints

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



BMI Blackheath has seen a steady rise in complaints reporting since 2014, this has been attributed to staff being better informed of the value of reporting, investigating and learning from complaints. With the introduction of RiskMan (incident management system) in December 2016, complaints numbers were at the highest they had ever been as all our complaints were now being collated at one source. Lessons were learnt, and services were tailored towards this and the resulting benefit was evident with a downward spiral in the number of complaints made.

The hospital has actively introduced a series of educational sessions since March 2018 to encourage staff to use our Risk management tool more and the Quality and Risk Manager daily follows up operationally on any matters to ensure they are recorded. As expected the hospital has seen a slight

increase in complaint numbers in 2018. Identified in the complaints analysis there has also been a proactive increase in staff training particularly in patient customer service in addition to the instigation of a formal disciplinary process to address some of the more serious complaints raised.

Complaints themes are incorporated into the patient satisfaction action plan, along with the monthly patient satisfaction report issues.

The majority of complaints were financial, in particular around transparency and communication of fees (particularly distinction between Consultant and hospital fees and pathology charges), patient's not taking responsibility for their level of insurance cover, all of which we are continually striving to improve through better visibility of signage and patient information. Other complaint themes identified were around dissatisfaction with clinical treatment, Consultants and staff attitudes/conducts.

We aim to respond within 20 working days or less to all complaints and most importantly embed learnings. Complaints are discussed daily at the hospital comm cell meeting attended by all HoD's and chaired by the Executive Director, monthly at management team, clinical governance and patient satisfaction meetings. In addition to this a separate Complaints meeting has also been set up where individual complaints, actions, themes and trends are reviewed and discussed in detail so that lessons can be learnt and improvements can be made. As mentioned already, there has been a roll out of a customer service/ hospitality training course open to all members of staff and also an induction program for new starters. Complaints are a high priority agenda item on the weekly senior management team meetings.

CQUINS

The income derived by BMI Healthcare Limited from services provided to NHS patients at BMI The Blackheath Hospital in 2017/18 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because a CQUIN scheme was not made available to BMI The Blackheath Hospital, although BMI is working with its NHS commissioners to determine BMI's achievement against local quality improvement goals. That being said, the hospital is committed to innovations and improvement in all aspects of care and services provided and just not as a reward exercise.

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.

National Clinical Audits

The BMI Blackheath Hospital participates in the National Joint Registry audit which aims to monitor in real time the outcomes achieved by brand of prosthesis, hospital and Surgeon highlighting where outcomes fall below an expected performance and prompt an investigation to support follow up. Data for all joint replacements are submitted to this.

Current data sets for BMI Blackheath can be found at

<http://www.njrcentre.org.uk/njrcentre/Healthcareproviders/Accessingthedata/StatsOnline/NJRStatsOnline/tabid/179/Default.aspx>

The BMI Blackheath Hospital also submits Patient reported outcome measures (PROMS) data which measures health gains in patient undergoing hip and knee replacement, groin hernia repair, and cataract procedures.

Up to date data can be obtained at <https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/patient-reported-outcome-measures-proms#section-2>

The hospital also participates in National radiology self-assessments through BUPA through which peer review is conducted.

Priorities for Service Development and Improvement

- Attaining 'center of excellence' status for our Orthopedic and bariatric services through expansion and partnerships with local NHS trust and renowned and leading surgeons.
- JAG accreditation for our Endoscopy service as we relocate the service into the theatre environment.
- Various quality and governance improvements that will be evident from outstanding service recognition from the Care quality commission.
- Review of our current environment and pathways to implement an ambulatory care model.
- Recruitment and re-training of our workforce especially clinical teams to best support our changing workloads and priorities.
- Key focus on Patient experience and satisfaction over the coming year.

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 & Catheter related Urinary Tract
Treatment 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

Blackheath Hospital	Staff Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
70.00%	71.65%	73.18%	89.98%	50.44%

There was a 1.65% drop at the BMI Blackheath from last year, and in line with the hospital's commitment to improving Patient experience there is a parallel commitment to improve our staff's recommendation and perception of the organisation.

The BMI Blackheath's agenda for improvement all of which have commenced include:-

- Weekly and consistent staff forums with the Executive Director
- Set up of a social committee led by staff for staff and supported by the management team
- Recognition and reward for outstanding practice and individuals
- Weekly leadership walk-rounds and feedback sessions
- Availability of local and corporate career and development opportunities and courses visibly signposted and communicated.
- Regular local and department meetings and feedback sessions
- Increase in appraisal and mandatory training uptake

Quality Indicators

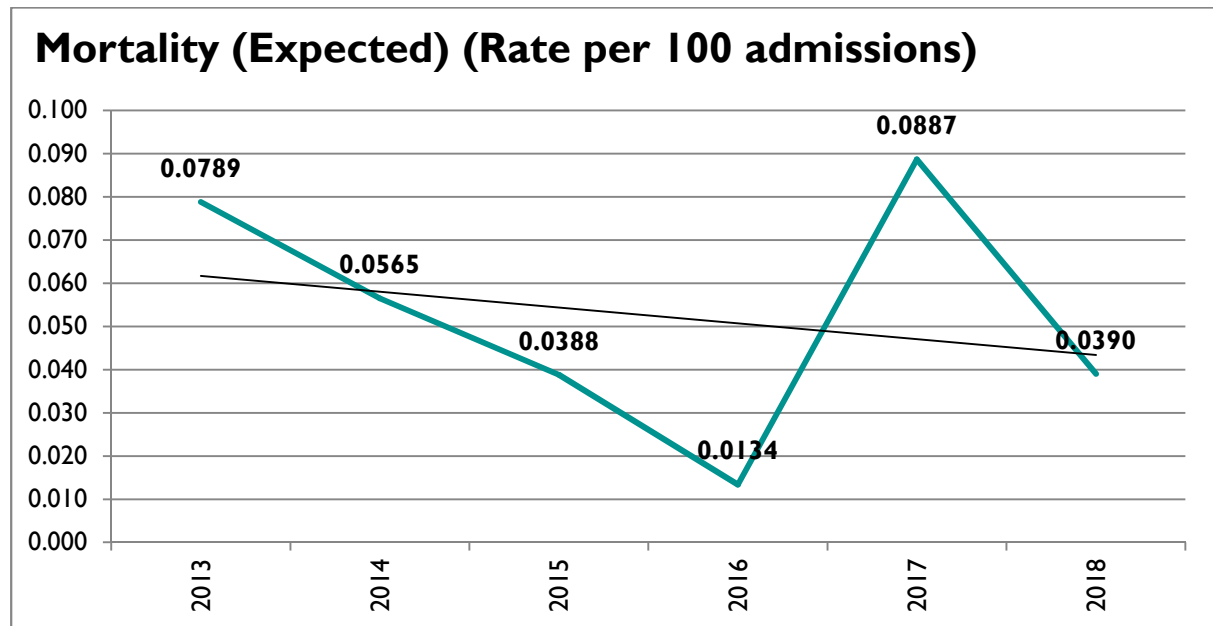
The below information provides an overview of the various Quality Indicators which form part of the annual Quality Accounts. Where relevant, information has been provided to explain any potential differences between the collection methods of BMI Healthcare and the NHS.

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.

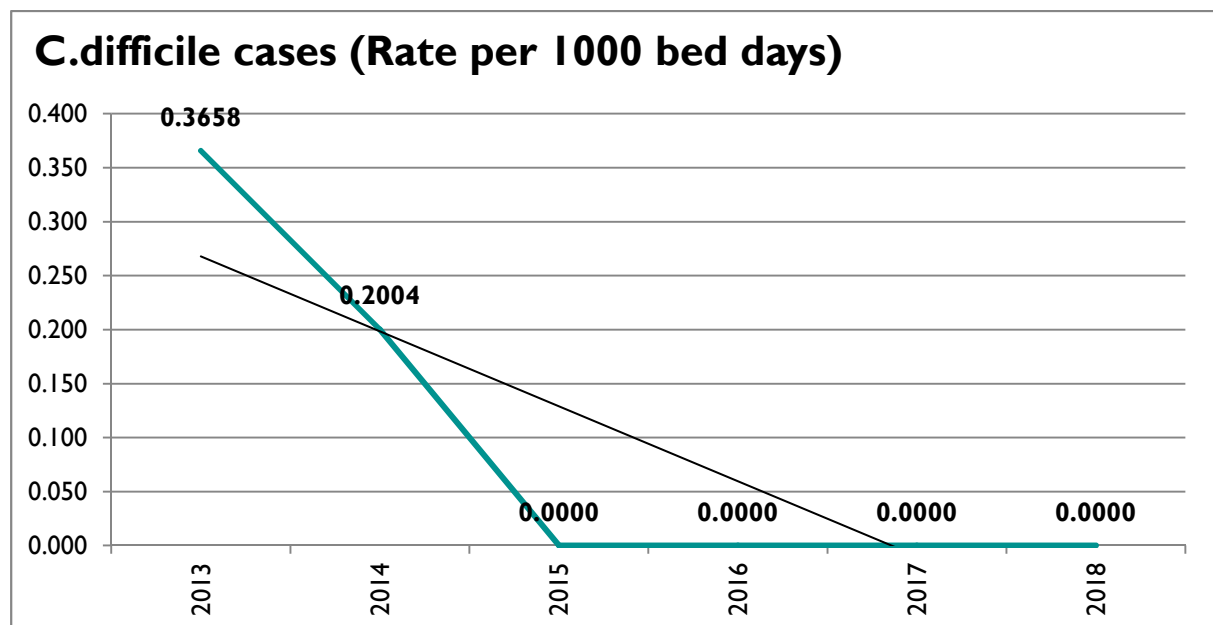
Re-Admissions within 28 Days of Discharge (Paediatric and Adult)



The rate of readmission at BMI Blackheath is less than double the national average of 10.0. As an organisation we run an efficient discharge process ensuring patient safety is our number one priority.

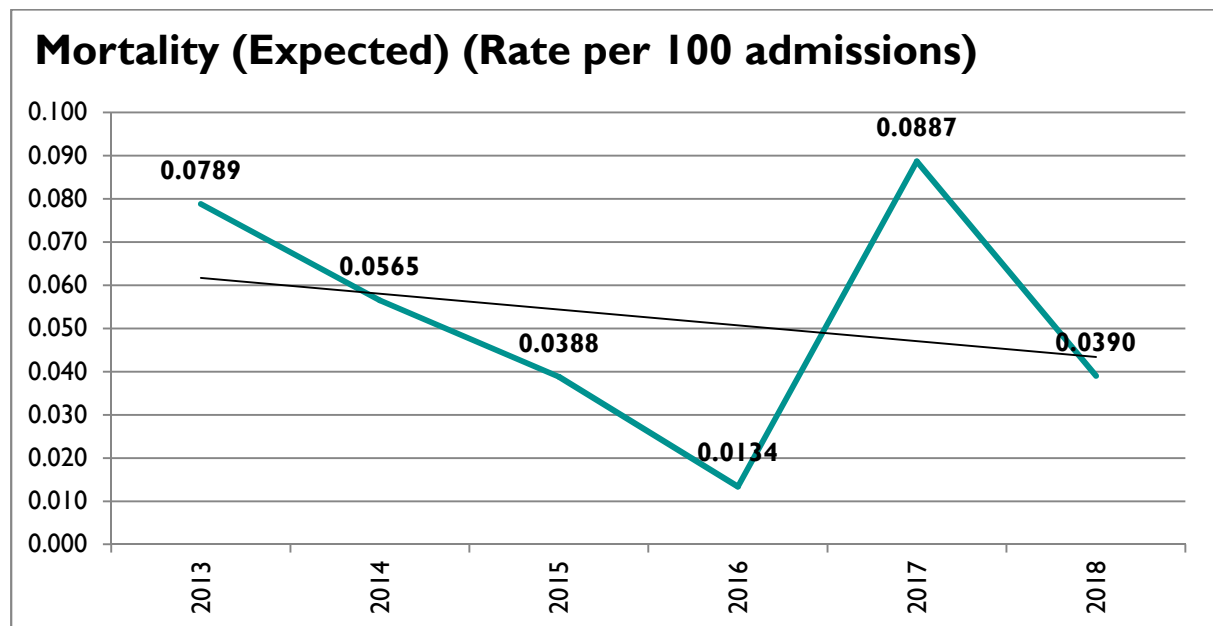
There were no Pediatric re-admissions in 2017 and 2018.

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



The BMI Blackheath has had no cases reported in the last 4 years

Hospitals responsiveness to the personal needs of its patients

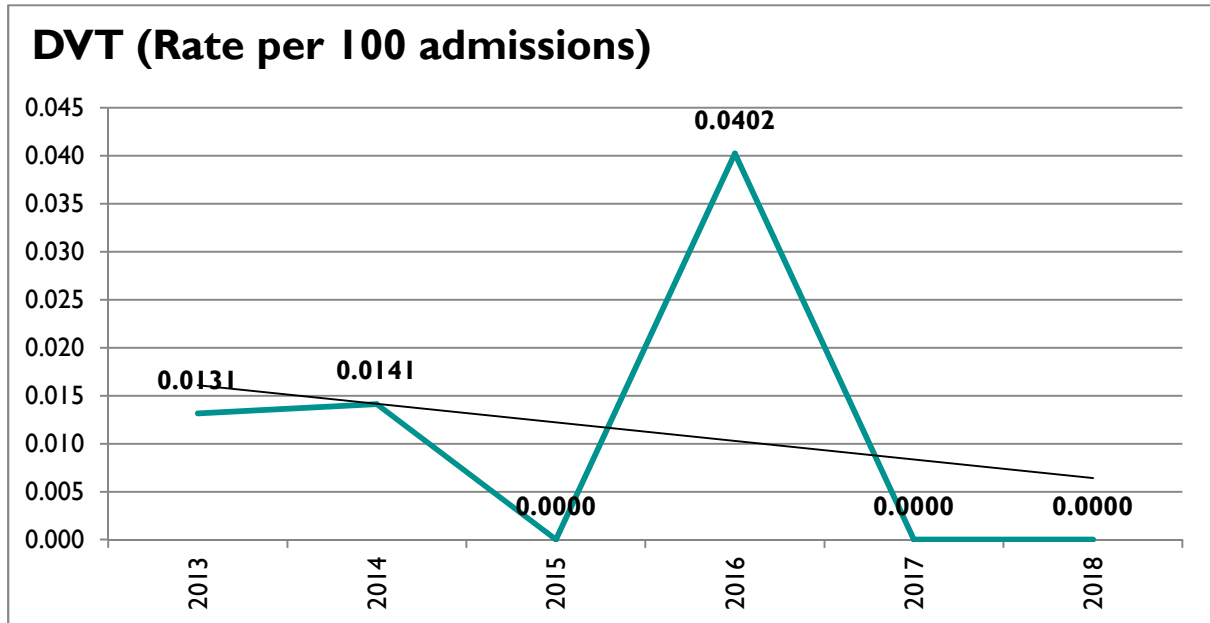


The rate of expected death at BMI Blackheath is shown above, as part of our mortality process, all deaths are reported to the CQC and formally investigated as part of our Clinical Governance, Mortality and morbidity meetings and also presented to the Medical advisory committee (MAC) for comment.

There were 3 deaths reported as unexpected in the reporting period, comprehensive investigations were conducted and it was ascertained they were infact not 'unexpected' but a direct result of the Patients co-morbidities, disease progression and paper work incompleteness (missing DNACPR form). Consultant's, patient and the family were aware at all stages the conditions were terminal. Lessons have been learnt and robust actions put in place to enhance our practices.

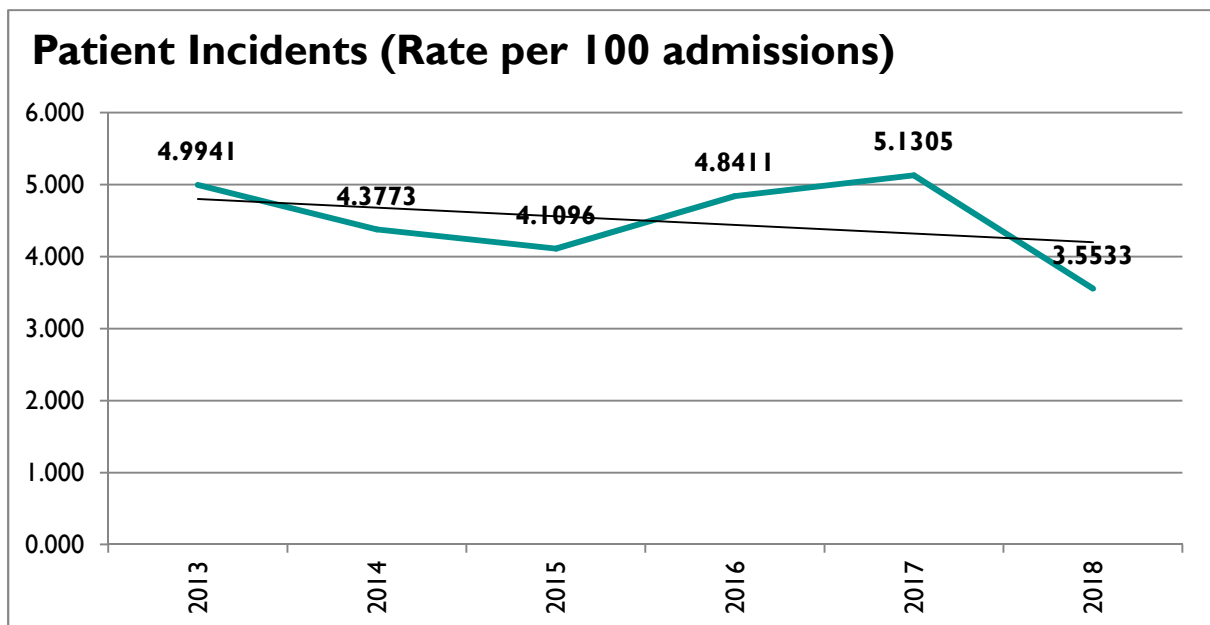
The hospital was below the national average of 'Unexpected deaths' which stood at 21.

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



The BMI Blackheath considers that this data is as described for the following reasons:-there have been no cases of DVT reported in the last 2 years, 99.92% of our patients were risk assessed for DVT and exceeded the national average of 95.77%

Patient Safety Incidents



The BMI Blackheath encourages the reporting of incidents and all near misses for the purpose of learning, improvements creating a culture of openness and transparency. An increased awareness to safety, actioning of near misses and learnings from previous incident helped see a decline in the rate of incidents reported. Regular incident training sessions are held at BMI Blackheath with incidents reviewed and discussed daily. Whilst our rates have significantly reduced from 2017, we

acknowledge our figures are still above the national average and we aspire to continue to reduce this in the new reporting year.

Patient Recommendation Results

Blackheath Hospital	Patient Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
94.89%	98.26%	97.07%	100.00%	75.61%

The BMI Blackheath saw a drop in patient satisfaction rate from 2017 and was also rated below the national average. Patient experience and satisfaction has become a major focus of the hospital's senior management with a number of initiatives such as the roll out of a customer service/ hospitality course rolled out to all staff delivered by a team of enthusiastic and respected colleagues, stricter adherence to our HR and disciplinary process to our more serious complaints and feedback, weekly complaints meeting involving senior team members and includes our contractors, staff members given the opportunity to learn and reflect on complaints and positive feedback, celebration of staff named on positive feedback, invitation of our patients to local resolution meetings, weekly walk-round of our facilities by the management team to get a first-hand feel of our patient's experience and identified actions immediately remedied . All of these and many more as seen an instantaneous boost as demonstrated in our latest patient satisfaction report seeing the hospital rankings rise by 5 places within 2 months.

The Corporate decision to move to electronic based customer patient satisfaction reporting resulted in a sharp decline in responses and as such the quarterly scoring plummeted correspondingly. The hospital has reverted back to paper-based responses albeit in part limited due to questionnaire shortages but it is evident already the scores have rapidly improved to expected levels.

Top areas of dissatisfaction include catering (contracted out service), room facilities (in part due to ongoing renovations in the hospital in Imaging and the wards), nurse call and care all of which have had high level and detailed action plans to address. The hospital is also in line to receive huge capital investments and areas of priority for this have already been mapped out over the next four years.

There is currently a massive recruitment drive to attract specialist nurses in the areas the hospital is looking to specialise in.

BMI Quality Accounts: Bromley CCG Statement

Thank you for giving the commissioners the opportunity to comment on the draft quality account for 2017/18. Bromley CCG acts on behalf of the six CCGs in South East London to hold BMI Blackheath, Chelsfield Park and Sloane hospitals to account for quality. We are keen to build on the collaborative working and open dialogue within the contractual and quality management processes that have been established this year.

Development work continues within the Clinical Quality Review Group on a quarterly basis where we accept quality assurance reports and receive assurance against agreed quality indicators.

Bromley CCG are pleased to note that Care Quality Commission inspections have resulted in an overall rating of 'good' at all 3 sites The Sloane, Chelsfield Park and Blackheath Hospital. The CCG also notes that there is shared learning happening across sites.

We note the significant work that has taken place to continue reducing Venous Thrombo-embolism (VTE) across BMI's network of hospitals and the drive to risk assess every patient that is admitted. There are also positive results against Patient Reported Outcome Measures (PROMS). BMI emphasises the importance of patient satisfaction across sites and the CCG is pleased to see that overall patient satisfaction scores in relation to the clinical care are positive.

BMI's commitment to embedding the Learning from Deaths in this year's Quality Accounts, in line with the national Learning from Deaths Guidance is welcomed.

Bromley CCG are also pleased to note BMI's intention to move towards ambulatory/outpatient models of care which is in line with the CCG's strategic approach to developing care closer to home.

Sonia Colwill

Director of Quality & Governance

Bromley CCG

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