



The Cavell
Hospital

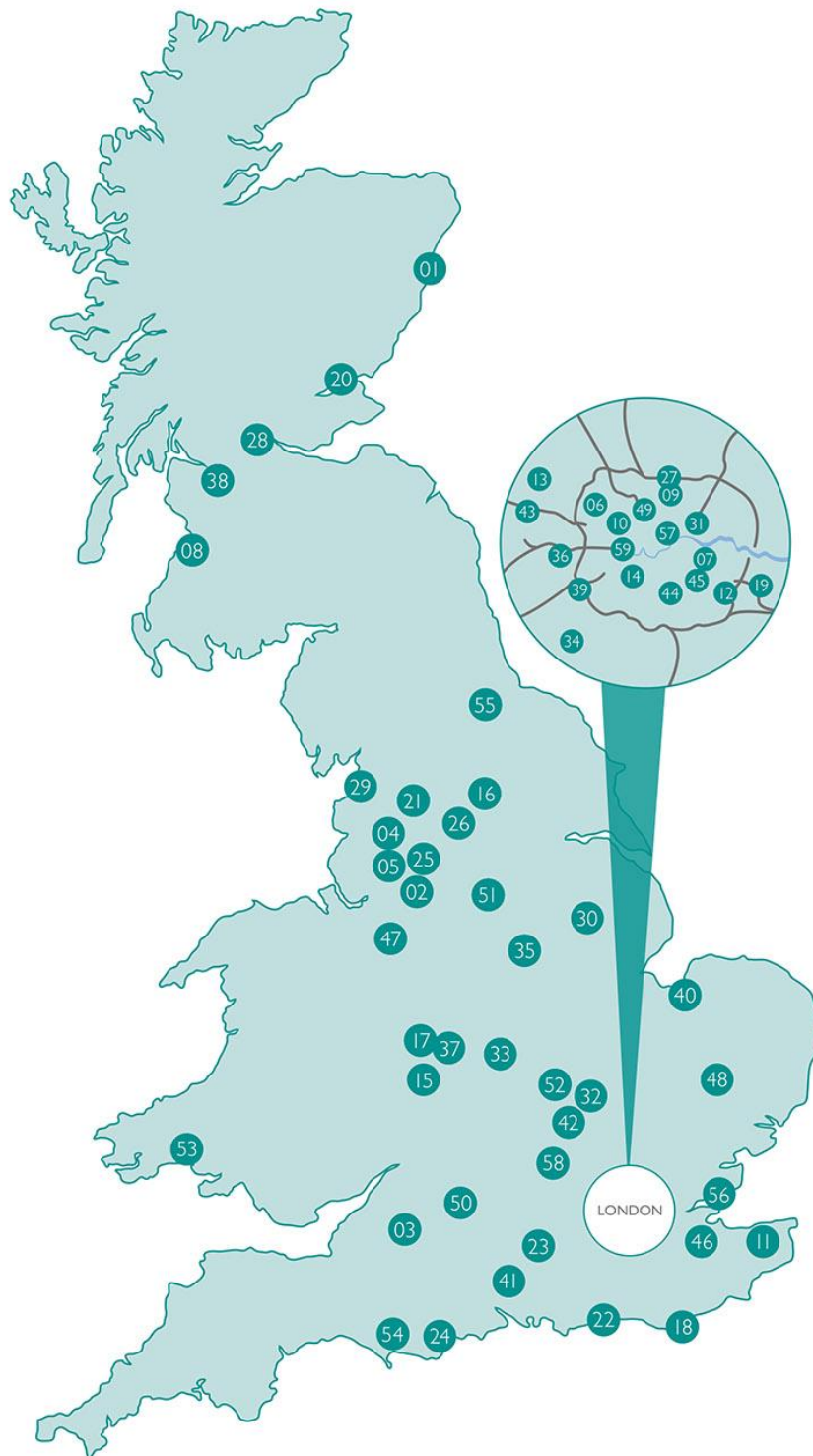
**QUALITY
ACCOUNTS
2018**

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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.

Dr Karen Prins

Hospital Information



BMI Cavell Hospital is located in Enfield approximately half a mile from its sister hospital, The King's Oak.

BMI Cavell hospital has 27 beds with all rooms offering the privacy and comfort of en-suite facilities, satellite TV and telephone.

The hospital comprises two main buildings; the Cavell building accommodates the consulting rooms, physiotherapy department and endoscopy suite, the main building (Trent building) houses the imaging suite, ward and theatres.

The hospital provides a range of services including surgical procedures, out-patient consultations and diagnostic imaging services. Services are provided to both insured and self-pay private patients and to NHS patients through both GP e-referral and local contract systems.

The hospital has two Operating Theatres, one with laminar flow, a Walk in Walk out unit, plus a dedicated Endoscopy unit in the Cavell building. Imaging facilities include ultrasound, CT & MRI

The Hospital employs in the region of 150 staff including qualified nurses, radiographers, physiotherapists, pharmacists, Operating Department Practitioners, Healthcare Assistants, Administrative and Support services staff, and provides 24 hour doctor cover for the wards

In 2017 51% of overall work at Cavell Hospital was undertaken on NHS patients.

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 Hospital Name 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 21st-23rd June 2016 and rated the hospital overall as requires improvement.

- Medical care: Requires improvement
- Surgery: Good
- Outpatients & Diagnostic Imaging: Good



	Safe	Effective	Caring	Responsive	Well led	Overall
Medical care (including older people's care)	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Surgery	Requires improvement	Good	Good	Good	Good	Good
Outpatients	Requires improvement	Not rated	Good	Good	Good	Good

Following this inspection an action plan was implemented to address the issues identified, also ensuring improvement in the services to our patients. Some of the immediate actions taken were as follows

- Keep an up to date list of authorized signatories of staff that can order medicines in the hospital pharmacy, so that staff who undertake this responsibility can be identified. This was addressed immediately and the list updated. The pharmacy manager is responsible for the lists ensuring they are updated twice a year.
- Improve staff attendance at mandatory training. Overall compliance for Cavell has exceeded 90% the BMI target. Weekly reports are generated so HoDs can track their staff & departments progress. Compliance is also monitored by the Executive Management Team.
- Ensure all relevant staff can access records in the chemotherapy service out of hours. This was addressed on the day of inspection, an additional lock had been installed the day before and there was a failure in communicating the access code to authorized personnel.
- Medical Services –This service to be represented on the Hospital Medical Advisory Committee. This has been addressed and we have a physician in addition to oncology representation.

BMI Cavell Hospital has a local framework through which clinical effectiveness, clinical incidents and clinical quality is monitored and analysed. Where appropriate, action is taken to continuously improve the quality of care. This is through the work of a multidisciplinary group and the Medical Advisory Committee.

At a Corporate Level, BMI Healthcare's Clinical Governance Board has an overview and provides the strategic leadership for corporate learning and quality improvement.

There has been ongoing focus on robust reporting of all incidents, near misses and outcomes. Data quality has been improved by ongoing training and database improvements. New reporting modules have increased the speed at which reports are available and the range of fields for analysis. This ensures the availability of information for effective clinical governance with implementation of appropriate actions to prevent recurrences in order to improve quality and safety for patients, visitors and staff.

At present we provide full, standardised information to the NHS, including coding of procedures, diagnoses and co-morbidities and PROMs for NHS patients. There are additional external reporting requirements for CQC/HIS/HIW, Public Health England (Previously HPA) CCGs and Insurers

BMI Healthcare is a founding member of the Private Healthcare Information Network (PHIN) UK – where we produce a data set of all patient episodes approaching HES-equivalency and submit this to PHIN for publication.

This data (once PHIN is fully established and finalised) will be made available to common standards for inclusion in comparative metrics, and is published on the PHIN website <http://www.phin.org.uk>.

This website gives patients information to help them choose or find out more about an independent hospital including the ability to search by location and procedure.

Safety



Infection Prevention and Control

The focus on Infection Prevention and Control continues under the leadership of the Group Head of Infection Prevention and Control, in liaison with the link nurse in BMI Cavell 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:

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

SSI data is also submitted to Public Health England for Orthopaedic surgical procedures. Our rates of infection are;

Measure	Rate (per 100 procedures)
Hips	0.01515
Knees	0.00000

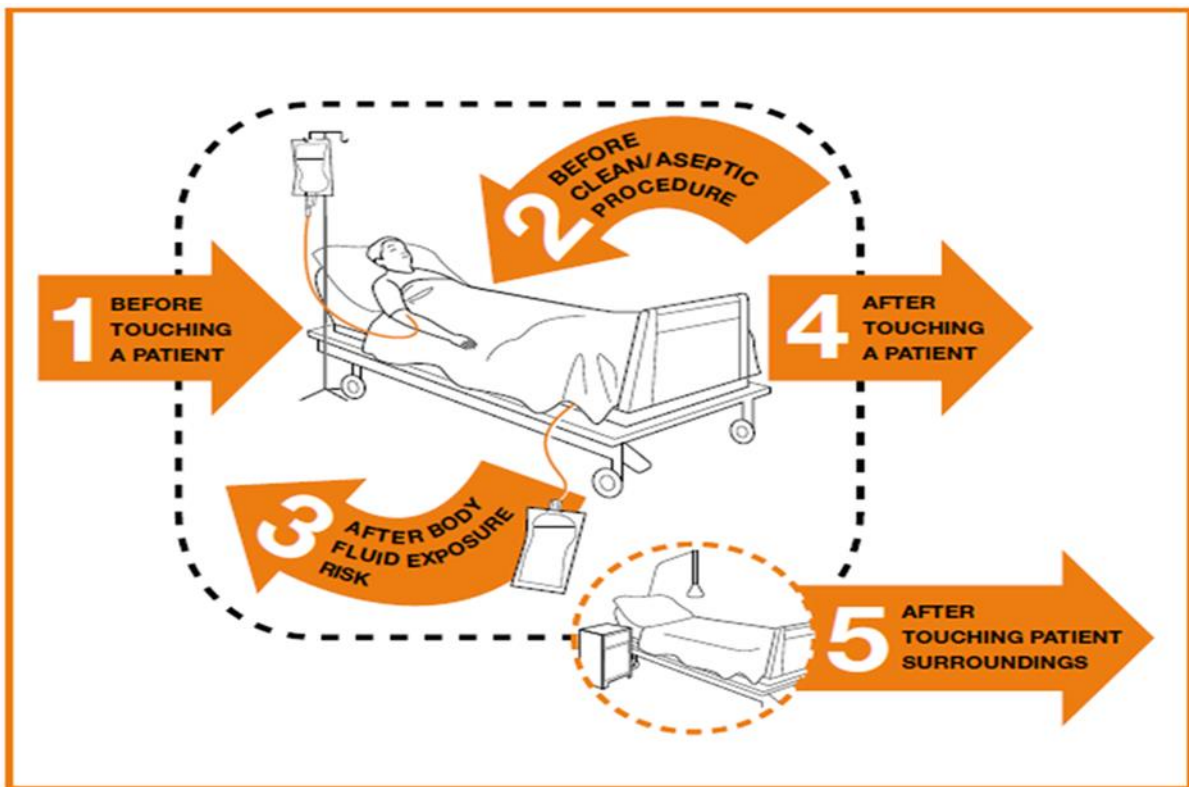
At Cavell Hospital we have a comprehensive Infection Prevention and Control Audit programme which involves both clinical and non-clinical staff. Audits include hand hygiene, the use of anti-microbial medications, environmental assessments and National Infection Prevention Society's 'Quality Improvement Tools' (QIT).

Participating in the QIT programme enables the hospital to demonstrate an objective and transparent approach to both process and practice improvement.

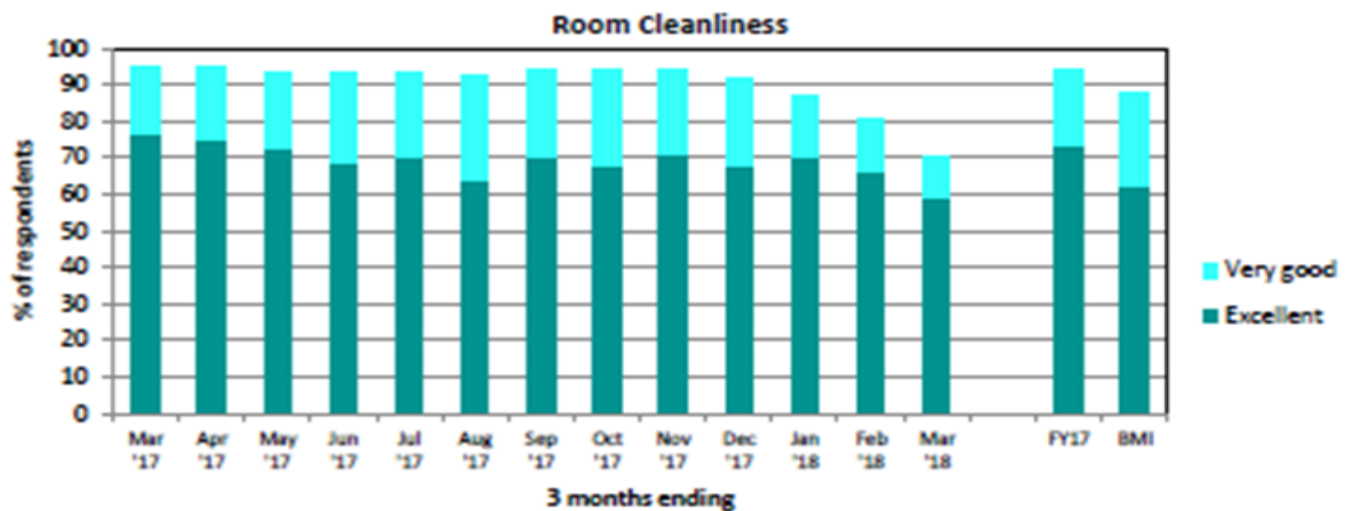
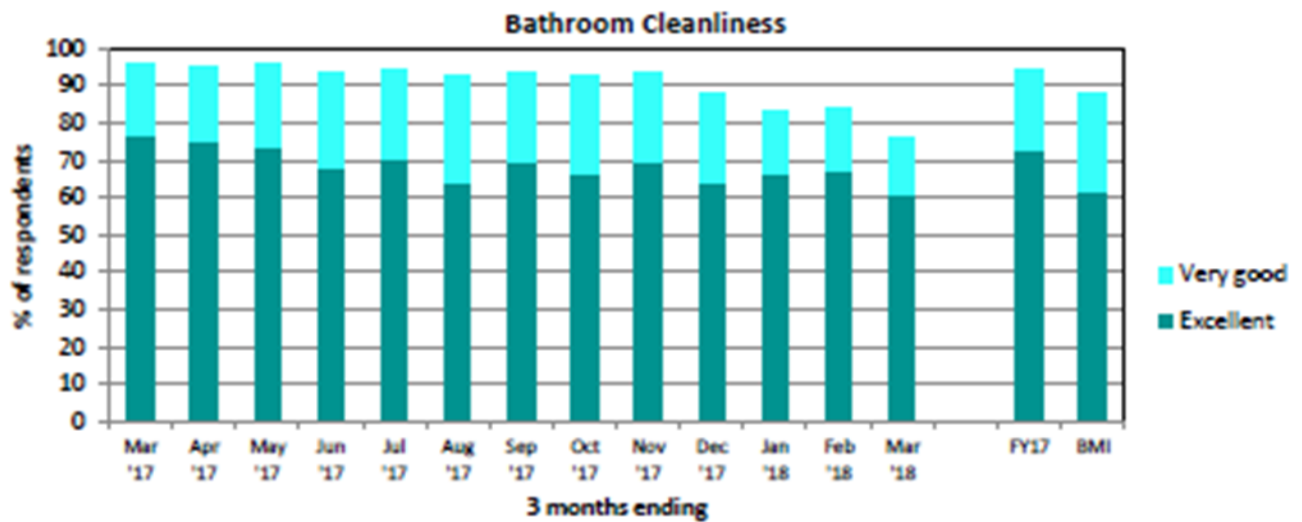
Findings from audit's and any associated action plans are discussed at Link Practitioner meetings and at the Infection Prevention and Control Committee meetings, which meet quarterly whereby progress can be tracked

Learning is then shared and cascaded to staff with the overall aim of improving our patient's experience of our service

WHO 5 Moments Hand Hygiene



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



Patient Led Assessment of the Care Environment (PLACE)

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

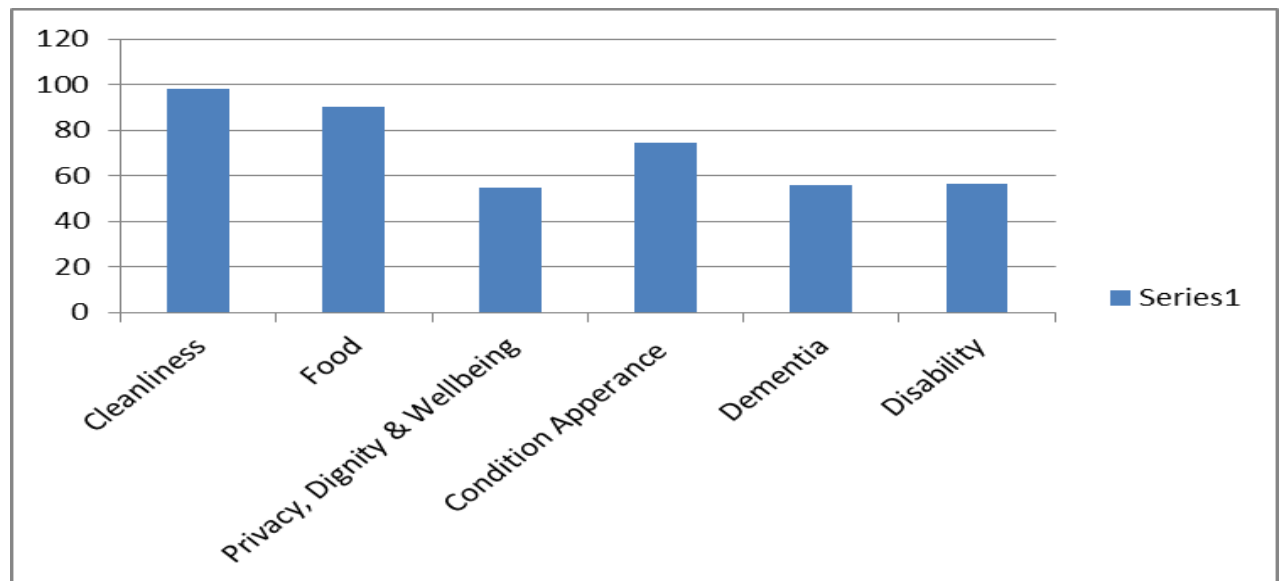
Since 2013, PLACE has been used for assessing the quality of the patient environment, replacing the old Patient Environment Action Team (PEAT) inspections.

The assessments involve patients and staff who assess the hospital and how the environment supports patient's privacy and dignity, food, cleanliness and general building maintenance. It focuses

entirely on the care environment and does not cover clinical care provision or how well staff are doing their job.

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

Hospital	Cleanliness	Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
Cavell Hospital	98.24%	90.31%	54.84%	74.6%	56.09%	56.41%



BMI Cavell Hospital was also able to see the areas that needed to be improved upon. As part of an ongoing initiative, Cavell Hospital continues to work in partnership with Compass, the external company providing the catering service for the hospital. As part of the improvement plan, the hospital is committed to receiving patient feedback on the experience of the catering services, allowing service user involvement and support to ensure a robust service is delivered. This will be monitored through patient feedback surveys and analysis in this area, identifying key areas for improvement. The Hotel services Manager meets regularly with the Chef Manager to discuss patient feedback & service improvements.

To address the score for privacy & dignity the ward are assigning a designated quite room for patients next of kin/relatives. It will provide a place where discussions with the medical & nursing staff can also take place

To address and improve the score for Dementia, e-learning is available and mandatory for clinical staff. We shall also appoint a local champion to increase awareness and improve the services offered.

A refurbishment programme has also been implemented which includes:

1. An on-going program of bedroom redecoration and replacement carpet with flooring

2. Installation of compliant clinical hand wash sinks in agreed areas including patient bedrooms
3. Replacement program for blinds in patient bedrooms
4. Replacement of flooring in the outpatient reception area.

Duty of Candour

A culture of Candour is a prerequisite to improving the safety of patients, staff and visitors as well as the quality of Healthcare Systems.

Patients should be well informed about all elements of their care and treatment and all staff have a responsibility to be open and honest. This is even more important when errors happen.

As part of our Duty of Candour, we will make sure that if mistakes are made, the affected person:

- Will be given an opportunity to discuss what went wrong.
- What can be done to deal with any harm caused
- What will be done to prevent it happening again
- Will receive an apology.

To achieve this, BMI Healthcare has a clear policy - BMI Being Open and Duty of Candour policy.

We are undertaking a targeted training programme for identified members of staff to ensure understanding and implementation in relation to the Duty of Candour.

Duty of Candour Incidents
3

BMI Cavell Hospital sees its commitment to ensure all staff feels competent and confident in their training to understand and implement the BMI 'Being Open & Duty of Candour policy as crucial to the quality of care that our patients receive.

We understand that to achieve high quality care, we must have a high quality workforce which is up to date and fit to practice where everyone is committed, engaged, trained and supported in ensuring the safety and care of patients, visitors and staff while striving continually for improvement.

Cavell Hospital aims to limit the potential impact of any clinical and non-clinical risks and have in place transparent and concentrated systems to ensure that incidents which may cause actual or potential harm to patients, visitors and staff are quickly identified, thoroughly investigated and rectified. We inform all our patients with regard to all elements of their treatment and care, encouraging staff to feel a responsibility to be open and honest with our patients and carers. We have a Duty of Candour checklist for the patient's records to ensure that patients are well informed about all elements of their care management plan, including being open and honest if things go wrong, and what will be done to prevent recurrence

In 2017-2018 at BMI Cavell Hospital there were three reported incidents requiring duty of candour to be demonstrated in accordance with CQC regulation 20. These incidents were addressed accordingly. A meeting was held with the patients to discuss what had occurred along with treatment plans

At BMI the Cavell Hospital all of our staff complete duty of candour training as part of their induction programme.

Venous Thrombo-embolism (VTE)

BMI Healthcare, holds VTE Exemplar Centre status by the Department of Health across its whole network of hospitals including, Cavell 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 100% of patients being assessed

VTE Percentage	
VTE	100.00%

Cavell 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. .

Figure 1: Table identifying the rate per 100 admissions of Deep Vein Thrombosis (DVT) at BMI Cavell Hospital

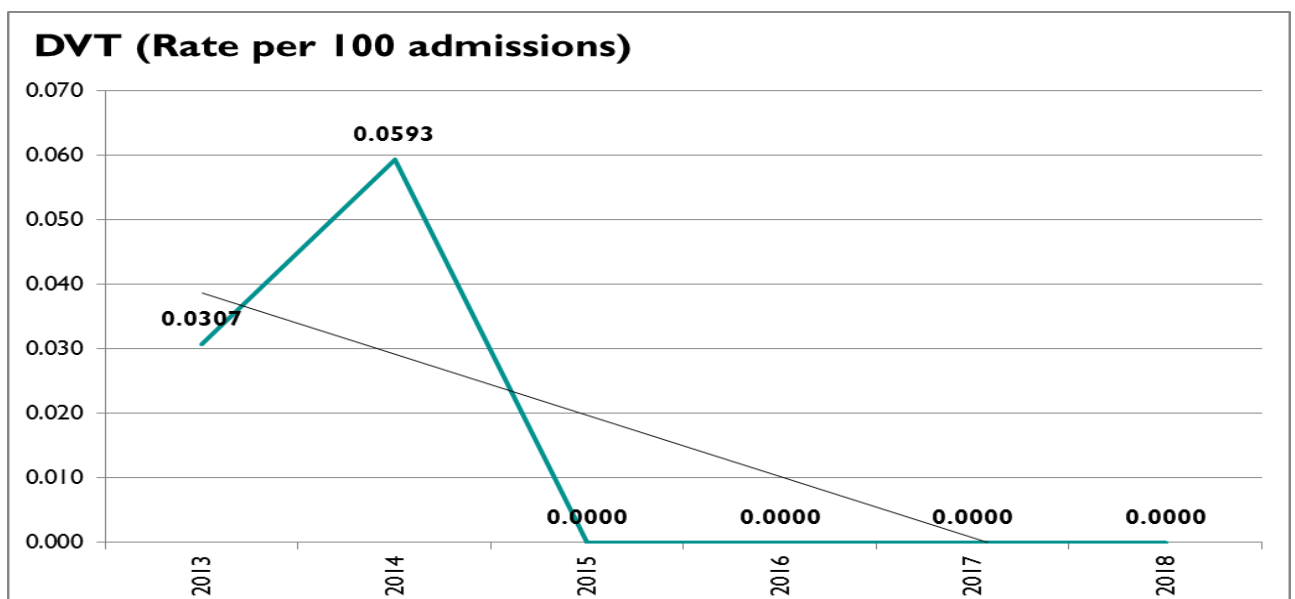
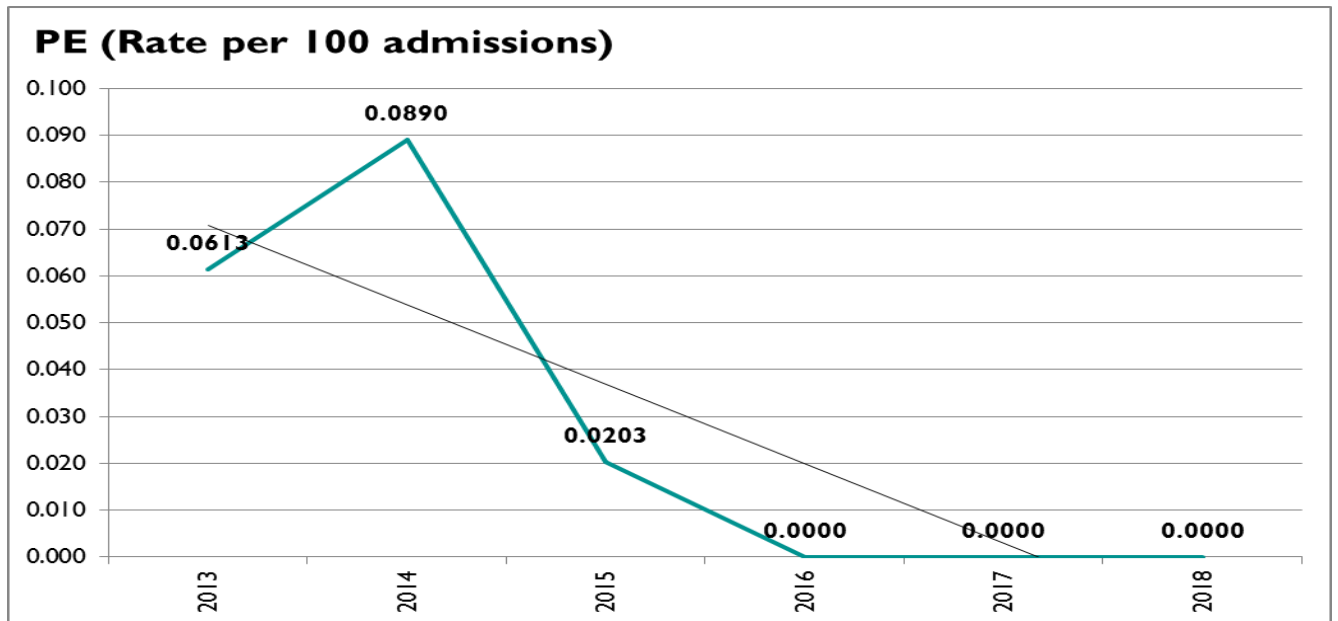


FIGURE 2: Table identifying the rate per 100 admissions of Pulmonary Embolisms (PE) at BMI Cavell Hospital.



Cavell Hospital ensures patients booked for surgical procedures undergo a preoperative assessment ahead of their planned surgery which includes a VTE risk assessment. Additionally, any reports of VTE incidents are investigated, reviewed by the Hospital Clinical Governance Committee and BMI VTE board and any learnings implemented.



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.

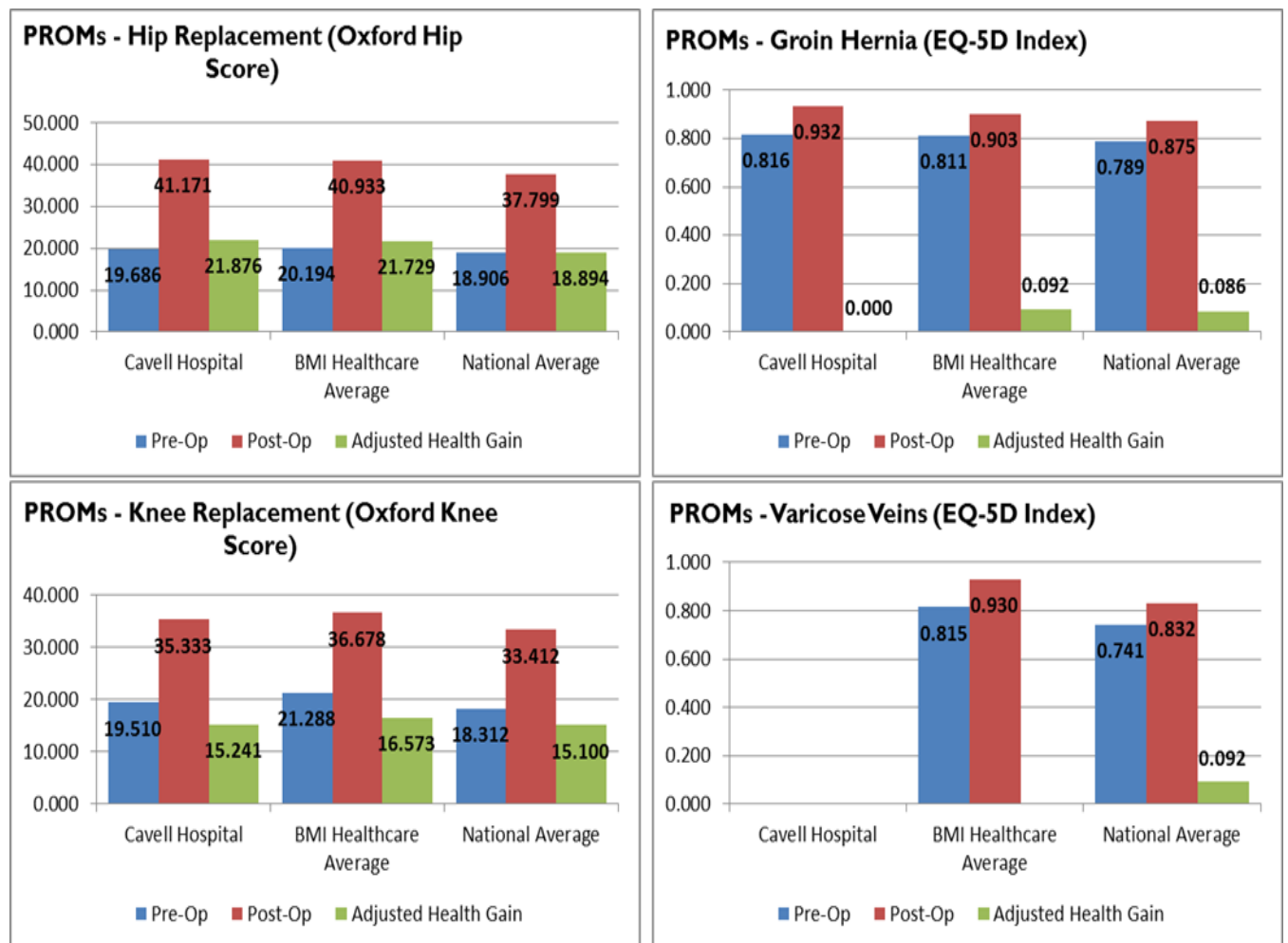
For the current reporting period, the tables below demonstrate that the health gain between Questionnaire 1 (Pre-Operative) and Questionnaire 2 (Post-Operative) for patients undergoing hip replacement and knee replacement at Cavell Hospital

Our Pre-assessment team takes the lead on communicating with patients for this data

Patient Reported Outcome Measures for EQ5D- Varicose Veins are not measured at BMI Cavell Hospital

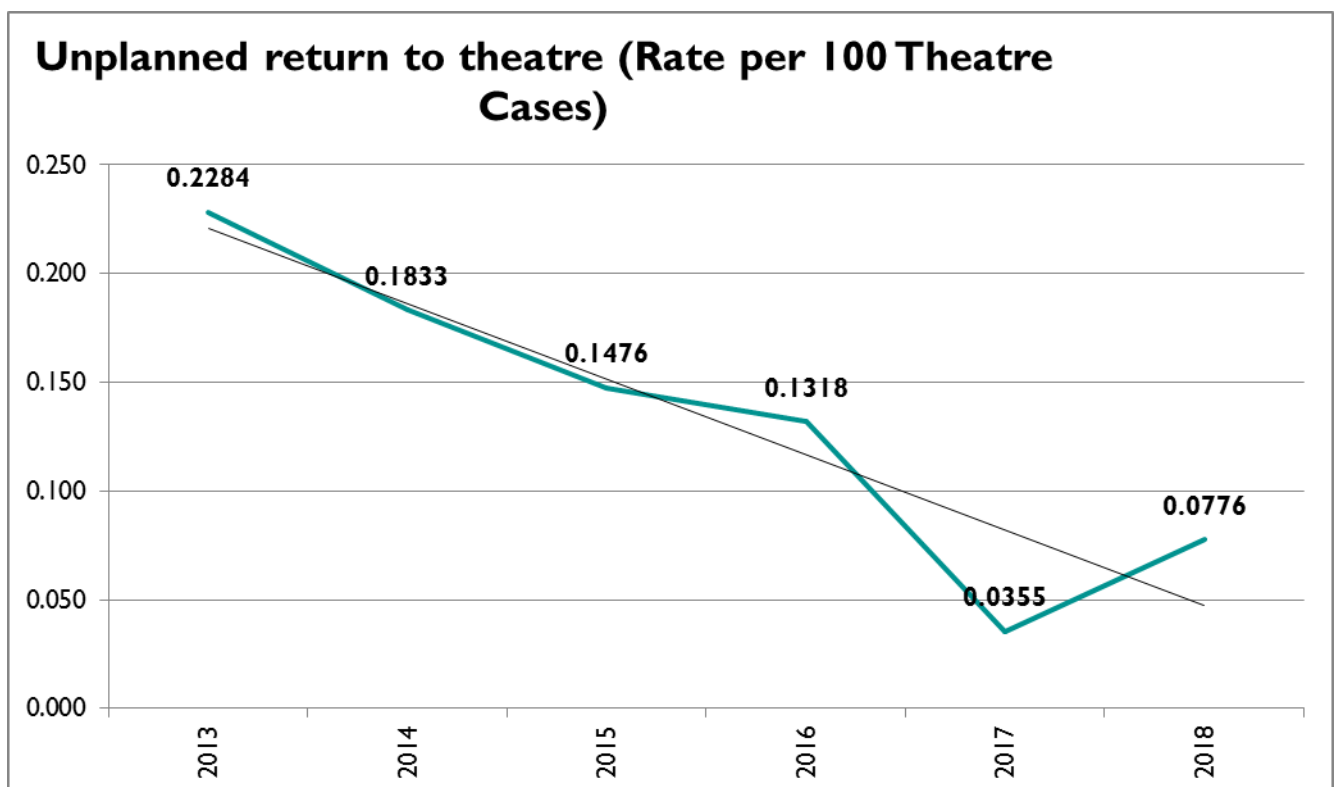
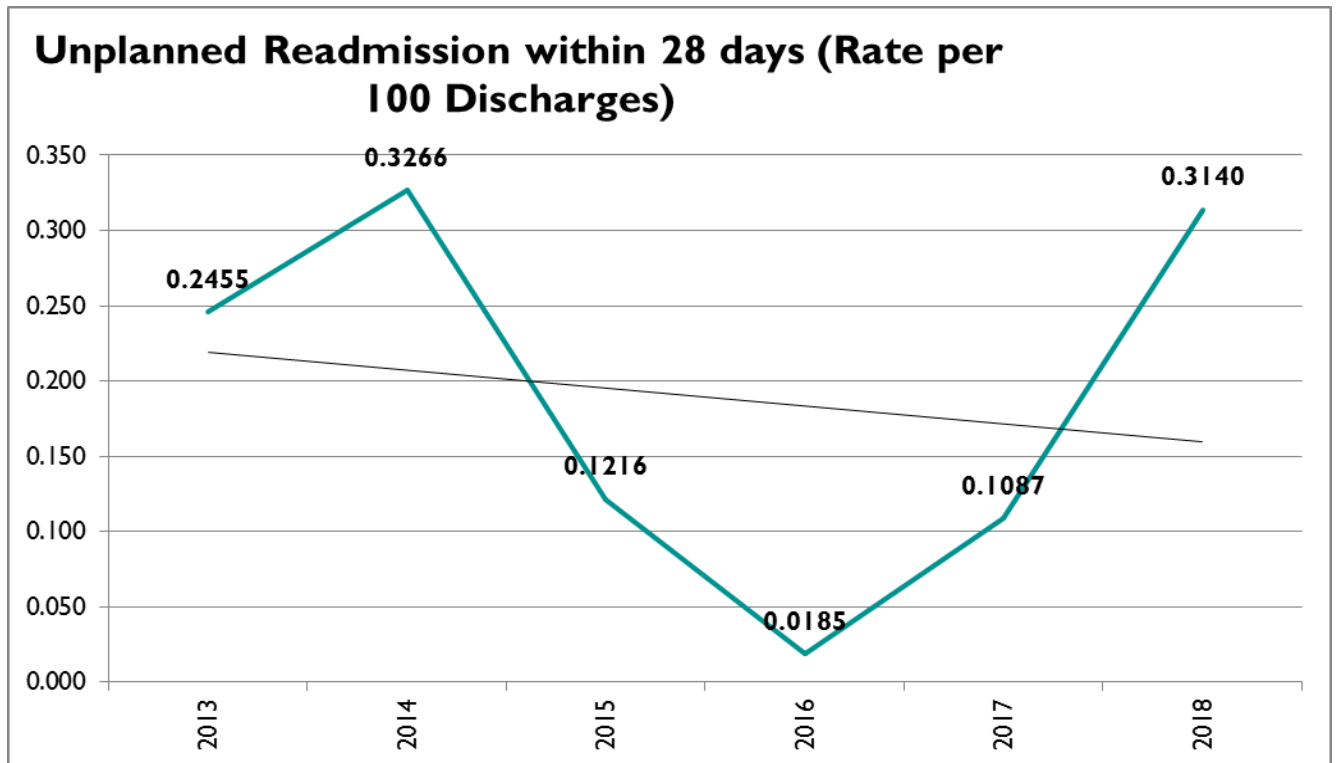
The graphs below demonstrate any health gain reported by patients between Questionnaire 1 (Pre-Operative) and Questionnaire 2 (Post-Operative) for patients undergoing hip replacement and knee replacement, and groin repair at BMI Cavell Hospital during the reporting period.

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.



All unplanned readmissions and unplanned returns to theatre are captured on the incident reporting system and reviewed by the Clinical Governance and Medical Advisory Committees that monitor the data to identify any trends and institute any actions or learning that may be required. This

information is also shared at the daily comm. cell meeting. There have been no trends or concerns identified

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

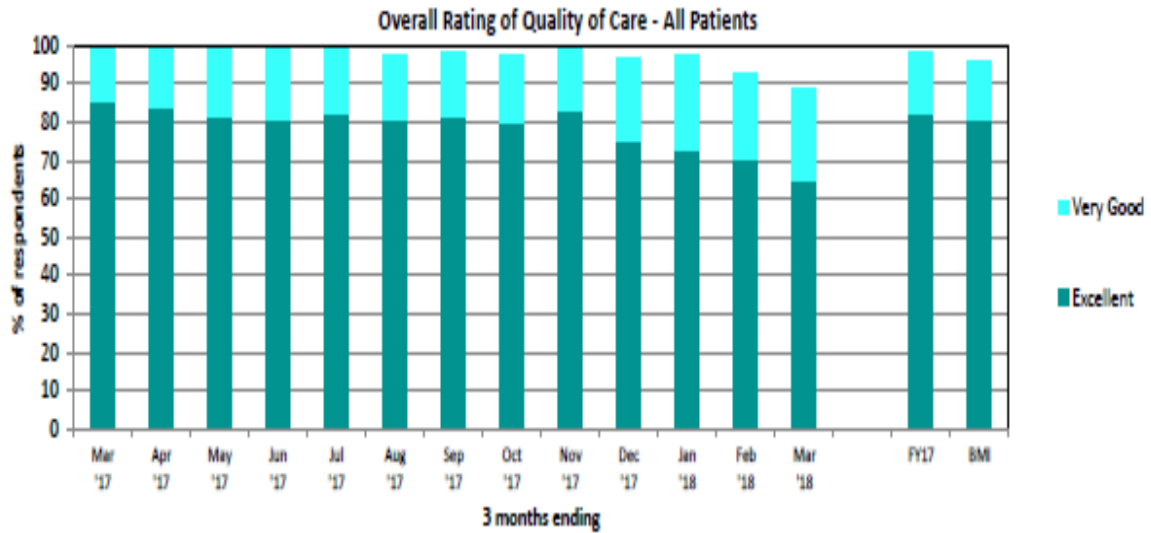


BMI Healthcare is committed to providing the highest levels of quality of care to all of our patients. We continually monitor how we are performing by asking patients to complete a patient satisfaction questionnaire. Patient satisfaction surveys are administered by an independent third party.

Patients are given the opportunity to feedback on their experience during their Outpatient attendance by completing a handwritten questionnaire.

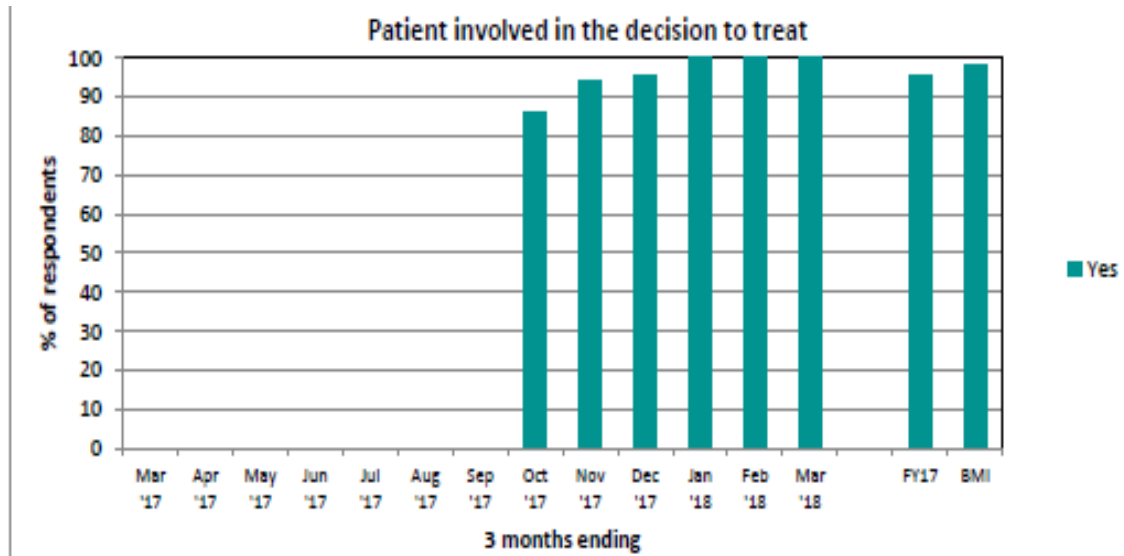
The opportunity for inpatient and day case patients to provide on-line feedback was introduced in October 2017 and as such the hospital has seen a reduction in the number of returns since this introduction and is working hard to improve this response rate.

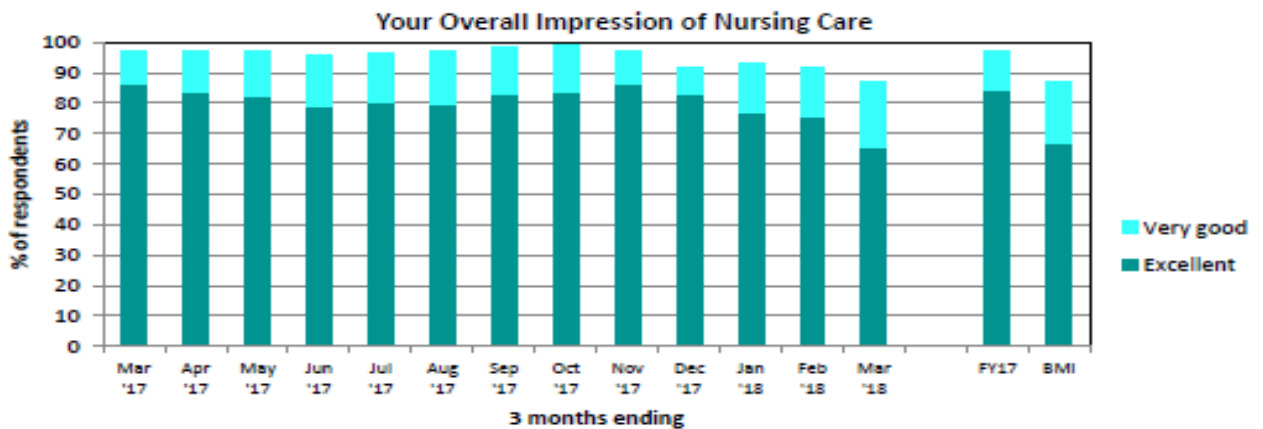
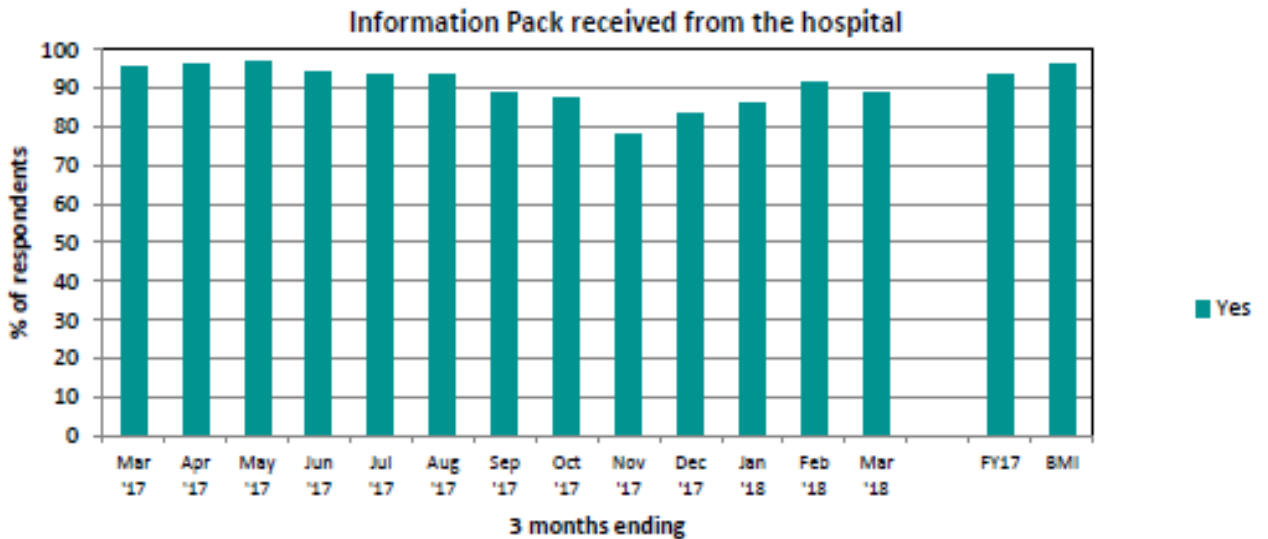
98.6% % of patients rated Cavell Hospital as Excellent/Very Good



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 re-introduced the paper method of completing the survey.

Whilst proud of our rating, we are not complacent about the way patients feel about their care and will continue to improve the patient experience





The Management team at Cavell hospital have made Patient experience a primary focus for all teams to ensure we are a health provider of choice for both our Patient's and Consultants.

Some of the initiatives the hospital is working on include:

- Improving the patient experience on arrival, ensuring clear accurate communication and patients are kept informed at all stages of their journey
- Roll out of customer service training for all staff
- Revised induction programme for new starters
- Programme for replacing bedroom carpets to vinyl flooring
- Development of a patient satisfaction focus group led by the Hotel Services Manager which will involve staff from all areas of the hospital, review feedback from our patients and identify ways of improving the patient experience

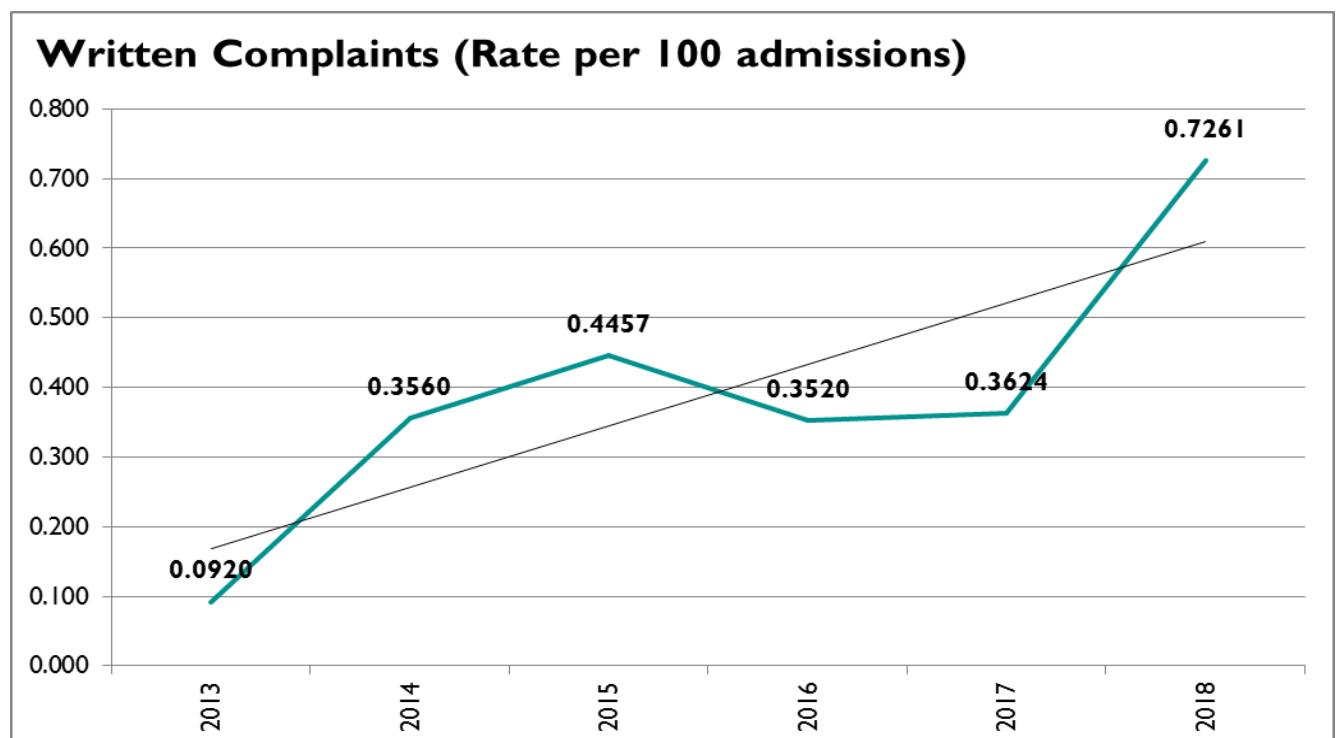
Complaints

In addition to providing all patients with an opportunity to complete a Satisfaction Survey BMI Cavell Hospital actively encourages feedback both informally and formally. Patients are supported through a robust complaints procedure, operated over three stages:

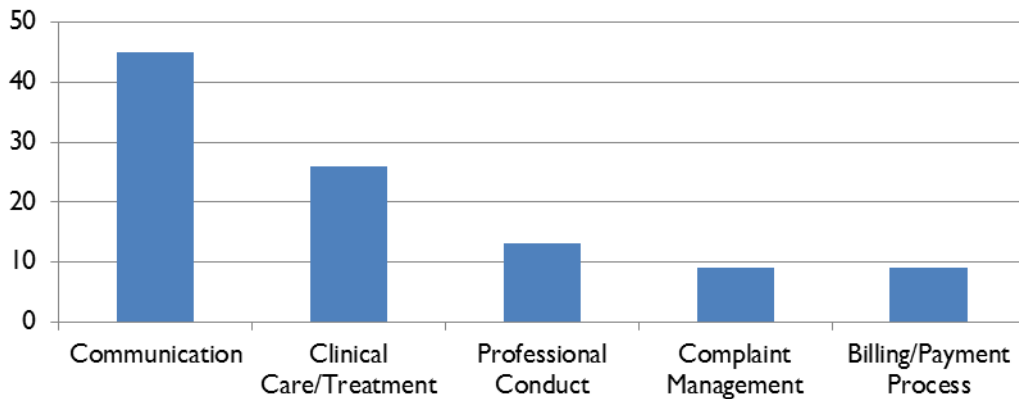
Stage 1: Hospital resolution

Stage 2: Corporate resolution

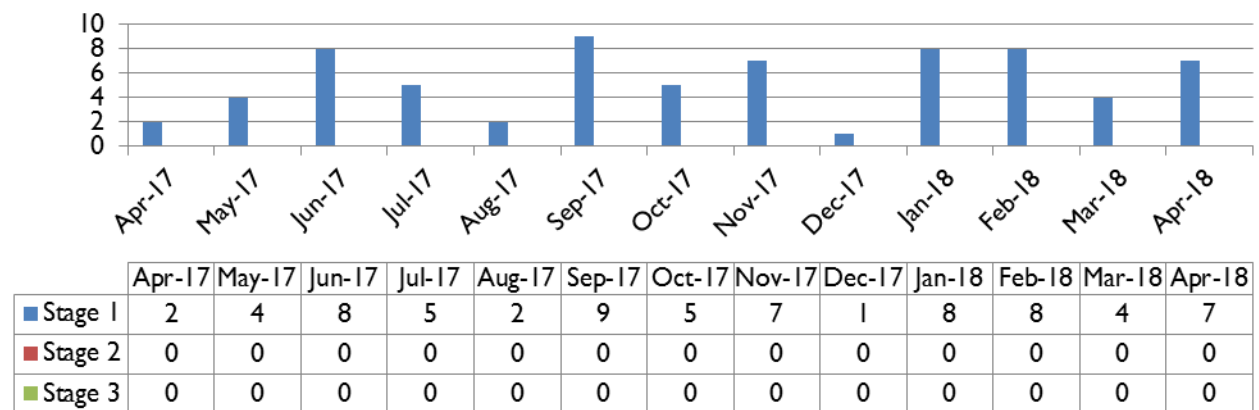
Stage 3: Patients can refer their complaint to Independent Adjudication if they are not satisfied with the outcome at the other 2 stages.



Top 5 Complaints



Complaint Stages



Cavell Hospital has seen an increase in the number of complaints during 2017 compared to the previous years, however there has been a focus on reporting along with the introduction of new electronic reporting system which all staff can access to report any feedback, both positive & negative.

The main theme identified in recent complaints relate to the way that we communicate with our patients, and to take ownership to follow through any issues, concerns identified at the time

The investigation and response to complaints at Cavell Hospital is considered an opportunity to learn and improve the quality of services provided. Where a complaint encompasses several services, responses are sought from each area in order to compile joint response and ensure shared learning. Individual staff members are encouraged to participate in the investigation and are provided with feedback on outcomes.

CQUINS

BMI Cavell Hospital takes part in the CQUINS audit schedule for North West London and Herts Valley

Auditable data included Friends and Family test, the Safety Thermometer, Alcohol Intervention, follow up appointment non-attendance rates, safer discharge, VTE risk assessments, MRSA screening

rates, dementia assessments, smoking Cessation, nutritional Assessments and WHO checklist and Discharge Summaries to GPs.

There is compliance of >90% for each.

There are additional KPIs set around Catheter care bundle compliance, WHO checklist audits, Smoking cessation, and Nutritional risk assessments.

CQUIN for 70% of front-line staff uptake on flu vaccination was not achieved, although there improvement from previous year. Cavell Hospital will launch an awareness campaign towards the end of summer 2018 with support for the Occupational Health service and Hospital IPC lead.

CQUIN CAPTURE 17/18 KOH_CAV

enfield		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Tobacco Audit	Numerator	30	22	14	28	14	25	26	38	21	40	40	40
	Denominator	30	21	14	26	14	25	25	38	21	39	40	40
	%	100.00%	95.50%	100.00%	93.00%	100.00%	100.00%	94.50%	100.00%	100.00%		100.00%	100.00%
	Staff Trained	yes			yes			yes			Y	Y	Y
	Pathway available	yes			yes			yes			Y	Y	Y
Alcohol Audit	Numerator	30	22	14	28	14	25	26	38	21	40	40	40
	Denominator	30	22	14	28	14	25	26	38	20	40	40	40
	%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	96.00%	100.00%	100.00%	100.00%
	Staff Trained	yes			yes			yes			Y	Y	Y
	Pathway available	yes			yes			yes			Y	Y	Y
Flu uptake	Staff received									169 to date			
	Total Staff									307			
	%									55.00%	55.00%	55.00%	55.00%

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.

We can confirm that we have had no reports of safeguarding incidents in the reporting period, safeguarding is discussed monthly as part of our monthly clinical governance agenda.

National Clinical Audits

Kings Oak Hospital participates in the National Joint Registry audit

Totals for this hospital	2017	Year to date: 2018
Total completed ops	190	59
Hip procedures	93	24
Knee procedures	86	31
Ankle procedures	0	0
Elbow procedures	0	0
Shoulder procedures	11	4
NJR consent rate	92%	95%

Priorities for Service Development and Improvement

- Improvements to Facilities to ensure CQC regulatory compliance through removal of carpets, installation of IPS sinks in all patient rooms.
- On-going upgrade & refurbishment (including flooring) of areas throughout the hospital including our patient rooms. The Director of operations developed a refurbishment plan for the hospital and was successful in obtaining some funding for works to commence in the spring of 2018
- Mandatory Training compliance. Ensure compliance continues to be driven by all departmental managers and the Senior Management Team.
- Commission & opening the Urgent Care Center: This unit is for patients to present themselves with their injury and be assessed by competent staff and either given immediate treatment, admitted or referred to the correct specialist in a timely manner.

Safety Thermometer

BMI Healthcare is fully compliant and supportive of the reporting guidelines in relation to the NHS Safety Thermometer. This is part of BMI Healthcare's hospitals' engagement with local Clinical Commissioning Groups nationwide. The measures reported on a monthly basis relate to the following;

VTE Risk Assessment & Treatment Catheter related Urinary Tract Infection

Falls Pressure Ulcers by Category

Staff Survey & Staff Safety Culture Questionnaire

A good safety culture is an important foundation of a safe organisation and we all have our part to play in embedding a robust safety culture; for our patients and those we work with. BMI Healthcare launched the Safe Culture Questionnaire in October 2017 to assess the safety culture across our hospitals and across BMI Healthcare.

Staff were asked to complete the questionnaire openly and honestly in order for the Senior Management Team of their hospital to be able to address any concerns with regards to safety and pick up on areas for improvement.

The online questionnaire was accessible by staff at 59 sites across England, Scotland and Wales. Staff from all areas of the hospitals were asked to rate up to 24 statements (England sites were asked 20 questions, Scotland sites were asked 24 questions and Wales sites were asked 22). Staff were asked to rate the statement with the following system: 1 (Inadequate), 2 (Poor), 3 (Good) and 4 (Excellent).

1571 responses were received across all sites. All statements asked within the questionnaire received an average rating of 'Good'. The statements with the highest rating averages were:

- I am aware of my obligations regarding mandatory training.
- I know how to report a patient safety incident or near miss.
- I am aware of my own departmental risks and how these are reflected within the overall risk register.
- I support the organisation's plan to become recognised as 'Outstanding' CQC rated hospital (England and Wales sites) / with Health Care Improvement Scotland within the 5 Quality Themes as a 6 (Excellent) rated hospital (Scotland sites).

Results were reported to sites in three ways: a report of all site data, regional reports and individual hospital results for sites who received a response rate of 30% or more.

Staff Recommendation Results



Cavell Hospital	Staff Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
26.00%	88.24%	73.18%	89.98%	50.44%

BMI Cavell Hospital has responded to the results of our staff questionnaire BMiSay by identifying actions action which are being implemented by Heads of Department and Senior Management team and reviewed through the monthly Head of Department meetings.

Initiatives to improve staff results consist of the following:

- **“WOW Day”** (Work Out Wednesday)

This involved the Heads of Department spending time working in other departments around the hospital. The concept is to ensure that we all understand why we do things, allowing everyone the opportunity to understand and enhance their knowledge as to why certain tasks are carried out, or why particular questions are asked beforehand. The feedback was fantastic and the HODs reported that the whole activity was very insightful. It is planned to open this up to other staff.

Communication

- To support communication a staff newsletter was launched in the autumn of 2017 named “The Hospital Herald” which has been well received and staff are actively encouraged to contribute to its content
- Staff forums have also been implemented and led by the Executive Director
- Hospital Social Committee has also been introduced which consists of staff members from each area

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)

Cavell Hospital	Re-Admissions (Aged 16+)			
2018	2017	National Average	Highest National Score	Lowest National Score
6.726	2.502	10.010	41.650	0.000

BMI Cavell Hospital overall trend for unplanned re-admissions has seen a slight increase early 2018 however it remains below the national average

Cavell hospital has an effective Pre-Assessment & discharge planning aims to ensure that the patient is safe to be discharged and has the support required once discharged home.

Any unplanned re-admission event is reviewed by the Hospital's Clinical Governance Committee and to date no trends or concerns have been identified

All readmissions have been seen to have been unpreventable by the hospital (i.e. patient factors).

The hospital will continue to monitor trends of readmissions, and so the quality of its services, by daily reporting and sharing of any incidents and lessons learned

BMI Cavell hospital does not treat children and therefore there were no Paediatric re-admissions to report.

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

Cavell 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

Cavell Hospital considers that this data is as described due to our commitment to ensure a safe environment where a high standard of care is delivered.

We are proud to have a dedicated Infection Prevention and Control Lead on site, which monitors our audit data and assesses trends in line with patient outcomes. This allows us to give assurance to the dedication of our Infection Prevention and Control and to the quality of our services. We will take every step to ensure that this current standard is maintained

Hospitals responsiveness to the personal needs of its patients

Cavell Hospital	Responsiveness			
2018	2017	National Average	Highest National Score	Lowest National Score
94.85%	95.15%	69.22%	78.00%	60.10%

BMI Cavell Hospital considers that this data is due to the high standard of care received by our patients. Cavell Hospital welcomes feedback that acknowledges that we are providing a good standard of care and meeting the expectations of our patients, as well as any feedback that gives us the opportunity to address areas of dissatisfaction to continually improve our service and exceed our customer's experience

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

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

Cavell Hospital's completion of VTE risk assessment on/before admission and at 24 hours is subject to audit on a regular basis. The audit results support the scores documented in the table above.

Patient Safety Incidents

Cavell Hospital	Patient Safety Incidents (Rate per 1000 Bed Days)			
2018	2017	National Average	Highest National Score	Lowest National Score
95.516	120.517	43.292	149.700	11.200

Cavell Hospital	Patient Safety Incidents (Count)			
2018	2017	National Average	Highest National Score	Lowest National Score
213	289	3908	14506	31

Cavell hospital considers that this data is as described is because there is a healthy patient safety incident reporting culture whereby any incidents are reported and lessons learned shared at the daily Comm. Cells meetings.

BMI introduced a new Risk Management reporting system known as "Riskman" in December 2016; this gave all staff access to report incidents and near misses.

Cavell Hospital aims to improve upon this outcome by continuing to apply robust safety incident reporting and development of processes to ensure lessons learnt are shared and continue to demonstrate commitment to our patients in providing a safe, caring, effective and responsive environment

Despite patient undergoing pre-assessment and being given the relevant pre-op information we have seen an increase in the number of patients having their operations cancelled on the day for a variety of reason some of which is due to the patient being unwell, not stopping medications, not fasting correctly. To help reduce this and improve the patient experience the hospital is implementing a process to telephone the patients 48hrs before their admission date to check they have all the necessary information and answer any questions they may have.

Patient Recommendation Results

Cavell Hospital	Patient Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
97.83%	99.05%	97.07%	100.00%	75.61%

BMI Cavell Hospital considers that this data is positive and is recognition of our commitment to BMI Healthcare's promise that "we are serious about health, passionate about care" through the application of the core themes: *safety, clinical effectiveness, patient experience and quality assurance*.

The team at Cavell Hospital aspire to continually improve and are continually looking at ways of improving the patients experience and level of satisfaction with our services.

BMI CAVELL HOSPITAL

Cavell Drive

Uplands Park Road

Enfield, London

Middlesex

EN27PR

Tel: 020836621222