



The Chaucer
Hospital

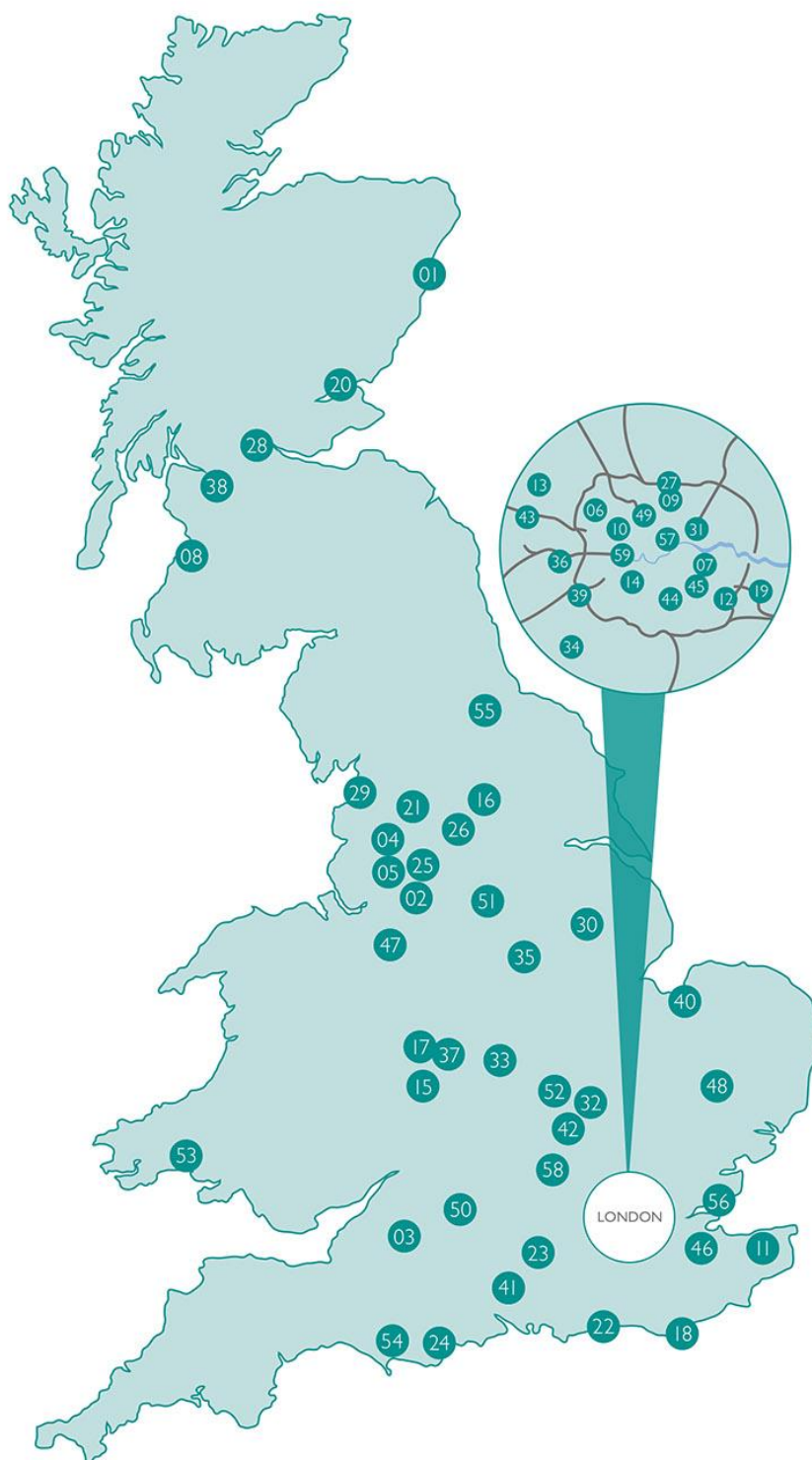
QUALITY ACCOUNTS 2018

Contents

Our network of hospitals	3
Group Chief Executive’s Statement	4
Hospital Information	6
Safety.....	9
Patient Led Assessment of the Care Environment (PLACE)	11
Duty of Candour.....	12
Venous Thrombo-embolism (VTE)	13
Patient Reported Outcome Measures (PROMS).....	14
Learnings from Deaths	17
Patient Experience.....	18
Patient Satisfaction	18
Complaints.....	19
CQUINS	20
Safeguarding.....	20
National Clinical Audits.....	20
Priorities for Service Development and Improvement.....	20
Safety Thermometer	21
Staff Survey & Staff Safety Culture Questionnaire.....	21
Staff Recommendation Results	22
Quality Indicators	23
Patient Recommendation Results	26

Our network of hospitals

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



Group Chief Executive's Statement



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

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

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

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

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

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

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

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

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

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

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

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

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

A handwritten signature in black ink that reads "Karen." with a period at the end. The signature is written in a cursive, slightly slanted style.

Dr Karen Prins

Hospital Information



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

BMI The Chaucer Hospital has 45 inpatient rooms. Our patient rooms offer the privacy and comfort of en-suite facilities, satellite TV and telephone. The hospital has three theatres, a dedicated Endoscopy Suite, 11 consulting rooms, a Colposcopy Suite, and a Macmillan accredited Oncology unit. In October 2017 The Chaucer Hospital opened an Urgent Care Centre supported by Advanced Nurse Practitioners and a dedicated Resident Medical Officer.

These facilities combined with the latest in technology and on-site support services for diagnostic imaging and pathology enable our consultants to undertake a wide range of procedures from routine investigations to complex surgery. This specialist expertise is supported by caring and professional medical staff, with dedicated nursing teams and Resident Medical Officers on duty 24 hours a day, providing care within a friendly and comfortable environment.

Of the total number of patients treated at BMI The Chaucer Hospital, around 45% are currently NHS patients. We provide a full directory of services on Choose and Book, along with being AQP accredited to treat cataract patients in East Kent and provide direct access for MRI scanning. We also assist the local NHS trusts with waiting list reduction programmes on an ad hoc basis. We have strong connections with our local Clinical Commissioning Groups (CCGs).

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
- Termination of Pregnancy.

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 1st & 2nd November 2016 and rated The Chaucer Hospital GOOD in all domains of:

SAFE
 CARING
 RESPONSIVE
 EFFECTIVE
 WELL-LED.

The CQC have not undertaken any unannounced inspections since 2016.

The Chaucer 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 The Chaucer 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	0.00000
Knees	0.00000

All clinical areas have undergone Quality improvement Tool IPC clinical audits as per the Infection prevention Society’s guidelines. Standards audited include Environmental, Hand Hygiene; Environmental and Observation, Aseptic Technique, Transportation of specimens and Standard Precautions. Results indicate an average compliance of 95%. Action plans have been devised to address areas that achieve a negative score along with risk assessments where necessary.

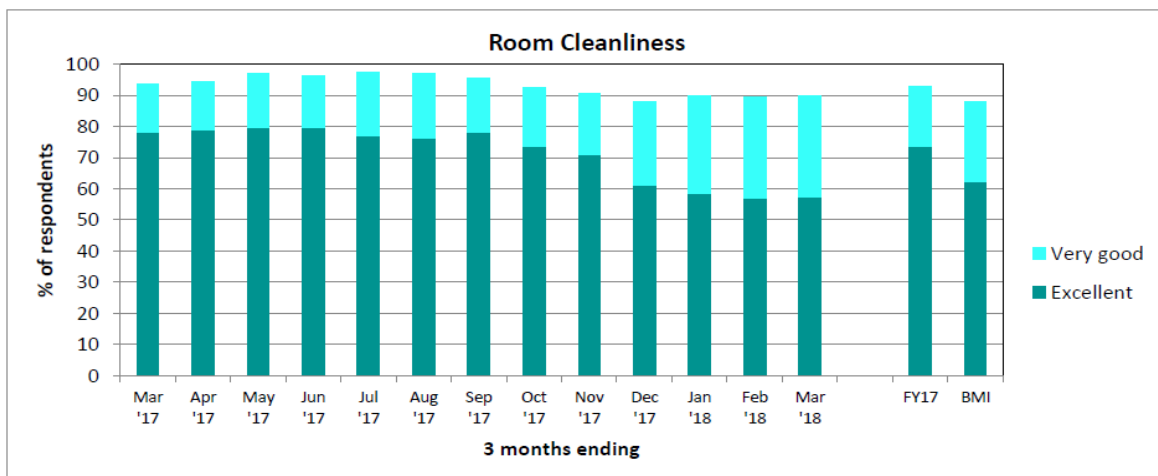
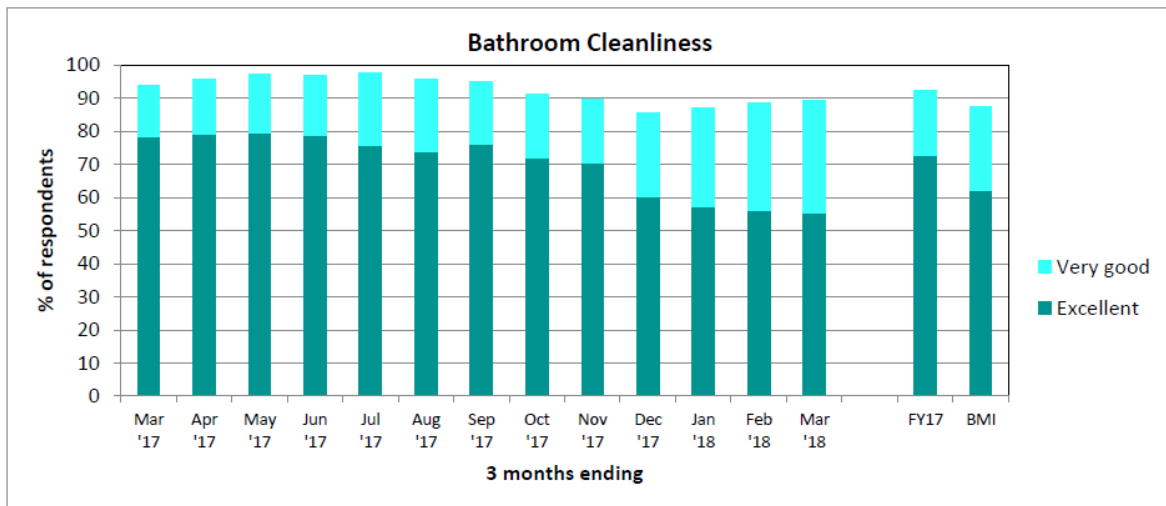
Care Bundles were audited as follows: Pre-operative, Peri-operative and Post-operative to include Urinary Catheter Care, insertion and ongoing, Peripheral Intravenous Cannula, insertion and ongoing and Prevention of Surgical Site Infection.

A water safety committee is in place which discusses and monitors all aspects of water safety within the hospital with Pseudomonas and Legionella sampling and risk assessments being performed.

Infection Prevention remains high on the agenda within the hospital and all areas are continuing to strive for improvements where necessary.

The Chaucer participates in all National awareness programmes in relation to IPC, including Hand Hygiene day and Antibiotic Awareness day

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
Chaucer Hospital	100.00%	89.24%	88.37%	91.62%	78.33%	89.35%

Improvements have been made in the relevant domains, however The Chaucer Hospital is continuing to strive for further improvement especially in relation to dementia friendly rooms.

Refurbishment of patient bedrooms continues on a rolling programme which has contributed to the improvement in scores for “condition, appearance and maintenance”.

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.

At The Chaucer Hospital, there was 1 incident over the last 12 months for which Duty of Candour was indicated.

At the Senior Management Team weekly incident review meeting this incident, where a duty of candour was identified, showed a requirement to follow up with the patient either in meeting them face to face and to send a letter of apology from the hospital and/or letters of apology from the Consultant as well as the hospital.

Lessons learnt from this included ensuring a more robust communication strategy between providers of health care when a transfer of care has been indicated and was unknown to The Chaucer as a initial provider of care. This has been discussed at NHS quality meetings with the CCG in question.

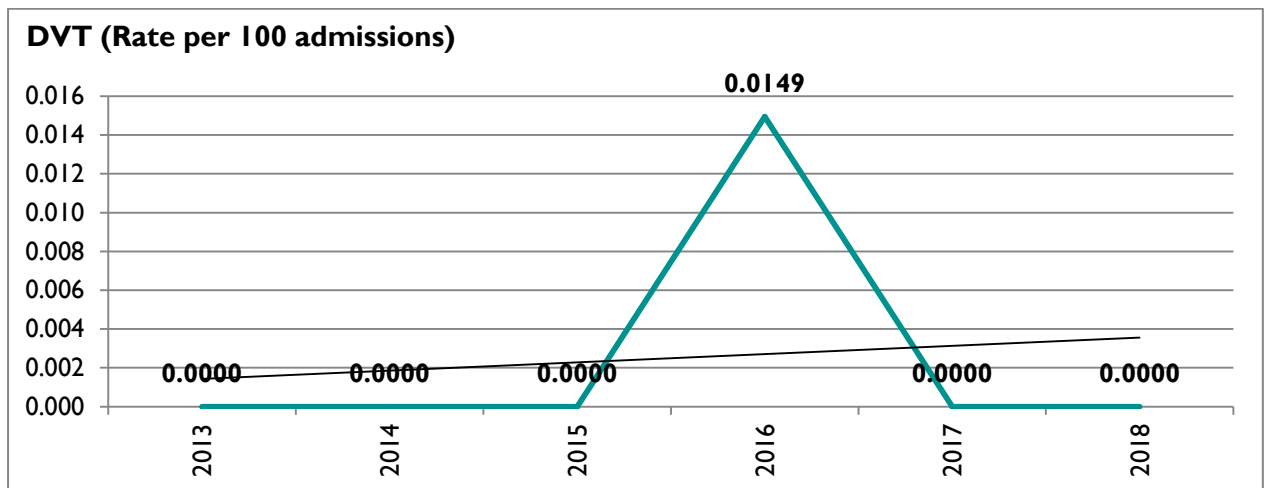
Venous Thrombo-embolism (VTE)

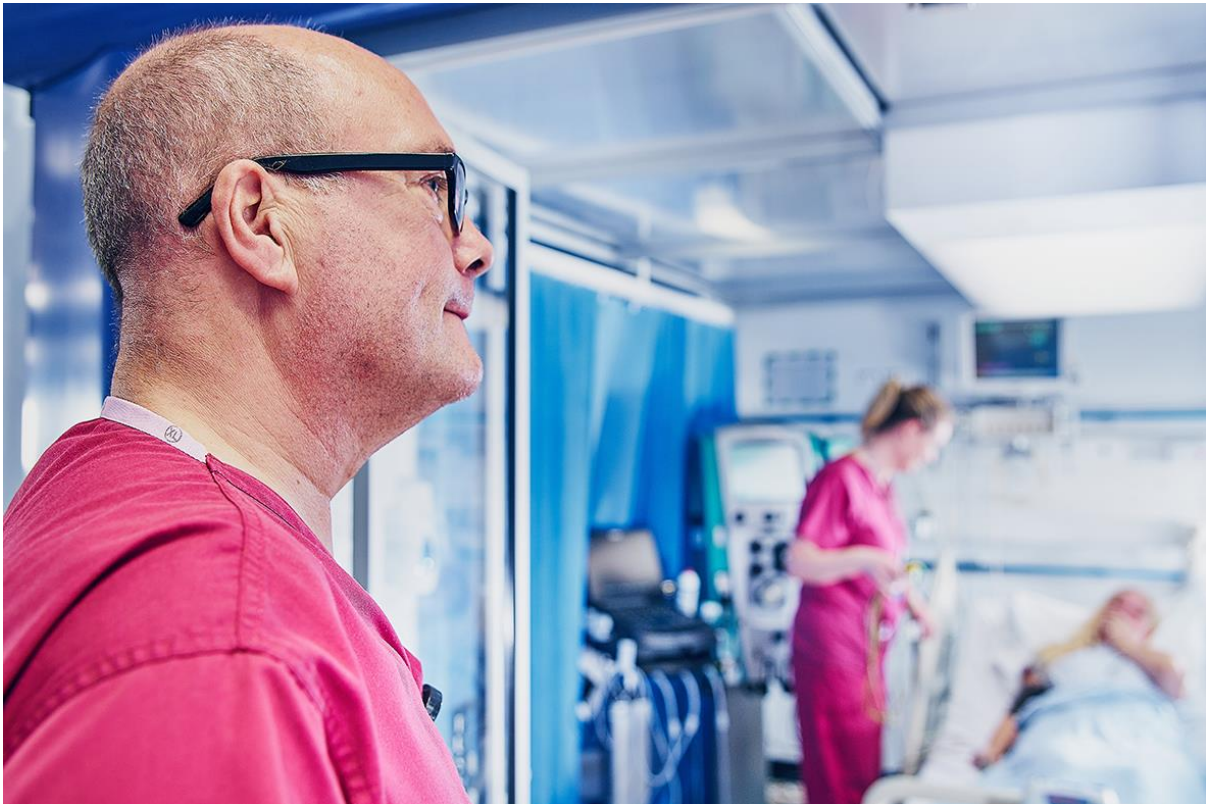
BMI Healthcare, holds VTE Exemplar Centre status by the Department of Health across its whole network of hospitals including, The Chaucer Hospital. BMI Healthcare was awarded the Best VTE Education Initiative Award category by Lifeblood in February 2013 and was the Runners up in the Best VTE Patient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

VTE Risk Assessment Percentage	
VTE	100.00%

The Chaucer 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. .





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.

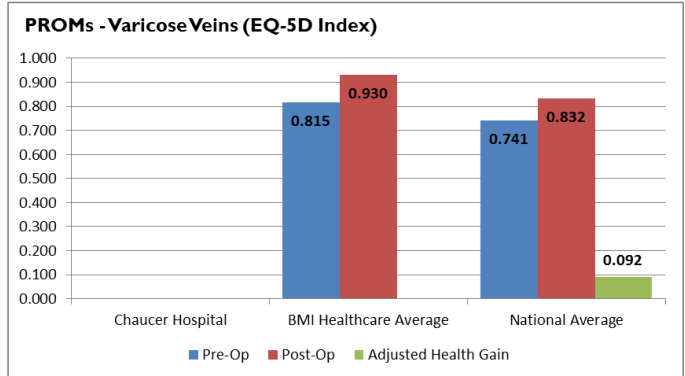
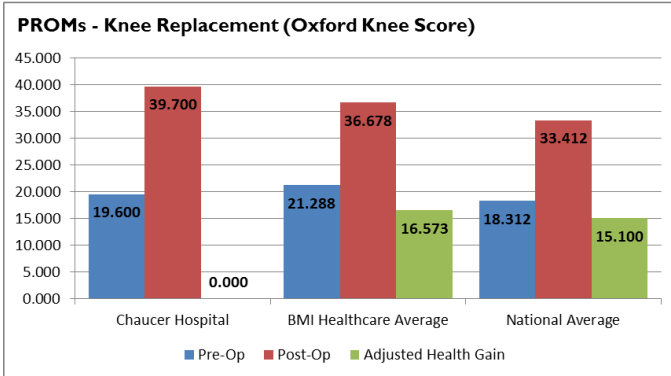
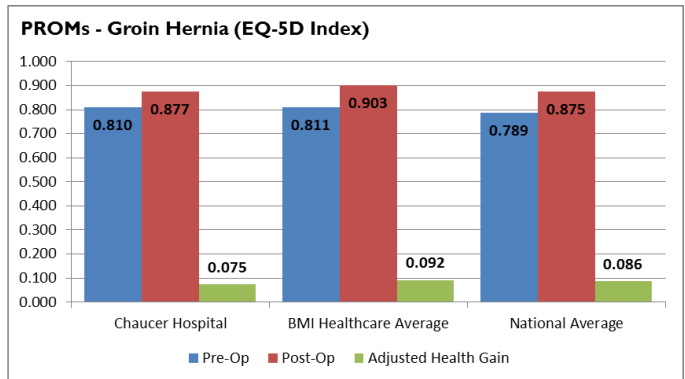
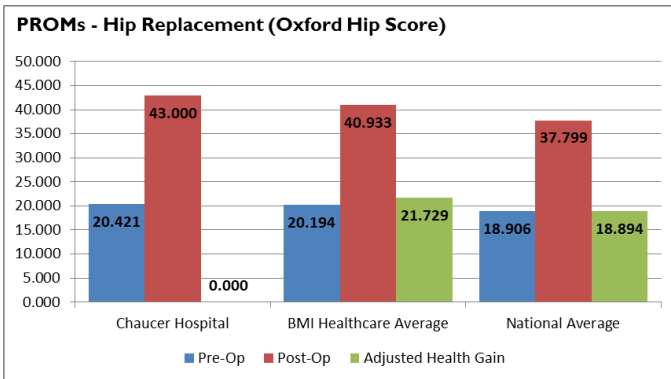
For the current reporting period, the tables below demonstrate that the health gain between Questionnaire 1 (Pre-Operative) and Questionnaire 2 (Post-Operative) for patients undergoing hip replacement and knee replacement at within BMI Healthcare. The numbers of procedures undertaken at The Chaucer Hospital are too low to be able to give significant data for health gain.

This current reporting period has seen enough data processed in relation to hernia repairs to give a health gain measure which sits slightly below the national average.

The Chaucer is now also reporting on Cataract Proms and the data should be available for next year's Quality Accounts.

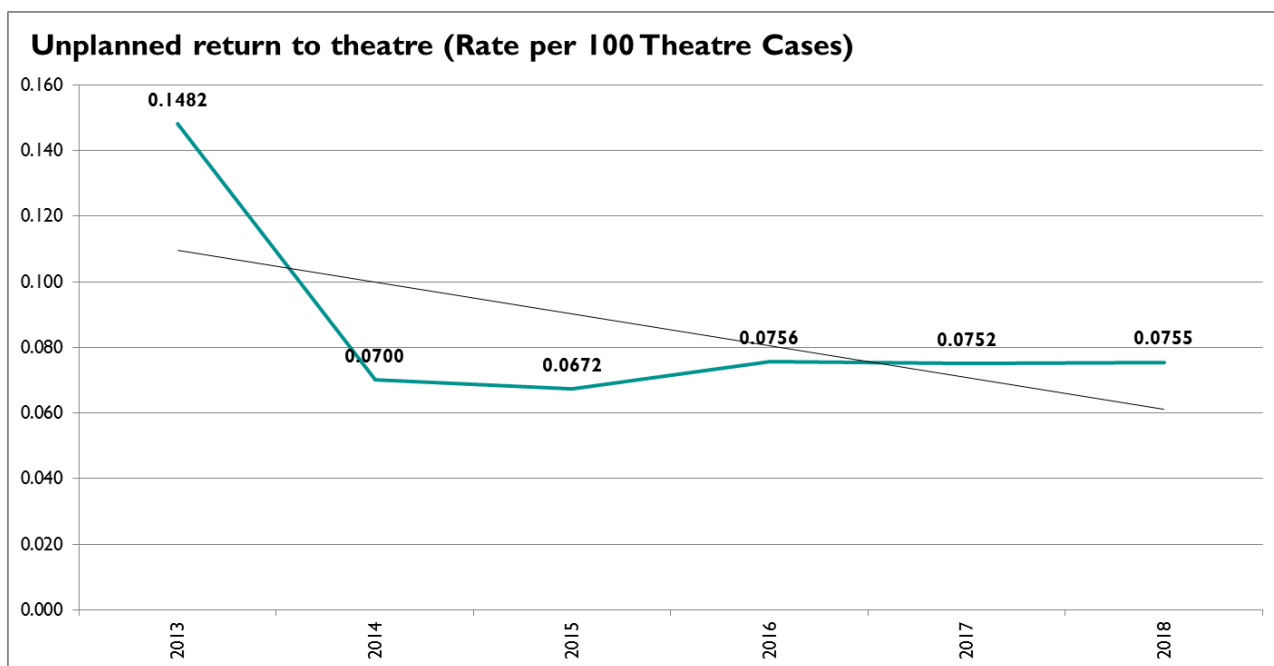
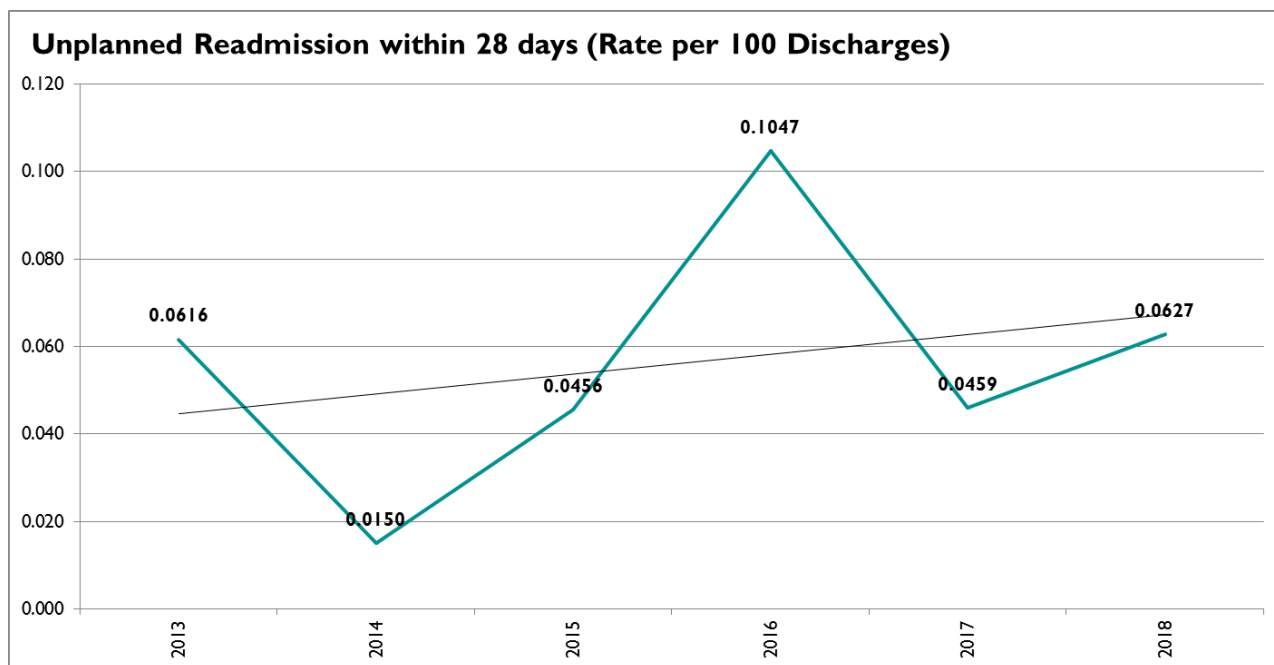
The Chaucer hospital does not participate in Proms data collection for varicose vein surgery as this service is not provided by the NHS in East Kent

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.



Learnings from Deaths

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

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

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

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

Patient Experience

Patient Satisfaction



BMI Healthcare is committed to providing the highest levels of quality of care to all of our patients.

We continually monitor how we are performing by asking patients to complete a patient satisfaction questionnaire. Patient satisfaction surveys are administered by an independent third party.

The Chaucer Hospital, year on year results indicates a decline in key metrics. This is in part due to the change of method of collection of data and questions asked in a new on line survey that commenced in October 2017. The Chaucer Hospital Senior Management team has responded to this decline and have action plans in place to facilitate an increase in patient satisfaction over the next 12months. This includes obtaining staff feedback via staff forums, continuation of the refurbishment programme and a refresh of customer care training.

Overall satisfaction scores (Excellent and Good)	March 17	March 18
How did we compare to expectations	96.4%	96.2%
Overall impression of Nursing Care	98.8%	89.7%
Overall impression of Accommodation	91.9%	84.9%
Overall impression of Catering	92.7%	78.1%

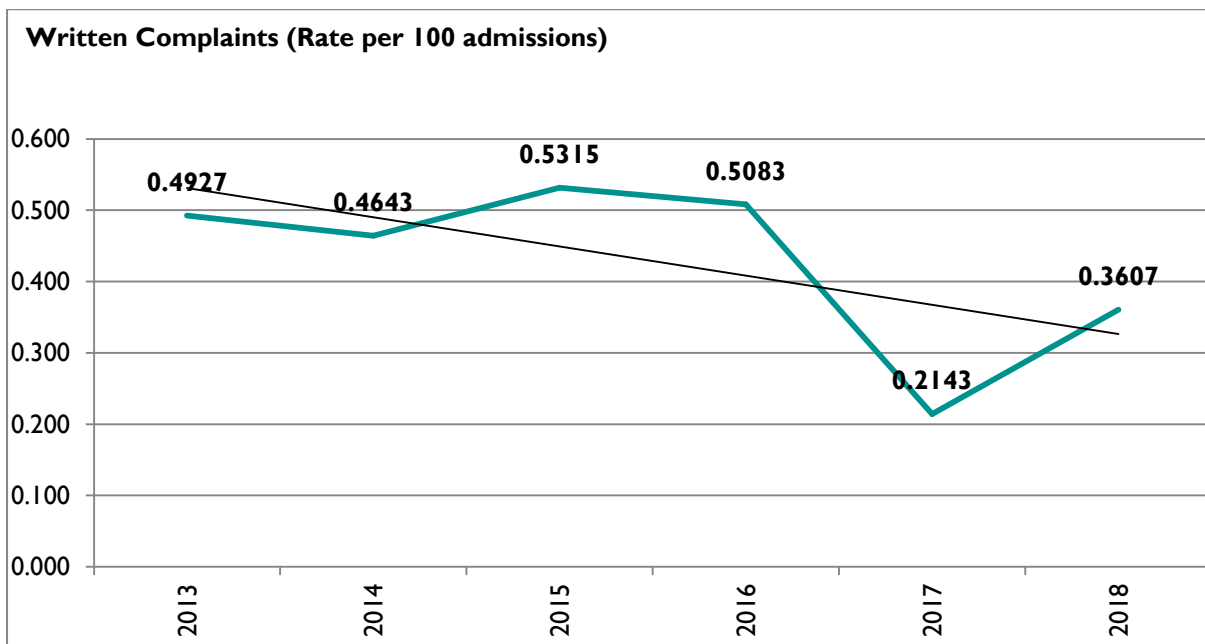
Complaints

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

Stage 1: Hospital resolution

Stage 2: Corporate resolution

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



Of the complaints we received, 40% were in regards to communication of charges and we highlight to patients on their outpatient letters that any treatments conducted in an outpatient setting will incur a charge from the hospital as well as the consultant. We have reiterated with consultants secretaries to remind patients of this fact. We also have information boards in the OPD to ensure patients are fully aware of charges.

30% of complaints were in regard to general communication, about appointments and changes to clinic times. Staff are reminded to ensure that where changes are made patients are informed in a timely manner.

30% of complaints were about consultant behaviours, ranging from disagreeing with consultants opinion of a patient’s condition and post-operative results. These are always fully investigated and the consultants are part of that discussion. No consultants have had their practicing privileges restricted or withdrawn due to any of these complaints.

CQUINS

BMI The Chaucer Hospital works closely and in cooperation with the local CCGs. The CQUIN indicator agreed for 2017 was CQUIN 3, Preventing Ill Health by Risky Behaviours. Year 1 targets were to ensure all patients who were to be admitted for longer than 24hrs were assessed for risky behaviours of smoking and alcohol consumption. Patients were sign posted to resources to support reduction in both behaviours by Preassessment staff prior to admission.

Safeguarding

Safeguarding is about protecting people from abuse, prevent abuse from happening and making people aware of their rights. To enable us to do this better training has been enhanced and made available for staff and consultants within the hospital.

Adult abuse can happen to anyone over the age of 18 years of age and within BMI our staff are trained to adult safeguarding level 2, so they can identify, support and advise anyone who requires it.

Adult safeguarding level 3 is provided to senior members of the team to ensure that appropriate support can be provided to their staff in these situations.

Children and Young people abuse can happen to any person 18 years old or below and to ensure that that all children and young peoples are looked after appropriately all our clinical staff including consultants are trained to Level 3 children's safeguarding our other staff members are trained to level 2.

Senior registered [EA] Children Nurses are trained to level 4 safeguarding (if applicable)

National Clinical Audits

BMI The Chaucer Hospital continues to participate in National Joint Registry audit and all joint replacements, including shoulders, ankles and elbows are submitted to this.

The Chaucer Hospital participates in the National Breast and Cosmetic Surgery implant registry.

The Chaucer Hospital also participates in Surgical Site Surveillance for hip and knee replacements, with Public Health England.

Priorities for Service Development and Improvement

- Focus on ambulatory care pathways
- Increase of Medical Admissions, including step down care
- Increase cancer services provision
- Working towards JAG accreditation for Endoscopy
- Development of full ophthalmic diagnostic and treatment services.

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



In February 2017 BMI as an organisation completed their annual staff survey.

Two key areas associated with CQUIN that were reported within the staff survey included:

- How likely are you to recommend BMI Healthcare to friends and family if they needed care and treatment?
- How likely are you to recommend BMI Healthcare to friends and family as a place to work?

93% of staff working at The Chaucer would recommend BMI to friends and family if they needed care or treatment.

53% of staff would recommend BMI as an employer. The main feedback from staff was the concerns over pay structures which were not aligned to the NHS, the number of BMI change projects that have been required to be implemented at hospital level and the methods of communication from head office to the hospital.

Locally staff were very engaged with The Chaucer feeling it is an excellent place to work, with opportunities for career development and very positive comments about patient care.

The BMI staff survey will be completed again in 2018, but one request from staff was to make it more localised to enable staff to comment more about their own hospital rather than BMI in general.

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)

Chaucer Hospital	Re-Admissions (Aged 16+)			
2018	2017	National Average	Highest National Score	Lowest National Score
1.902	1.360	10.010	41.650	0.000

The Chaucer Hospital does not undertake surgery on patients under the age of 18 years.

The common reason for readmission for this period has been due to retention of urine or pain control. The results indicate that The Chaucer Hospital is well below the national average for this metric. Investigation following readmissions has indicated no requirement to change processes at this time.

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

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

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

- Robust Screening
- Robust Infection & Prevention Processes.

The results indicate that The Chaucer Hospital is well below the national average for this metric and that there is no requirement to change processes at this time.

Hospitals responsiveness to the personal needs of its patients

Chaucer Hospital	Responsiveness			
2018	2017	National Average	Highest National Score	Lowest National Score
94.65%	94.89%	69.22%	78.00%	60.10%

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

- Motivated and dedicated staff
- Robust staff training
- Accessibility to services.

The results indicate that The Chaucer Hospital is well above the national average for this metric and that there is no requirement to change processes at this time.

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

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

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

- Robust training of staff
- Consultant engagement
- Pharmacist support

The results indicate that The Chaucer Hospital is well above the national average for this metric and that there is no requirement to change processes at this time.

Patient Safety Incidents

Chaucer Hospital	Patient Safety Incidents (Rate per 1000 Bed Days)			
2018	2017	National Average	Highest National Score	Lowest National Score
128.864	117.860	43.292	149.700	11.200

Chaucer Hospital	Patient Safety Incidents (Count)			
2018	2017	National Average	Highest National Score	Lowest National Score
271	260	3908	14506	31

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

- Open culture for reporting “near misses”.
- No patient suffered moderate or severe harm but all staff are encouraged to report all patient safety incidents to ensure trends and learning can be identified.

The results indicate that The Chaucer Hospital is well above the national average for this metric in relation to bed days and will continue to ensure staff continue to openly report incidents.

Patient Recommendation Results

Chaucer Hospital	NHS Patient Recommendations			
2018 (Match 2018 data)	2017	National Average	Highest National Score	Lowest National Score
100%	98.64%	97.07%	100.00%	75.61%

100% of patients who completed the friends and family feedback would recommend The Chaucer.

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