



The Clementine
Churchill Hospital

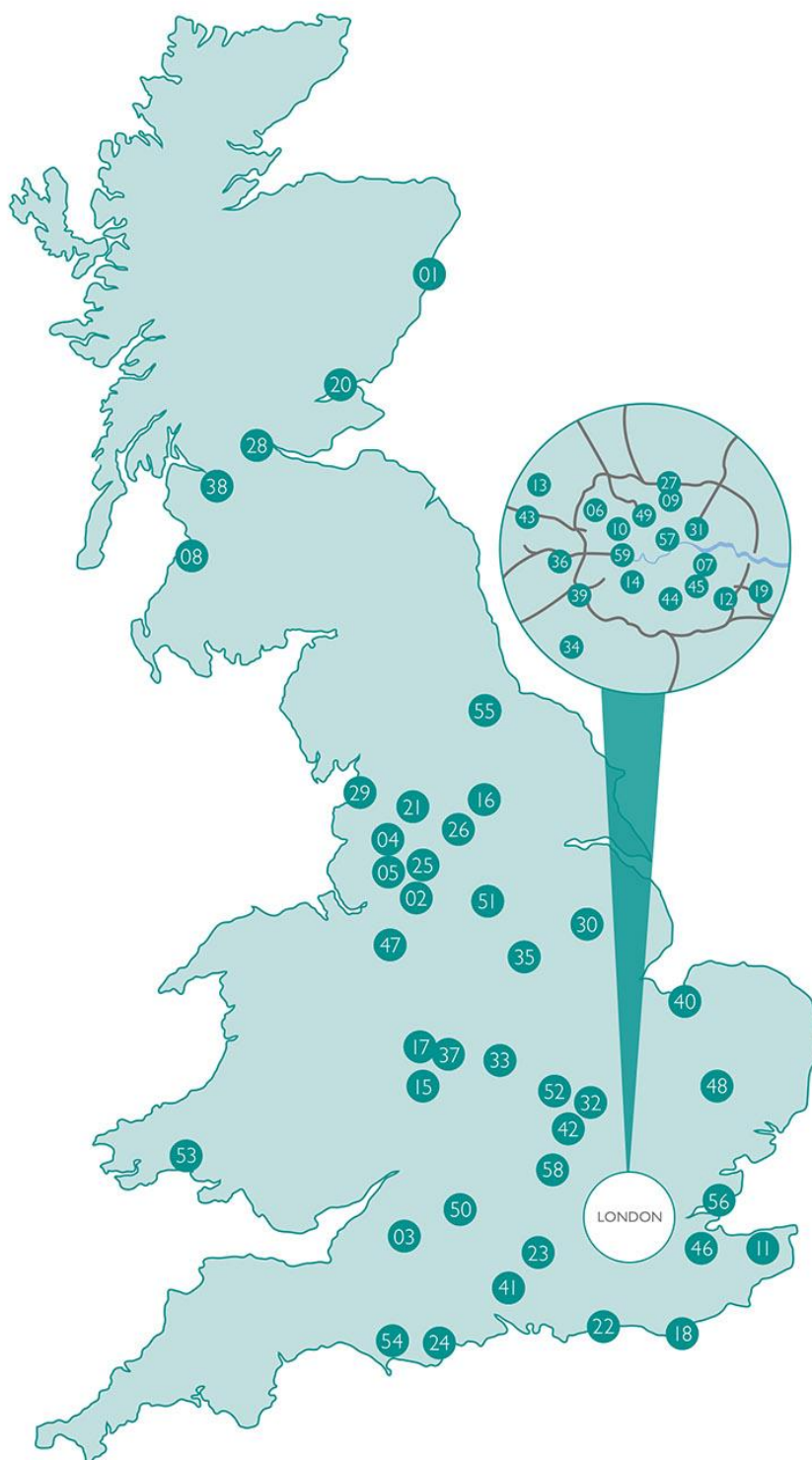
QUALITY ACCOUNTS 2018

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Our network of hospitals

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



Group Chief Executive's Statement



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

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

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

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

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

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

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

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

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

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

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

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

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

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

Dr Karen Prins

Hospital Information



BMI The Clementine Churchill Hospital provides services to adults and young people over the age of 16 years, both as private and NHS patients for inpatient admissions.

There are 120 operational beds with all rooms offering the privacy and comfort of ensuite facilities, Freeview TV, Wi-Fi and telephone. The Hospital has five theatres (four with laminar flow), a Minor Procedures Unit (MPU) offering minor surgery, a separate Endoscopy suite, a six bedded level III Intensive Care Unit and offers a self-pay, walk-in Urgent Care Centre which is open 7 days a week, from 8am - 8pm. The Hospital also has a Physiotherapy Gym and Hydrotherapy pool.

The Hospital sees children and young adults from birth upwards for non-interventional Consultant Led Outpatient consultations across a range of specialities.

The Hospital employs in the region of 500 staff including qualified nurses, radiographers, physiotherapists, pharmacists, Operating Department Practitioners, Healthcare Assistants, Administrative and Support services staff, and provides 24 hour doctor cover for wards, ITU and Urgent Care

We currently work with a range of payors, including Clinical Commissioning Group's (CCG) with are largest volume of referrals coming from NHS North West London Clinical Commissioning Group. NHS patients have the opportunity to use our services under Choose and Book and the services offered includes:

- Gastroenterology
- Gynecology
- General Surgery
- Orthopedics (Foot & Ankle, Shoulder, Hips & Knees)
- Urology
- Ear, Nose & Throat
- Pain Management
- Ophthalmology
- Oral surgery (Dental)

BMI The Clementine Churchill Hospital is proud to also work in partnership with local NHS Trusts in fulfilling spot contract work, to ensure patient waits are kept to a minimum and that no patient comes to harm by delays to elective surgery. NHS patients make up approximately 36% of our overall workload.

The Hospital has a committed and active rolling refurbishment programme in progress to significantly improve the experience our patients have when receiving care. This will see the wards undergo a considerate 'look and feel' redesign to be welcoming, logical and comforting. So far this has seen carpets being replaced, Clinical Hand Hygiene basins sited and redecoration of worn areas.

A new Spect / CT scanner was installed and opened in February 2017. The SPECT/CT scanner combines functional 3D information provided by Nuclear Medicine Imaging (SPECT scan) with the framework of a low-dose CT scan. The images are then fused together to provide highly accurate anatomical and functional detail in 3D. It allows medical specialists to pinpoint the exact location of abnormalities more accurately improving patient outcomes.

BMI Healthcare are registered as a provider with the Care Quality Commission (CQC) under the Health & Social Care Act 2008 as well with the Hospital Improvement Scotland (HIS) and Healthcare Inspectorate Wales (HIW) for our hospitals outside of England. BMI The Clementine Churchill Hospital is registered as a location for the following regulated services:-

- Treatment of disease, disorder and injury
- Surgical procedures
- Diagnostic and screening procedures
- Family Planning (*Process of being registered*)
- Termination of Pregnancy (*Process of being de-registered*)

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

The CQC carried out a comprehensive inspection of BMI The Clementine Churchill Hospital on 29 - 31 July 2015 (announced) and 11 August 2015 (unannounced). The inspection reviewed how the hospital provided outpatient services (including to children), medical care, surgical services, critical care and minor injuries service as these were the five core services provided by the hospital from the eight that that are usually inspected by the Care Quality Commission (CQC) as part of its approach to hospital inspection.

The Hospital was inspected against the key five lines of enquiry which are:

- SAFE
- CARING
- RESPONSIVE
- EFFECTIVE
- WELL-LED

CQC Ratings Grid

The CQC published their report on the state of care at BMI The Clementine Churchill Hospital on 7th March 2016 and released the following statement of compliance:

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|------------------------------------|----------------------|----------------------|--------|------------|----------------------|----------------------|
| Urgent and emergency services | Requires improvement | Requires improvement | Good | Good | Good | Requires improvement |
| Medical care | Requires improvement | Good | Good | Good | Good | Good |
| Surgery | Good | Good | Good | Good | Good | Good |
| Critical care | Requires improvement | Requires improvement | Good | Good | Requires improvement | Requires improvement |
| Outpatients and diagnostic imaging | Requires improvement | Not rated | Good | Good | Good | Good |
| Overall | Requires improvement | Requires improvement | Good | Good | Good | Requires improvement |

BMI The Clementine Churchill Hospital has not been inspected by the Care Quality Commission further since 2016 and awaits re-inspection. Whilst they has been no regulatory visits throughout the period of appraisal BMI Healthcare have undertaken Integrated Audits across both clinical and non-clinical areas. Also there has been Quality Inspections led by the Clinical Commissioning Group. Both these mechanism have led to further Safety Improvement Projects (SIP) and Quality Improvement Projects (QIP) being undertaken.

There is ongoing focus and commitment to forging enhanced relationships between the hospital, the CQC and more specifically with the CQC Lead Inspector for BMI The Clementine Churchill Hospital. The action plan following the inspection in 2016 continues to be revisited as a live and relevant tool of assurance and CQC reports from BMI Healthcare and the wider health network are shared across staff groups to ensure the hospital remains proactive in its approach to learning and improvement. This is also monitored for assurance at a central and group level.

BMI The Clementine Churchill 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 The Clementine Churchill 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 reported the following:

| Hospital Attributable Infection | Rate (per 100,000 Bed Days) |
|---------------------------------|-----------------------------|
| MRSA | 0.0000 |
| MSSA | 10.1667 |
| E.Coli | 10.1667 |
| C.difficile | 0.0000 |

Surgical Site Infection (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 |

Any audit undertaken at BMI The Clementine Churchill Hospital has a narrative summary and action plan where required, which is distributed to the relevant departments. These are reviewed regularly to ensure actions are measured, achieved and improvements made where compliance is required. Learning is then shared and cascaded to teams with the overall aim of improving patient’s experience of our services with regards to infection, prevention and control.

There is focused activity with regards to hand hygiene, WHO 5 Moments of Hand Hygiene, aseptic non touch technique and other infection prevention activities. Training for Hand Hygiene (ANTT) is conducted for all staffs who work within the hospital.

IPC audits are carried out at BMI The Clementine Churchill Hospital in a continued commitment to both our infection prevention processes and our patient’s needs and these include but are not limited to:

- World Health Organisation (WHO) Hand Hygiene Assessment
- Hospital Site self-assessment & associated action plan
- Theatre Asepsis- Standard Precautions
- Operating Theatre Asepsis PIT
- Central Venous Catheter- Theatre
- Catheter Care Bundle Audit- Theatre
- Peripheral IV Cannula Care Bundle- Theatre
- SSI Intra-operative- Theatre
- Theatre Hand Hygiene PIT
- Mattress and Pillow Audit- Outpatients
- Mattress and Pillow Audit- Ward
- Daniels Healthcare Sharps Audit

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

FIGURE I: Comments from patients rating satisfaction of the care environment.

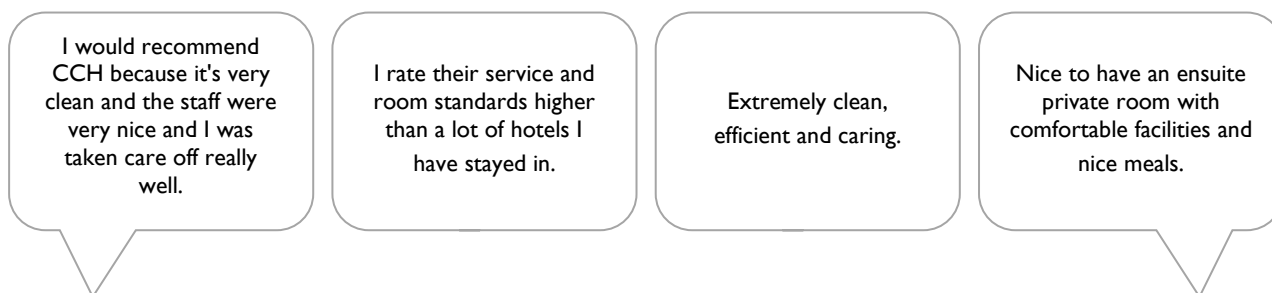


FIGURE 2: Patient rated satisfaction for 'bathroom cleanliness' where 80% of patients as an average across the period of appraisal rate the facilities as very good of excellent.

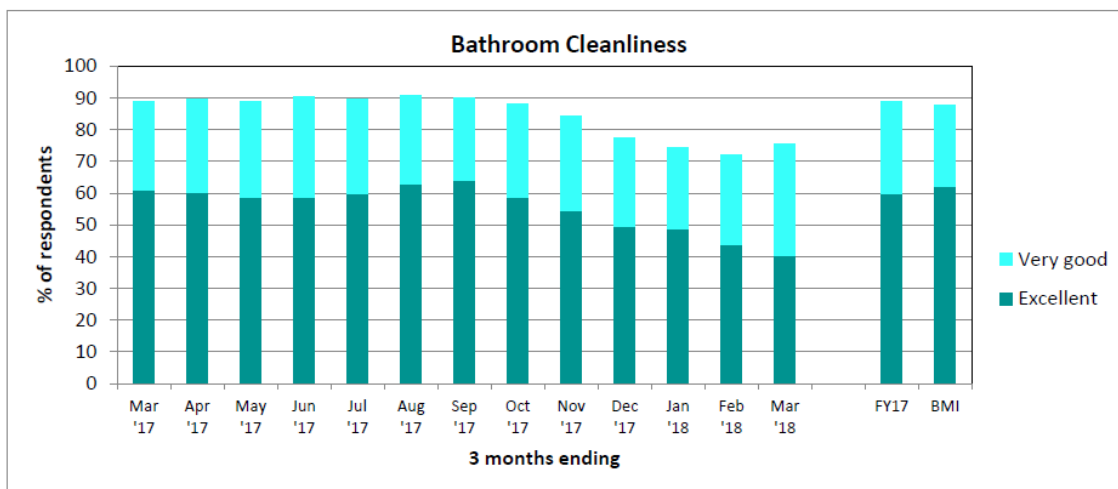
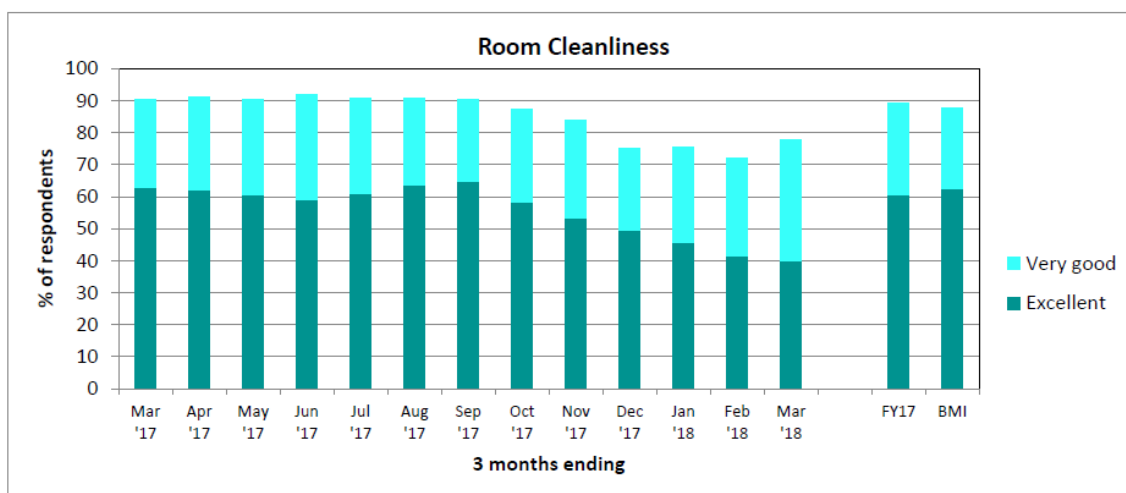


FIGURE 3: Patient rated satisfaction for 'room cleanliness' where 78% of patients s an average across the period of appraisal rate the facilities as very good of excellent.



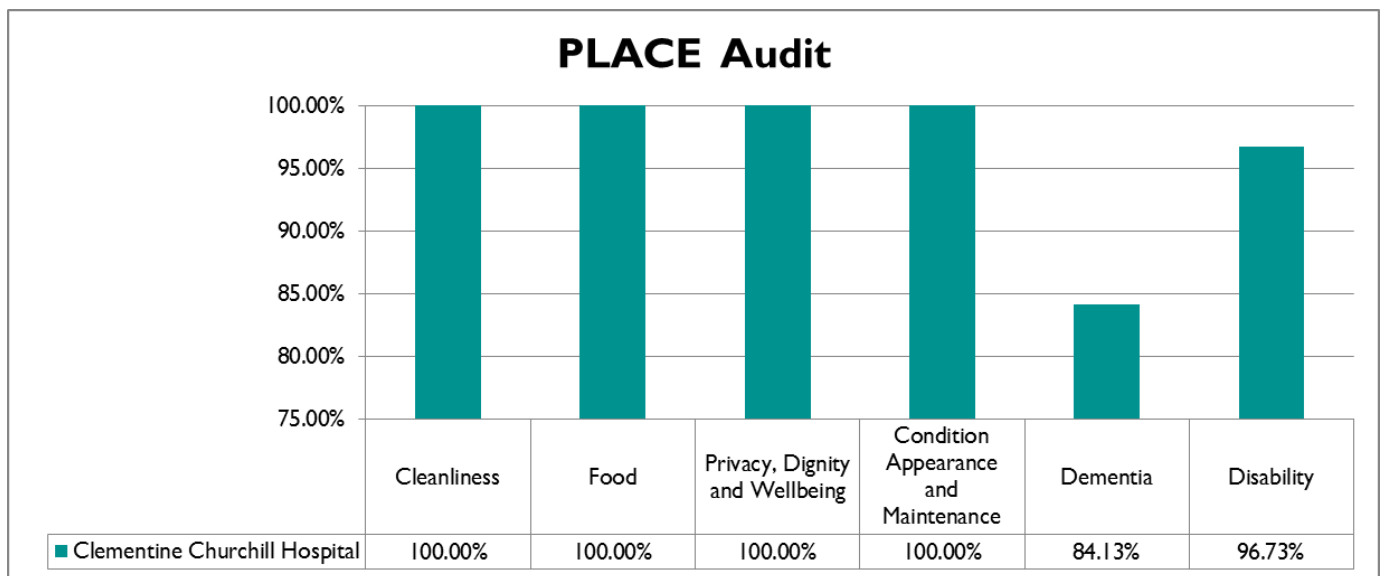
Patient Led Assessment of the Care Environment (PLACE)

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

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

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

The results will show how hospitals are performing nationally and locally. The results demonstrate how hospitals are performing nationally and locally. The latest results for the 2017 period of appraisal for BMI The Clementine Churchill Hospital are available on the NHS Choices website and can be found below for reference:



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 BMI The Clementine Churchill Hospital we are proud of our open and honest culture and are passionate about empowering our staff to exercise the Duty of Candour with confidence and support.

The aim of this commitment is to:

- **BUILD AWARENESS:** Informing all staff that following the Being Open principle is fundamental to building a positive patient safety culture and that it is the right thing to do regardless of the level of harm sustained.
- **TRAIN STAFF:** Provide staff with the confidence to speak openly and honestly with patients; enabling them to explain what went wrong, discuss prevention and learning, provide support and above all say sorry.
- **TAKE ACTION:** Empowering staff to challenge bad practice when they may encounter instances of the 'Being Open' framework not being followed.
- **CELEBRATE SUCCESS:** Being open when things go wrong and cause harm can be the most difficult thing anyone in healthcare ever has to do in their career. If someone does it well we believe in celebrating good practice to share with others.

Venous Thrombo-embolism (VTE)

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

BMI The Clementine Churchill 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 and are proud to be working closely with NHS North West London Clinical Commissioning Group (CCG) to achieve this.

We audit our compliance with our requirement to VTE risk assess every patient who is admitted to our facility and the results of our audit have shown 100% compliance;

| VTE Percentage | |
|----------------|---------|
| VTE | 100.00% |

FIGURE I: Table identifying the rate per 100 admissions of Deep Vein Throbosis (DVT) at BMI The Clementine Churchill Hospital.

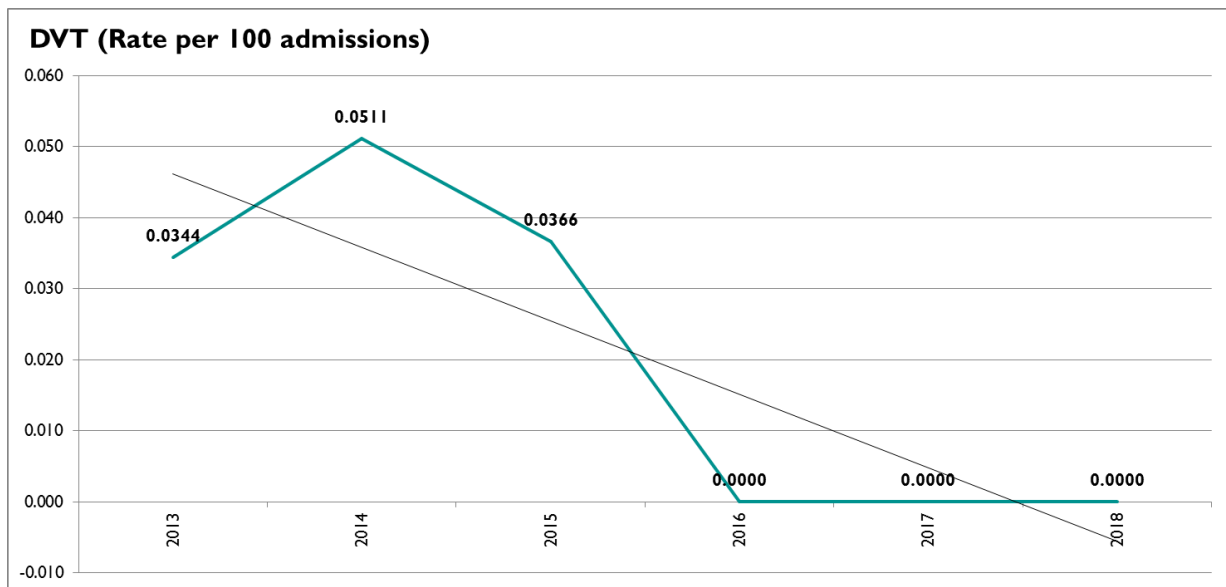
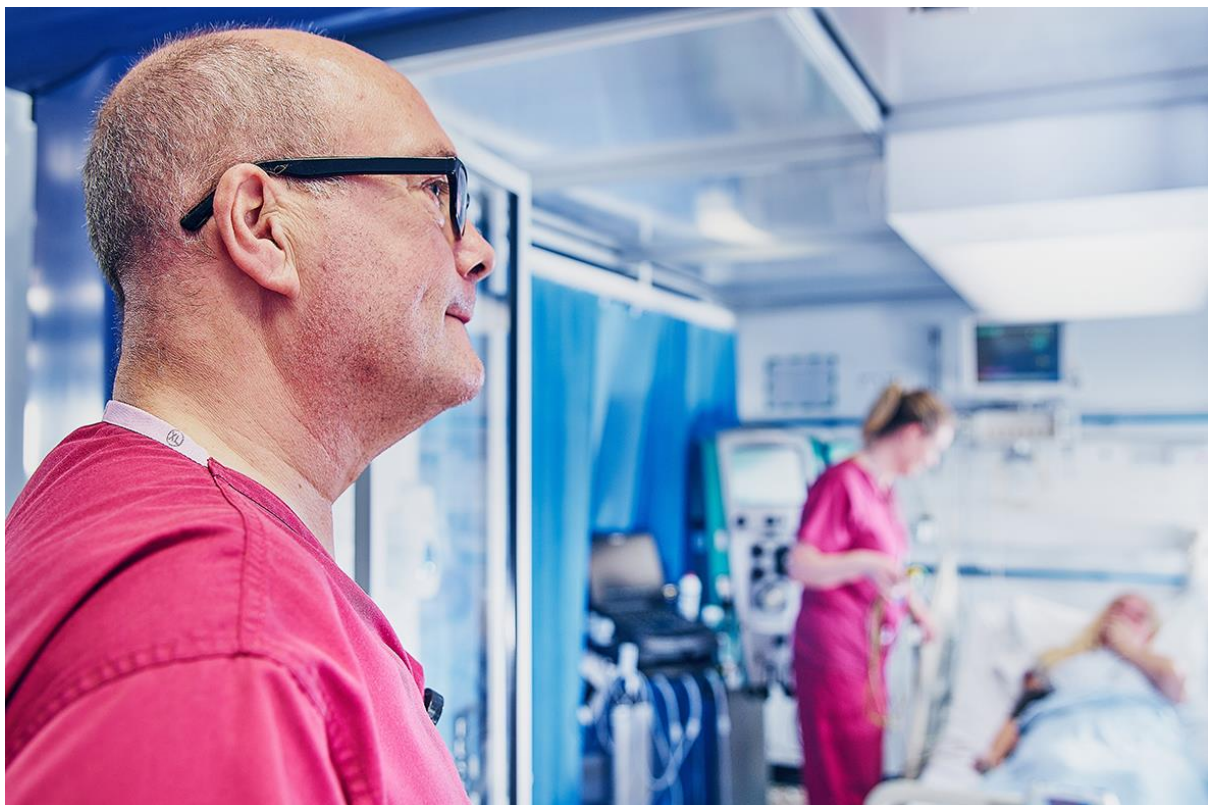
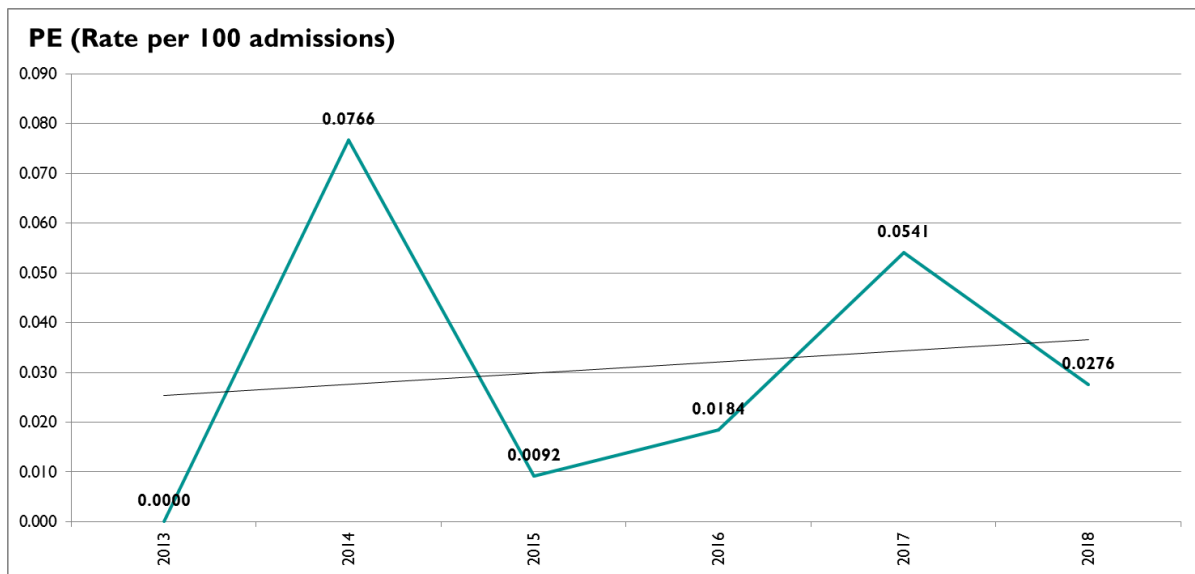


FIGURE 2: Table identifying the rate per 100 admissions of Pulmonary Embolisms (PE) at BMI The Clementine Churchill Hospital..



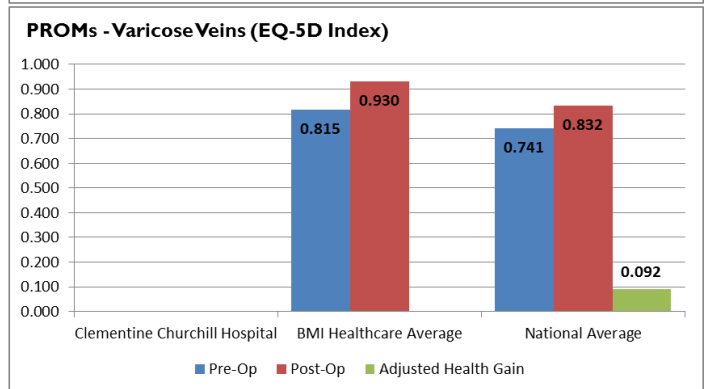
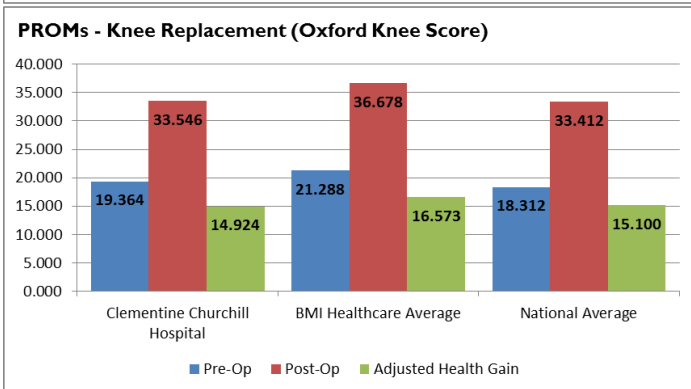
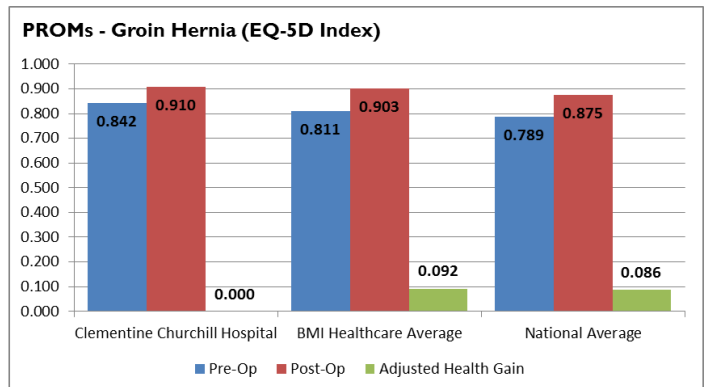
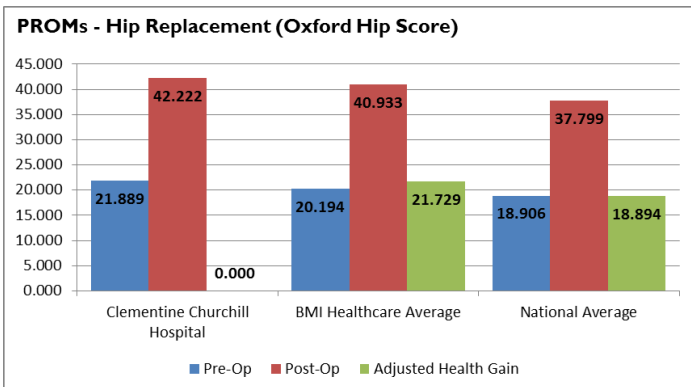
Patient Reported Outcome Measures (PROMS)

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 The Clementine Churchill Hospital.

BMI The Clementine Churchill Hospital is disappointed with the Oxford Knee score falls below the BMI Healthcare and National Average for the period of appraisal. We have identified that there is a local process issue with capturing return data and this is being reviewed to embed a more systematic approach to the data collection. Patient Reported Outcome Measures for EQ5D- Varicose Veins are not measured at BMI The Clementine Churchill Hospital and we acknowledge that the sample size for EQ-5D Groin Hernia and Oxford Hip were too small to compare the adjusted gain with both the BMI and national average.

Latest PROMs data available from HSCIC (Period: April 2016 – March 2017) and found below;



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.

FIGURE 1: Table identifying the rate per 100 discharges of unplanned readmissions to BMI The Clementine Churchill Hospital..

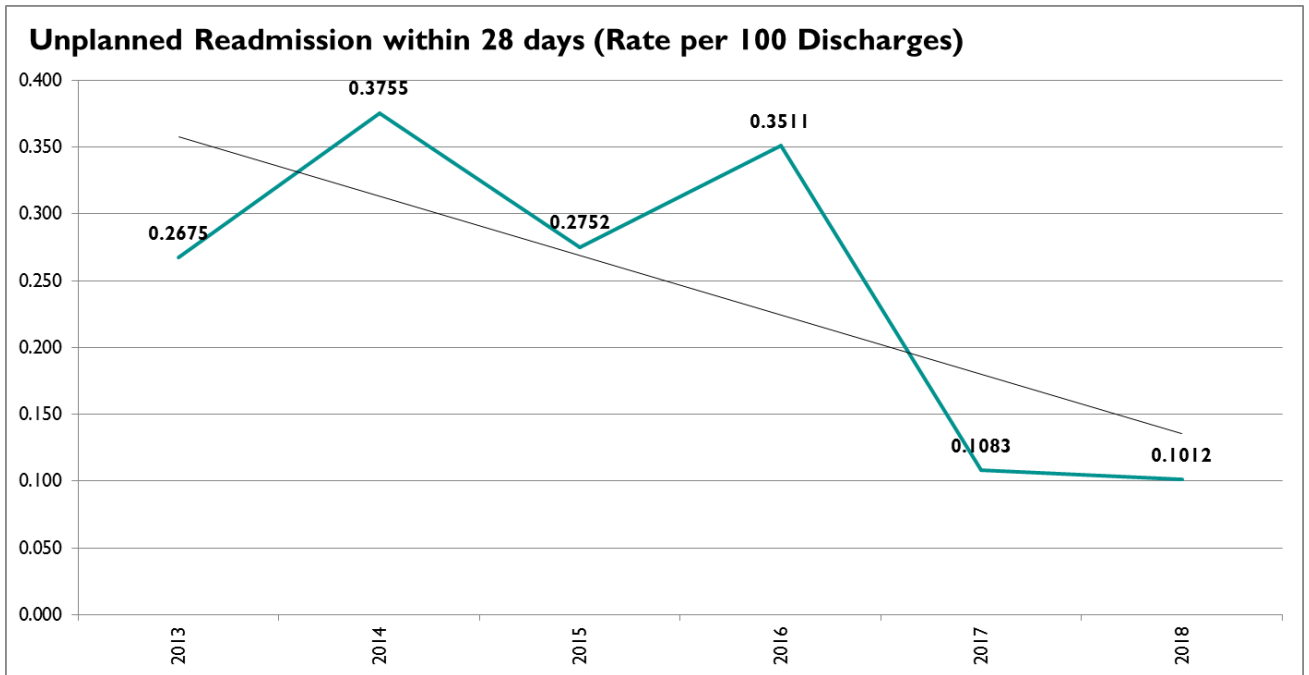
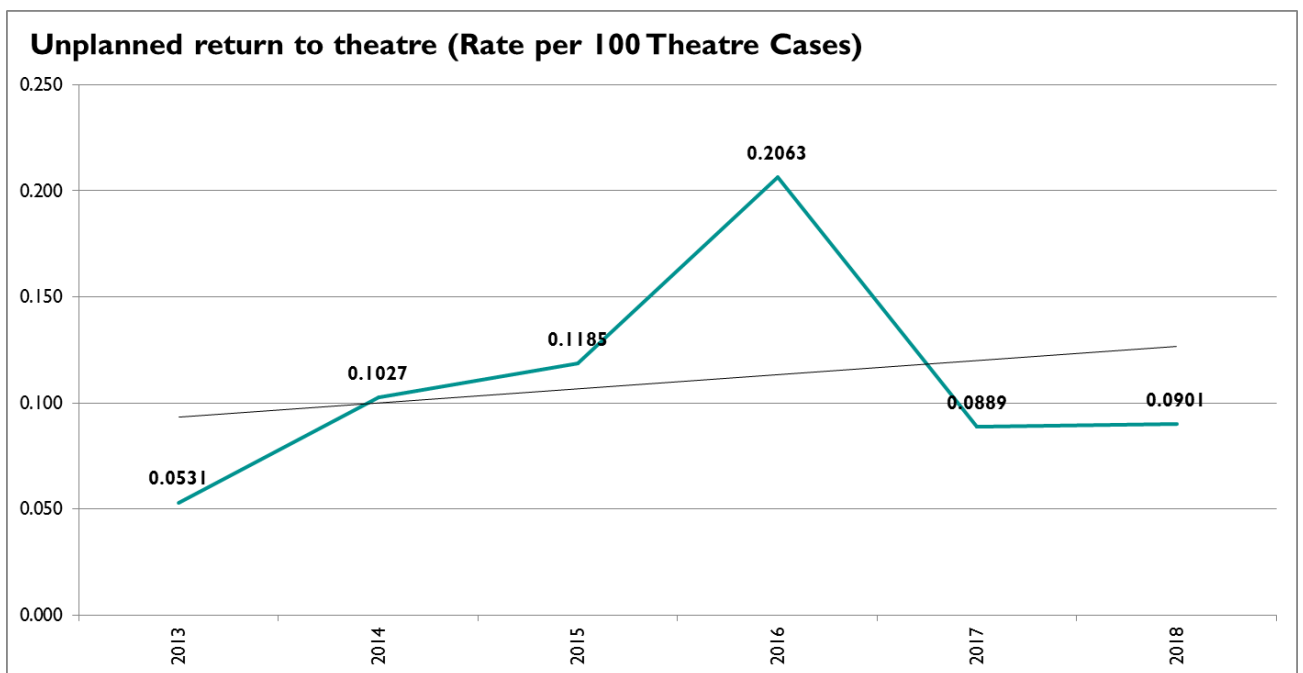


FIGURE 2: Table identifying the rate per 100 theatre cases of unplanned readmissions to BMI The Clementine Churchill Hospital.



Re-admission Data Review:

BMI The Clementine Churchill Hospital is encouraged by the continued but steady reduction in unplanned re-admission rate per 100 discharges. All unplanned readmissions to the facility are reported within the incident management reporting system RiskMan and investigated for trends and frequency analysis through the Clinical Governance Committee.

There were no trends to report for the period of appraisal and all patient care was delivered appropriately to meet the care needs of our patients.

Unplanned Returns to Theatre Review:

BMI The Clementine Churchill Hospital is proud of the data for reported incidents of 'Unplanned Return to Theatre'. All unplanned returns to theatre are reported within the incident management reporting system RiskMan and investigated for trends and frequency analysis through the Clinical Governance Committee.

There were no trends to report for the period of appraisal and all patient care was delivered appropriately to meet the care needs of our patients.

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 and results are benchmarked internally (and externally) with other providers; including the 'Friends and Family' measures.

We ensure that patients are consistently provided with high quality of care throughout the care delivery process. Care is planned in partnership with the patient, delivered as per agreed best practice pathways based on national guidance. Our commitment to the 6C strategy has further enabled us to incorporate elements of care such as MECC/SDM/AQuA.

There are two opportunities for patients to provide feedback on their experience of the care provided; a short form FFT card and a long survey electronic form which assesses key outcome measures and clinical effectiveness. Results of patient satisfaction are frequently monitored and actions taken to drive continuous improvements.

FIGURE 1: Patient rated satisfaction for ‘overall rating of quality of care.’

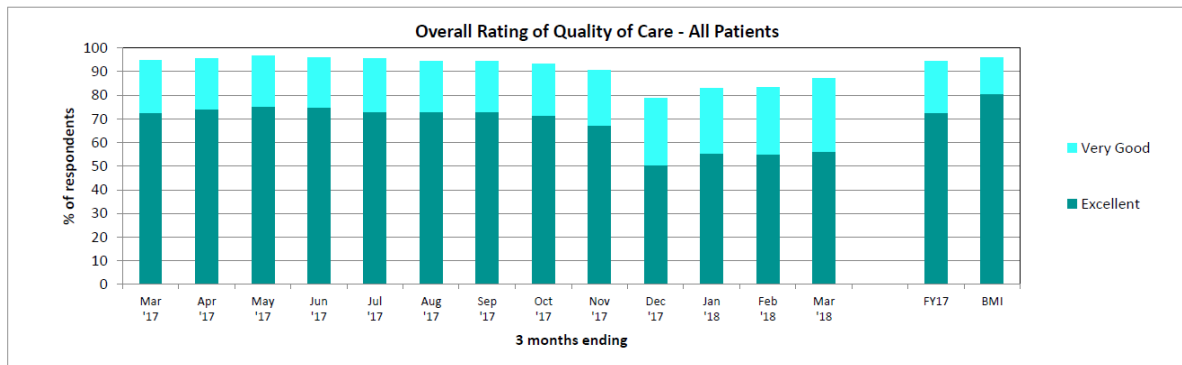


FIGURE 2: Patient rated satisfaction for ‘overall impression of nursing care.’

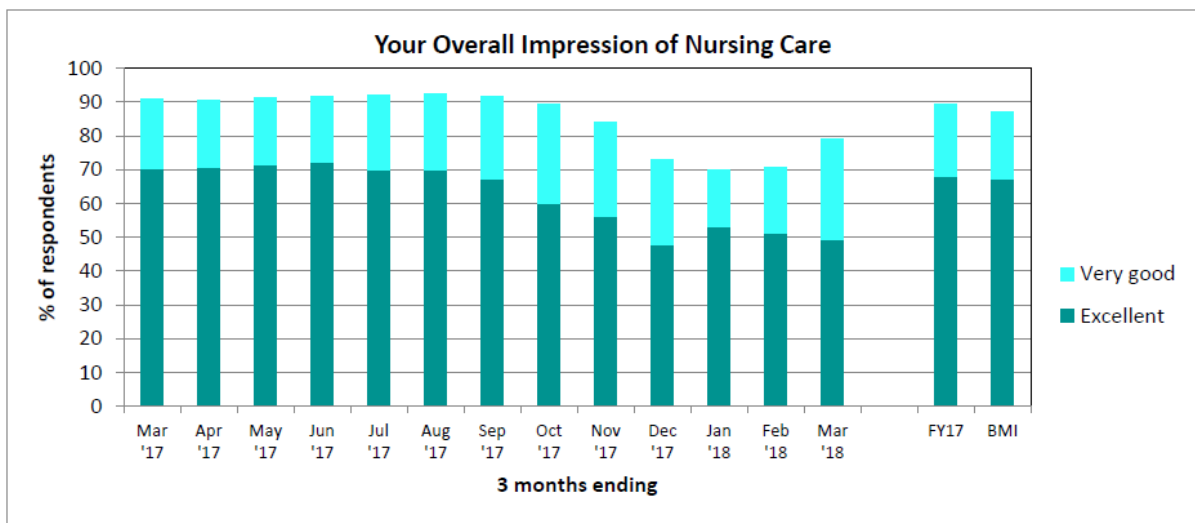


FIGURE 3: Patient rated satisfaction for ‘comparison to expectations of care.’

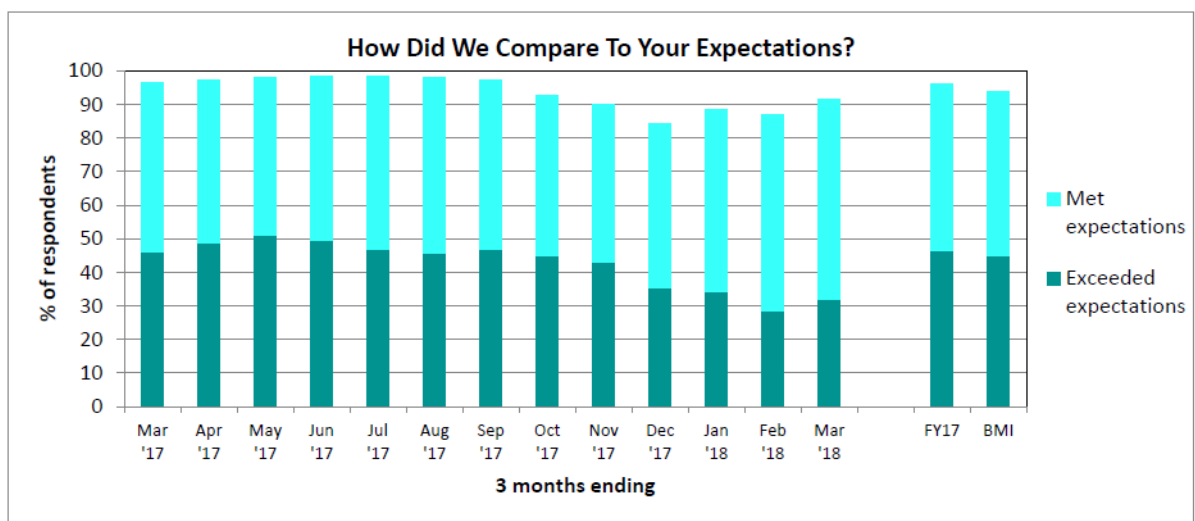


FIGURE 4: Patient reported Friends and Family Test (NHS FFT Scores)

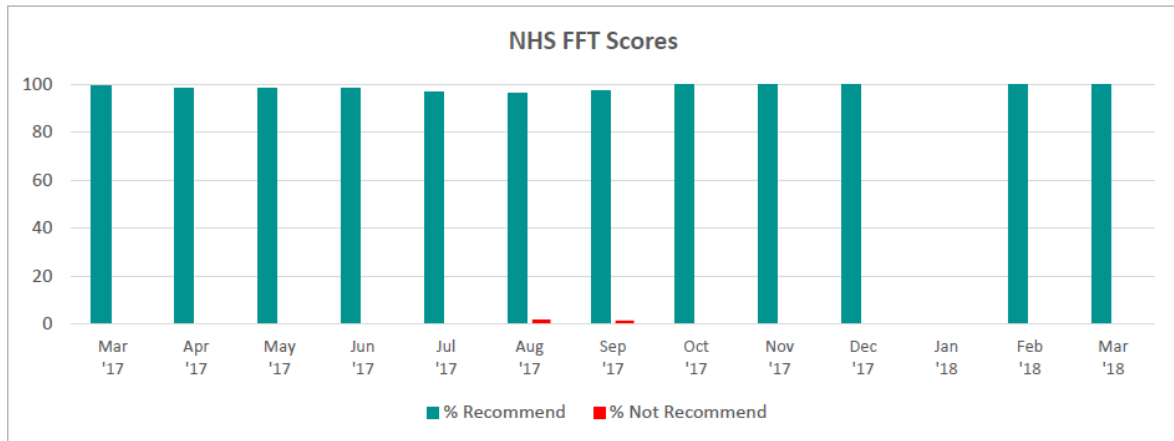
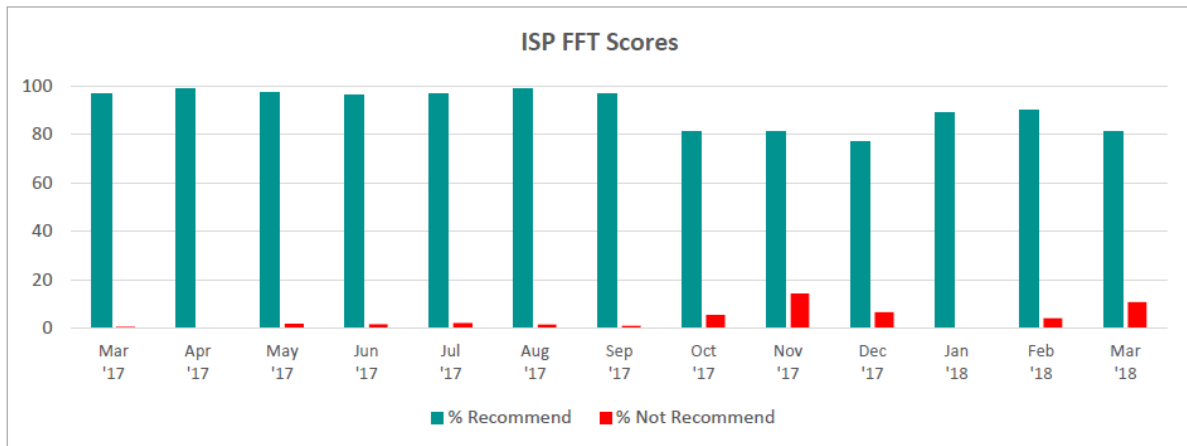


FIGURE 5: Patient reported Friends and Family Test (ISP FFT Scores)



At BMI The Clementine Churchill Hospital we believe that listening to the experiences of patients, families and carers should be a fundamental part of learning.

To learn effectively from patients’ experiences, we acknowledge the need for structured, planned activity that is built into our normal working practices and that includes responding to user experience to improve services.

We review the effectiveness of our feedback mechanisms through our Senior Management Team (SMT) Meetings, Clinical Services Manager- Quality Meetings and Heads of Department Meetings. BMI The Clementine Churchill Hospital also aims to introduce FY18-19 a Quality Improvement Project (QIP) focused around satisfactions and what is identified as important to our patients.

Complaints

In addition to providing all patients with an opportunity to complete a Satisfaction Survey BMI The Clementine Churchill Hospital actively encourages feedback both informally and formally. Pamphlets entitled ‘Please Tell Us...’ provide information on the available pathways and enable us to support patients through our 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.

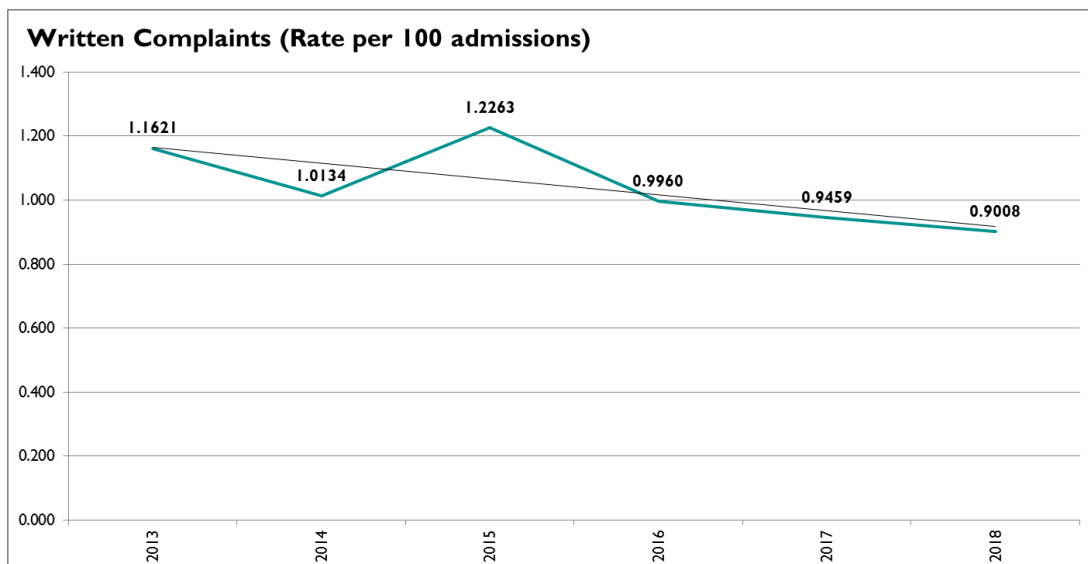
We have set ourselves targets throughout the year to maintain standards of complaint management ensuring that where able, all complaints are resolved within the initial 20 working days and learnings are shared through Clinical Governance Committee, Quality Committee and MAC where appropriate.

BMI The Clementine Churchill Hospital has a continued commitment to treat seriously all complaints and concerns about the services provided in line with BMI policy. The Complaint Management process draws on recommendations made within national reports and inquiries, in particular the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (2013) (Francis Report), Berwick Review: A promise to learn – a commitment to act; Improving the Safety of Patients in England (2013) and Transforming Care: A national response to Winterbourne View Hospital (2012).

Whilst every effort is made to be open and transparent, ‘communication’ is an area that the hospital is encouraging its staff and consultants to improve upon. This could be in relation to informing patients regarding financial issues including costs and payments, appointments, reasons for cancellations when necessary and appropriate explanations of outcomes of diagnostics tests and surgery to ensure our patients have a required level of understanding and that they are well informed of all areas of their care pathway.

We are encouraged by data that demonstrates our rate of written complaints continues to decline as a rate per 100 admissions reported.

FIGURE I: Table identifying written complaints as a rate per 100 admissions.



CQUINS

BMI The Clementine Churchill Hospital are proud to have responded appropriately to a range of national initiatives including the Francis Report, Berwick Report and the Saville Inquiry and we welcome the opportunity to continue to work collaboratively with the NHS Clinical Commissioning Groups to support continuous improvement in our care services through CQUINS.

At BMI The Clementine Churchill Hospital we support eliminating patient harm as set out in the 'Harm Free Care' (Institute of Innovation and Improvement, 2011 – 2013). We align ourselves with best clinical practice and it is our continued commitment to measure patient data as set out in the NHS Quality Schedule to improve our care pathways.

FY17-18 there was no confirmed CQUIN for NHS North West London Clinical Commissioning Group but BMI The Clementine Churchill Hospital did partake in a collaborative CQUIN with NHS Herts Valley Clinical Commissioning Group and 4 sister hospitals.

FIGURE 1: This table denotes the CQUIN Quality Improvement Projects (QIP) FY17-18 for NHS Herts Valley Clinical Commissioning Group.

| CQUIN | MEASURE | ACHIEVED |
|--|---|---------------------------|
| 1 Preventing ill health by risky behaviours – alcohol and tobacco | Ia. Tobacco Screening | ACHIEVED |
| | Ib. Tobacco Brief Advice | PARTIALLY ACHIEVED |
| | Ic. Alcohol Screening | ACHIEVED |
| | Id. Alcohol Brief advice or referral | PARTIALLY ACHIEVED |
| 2 Staff Health & Well being | Improving the uptake of flu vaccinations for frontline clinical staff | PARTIALLY ACHIEVED |

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.

The Director of Clinical Services is trained to Level 4 safeguarding.

National Clinical Audits

BMI The Clementine Churchill Hospital is proud to participate in the National Joint Registry (NJR) audit. The core purpose of the NJR is to collect, manage and analyse data to provide early warning of issues related to patient safety and improve the quality of outcomes of joint replacement surgery,

Live submission data is available from the NJR website or can be found within the 14th Annual Report for the 2017 period of appraisal which consists of a nationwide trend analysis. The Results for BMI The Clementine Churchill Hospital from April 2017- March 2018 are as below;

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

BMI The Clementine Churchill Hospital were also very proud and privileged to gain external Quality Accreditation by the National Joint Registry for the 2016-2017 period and also in the following areas:

- **Certification obtained as a NJR Quality Data Provider for November 2017**
- **Certification obtained as a NJR Quality Data Provider for January 2018**



BMI The Clementine Churchill Hospital takes part in NCEPOD audits when applicable to our service provision the most recent being the **NCEPOD - Perioperative Diabetes study**.

There is also a pro-active Clinical Audit and Self-Assessment Plan in place. Key audits consist of but are not limited to:

- Hand Hygiene (ANTT)
- WHO Compliance Audit (Theatre).
- Theatre Audit (AfPP)
- Medicine Management
- Controlled Drugs
- Consent

- Safeguarding
- Same-Sex Accommodation
- Intrathecal Audit
- Blood Transfusion
- Resuscitation

Priorities for Service Development and Improvement

DEMENTIA AWARENESS:

In May 2016, NICE updated Clinical Guideline 42 “Dementia: supporting people with dementia and their carers in health and social care”. Within the guidance it states that Acute Hospitals should plan and provide services that address the specific personal and social care needs and the mental and physical health of people with dementia who use acute hospital facilities for any reason. BMI The Clementine Churchill Hospital are committed to achieving this standard.

Here at BMI The Clementine Churchill Hospital we have created a Dementia toolbox containing support provisions and aids for patients admitted with Dementia; Rooms have been identified on our Medical Ward for adaption to meet the needs of our patients and those identified as important to them and all staff have also been encouraged to become ‘Dementia Friends’ which is an Alzheimer’s Society initiative. This teaches staff a little bit more about what it’s like to live with dementia and then turns that understanding into action.

LONDON WOMENS CLINIC (LWC) PARTNERSHIP:

BMI The Clementine Churchill Hospital are proud to be working in Partnership with The London Women’s Clinic who provide fertility treatment to women and couples across England and Wales. Established in 1985 in Harley Street, the London Women’s Clinic has since pioneered many of the routine techniques used to treat fertility today.

London Women’s Clinic will provide their renowned quality service from refurbished state-of-the-art facilities here at BMI The Clementine Churchill Hospital to put patients at the heart of a personalised treatment programme.

In collaboration with the London Women’s Clinic we want to help patients have a healthy baby, using treatments which are safe, effective and affordable in an environment responsive to their needs. We are really proud and honoured to be part of this service expansion.

AMBULATORY CARE:

BMI The Clementine Churchill Hospital plans the development and improvement of our daycase facilities in Airlie Ward to provide a comprehensive and patient centered approach by conversion to a Ambulatory Care Unit.

Ambulatory care is a patient focused service where some conditions may be treated without the need for an overnight stay in hospital. Delivering the same medical treatment previously provided as an inpatient including diagnosis, observation, consultation, treatment, intervention, and rehabilitation services. Ambulatory care sensitive conditions (ACSC) are health conditions where appropriate ambulatory care prevents or reduces the need for hospital admission.

This is a really exciting time for the hospital and the on-going refurbishments will provide a clean and modern environment, giving our staff the facilities to match the excellent care that they provide to our patients.

'LOOK AND FEEL' REFURBISHMENT:

A 'Look and Feel' refurbishment programme at BMI The Clementine Churchill Hospital is in progress to significantly improve the experience our patients have when receiving care.

First; the refurbishment of three wards. The programme will incorporate replacement of flooring and siting of clinical hand hygiene sinks in order to comply CQC regulation and Department of Health Note: Sanitary Assemblies. In addition this will provide patients with a more modern, attractive and comfortable environment. To avoid disruption for patients and staff, the wards are being refurbished on a one-by-one basis, with each transformation being delivered within a timescale of 3-4 weeks.

Secondly; the refurbishment of main reception and outpatient service areas which include Imaging, Consulting Rooms and main corridor areas. The project will be delivered with minimal disruption and providing the highest standards of quality and customer service to the hospital.

JAG ACCREDITATION

BMI The Clementine Churchill Hospital is proud to be aiming to achieve JAG accreditation FY18-19. JAG Accreditation is the formal recognition that an endoscopy service has demonstrated that it has the competence to deliver against the quality and clinical care criteria set out in the JAG standards.

The JAG accreditation scheme is a patient-centred and workforce-focused scheme based on the principle of independent assessment against recognised standards. The scheme was developed for all endoscopy services and providers across the UK in the NHS and independent sector.

JAG accreditation aims to;

- stimulate continuous improvement in processes and patient outcomes
- strengthen endoscopy services
- provide a knowledge base of best practices
- increase patient confidence in services
- improve the management and efficiency of services
- provide education on better/best practices
- provide comparison with self and others
- enhance the workforce, retention and satisfaction
- increase chances to add to and grow services

To achieve JAG accreditation an BMI The Clementine Churchill Hospital must provide clear evidence that we have met all of the JAG standards and pass a JAG accreditation assessments. We are very proud of the hospital and the team(s) involved in this service development.

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

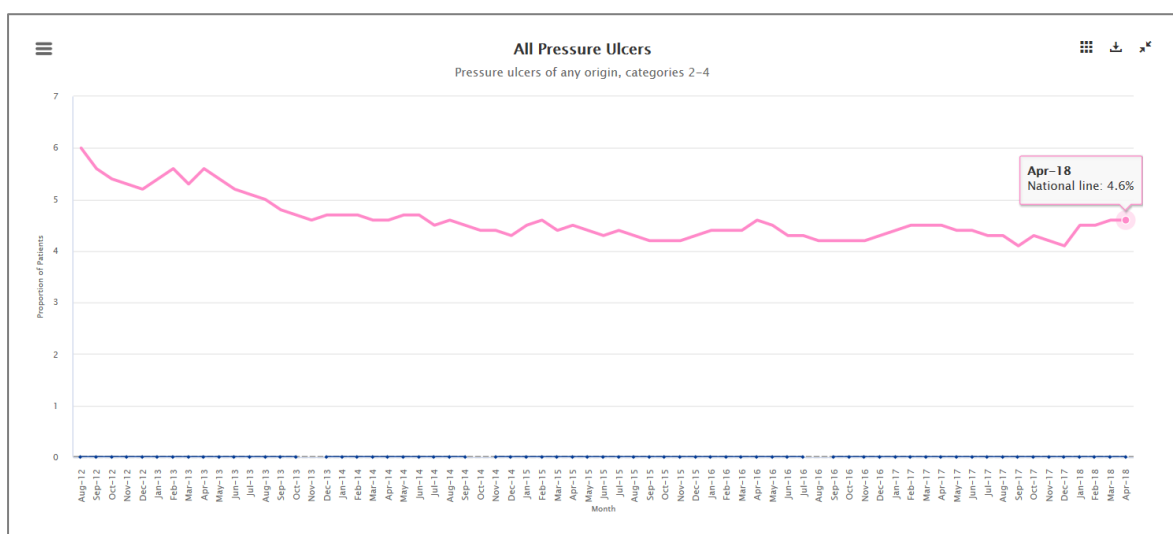
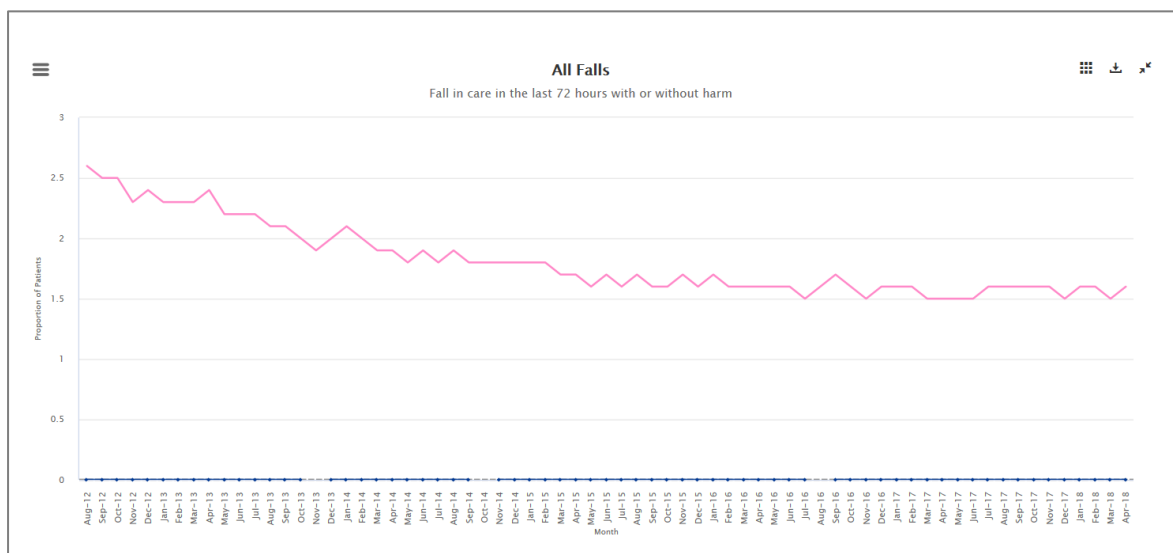
Catheter related Urinary Tract Infection

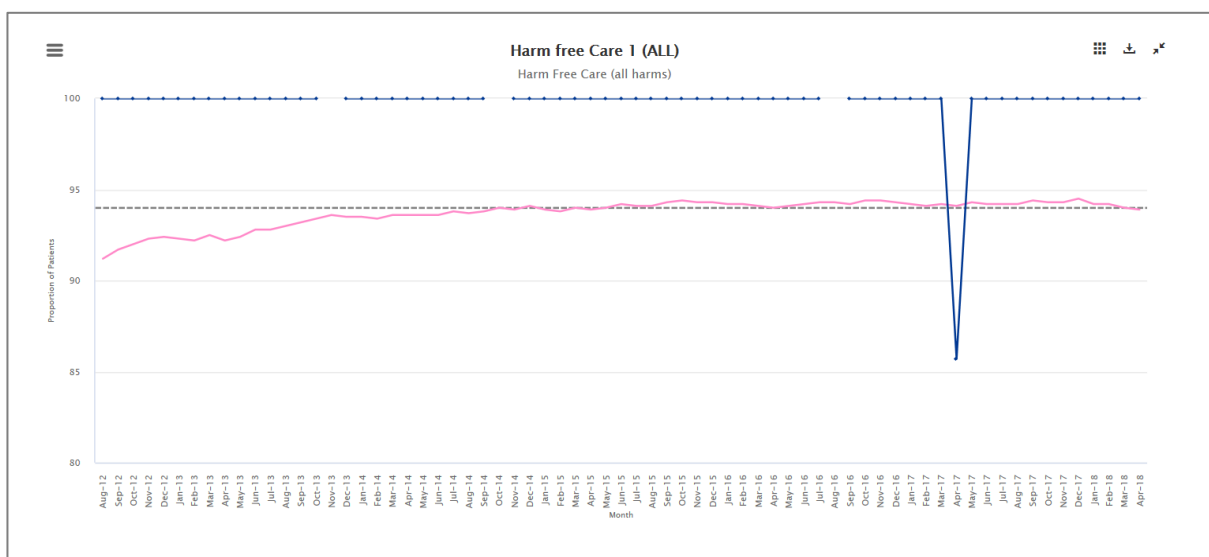
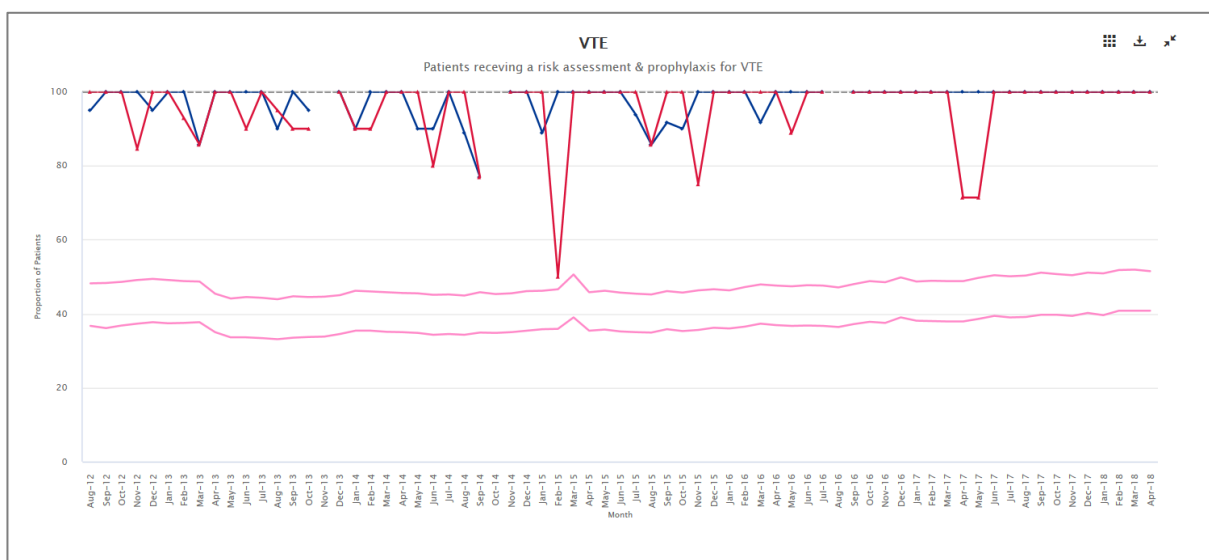
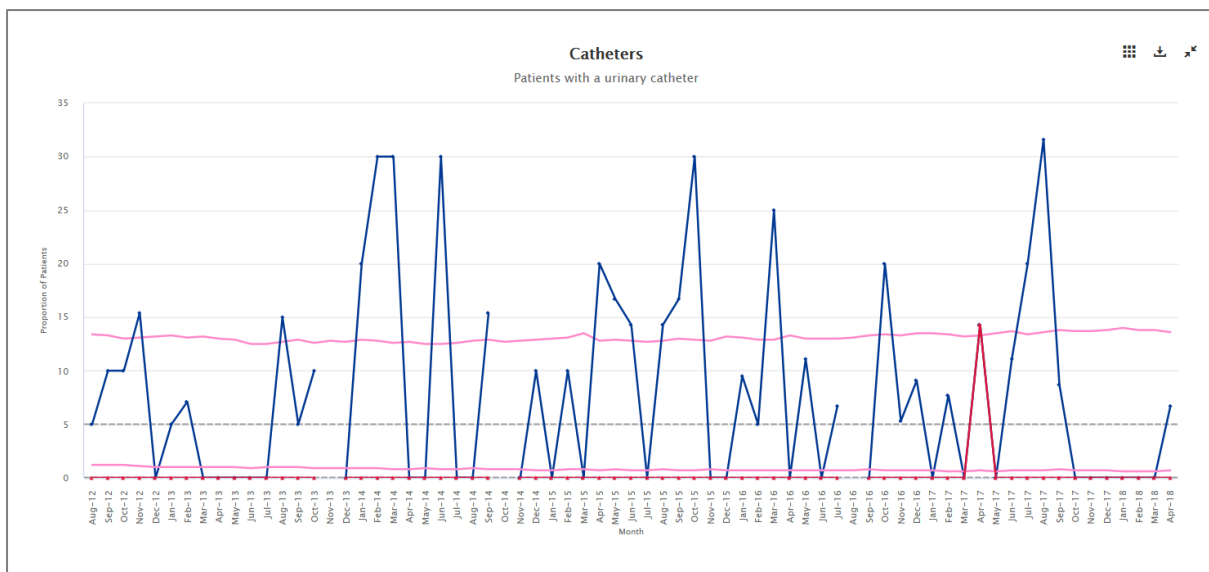
Falls

Pressure Ulcers by Category

FIGURE I: Data for BMI The Clementine Churchill Hospital for the period of appraisal is below where the National Average (line) is in pink and the Hospital Line (point) is in blue for;

- CLASSIC THERMOMETER: **ALL FALLS**
- CLASSIC THERMOMETER: **ALLPRESSURE ULCERS**
- CLASSIC THERMOMETER: **CATHETERS**
- CLASSIC THERMOMETER: **VTE**
- CLASSIC THERMOMETER: **HARM FREE CARE**





Staff Survey & Staff Safety Culture Questionnaire

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

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

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

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

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

Results were reported to sites in three ways: a report of all site data, regional reports and individual hospital results for sites who received a response rate of 30% or more. The results for BMI The Clementine Churchill are as provided below in the regional report;

| | Blackheath | Cavell | Chaucer | Chelsfield Park | Clementine Churchill | Coombe Wing | Esperance | Fawkham Manor | Goring Hall | Hendon | Kings Oak | London Independent | Mount Alvernia | Shirley Oaks | Sloane | Somerfield | Southend | St Edmunds | Syon Clinic |
|-------------------|------------|--------|---------|-----------------|----------------------|-------------|-----------|---------------|-------------|--------|-----------|--------------------|----------------|--------------|--------|------------|----------|------------|-------------|
| Q1 (England only) | 3.8 | 3.5 | 3.6 | 3.7 | 3.9 | 3.8 | 3.6 | 3.8 | 3.8 | 3.9 | 3.6 | 3.8 | 4.0 | 3.8 | 3.7 | 4.0 | 3.7 | 3.7 | 3.7 |
| Q2 (England only) | 3.8 | 3.4 | 3.6 | 3.7 | 3.9 | 3.8 | 3.6 | 3.8 | 3.7 | 3.9 | 3.7 | 3.6 | 3.8 | 3.7 | 3.6 | 4.0 | 3.8 | 3.7 | 3.8 |
| Q3 (England only) | 3.6 | 3.4 | 3.6 | 3.5 | 3.8 | 3.8 | 3.6 | 3.7 | 3.6 | 3.9 | 3.5 | 3.8 | 3.5 | 3.8 | 3.8 | 4.0 | 3.7 | 3.5 | 3.6 |
| Q4 (N/A) | | | | | | | | | | | | | | | | | | | |
| Q5 (N/A) | | | | | | | | | | | | | | | | | | | |
| Q6 (N/A) | | | | | | | | | | | | | | | | | | | |
| Q7 (N/A) | | | | | | | | | | | | | | | | | | | |
| Q8 | 3.1 | 2.7 | 3.2 | 3.0 | 3.2 | 3.5 | 3.2 | 3.4 | 3.2 | 3.5 | 2.8 | 3.5 | 3.0 | 2.9 | 3.3 | 3.0 | 3.6 | 2.8 | 3.1 |
| Q9 | 2.9 | 2.8 | 3.1 | 2.8 | 3.2 | 3.6 | 3.1 | 3.3 | 3.2 | 3.4 | 3.0 | 3.3 | 3.3 | 2.8 | 3.7 | 3.0 | 3.3 | 2.6 | 3.2 |
| Q10 | 3.0 | 3.4 | 3.5 | 3.0 | 3.5 | 3.7 | 3.4 | 3.6 | 3.5 | 3.7 | 3.5 | 3.5 | 3.5 | 3.1 | 3.7 | 3.0 | 3.9 | 3.0 | 3.5 |
| Q11 | 2.8 | 3.1 | 3.2 | 2.6 | 3.2 | 3.6 | 3.2 | 3.3 | 2.9 | 3.3 | 3.0 | 2.9 | 2.5 | 2.6 | 3.3 | 3.0 | 3.9 | 2.7 | 3.2 |
| Q12 | 3.5 | 3.4 | 3.6 | 3.4 | 3.8 | 3.8 | 3.7 | 3.7 | 3.7 | 3.9 | 3.5 | 3.6 | 3.8 | 3.7 | 3.7 | 4.0 | 3.9 | 3.2 | 3.5 |
| Q13 | 3.1 | 3.0 | 3.3 | 3.2 | 3.4 | 3.7 | 3.5 | 3.6 | 3.6 | 3.7 | 3.2 | 3.6 | 3.3 | 3.2 | 3.6 | 3.0 | 3.9 | 3.4 | 3.4 |
| Q14 | 2.8 | 2.7 | 3.3 | 2.9 | 3.1 | 3.6 | 3.0 | 3.2 | 3.0 | 3.6 | 2.5 | 3.1 | 2.8 | 2.9 | 3.2 | 2.0 | 3.6 | 2.5 | 3.3 |
| Q15 | 3.2 | 3.1 | 3.5 | 2.9 | 3.2 | 3.8 | 3.3 | 3.4 | 3.2 | 3.7 | 3.1 | 3.2 | 3.5 | 2.9 | 3.5 | 3.0 | 3.8 | 2.9 | 3.1 |
| Q16 | 3.5 | 3.5 | 3.5 | 3.5 | 3.7 | 3.8 | 3.7 | 3.8 | 3.6 | 3.8 | 3.3 | 3.7 | 3.8 | 3.5 | 3.5 | 4.0 | 3.8 | 3.7 | 3.5 |
| Q17 | 2.9 | 3.3 | 3.4 | 2.9 | 3.3 | 3.7 | 3.4 | 3.4 | 3.4 | 3.8 | 3.1 | 3.5 | 3.5 | 3.1 | 3.7 | 4.0 | 3.7 | 3.1 | 3.5 |
| Q18 | 2.8 | 3.0 | 3.2 | 3.1 | 3.2 | 3.4 | 3.1 | 3.1 | 3.3 | 3.4 | 3.0 | 3.5 | 3.3 | 3.0 | 3.5 | 4.0 | 3.3 | 3.0 | 3.0 |
| Q19 | 2.9 | 3.4 | 3.6 | 3.7 | 3.7 | 3.6 | 3.6 | 3.7 | 3.3 | 3.8 | 3.7 | 3.6 | 3.5 | 3.7 | 3.5 | 4.0 | 3.8 | 3.1 | 3.5 |
| Q20 | 2.8 | 2.8 | 3.3 | 3.4 | 3.3 | 3.4 | 3.3 | 3.6 | 3.0 | 3.6 | 3.0 | 3.5 | 3.8 | 3.2 | 3.3 | 4.0 | 3.7 | 3.1 | 3.2 |
| Q21 | 3.3 | 3.1 | 3.4 | 3.2 | 3.7 | 3.8 | 3.6 | 3.6 | 3.5 | 3.5 | 3.4 | 3.7 | 3.5 | 3.7 | 3.5 | 4.0 | 3.8 | 3.3 | 3.2 |
| Q22 | 3.0 | 3.2 | 3.5 | 3.4 | 3.5 | 3.7 | 3.4 | 3.6 | 3.6 | 3.6 | 3.3 | 3.4 | 3.3 | 3.3 | 3.8 | 4.0 | 3.5 | 3.2 | 3.5 |
| Q23 | 3.9 | 3.7 | 3.7 | 3.8 | 3.8 | 3.8 | 3.9 | 3.9 | 3.9 | 4.0 | 3.8 | 3.9 | 4.0 | 3.9 | 3.9 | 4.0 | 3.7 | 3.9 | 3.6 |
| Q24 | 3.5 | 3.4 | 3.5 | 3.5 | 3.7 | 3.7 | 3.7 | 3.7 | 3.7 | 3.7 | 3.6 | 3.7 | 4.0 | 3.7 | 3.8 | 4.0 | 3.9 | 3.5 | 3.2 |

Staff Recommendation Results

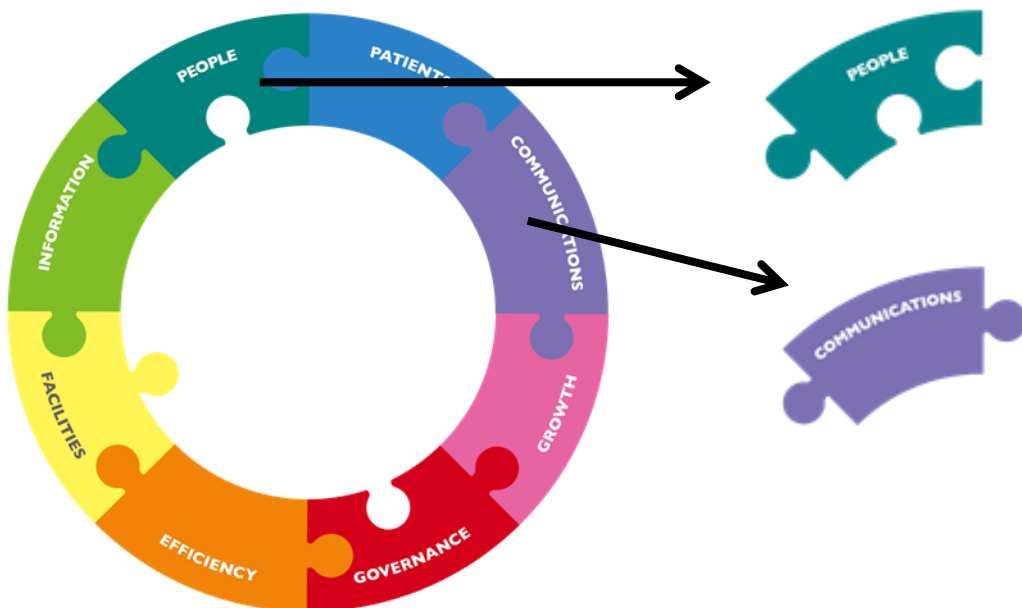


| Clementine Churchill Hospital | Staff Recommendations | | | |
|-------------------------------|-----------------------|--------|------------------|------------------------|
| | 2018 | 2017 | National Average | Highest National Score |
| 53.00% | 82.16% | 73.18% | 89.98% | 50.44% |

BMI The Clementine Churchill Hospital has a commitment to be a passionate, responsive and effective provider of care and employer of choice.

We acknowledge that we have achieved a disappointing level of recommendation below both the national average and highest national score and recognise the decline from last year’s period of appraisal which received 82.16%.

We pledge to go further in understanding our staff’s responses and identify areas in which we can improve and an action plan has been implemented focusing on the below core areas:



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)

| Clementine Churchill 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 |
| | | | | |
| Clementine Churchill Hospital | Re-Admissions (Aged 16+) | | | |
| 2018 | 2017 | National Average | Highest National Score | Lowest National Score |
| 1.220 | 0.783 | 10.010 | 41.650 | 0.000 |

BMI The Clementine Churchill Hospital considers that this data is as described due to robust procedures and protocols within the BMI Clinical Strategy together with the safeguards embedded within practice locally to ensure that care is safe, responsive and effective for those we care for. BMI

The Clementine Churchill Hospital remains committed to our patients and the care we provide and continue to analyse this data in order to implement changes that may be required to prevent re-admission into the service.

NB: The data is as described for Re-Admission (aged between 0-16) as BMI The Clementine Churchill Hospital does not perform inpatient Children and Young Persons services.

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

| Clementine Churchill Hospital | C.difficile (per 100,000 bed days) | | | |
|-------------------------------|------------------------------------|------------------|------------------------|-----------------------|
| 2018 | 2017 | National Average | Highest National Score | Lowest National Score |
| 0.000 | 6.526 | 35.928 | 147.455 | 0.000 |

BMI The Clementine Churchill Hospital considers that this data is as described due to our dedication to ensure a safe, clean and effective environment in which to deliver a high standard of care.

At BMI The Clementine Churchill Hospital we have in place an Service Level Agreement (SLA) with a Consultant Microbiologist who has substantive practice in the local NHS Trust. Our dedicated team of staff across all areas, lead by our IPC Lead Nurse, monitors and audits surveillance data, meeting when required and assessing any underlying trends in line with our patient outcomes. We are very proud of our dedication to our Infection Prevention and Control (IPC) strategy and aim to maintain this current standard.

Hospitals responsiveness to the personal needs of its patients

| Clementine Churchill Hospital | Responsiveness | | | |
|-------------------------------|----------------|------------------|------------------------|-----------------------|
| 2018 | 2017 | National Average | Highest National Score | Lowest National Score |
| 89.32% | 90.25% | 69.22% | 78.00% | 60.10% |

BMI The Clementine Churchill Hospital considers that this data is as described due to our continued commitment to our patients and the care in which they receive.

BMI The Clementine Churchill Hospital continues to embrace the 6C integrated strategy for improving quality of care and patient experience at our site but aims to build on this by relaunching the ‘Hello My Name Is....’ Campaign FY 2018-2019.

Staffs work collaboratively with the Senior Management Team to embed a culture of patient centered care; all are actively dedicated to improving our patient outcomes. We aim, together, to continue to improve on this high standard of responsiveness and are proud to have gained a score above the national average and highest national score.

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

| Clementine Churchill Hospital | VTE | | | |
|-------------------------------|--------|--------|------------------|------------------------|
| | 2018 | 2017 | National Average | Highest National Score |
| 100.00% | 98.55% | 95.77% | 100.00% | 81.60% |

BMI The Clementine Churchill Hospital considers that this data is as described due to our robust assessment protocols

Here at BMI The Clementine Churchill Hospital we audit our compliance with the requirement to VTE risk assess every patient who is admitted to our facility which is demonstrated by our 100% compliance. We also monitor VTE as a key clinical safety indicator under the NHS Safety Thermometer.

We are proud of this achievement and aim to continue to maintain our high percentage of patients VTE assessed by continuing to audit our practice. All staff will continue to receive training as part of the induction process and undergo continual development to maintain clinical competencies in line with best practice. We see this as an important initiative to further assure our patients of our commitment to their safety and welfare whilst under our care.

Patient Safety Incidents

| Clementine Churchill Hospital | Patient Safety Incidents (Rate per 1000 Bed Days) | | | |
|-------------------------------|---|--------|------------------|------------------------|
| | 2018 | 2017 | National Average | Highest National Score |
| 88.451 | 59.253 | 43.292 | 149.700 | 11.200 |

| Clementine Churchill Hospital | Patient Safety Incidents (Count) | | | |
|-------------------------------|----------------------------------|------|------------------|------------------------|
| | 2018 | 2017 | National Average | Highest National Score |
| 870 | 908 | 3908 | 14506 | 31 |

| Clementine Churchill Hospital | Severe or Death (Rate per 1000 Bed Days) | | | |
|-------------------------------|--|-------|------------------|------------------------|
| | 2018 | 2017 | National Average | Highest National Score |
| 0.203 | 0.000 | 0.250 | 2.300 | 0.000 |

| Clementine Churchill Hospital | Severe or Death (Count) | | | |
|-------------------------------|-------------------------|------|------------------|------------------------|
| | 2018 | 2017 | National Average | Highest National Score |
| 2 | 0 | 21 | 219 | 0 |

BMI The Clementine Churchill Hospital considers that this data is as described due to our dedication to ensure a safe environment in which to deliver a high standard of care and an open culture in which to report incidents.

Here at BMI The Clementine Churchill Hospital we are proud of our achievement for the period of appraisal and consider this data to be very encouraging. We aim to maintain this measure by:

- Continuing to have in place a robust process which champions ‘near miss’ patient safety incident reporting and management.
- Continuing to have in place a robust process for patient safety incident reporting and management.
- Continuing to have in place a developing and systematic approach to shared learning.
- Continuing to promote an open reporting and transparent culture.

Patient Recommendation Results

| Clementine Churchill Hospital | Patient Recommendations | | | |
|-------------------------------|-------------------------|--------|------------------|------------------------|
| | 2018 | 2017 | National Average | Highest National Score |
| 94.15% | 97.28% | 97.07% | 100.00% | 75.61% |

BMI The Clementine Churchill Hospital finds that this data is positive and recognises our dedication to provide high quality compassionate care to our patients. The recommendation results demonstrate that we fall just below the national average for England and we strive towards continued improvement on this indicator.

We have made the continued commitment to our Six C philosophy; championing the core values of care, compassion, competence, communication, courage and commitment and furthermore look to invest in our facilities, estates and infrastructure.

BMI The Clementine Churchill Hospital

Address: [Sudbury Hill, Harrow, Middlesex, HA1 3RX](#)

22 June 2018



Brent, Harrow and Hillingdon
Federation of
Clinical Commissioning Groups

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Re: 2017/2018 Quality Accounts

The North West London Collaboration of eight CCGs has welcomed the opportunity to review your quality accounts for 2017/18.

We have noted the improvement that BMI Clementine Churchill Hospital has made since the CQC inspection in July 2015, when the hospital was awarded an overall rating of *'Requires Improvement'*. We are pleased to note that BMI Clementine Churchill Hospital participated in the Surgical Site Infection Surveillance Service, coordinated by Public Health England & Health Protection Scotland. We have seen during our quality assurance visit on 7 June 2018, the improvement that has taken place since 2016. We are aware that the CQC Action Plan has been duly completed, and we therefore anticipate that, in light of the improvement made by BMI in the service they provide, that the next CQC inspection will further reflect the improvement that has been made since the last inspection.

We are delighted to note that 98.5% of the patients asked about the service would like to recommend BMI Clementine Churchill Hospital to their friends and family.

It is laudable that the Clinical Quality Review Group (CQRG) has been re-established to review all quality issues and any emerging quality concerns within BMI Clementine Churchill Hospital. It is commendable to note the huge improvement made by BMI in Quality reporting, Root Cause Analysis investigation, learning from incidents and ensuring that the lessons learnt are disseminated across the organisation. It is pleasing to note that BMI has demonstrated its commitment to embed transparency and honesty within the organisational culture.

Whilst we note that the quality account covers the key quality indicators, it does not fully adhere to the requirement set out by NHS England for Quality Account reporting.

The Quality Account does not clearly set out the priorities for BMI Clementine Churchill hospital for 2017/18 and how this has been measured against the previous year- 2016/17, in order to highlight the progress made in the reporting year. Again, the Quality Account has not clearly identified SMART objectives and priorities for the year 2018/2019, in order to highlight areas that require improvement in the year ahead.

We would suggest that:

- The 2018/2019 Quality Account complies with the criteria set out by NHSE regarding quality account reporting.
- There is a comparison between BMI Clementine Churchill Hospital and other nearby BMI Hospitals to establish parity of care across the hospital sites or highlight any variation.
- The 2018/2019 Quality Account captures what the organisation has done to mitigate the outcome of the staff survey in 2018, where 53% of staff would recommend BMI Clementine Churchill Hospital to friends and family as opposed to 82.16% in 2017.
- The 2018/2019 Quality account covers data to reflect at least the last two reporting periods, to delineate the progress made against set priorities.

We recognise and acknowledge the improvement made in the area of quality reporting and management of incidents, however, we have noted with disappointment, the Oxford Knee Score which in 2017 fell below the BMI Healthcare & National Average. We would suggest the 2018/2019 Quality Account include the improvement that has been made in the reporting year.

The NWL CCGs look forward to continuing to work with BMI Clementine Churchill Hospital; to monitor the progress against the 2018/2019 through the Clinical Quality Review Group (CQRG); which will provide assurance of continuous quality improvement for the North West London Population.

Yours sincerely

Diane Jones
Director of Quality & Safety
NHS Brent, Harrow and Hillingdon
Clinical Commissioning Groups

Cc: Dr Tim Spicer, Chair NHS Hammersmith and Fulham CCG
 Dr Ethie Kong, Chair, NHS Brent CCG
 Dr Neville Purssell, Chair, NHS Central London CCG
 Dr Mohini Parmar, Chair, NHS Ealing CCG
 Dr Amol Kelshiker, Chair, NHS Harrow CCG
 Dr Ian Goodman, Chair, NHS Hillingdon CCG
 Dr Nicola Burbidge, Chair, NHS Hounslow CCG
 Dr Fiona Butler, Chair, NHS West London CCG
 Nnenna Eke, Assistant Director for Quality & Safety (Brent Lead)
 Jennifer Roye, Deputy Director for Quality & Safety

Harrow CCG Chair: Dr Amol Kelshiker
Brent CCG Chair: Dr Ethie Kong
Hillingdon CCG Chair: Dr Ian Goodman
Chief Officer: Rob Larkman


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