



The Droitwich Spa  
Hospital

# QUALITY ACCOUNTS 2018

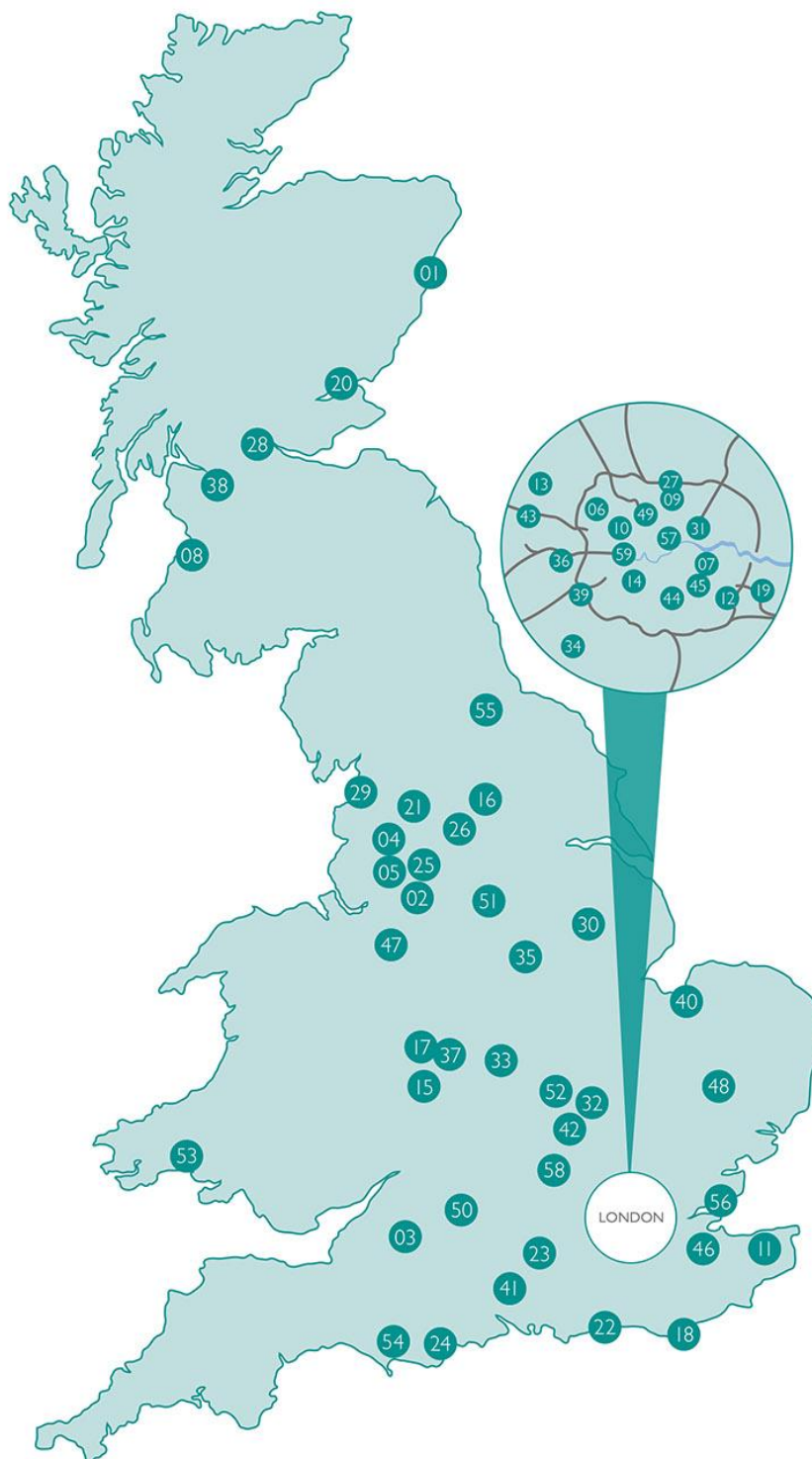
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## Our network of hospitals

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



## Group Chief Executive's Statement



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

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

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

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

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

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

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

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

From a corporate and governance point of view, we have rationalised and refocused our committees at both a business and a hospital level, giving each clear areas of responsibility and providing a line of sight between head office and hospital. We continue to adopt an integrated audit approach, so that

we can maintain a holistic overview of how hospitals and teams are performing against agreed standards and procedures.

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

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

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

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

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

**Dr Karen Prins**

## Hospital Information



BMI The Droitwich Spa Hospital 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 Droitwich Spa Hospital is registered for 46 beds. All inpatient rooms offer the privacy and comfort of en-suite facilities, satellite TV and telephone.

The outpatient department has 11 consulting rooms which include a dedicated ENT and Ophthalmology room and a Minor Ops Theatre. In addition there is a physiotherapy gym with an Alter G machine and 2 physiotherapy treatment rooms.

Our Diagnostic Imaging department offers x-ray, ultrasound, MRI and CT.

The hospital has 3 laminar flow theatres and an Endoscopy Suite.

These facilities combined with on-site support services of pharmacy 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 staff, with dedicated nursing teams and a Resident Medical Officer on duty 24 hours a day, providing care within a friendly and comfortable environment.

Dedicated Pre-assessment allows our team to provide a single point of access prior to their surgery and offers the opportunity to promote a fully multi-disciplinary approach to patient care involving nurses and physiotherapists .

The Droitwich Spa Hospital works closely with the local CCG in supporting local NHS Trusts and offers Patient Choice for selected clinics via Choose and Book. The NHS work equates to 68% of the overall work.

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
- Family Planning

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

The CQC carried out an announced inspection on 16<sup>th</sup> and 17<sup>th</sup> August 2016 and gave BMI The Droitwich Spa Hospital an overall rating of Requires Improvement. The report was published on the 20<sup>th</sup> February 2017 and the diagram below shows the separation of our ratings and the findings.

**CQC Ratings Grid**

**Overview of ratings**

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Outpatients and diagnostic imaging	Good	N/A	Good	Good	Good	Good

Following our CQC inspection BMI The Droitwich Spa Hospital put the following action plan in place to address any areas that were given a rating of requires improvement. This is now complete and reviewed on a regular basis:-



# The Droitwich Spa Hospital

Issue	Actions	SMT Responsible	HOD Responsible	Due Date	Date Completed	Comments
Implement procedures to ensure that invasive equipment ( nasendoscopes) are decontaminated in line with national guidance	Updated Decontamination of Non-Lumened Nasendoscope, Trans-Oesophageal Echocardiography Probes and Trans-Vaginal/Trans-Rectal Ultrasound Probes Policy ( January 2017) circulated to all relevant staff	Director of Clinical Services	Quality and Risk Manager	28th February 2017	28 <sup>th</sup> February 2017	Completed
	Further nasendoscope to be purchased	Director of Clinical Services	Outpatient Manager	31 <sup>st</sup> March 2017	02 <sup>nd</sup> May 2017	Nasoscope now in place. Completed 02.05.17
	Appropriate sink to be installed in dirty utility to allow for the dirty scopes to be transported in correct container to utility room to be cleaned between patients using approved tristel wipe system. Pre and post list decontamination of scope is carried out in endoscopy unit.	Director of Clinical Services	Outpatient Manager	31 <sup>st</sup> May 2017	02 <sup>nd</sup> May 2017	Nasoscopes being decontaminated in endoscopy before and after every clinic. Leak tester purchased and leak testing being carried out in between every patient. Completed 02.05.17 New sink in dirty utility now installed



Ensure that all clinical staff work within infection prevention and control guidelines	Executive Director to formally email all consultants with feedback from CQC in relation to behaviors observed with relevant parts from IPC Policy and RCOA	Executive Director	Executive Director	31st March 2017	28 <sup>th</sup> March 2017	Completed 28.03.17
	Stop and Gel Awareness week 13 <sup>th</sup> March 2017 using Staff engagement group. Information leaflets with a quiz. Each staff member to be given a personal hand gel	Director of Clinical Services	Quality and Risk Manager	20 <sup>th</sup> March 2017	17 <sup>th</sup> March 2017	Hand gel information leaflet and word search given to all staff. Hand gel issued to all staff.  Training exercise with UV light given in the canteen on the 15.3.17
	Further Stop and Gel Awareness weeks planned for May and October	Director of Clinical Services	Quality and Risk Manager	31st October 2017	31 <sup>st</sup> October 2017	Patient 'stop and challenge' week being coordinated by Ward Manager w/c 29.5.17 Global hand washing day on the 15.10.17 to event planned w/c 16.10.17
	Purchase of new hand hygiene awareness posters for display in the hospital	Director of Clinical Services	Quality and Risk Manager	31st March 2017	28 <sup>th</sup> March 2017	Posters, frames and machines purchased and up around the hospital in place of red signs. Extra machines just waiting for additional drip trays which are due to arrive on the 28/03/17. Completed

	Hand hygiene to be a daily focus at coms cell as a Hot Topic with feedback from :	Director of Clinical Services	Quality and Risk Manager	8 <sup>th</sup> March 2017	7 <sup>th</sup> March 2017	Hand hygiene audits spot checked for theatres 22.3.17.
	Hand hygiene audits and action plan  Spot checks to be carried out weekly in theatre		Theatre Manager	Ongoing		Action plans received. To be reviewed by DoCS  Theatre manager is checking that staff are bare below the elbows at morning theatre huddle.
	Use weekly key messages email and published Quality calendar to heighten staff and consultant awareness	Director of Clinical Services	Quality and Risk Manager	10 <sup>th</sup> March 2017	7 <sup>th</sup> March 2017	Quality calendar issued with key messages on the 14.02.17.  Quality topics being shared via key messages weekly
	Review of IPC provision	Director of Clinical Services	Director of Clinical Services	30 <sup>th</sup> April 2017		1 <sup>st</sup> October

						support from external consultant for her induction Completed
	Managed programme to be in place for any gel/soap dispenser changes	Operations Manager	Operations Manager/ Director of Clinical Services	When required		Currently under review by SMT. Possibly changing from liquid soap to foam
	Engaging with patients in relation to better hand hygiene:  • Wet wipes on all patient meal trays	Director of Clinical Services	Ward Manager	30 <sup>th</sup> September 2016	Completed 2017	Completed
	Challenge programme for patients to be introduced	Director of Clinical Services	Ward Manager	31 <sup>st</sup> May 2017	31 <sup>st</sup> May 2017	Completed
Ensure that all staff consistently participate and complete the five steps to safer surgery checklist	Executive Director to formally email all consultants with feedback from CQC in relation to behaviours observed			31st March 2017	31 <sup>st</sup> March 2017	Completed
	Initial meeting set up with medical director of WRH and the ED from Spire with the remit to work collaboratively and dealing with consultant behavioral issues	Executive Director	Executive Director	31.07.2017	September 2017	Meeting booked for 16 <sup>th</sup> July 2017. Postponed until September. Meeting held and meetings planned quarterly. Trust giving us copies of communication to consultants in relation to IPC requirements
	BMI Safer Surgery Policy January 2017 circulated to all relevant staff	Director of Clinical Services	Quality and Risk Manager	28th February 2017	28 <sup>th</sup> February 2017	Completed

	All staff to be informed that any non compliance by consultants in relation to the five steps to safer surgery checklist is to be recorded as an incident on Risk Man to allow monitoring of compliance and action to be taken where required.	Executive Director	Clinical Managers	31 <sup>st</sup> March 2017	29 <sup>th</sup> March 2017	Completed
	Theatre Education Board to have Safer Surgery and compliance to WHO checklist as theme for month of April	Director of Clinical Services	Theatre Manager	30 <sup>th</sup> April 2017	28 <sup>th</sup> March 2017	Information for the education board in theatre has been collated ready to go up for the month of April. Completed
	Safer Surgery to be a Hot Topic at daily coms cell with feedback from audits and action plans	Director of Clinical Services	Theatre Manager	8 <sup>th</sup> March 2017	8 <sup>th</sup> March 2017	Staff escalation of queries now discussed at Comm Cell. Completed
	Use weekly key messages email and published Quality calendar to heighten staff and consultant awareness	Director of Clinical Services	Quality and Risk Manager	10 <sup>th</sup> March 2017	10 <sup>th</sup> March 2017	Completed
	Refocus on escalation of non-compliance by consultants and staff at next theatre departmental meeting	Director of Clinical Services	Theatre Manager	31 <sup>st</sup> March 2017	10 <sup>th</sup> March 2017	This was discussed in the theatre monthly meeting on the 10.03.17 Completed
	DCS and ED to have increased visibility to observe the completion of checklists in theatre	Director of Clinical Service and Executive Director	Director of Clinical Service and Executive Director	Ongoing	Complete	Completed, but ongoing



# The Droitwich Spa Hospital

BMI The Droitwich Spa 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

Corporately, 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.

The focus on Infection Prevention and Control continues under the leadership of the Group Head of Infection Prevention and Control and the Director of Clinical Services in liaison with the Infection Prevention Lead Nurse in BMI The Droitwich Spa Hospital.

Between April 2017 to March 2018, the hospital had:

- Zero MRSA bacteraemia cases/100,000 bed days
- Zero MSSA bacteraemia cases /100,000 bed days
- Zero E.coli bacteraemia cases/ 100,000 bed days
- Zero Number of cases of hospital apportioned Clostridium difficile in the last 12 months.

- SSI data is also submitted to Public Health England for Orthopaedic surgical procedures. Our rates of infection are;
  - Hips 0.00000 - Rate (per 100 procedures)
  - Knees 0.00847 - Rate (per 100 procedures)

BMI The Droitwich Spa Hospital has very low surgical site infection rates. In 2017 BMI The Droitwich Spa Hospital renewed its focus on antimicrobial stewardship using a ‘Start smart – then focus’ approach before prescribing antibiotics. This is now fully embedded within the clinical teams and any areas for improvement needed were identified and actioned by the pharmacy team. There is also an e-learning module for all clinical staff with regards to antimicrobial stewardship.

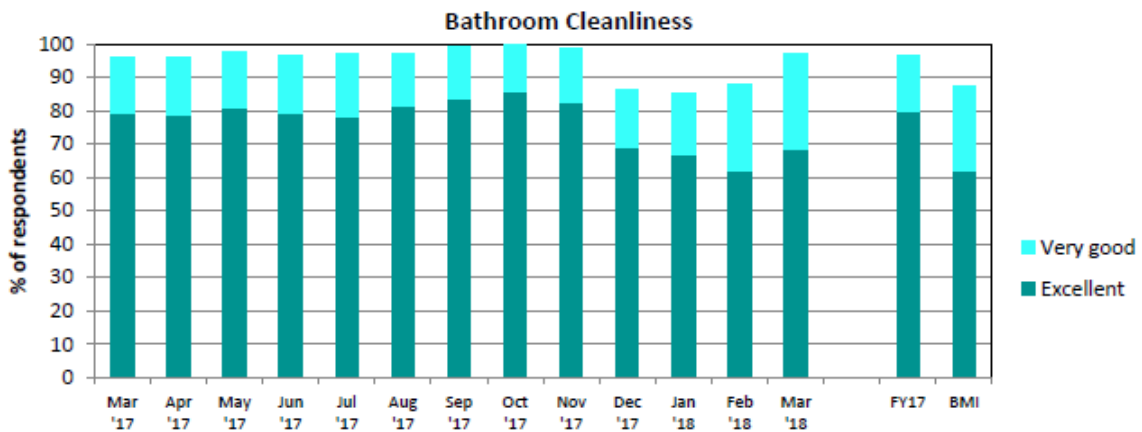
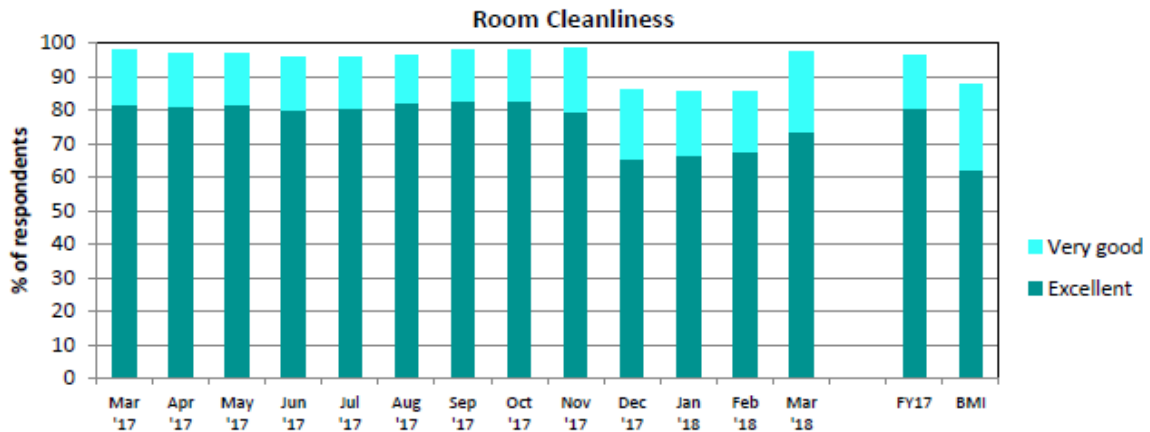
BMI The Droitwich Spa Hospital has a Service Level Agreement with UKOMS to provide consultant microbiology support.

At BMI The Droitwich Spa Hospital our teams complete monthly hand hygiene audits to monitor our compliance with hand hygiene and High Impact Intervention Care bundles. Focus on these care bundles aims to reduce the incidence and consequence of surgical site infection. Any areas of non-compliance can be challenged quickly by our Infection Prevention and Control Lead Nurse and training delivered to those staff that require further support. The Care Bundles have been received positively by the staff at the Hospital and have been a contributing factor to the hospitals low infection rates.

In addition to the monthly hand hygiene audits a new audit self – assessment tool has recently been cascaded within BMI Hospitals. These audits have a key focus around observational audits conducted by heads of departments supported by the IPC lead. The new tool includes self-assessment audits of patient equipment, standard precautions within departments and theatre asepsis/SSI prevention. An action plan is issued if any areas of non-compliance are identified to improve the existing standards and reach given targets within agreed timescales.

Hand hygiene awareness features regularly on our Quality Calendar. We have had a ‘stop and gel’ awareness week in February 2018 and there is another planned via the patient satisfaction group in July 2018.

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. If standards fall short, patients should be able to draw it to the attention of managers and hold the service to account. PLACE assessments provide motivation for improvement by delivering a clear message, directly from patients about how they perceive the environment or services might be enhanced.

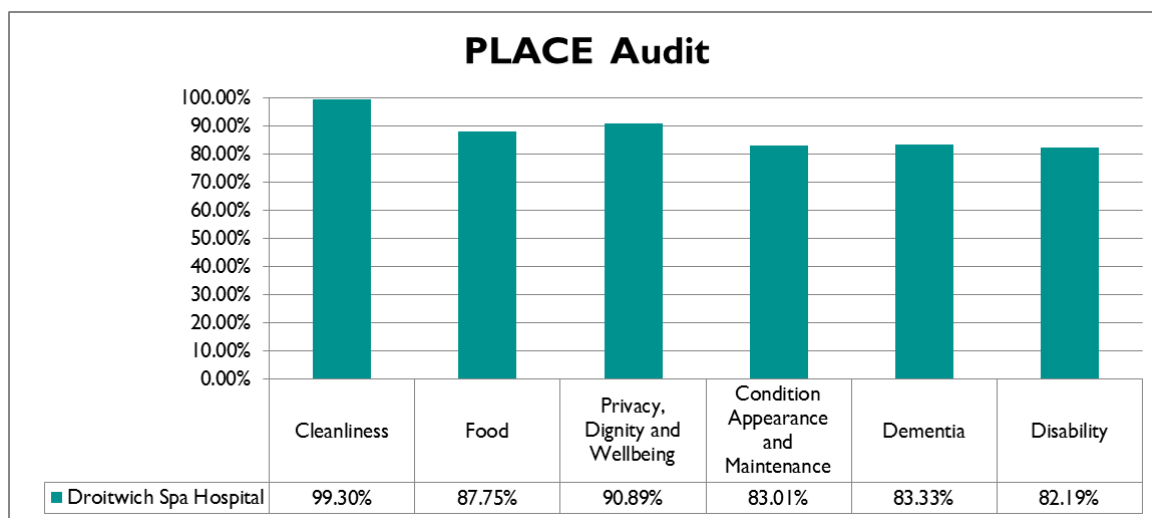
Since 2013, PLACE has been used for assessing the quality of the patient environment, replacing the old Patient Environment Action Team (PEAT) inspections.

PLACE involves patients and staff who assess how the hospitals environment supports patient’s privacy and dignity and nutritional needs, with an emphasis on general building maintenance and cleanliness. It focuses entirely on the care environment and does not encompass clinical care.

The results will show how hospitals are performing nationally and locally. The results of the PLACE audit at BMI The Droitwich Spa Hospital are shown below:-



Hospital	Cleanliness	Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
Droitwich Spa Hospital	99.30%	87.75%	90.89%	83.01%	83.33%	82.19%



Any domains that have fallen below 100% have been reviewed and there are ongoing action plans to continue improving our services to patients.

We have seen a great improvement in our PLACE Audit results, our key focus areas such as Dementia, Privacy, Dignity and Wellbeing and Food have all increased by more than 10%.

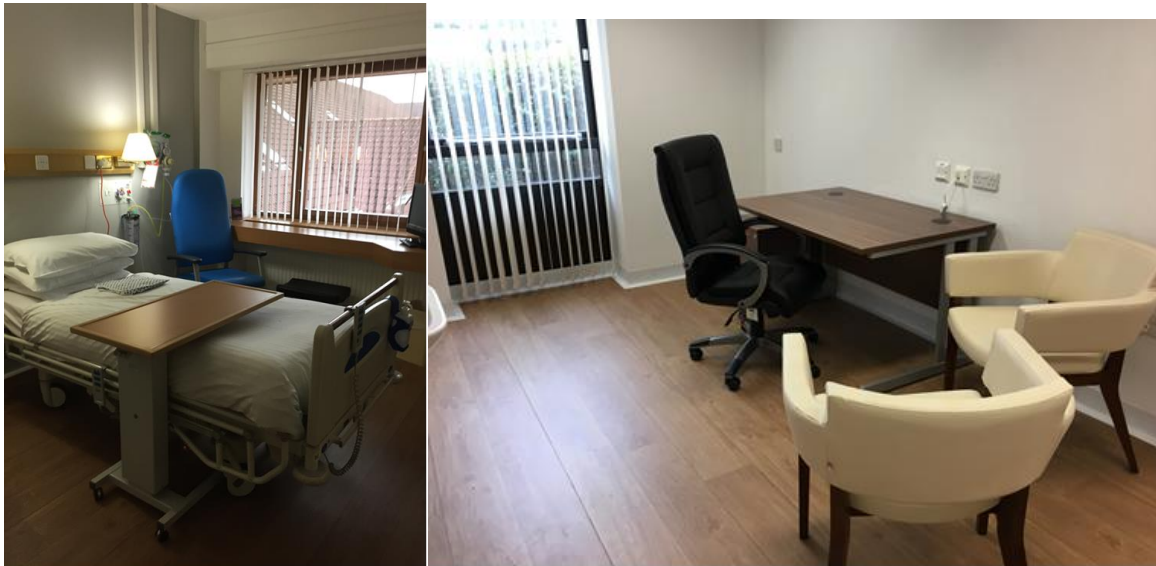
The key focus areas for last year have been improving the general condition and appearance of the hospital both in the ward area and consulting rooms. An extensive program of refurbishment has been undertaken which has included removing all old carpets and replacing with a laminate floor, there is an ongoing program of redecoration of patient bedrooms and 3 consultant rooms have been updated.

There is a painting and decorating plan in place where areas have been rag rated in order of highest to lowest priority. Priority areas have been identified as being the stairs and hallway, ward corridors and the lift areas in outpatients and we have a target date of completion for these of the end of October 2018.

Carpeted Corridors – Before and After



Refurbished patient bedroom and consultation room



## Duty of Candour

A culture of openness and transparency is a prerequisite to having a robust safety culture in the hospital, this underpins the care we deliver.

Patients should be well informed about all elements of their care and treatment and all staff have a responsibility to be open and honest particularly where errors occur. 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 receive an apology.
- 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 gives clear direction in the 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. The Director of Clinical Services at BMI The Droitwich Spa Hospital is a Duty of Candour coach.

Duty of Candour Incidents
3

BMI The Droitwich Spa Hospital take Duty of Candour very seriously and instill a very positive culture with the staff. In addition to the initial verbal Duty of Candour followed by the Written Duty of Candour, any patient that is involved with a duty of Candour incident is invited to meet with the consultant and Director of Clinical Services. Round table discussions are actively encouraged to ensure lessons learned are actively disseminated.

Any lessons learnt involving an incident of Duty of Candour are shared with staff involved and their teams. An example of learning and actions is shown below:-



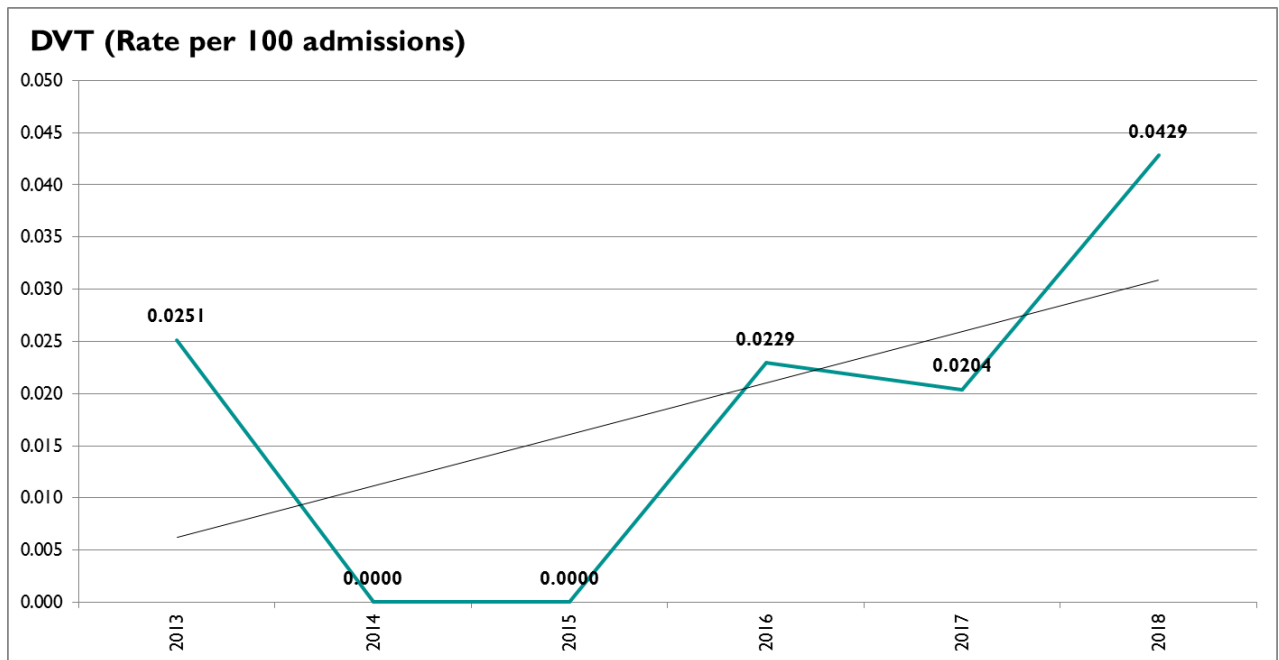
## Venous Thrombo-embolism (VTE)

BMI Healthcare holds VTE Exemplar Centre status by the Department of Health across its whole network of hospitals including, BMI The Droitwich Spa Hospital. BMI Healthcare was awarded the Best VTE Education Initiative Award category by Lifeblood in February 2013 and were 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 assess every patient who is admitted to our facility and the results of our audit are shown below:-

VTE Percentage	
VTE	100.00%

BMI The Droitwich Spa Hospital reports the incidence of Venous Thromboembolism (VTE) through the corporate clinical incident system. It is acknowledged that there has been a challenge in 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, however at BMI The Droitwich Spa Hospital we have made a concerted effort to ask patients to report any signs or symptoms of VTE to us as a hospital. We have increased awareness across the hospital particularly with the Physiotherapy department who have taken the lead in conducting root cause analysis for any post-operative patients developing a VTE. Therefore we attribute the increase in VTE episodes to clearer information, better recognition and more robust reporting. We continue to work with our Consultants and referrers in order to ensure that we have as much data as possible.



Below is an example of some agreed actions which have been implemented following a root cause analysis of a VTE event:-

- Audit conducted by ward staff to look at post- operative nausea and vomiting.
- Stickers to be placed on patient discharge letters encouraging them to contact the hospital to report any post-operative concerns.
- To encourage GP's to feedback any post-operative concerns to the hospital to allow further investigation.
- Root Cause Analysis to be shared with staff at Departmental Meetings.





## Patient Reported Outcome Measures (PROMS)

Patient Reported Outcome Measures (PROMs) are a means of collecting information around the effectiveness of care delivered to NHS patients as perceived by the patients themselves. PROMs is a Department of Health led programme. We believe this is attributable to our Enhanced Recovery Programme.

### Enhanced Recovery Programme (ERP)

The ERP is about improving patient outcomes and speeding up a patient's recovery after surgery. ERP focuses on making sure patients are active participants in their own recovery and always receive evidence based care at the right time. It is often referred to as rapid recovery, is a new model of care that creates fitter patients who recover faster from major surgery. It is the modern way for treating patients where day surgery is not appropriate.

ERP is based on the following principles:-

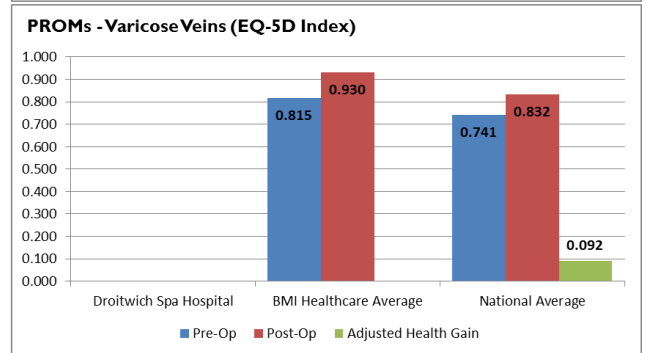
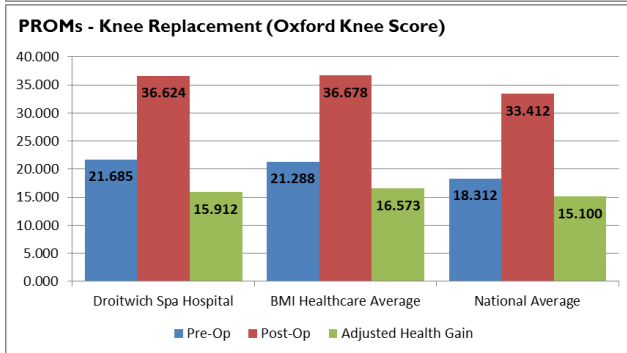
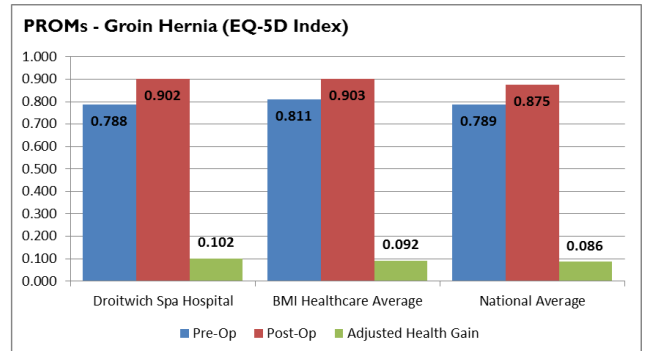
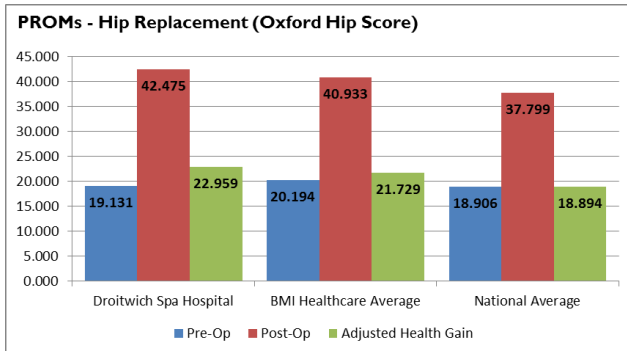
1. All Patients are on a pathway of care which facilitates
  - a. *Following best practice models of evidenced based care*
  - b. *Reduces length of stay*
2. Patient Preparation
  - a. *Pre Admission assessment undertaken*
  - b. *Group Education sessions*
  - c. *Optimising the patient prior to admissions in terms of co-morbidities and medication assessment plans – i.e HB optimisation, control co-morbidities, medication assessment – stopping medication plan.*
  - d. *Commencement of discharge planning*
3. Proactive patient management
  - a. *Maintaining good pre-operative hydration*
  - b. *Minimising the risk of post-operative nausea and vomiting*
  - c. *Maintaining normothermia pre and post operatively*
  - d. *Early mobilisation*
4. Encouraging patients to have an active role in their recovery through
  - a. *Participation in the decision making process prior to surgery*
  - b. *Education of patient and family*
  - c. *Setting own goals daily*
  - d. *Participation in their discharge planning*

BMI The Droitwich Spa Hospital use ERP to ensure that we are able to discharge patients home within 2 – 4 days following hip and knee surgery. We have recently implemented group physiotherapy sessions for patients that have had total knee replacements. This includes a range of exercises to help improve strength, range of movement, balance and proprioception. Initial patient feedback has been very positive.



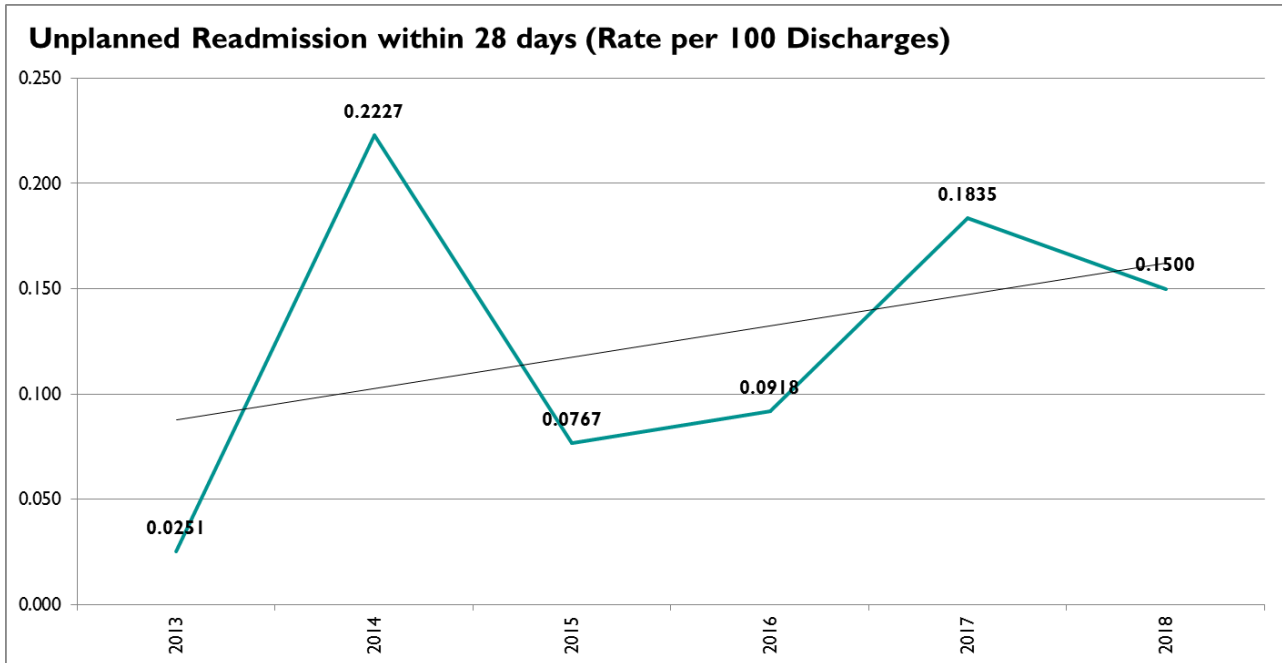
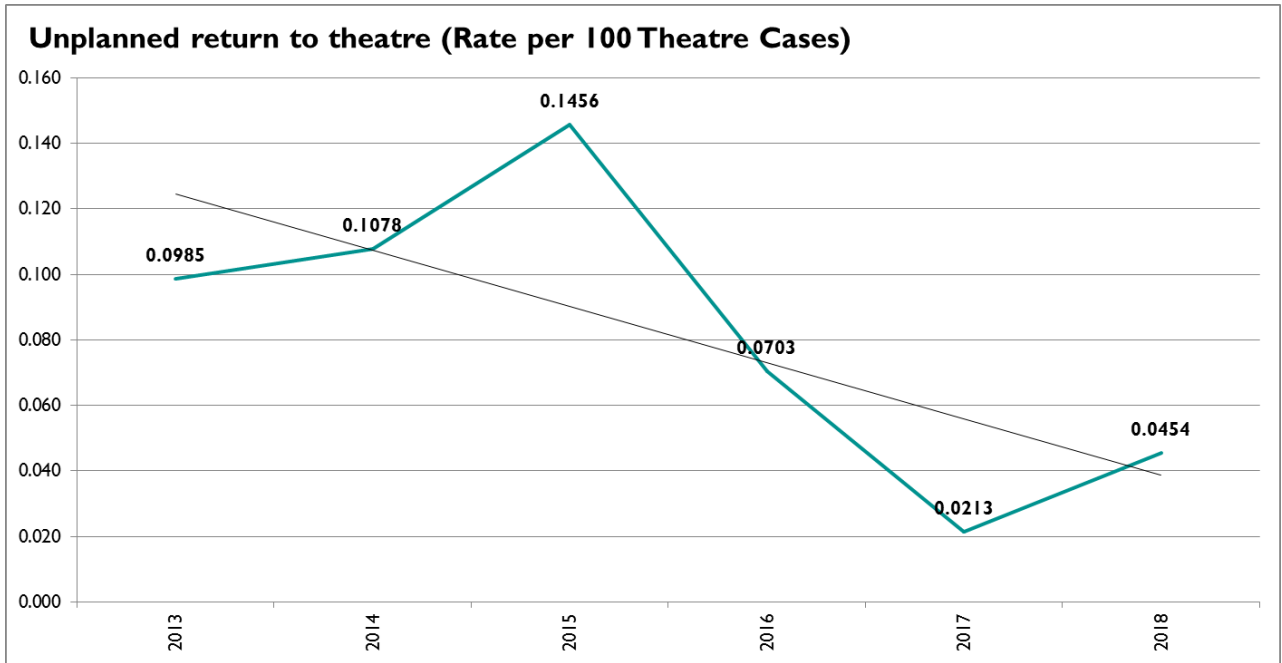
For the current reporting period, the tables below demonstrates that the health gain which is more than the national average between Questionnaire 1 (Pre-Operative) and Questionnaire 2 (Post-Operative) for patients undergoing hip replacement and knee replacement at BMI The Droitwich Spa Hospital.

**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 reviewed as a clinical incident to determine the root cause.



All readmissions and returns to theatres are reported as incidents and investigated. Learning from these investigations is shared locally with departments, at Clinical Governance and with consultants at Medical Advisory Committee Meetings. BMI The Droitwich Spa Hospital reports below the national average for Re-Admissions. We are currently proactively working with the CCG and local trusts to ensure that we have robust data around readmissions.

## Learnings from Deaths

Preservation of life and avoidance of unnecessary death is an essential objective for healthcare providers; BMI Healthcare 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 is vital in order to ensure excellent quality of 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 learning from deaths, and as a result, opportunities were being missed to identify and improve upon quality of care and patient outcomes. This review was discussed by BMI Healthcare through the National Clinical Governance Committee so that as an organisation, we could ensure we were following the best practice as suggested through this review.

All deaths within BMI, 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 core behaviours surrounding transparency. Lessons learnt are also communicated to all hospitals through the monthly Clinical Governance Bulletin.

## Patient Experience



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 –Quality Health.

Patients are given the opportunity to feedback on their experience by completing a handwritten or online questionnaire. The opportunity to provide on-line feedback was introduced in October 2017. The hospital did see a reduction in the number of returns in the first few months, but this is gradually improving. Patients are now able to provide feedback on-line or through completion of a questionnaire prior to discharge from hospital.

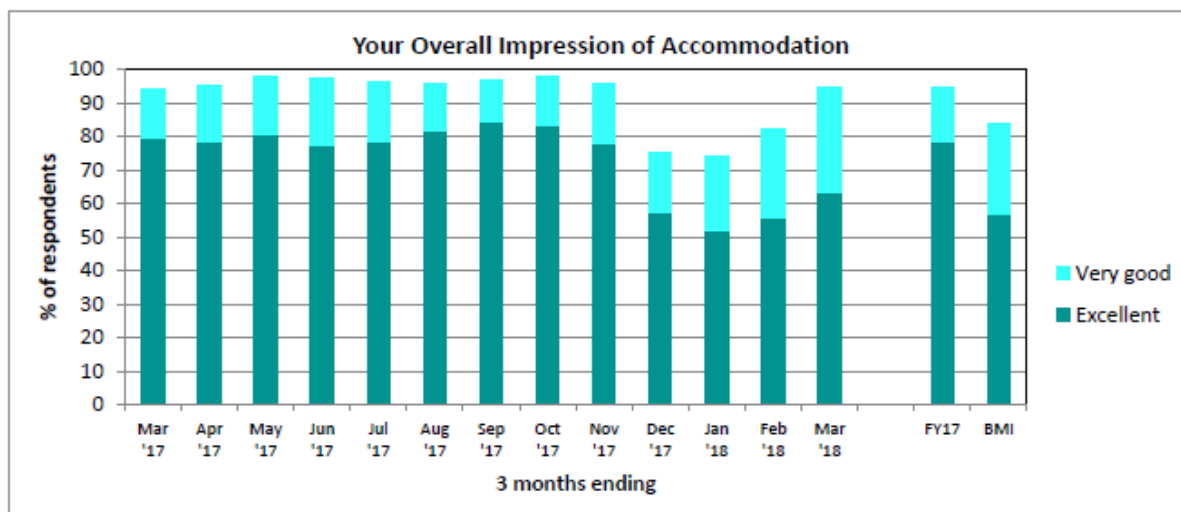
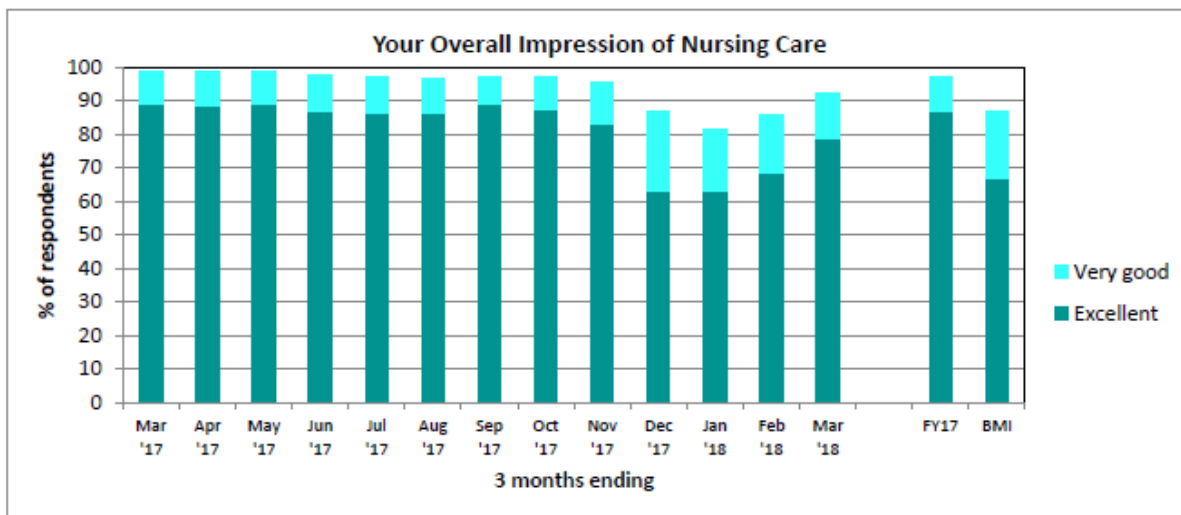
At BMI The Droitwich Spa Hospital, a Patient Satisfaction Committee has been set up and will be attended by a representative for all department areas, meeting on a monthly basis to review the content of the report and agree local actions to enable continuous improvement.

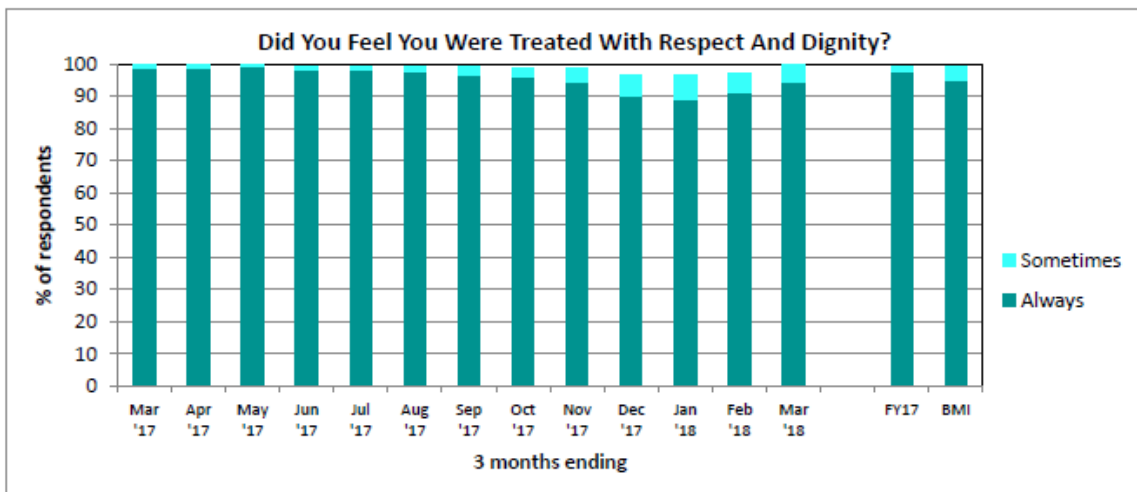
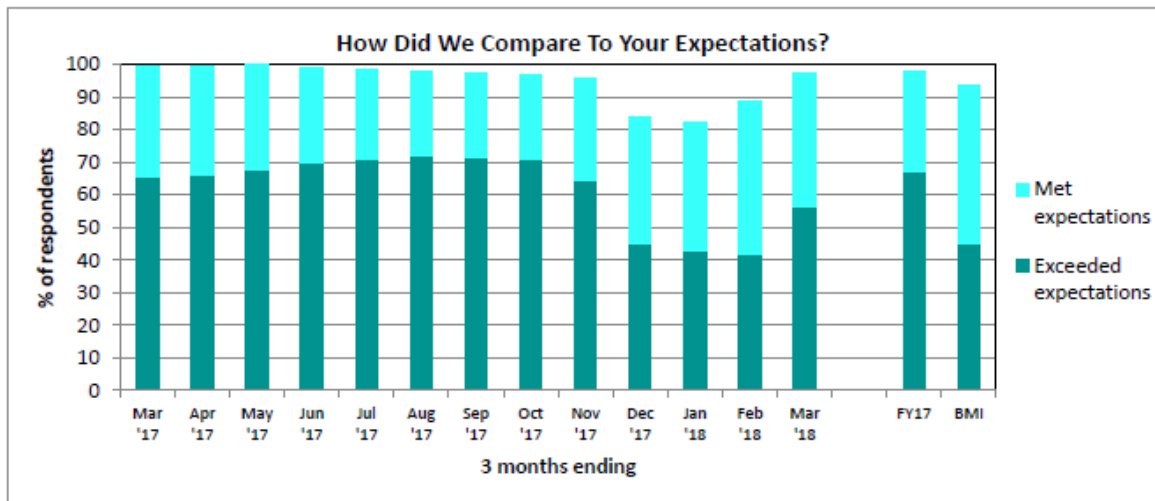
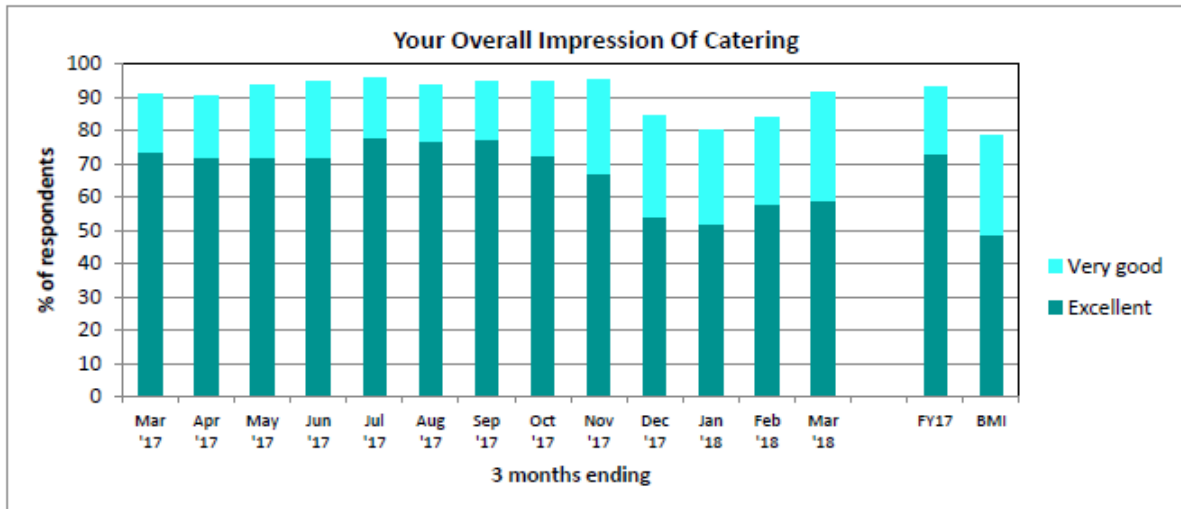
The following graphs detail the patient's response in relation to:

- Meeting expectations
- Overall impression of accommodation
- Overall impression of nursing care
- Did you feel you were treated with dignity and respect
- Overall impression of catering

Each graph indicates a high level of satisfaction.

Data taken from Quality Health Report March - 2018





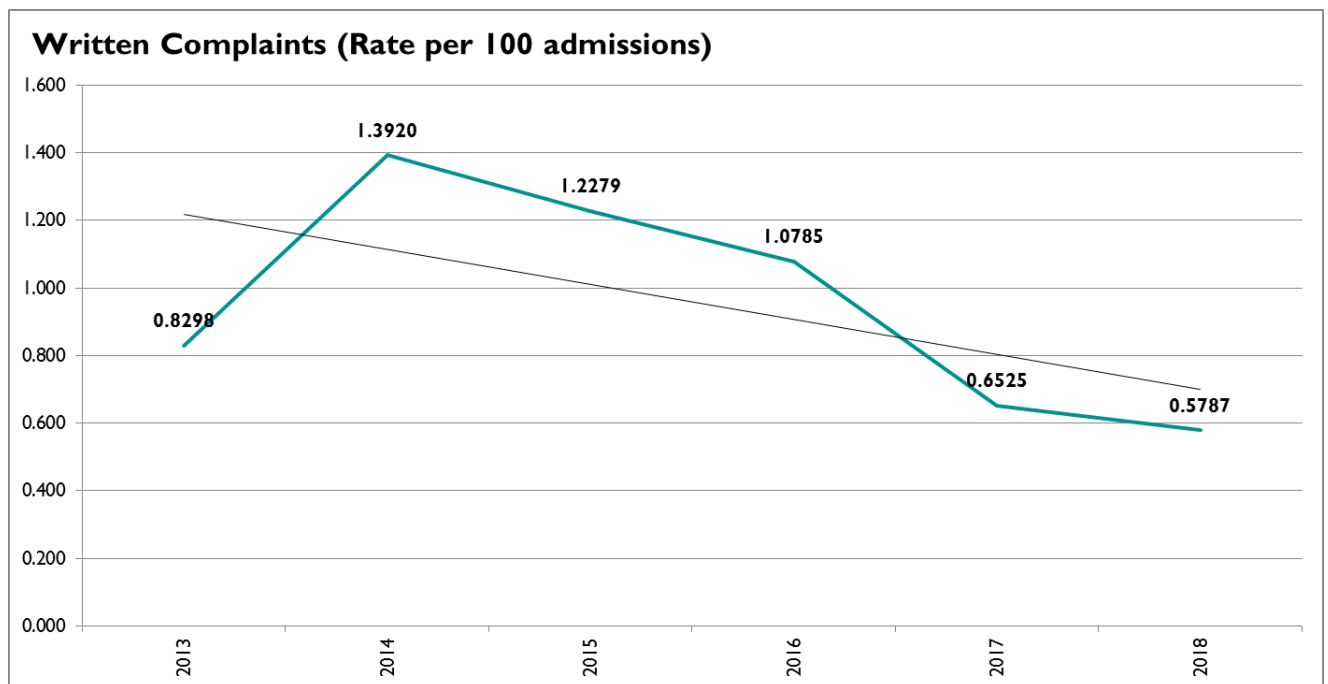
## Complaints

In addition to providing all patients with an opportunity to complete a satisfaction survey BMI The Droitwich Spa Hospital actively encourages feedback from patients on an informal and formal basis. If they have a concern they are invited in to meet with members of the SMT. Patients are supported through a robust complaints procedure, operated over three stages of escalation:-

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.



The investigation and response to complaints at BMI The Droitwich Spa Hospital is considered an opportunity to learn and improve the quality of service we provide. Where a complaint encompasses several services, responses are sought in a timely manner from each area in order to compile a factual and joined up response to the patient. All staff are actively encouraged to participate in this process and any learnings that come from the investigation are shared with the teams via a complaints and learnings form. We have also recently introduced discussion of complaints at staff forums.

- Some examples of lessons learned during this period include:-
- Improved transparency around costings
- A review of pre-assessment cancellation procedures to ensure that they have a robust process
- To ensure all allergies are documented at pre-assessment
- Improved communication
- To ensure all patients receive a follow up call within 48 hours

## CQUINS

BMI The Droitwich Spa Hospital submits CQUIN and quality data to South Worcestershire CCG. Quarter 4 documents have been submitted and are pending CCG approval. Annual assurance visits are completed on behalf of the local CCGs by South Worcestershire CCG.

The local CQUINS that we are looking to achieve are:-

- **Staff Health and Wellbeing**  
This has included flu vaccination programme for staff and signing up to the national programme of the Workplace Wellbeing Charter
- **Sign up to Safety**  
As part of fulfilling this CQUIN we sought to firmly embed a safety culture within the hospital and developing a quality improvement calendar
- **Preparing patients for discharge**  
As part of a programme to ensure a safe and timely discharge the physiotherapy team have instigated a joint school where patients are seen pre operatively so they a better understanding of their operation and ensuing rehabilitation

Quality visits are conducted on an annual basis by the CCG the last report was favorable and highlighted areas of good practice such as

- Morning “huddle “to discuss the day ,any issues such as equipment and staffing
- Each theatre prior to commencing theatre list has a pre-meeting with Consultant/Scrub Lead leading the discussion about the patients on the list
- Implementation of the WHO Surgical Checklist
- Networking with SPIRE and Worcestershire Acute hospitals to share good practice and learning from incidents
- Culture changing to increase focus on quality, including improvement of Root Cause Analysis (RCA) reports and cascading of lessons learned.
- Improved communication with staff with evidence of improved staff engagement



Any further assurances required are evidenced in the submission of quarterly data as part of the agreed Quality Schedule.

## Safeguarding

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

Abuse can happen to anyone, children and adults. However we differentiate with two types of training. Within BMI our staff are trained to adult safeguarding level 2, so they can identify, support and advise anyone over the age of 18 who is identified as suffering from abuse.

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 people 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.

## National Clinical Audits

BMI The Droitwich Spa Hospital partakes in the National Joint Registry (NJR) audit for Orthopaedics. Data is submitted to the NJR and results can be seen below. BMI The Droitwich Spa also contributes to the Annual Quality Audit on data submission which confirms the accuracy of data submitted.

During the period April 2017 – March 2018 the hospital undertook a total of 455 operations that were registered with the NJR. Details of these are in the table below.

Month	Completed operations	Hips	Knees	Ankles	Elbows	Shoulders	Consent rate %
Apr-17	41	15	25	0	0	1	100
May-17	41	12	26	0	0	3	100
Jun-17	41	17	20	0	0	4	100
Jul-17	25	10	14	0	0	1	100
Aug-17	31	15	15	0	0	1	100
Sep-17	55	31	21	0	0	3	100
Oct-17	36	23	12	0	0	1	88
Nov-17	39	19	17	0	0	3	100
Dec-17	25	18	7	0	0	0	100
Jan-18	47	22	22	0	0	3	100
Feb-18	41	25	14	1	0	1	100
Mar-18	33	16	16	0	0	1	100
Total	455	223	209	1	0	22	

**Data Source:**

<http://www.njrcentre.org.uk/njrcentre/Healthcareproviders/Accessingthedata/StatsOnline/NJRStatsOnline%20e/t/abid/179/Default.aspx>



# The Droitwich Spa Hospital

Priorities for Service Development and Improvement

## OUR FIVE-YEAR VISION - 2015 TO 2020

How our hospital will achieve our eight strategic objectives and priorities

**OUR EIGHT STRATEGIC OBJECTIVES AND PRIORITIES:**

- Responsive to staff survey
- Staff development plans identified in appraisals
- Review of Induction days

- Delivery of best clinical outcomes through best practice pathways
- Meet our safer Surgery Commitment

**Our vision is to deliver the best patient experience, in the most effective way, from our comprehensive UK network of acute care hospitals**

- Focus on ownership of data changes
- Focus on data quality

- Open honest communication with our patients, staff and consultants
- Using different ways of communication to meet the needs of the different audiences

- Further develop a local plan of refurbishment
- Focus on systems for equipment maintenance

- Extending our service to include general medicine
- Develop our complex orthopaedic service
- Promote and develop our pay for yourself business

- Forward planning of staff to match occupancy in weekly reviews.
- Monthly DPRs to have forward focus

- Having clear evidence of lessons learnt by improving our feedback mechanisms
- Improving our rating set by the external regulators
- Developing a high performance team

**We are changing so that we can deliver the promises we make in our vision, to be:**

- The largest network of quality acute care hospitals in the UK
- Effectively using all the capacity in our estate and increasing our activity by 50% in the UK
- Recognised as a leading provider of complex surgical procedures and medical services
- The hospital network that attracts the best Consultants
- Delivering the best possible patient outcomes and experience across all payor groups
- An employer of choice
- Consistently delivering quality services and care in a cost-effective way
- Financially successful and investing back into our business, future growth and innovation

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## 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



Droitwich Spa Hospital	Staff Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
54.00%	84.62%	73.18%	89.98%	50.44%

The Droitwich Spa Hospital considers that this data is as described. The BMI staff SAY survey took place in June 2017 and the results of the survey do show a marked decrease in staff recommendations based on last year. The Senior Management Team visited departments individually following the survey results and spoke with staff to get feedback. As a result of these discussions the focus areas for this year are:-

- Communications – resource room for staff, regular staff forums, weekly news for staff, suggestion box for ideas
- People – monthly events calendar, SMT attending departmental meetings, redecoration of coffee rooms
- Growth – departmental action plans, sharing and involvement with the operational plan

## 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.	<b>Apr 2011 - Mar 2012</b>
Number of <i>C.difficile</i> infections reported	BMI Healthcare Risk Management System	This indicator relates to the number of hospital-apportioned infections.	<b>Apr 2014 – Mar 2015</b>
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.	<b>Feb 2016 – Jan 2017</b>
Number of admissions risk assessed for VTE	CQUIN Data	BMI Healthcare only collects this information currently for NHS patients.	<b>Jan 2017 – Dec 2017</b>
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.	<b>Oct 2015 – Sep 2016</b>
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.	<b>Jul 16 – Jun 17</b>

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)

Droitwich Spa Hospital	Re-Admissions (Aged 16+)			
2018	2017	National Average	Highest National Score	Lowest National Score
3.733	3.968	10.010	41.650	0.000

BMI The Droitwich Spa Hospital considers that this data shows that there was a lower than national average rate of readmissions in the reporting period for adults over the age of 18. BMI The Droitwich Spa Hospital does not carry out Paediatric services.

All cases of Re-admission are reviewed and presented at the Clinical Governance Committee to ensure any lessons learned are shared.

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

Droitwich Spa 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 table above shows that BMI The Droitwich Spa Hospital had a lower than national average rate (Zero cases) of C difficile cases over the reporting period

## Hospitals responsiveness to the personal needs of its patients

Droitwich Spa Hospital	Responsiveness			
2018	2017	National Average	Highest National Score	Lowest National Score
95.95%	96.00%	69.22%	78.00%	60.10%

The data shown in the table above shows that BMI The Droitwich Spa Hospital is responsive to the personal needs of our patients. This score rates highly in comparison to the national average. Ongoing customer support training is being rolled out to all staff.

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

Droitwich Spa Hospital	VTE			
2018	2017	National Average	Highest National Score	Lowest National Score
100.00%	99.09%	95.77%	100.00%	81.60%

The Droitwich Spa Hospital considers that this data shown in the table above demonstrates robust completion of the VTE/Risk Assessment before and on admission. These Risk Assessments are part of a quarterly audit. The audit results support the data that is shown in the table above.



## Patient Safety Incidents

Droitwich Spa Hospital	Patient Safety Incidents (Rate per 1000 Bed Days)			
2018	2017	National Average	Highest National Score	Lowest National Score
187.733	175.485	43.292	149.700	11.200

The Droitwich Spa Hospital considers that this data within the table above demonstrates that there is a positive culture within the hospital around reporting incidents with evidence of no, low and near miss events being reported.

Staff are actively encouraged to use the incident reporting system and receive feedback once an incident has been investigated with closure comments. There is a comprehensive reporting system that allows for the identification of any emerging trends which can then be investigated.

## Patient Recommendation Results

Droitwich Spa Hospital	Patient Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
98.77%	99.57%	97.07%	100.00%	75.61%

The Droitwich Spa Hospital considers that the data in the table above reflects the feedback from patients from the patient satisfaction survey, and supports the emphasis staff place on the patient at all stages of their journey.

There has been a slight decrease in our hospital percentage this year to date which we have identified to be attributed to a drop in response rates. There is an increased focus on this around data quality and giving paper questionnaires to patients who prefer them.

BMI The Droitwich Spa Hospital  
 St Andrews Road, Droitwich Spa WR9 8DN  
 T 01905 793333 F 01905 793334

Claire Davenport  
Director of Clinical Services  
BMI Droitwich Hospital,  
St Andrews Rd,  
Droitwich.  
WR9 8DN



12th June, 2018

Dear Claire,

Please see the following response from NHS Worcestershire Clinical Commissioning Groups, with regard to your Draft Quality Account 2017/2018.

A significant component of the work undertaken by NHS Worcestershire Clinical Commissioning Groups (RBCCG, SWCCG and WFCCG) includes the quality assurance of services provided for the population of Worcestershire that are all or part funded by the NHS. This includes steps to assure the public that the content of this Quality Account is an accurate reflection of the quality of services provided by BMI Droitwich Hospital.

The CCGs continues to receive quarterly data in alignment with an agreed annual Quality Schedule for the receipt of reports. This is in addition to engaging in Quality Assurance 'walk through' visits, Contract and Quality Review meetings with BMI Hospital Group on an annual basis and attendance at the Contract Monitoring Board for BMI. The CCGs are therefore in a good position to confirm that, as far as it is possible, the content presented in this Quality Account appears accurate.

The Quality Account for 2017/18 indicates what success looks like for the areas selected as improvement priorities throughout the document. It was positive to see the inclusion of the CQC action plan, with closure of actions with reference to this being reviewed on a regular basis, including the improvement work that has gone on around infection prevention and the safer surgery checklist. It was helpful to see the pictures and updates around the environment, building on recommendations from the PLACE audit. Patient satisfaction remains very high.

It was positive in the report to see the processes and examples of learning from incident and VTE root cause analysis and also learning from complaints.

It was noted the inclusion of the process for "Learning from Deaths" in this report.

The CCGs considers the BMI Droitwich Quality Account for 2017-18 to be a balanced and fair report that reflects the high quality of services delivered. You have identified areas of quality and service improvement within the report.

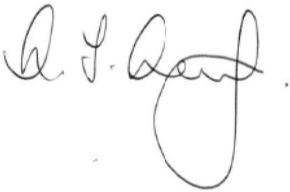
However we have noted a couple of areas within the report for the hospital to consider:

- In The CQUIN section it would be helpful to see the themes for the CQUINS schemes for 2017-2019 included in the report.
- Inclusion of some information as to why there is a marked decrease in Staff Recommendation from 84.62% to 54% over the year and why this may have happened have included some staff feedback, but no clear corporate objectives to improve on in the coming year.

I hope this feedback is helpful and the CCGs continues to wish the team at BMI Droitwich Hospital every success in continuing to deliver highly valued and well respected services for the local people of Worcestershire.

Please do not hesitate to contact me if you wish to discuss any points raised and I will await a copy of your final report.

Regards

A handwritten signature in black ink, appearing to read 'L. J. Levy'.

Lisa Levy

Executive Nurse/Director of Quality

**NHS South Worcestershire Clinical Commissioning Group**

**NHS Redditch & Bromsgrove Clinical Commissioning Group**

**NHS Wyre Forest Clinical Commissioning Group**

**On behalf of:**

NHS Redditch and Bromsgrove CCG, NHS South Worcestershire CCG and NHS Wyre Forest CCG