



The Duchy
Hospital

QUALITY ACCOUNTS 2018

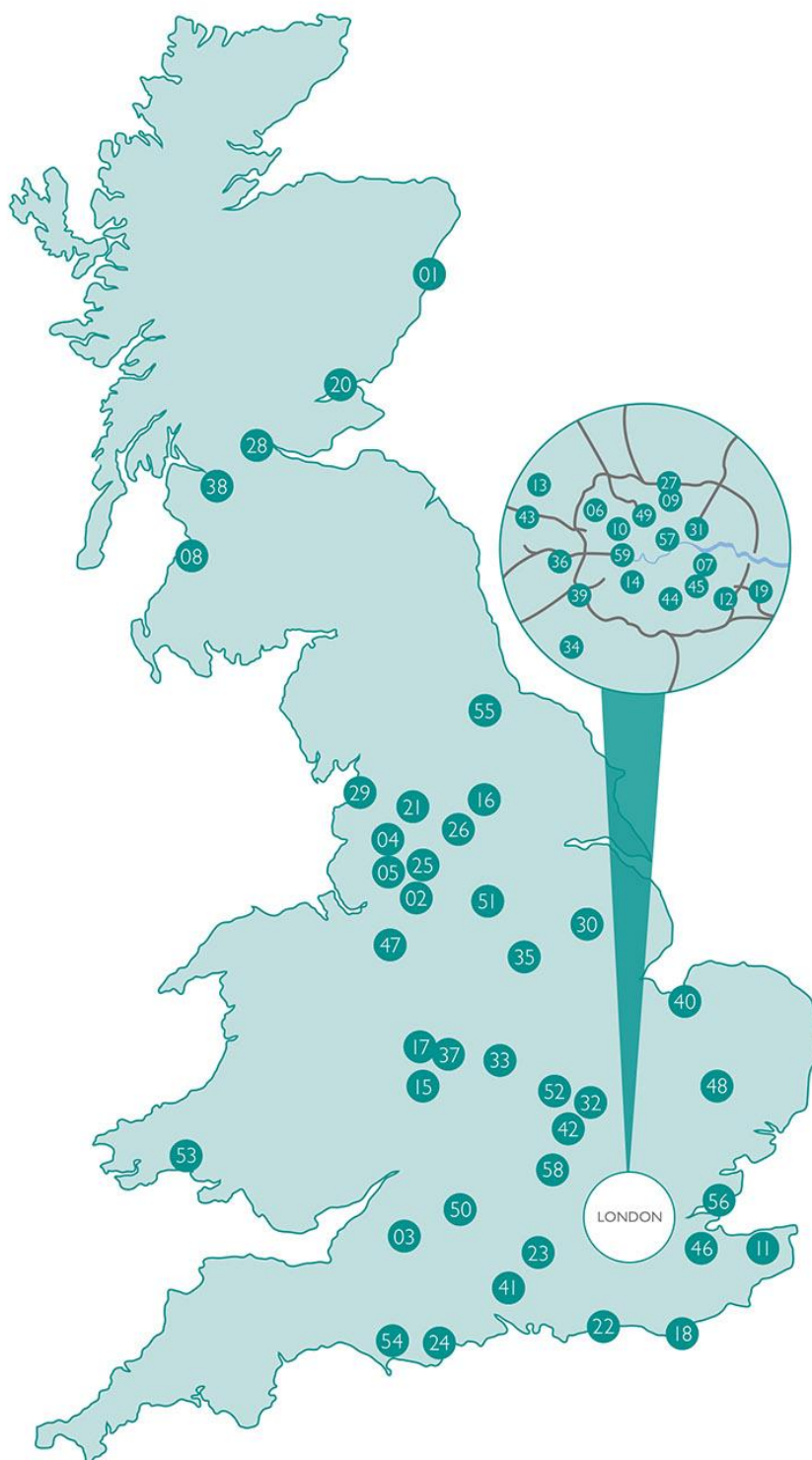
Contents

Our network of hospitals	3
Group Chief Executive’s Statement	4
Hospital Information	6
Safety.....	9
Patient Led Assessment of the Care Environment (PLACE)	11
Duty of Candour.....	11
Venous Thrombo-embolism (VTE)	13
Patient Reported Outcome Measures (PROMS).....	14
Learnings from Deaths	16
Patient Experience.....	17
Patient Satisfaction	17
Complaints.....	20
CQUINS	20
Safeguarding.....	21
National Clinical Audits.....	21
Priorities for Service Development and Improvement.....	23
Safety Thermometer	24
Staff Survey & Staff Safety Culture Questionnaire.....	24
Staff Recommendation Results	25
Quality Indicators	26
Patient Recommendation Results	28

I0904 0047 BRO CORP / 02.2017

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

Set on the outskirts of the beautiful spa town of Harrogate, within one minute walk of the legendary Stray and Valley Gardens, our newly refurbished 27 bedded facility including an ambulatory care unit, also has 2 laminar flow theatres offering day and in-patient care, along with a full range of outpatient services which includes a treatment room, physiotherapy department with individual treatment rooms and gymnasium, Imaging departments with Ultrasound and a weekly mobile MRI service for diagnostic imaging.

All our patient bedrooms have en-suite facilities, with a bath or shower, nurse call system, TV and telephone. We offer free on-site car parking, visitors may come and go as they please, with no restriction on visiting hours (subject to medical considerations).

Our catering service provides for an extensive choice of dishes, with all special dietary requirements catered for.

All consultants treating patients at BMI Healthcare hospitals have fulfilled rigorous eligibility criteria that are used to ensure patients receive the highest possible standard of care. All are reviewed every 2 years to ensure the upkeep of these criteria, examples of which include inclusion on the specialist register of the General Medical Council, currently holding a permanent appointment as a consultant or senior lecturer in an NHS hospital or having equivalent status and clinical experience, performing procedures or techniques that are only part of his or her normal practice and which he or she can provide evidence of adequate training and ongoing experience.

The hospital sees a mix of private and NHS patients on an outpatient and inpatient or day case basis. From 1 October 2017 – 31st March 2018 the case mix was 64.6% private and 35.4% NHS.

NHS workload comes from the NHS e-referral system which is offered in the specialties of Orthopaedics, Urology, Gastroenterology, Spinal and General Surgery.

During 2017 the hospital underwent a refurbishment programme with included full flooring and décor throughout the hospital, with an upgrade in theatre, a new ambulatory care unit and beautiful local pictures within the reception area.

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

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

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

The CQC carried out an announced inspection on 4th and 5th October 2016 with an unannounced visit to the hospital on 19th October 2016 that resulted with an overall inadequate rating however a good rating for caring and responsive.

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

A new management structure was introduced and a re-inspection took place on 30th and 31st July 2017 and with this and the improvements that had been made the re-inspection resulted in an overall rating of “Requires Improvement”. During this visit the hospital was re inspected against two of the five key lines of enquiry that were rated inadequate in October 2016. The results below show the significant progress that has been made against the table above;



The Duchy 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 recurrence 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 Hospital Infection Prevention & Control Nurse (HIPC�) at The Duchy Hospital.

Between April 2017 to March 2018, the hospital had;

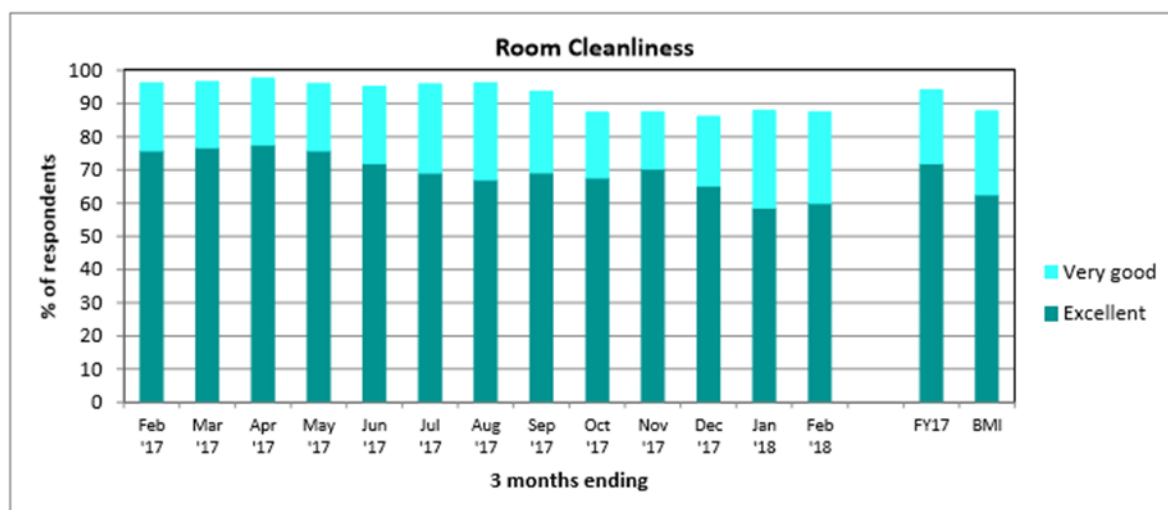
- 0.0000 MRSA bacteraemia cases per 100,000 bed days
- 0.0000 MSSA bacteraemia cases per 100,000 bed days
- 0.0000 E. Coli bacteraemia cases per 100,000 bed days
- 0 of hospital apportioned Clostridium difficile in the last 12 months.
- SSI data is also submitted to Public Health England for Orthopaedic surgical procedures. Our rates of infection are;

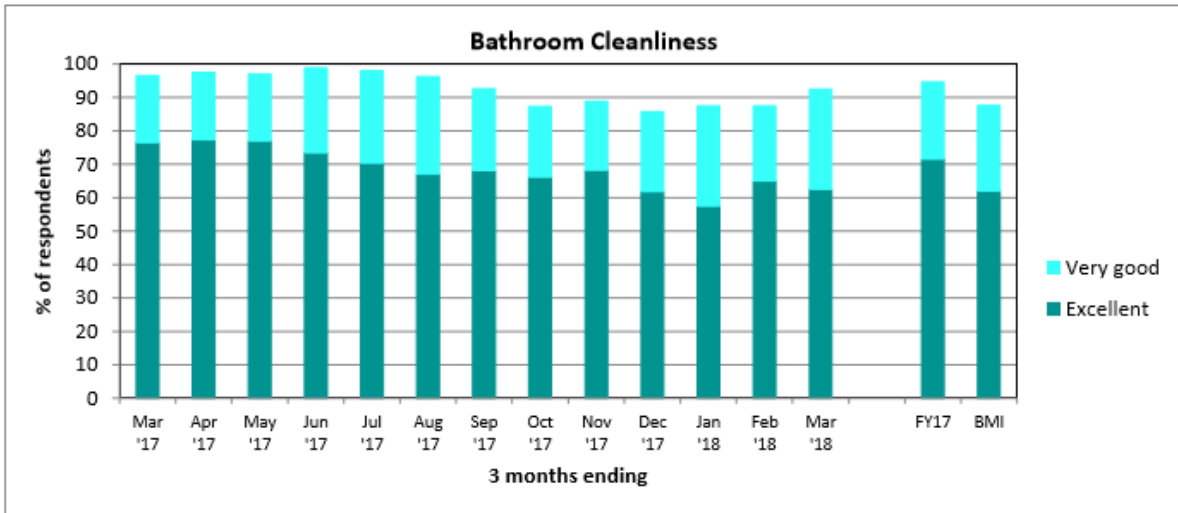
Measure	Rate (per 100 procedures)
Hips	0.00000
Knees	0.00000

The hospital’s local Infection, Prevention & Control (IPC) team meets on a monthly basis with IPC Committee meetings being held four times per year. Full environmental audits were undertaken during the last year on the Ward, Theatre department and in the Consulting Rooms. Action plans were completed which have been followed up by the respective link practitioners and Heads of Department. Audit results and action plans are discussed at both the hospital Clinical Governance and IPC committee meetings. In addition the hospital completed its PLACE audit during 2017, the results of which are shown later in the report.

During the last 12 months the hospital IPC Nurse has implemented a local IPC audit plan which includes monthly hand hygiene audits completed in all clinical departments. The department’s link nurses have continued with the support of the hospital IPC, the care bundle audits, the results of which continue to show a high level of consistent practice.

Environmental cleanliness is also an important factor in infection prevention and our patients rate the cleanliness of our facilities highly. The patient feedback in relation to bathroom and room cleanliness demonstrates a high degree of satisfaction as evidenced in the charts below.



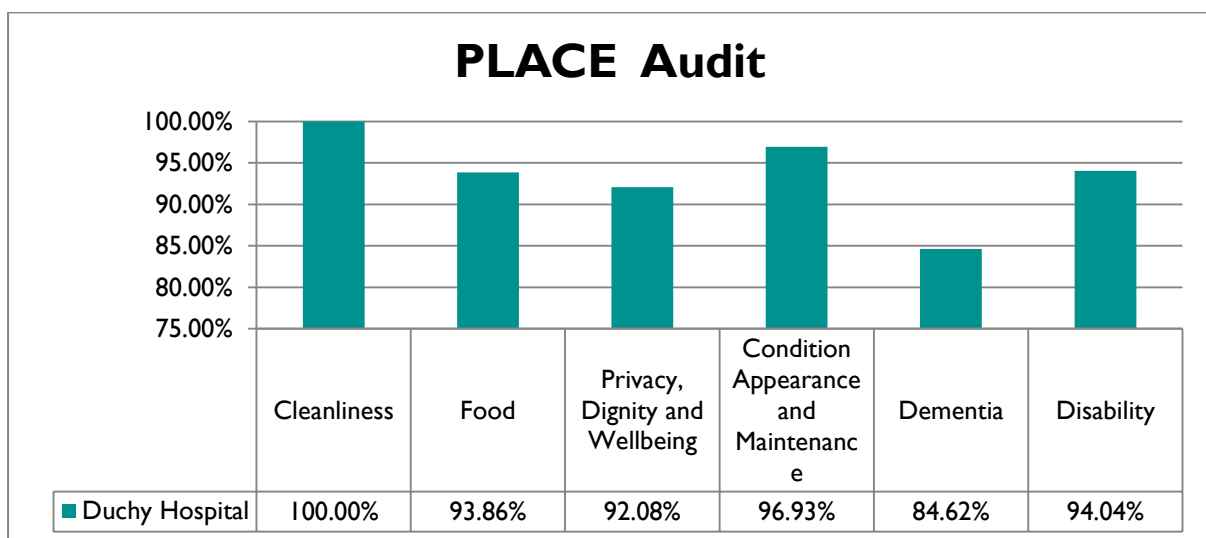


At BMI Healthcare, we believe a patient should be cared for with compassion and dignity in a clean, safe environment. Where standards fall short, they should be able to draw it to the attention of managers and hold the service to account. PLACE assessments will provide motivation for improvement by providing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

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

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

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



BMI Duchy hospital achieved an overall score of 94% across the six categories which is an improvement from the previous year's score of 87%. This is due to the condition, appearance and maintenance of the building score as the refurbishment was underway.

There has also been an improvement with regard to dementia awareness and standards throughout the hospital from last year and this remains an ongoing focus for the hospital in relation to facilities offered and staff knowledge and skills.

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 requirements.

BMI Duchy Hospital had 4 incidents between April 2017 and March 2018 in which we formally implemented the Duty of Candour Policy. For these incidents we wrote formally to the patient concerned offering them an opportunity to discuss their care and treatment. Two patients took up the opportunity and a meeting was held to discuss what went wrong and what we have done as a hospital to prevent the incident occurring again where possible. The discussions were held with the Consultant Surgeons and Anesthetists (where relevant) that were involved in the incidents and were both were pleased with the approach.

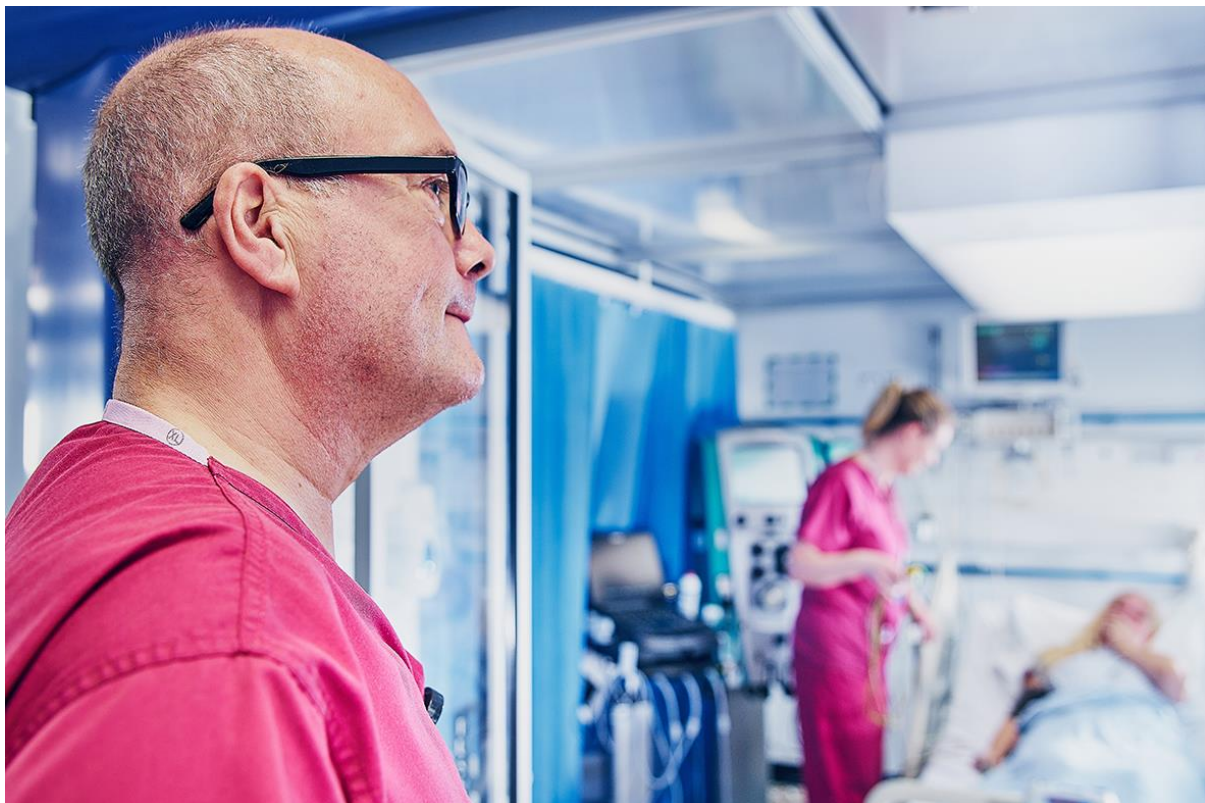
Venous Thrombo-embolism (VTE)

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

We see this as an important initiative to further assure patient safety and care. We audit our compliance with our requirement to VTE risk asses every patient who is admitted to our facility and the audit results have shown compliance of 100%

The Duchy 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 to ensure that we have as much data as possible.

Duchy Hospital	VTE			
2018	2017	National Average	Highest National Score	Lowest National Score
100.00%	97.73%	95.77%	100.00%	81.60%

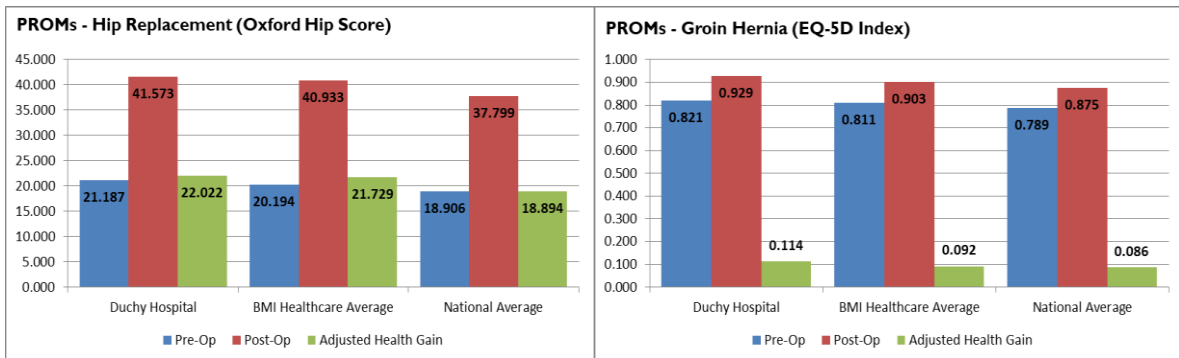


Patient Reported Outcome Measures (PROMS)

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.

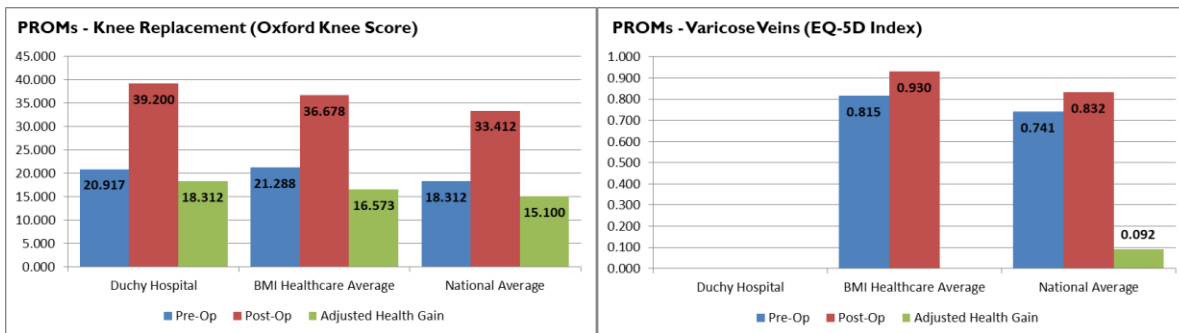
For the current reporting period, the tables below demonstrate that the health gain between Questionnaire 1 (Pre-Operative) and Questionnaire 2 (Post-Operative) for patients undergoing hip replacement and knee replacement at The Duchy Hospital.

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



As can be seen on the chart above the health gain post operatively is slightly higher than the BMI Healthcare average and national average health gain demonstrating the effectiveness of the current patient pathways within the hospital.

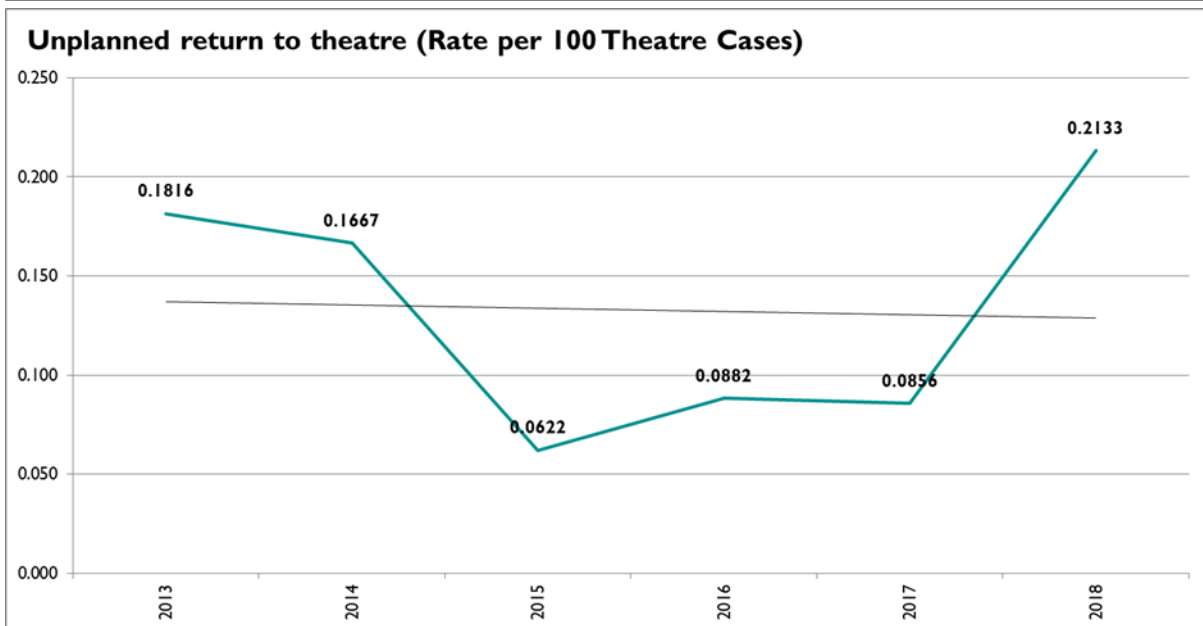
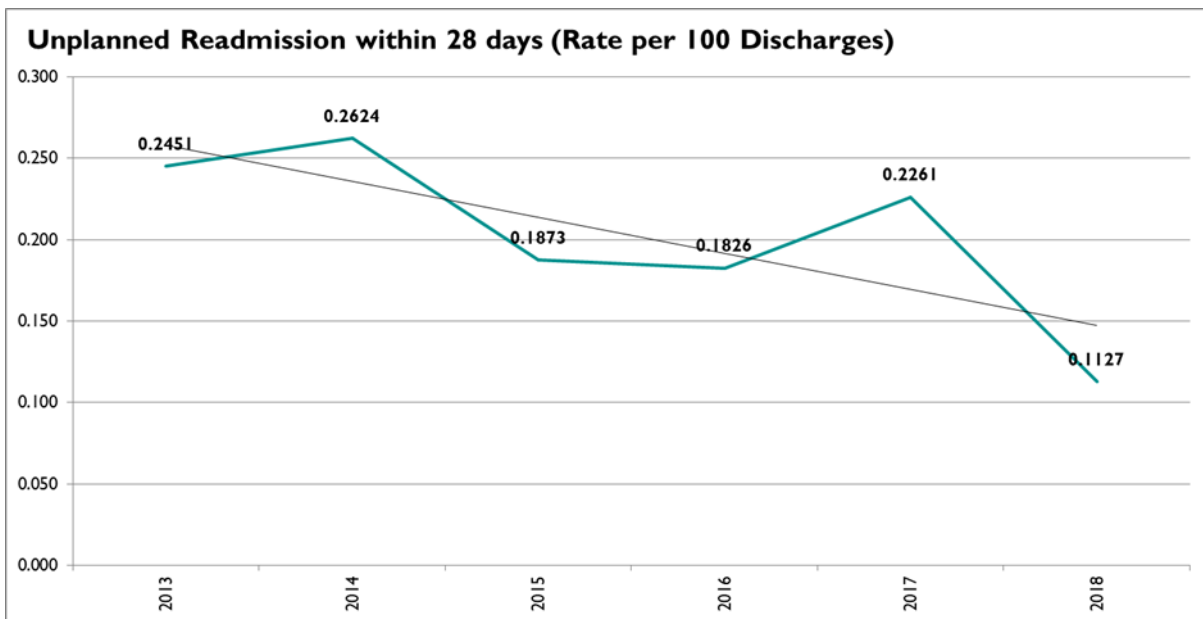
The chart below also shows the effectiveness of the current pathways for knee replacements resulting in gain post was slightly higher than average in BMI Healthcare and the National Average. Varicose Veins procedures are not carried out at BMI The Duchy.



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. The graph below shows a slight reduction in the 2018 data for unplanned readmissions. Each event is reviewed at the monthly Hospital Governance Meeting and quarterly Clinical Governance Committee and the review of these incidents has not identified key themes or trends of note.

Duchy Hospital	Re-Admissions (Aged 16+)			
2018	2017	National Average	Highest National Score	Lowest National Score
1.880	3.895	10.010	41.650	0.000



Learnings from Deaths

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

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

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

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

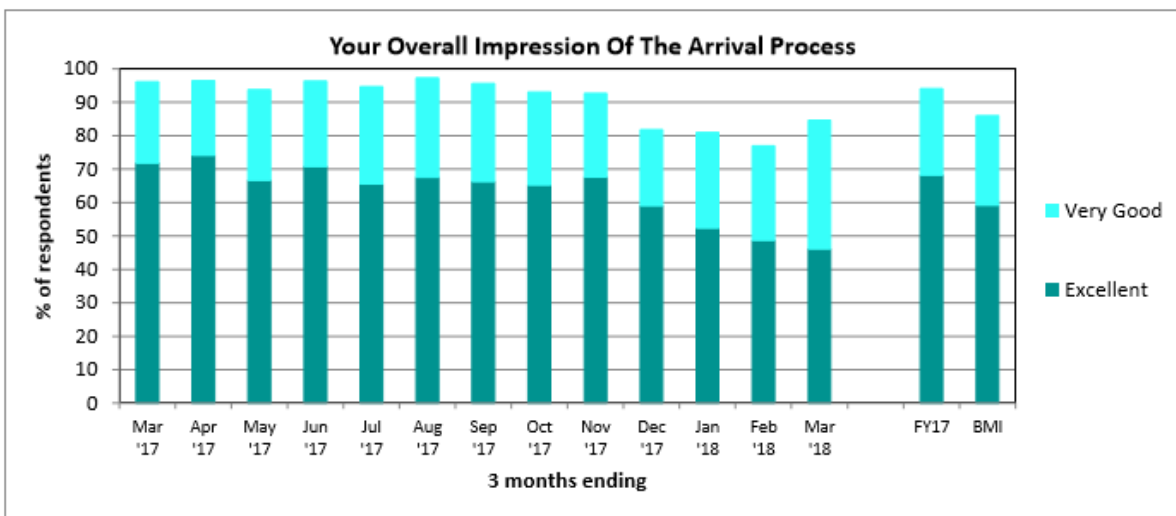
BMI The Duchy have had 0 expected or unexpected deaths over this reporting period.

Patient Experience

Patient Satisfaction

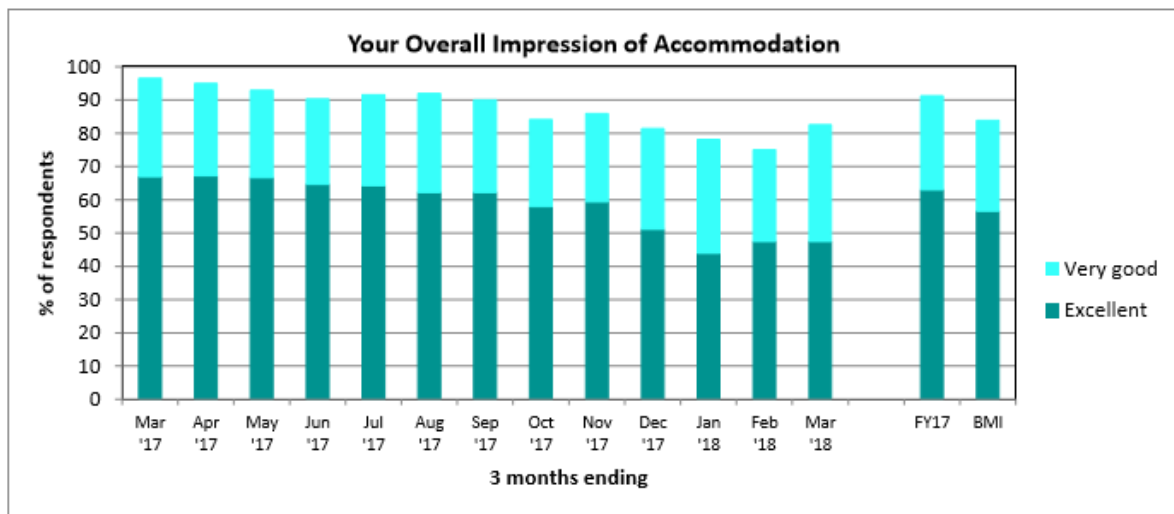


BMI Healthcare is committed to providing the highest levels of quality of care to all of our patients. We continually monitor how we are performing by asking patients to complete a patient satisfaction questionnaire. Patient satisfaction surveys are administered by an independent third party.

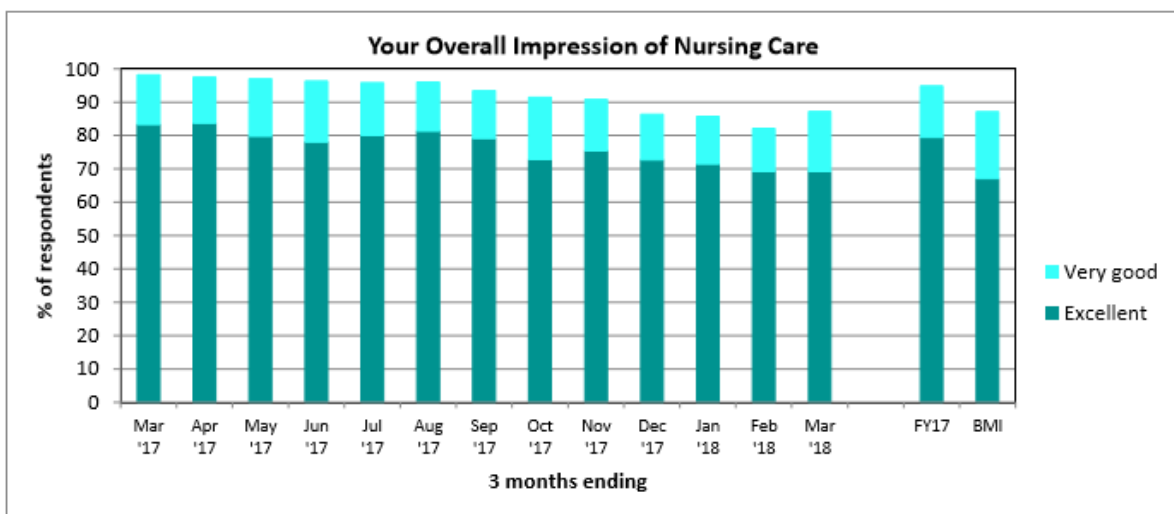


On the graph above, the results from March 2017 patient survey demonstrate that 69% of patients rated BMI The Duchy Hospital’s Arrival Process as excellent and 93% of patients rated the process as very good. In comparison to last year’s results there has been a decline in excellent and very good rating. However, in October 2017 the patient satisfaction questionnaire administered by the third party changed from paper based questionnaire to an online questionnaire which has resulted in a decline in patient responses.

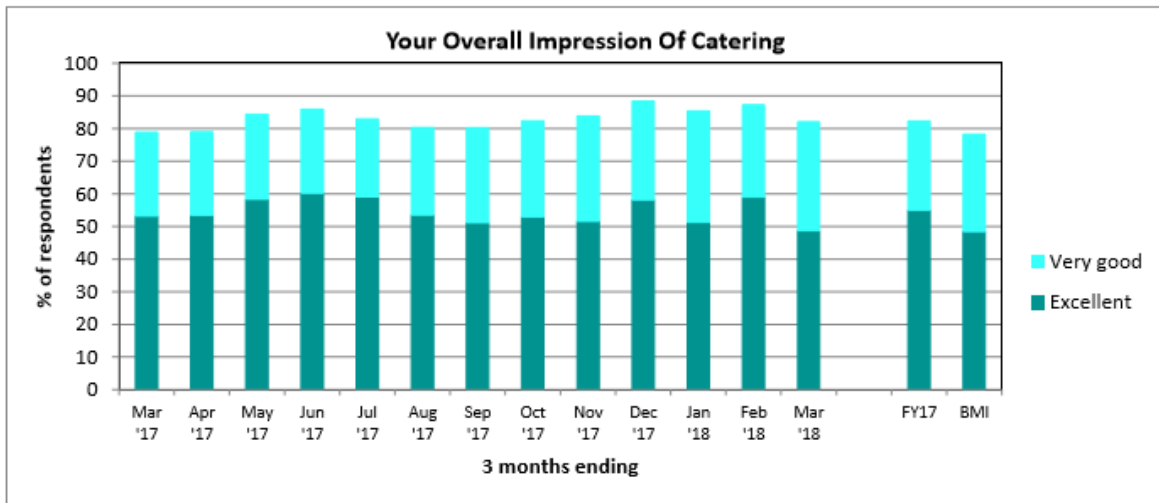
In February 2018 we re-introduced the paper questionnaire and the patient responses have started to increase. Improving the patient experience with the arrival process at all reception areas has been a focal point for us this year as we recognise how important this is to patients at the beginning of their journey through their care pathway with us. The main reception has been redecorated and glass artwork of local landscapes is now displayed.



One of the areas we focus upon is patient satisfaction with the accommodation provided to our patients at BMI The Duchy Hospital, as we recognise this is key to maintaining privacy and dignity for patients and improving patient wellbeing. All the patient rooms have been redecorated and new flooring has been fitted. The chart above shows the results for the year.



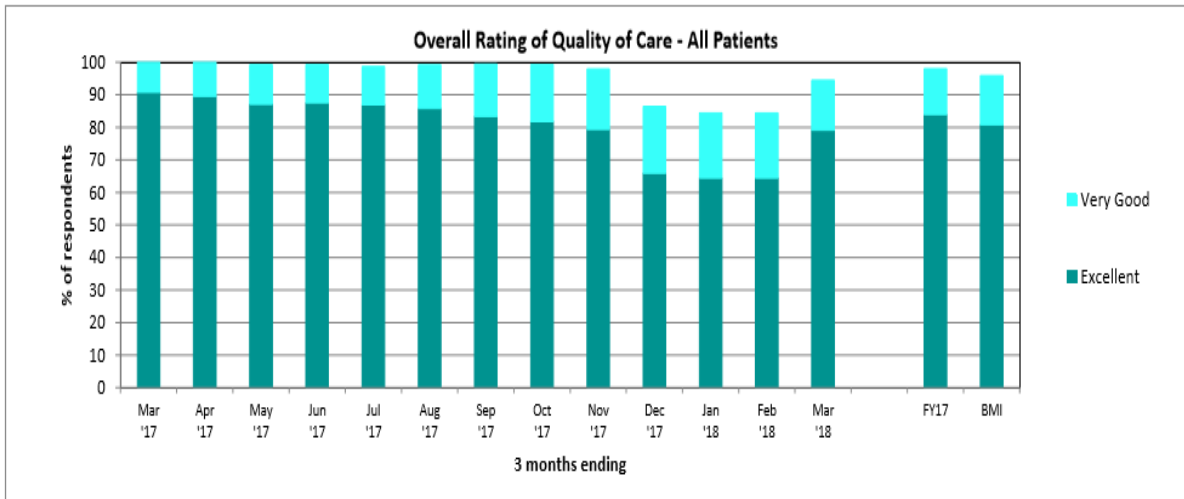
The data provided in the chart above demonstrates patient satisfaction with all aspects of nursing care over the year and that 79% of patient rated the nursing care as excellent at the hospital and 95% of respondents rated it as very good.



BMI The Duchy Hospital also seek patient feedback on the catering service provided to patients and the results are presented in the graph above which shows that 49% of patients rated the catering as excellent contributing to all total score of 81% in March 2018.



The graph above from March 2018 patient satisfaction survey shows how our patients rated us in terms of meeting or exceeding their expectations. The data shows that 50% of patients rated us as exceeding their expectations this year with an overall score of 99%.



The chart above shows how BMI The Duchy Hospital performed in terms of patient feedback regarding the overall Quality of Care provided to patients. This takes into account all areas of patient care and treatment throughout the patient journey.

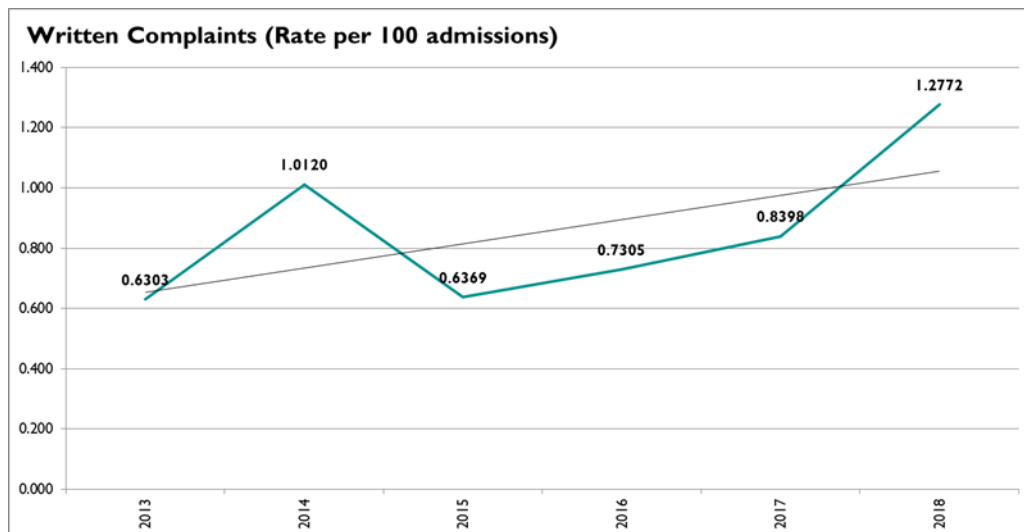
Complaints

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

Stage 1: Hospital resolution

Stage 2: Corporate resolution

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



There has been an increase of complaints between April 2017 to March 2018 than the previous year; this was partly due to the disruption whilst the refurbishment programme was being completed

however there has also been an increase relating to invoice queries. The hospital, its staff and Consultants all take patient complaints seriously using the feedback provided to change practice or processes as required in order to improve the patient experience. Hospitality training sessions have been provided with more planned over the coming months. There has been a change in the management of the complaints process that involves the offer of a meeting to discuss the issues and concerns raised where relevant with a member of the Management Team plus Consultant and Anesthetists as appropriate.

CQUINS

The Standard Acute Contract that BMI Duchy Hospital holds formally with local Clinical Commissioning Groups (CCGs) includes participation in the NHS Commissioning for Quality and Innovation Scheme (CQUIN) on an annual basis.

This involves staff working with Commissioners to deliver the national CQUIN initiatives set by the Department of Health and to identify local CQUIN initiatives which aim to improve the quality of care delivered to patients at a hospital level. Last year BMI Duchy Hospital was commissioned to deliver NHS work via the Standard Acute Contract for the local Clinical Commissioning Groups.

National CQUIN initiatives were not deemed applicable to BMI Duchy Hospital for 2017/18 due to the patient case mix and services provided therefore local CQUIN initiatives were agreed with commissioners. These included:

- Sign up for Safety
- Improving Pre-assessment

BMI Duchy Hospital have met their CQUIN targets up to Quarter 3 in 2017 with Q4 still to be reviewed and agreed with commissioners.

Safeguarding

Safeguarding is about protecting people from abuse; preventing 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 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.

Additional support is available from the Group Head of Nursing and Group Director Clinical Governance who are trained to level 5 in safeguarding.

There have been 0 recorded safeguarding incidents logged at BMI Duchy Hospital during the reporting period however all staff are aware of who the hospital Safeguarding lead is and the process to follow in the event that they have any concerns. Additional face to face training has been provided at the hospital relating to Female Genital Mutilation (FGM) and further training and education for all hospital staff is planned in the coming year to ensure that all aspects of protecting vulnerable adults and children are covered.

National Clinical Audits

BMI The Duchy was only eligible to participate in the National Joint Registry audit and all joint replacements are submitted to this. The hospital's overall consent score for 2017 was 97%. Compliance results for the reporting period are as follows:

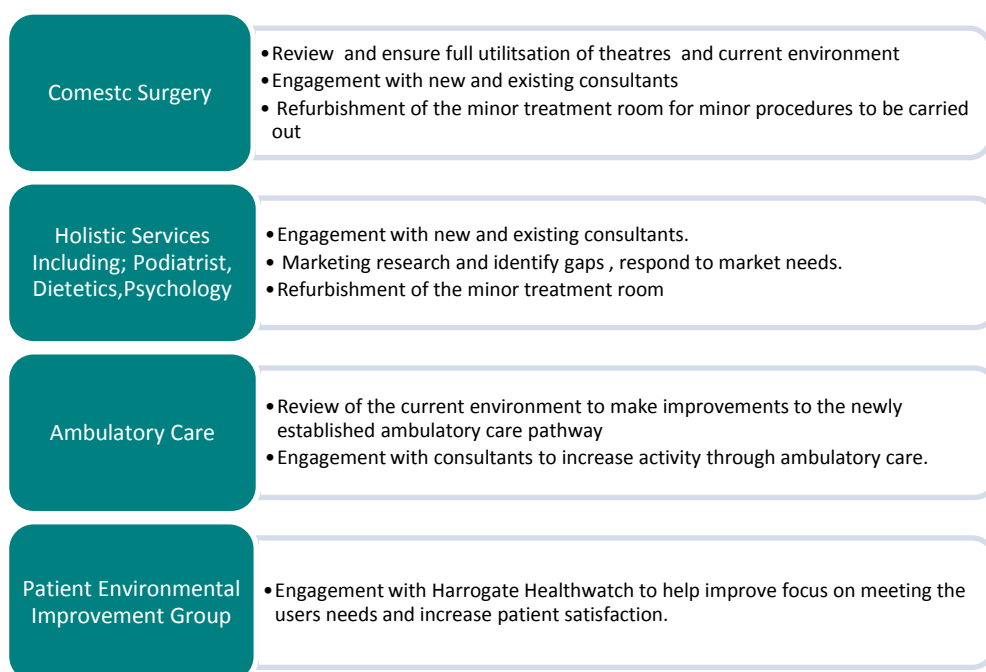
Totals for this hospital	2017	Year to date: 2018
Total completed ops	414	99
Hip procedures	175	42
Knee procedures	230	55
Ankle procedures	0	2
Elbow procedures	0	0
Shoulder procedures	9	0
NJR consent rate	97%	100%

2017							
Month	Completed operations	Hips	Knees	Ankles	Elbows	Shoulders	Consent rate
January	42	16	25	0	0	1	97
February	34	16	18	0	0	0	94
March	40	18	22	0	0	0	100
April	28	11	17	0	0	0	92
May	35	13	22	0	0	0	100
June	41	21	17	0	0	3	95
July	38	16	20	0	0	2	100
August	21	7	13	0	0	1	95
September	42	24	17	0	0	1	100
October	28	9	18	0	0	1	96
November	40	18	22	0	0	0	100
December	25	6	19	0	0	0	92

		2018					
Month	Completed operations	Hips	Knees	Ankles	Elbows	Shoulders	Consent rate
January	43	17	25	1	0	0	100
February	31	14	16	1	0	0	100
March	25	11	14	0	0	0	100
April	0	0	0	0	0	0	0

Priorities for Service Development and Improvement

This year BMI The Duchy Hospital intends to improve and develop its services further with particular focus on the following during 2018/19;



BMI The Duchy also will be working on continue to make improvements on various governance and quality expects that will be evident in a rating of Good or outstanding from the Care Quality Commission.

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 was 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.

Engagement of staff has significantly improved at BMI The Duchy, with a number of different ways of available for all staff members they include; Staff forums, training session being held within team meetings, feedback sessions regarding incidents and complaints.

Staff Recommendation Results



Duchy Hospital	Staff Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
87.00%	89.66%	73.18%	89.98%	50.44%

The Duchy Hospital considers that this data is as described for the following reasons;

- Poor CQC inspection in 2016, increased rating in 2017. There were several changes in processes, procedures, staffing, culture and behaviours including a new senior management structure.

The Duchy Hospital has taken the following actions to improve this and increase staff satisfaction by:

- Increasing staff engagement – regular staff forums have now been introduced plus introduction of a staff engagement group
- Staff event calendar under development
- Increased visibility of senior management
- Recruitment day being held in May 2018
- New staff recognition process to be implemented

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)

Duchy Hospital	Re-Admissions (Aged 16+)			
2018	2017	National Average	Highest National Score	Lowest National Score
1.880	3.895	10.010	41.650	0.000

BMI Duchy Hospital does not provide an inpatient paediatric service therefore, does not have any data relating to paediatric readmissions.

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

Duchy 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

BMI Duchy Hospital has had 0 cases of C.difficile reported however despite this there is a continued focus on infection prevention and control within the hospital environment which is led by the hospital's IPC Nurse

Hospitals responsiveness to the personal needs of its patients

Duchy Hospital	Responsiveness			
2018	2017	National Average	Highest National Score	Lowest National Score
94.55%	94.39%	69.22%	78.00%	60.10%

BMI The Duchy Hospitals results for patient satisfaction, as seen in the table above are above the national average plus the highest national score. All the hospital staff and consultants provide care in a patient focused and individualised way which contributes to the excellent patient satisfaction scores.

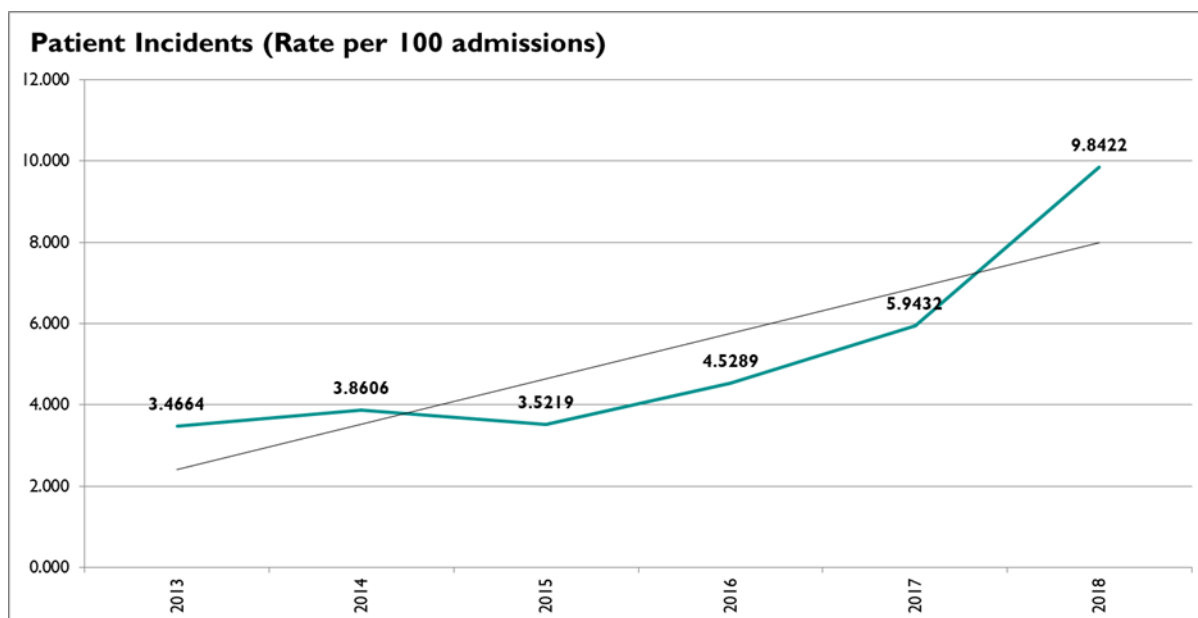
The percentage of patients who were admitted to hospital and who were risk assessed for VTE (Venous Thromboembolism)

Duchy Hospital	VTE			
2018	2017	National Average	Highest National Score	Lowest National Score
100.00%	97.73%	95.77%	100.00%	81.60%

BMI Duchy Hospital's results for VTE risk assessment scores are higher than the national average and the same as the highest national score reported as 100%. A monthly review and audit of medical notes undertaken by the nursing staff ensures that the requirement to ensure that all patients are risk assessed prior to surgery and at specific intervals post-surgery remains a key element of the care provided to all patients.

Patient Safety Incidents

Duchy Hospital	Patient Safety Incidents (Rate per 1000 Bed Days)			
2018	2017	National Average	Highest National Score	Lowest National Score
161.654	102.393	43.292	149.700	11.200



BMI Duchy Hospital reports on all clinical incidents and patient safety related incidents. The number reported above includes a high proportion of patients who were planned to have their procedures carried out but were unable to due to their procedures being cancelled due to clinical reasons, which is classed as an adverse outcome on the BMI Riskman reporting system.

There has been an increase of reporting incidents since BMI RiskMan reporting system was implemented in December 2016, as it is available and all staff are encouraged to report incidents and near misses. Trending analysis is undertaken and reported to relevant committee meetings and departments to share lessons learnt.

Patient Recommendation Results

Duchy Hospital	Patient Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
97.46%	99.37%	97.07%	100.00%	75.61%

The table above shows that patient recommendations for the BMI Duchy Hospital are slightly above the national average and below the highest national score. There will be a continued focus from all staff at the hospital to ensure that patients and their relatives remain at the center of all local processes and that kind compassionate care remains at the forefront of care delivery. A patient satisfaction group is being re-launched at site to increase the number of patient satisfaction returns and ensure that all patient feedback is reviewed, assessed and as a result recommendations for changes to practice made where appropriate.

BMI The Duchy
Queen's Road, Harrogate,
Yorkshire HG2 0HF
T: 01423 567 136 F: 01423 524 381