

**QUALITY  
ACCOUNTS 2018**

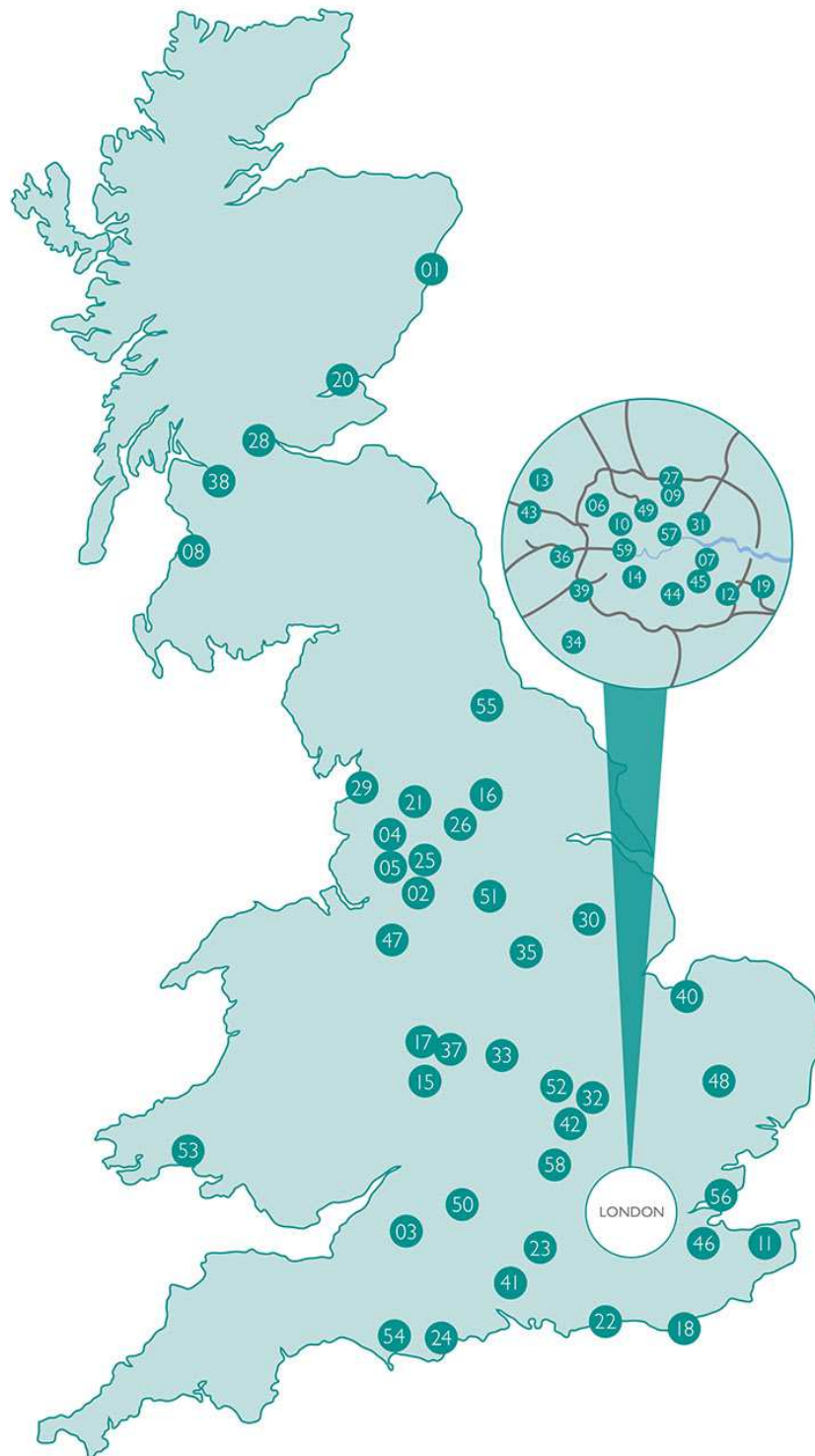
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## Our network of hospitals

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



## Group Chief Executive's Statement



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

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

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

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

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

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

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

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

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

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

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

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

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

**Dr Karen Prins**

## BMI the Edgbaston Hospital Information



BMI the Edgbaston Hospital is Birmingham's longest standing independent hospital, and celebrated its 50th Birthday in 2015. Our commitment is to high standards of care, and value, providing facilities for advanced surgical procedures together with friendly, professional care.

BMI the Edgbaston Hospital is registered for 55 beds and has individual patient rooms offering the privacy and comfort of en-suite shower facilities, Freeview television, telephone and Wi-Fi.

The hospital has three laminar-flow operating theatres and a dedicated Endoscopy/minor operations suite. The Endoscopy/minor operations suite serves patients with a wide range of procedures, many of which are carried out following an ambulatory care pathway. The Hospital is currently seeking JAG accreditation through the twice yearly submission of the GRS audit.

There is on site diagnostic imaging for x-ray, MRI and ultrasound enabling our Consultants to undertake a wide range of procedures from routine investigations through to surgery. Further imaging modalities can be provided by our sister hospital the Priory.

Our Consultant specialists are supported by a dedicated team of professional medical staff. Our nursing teams and resident medical officers are on duty 24 hours a day providing care within a friendly and comfortable environment.

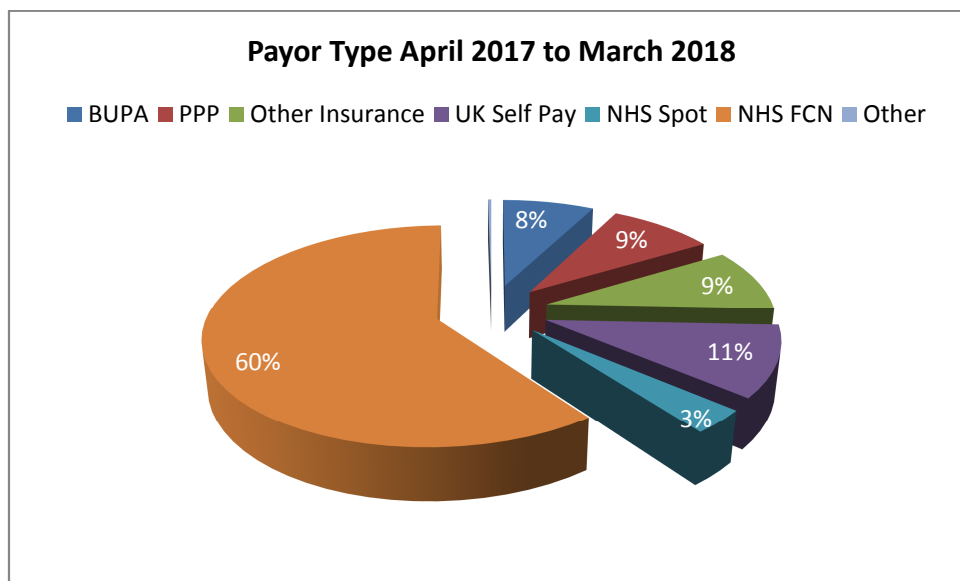
Further to these services we have a dedicated physiotherapy gym and on-site pharmacy to compliment the patient pathway. Our individual pre-assessment and pathology department allows our team to provide a single point of access for patients prior to their surgery and offers the opportunity to promote a fully multi-disciplinary approach to patient care.

BMI the Edgbaston Hospital offers the following services:

- Access to elective surgical specialties including, but not exclusively, orthopaedics, spinal, dermatology, ENT, gynaecology, colo-rectal, general surgery, plastic and cosmetic surgery and urology
- Dedicated ENT outpatient treatment room
- Audiology – hearing booth
- Endoscopy and minor operations suite offering patients an ambulatory care experience meaning a walk in/ walk out service
- NHS e-referral clinics offering patient choice to NHS patients across specialties including (but not exclusively) orthopaedics, ENT, urology, gynaecology, colo-rectal, general surgery, and podiatry
- Physiotherapy including musculoskeletal, women’s and men’s health and a dedicated hand therapy service
- X-ray/ Ultrasound imaging
- MRI scanning via a mobile service
- Podiatry, including surgery and biomechanics, and chiropody

Our Consultants offer an active GP and Allied Health Professionals education service across multiple specialties to support education and development. There is also the opportunity for our patients to attend specific education events.

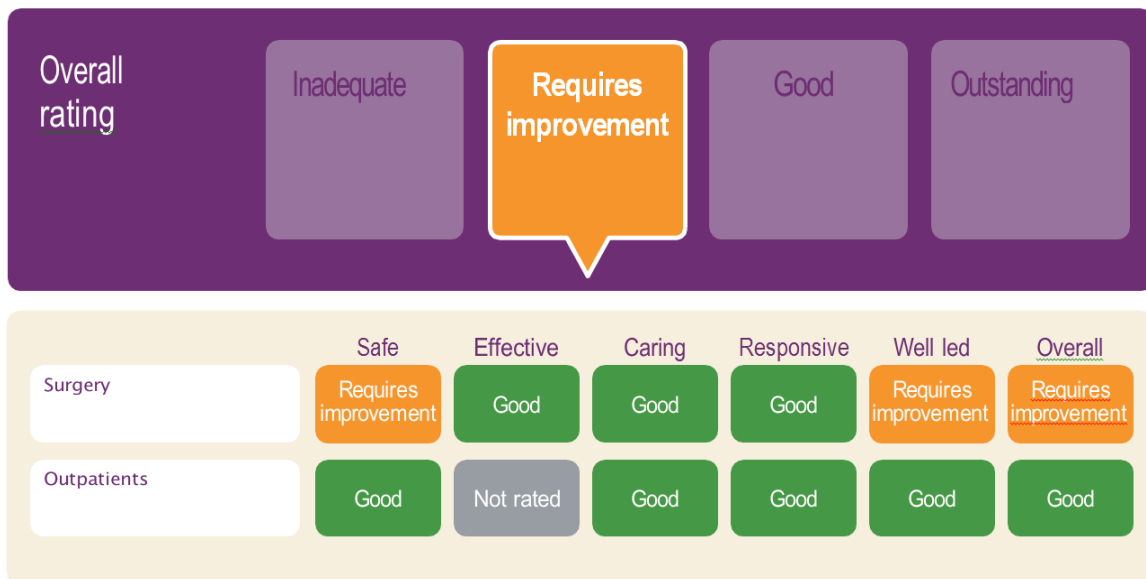
The pie chart below identifies that 60% of the inpatient and daycases admitted to BMI the Edgbaston Hospital between April 2017 and March 2018 were funded by the NHS e-referral scheme and 3% by NHS spot-contracts. The remaining 37% of our patients were funded by medical insurance or chose to self-pay for their treatment.



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

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

The CQC carried out an announced inspection on 18<sup>th</sup> February 2016 of two core services; surgery and out patients and diagnostic imaging. The report was published in February 2017. The overall rating is displayed below based on the five domains:



In addition to the actions outlined in BMI the Edgbaston Hospital's 2017 Quality Account we have implemented the following:





We are continuing to work with a live and active quality improvement action plan which involves all members of staff contributing to our patient pathway.

BMI the Edgbaston Hospital is committed to developing a culture of learning to improve our clinical quality. There is a local framework which analyses and monitors clinical effectiveness, clinical incidents and clinical quality. This work is carried out by the entire hospital Multi-Disciplinary Team (MDT) with involvement from our Medical Advisory Committee.

Our focus for 2017 2018 has been engaging with staff to further develop a transparent culture of sharing incidents and near misses. There has been a focus on monthly analysis of all incidents and complaints which is shared hospital wide. This ensures the availability of information for effective clinical governance with implementation and monitoring of appropriate actions to prevent reoccurrences in order to improve quality and safety for patients, visitors and staff. An example of change from near misses is the changes to our flooring on the ward. The near miss identified was a risk of slips due to a change from carpet to hard flooring. We have mitigated this risk by ensuring that patients are informed at pre-assessment to bring appropriate footwear and have visible posters on the ward to remind our patients.

The hospital provides 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, Public Health England, Clinical Commissioning Groups (CCG) 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>. PHIN is committed to collecting data and providing transparent information developing over the next five years. 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 (IPC) at BMI the Edgbaston Hospital is led by the Director of Infection Prevention and Control in conjunction with our IPC Lead Nurse however we ensure that all staff are aware that they have a responsibility to adhere to IPC policies and demonstrate best practice. This includes hand hygiene, uniform compliance as well as hospital and equipment cleanliness. The IPC Lead is supported by a group of link practitioners formed from members of the MDT within the hospital including nursing, housekeeping and allied health professionals.

BMI Healthcare focuses on Infection Prevention and Control under the leadership of the Group Director of IPC and Group Head of IPC.

Between April 2017 to March 2018 the hospital had:

Hospital Attributable Infection	Rate (per 100,000 Bed Days)
MRSA	0.0000
MSSA	0.0000
E.Coli	37.2024
C.difficile	0.0000

- E.coli bacteraemia cases 37.2024/100,000 bed days this equates to 1 patient (June 2017).

Surgical site infection (SSI) data is also submitted to Public Health England for orthopaedic hip and knee replacement procedures. At BMI the Edgbaston Hospital our reported rates of infection for 2017-2018 are shown in the table below:

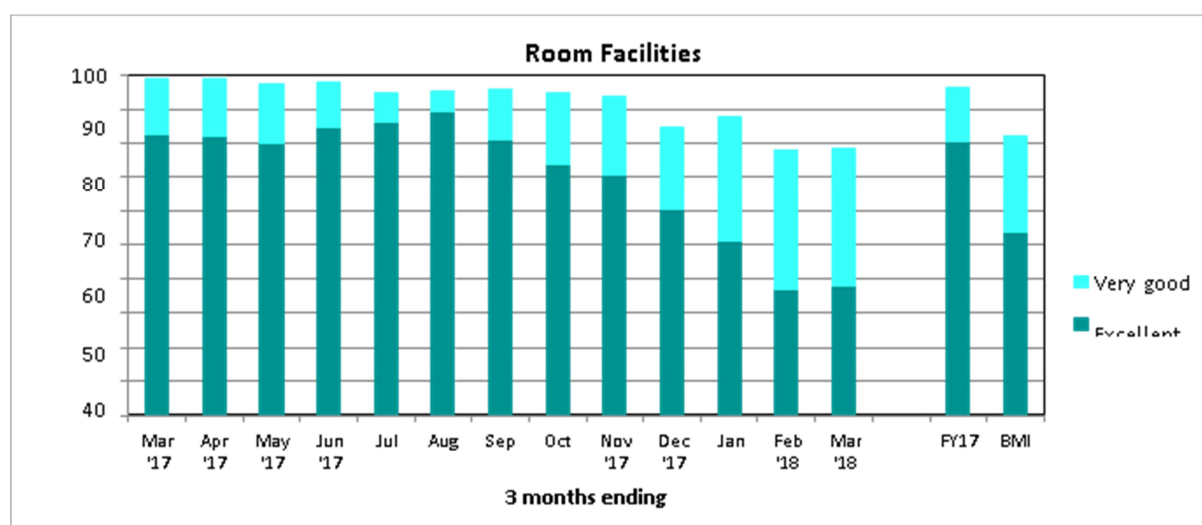
Measure	Rate (per 100 procedures)
Hips	0.01111
Knees	0.00000

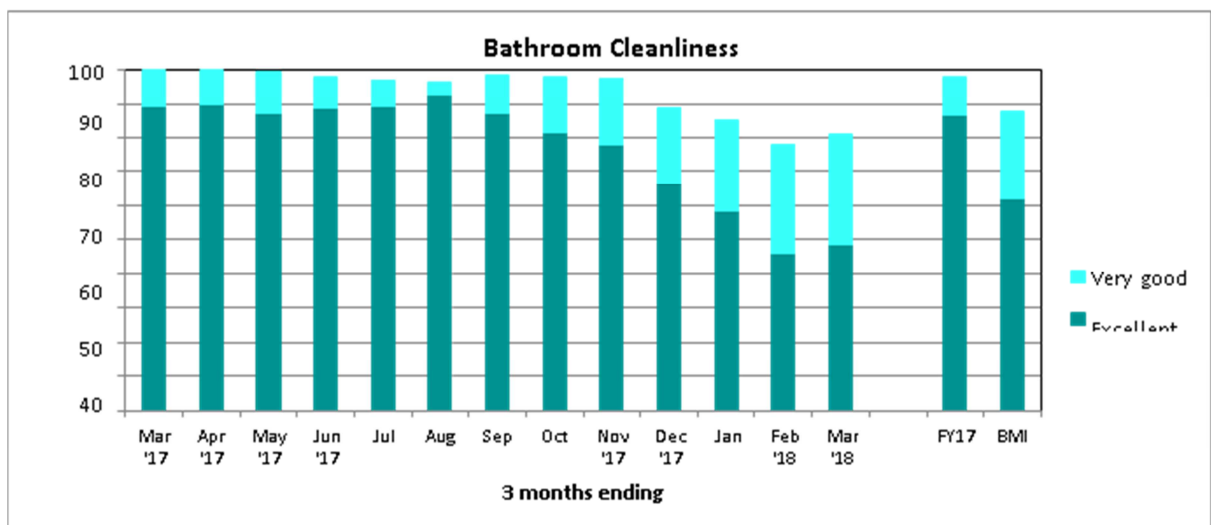
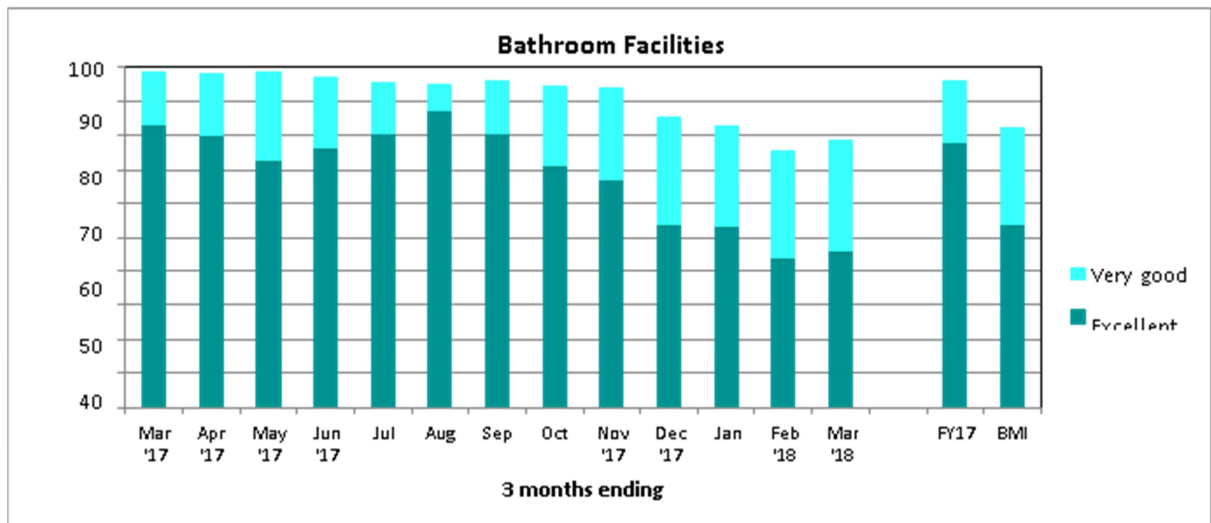
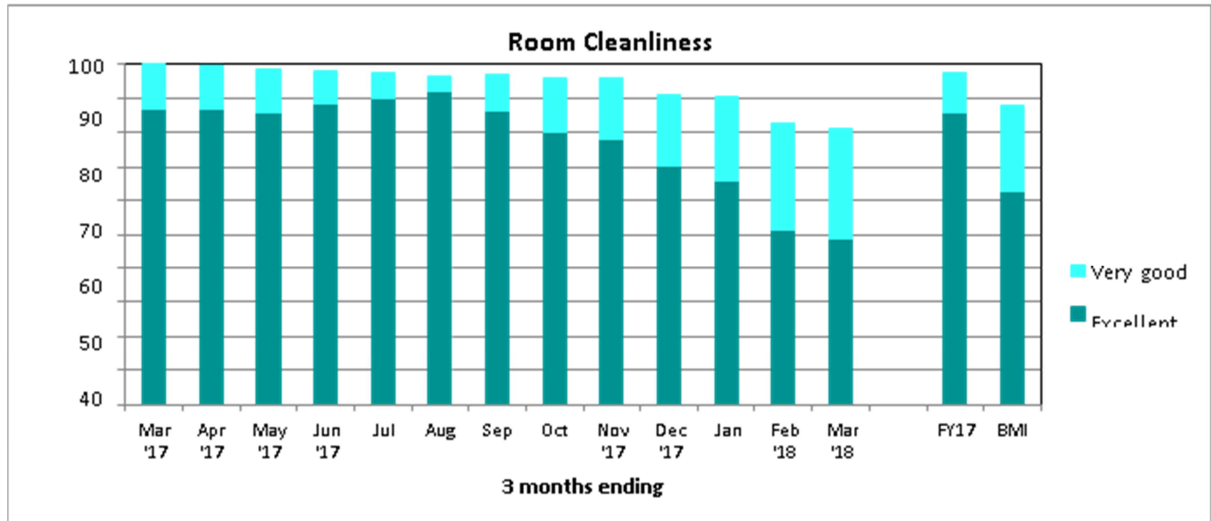
Every suspected joint infection is subject to a full investigation at the hospital to identify if there were any preventative actions and/or lapses in care. Any investigation findings are shared with the MDT at the hospital and if appropriate the CCG. We have not identified any trends in any of the infections detected. However we have introduced a new form into the Outpatient departments to support early recognition of suspected infection which we believe has led to earlier detection.

Infection Prevention and Control audits are carried out across the hospital as part of an annual audit self-assessment programme. Action plans are developed locally at department level and are co-ordinated centrally to ensure that these are shared and implemented across the hospital. In 2017 the following actions were taken to improve infection prevention and control practice:

- Link Practitioner training on Quality Improvement Tools (QIT) system for audit
- Cross departmental hand hygiene audits to demonstrate robust audit system
- Review of audit compliance and action plans at IPC Links meeting
- Staff and patient information boards for hand hygiene, sepsis and other focus weeks during the year
- Implementation of a new starter uniform audit for education and compliance with policy

Environmental cleanliness is also an important factor in infection prevention and our patients rate the cleanliness of our facilities highly. For the period April 2017 to March 2018 hospital room and bathroom cleanliness scores at BMI the Edgbaston Hospital were rated excellent or very good by over 95% of respondents.





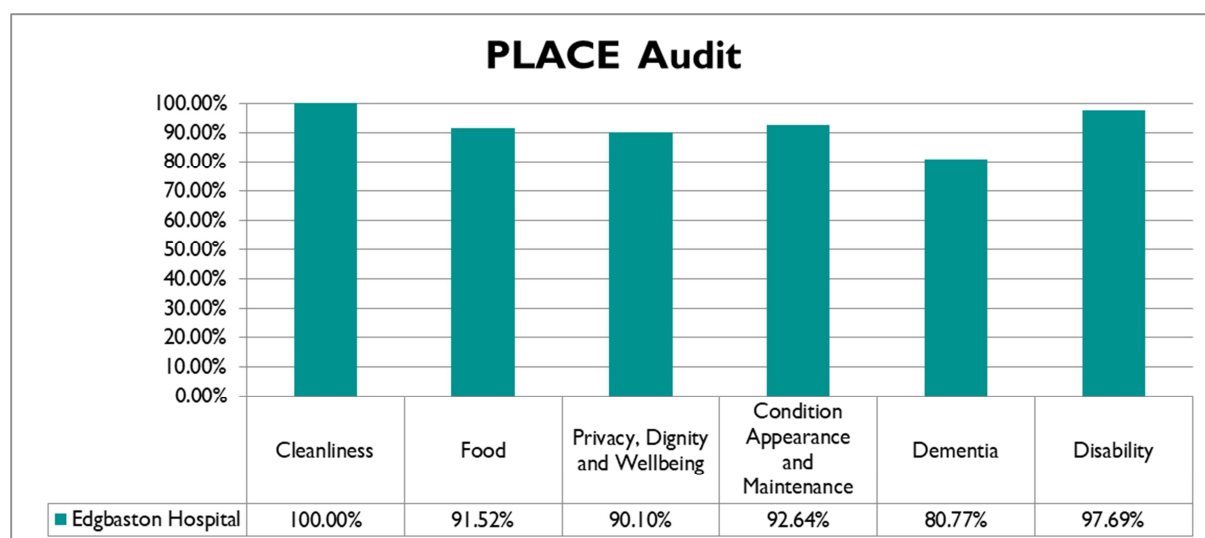
## Patient Led Assessment of the Care Environment (PLACE)

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

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

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

The results will show how hospitals are performing nationally and locally. The PLACE audit for the Edgbaston hospital was completed in 2017:



An action plan was implemented to improve the hospital’s percentage compliance. BMI the Edgbaston Hospital implements individualised and holistic care plans for patients with dementia and we address these on a one to one basis rather than having a dedicated dementia care unit.

The PLACE audit for 2018 has been scheduled for 7<sup>th</sup> June 2018.

## Duty of Candour



A culture of Candour and openness is a pre-requisite 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
- Will be advised what can be done to deal with any harm caused
- Will be informed what will be done to prevent it happening again
- Will receive an apology

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

In 2017-2018 at BMI the Edgbaston Hospital there were two reported incidents requiring duty of candour to be demonstrated in accordance with CQC regulation 20. Both of these incidents were addressed in writing and a meeting was held with the patients' and relatives as the individual cases required. At BMI the Edgbaston Hospital all of our staff complete duty of candour training as part of their induction programme.

Duty of Candour Incidents
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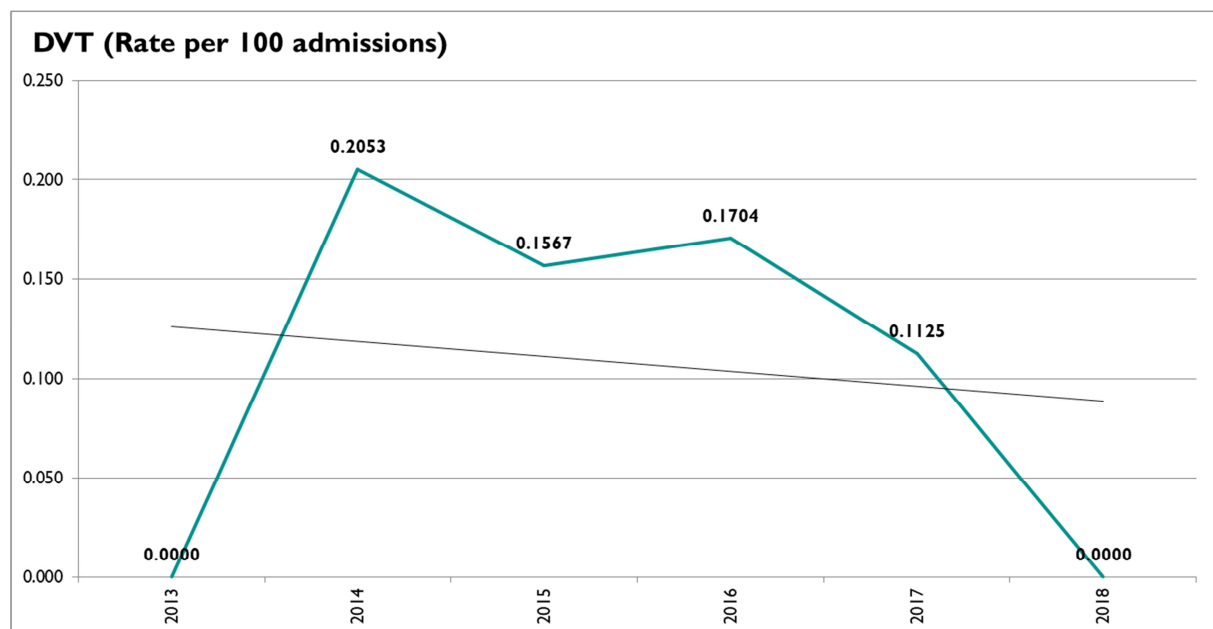
## Venous Thrombo-embolism (VTE)

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

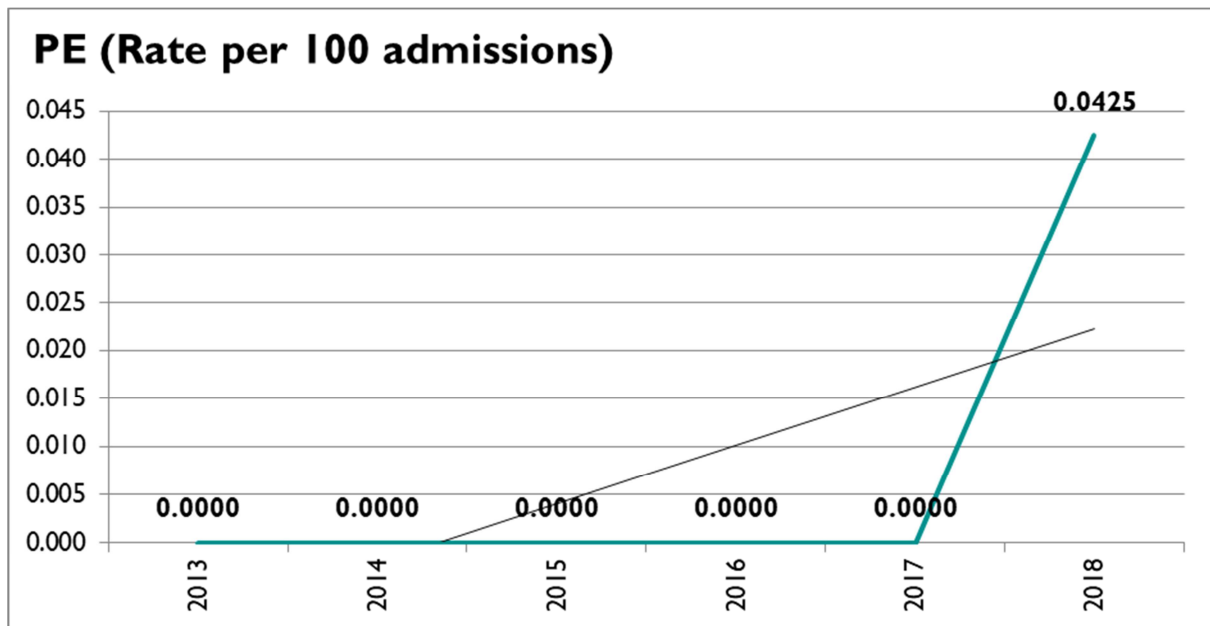
Each of our patients undergo a VTE risk assessment prior to their admission and this is reviewed on admission and throughout the patient pathway. This is to ensure that the appropriate prophylactic management is carried out for each individual patient. Our Consultants are committed to supporting our Nursing team with regular audit to demonstrate compliance with evidence based medicine. We consistently achieve 100% compliance with the completion of risk assessments.

The Edgbaston Hospital reports the incidence of 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 following discharge from the Hospital. As such we may not be made aware of them. We continue to work with our Consultants and referrers in order to ensure that we have as much data as possible.

The following line chart displays the deep vein thrombosis (DVT) rate at BMI the Edgbaston Hospital per 100 admissions in 2017-2018. Each of the patient's presenting with DVT undergo a full analysis of their management to identify if any further prophylactic actions could have been used. In 2017 2018 all bar one of the patients who were diagnosed with a DVT were asymptomatic and the DVT was identified on routine ultrasound scan.



The following line chart shows that in 2017-2018 there was one patient who presented with a pulmonary embolus (PE) which equates to a rate of 0.04 per 100 admissions. A full investigation was carried out and no further prophylactic management was identified.



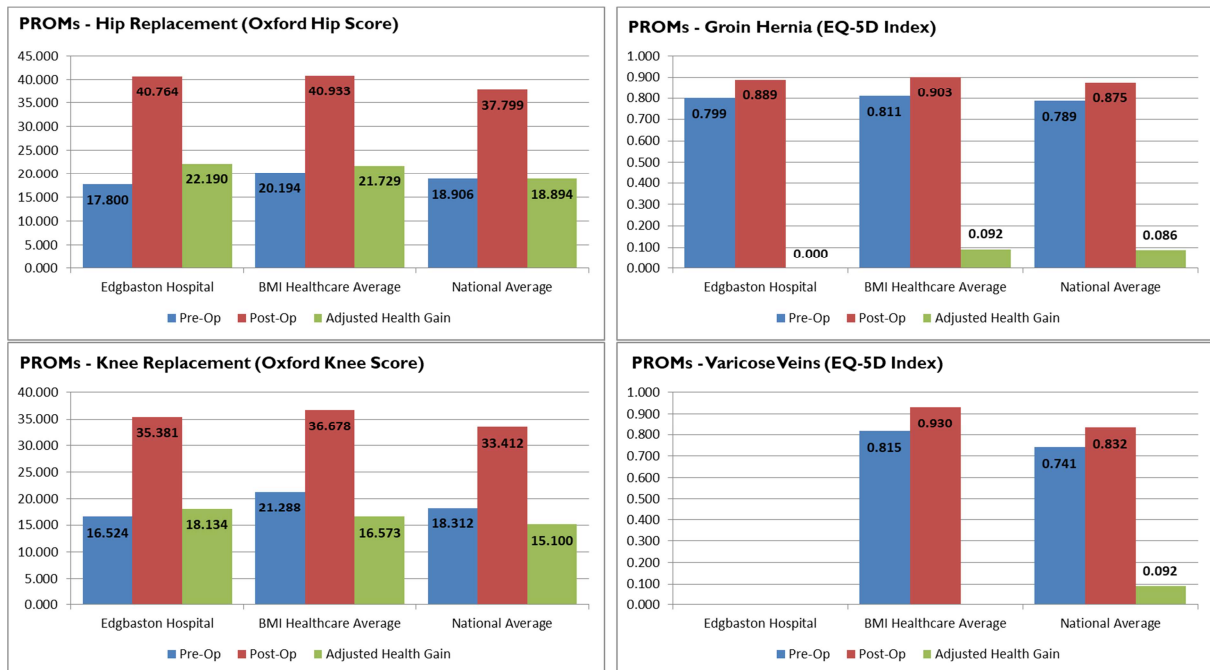
## Patient Reported Outcome Measures (PROMS)

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 Edgbaston Hospital. The bar chart below demonstrates BMI the Edgbaston Hospital has a higher health gain than the national average. BMI the Edgbaston hospital does not carry out varicose vein surgery thus there are no results for this specialty.

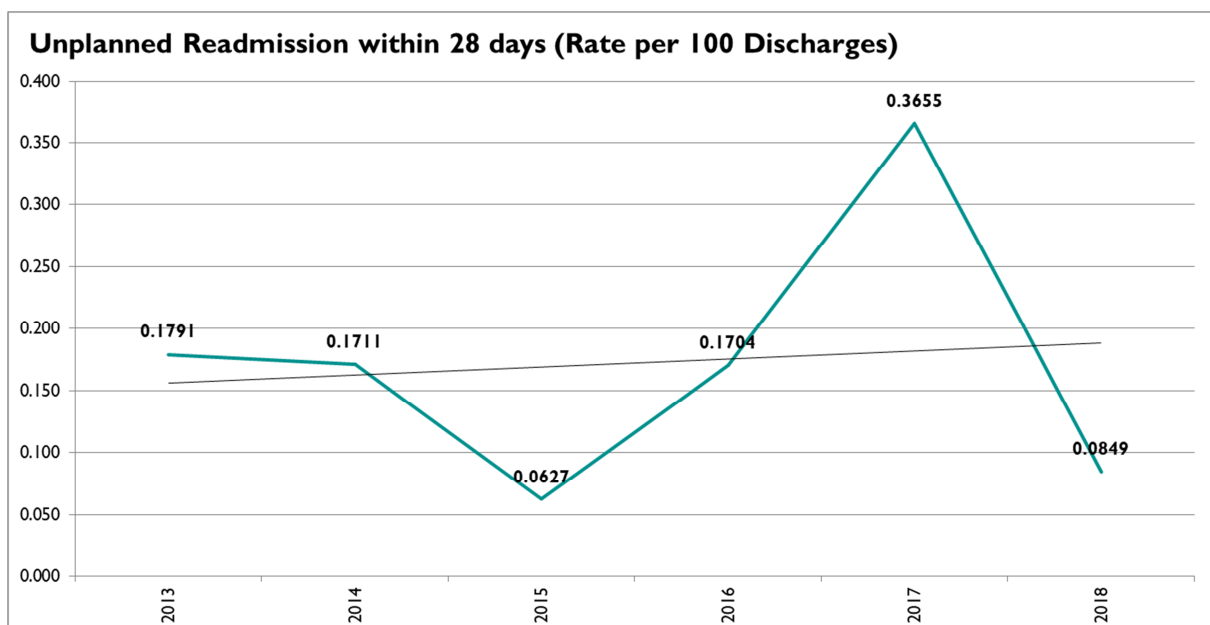


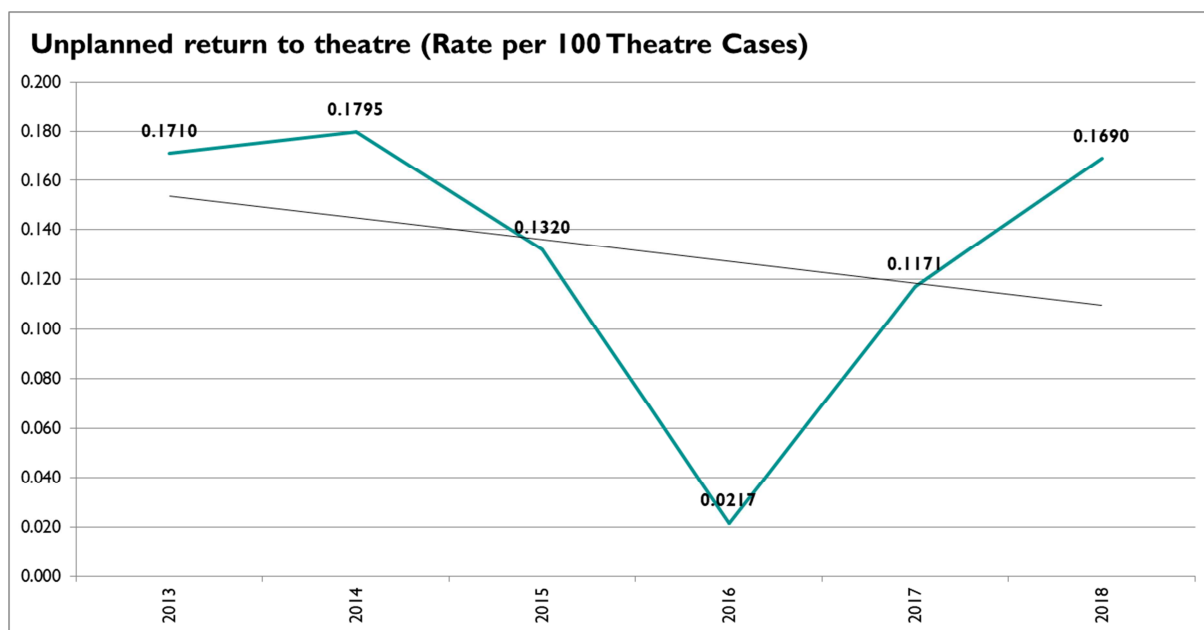
The figures demonstrated are the Latest PROMs data available from HSCIC (Period: April 2016 – March 2017). NHS digital is due to publish finalised data for 2017-2018 in June 2018.



## Unplanned Re-admissions and Unplanned Returns to Theatre

Unplanned re-admissions and unplanned returns to Theatre are possibly due to a clinical complication related to the original surgery. The following line charts shows the rate (per 100 discharges) of unplanned re-admission within 28 days and the rate (per 100 Theatre cases) of unplanned return to Theatre for the period 2013 to 2018.





At BMI the Edgbaston Hospital every re-admission and unplanned return to theatre is reviewed and the appropriate level of investigation is completed following guidance from the BMI incident management framework. The figures reported demonstrate an uneven pattern of incidents due to the complexity of individual patient needs and no specific trends have been identified.

## Learnings from Deaths

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

The 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) and Commissioners (CCG). 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 RCA will identify any contributing factors relating to a death, identify potential areas for change in practice and develop recommendations which optimise the delivery of 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. Any findings and learnings are shared with the patients' families in line with BMI Healthcare's Duty of Candour policy and its behaviours surrounding transparency. Learnings are also fully communicated within BMI the Edgbaston Hospital as part of our culture of sharing incidents.

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.

At BMI the Edgbaston Hospital we have had zero deaths for the period 2017 to 2018.

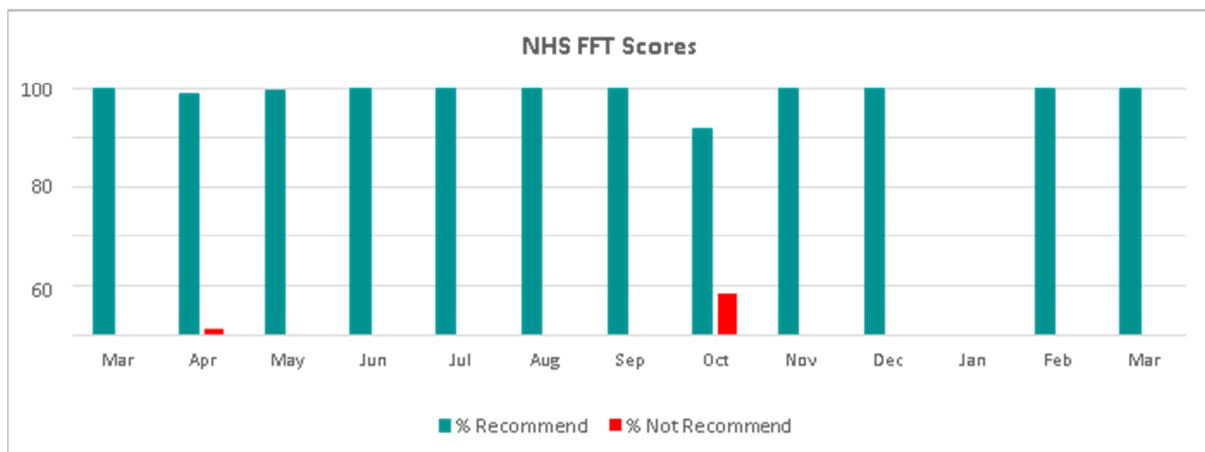
# Patient Experience

## Patient Satisfaction

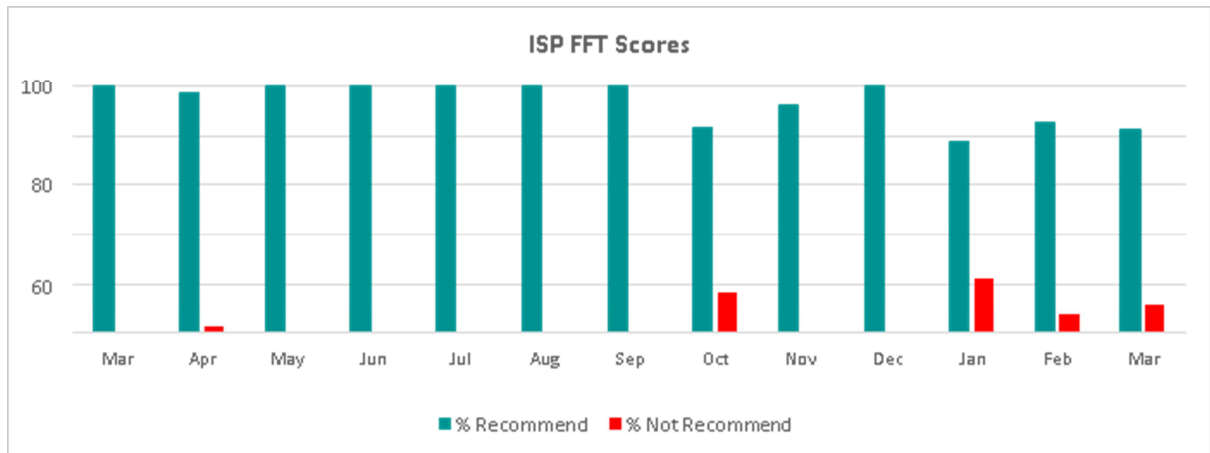


BMI Healthcare is committed to providing the highest levels of quality of care to all of our patients. We continually monitor how we are performing by asking patients to complete a patient satisfaction questionnaire. Patient satisfaction surveys are administered by an independent third party.

The analysis of the inpatient Friends and Family scores for March 2017 to March 2018 is displayed by NHS FFT scores and Inpatient and Self Pay FFT scores.



Over 99% of NHS patients who received inpatient care in 2017-2018 at BMI the Edgbaston Hospital would recommend the hospital to their friends and family. The percentage of NHS patients who would not recommend the hospital to their friends and family was consistently low across the year with the exception of October 2017 when over 50% would not recommend the hospital to their friends and family. We recognise that a roofing project that started in October might have influenced these results as there are no other trends.



Over 90% of Insured and Self Pay patients who received inpatient care in 2017-2018 at BMI the Edgbaston Hospital would recommend the hospital to their friends and family with the exception of January 2018 when less than 90% would recommend the hospital. We have reviewed the verbatim comments made by our patients within the monthly Quality Health reports to ensure that we follow through on any recommendations so that we can demonstrate onward improvement in 2018.

BMI the Edgbaston Hospital developed a Patient Charter in 2017 to improve patients and visitors experience in response to the patient satisfaction questionnaire results. The Charter focuses on the following key areas:

- Demonstrate effective proactive, not reactive, communication between the MDT to improve patients' experience of discharge
- Make sure patients can identify the whole care team
- Ensure patients have full and clear understanding of pain control throughout their pathway from Pre-Assessment including after discharge
- Ensure that patients feel supported and are aware that support extends beyond discharge
- Patient and Visitor wellbeing – ensure we are demonstrating at all times care and attention to any of our hospital visitors

The charter was reviewed and updated in March 2018 to ensure continued focus in response to the patient satisfaction questionnaire results.

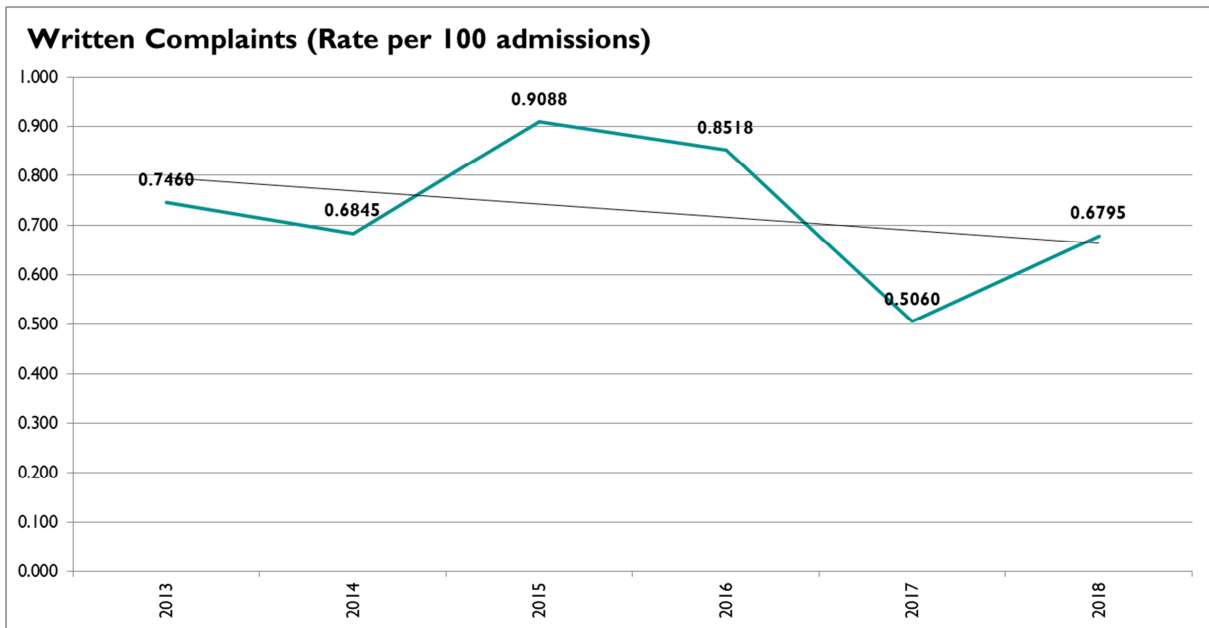
## Complaints

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

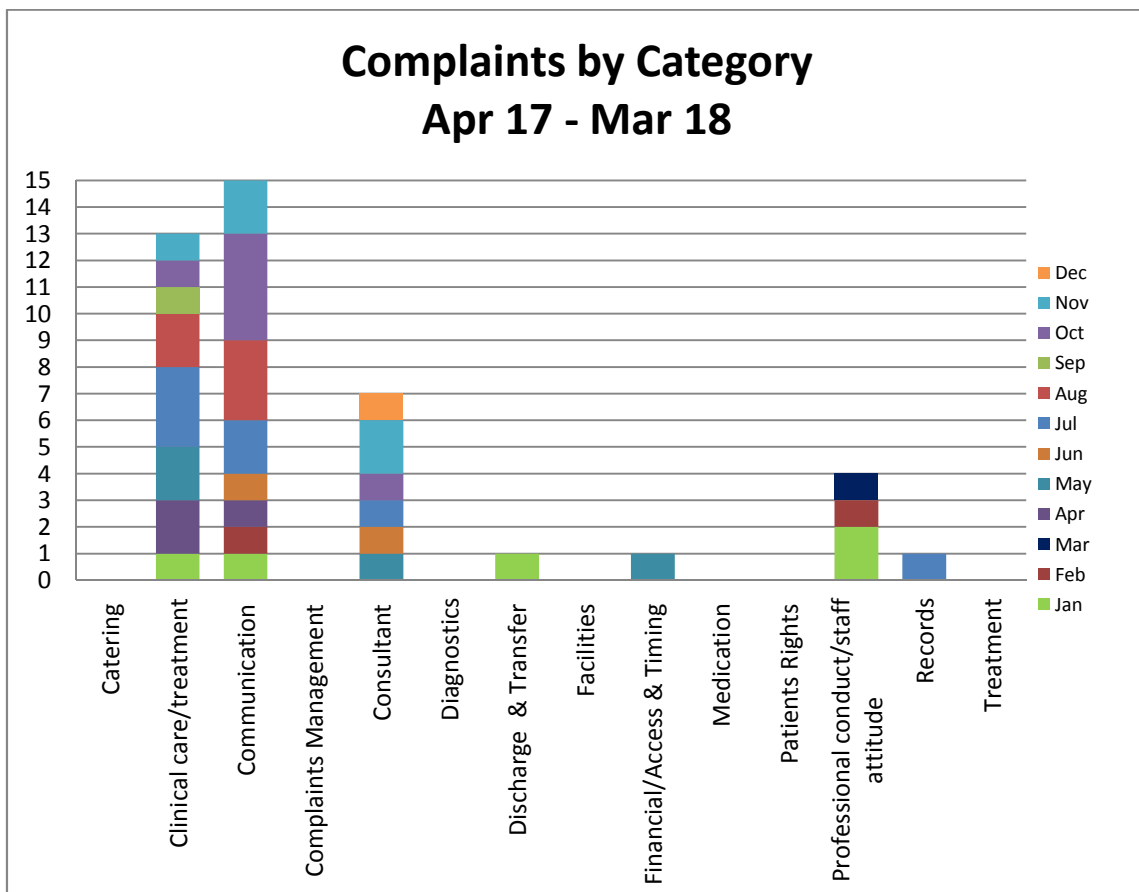
Stage 1: Hospital resolution

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.



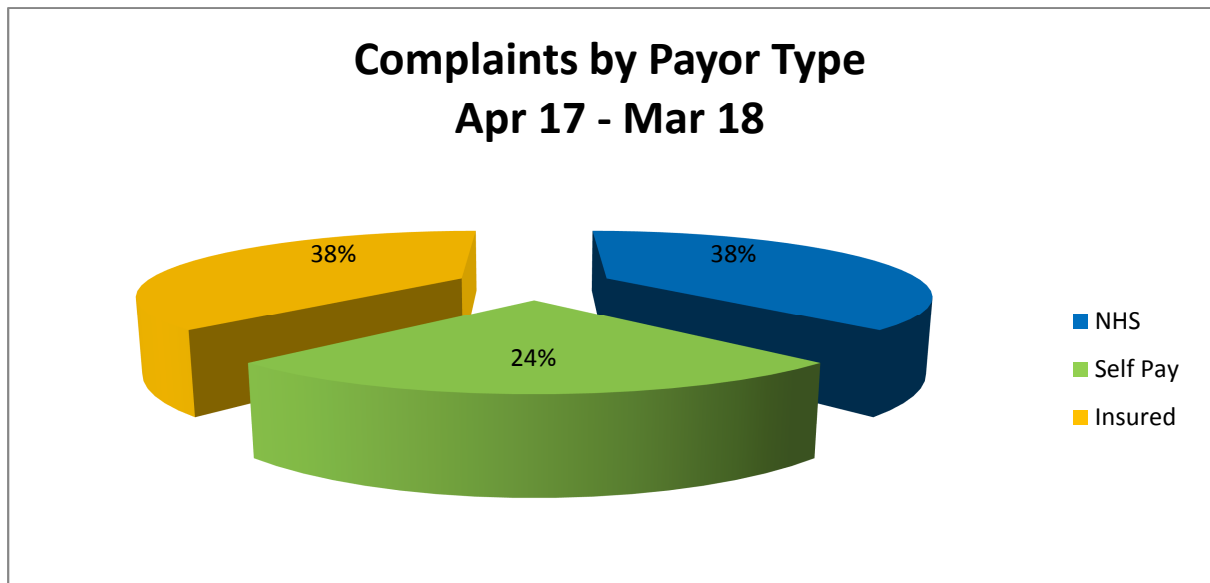
In 2017-2018 BMI the Edgbaston Hospital has seen a slight increase in the number of written complaints received as shown in the graph above. We record all of the classifications of our complaints and ensure that trends are identified and quality improvement actions implemented to prevent recurrence. The following bar-chart shows the complaints by classification received at BMI the Edgbaston Hospital in 2017-2018. Please note that this bar-chart considers that some complaints have multiple classifications and is not representative of the total number of complaints (that figure is in the graph above).



Actions that have been implemented following the two main classifications identified – communication and clinical/care treatment include:

- Pre-operative assessment appointment and admission letters –now a single combined letter
- Change to the wording of the admission letter to make it clearer of what patients’ may drink prior to admission. This now reads ‘clear fluids only’
- Patient information leaflets available in more languages than previous
- Further use of Language Line for telephone pre-assessment to offer professional interpreters
- Dedicated outpatient nurse dressing clinics to enhance the post-discharge experience

The pie chart demonstrates the percentage of complaints per payor type treated at BMI the Edgbaston Hospital:



## CQUINS

BMI the Edgbaston Hospital submits CQUIN and quality data to South Worcestershire CCG as a representative for Worcestershire CCGs including Redditch and Bromsgrove CCG and Wyre Forest CCG. There is a separate contract set up with Birmingham and Solihull CCGs the ways of working which are currently being reviewed following the newly formed Birmingham and Solihull CCG in April 2018. Quarter four documents have been submitted and have been approved by the CCG. Annual assurance visits are completed on behalf of the local CCGs by South Worcestershire CCG. Any further assurances required are evidenced in the submission of quarterly data as part of the agreed Quality Schedule.

The delivered CQUINs for 2017 2018 included the following:

- Staff health and wellbeing – inclusive of flu vaccination rates, wellbeing initiatives including cycle to work scheme/nutrition/national no smoking day. BMI also completed the Staff Wellbeing Charter and received staff feedback via a national survey.
- Sign up to Safety – demonstration of a strategy at BMI the Edgbaston Hospital to deliver safe care across our specialities.
- Preparing patients for discharge – offering patients an enhanced recovery programme to reduce length of stay where appropriate, Joint School providing multi-disciplinary education for patients undergoing hip and knee joint surgery, and Patient satisfaction surveys.

## Safeguarding

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

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

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

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

There is further training for staff which includes PREVENT/ MCA and DoLS. There is mandatory training for registered practitioners on female genital mutilation with further access for non-registered practitioners if requested in appropriate areas.

BMI the Edgbaston Hospital has made two referrals to local safeguarding boards in 2017-2018 both for adults. All staff work in accordance with local policy following a flowchart for escalation of any safeguarding concerns.

## National Clinical Audits

At BMI the Edgbaston Hospital all of our patients undergoing orthopaedic joint surgery are invited to participate in the National Joint Register. This enables us as a provider to audit the number of surgeries taken place and track performance. It allows patients to review individual Consultant detail which can help them when choosing their Consultant.

In 2017 the monthly average shows that 80.25% of our patients participated in this audit. The National Joint Register is maintained by an independent auditor NHS Digital and can be access via [www.njrcentre.org.uk](http://www.njrcentre.org.uk).

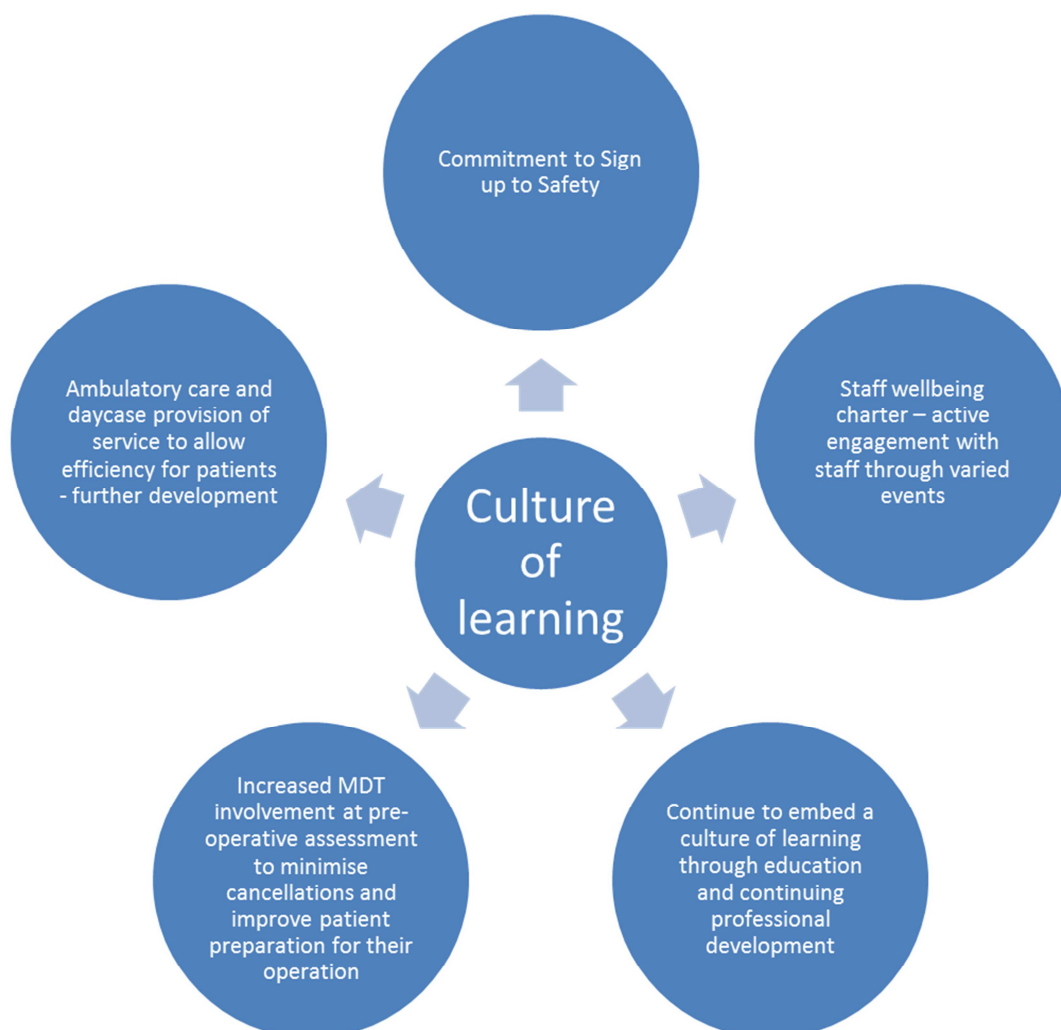


We also invite patients to partake in the Breast and Cosmetic Implant register which provides similar audit data for those patients undergoing cosmetic surgery with implants. This is a newer service and provides data from October 2016 onwards. This too is maintained by NHS Digital.

BMI the Edgbaston Hospital also contributes to medical audits that are being led by NCEPOD (National Confidential Enquiry into Patient Outcome and Death). This service conducts clinical audits which enables the national comparisons of patient care between providers. No data provided in these audits is patient identifiable. The figures of eligible patients that come to BMI the Edgbaston Hospital are negligible therefore we are unable to demonstrate any statistical changes in patient care specific to the hospital.

## Priorities for Service Development and Improvement

At BMI the Edgbaston Hospital we are committed to demonstrating ongoing development and improvement in the services we provide. Our plans for 2018 aim to further our achievements in 2017 with focus on the following areas:



The table below shows some of the specific actions that we are working towards in 2018-2019.

<b><u>Objective</u></b>	<b><u>How</u></b>	<b><u>Who/ Communication</u></b>	<b><u>Future</u></b>
Enhance pre-operative planning for patients to increase education.	Multidisciplinary (MDT) joint school started including Nurse/ Physiotherapist/ OT/ Pharmacist prior to admission. Provision of EIDO patient information leaflets.	Pre-assessment (PAC) Lead manages. Shared via hospital meeting structure.	Increase sessions available for patients - recruitment underway.
Present robust system of escalation of patients who might not achieve enhance recovery discharge target at PAC level.	Pre-operative assessment 'flag' system for patients requiring Anaesthetist review prior to admission.	PAC MDT - Nurse/ Therapists ensure escalation to Consultant/ Anaesthetist. Share at hospital communication meeting.	Review provision of Anaesthetist clinics in PAC to minimise patient visits - analysis to be completed by end of 2019.
Understand reasons for extended length of stay - data analysed by Physio team.	Review of enhance recovery pathway for day of surgery mobilisation/ exercise.	Physio Lead - in progress.	Review underway for trial end of quarter two 2018-19.
Ensure pain pathway enhances enhanced recovery programme.	Physio review of post-operative pain limitations to understand options.	Physio Lead - in progress.	As above.
Robust analysis of medical risks for delayed mobilisation prior to admission.	Review of post-operative Anaesthetic pathway.	PAC Lead/ Director of Clinical Services meetings with Anaesthetic team to review options for implementation.	Combined work with Medical Advisory Committee -plan end quarter three 2018-19.

## 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 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

At BMI the Edgbaston Hospital we have a robust system for reporting and our results are available on the NHS Safety Thermometer website. We maintain a lower than national average result in all categories for 2017.

## 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.

At BMI the Edgbaston Hospital we received a response rate of 49%. As a result of the queries raised we ran some staff drop-in sessions to discuss the results and construct an action plan to deal with these. This was linked with the Sign up to Safety Kitchen Table programme.



## Staff Recommendation Result

The following table demonstrates that in 2018 our staff are keen to recommend our services at BMI the Edgbaston Hospital:

Edgbaston Hospital	Staff Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
89.00%	95.24%	73.18%	89.98%	50.44%

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

Whilst we have maintained a score of above national average BMI the Edgbaston Hospital acknowledges that our result has dropped in 2018. We believe this is due to some recruitment challenges which are being addressed. In this forthcoming year we will continue to promote BMI and its services in Birmingham and have a calendar of events to showcase this to our staff and patients.

## Quality Indicators

The below information provides an overview of the various BMI Healthcare 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. This data is not specific to BMI the Edgbaston Hospital.

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 Staff Survey which was conducted during 2017.

## Re-Admissions within 28 Days of Discharge (Paediatric and Adult)

Edgbaston Hospital	Re-Admissions (Aged between 0-16)			
2018	2017	National Average	Highest National Score	Lowest National Score
0.000	0	11.45	14.94	0

Edgbaston Hospital	Re-Admissions (Aged 16+)			
2018	2017	National Average	Highest National Score	Lowest National Score
2.232	4.656	10.010	41.650	0.000

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

The hospital does not admit children aged between 0-16 years for surgery or medical admissions.

The Edgbaston Hospital continues to review the number of admissions aged 16years+ to identify actions to be implemented to ensure that the proportion of readmissions remains below the national average.

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

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

There have been no C difficile infections reported within the hospital in 2017-2018.

The Edgbaston Hospital continues to monitor the number of C difficile reported as part of its IPC surveillance data to ensure that any cases identified are investigated appropriately to identify any preventable actions and/or lapses in care.

### Hospitals responsiveness to the personal needs of its patients

Edgbaston Hospital	Responsiveness			
2018	2017	National Average	Highest National Score	Lowest National Score
96.22%	95.65%	69.22%	78.00%	60.10%

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

We are proud that our responsiveness results for 2018 have increased and remain above the national average. Our patient care delivery is paramount to the entire Hospital team and we hold regular patient satisfaction meetings to ensure that we continue to demonstrate our responsiveness.

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

Edgbaston Hospital	VTE			
2018	2017	National Average	Highest National Score	Lowest National Score
100.00%	81.82%	95.77%	100.00%	81.60%

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

We continue to risk assess all of our patients for VTE prior to their admission to hospital in order to ensure the provision of the appropriate prophylaxis is arranged prior to surgery.

The Edgbaston Hospital will continue to work with our Consultants to ensure that our scores remain above the national average and our focus for 2019 is to continue educating patients about the management of risk reducing VTE.

## Patient Safety Incidents

Edgbaston Hospital	Patient Safety Incidents (Rate per 1000 Bed Days)			
2018	2017	National Average	Highest National Score	Lowest National Score
87.798	130.731	43.292	149.700	11.200

Edgbaston Hospital	Patient Safety Incidents (Count)			
2018	2017	National Average	Highest National Score	Lowest National Score
236	365	3908	14506	31

Edgbaston Hospital	Severe or Death (Rate per 1000 Bed Days)			
2018	2017	National Average	Highest National Score	Lowest National Score
0.000	0.000	0.250	2.300	0.000

Edgbaston Hospital	Severe or Death (Count)			
2018	2017	National Average	Highest National Score	Lowest National Score
0	0	21	219	0

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

There has been a continual reduction in patient safety incidents in both count and rate per 1000 bed days. We believe this to be due to our commitment to Sign Up to Safety focussing our hospital. Whilst our rate per 1000 bed days remains above the national average we believe that this is due to accurate reporting of non-injury related incidents and no-harm incidents. This demonstrates a reporting culture including near misses from which our Hospital team continue to learn. These incidents are shared with the hospital team and will continue to be so that a full MDT approach to management of patient safety remains at the forefront of our commitment.

## Patient Recommendation Results

Edgbaston Hospital	Patient Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
96.78%	98.91%	97.07%	100.00%	75.61%

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

There has been a reduction in the patient recommendation score in 2018. As a result of this BMI the Edgbaston Hospital has revisited our patient charter for care. This ensures that our whole hospital team focus on national initiatives including 'Hello my name is ...' as well as local ones such as renewing our patient information leaflets at discharge. We hope to change the quality of the service provided to ensure our score returns to above the national average.

BMI the Edgbaston Hospital has consistently achieved over 99% in the Friends and Family test score throughout 2017.

We remain responsive to other forums for patient feedback including NHS Choices and ensure that we address each patient need.



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Sam Tolliday  
Director of Clinical Services  
BMI Edgbaston Hospital,  
22 Somerset Rd,  
Birmingham.  
B15 2QQ

29th May, 2018

Dear Sam,

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 Edgbaston 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 on an annual basis, Contract and Quality Review meetings with BMI Hospital Group on a quarterly basis. 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.

The CCGs considers the BMI Edgbaston 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 and included reporting for 2018 relating to "Learning from Deaths".

We noted some positive developments for patients, with the updating of the Patient Charter as a result of responses from patient satisfaction questionnaires and for staff via the Staff Culture Questionnaire, which resulted in drop in sessions for staff and an action plan, linking to the Sign up to Safety Kitchen Table Programme.

However we have noted some areas within the report for the hospital to consider:

Edgbaston Hospital received a visit from CQC in February 2016, published February 2017 which resulted in an "inadequate rating "for Surgery overall". An action plan for improvement was developed which the hospital have been working to during 2017/2018, it would have been informative to understand where the hospital is currently with timescales for completing actions.

Priorities for Service Development and Improvement are noted on page 25; however what is not reflected is whether there are clear measurable outcomes for these improvements.

**On behalf of:**

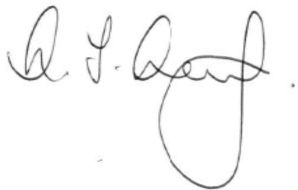
NHS Redditch and Bromsgrove CCG, NHS South Worcestershire CCG and NHS Wyre Forest CCG

For the section on CQUINS, it would have been informative to see an overview of the three CQUINs being implemented for 2017-2019. Quarter 4 CQUIN reporting has been submitted to the three Worcestershire CCGs now and agreed.

I hope this feedback is helpful and the CCGs continues to wish the team at BMI Edgbaston 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', with a large, stylized flourish at the end.

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