



The Highfield  
Hospital

# QUALITY ACCOUNTS 2018

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## Our network of hospitals

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



## Group Chief Executive's Statement



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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Dr Karen Prins**

## Hospital Information



BMI Highfield Hospital is registered for 43 beds and 12 ambulatory chairs with all rooms offering the privacy and comfort of en-suite facilities, free view television. The hospital has four theatres, three of which are lamina flow and an Endoscopy Suite. These facilities combined with the latest technology and on-site support services; enable our consultants to undertake a wide range of procedures from routine investigations to more complex surgery. The Hospital has a 1.5 wide Bore MRI, mobile CT and a Digital Mammography Suite. We also have a team of onsite Physiotherapists. This specialist expertise is supported by caring and professional medical staff, with dedicated nursing teams and Resident Medical Officers on duty 24 hours a day, providing care within a friendly and comfortable environment.







We have introduced a Private Patient General Medical Service for patients that need short term respite or 48 hr. observations. GP's and referrers can access this through a direct line telephone number. We also have an on-call Physician 24/7 hours.

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

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

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

The CQC carried out an announced inspection on 2<sup>nd</sup> and 3<sup>rd</sup> August 2016 and found The Highfield

| Ratings                                 |  |
|---|--|
| <b>Overall rating for this location</b> | Requires improvement  |
| Are services safe?                      | Requires improvement  |
| Are services effective?                 | Requires improvement  |
| Are services caring?                    | Good                  |
| Are services responsive?                | Good                  |
| Are services well-led?                  | Requires improvement  |

Hospital overall rating as requires improvement.

| Overview of ratings                |                      |                      |        |            |                      |                      |
|------------------------------------|----------------------|----------------------|--------|------------|----------------------|----------------------|
| Our ratings for this location are: |                      |                      |        |            |                      |                      |
|                                    | Safe                 | Effective            | Caring | Responsive | Well-led             | Overall              |
| Surgery                            | Requires improvement | Requires improvement | Good   | Good       | Requires improvement | Requires improvement |
| Outpatients and diagnostic imaging | Good                 | Not rated            | Good   | Good       | Requires improvement | Good                 |
| <b>Overall</b>                     | Requires improvement | Requires improvement | Good   | Good       | Requires improvement | Requires improvement |

The Highfield Hospital has a local framework through which clinical effectiveness, clinical incidents and clinical quality is monitored and analysed. Where appropriate, action is taken to continuously improve the quality of care. This is through the work of a multidisciplinary group and the Medical Advisory Committee.

At a Corporate Level, BMI Healthcare’s Clinical Governance Board has an overview and provides the strategic leadership for corporate learning and quality improvement.

There has been ongoing focus on robust reporting of all incidents, near misses and outcomes. Data quality has been improved by ongoing training and database improvements. New reporting modules have increased the speed at which reports are available and the range of fields for analysis. This ensures the availability of information for effective clinical governance with implementation of

appropriate actions to prevent recurrences in order to improve quality and safety for patients, visitors and staff.

At present we provide full, standardised information to the NHS, including coding of procedures, diagnoses and co-morbidities and PROMs for NHS patients. There are additional external reporting requirements for CQC/HIS/HIW, Public Health England (Previously HPA) CCGs and Insurers

BMI Healthcare is a founding member of the Private Healthcare Information Network (PHIN) UK – where we produce a data set of all patient episodes approaching HES-equivalency and submit this to PHIN for publication.

This data (once PHIN is fully established and finalised) will be made available to common standards for inclusion in comparative metrics, and is published on the PHIN website <http://www.phin.org.uk>.

This website gives patients information to help them choose or find out more about an independent hospital including the ability to search by location and procedure.



## Safety



### Infection Prevention and Control

The focus on Infection Prevention and Control continues under the leadership of the Group Head of Infection Prevention and Control, in liaison with the link nurse in The Highfield Hospital.

The focus on Infection Prevention and Control continues under the leadership of the Group Director of Infection Prevention and Control and Group Head of Infection Prevention and Control, in liaison with the Infection Prevention and Control Lead.

Between April 2017 to March 2018, the hospital had:

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

- SSI data is also submitted to Public Health England for Orthopaedic surgical procedures. Our rates of infection are;

| Measure | Rate (per 100 procedures) |
|---------|---------------------------|
| Hips    | 0.00000                   |
| Knees   | 0.00000                   |

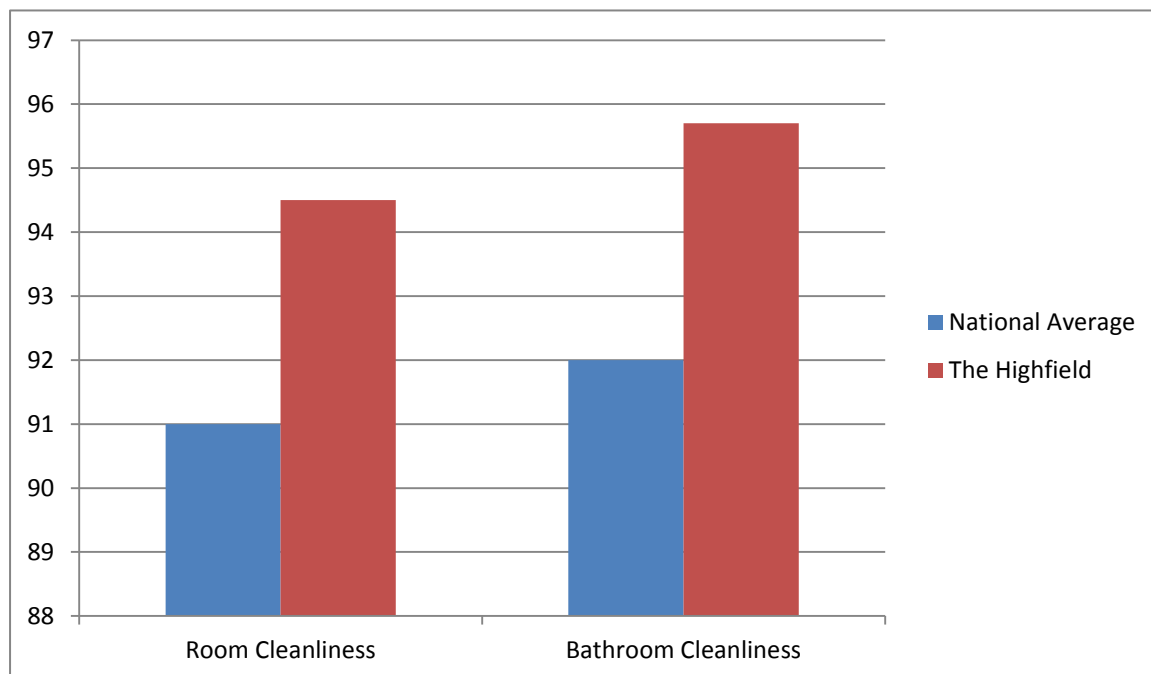
Highfield Hospital completes a range of Infection Prevention Control Audits that include Cleaning, Theatre Environment, Hand Hygiene, Endoscopy and standard precautions:

The infection prevention and control lead nurse has completed focused work on hand hygiene and equipment cleaning in theatre.

The care bundle approach involves assembling evidence-based Infection Prevention Control actions into a group of tasks that should all be performed consistently for specific activities. Care bundles audits are undertaken in theatre and Linden Suite on a monthly basis.

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

**Cleanliness Statistics for Highfield Hospital compared to the National Average**



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

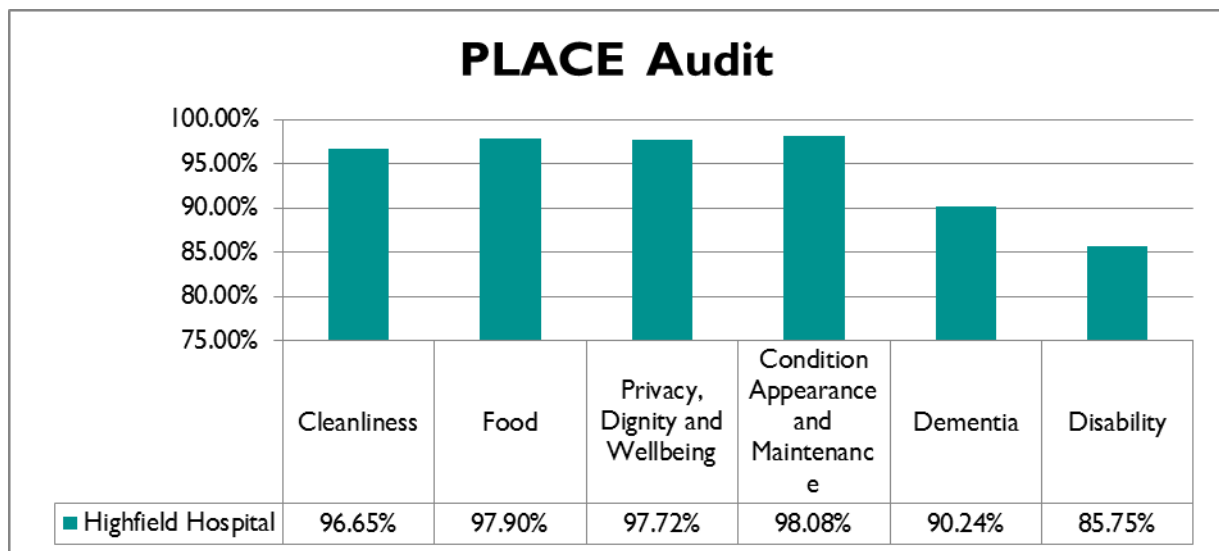
At BMI Healthcare, we believe a patient should be cared for with compassion and dignity in a clean, safe environment. Where standards fall short, they should be able to draw it to the attention of managers and hold the service to account. PLACE assessments will provide motivation for improvement by providing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

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

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

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

| Hospital           | Cleanliness | Food   | Privacy, Dignity and Wellbeing | Condition Appearance and Maintenance | Dementia | Disability |
|--------------------|-------------|--------|--------------------------------|--------------------------------------|----------|------------|
| Highfield Hospital | 96.65%      | 97.90% | 97.72%                         | 98.08%                               | 90.24%   | 85.75%     |



## 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.

|                                  |
|----------------------------------|
| <b>Duty of Candour Incidents</b> |
| 2                                |

All Patients requiring the duty of candor to be followed is completed in real time by the professional involved, direct understanding and appropriateness of timings adhered to with regards to patients who have undergone anaesthetics. Consultants are chaperoned by a member of the nursing team where practicable.

The BMI Highfield undertook 2 posterior Vitrectomy, subsequently both patients requiring further surgery in the Manchester royal eye hospital. Both patients received duty of candour from the Consultant and the Highfield team. The patients were invited in to the hospital for a meeting and further discussion.

## Venous Thrombo-embolism (VTE)

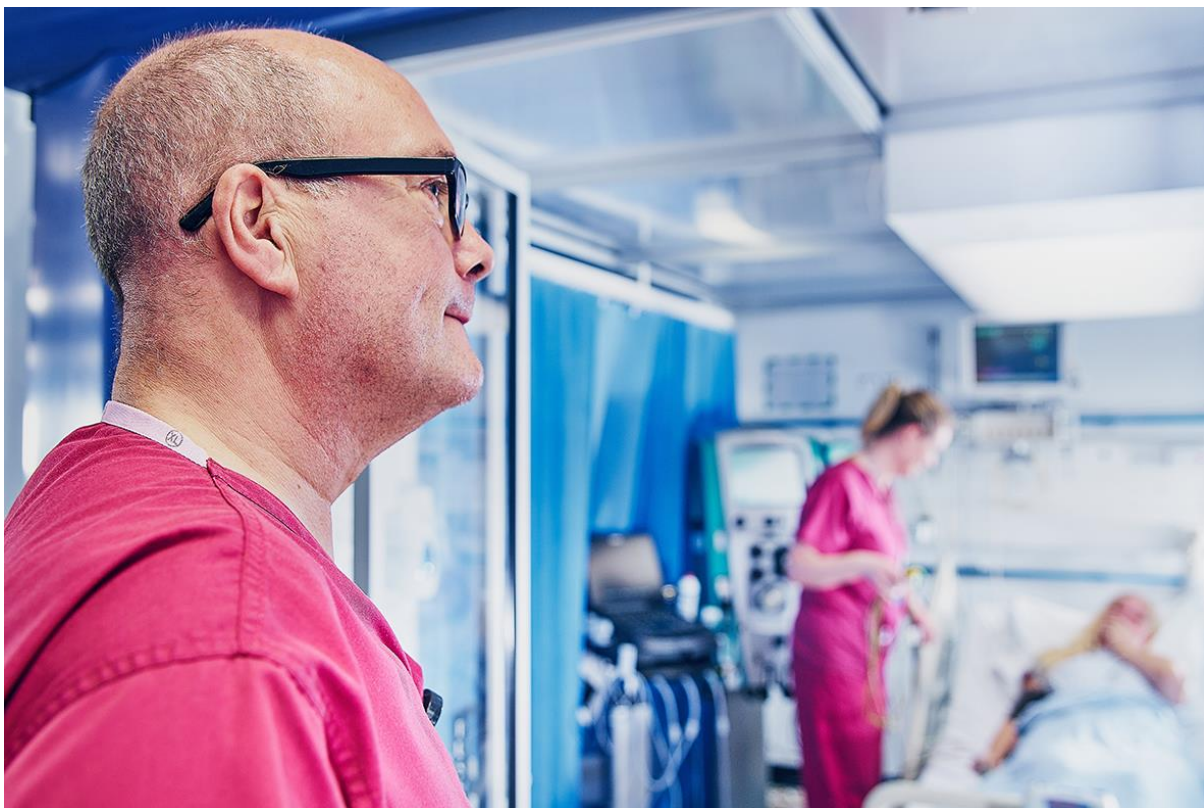
BMI Healthcare, holds VTE Exemplar Centre status by the Department of Health across its whole network of hospitals including, The Highfield Hospital. BMI Healthcare was awarded the Best VTE Education Initiative Award category by Lifeblood in February 2013 and was the Runners up in the Best VTE Patient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

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

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

The Highfield Hospital reports the incidence of Venous Thromboembolism (VTE) through the corporate clinical incident system. It is acknowledged that the challenge is receiving information for patients who may return to their GPs or other hospitals for diagnosis and/or treatment of VTE post discharge from the Hospital. As such we may not be made aware of them. We continue to work with our Consultants and referrers in order to ensure that we have as much data as possible.

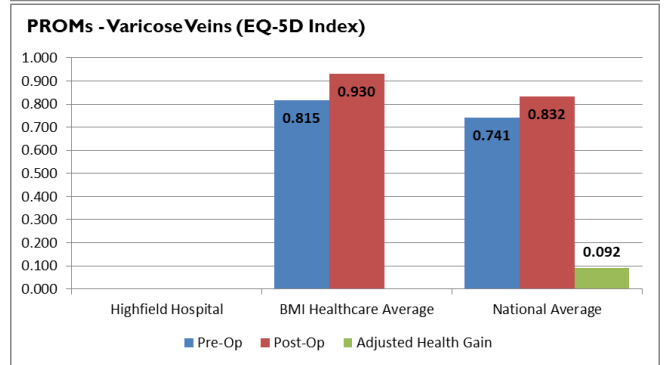
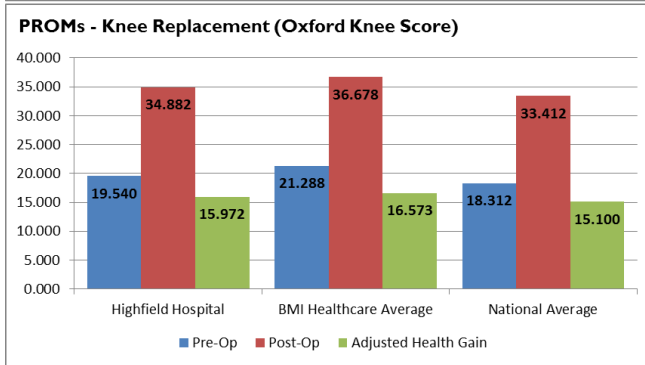
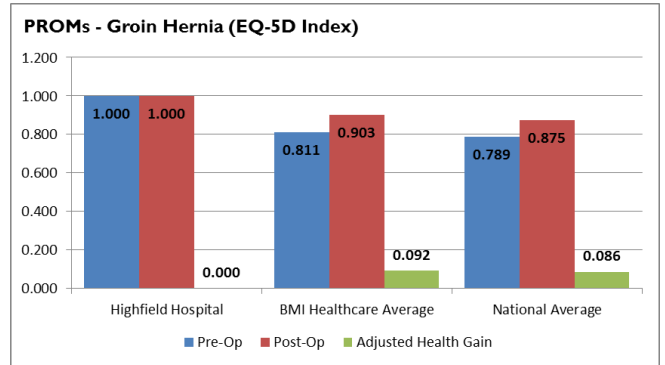
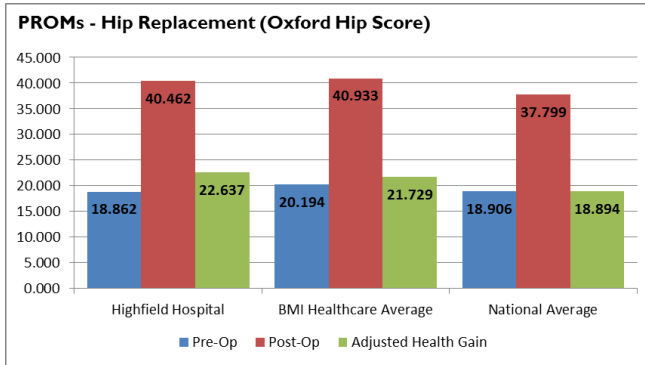
| Highfield Hospital | VTE     |        |                  |                        |
|--------------------|---------|--------|------------------|------------------------|
|                    | 2018    | 2017   | National Average | Highest National Score |
| 100.00%            | 100.00% | 95.77% | 100.00%          | 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 Highfield Hospital. Discussions held with the medical advisory committee to establish plans for improvements to increase completion compliance.



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

## Unplanned Readmissions & Unplanned Returns to Theatre

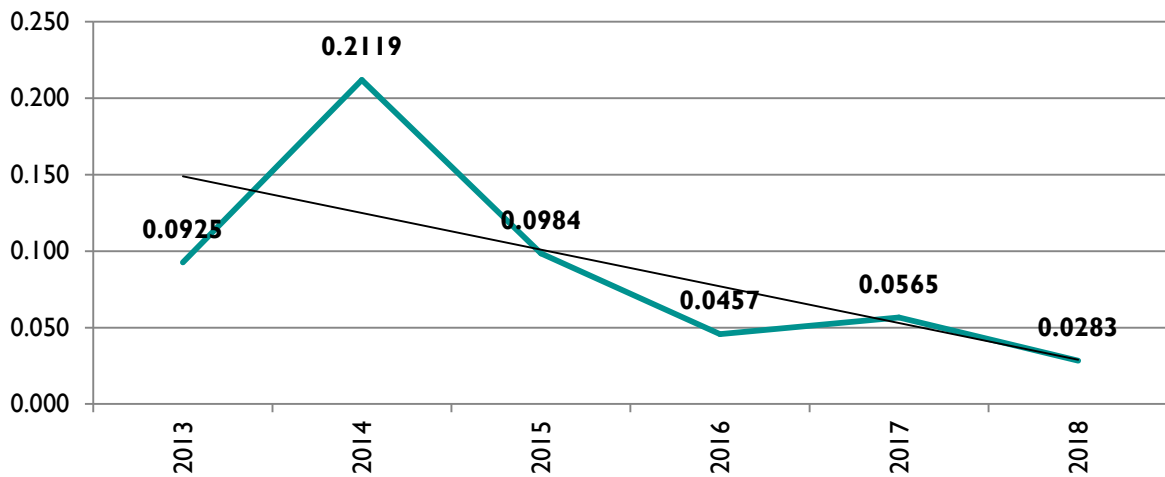
Unplanned readmissions and Unplanned Returns to Theatre are normally due to a clinical complication related to the original surgery.

| Highfield 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                     |

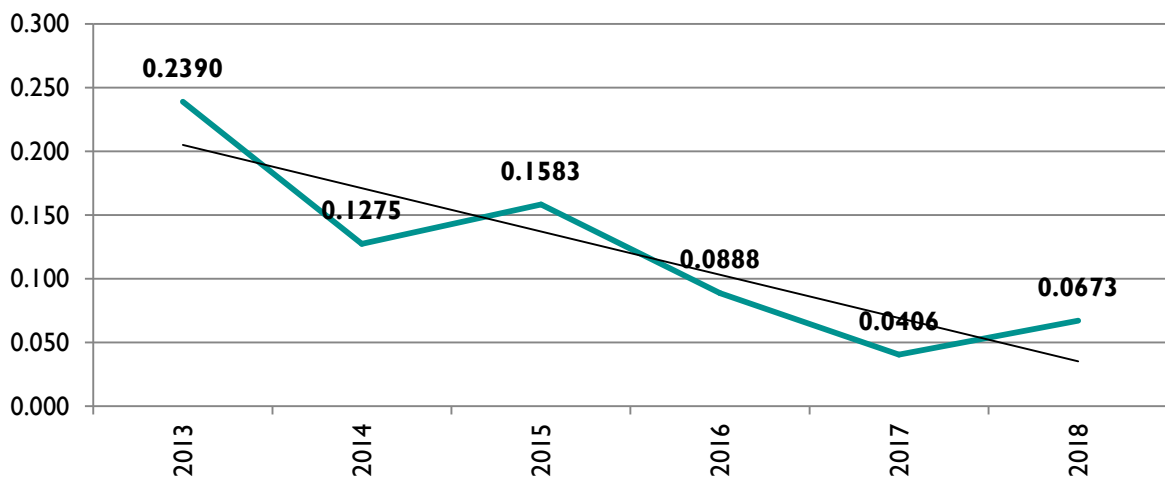
  

| Highfield Hospital | Re-Admissions (Aged 16+) |                  |                        |                       |
|--------------------|--------------------------|------------------|------------------------|-----------------------|
| 2018               | 2017                     | National Average | Highest National Score | Lowest National Score |
| 1.206              | 0.812                    | 10.010           | 41.650                 | 0.000                 |

**Unplanned return to theatre (Rate per 100 Theatre Cases)**



**Unplanned Readmission within 28 days (Rate per 100 Discharges)**



## Learnings from Deaths

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

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

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

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



## Patient Experience

### Patient Satisfaction



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

| Question Asked Within the Survey    | Excellence Scores |
|-------------------------------------|-------------------|
| Average Impression of Admission     | 95.4%             |
| Average Impression of Nursing       | 95.4%             |
| Average Impression of Accommodation | 96.9%             |
| Average Impression of Catering      | 82.8%             |
| Average Impression of Discharge     | 93.4%             |

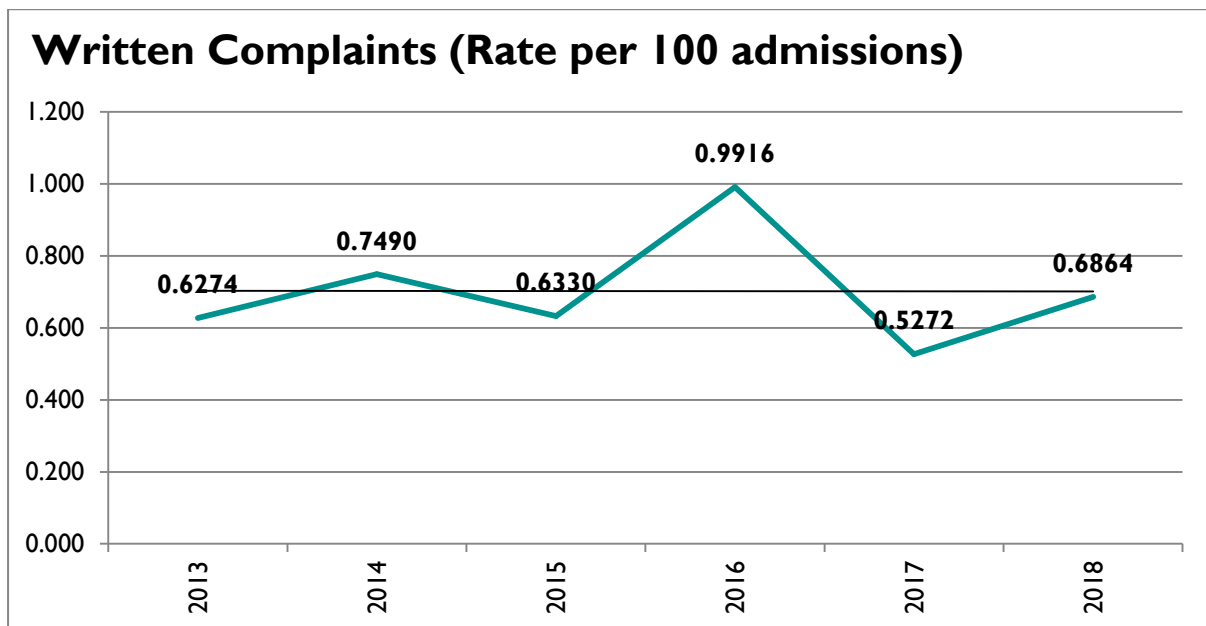
## Complaints

In addition to providing all patients with an opportunity to complete a Satisfaction Survey BMI The Highfield 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.



## CQUINS

BMI The Highfield CQUINS for 2017-2018/ 2018-2019

- Health inequalities
- Theatre safety Programme
- All quarters currently under review

## 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.

BMI The Highfield does not have any safeguarding incidents within this current year. All Heads of Departments and the Physiotherapy staff will be trained to level 3 in child and adults by the end of 2018 to complement the current level 3 safeguarding certified team members.

## National Clinical Audits

BMI Highfield Hospital has a dedicated staff member who inputs data into the NJR and ensures that this data is part of the patient medical record.

BMI Highfield Hospital completes an extensive clinical audit programme throughout the year. Results and improvement plans are monitored by our Clinical Governance Committee and reported to our Medical Advisory Committee.

BMI The Highfield undertakes completion for the national joint registry for Hip and Knee replacements. Surveillance and monitoring is undertaken by the Infection Prevention Lead within our Hospital.

| Totals for this hospital | 2017 | Year to date: |
|--------------------------|------|---------------|
|                          |      | 2018          |
| Total completed ops      | 615  | 172           |
| Hip procedures           | 259  | 73            |
| Knee procedures          | 350  | 93            |
| Ankle procedures         | 0    | 0             |
| Elbow procedures         | 1    | 0             |
| Shoulder procedures      | 5    | 6             |
| NJR consent rate         | 97%  | 98%           |

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

## Priorities for Service Development and Improvement

BMI The Highfield Hospital works closely with the local trust to priorities service provision with in the locality. This enables a strategic approach to new ideas and developments within the business.

Our developments for the year are:

- Lipiadol Salping-oophargrams
- One stop shop for consultation and assessment
- One stop shop for breast consultation and screening
- Surgical Outpatient procedures

Our developments will provide an improved patient pathway to enable a smooth transitional approach to patient experience and care.

## Safety Thermometer

BMI Healthcare is fully compliant and supportive of the reporting guidelines in relation to the NHS Safety Thermometer. This is part of BMI Healthcare's hospitals' engagement with local Clinical Commissioning Groups nationwide. The measures reported on a monthly basis relate to the following;

|                                 |  |
|---------------------------------|--|
| VTE Risk Assessment & Treatment | Catheter related Urinary Tract Infection |
| Falls                           | Pressure Ulcers by Category              |

## Staff Survey & Staff Safety Culture Questionnaire

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

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

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

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

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

Results were reported to sites in three ways: a report of all site data, regional reports and individual hospital results for sites who received a response rate of 30% or more.

## Staff Recommendation Results



| Highfield Hospital | Staff Recommendations |                  |                        |                       |
|--------------------|-----------------------|------------------|------------------------|-----------------------|
| 2018               | 2017                  | National Average | Highest National Score | Lowest National Score |
| 71.1%              | 88.12%                | 73.18%           | 89.98%                 | 50.44%                |

The Highfield Hospital undertook the following actions after the release of the 2017 staff survey results:

- Staff engagement forums
- Above and Beyond awards
- Community engagement
- Team of the month

Following the staff survey The Highfield Hospital are due to commence a you said we did tree. As a team we extract the data from the report and following staff forums to understand what requires improvement which enables the senior management team to provide feedback and change. The Heads of Departments also came together to look a new approach to engagement and integration. Out of the forums and meetings each unit provided a hospital pledge which all fed up to the hospital pledge. The heads of department also took away the vision for BMI healthcare and devised ideas and suggestions for the hospital Vision. Staff engagement through the forums has increased and a greater understanding has progressed within all teams.

## Quality Indicators

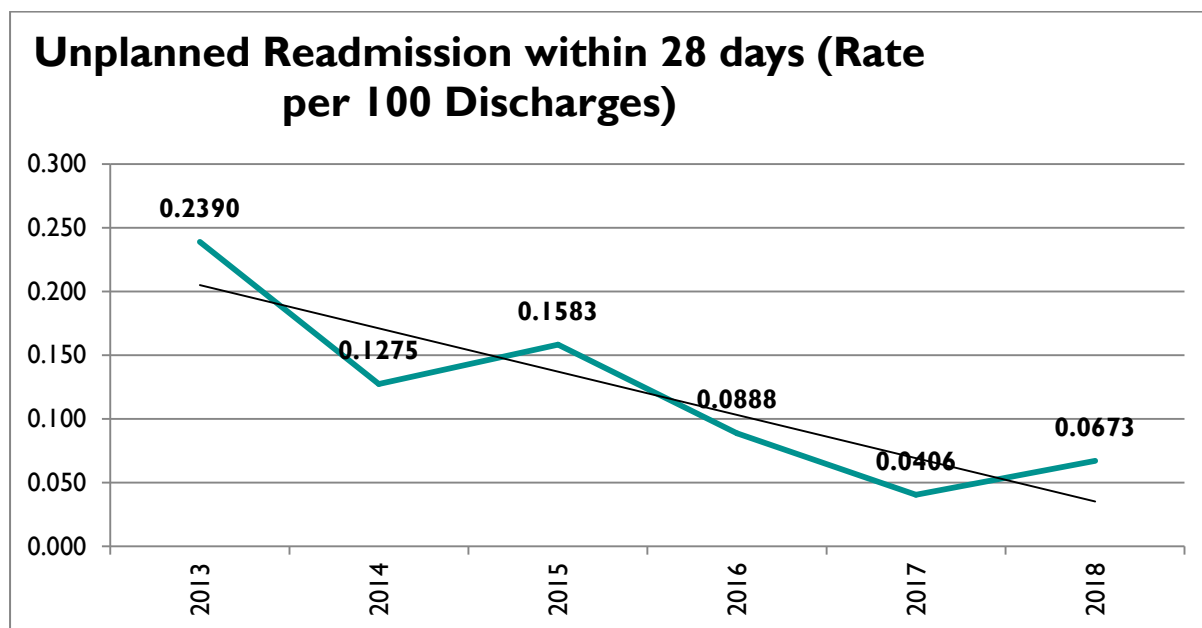
The below information provides an overview of the various Quality Indicators which form part of the annual Quality Accounts. Where relevant, information has been provided to explain any potential differences between the collection methods of BMI Healthcare and the NHS.

All data provided by BMI Healthcare is for the period **April 2017-March 2018** to remain consistent with previous Quality Accounts, whilst the NHS data may not be for the same period due to HSCIC data availability. The NHS data provided is the latest information available from the HSCIC Indicator Portal.

| Indicator   | Source                                     | Information   | NHS Date Period            |
|---|--|---|----------------------------|
| Number of paediatric patients re-admitted within 28 days of discharge and number of adult patients (16+) re-admitted within 28 days of discharge. | BMI Healthcare Risk Management System      | This figure provided is a rate per 1,000 amended discharges.  | <b>Apr 2011 - Mar 2012</b> |
| Number of <i>C.difficile</i> infections reported  | BMI Healthcare Risk Management System      | This indicator relates to the number of hospital-apportioned infections.  | <b>Apr 2014 – Mar 2015</b> |
| Responsiveness to Personal Needs of Patients  | Quality Health Patient Satisfaction Report | The responsiveness score provided is an average of all categories applied to Patient Satisfaction questionnaires answered by BMI Healthcare inpatients. | <b>Feb 2016 – Jan 2017</b> |
| Number of admissions risk assessed for VTE  | CQUIN Data                                 | BMI Healthcare only collects this information currently for NHS patients.   | <b>Jan 2017 – Dec 2017</b> |
| Number/Rate of Patient Safety Incidents reported  | BMI Healthcare Risk Management System      | Based upon Clinical Incidents with a patient involved where the NPSA Guidelines deem a severity applicable.   | <b>Oct 2015 – Sep 2016</b> |
| Number/Rate of Patient Safety Incidents reported (Severe or Death)  | BMI Healthcare Risk Management System      | Based upon Clinical Incidents with a patient involved where the NPSA Guidelines deem a severity applicable.   | <b>Jul 16 – Jun 17</b>     |

| Further Indicator  | Information   |
|--|---|
| Percentage of BMI Healthcare Staff who would recommend the service to Friends & Family | This information is taken from BMI Healthcare's Staff Survey which was conducted during 2017. |

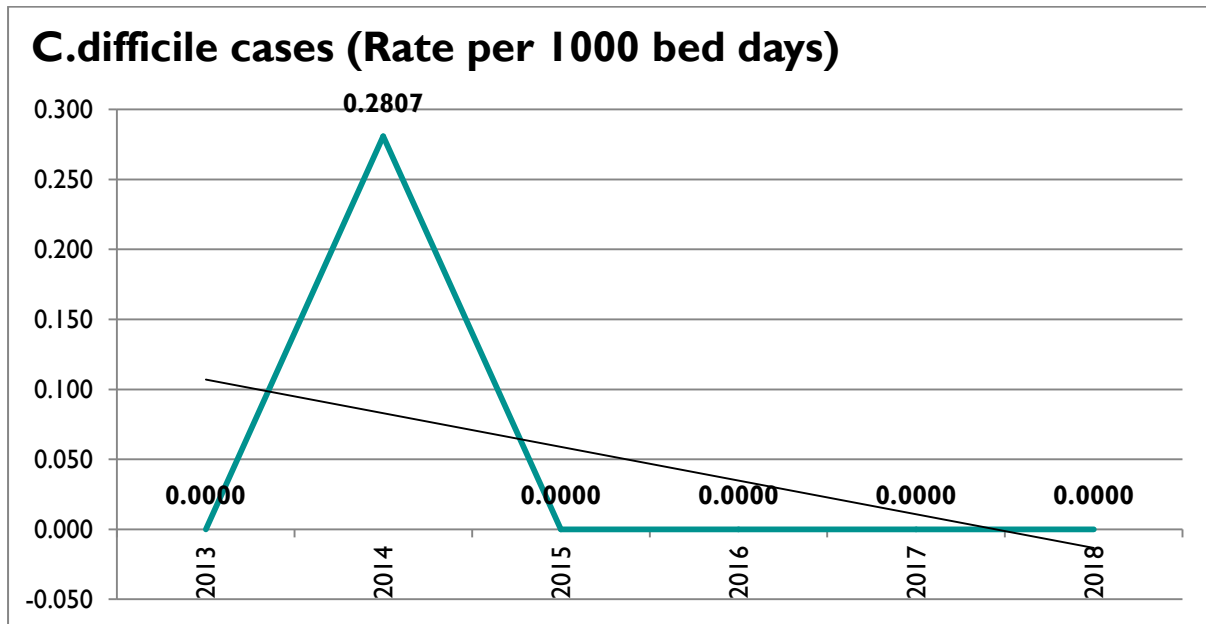
## Re-Admissions within 28 Days of Discharge (Paediatric and Adult)





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

| Highfield 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 Highfield Hospital considers that this data is as described for the following reasons. We have a Comprehensive Infection Prevention and Control Annual plan in place that sets out the systems for the prevention and control of Healthcare Acquired Infections (HCAIs), addresses leadership, management arrangements, design and maintenance of the environment and medical devices. Effective prevention and control of infection is embedded into everyday practice and applied consistently by everyone.

The Highfield Hospital maintains is zero score by continuing to implement the Infection Prevention and Control Annual plan.

## Hospitals responsiveness to the personal needs of its patients

| Highfield Hospital | Responsiveness |                  |                        |                       |
|--------------------|----------------|------------------|------------------------|-----------------------|
| 2018               | 2017           | National Average | Highest National Score | Lowest National Score |
| 96.34%             | 96.26%         | 69.22%           | 78.00%                 | 60.10%                |

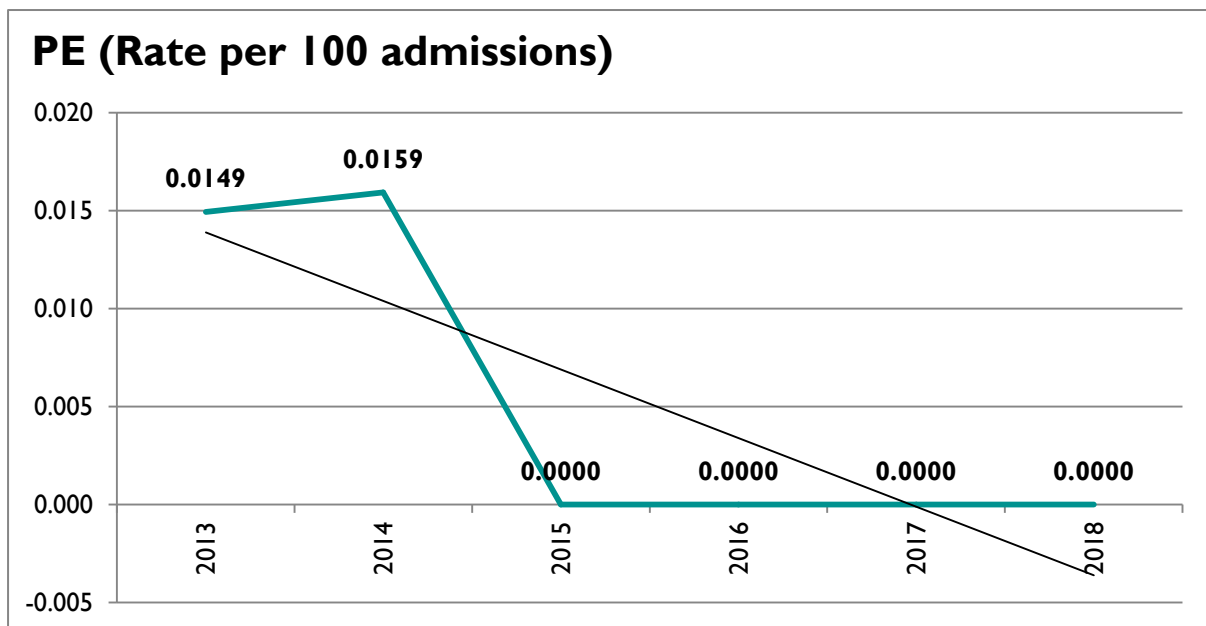
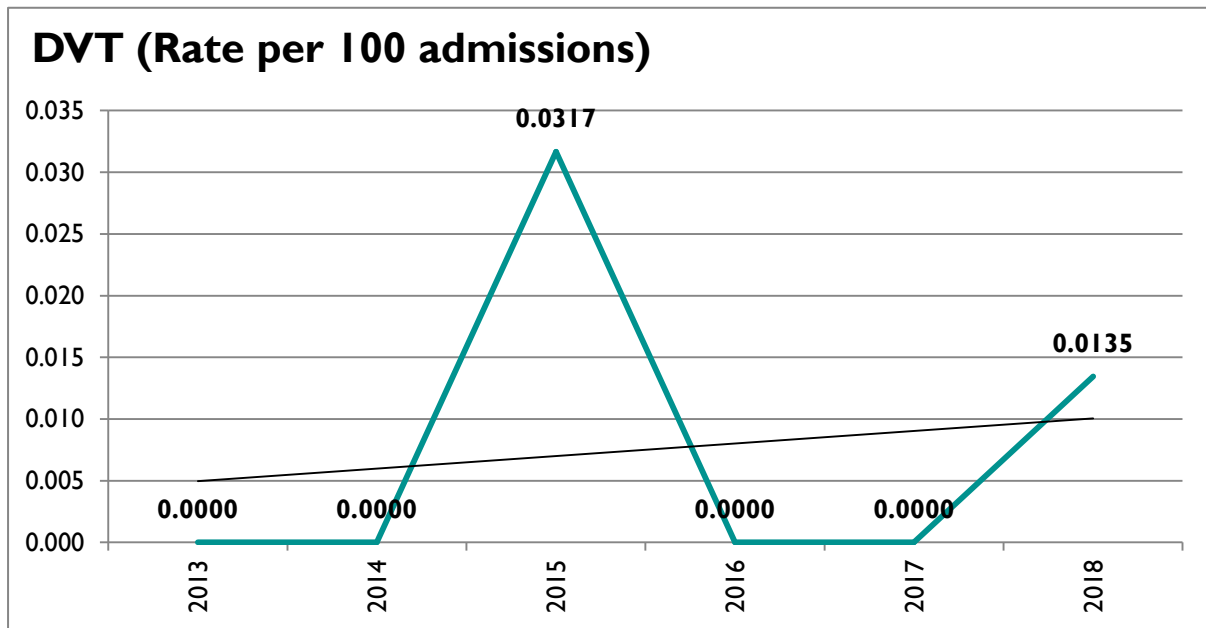
We are proud to be above the national average in our scoring for responsiveness in our patient satisfaction scores. We continue to review our scores and display and discuss the results in our daily communication cell meetings with Service Leads and in each Department.

The Highfield Hospital continues to review data and share learning from information received. The Hospital holds monthly meetings to discuss feedback and improvement plans.

The Highfield Hospital senior management team hold a review rota which ensures that each week a member of the team visit patients whilst they are on the ward to discuss their experience and lessons that could be learnt or services where improvements could be made.

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

| Highfield Hospital | VTE     |                  |                        |                       |
|--------------------|---------|------------------|------------------------|-----------------------|
| 2018               | 2017    | National Average | Highest National Score | Lowest National Score |
| 100.00%            | 100.00% | 95.77%           | 100.00%                | 81.60%                |

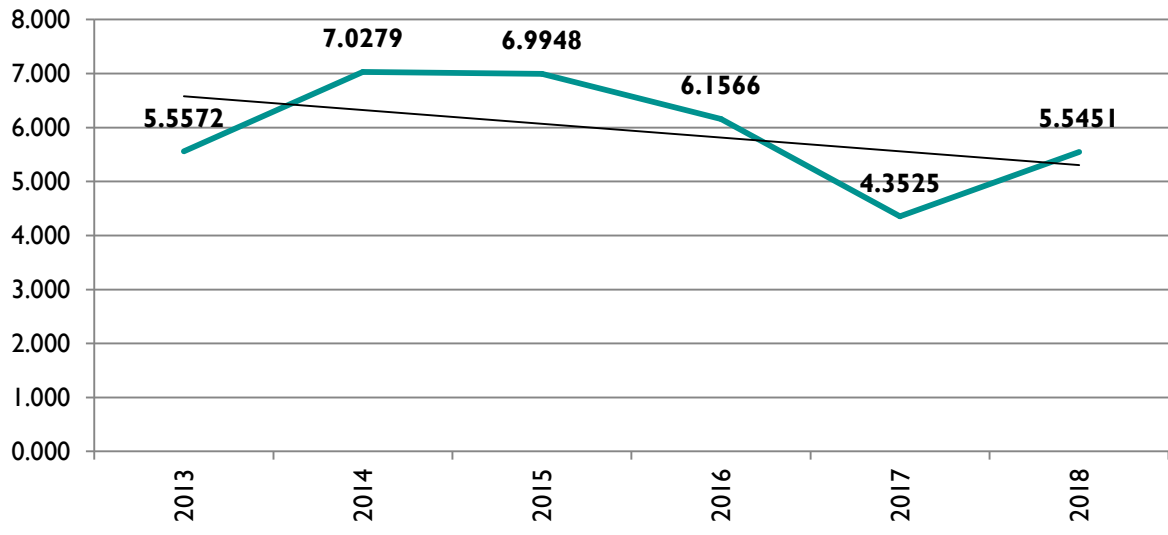


The Highfield Hospital continues the following actions in line with current guidelines to ensure that all patients are provided with a prophylactic treatment whether this is medication or anti embolic equipment to reduce the VTE risk over our patients. All patients are risk assessed on admission and subsequent days to follow whilst remaining a patient within our hospital.

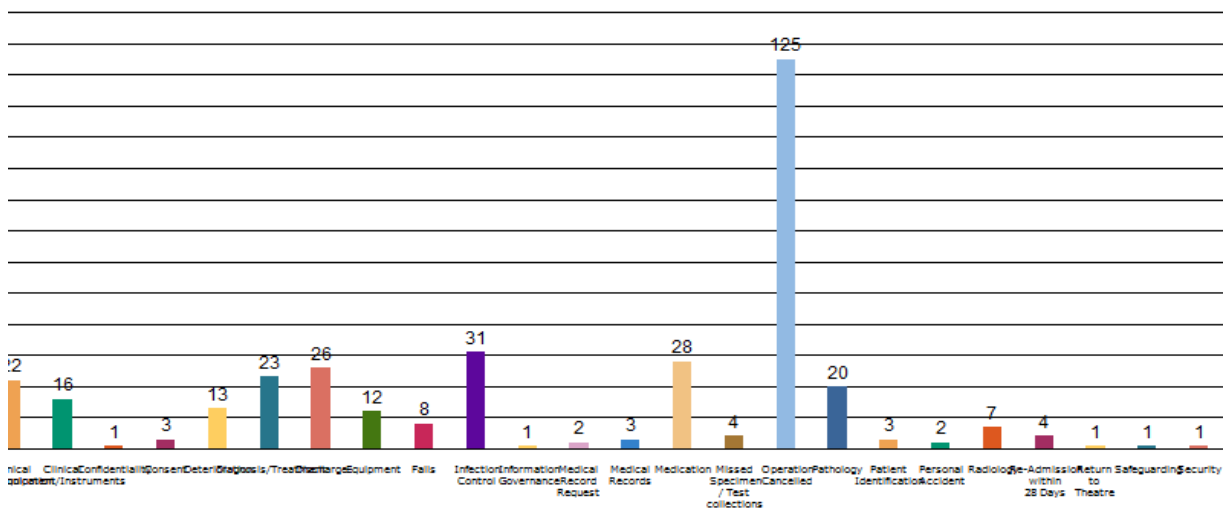
## Patient Safety Incidents

| Highfield Hospital | Patient Safety Incidents (Count) |                  |                        |                       |
|--------------------|----------------------------------|------------------|------------------------|-----------------------|
| 2018               | 2017                             | National Average | Highest National Score | Lowest National Score |
| 348                | 322                              | 3908             | 14506                  | 31                    |

### Patient Incidents (Rate per 100 admissions)



The Highfield Hospital has a well-developed open and transparent incident reporting culture. Incidents are reported on the day of occurrence and reported at our daily communication cell meetings. Actions are taken immediately following an incident to address patient safety issues and to avoid recurrence of the incident. Incidents are reported to our Clinical Governance Committee and Medical Advisory Committee where they are reviewed for trends and themes as well as monitoring implementation of action(s) from investigations. The Highfield Hospital continues to have weekly incident management meetings which involve the Quality and Risk manager and the Director of Clinical Services. The aim of each meeting is to conclude incident understanding and lessons to be learnt. These are then cascaded to the relevant teams to conduct clinical supervision/ shared learning.



## Patient Recommendation Results

| Highfield Hospital | Patient Recommendations |                  |                        |                       |
|--------------------|-------------------------|------------------|------------------------|-----------------------|
| 2018               | 2017                    | National Average | Highest National Score | Lowest National Score |
| 98.03%             | 98.84 %                 | 97.07%           | 100.00%                | 75.61%                |

We continue to review our scores and display and discuss the results in our daily communication cell meetings with Service Leads and in each Department.

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14/06/2018

To Whom It May Concern

**Your ref: Quality Account 2017/18**

BMI Healthcare -The Highfield Hospital Quality Account 2017/2018

We welcome the opportunity to review and provide a statement for the Quality Account for the Highfield Hospital part of the BMI Healthcare Group.

The BMI Healthcare Group CEO statement clearly establishes a commitment from the organisation to focus on areas where improvements have been required, sharing good practice and recognising the safety of patient is paramount, which resonate with local commissioners. We are supportive of the measures introduced to enhance clinical support for the wider Group of hospital teams including The Highfield Hospital to support the achievement of clinical objectives.

In terms of actions being taken to improve patient care and safety and clinical objectives we feel that the Quality Account would be strengthened by outlining the individual actions being taken at a hospital level specifically at The Highfield Hospital to reflect this. In particular identifying any improvements made in response to the CQC rating of 'Requires Improvement' following the inspection report published in February 2017.

We recognise and commend the Organisational commitment to Infection prevention and Control including the zero status of MRSA, MSSA, E-Coli and C-difficile patient infections at The Highfield Hospital and continued participation in the Surgical Site Infection Surveillance Service coordinated by Public Health England and a year on year improvement since 2015.

We note that the Quality Account does not identify or report against the success or otherwise of the 17/18 priorities which we feel would also strengthen the document and assist with ensuring continuity of the building on priorities for the coming year. We do however note that the priorities for service development and improvement in 2018/2019 are listed and would welcome more detail on the planned approach to their delivery to be shared with commissioners via the scheduled quality and performance monitoring and assurance meetings.



*Accuracy of Information contained with the Quality Account 2017/18 related to locally commissioned services.*

The CCG has taken the opportunity to check the accuracy of relevant data presented in the draft version of the document received this has provided difficult in some areas due to the way that some of the data has been presented.

Yours sincerely

Linda Collins-Izquierdo Interim Executive Nurse, NHS Oldham CCG



LINDA COLLINS-IZQUIERDO  
INTERIM EXECUTIVE NURSE

Dr Ian Milnes



On behalf of:

Bury CCG  
East Lancashire CCG  
HMR CCG  
Manchester CCG  
T&G CCG

