



The Huddersfield
Hospital

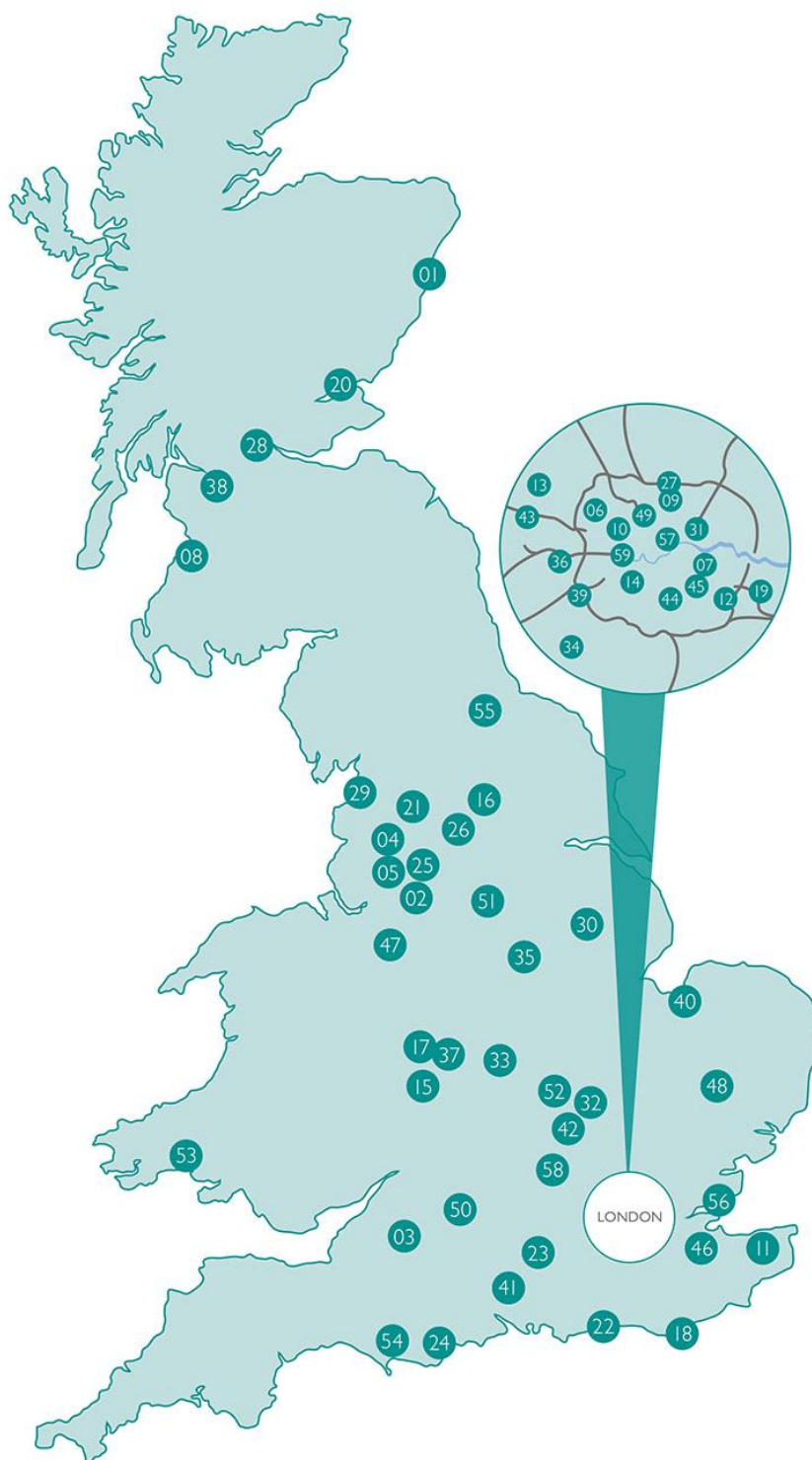
QUALITY ACCOUNTS 2018

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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.

Dr Karen Prins

Hospital Information



BMI Huddersfield Hospital has 29 beds with all rooms offering the privacy and comfort of ensuite facilities, TV and telephone. The hospital has 2 laminar flow theatres. These facilities combined with the latest in technology and on-site support services; enable our consultants to undertake a wide range of procedures from routine investigations to complex surgery. This specialist expertise is supported by caring and professional medical staff, with dedicated nursing teams and Resident Medical Officers on duty 24 hours a day, providing care within a friendly and comfortable environment.

The hospital sees a mixture of NHS and Private Patients on an outpatient, inpatient and day case basis. Patients can access a wide range of services at BMI Huddersfield Hospital through the NHS choose and book scheme. In addition to the Choose and Book scheme, the hospital has performed spot purchase work from the local trusts in the area.

In 2017-18 the following work has been undertaken;

- Replacement of carpet with laminate flooring in all patient rooms
- Rolling programme of patient room re-decoration

There is an ongoing commitment to ensure that theatre equipment is being replaced when required to ensure that Consultants have the most up to date, safe and reliable equipment available to them.

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 Huddersfield 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 unannounced inspection on 9th & 10th February 2016 and rated services as overall requiring improvement. Surgical Services and Outpatient Services were assessed in the un-announced inspection and assessment against the 5 domains are listed below

- SAFE – Requires Improvement
- CARING - Good
- RESPONSIVE – Requires Improvement
- EFFECTIVE – Requires Improvement
- WELL-LED – Requires Improvement

Since the un-announced inspection, the Huddersfield Hospital has undertaken a robust action plan was submitted to, and approved, by the CQC to address the areas of improvement required.

Huddersfield 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 Huddersfield 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

- No MRSA bacteraemia cases
 - No MSSA bacteraemia cases
 - No E.coli bacteraemia cases
 - No hospital apportioned Clostridium difficile.
 - SSI data is also submitted to Public Health England for Orthopaedic surgical procedures.
- Our rates of infection are;
- 0.01% Hips per 100 procedures
 - 0% Knees per 100 procedures

The site Infection Prevention and Control team meets quarterly to discuss all matters relating to IPC including water safety, decontamination, infection issues and Root Cause Analyses (RCA) and surveillance, and full Committee meetings being held three times per year.

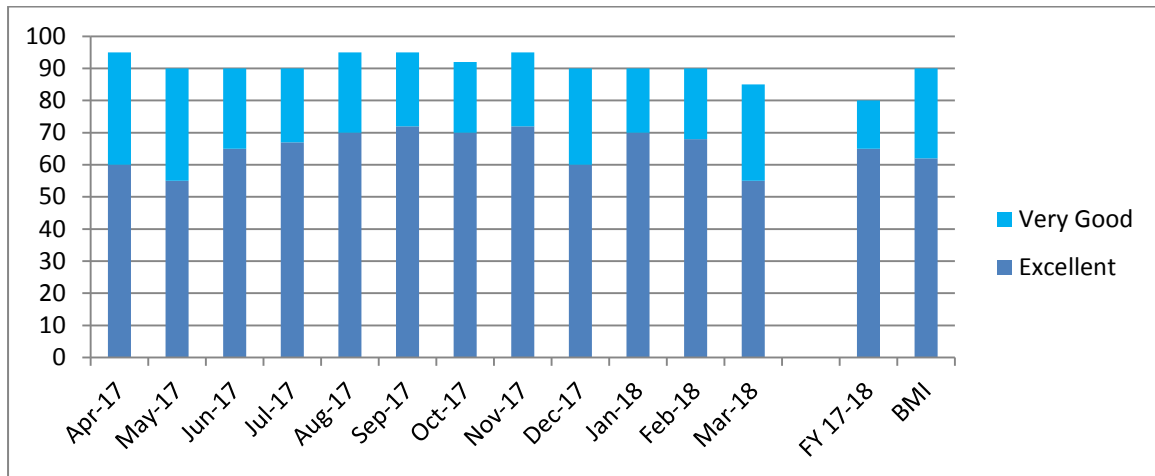
Hand hygiene audits are scheduled to take place in all clinical departments on a monthly basis in addition to additional IPC audits, which are monitored corporately.

IPC is included in the mandatory training requirements for all clinical and non-clinical staff and incorporates e-learning, face-to-face interactive presentations and practical assessments.

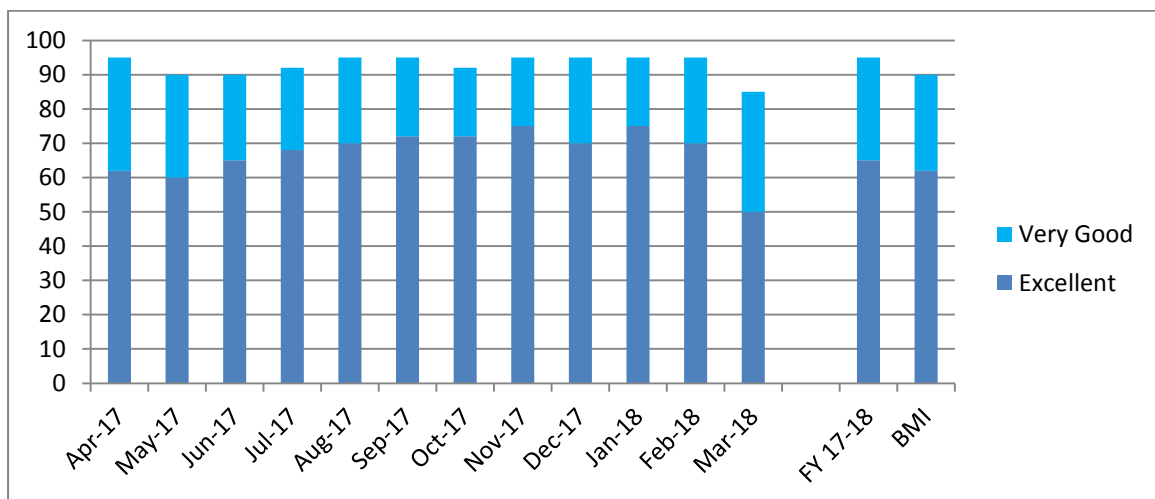
The hospital team has implemented the peripheral cannula, surgical site infection (SSI) and indwelling catheter care bundles, and a high level of consistent practice was demonstrated in the audit results.

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

Room Cleanliness



Bathroom Cleanliness



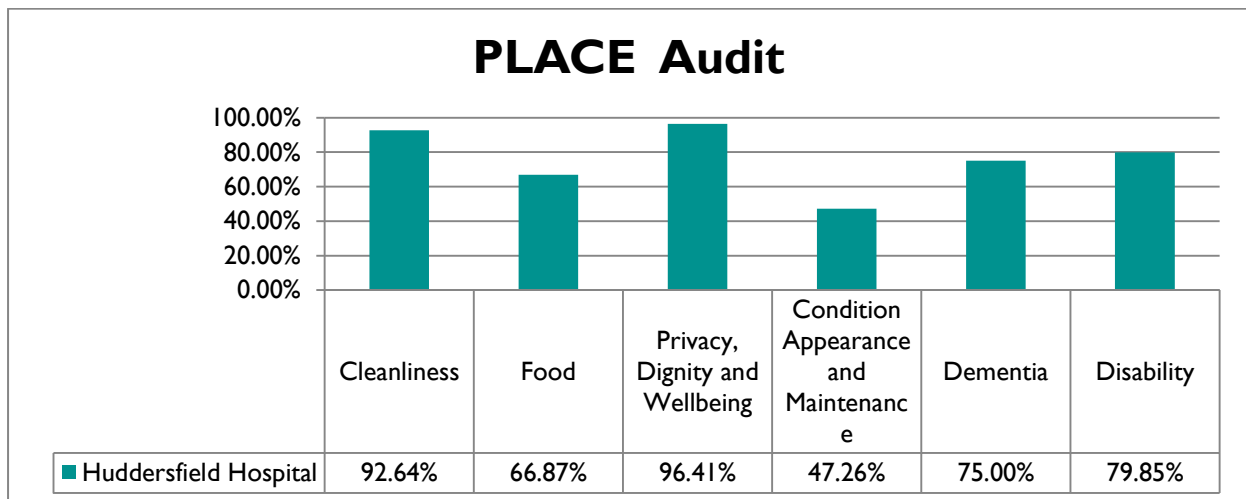
Patient Led Assessment of the Care Environment (PLACE)

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. Huddersfield Hospital results are demonstrated below which identifies the priorities for 2018/19.



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.

In 2017/18 BMI Huddersfield Hospital, under the national classification of serious incidents, BMI Huddersfield had one incident that met this criteria and a full investigation and apology was made, ensuring the statutory requirements were met.

Venous Thrombo-embolism (VTE)

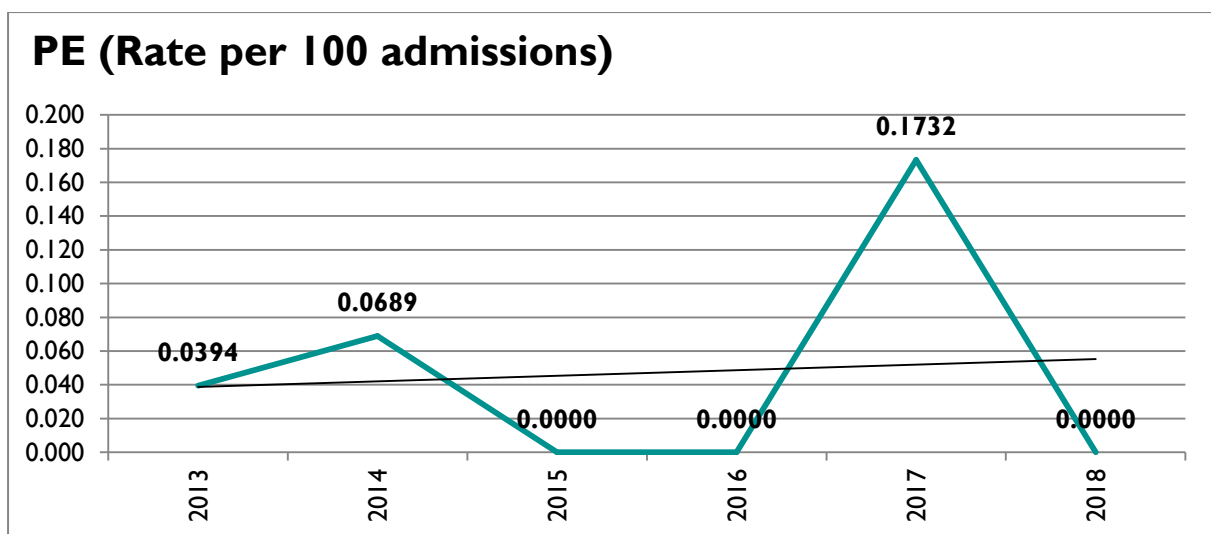
BMI Healthcare, holds VTE Exemplar Centre status by the Department of Health across its whole network of hospitals including, Huddersfield Hospital. BMI Healthcare was awarded the Best VTE Education Initiative Award category by Lifeblood in February 2013 and was the Runners up in the Best VTE Patient 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 we are fully compliant with this requirement

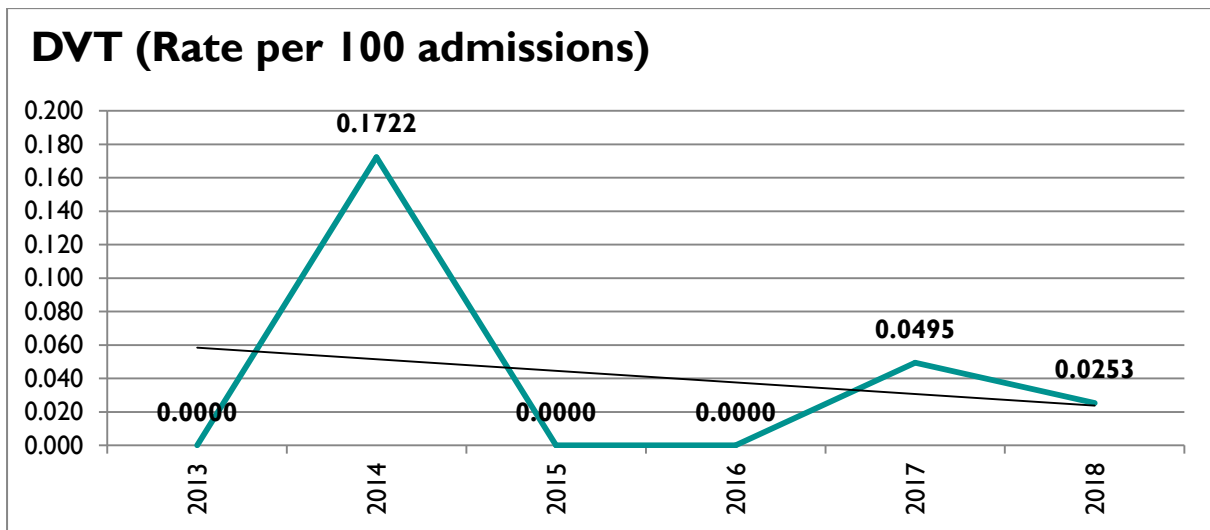
Huddersfield Hospital reports the incidence of Venous Thromboembolism (VTE) through the corporate clinical incident system. It is acknowledged that the challenge is receiving information for patients who may return to their GPs or other hospitals for diagnosis and/or treatment of VTE post discharge from 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. .

In 2017/18 the incidence of DVT and PE are demonstrated below.

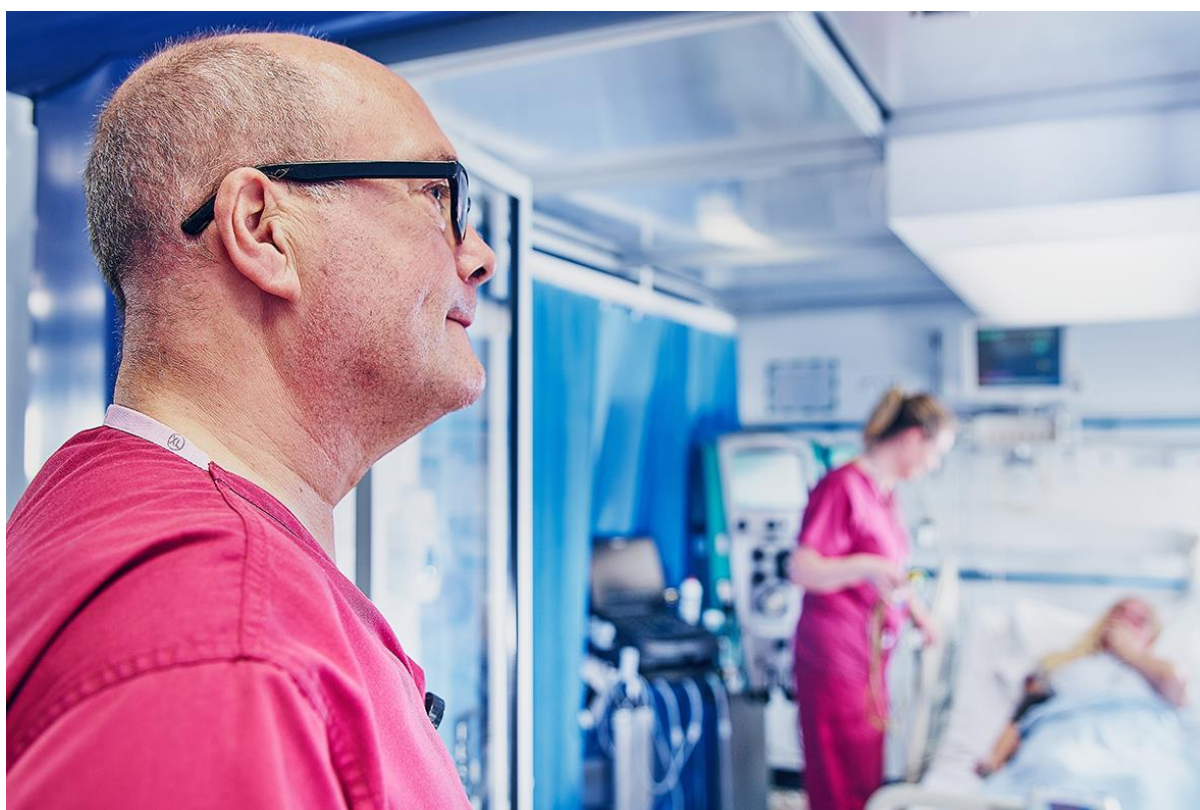
PE Data



DVT Data



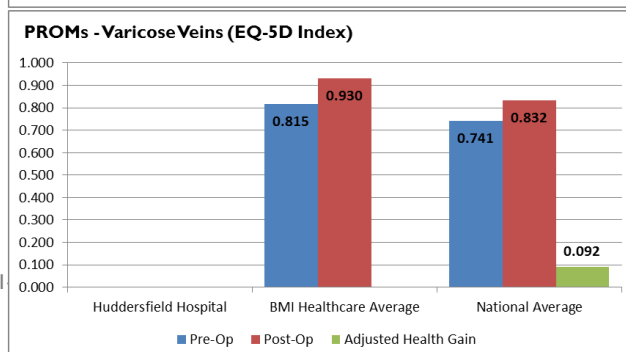
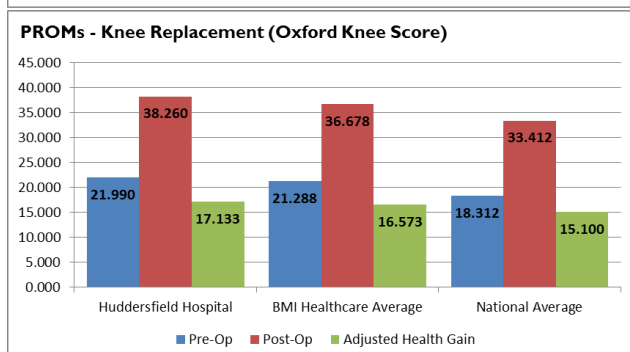
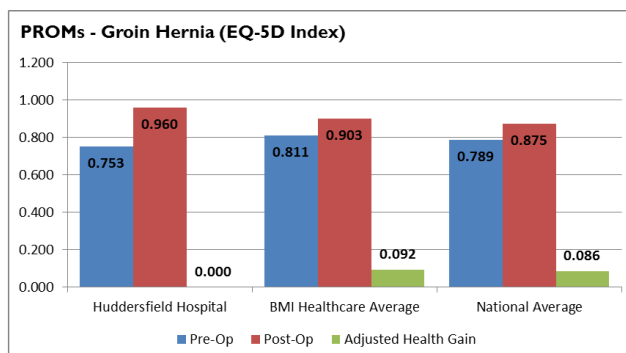
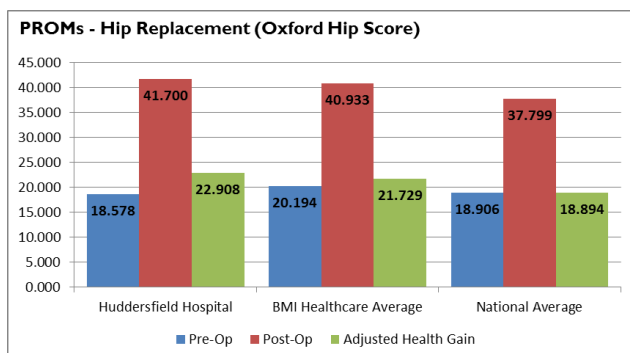
The incidence of Venous Thromboembolism occurrence at BMI Huddersfield Hospital in 2017/18 has decreased from the previous year, confirming our patient safety culture.



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 Huddersfield Hospital. The information shows that in both Hip and Knee data Huddersfield Hospital is above the National Average and BMI Healthcare Average



for Adjusted Health Gain.

Enhanced Recovery Programme (ERP)

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

ERP is based on the following principles:-

1. All Patients are on a pathway of care
 - a. *Following best practice models of evidenced based care*
 - b. *Reduced length of stay*

2. Patient Preparation
 - a. *Pre Admission assessment undertaken*
 - b. *Group Education sessions*
 - c. *Optimizing the patient prior to admission – i.e. HB optimisation, control co-morbidities, medication assessment – stopping medication plan.*
 - d. *Commencement of discharge planning*

3. Proactive patient management
 - a. *Maintaining good pre-operative hydration*
 - b. *Minimising the risk of post-operative nausea and vomiting*
 - c. *Maintaining normothermia pre and post operatively*
 - d. *Early mobilisation*

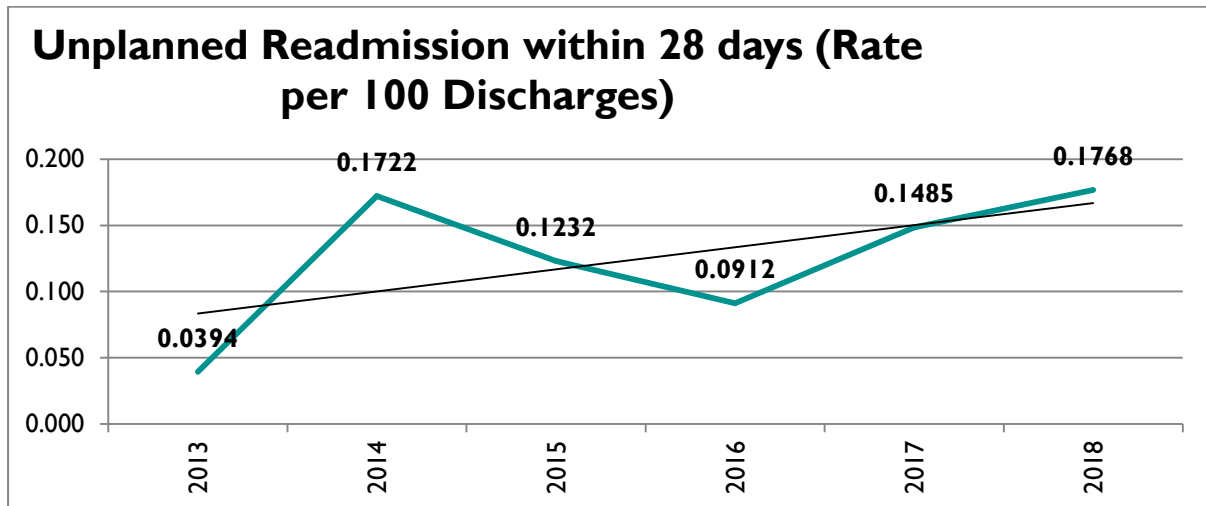
4. Encouraging patients have an active role in their recovery
 - a. *Participate in the decision making process prior to surgery*
 - b. *Education of patient and family*
 - c. *Setting own goals daily*
 - d. *Participate in their discharge planning*

BMI Huddersfield Hospital has a multidisciplinary team of professionals who deliver a successful ERP pathway of care to patients. There is a dedicated Pre Assessment team who manage patient expectation regarding length of stay and commence the discharge process before patients are admitted, ensuring all their home care needs are met and any intervention required post discharge is pre-planned. We have a team of physiotherapists who work closely with our Consultants to promote early and continued mobilization of patients post operatively.

Unplanned Readmissions & Unplanned Returns to Theatre

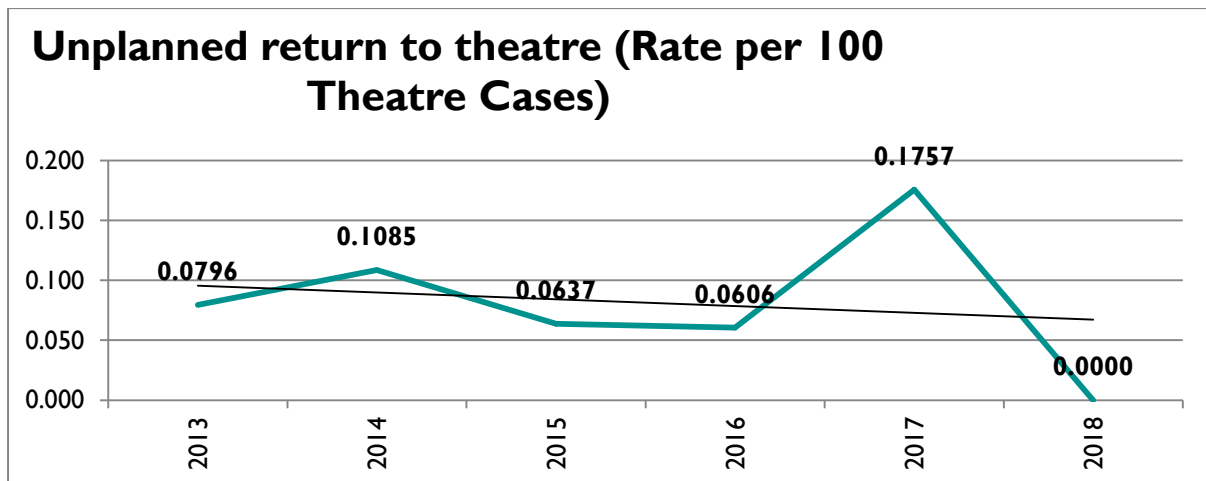
Unplanned readmissions and Unplanned Returns to Theatre are normally due to a clinical complication related to the original surgery.

Unplanned Readmission Rates



The information shows that in 2017/18 there was an increase in the number of readmissions compared to 2016/17, however the activity for hospital has increased for 2017/18. The Huddersfield Hospital encourages all of our patients to return to the hospital with any post-operative concerns or complications. All unplanned readmissions are investigated in line with standard policy to ensure any root causes are identified, in 2017 all readmissions were appropriate and no themes were identified.

Unplanned Return to Theatre Rates



In 2017/18 there were no unplanned returns to theatre.

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

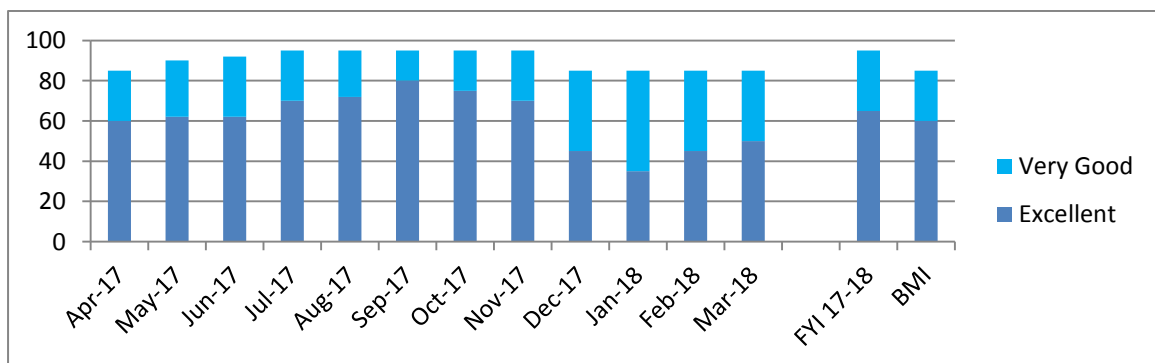
Patient Satisfaction



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.

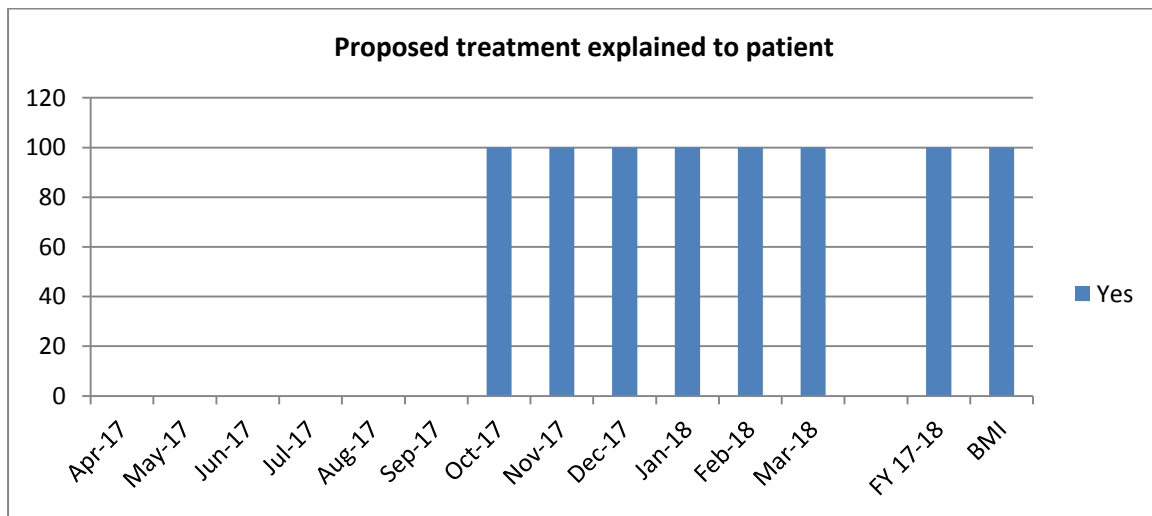
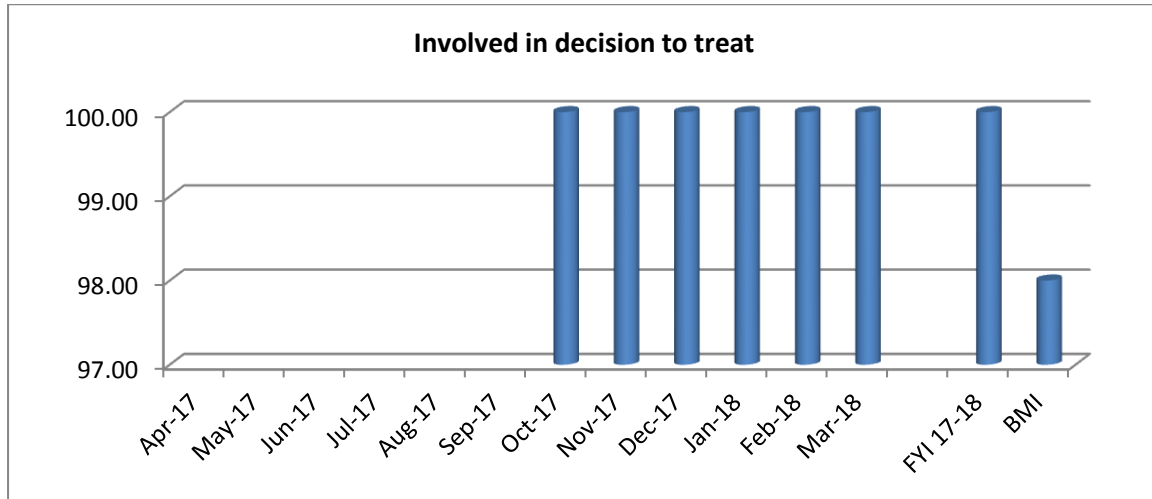
The following graphs indicate the key questions asked of patients, about their admission. The hospital discusses the monthly reports at the Heads of Departments and Hospital Governance meetings. Specific actions that might be required are agreed at either forum.

Overall Impression of the Arrival Process at BMI Huddersfield Hospital



The results show that there was a drop in satisfaction scores for the arrival process, this coincides with changes in administration processes within the hospital. The Huddersfield Hospital has reacted to these lower scores and are currently re-configuring administration services and are recruiting further staff.

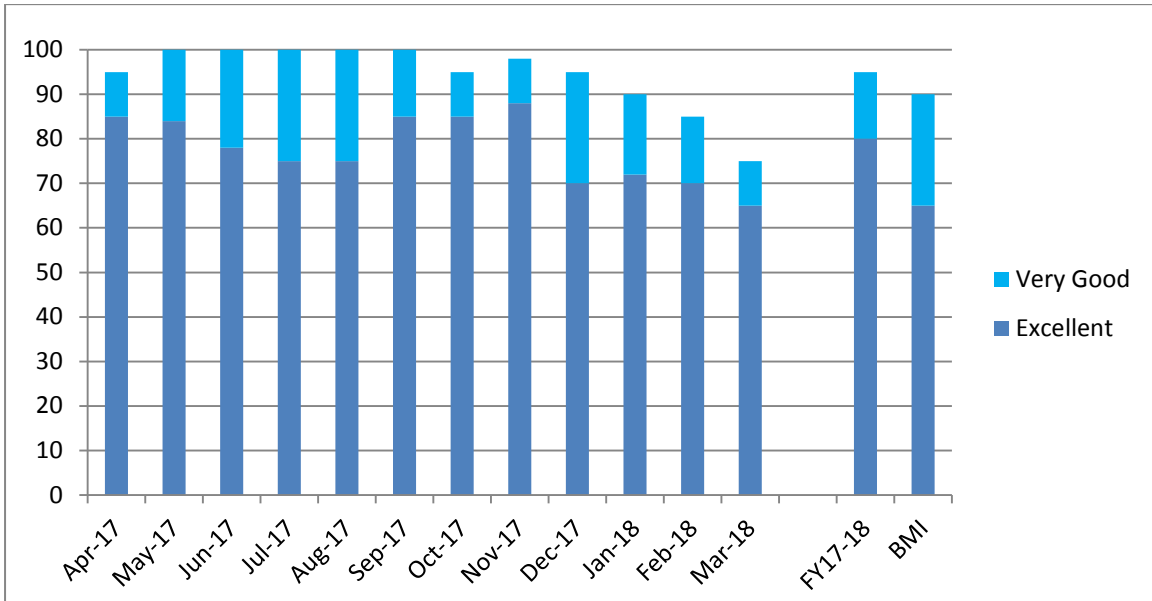
Consultants Interaction with Patient



The patient satisfaction results demonstrate that the Consultants fully involve the patient in the treatment options and fully explain the treatment. This is key in the patient/Consultant relationship.

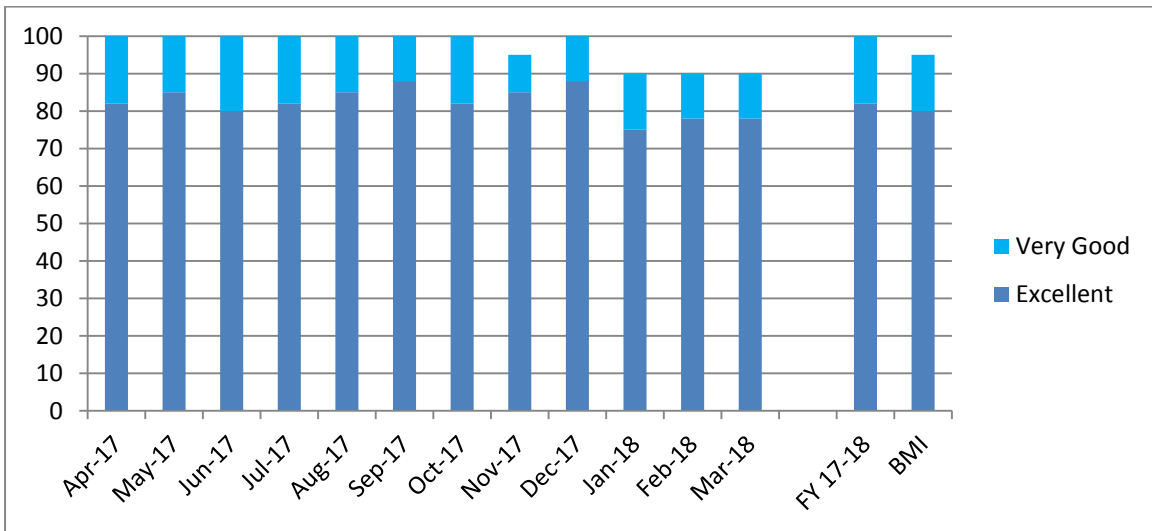
Nursing Staff Interaction with Patient

The Way Staff Made the Patient Feel



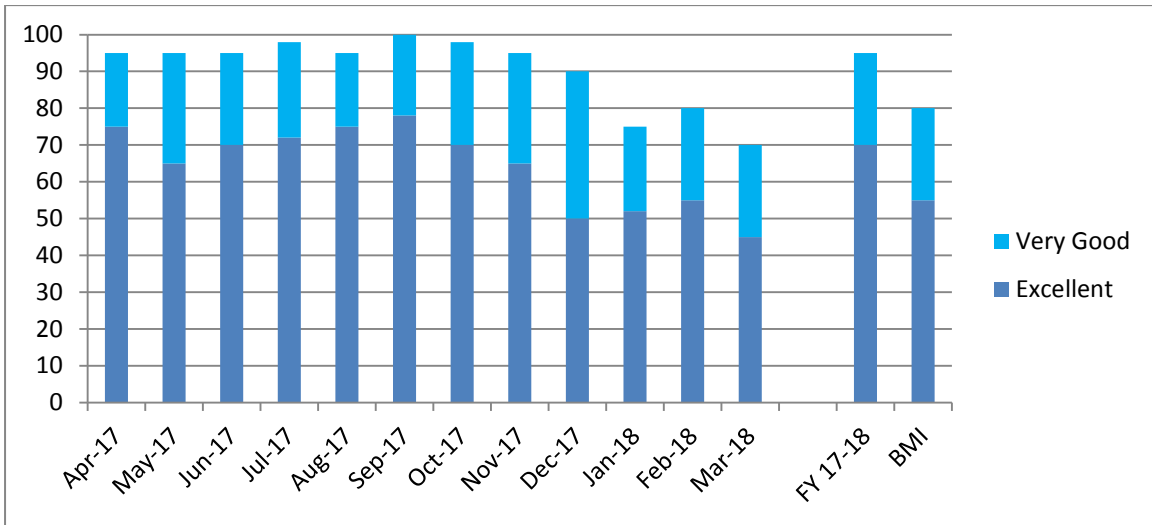
The chart above demonstrates that patients felt that staff made them feel on the whole, excellent. There was a reduction in the results for March 2018, this will become a main focus for the hospital in 2018/19.

Likelihood of Post-Operative Pain Explained to You

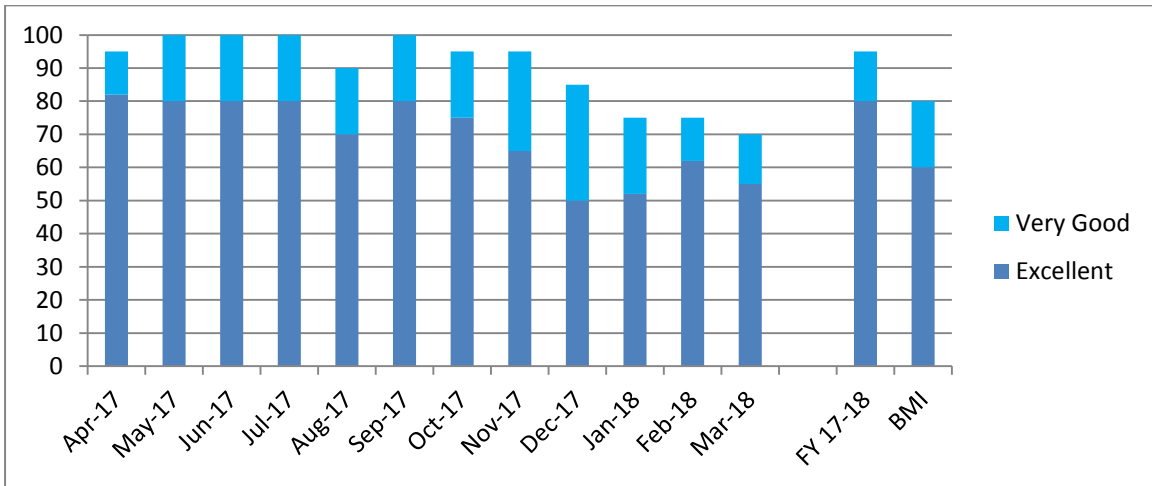


The patient satisfaction results show that staff explain clearly to the patient that they should expect to experience pain post operatively, this is essential to empower the patient in their recovery. The next questions the patient were asked was about assessing and controlling their pain. The results demonstrate that the staff achieved very good results in respect of these two questions.

The way we assessed the level of your pain

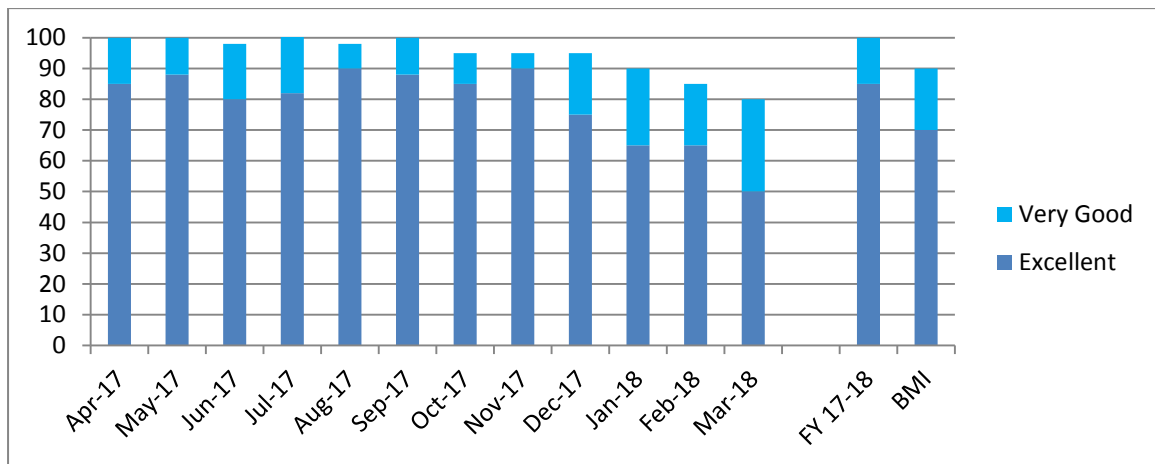


The way we did everything to control your pain

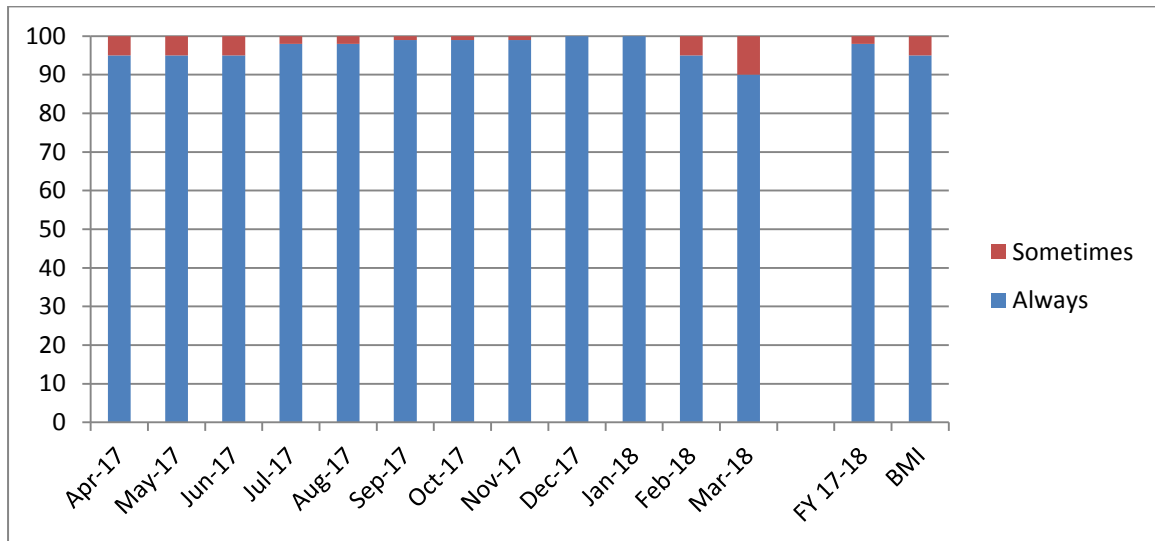


Patients were asked to rate their overall impression of nursing care and whether they were treated with dignity and respect whilst attending the hospital. The results below that overall the patients had a very positive experience but the results decreased slightly in March 2018 and this will be a key focus for 2018/19.

Overall Impression of Nursing Care



Treated with Dignity & Respect



Complaints

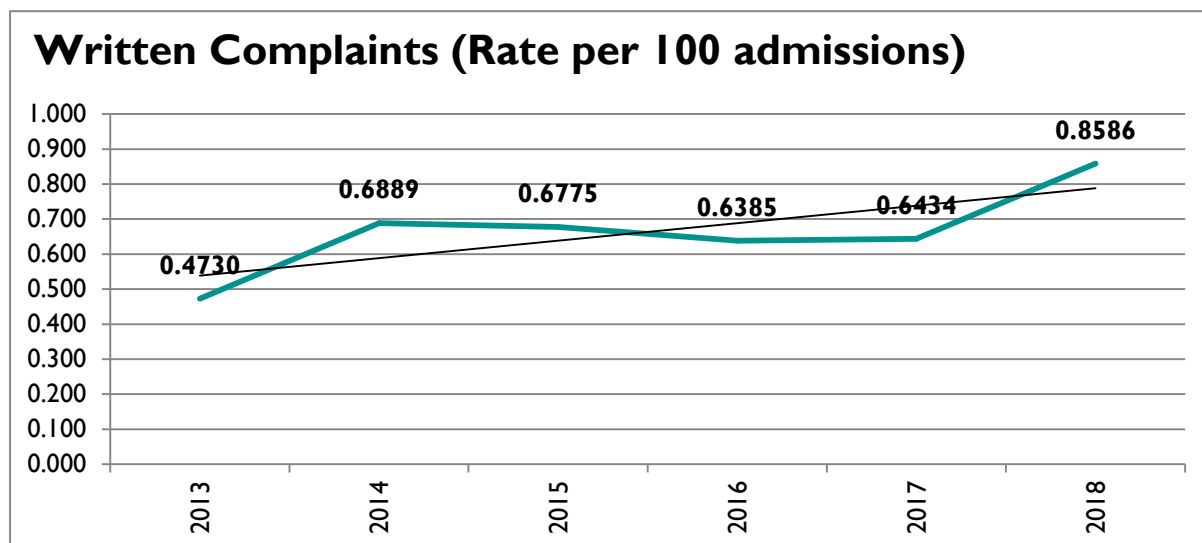
In addition to providing all patients with an opportunity to complete a Satisfaction Survey BMI Huddersfield Hospital actively encourages feedback both informally and formally. Patients are supported through a robust complaints procedure, operated over three stages:

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.

The Graph below demonstrates the number of complaints received by Huddersfield Hospital per 100 admissions



CQUINS

BMI The Huddersfield Hospital work closely with the local Clinical Commissioning Group (CCG) to agree local targets that reflect the local patient demographic. Regular meetings are held with the CCG to monitor progress of agreed targets.

In 2017/18 the local CQUIN's agreed were as listed below.

CQUIN 1 - Theatre Utilisation & Patient Safety - Continue to develop processes to capture and manage changes to theatre lists on the day of surgery, particularly understanding avoidable and unavoidable changes. Continue to reduce the changes to lists on the day of surgery which are avoidable.

By Quarter 4 (Jan – March 2018) the number of list changes on the day that were considered avoidable have reduced by 50%. This reduction has been supported by the weekly resource meeting that reviews all lists planned for the next 3 weeks, clear responsibility within the theatre department of who orders equipment and also the process of ordering equipment. This CQUIN remains a key priority for 2018/19 as further reduction of changes on the day is require.

CQUIN 2 - Improving discharge & post-discharge advice - Use qualitative information from patient calls (BMI 48 hours calls and patient-initiated calls to the ward) post discharge to improve the discharge process and post-discharge advice for patients.

In Quarter 3 it was identified that over 50% of calls received in the ward following discharge related to concerns about wound care and pain relief. In November 2017 the patient discharge information leaflet were updated to include giving more in-depth advice regarding when patients needed to contact the Huddersfield Hospital about their wound and how to manage them. The leaflets also included more information about how patients can manage their post-operative pain medication.

Following this change to the information leaflets, there was a reduction in calls received in December 2017 from patients regarding wound concerns.

In January 2018 and February 2018 the number of calls received remained unchanged but the context of the calls received related to pain relief (predominantly Orthopaedics). As a result of these calls the Huddersfield Hospital had a focused approach in relation to pain relief post discharge. In conjunction with the Pharmacist, the information leaflet regarding pain relief post discharge is more prescriptive as to when and how to take pain medications. The Huddersfield Hospital has also introduced a pain diary for the patients to complete for the first week post-surgery as the majority of calls received were made in the first 7 days post operatively.

These changes to the post discharge information leaflets demonstrate how patient feedback is utilised to shape and change services.

CQUIN 3 - Improving Pre-assessment - Monitor the number of cancellations arising from preoperative assessment and put processes in place to reduce the number of cancellations. - Implement comprehensive audit of pre-assessment including: completeness in line with pathways and ensuring all elements of pre-assessment are carried out in full, reviewed, communicated and acted on effectively.

During 2017-18 there has been focused work around this initiative including completion of the medical questionnaire at the outpatient consultation, pre-assessment reviews and anaesthetic reviews. This has resulted in increased compliance demonstrating successful implementation of the initiatives to improve the quality of the services we provide and the safety of our patients.

Please note that these CQUINs were agreed for a two year period and have been updated for 2018/19 with updated action plans where indicated.

CQUIN 1 - Theatre Utilisation & Patient Safety - Continue to develop processes to capture and manage cancellations to theatre lists on the day of surgery, particularly understanding avoidable and unavoidable cancellations. Develop a process to prevent re-occurrence of avoidable cancellations for same reasons.

CQUIN 2 - Improving discharge & post-discharge advice - Use qualitative information from patient calls (BMI 48 hour calls and patient-initiated calls to the ward) post discharge to improve the discharge process and post-discharge advice for patients

CQUIN 3 - Improving Pre-assessment - Implement comprehensive audit of pre-assessment including:

- 1) Monitor the number of cancellations arising from preoperative assessment and put processes in place to reduce the number of cancellations**
- 2) completeness in line with pathways**
- 3) ensuring all elements of pre-assessment are carried out in full, reviewed, communicated and acted on effectively**

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.

Senior registered [EA] Children Nurses are trained to level 4 safeguarding (if applicable)

There have been no safeguarding incidents logged in 2017/18.

National Clinical Audits

BMI Huddersfield Hospital participates in the following National Audits:

- National Joint Registry audit and all joint replacements are submitted to this. The hospital shows good compliance with data input into the register with 100% of eligible patients giving consent for their data to be used in the register and 100% link-ability to the patients NHS number.
- Breast and Cosmetic Implant Registry (BCIR)
- Public Health England Surveillance of hip and knee replacement surgery – results for 2017/18 are demonstrated in this Quality Account
- National Patient Safety Thermometer – no risks identified
- Patient led Assessment of the Care Environment - results for 2017/18 are demonstrated in this Quality Account

Looking forward to the next 12 months the BMI Huddersfield Hospital will continually strive to achieve 100% on the above areas together with further key aims to ensure continued compliance with data input into the National Joint Registry and Breast and Cosmetic Implant Registry;

- To provide high quality and relevant data in line with the National Joint Registry's and Breast and Cosmetic Implant registry's mission statements
- To set up Key Performance Indicators in line with the key quality indicators of Compliance, Consent and Link-ability.
- To respond to National Joint Registry's and National Breast and Cosmetic Implant Registry's requested information within the agreed timescales.
- To improve performance in the key quality indicators in line with National averages

Local Clinical Audits

BMI Huddersfield Hospital participates in the following Local Audits:

- WHO observational
- Theatre Safety Audit
- Infection, Prevention and Control (IPC) including observational and precautions taken
- Venous Thromboembolism (VTE)
- Controlled Drugs – ward, theatre
- Medicines management – ward, theatre, outpatient
- Deteriorating Patient (NEWs) – ward, recovery
- Superior Patient Care
- Pathology
- Physiotherapy
- Imaging

Priorities for Service Development and Improvement

- An ongoing commitment to ensuring a safe patient journey is paramount. We will continue to focus on Safer Surgery through the Clinical Governance Committee with consultant involvement to provide ongoing assurance that our processes and pathways are in line with best practice. There will be further review of our pre-assessment guidelines to ensure they remain in line with National Guidelines and Best Practice and remain a CQUIN for 2018/19. We will continue to work with all local providers to ensure we are all sharing best practice and providing evidence of research behind guidelines and pathways.
- Ambulatory Care continues to be a focus for development within the hospital and we are working towards a dedicated Ambulatory Care Unit. This will also enable us to progress to more complex procedures within our theatres. These changes will require a review of our pathways to ensure they are streamlined and meet the needs of the public we serve.
- Ensuring we have the appropriate staff with the appropriate competencies and knowledge base remains a key priority to continue to improve and develop services. We have made good appointments into a number of roles, with ongoing recruitment priorities being theatre, ward and pharmacy staff, in both lead and team roles.
- Clinical governance continues to be a strong focus for the hospital, with continual work being done to improve processes for reporting and feedback of learning from incidents, complaints and near misses.
- Our key priority for the coming year is to continue to improve the estates and facilities of the hospital, to ensure compliance with all regulations, including infection prevention and control requirements. In 2017/18 we have made significant progress in replacing all carpets in clinical areas and this is now complete. The focus for 2018/19 will remain the upgrading of clinical hand wash basins and refurbishment of the areas of the hospital according to clinical priority.

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

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

- Increased focus on staff engagement
- Recruitment into key positions
- Review and standardisation of role profiles so staff had clarity on what they were responsible/accountable for

Huddersfield Hospital	Staff Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
83.00%	79.03%	73.18%	89.98%	50.44%

In 2018/19 The Huddersfield Hospital intends to focus on increasing staff engagement and has implemented staff forums for all staff to attend to ensure they help shape the future of BMI Huddersfield. Training and role development will be a key focus for 2018/19, this will be supported through BMI Academy and strengthening relationships with local universities.

Quality Indicators

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

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

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

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

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

Adult re-admissions

Huddersfield Hospital	Re-Admissions (Aged 16+)			
	2017	National Average	Highest National Score	Lowest National Score
2018	4.141	10.010	41.650	0.000
7.172				

The Huddersfield Hospital considers that this data is as described we have robust systems for capturing re-admissions through the electronic incident reporting system.

The Huddersfield Hospital has taken the following actions to improve this rate, and so the quality of its services, by:

- Ensuring all patients meet the discharge criteria in place.
- We aim to contact patients within 48 hours of discharge to ensure that they are supported with information and advice required.
- Utilising the CQUINs scheme to drive change we are aiming to improve discharge planning and appropriateness of information given.

The Huddersfield Hospital encourages all of our patients to return to the hospital with any post-operative concerns or complications, this allows us to monitor and identify any trends. Any re-admission will continue to be reviewed through the Clinical Governance Committee.

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

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

- There have been no reported hospital acquired C-difficile infections reported in 2017/18.

Hospitals responsiveness to the personal needs of its patients

Huddersfield Hospital	Responsiveness			
2018	2017	National Average	Highest National Score	Lowest National Score
93.32%	93.31%	69.22%	78.00%	60.10%

The Huddersfield Hospital considers that this data is as described for the following reasons: an independent company co-ordinates patient satisfaction surveys and results on a monthly basis.

The Huddersfield Hospital has taken the following actions to improve this percentage, and so the quality of its services by:

- Ensuring patient satisfaction is an agenda item at all hospital meetings
- Each department reviews their rating on a monthly basis and actively addresses problems identified.

- We are pro-active at managing problems in a timely fashion to avoid them being escalated into complaints.
- We aim to share learning from all complaints to improve satisfaction.
- All staff have customer service as part of their appraisal process and we promote a culture of 'Think Customer'.

The Huddersfield Hospital will continue to actively seek patient feedback to enable us to review and redesign our services to meet the needs of the public we serve.

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

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

The Huddersfield Hospital considers that this data is as described for the following reasons: we have a robust process for auditing and reporting of VTE risk assessments.

The Huddersfield Hospital has taken the following actions to improve this percentage and so the quality of its services, by:

- Utilising standard pathways which include VTE risk assessment.
- A daily audit of all admitted patients is carried out which is reported centrally on a monthly basis.

Patient Safety Incidents

Huddersfield Hospital	Patient Safety Incidents (Rate per 1000 Bed Days)			
2018	2017	National Average	Highest National Score	Lowest National Score
399.590	286.404	43.292	149.700	11.200

The Huddersfield Hospital considers that this data is as described for the following reasons: the hospital has robust systems for capturing clinical and non-clinical incidents through the electronic incident reporting system

The Huddersfield Hospital has taken the following actions to improve this rate/number, and so the quality of its services: by

- Ensuring a system of standard operating procedures and policies provides a strong basis for the clinical governance structure.
- All incidents and trends are analysed with appropriate investigation, reflection and sharing of lessons learned.

- The high number of reported events is an indicator of the low threshold reporting culture for incidents in BMI the Huddersfield Hospital.
- A large proportion of these we're near misses or 'No Harm events'.

Patient Recommendation Results

Huddersfield Hospital	Patient Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
98.00%	98.63%	97.07%	100.00%	75.61%

The Huddersfield Hospital considers that this data is as described for the following reasons: an independent company co-ordinates patient satisfaction surveys and results on a monthly basis.

The Huddersfield Hospital has taken the following actions to improve this percentage and so the quality of its services, by

- Ensuring patient satisfaction is an agenda item at all hospital meetings,
- Each department reviews their rating on a monthly basis and actively addresses problems identified.
- We are pro-active at managing problems in a timely fashion to avoid them being escalated into complaints.
- We aim to share learning from all complaints to improve satisfaction.
- All staff have customer service as part of their appraisal process and we promote a culture of 'Think Customer'.

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