



The Lancaster
Hospital

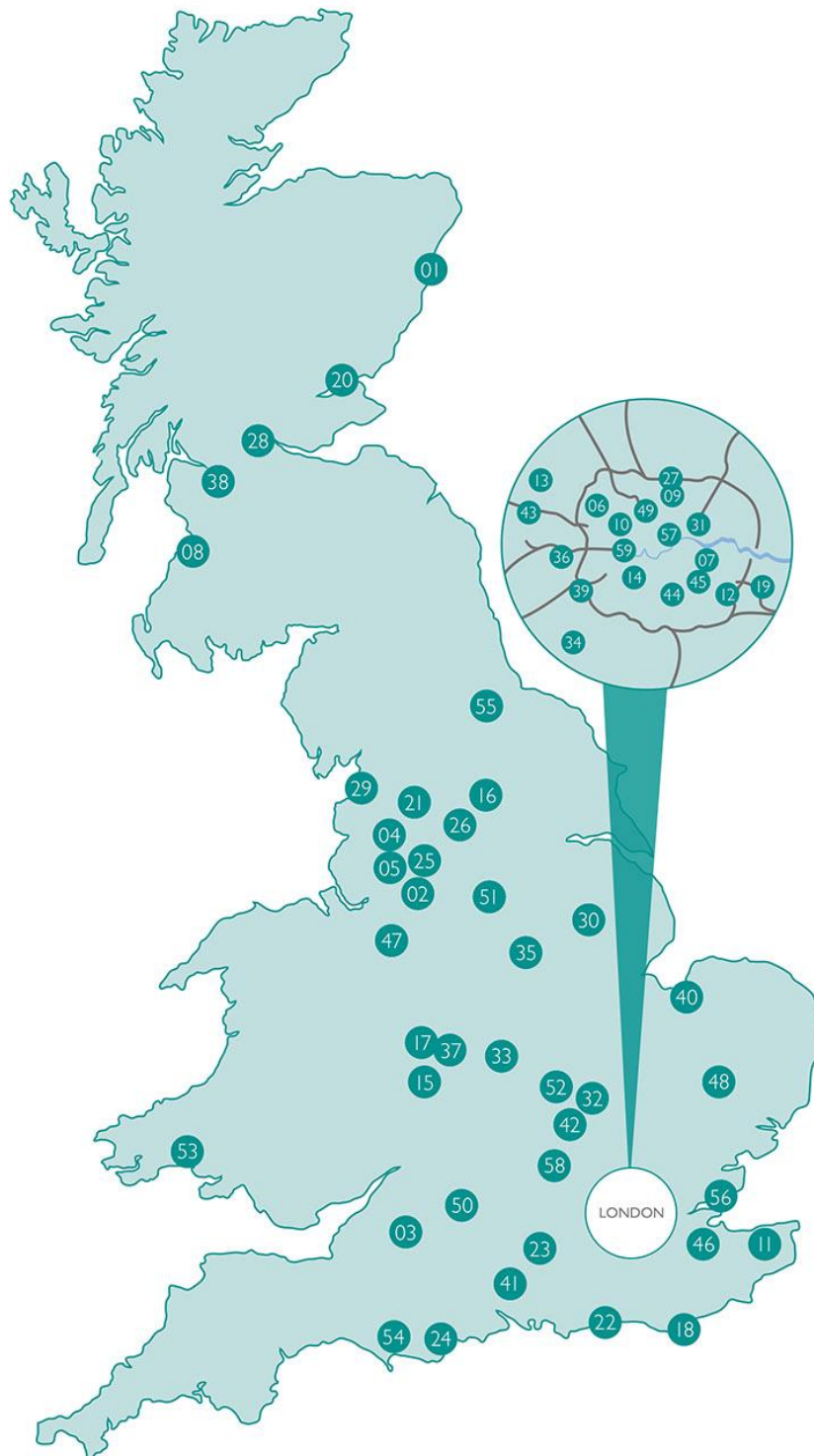
**QUALITY
ACCOUNTS 2018**

Contents

Our network of hospitals	3
Group Chief Executive's Statement	4
Hospital Information	6
Safety.....	9
Patient Led Assessment of the Care Environment (PLACE)	11
Duty of Candour.....	11
Venous Thrombo-embolism (VTE)	12
Patient Reported Outcome Measures (PROMS).....	13
Learnings from Deaths	15
Patient Experience.....	15
Patient Satisfaction	16
Complaints.....	17
CQUINS	18
Safeguarding.....	18
National Clinical Audits.....	18
Priorities for Service Development and Improvement.....	19
Safety Thermometer	19
Staff Survey & Staff Safety Culture Questionnaire.....	19
Staff Recommendation Results	20
Quality Indicators	21
Patient Recommendation Results	23

Our network of hospitals

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



Group Chief Executive's Statement



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Dr Karen Prins

Hospital Information



BMI The Lancaster Hospital is one of the BMI group of hospitals, Britain's leading provider of Independent healthcare with a nationwide network of hospitals & clinics performing more complex surgery than any other private healthcare provider in the country. It is situated on the outskirts of Lancaster city centre and is easily accessed from main road/train routes and M6 motorway. Car parking facilities are available. BMI The Lancaster Hospital has 25 beds all offering the privacy and comfort of en-suite facilities, freeview TV and telephone. Our commitment is to quality and value, providing facilities for advanced surgical procedures together with friendly, professional care.

The hospital offers;

- 7 Consulting Rooms
- 1 Ophthalmology Consulting Room
- 2 Treatment Rooms
- 1 Operating Theatre (with laminar flow ultra clean air system)
- Endoscopy/Minor Ops Suite
- Diagnostic Imaging Suite
- MRI Service/CT Service available at BMI Beardwood Hospital
- Ultrasound

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.

BMI The Lancaster Hospital has seen an increase in the number of patients using its facilities through offering Choose and Book services and supporting local NHS Trusts with SPOT contracts. The average percentage of NHS patients seen between April 1 2016 and March 31 2017 is 60%

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

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

A programme of replacing carpets with vinyl flooring throughout the hospital will be completed by October 2018. This will meet with action required by the CQC to provide flooring in patient areas which meets infection prevention and control standards.

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

The CQC carried out an inspection in October 2016 and found that the hospital required improvement:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Outpatients and diagnostic imaging	Requires improvement	Not rated	Good	Good	Requires improvement	Requires improvement
Overall	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement

BMI The Lancaster 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 Lancaster Hospital. There is a contract with the local NHS hospital for an experienced infection prevention and control nurse to work two days per week. They provide advice, support and training for the hospital staff.

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

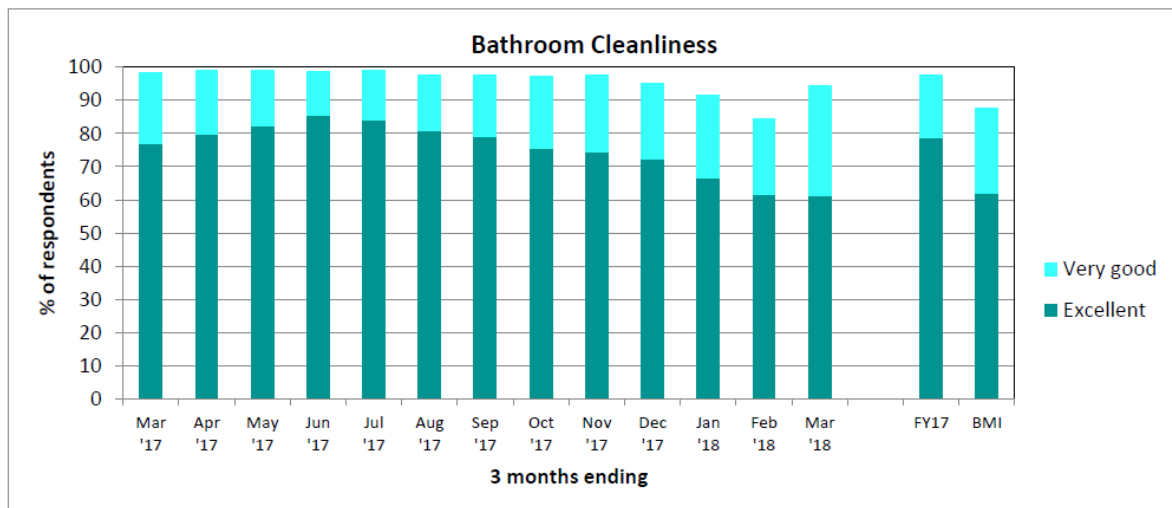
SSI data is also submitted to Public Health England for Orthopaedic surgical procedures. Our rates of infection are;

Measure	Rate (per 100 procedures)
Hips	0.00699
Knees	0.00000

There is a monthly programme of infection prevention and control audits in each clinical area. These include hand hygiene, patient equipment and standard precautions. Specific audits are completed in theatre which include aseptic non touch technique. Where compliance is less than 100% an action plan is developed with the support of the IPC lead nurse. This is monitored through the clinical governance committee.

High impact intervention care bundles are implemented as part of the pathway of care for patients. These are undertaken on invasive procedures such as cannula insertion, urethral catheter insertion and surgical site management.

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



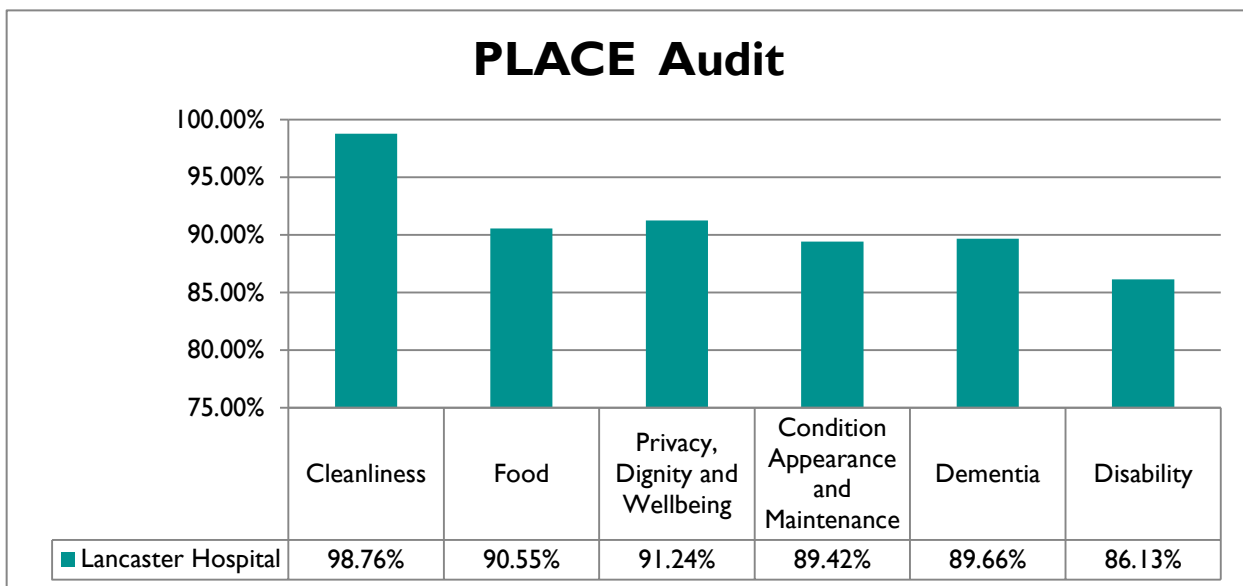
Patient Led Assessment of the Care Environment (PLACE)

At BMI Healthcare, we believe a patient should be cared for with compassion and dignity in a clean, safe environment. 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.



A full action plan of requirements was put in place after the audit; all actions have been completed and we await the results of this year’s audit.

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.

The hospital had two patients directly affected requiring a Duty of Candour explanation in 2017/2018.

- Lessons Learnt through the root cause analysis of these incidents revealed that both cases were well managed.
- The hospital met all the requirements for the duty of candour disclosure in each case.

Venous Thrombo-embolism (VTE)

BMI Healthcare, holds VTE Exemplar Centre status by the Department of Health across its whole network of hospitals including, The Lancaster 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 99.92% compliance.

The Lancaster 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. .

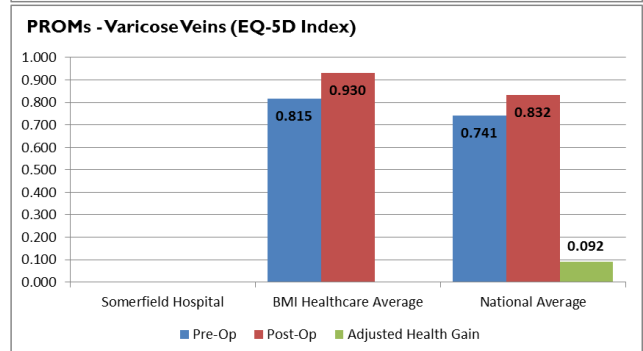
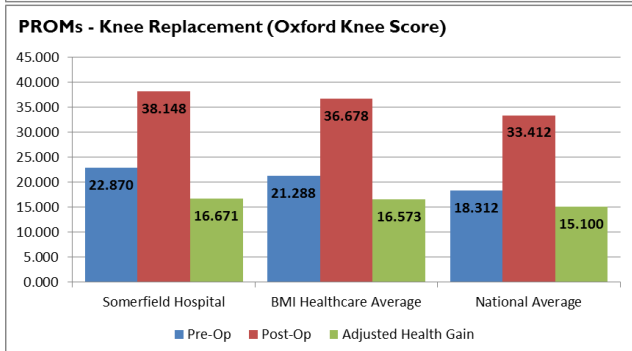
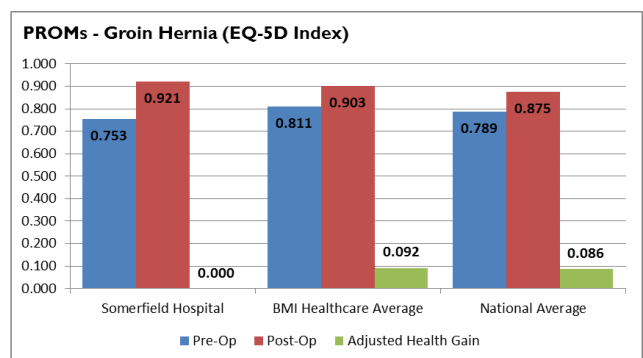
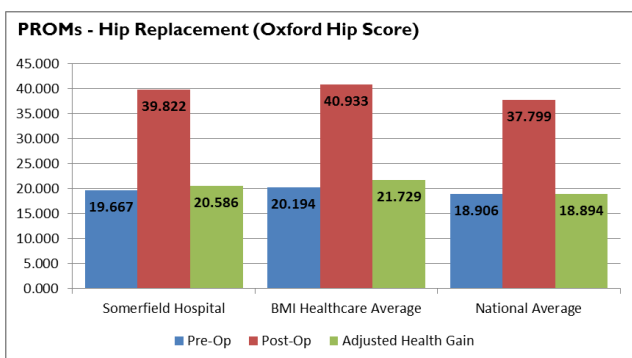
Lancaster Hospital	VTE			
	2017	National Average	Highest National Score	Lowest National Score
2018	100.00%	95.77%	100.00%	81.60%

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.

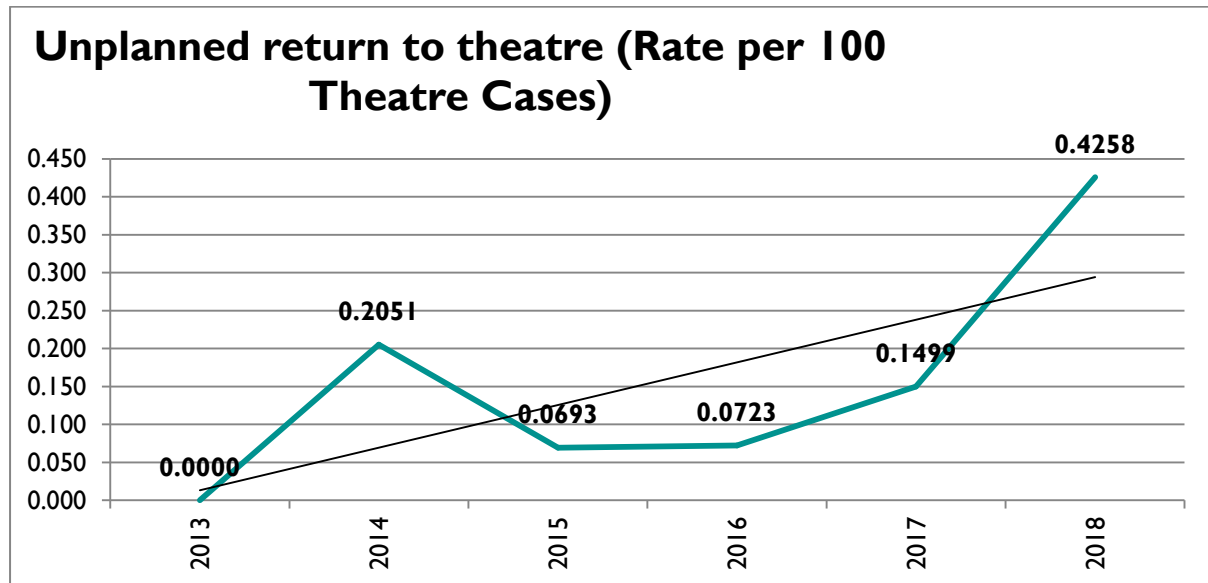
For the current reporting period, the tables below demonstrate that the health gain between Questionnaire 1 (Pre-Operative) and Questionnaire 2 (Post-Operative) for patients undergoing hip replacement and knee replacement at The Lancaster Hospital. BMI The Lancaster Hospital is pleased to report that we are in line with the national average and there are no outliers that cause concern.

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

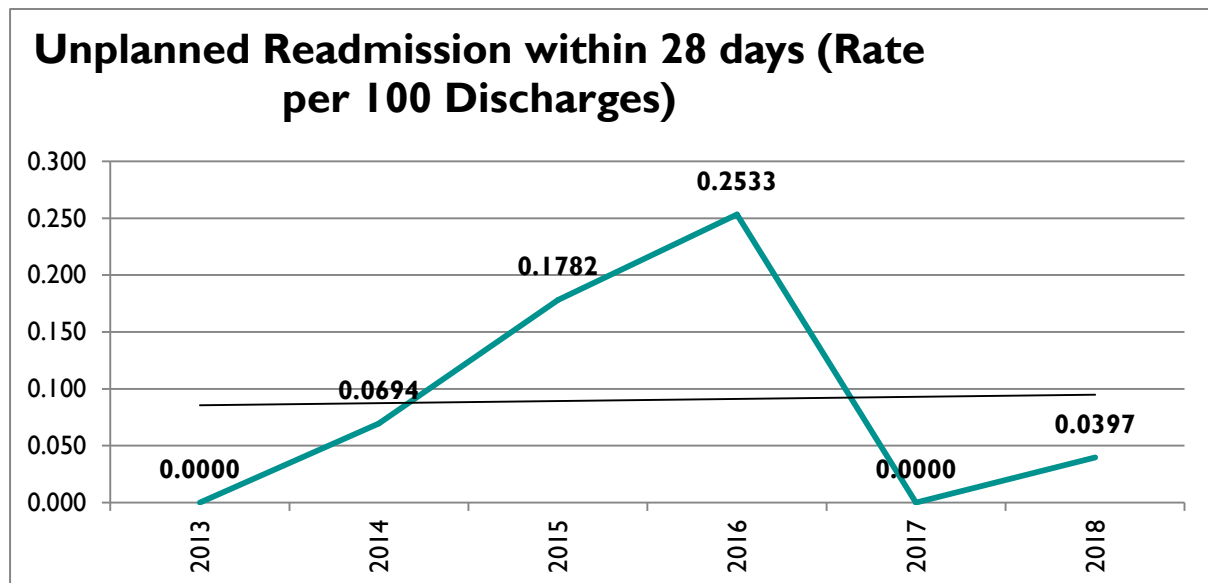


Unplanned Readmissions & Unplanned Returns to Theatre

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



An investigation has been completed for each individual case. Lessons learnt are shared with all hospital staff and consultants. Actions for improvements are monitored through the clinical governance committee and the medical advisory committee.



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.

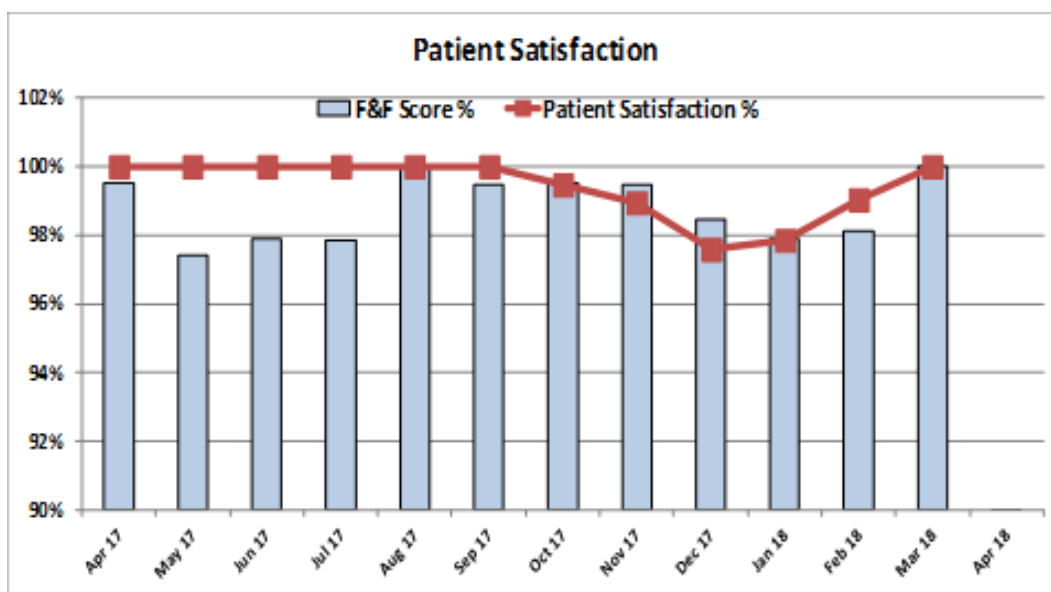
There have been no expected or unexpected deaths at The Lancaster hospital in 2017.

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.



We are delighted that we have maintained a position within the top 10 of the company over the past year.

We review each months scores in detail and each and every member of staff strives to improve any failing scores.

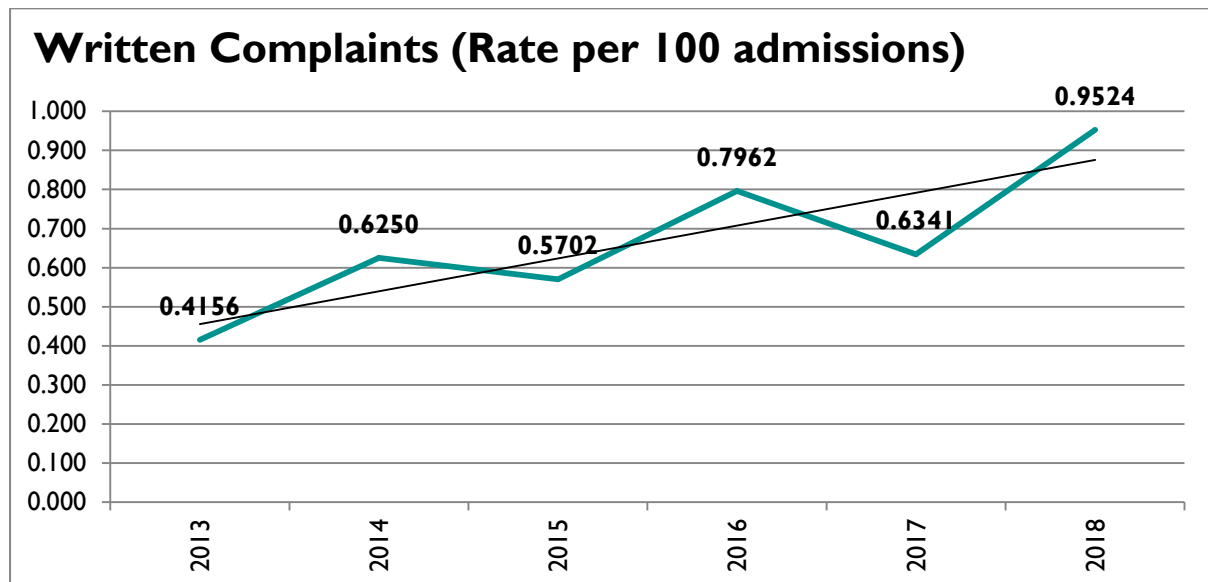
Complaints

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



Complaints are analysed to identify any themes and there have been no main themes emerging over the past year. Every complaint is investigated by a senior manager in conjunction with the executive director. Lessons learnt are shared with relevant staff.

CQUINS

We are delighted that we have achieved our CQUINS and quality indicators, and that the CCGs are pleased with our performance.

A monthly reconciliation between hospital and reported data has ensured that all indicators have been achieved to the satisfaction of the CSU reporting to the CCGs.

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 Lancaster Hospital 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

The hospital takes part in the National Joint Registry (NJR) and has been working with the registry to upload back data from the year 2016/17.

The outcomes from the NJR are discussed at clinical meetings within the hospital, and the Medical Advisory Group has discussed the yearly report in great detail.

The hospital has registered with the Breast Registry.

Surgical Site Infection Surveillance monitoring undertaken and submitted to Public Health England.

Data submitted to National Confidential Enquiry into Peri Operative Deaths audit of peri-operative care of diabetic patients.

Priorities for Service Development and Improvement

Local Hospital information –

- Establishment of a patient forum
- Working towards JAG accreditation
- Development of a day case and ambulatory theatre unit
- Development of a GP service and Health Screening
- Provision of a dietetic service
- Provision of additional specialties subject to the needs of the area

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

Lancaster Hospital	Staff Recommendations		
2018	National Average	Highest National Score	Lowest National Score
89.00%	73.18%	89.98%	50.44%

The Lancaster Hospital has taken the following action to improve this score in support of the quality service provided by the staff, implementing a hospital staff committee (Lancaster Say) which has membership of staff from all departments in the hospital. The group meet monthly and have developed new and suggested improved ways of working which include: ask the senior management cards; involvement in recruitment interviews; social events; a mini survey to test feelings in 2018 and many more useful initiatives.

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 <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 (Adult)

Lancaster Hospital	Re-Admissions (Aged 16+)			
2018	2017	National Average	Highest National Score	Lowest National Score
0.747	0.000	10.010	41.650	0.000

The hospital has had one un-planned re-admission that was totally appropriate to the clinical condition of the patient, and this was detected during the 48 hour post-operative telephone call to the patient. The situation was very well managed.

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

Lancaster 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

Hospitals responsiveness to the personal needs of its patients

Lancaster Hospital	Responsiveness			
2018	2017	National Average	Highest National Score	Lowest National Score
96.15%	96.52%	69.22%	78.00%	60.10%

The Lancaster Hospital considers that this data is as described because staff from all departments are focused on providing individual care to patients in a timely manner.

A Patient Forum is being established to assist with feedback which fuels the responsiveness score.

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

Lancaster Hospital	VTE			
2018	2017	National Average	Highest National Score	Lowest National Score
99.92%	100.00%	95.77%	100.00%	81.60%

The Lancaster Hospital continues to ensure that current guidance is followed for all patients. They are provided with a prophylactic treatment whether this is medication or anti embolic equipment to reduce the VTE risk.

Patient Safety Incidents

Lancaster Hospital	Patient Safety Incidents (Rate per 1000 Bed Days)			
2018	2017	National Average	Highest National Score	Lowest National Score
163.555	103.766	43.292	149.700	11.200

Lancaster Hospital	Patient Safety Incidents (Count)			
2018	2017	National Average	Highest National Score	Lowest National Score
219	124	3908	14506	31

The Lancaster Hospital has an open and transparent incident reporting culture. Incidents are reported on the day of occurrence or as close as practically possible. Actions are taken immediately following an incident to address patient safety issues and to avoid recurrence. Incident trends are discussed at the senior management team meetings and reported to our Clinical Governance Committee and Medical Advisory Committee and action plans are developed, where necessary, following investigations. These actions are monitored through the most appropriate committee and at the clinical governance meetings. Monthly meetings take place to ensure all incidents have been appropriately managed. Lessons learnt are shared with all staff through a “close the loop” report.

Patient Recommendation Results

Lancaster Hospital	Patient Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
98.89%	98.98%	97.07%	100.00%	75.61%

The hospital is delighted to maintain such a high score throughout the year.

BMI The Lancaster Hospital

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