



The Manor
Hospital

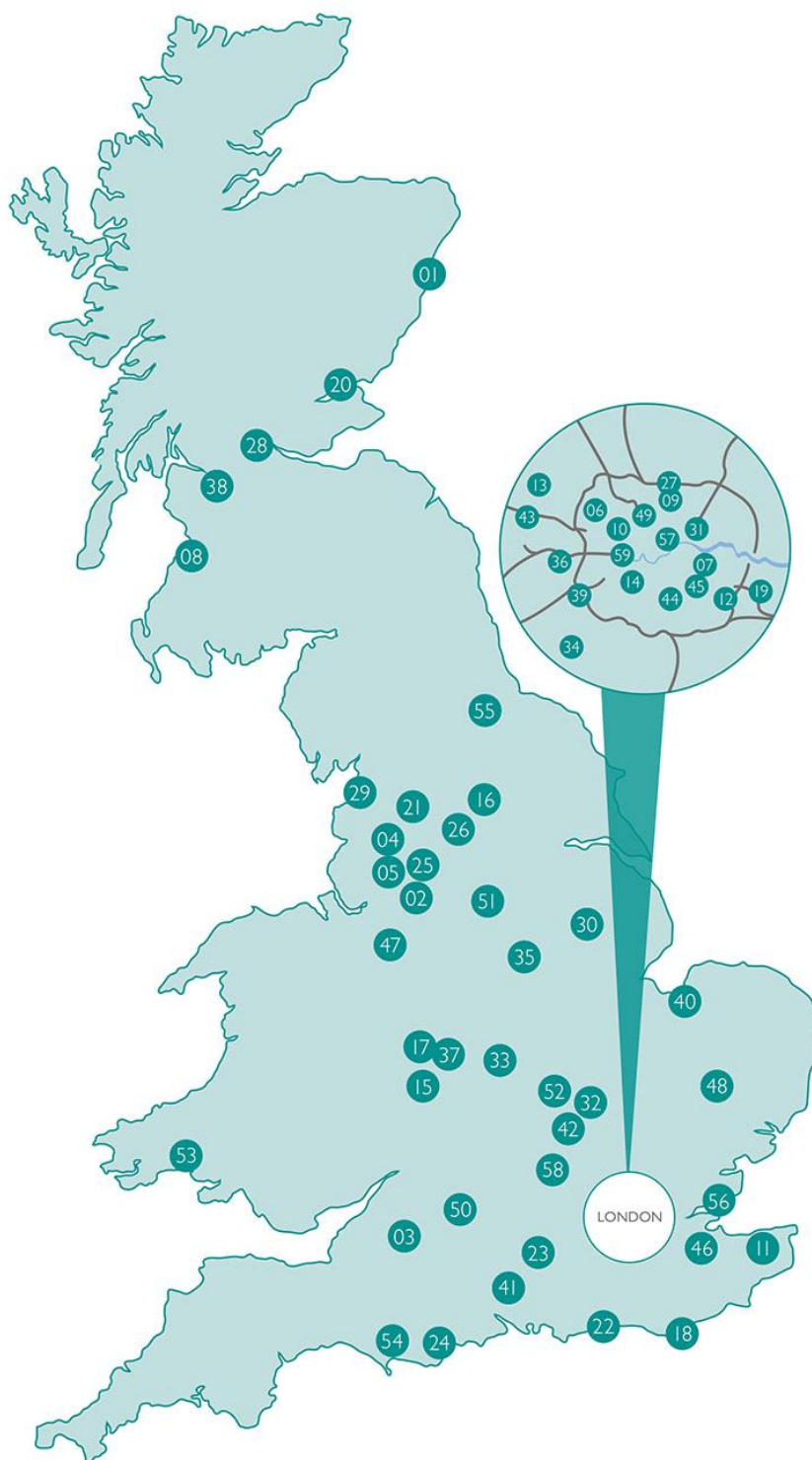
QUALITY ACCOUNTS 2018

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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." with a period at the end. The signature is written in a cursive, slightly slanted style.

Dr Karen Prins

Hospital Information



BMI The Manor Hospital is a private hospital in Biddenham, which is a village near Bedford. The hospital is set within a grade two listed building. It is registered for 23 beds with individual rooms offering the privacy and comfort of en-suite facilities, TV, Wi-Fi and telephone.

The hospital has one operating theatre (with ultra clean ventilation), endoscopy department/minor procedure room. The Outpatient facility includes five recently refurbished consulting rooms plus a minor procedures room.

These facilities combined with the on-site support services including an Imaging department providing X-ray services, Mammography and Ultrasound. Physiotherapy including Hand Therapy services, Health Screening and a private GP service. All services enable our consultants to undertake a wide range of procedures from routine investigations to complex surgery. The specialist expertise is supported by caring and professional medical staff, with dedicated nursing teams and a Resident Medical Officer (RMO) on duty 24 hours a day, providing care within a friendly and comfortable environment.

The hospital undertakes a range of surgical procedures, to patients aged sixteen and over. Out Patient consultations are available six days a week.

The hospital provides NHS funded care, mostly through the NHS referral system. The specialities provided are General Surgery, Gynaecology, Urology and Gastroenterology. NHS Orthopaedics is primarily received as part of the Circle contract. 49% of our overall activity is represented by NHS volume.

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

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

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

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 6th / 7th October 2015 and an unannounced inspection 14th October 2015 overall found the hospital to require improvement

Safe	Requires improvement	●
Effective	Requires improvement	●
Caring	Good	●
Responsive	Good	●
Well-led	Inadequate	●
Overall	Requires improvement	●

Three improvement notices were issued and corresponding action plans have been provided to the CQC. These covered staffing levels, incident management and safe operating system. Immediate changes to practice were introduced including staffing level review, refurbishment and the recruitment of a Quality & Risk Manager.

BMI The Manor 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.

CQC Ratings Grid

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Requires improvement	Requires improvement	Good	Good	Inadequate	Requires improvement
Outpatients & diagnostic imaging	Requires improvement	Inspected but not rated	Good	Good	Requires improvement	Requires improvement
Overall	Requires improvement	Requires improvement	Good	Good	Inadequate	Requires improvement

The Manor Hospital has put a lot of work into improving this rating with the replacement of all carpeted areas on the ward and in Out Patients with laminate flooring. Replacement of non-compliant hand washing sinks and general refurbishment throughout the whole hospital has enhanced the hospital appearance and feel.

The communication across all departments has improved with the introduction of a daily comm cell meeting, staff and consultant newsletters distributed monthly and an incident / complaint report sent to each individual staff member with their payslips to ensure lessons are learnt from these events.

The change of SMT has also improved the management structure and again sharing of information both upwards and downwards to improve the service provided.

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 Manor 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:

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

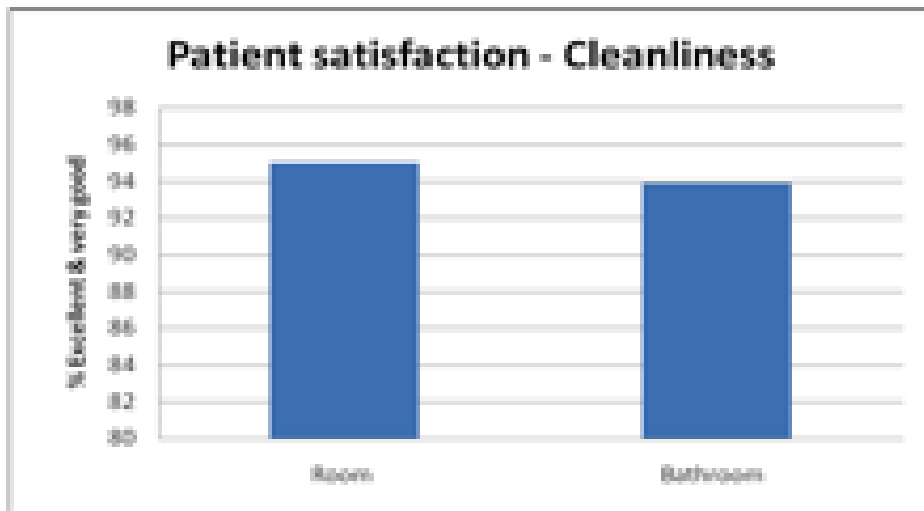
- Zero for Hips
- Zero for Knees

BMI The Manor Hospital undertakes high intervention care bundle audits for peripheral intravenous cannula insertion, infection prevention looking at the pre-operative, intra-operative and post-operative process and catheter care for both insertion and ongoing care. Collectively the results are 100% compliance.

Monthly hand hygiene audits are completed by peer review and good results are achieved. All clinical staff have a Hand hygiene annual mandatory training pack to complete with a competency to be fully compliant.

A review of compliant hand washing sinks has been undertaken and replacement programme is in place due to be completed April 2018.

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



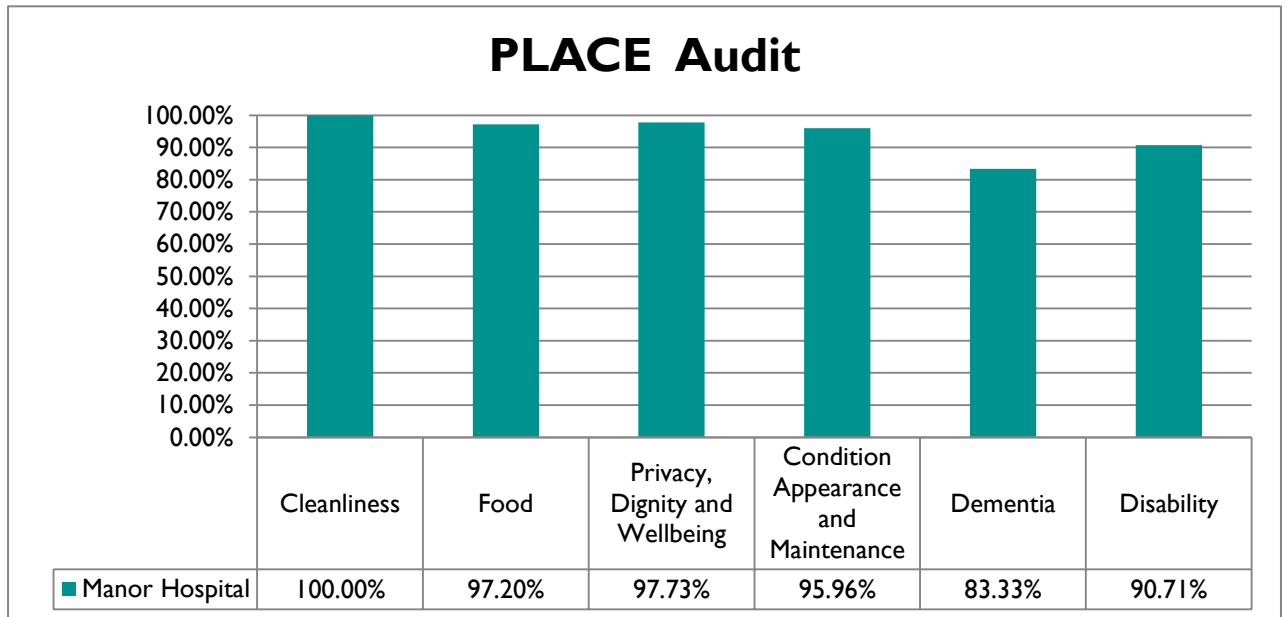
Patient Led Assessment of the Care Environment (PLACE)

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 is shown below how highlighting well the hospital performed locally in this audit with three patient auditors coming to site. They all gave very positive feedback.



Since the audit we have a dedicated dementia champion and have set up a dementia room on the ward. All staff have been offered face to face dementia awareness training to compliment the ELearning within the mandatory training.

The refurbishment plan for the hospital has improved the condition, and appearance which provides a clean, fresh look and feel for patients comfort and wellbeing.

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.

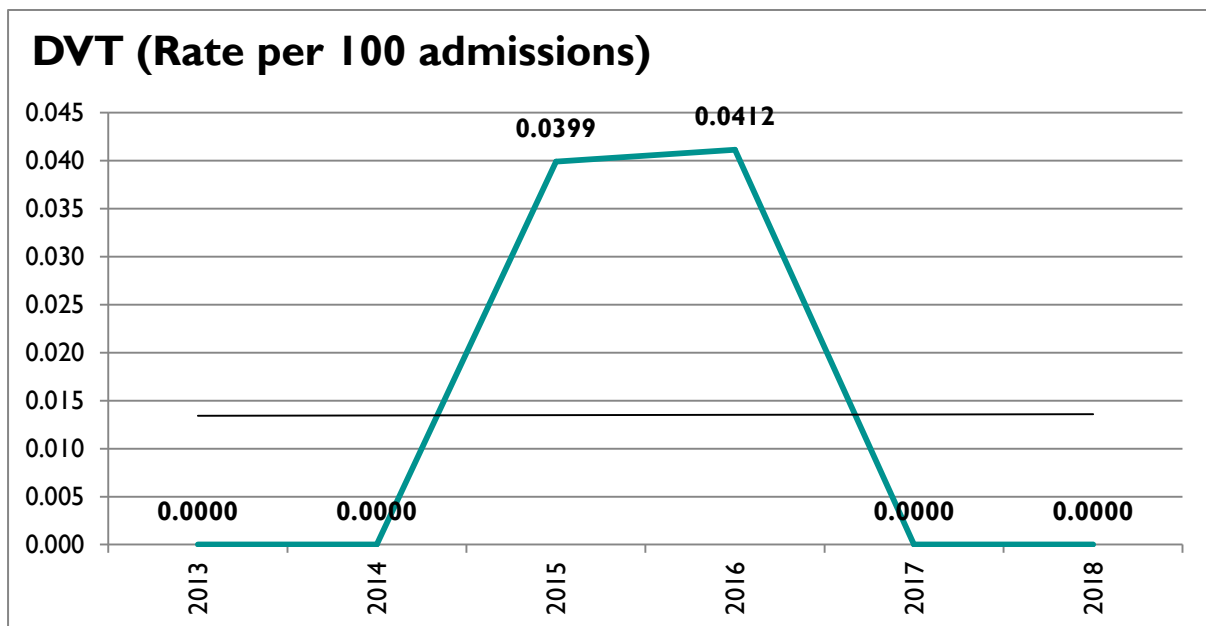
We had one Duty of Candour related incident within the time frame for this report this was documented and procedure followed appropriately with patients being fully informed.

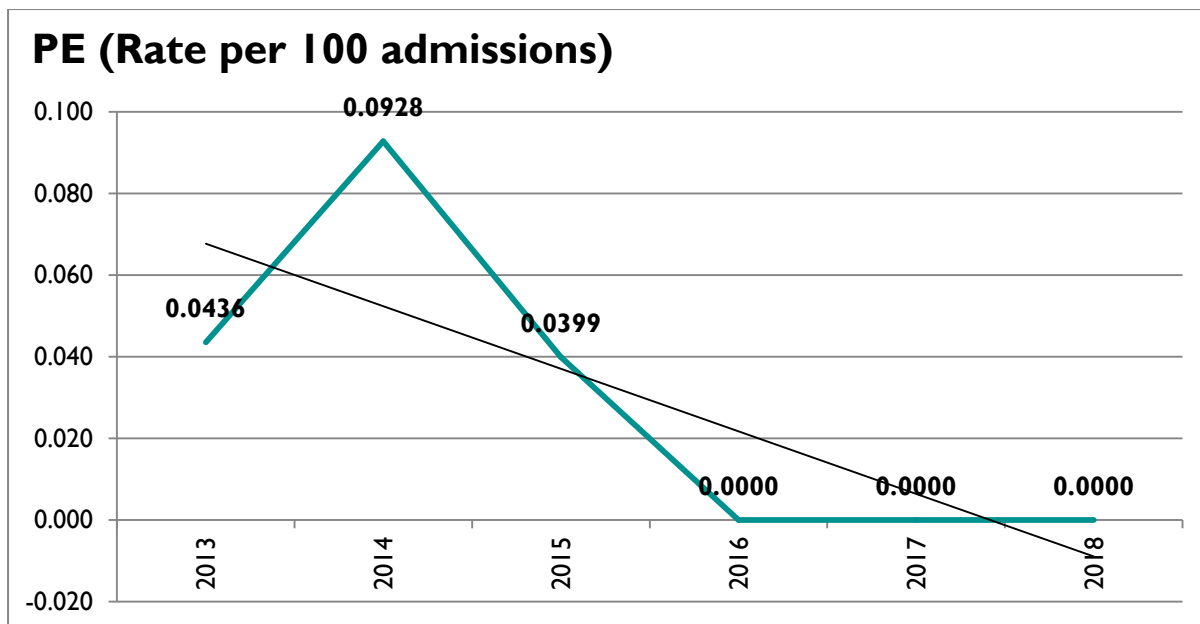
Venous Thrombo-embolism (VTE)

BMI Healthcare, holds VTE Exemplar Centre status by the Department of Health across its whole network of hospitals including, The Manor 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 100% compliance.

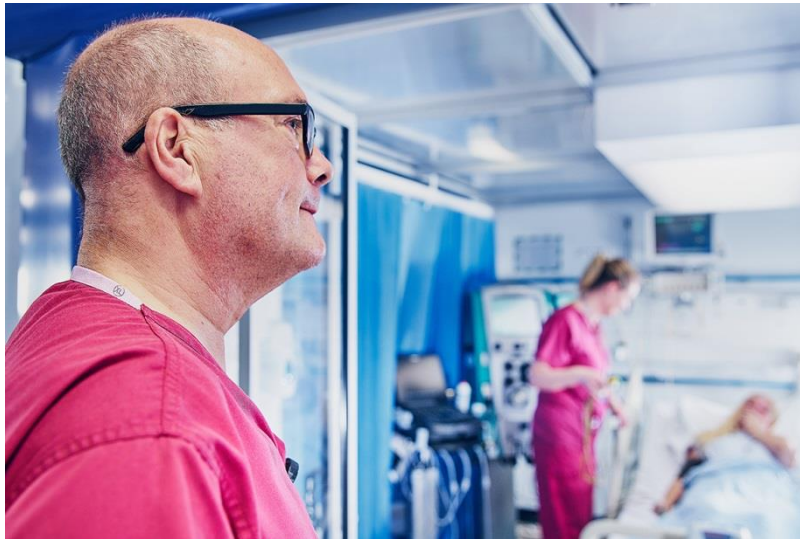
The Manor Hospital reports the incidence of Venous Thromboembolism (VTE) through the corporate clinical incident system. It is acknowledged that the challenge is receiving information for patients who may return to their GPs or other hospitals for diagnosis and/or treatment of VTE post discharge from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





Data for our clinical incident system confirms that BMI The Manor Hospital had no reports of VTE-DVT or PE during 2017/2018 reporting period.

We have a VTE Champion in the hospital who is developing training and workshops to ensure all staff are aware of the importance of this initiative.

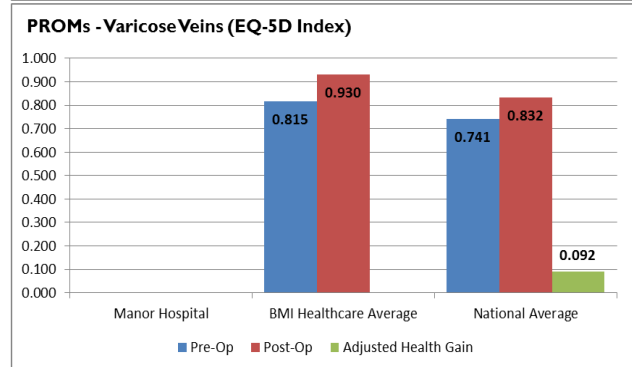
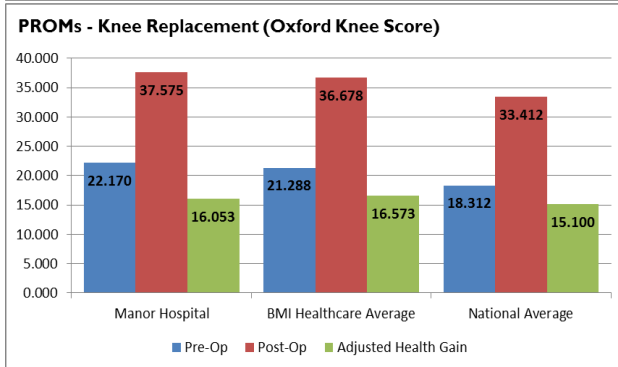
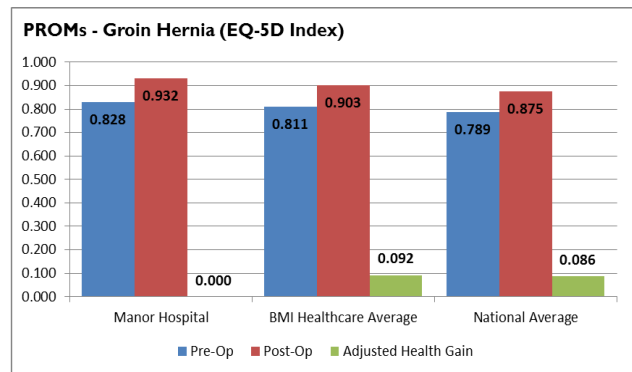
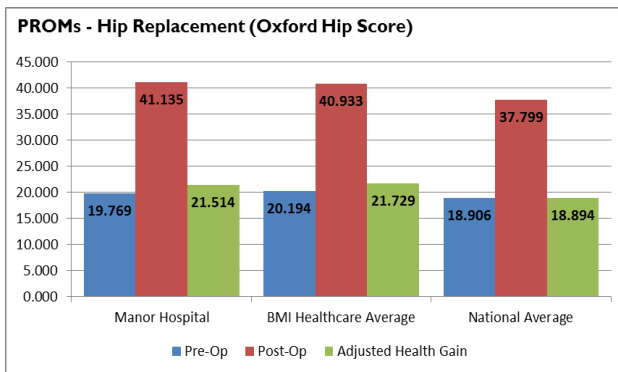


Patient Reported Outcome Measures (PROMS)

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.

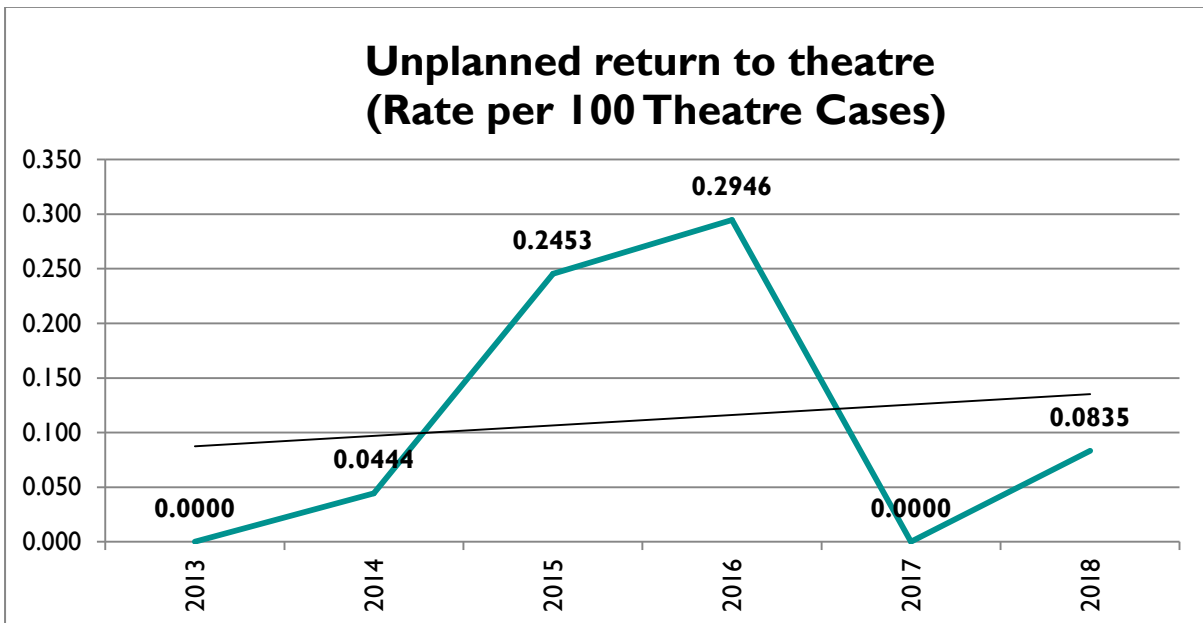
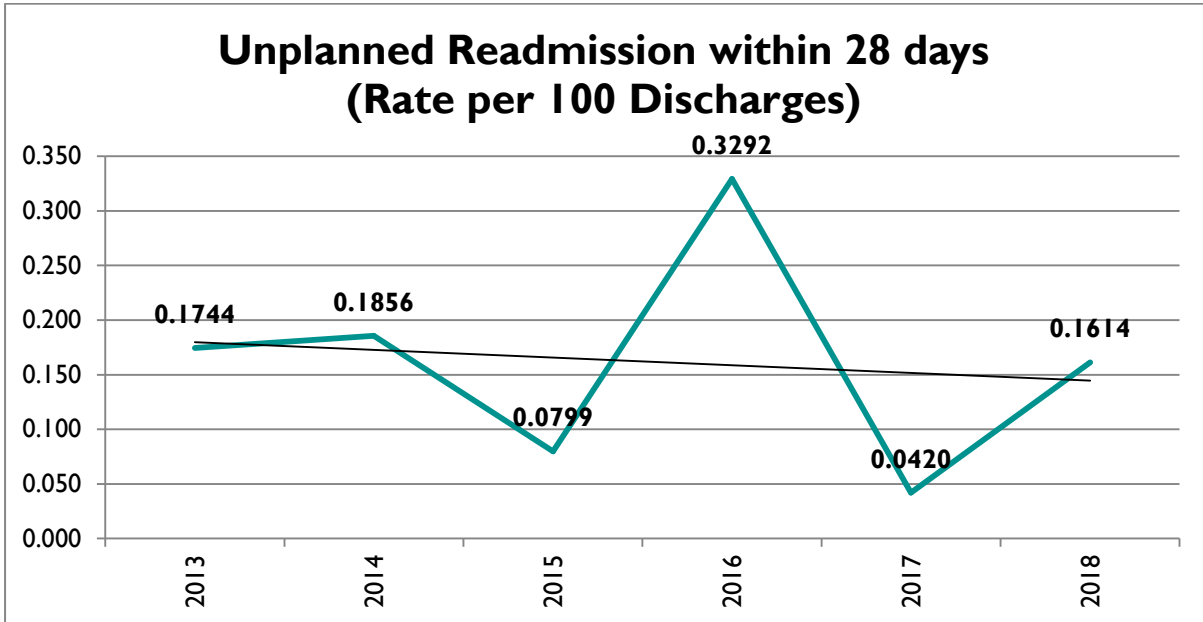
For the current reporting period, the tables below demonstrate that the health gain between Questionnaire 1 (Pre-Operative) and Questionnaire 2 (Post-Operative) for patients undergoing hip replacement and knee replacement at The Manor Hospital. To note The Manor Hospital does not collate data from varicose veins.

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. BMI The Manor Hospital has low rates of readmission and return to theatre with each one being fully investigated through our incident reporting system.



BMI The Manor Hospital constantly reviews all incidents including unplanned readmissions and returns to theatre. All patients are triaged to ensure they fit with the hospital criteria for their safety and wellbeing post-operative. We do not accept ASA level 3 and above for surgery and all patients are pre-assessed to ensure their recovery is effective and safe.

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

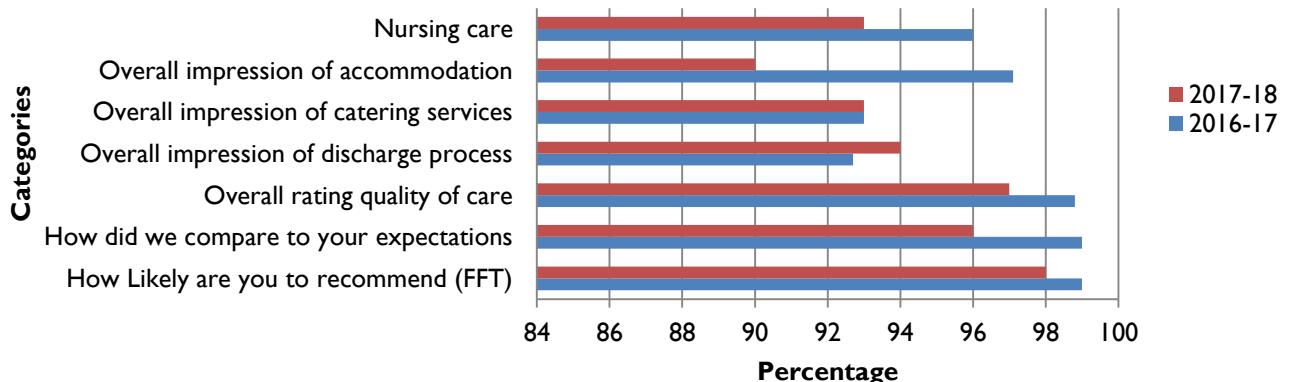


BMI Healthcare is committed to providing the highest levels of quality of care to all of our patients. We continually monitor how we are performing by asking patients to complete a patient satisfaction questionnaire. Patient satisfaction surveys are administered by an independent third party.

BMI The Manor Hospital receive good feedback from their patients and positive comments that are fed back to the staff. With the introduction of feedback to be given on line as opposed to a hard copy paper questionnaire we saw the percentages drop slightly, however the hospital has now reintroduced the hard copy questionnaires and we are beginning to see a rise in participation again.

Results are discussed at daily communication meeting, at relevant committees and departmental meetings. Staff actively encourages our patients to have their say and we read all comments to help with the plan for proposed improvements within the hospital.

Patient Satisfaction Survey



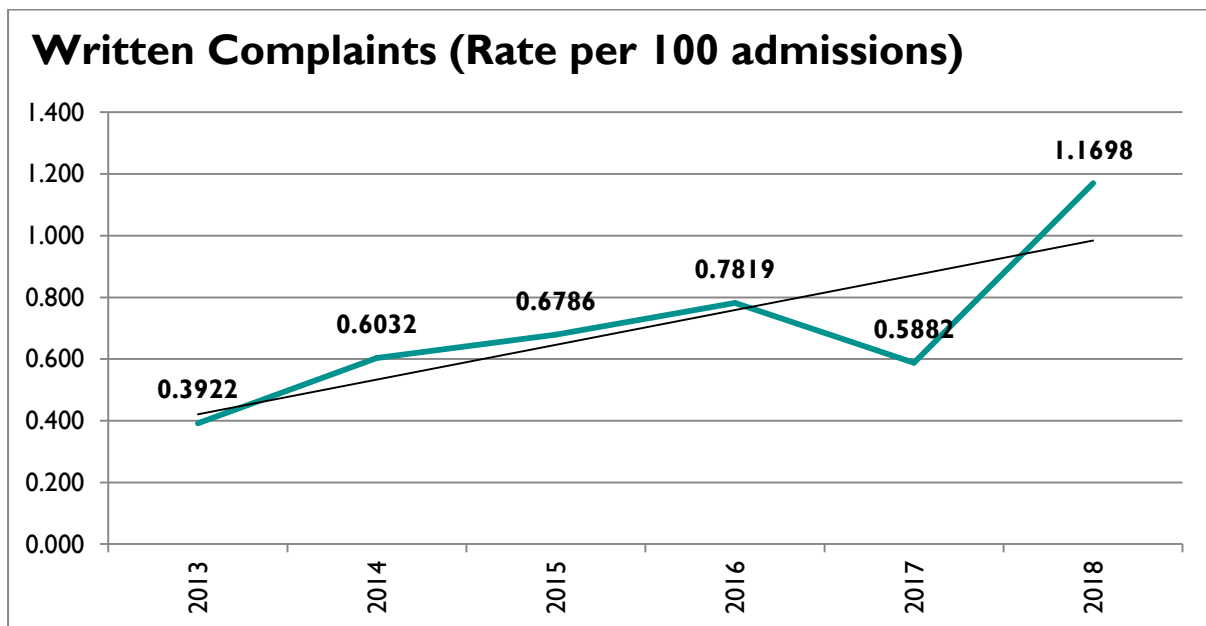
Complaints

In addition to providing all patients with an opportunity to complete a Satisfaction Survey BMI The Manor 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 dealt with immediately and discussed at hospital governance meetings. Common theme includes a lack of communication with the patients mainly about the process. Patients are invited in to discuss their complaints with Senior Management Team and following a full investigation a response is sent to the patient by letter within 20 working days.

CQUINS

BMI The Manor Hospital participates in two CQUIN programs which provide opportunity to deliver improvements in quality for patients and a healthier work environment for staff.

The CCG CQUIN is for two years and was not met this year. It was improving the uptake of flu vaccinations for frontline clinical staff within providers. Despite all staff being offered the flu vaccination free of charge the uptake was unfortunately poor.

Circle CQUINs include - Staff Health and Wellbeing, patient experience and integration of consultants into the hub. Evidence supplied of all options available to the staff including access to

British Military fitness classes, cycle to work scheme and confidential support during difficult times 24/7 advice line. We telephoned patients to discuss their care and received positive feedback through this communication and plan to set up patient forums in the future. This and patient experience CQUIN was achieved and partially achieved for integration of consultants in the hub.

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)

The Manor had no safeguarding incidents to report.

National Clinical Audits

BMI The Manor Hospital participate in the NJR audit and for the period of 2016/17 there was a 100% consent rate with 247 completed hip, knee and shoulder procedures

Totals for this hospital	2017
Hip procedures	110
Knee procedures	131
Shoulder procedures	6

Priorities for Service Development and Improvement

BMI The Manor Hospital development plan is aligned to the BMI corporate strategy and vision.

Our priorities for 2018 are for service development which we believe will enhance the patient experience at BMI The Manor Hospital include;

- Developing an ambulatory care area for less invasive procedures, streamlining the service and enhancing the patient journey.
- Review of the services BMI The Manor provide and not be one for all specialities, concentrate on our key procedures to a single or selective speciality site.
- Working with local NHS hospitals to provide increased capacity within the local health economy.
- Review the imaging services and equipment to compliment the specialities offered.

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

Manor Hospital	Staff Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
83.00%	78.26 %	73.18%	89.98%	50.44%

The BMI Say survey took place in June 2017. The results for BMI The Manor Hospital were higher than last year, which is something the new Senior Management Team (SMT) focused on to improve. An action plan was formulated under five focused areas;-

- Leadership – Continue to develop our leaders within the Hospital, through encouraging leaders to attend management development programmes and through appraisals.
- Internal Communication – Reintroduce a staff newsletter and consultant newsletter, SMT to attend departmental meetings, SMT to be visible and approachable to all staff .
- Change management – Talk to staff before making the change.
- Feeling valued – Just say thank you to staff and show appreciation for how much they contribute to the hospital and patient care.
- Rewards & Benefits – Align the hospital to BMI standard structures and review staff salaries against cluster hospitals and the local market. Introduce free lunch for all staff as a thank you for their hard work.

BMI The Manor Hospital is looking of ways to improve this percentage by the SMT being visible to staff and allow them to have their say on what they want their hospital to look like.

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)

Manor 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

Manor Hospital	Re-Admissions (Aged 16+)			
2018	2017	National Average	Highest National Score	Lowest National Score
3.656	0.791	10.010	41.650	0.000

The Manor Hospital considers that this data is as described for the following reasons good pre-assessments and triage process for patient to ensure they are safe to have their procedure at the hospital with the services available.

The Manor Hospital will continue to review the processes to improve this score, and the quality of its services, by ensuring there is a robust reporting process and lessons learnt shared.

BMI The Manor Hospital does not see or treat children and Young Adults under the age of 18 years old, therefore there is no admissions for paediatric patients to be reported.

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

Manor Hospital	C.difficile (per 100,000 bed days)			
2018	2017	National Average	Highest National Score	Lowest National Score
0.000	0.000	35.928	147.455	0.000

BMI The Manor Hospital has recorded a zero rating for C difficile infection rate. This is potentially due to the good antimicrobial stewardship and infection prevention and control monitoring.

Hospitals responsiveness to the personal needs of its patients

Manor Hospital	Responsiveness			
2018	2017	National Average	Highest National Score	Lowest National Score
97.62%	97.44%	69.22%	78.00%	60.10%

The Manor Hospital responsive rates are recorded higher than the national average and they show an increase from last year. Staff at The Manor value the patients experience and strive to achieve best results. The feedback report is reviewed monthly; any correspondence with patients is listened to and responded to in a timely manner.

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

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

BMI The Manor Hospital considers that this data is as described due to the robust risk assessment completion and preventative measures in place and subject to regular audit. The AVLOS for patients is 2.2 days where early mobilisation is encouraged.

Patient Safety Incidents

Manor Hospital	Patient Safety Incidents (Rate per 1000 Bed Days)			
2018	2017	National Average	Highest National Score	Lowest National Score
134.369	86.234	43.292	149.700	11.200

BMI The Manor Hospital considers that this data shows patient safety is paramount in everyday assessments of our patients. Patient fall risk assessments are in place, completed for all patients and reviewed on a regular basis. The increase in the rate from 2017 shows how proactive staff are reporting all incidents and recognise the importance to learn from them to prevent reoccurrence.

Patient Recommendation Results

Manor Hospital	Patient Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
98.77%	99.62%	97.07%	100.00%	75.61%

The Manor Hospital considers that this data is accurate and shows our patients want to come back or would recommend the good work we do. We are developing a patient forum to enhance the services to improve and continue the quality service provided. Patient feedback is discussed at hospital committees and results of reports displayed for all staff to review.

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