



The Princess  
Margaret Hospital

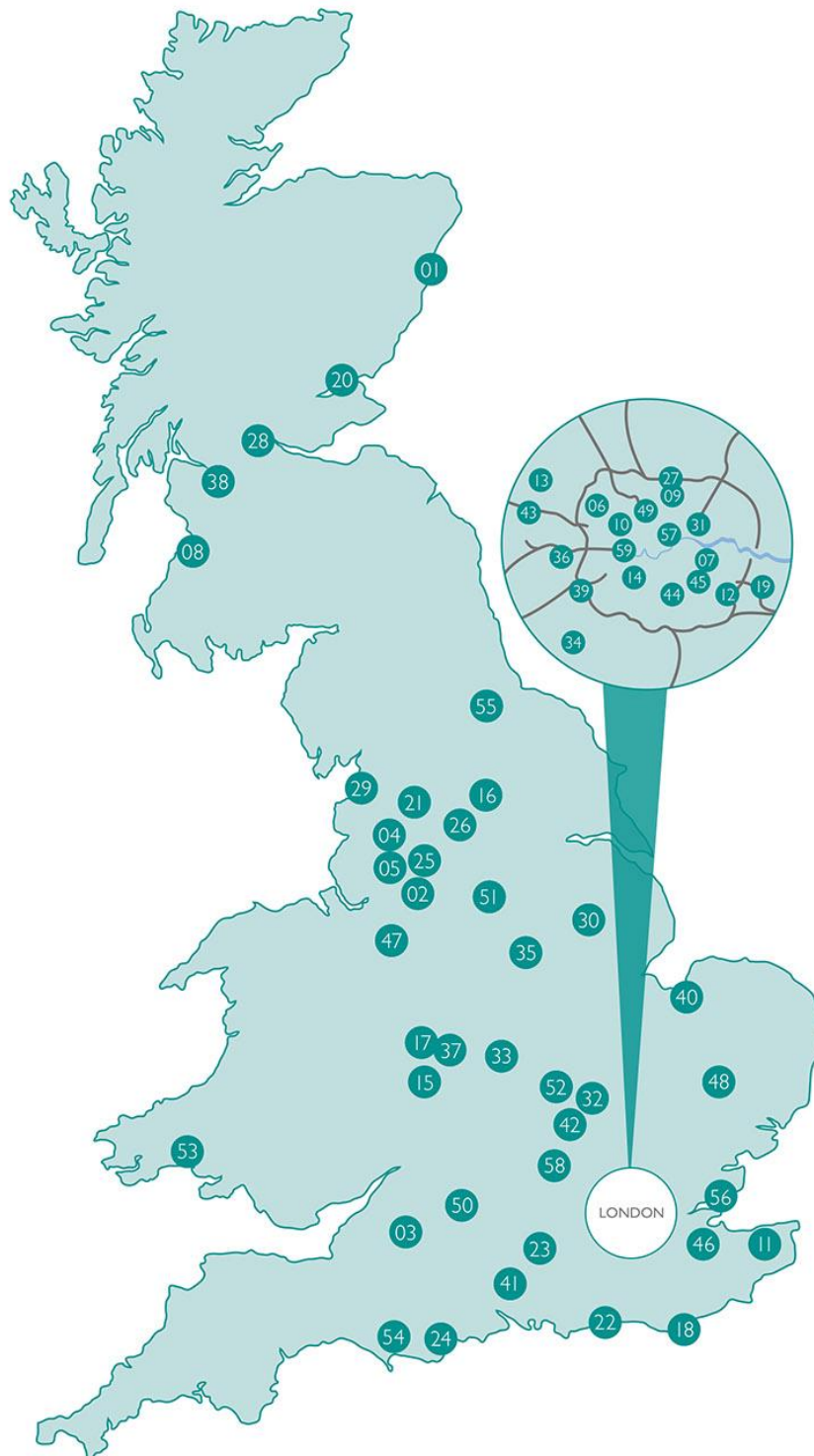
# QUALITY ACCOUNTS 2018

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## Our network of hospitals

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



## Group Chief Executive's Statement



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Dr Karen Prins**



## Hospital Information

BMI The Princess Margaret Hospital is located in the royal borough of Windsor. The hospital was first opened in 1981 and in recent years has seen investment into the operating theatre complex, a re-developed and compliant Endoscopy unit and major refurbishment into the Cancer services suite and part of the outpatient area. The hospital provides a vast array of services for both private and NHS patients.

The hospital services are provided by experienced registered health care professionals and support teams across a range of services of which include; Diagnostic Imaging (CT, MRI, X-Ray, Ultrasound & Mammography), Systemic Anti-Cancer Therapy (SACT), Rapid Access Breast Clinics, Travel Clinics, GP services, AAA Screening, Physiotherapy and Medical Admissions.

BMI The Princess Margaret Hospital also provide interventional treatment and surgical procedures for a number of specialties, which include, Cardiology, ENT, Gastroenterology, General Surgery, Gynaecology, Nephrology, Neuro Surgery, Oncology, Ophthalmology, Orthopaedics, Cosmetic Surgery, Urology, Vascular and Radiology.

Inpatient and day case services are available for children aged 3 years and above and non-invasive outpatient service for children of all ages.

The hospital has 67 beds situated across two floors. All rooms are single en-suite and offer privacy and comfort, en-suite facilities included are; satellite TV, telephone and Wi-Fi internet.

The Outpatient service also includes 17 consulting rooms, 4 treatment rooms, pre-assessment unit, phlebotomy and cardiology.







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.

The CQC carried out an announced inspection on 13, 14 and 23 September 2016 and rated this hospital as Good.

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

The hospital's key actions following the inspection related to the continuing staff education and awareness of risks identified and the mitigations that have been implemented, this is monitored through regular audit.

The hospital senior management team review the hospital risk register on a quarterly basis and also conduct an annual review of the hospital and department risk register. Risks and the mitigations are regularly reviewed by heads of department and senior management to ensure actions are being followed by staff and this is reviewed at the hospital Clinical Governance and Head of Department committee meetings.

BMI The Princess Margaret 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 BMI The Princess Margaret Hospital.

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

Between April 2017 to March 2018, the hospital had:

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

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

Measure	Rate (per 100 procedures)
Hips	0.00000
Knees	0.00000

BMI The Princess Margaret Hospital adheres to BMI Healthcare’s policies for Infection Prevention and Control (IPC). The IPC annual plan is delivered by multidisciplinary collaboration from the IPC Lead, consultants, doctors and microbiologists, pharmacists & IPC link practitioners and progress against the plan is monitored via the Committee.

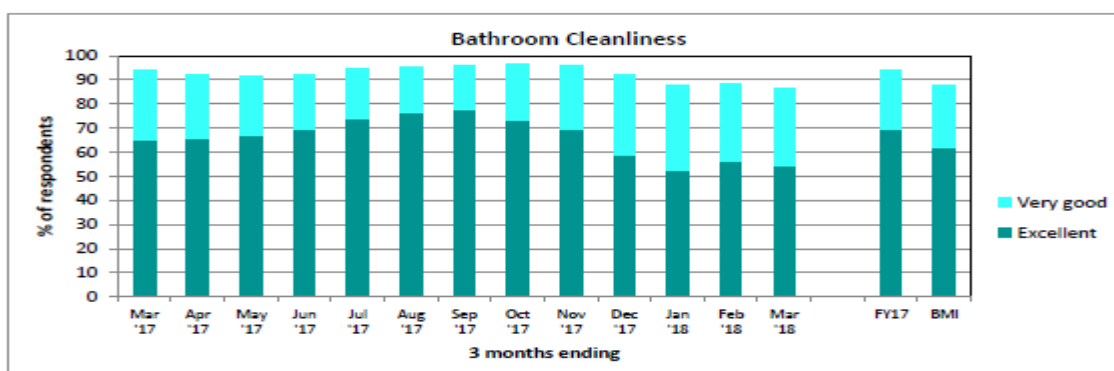
The hospital has an infection prevention and control committee that aims to provide strategic advice and support to the infection prevention agenda. The annual IPC programme is monitored via a rolling audit programme to assess compliance.

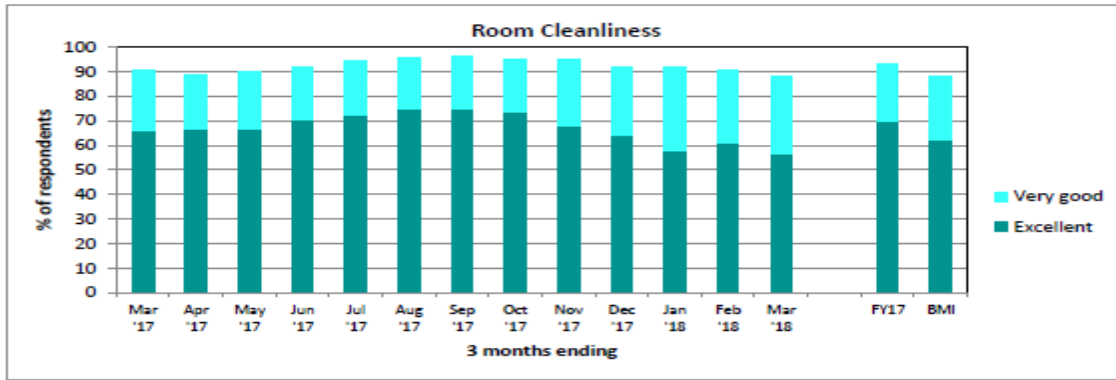
Following an anti-microbial audit in February 2018, the hospital was results were:

	Numerator	Target	% Compliant
1	Clinical Indication is recorded on prescription chart	Target: 95% of prescriptions compliant	Prophylaxis 100%
2	Stop/review date recorded on prescription	Target 95% of prescriptions compliant	Stat doses pre and post op 100%
3	Documentation of allergy status	Target: 95%	100%

Learning modules are available through BMI’s mandatory on-line training programme for staff. All staff must complete mandatory courses in infection prevention and control appropriate to their role and there are optional resources for antimicrobial stewardship. The pharmacy department takes part in the annual Antimicrobial Awareness week during which they encourage staff and visitors to sign up to become Antimicrobial Guardians.

Please see below BMI The Princess Margaret Hospital patient satisfaction results for both room and bathroom cleanliness:





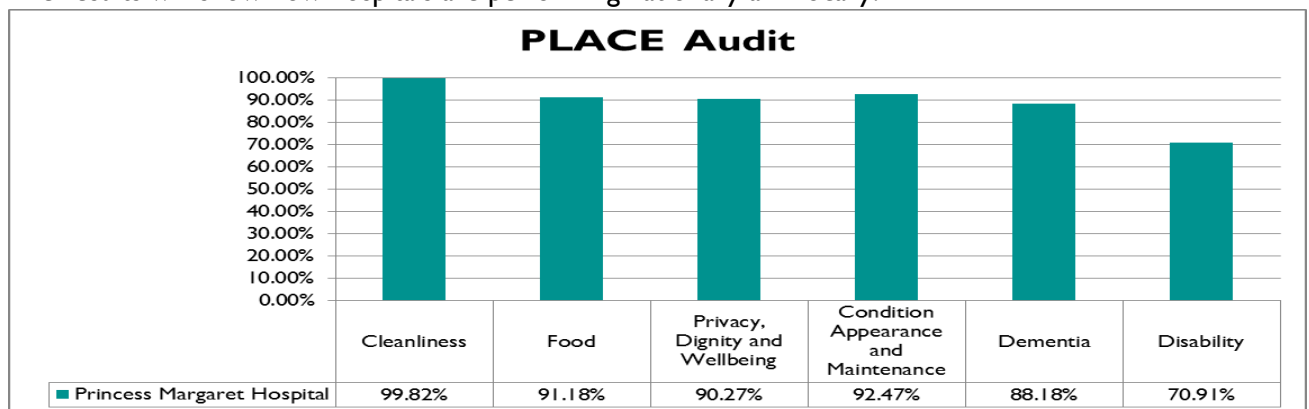
## Patient Led Assessment of the Care Environment (PLACE)

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.



BMI The Princess Margaret Hospital’s findings from 2017 PLACE audit were primarily around various upgrades and re-decorations required to patient areas. The old Cancer (SACT) unit identified several areas requiring upgrade, but these have been addressed with the new re-build of this area. There is no communal area for patients to eat, but all patients have their own room and the average length of stay remains less than 2 days.

# 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.

BMI The Princess Margaret hospital investigates every event and or incident and ensures compliance with Duty of Candour where this is relevant; ensuring the patient is provided with an explanation and informed of contributory factors and assurance of the learnings undertaken.

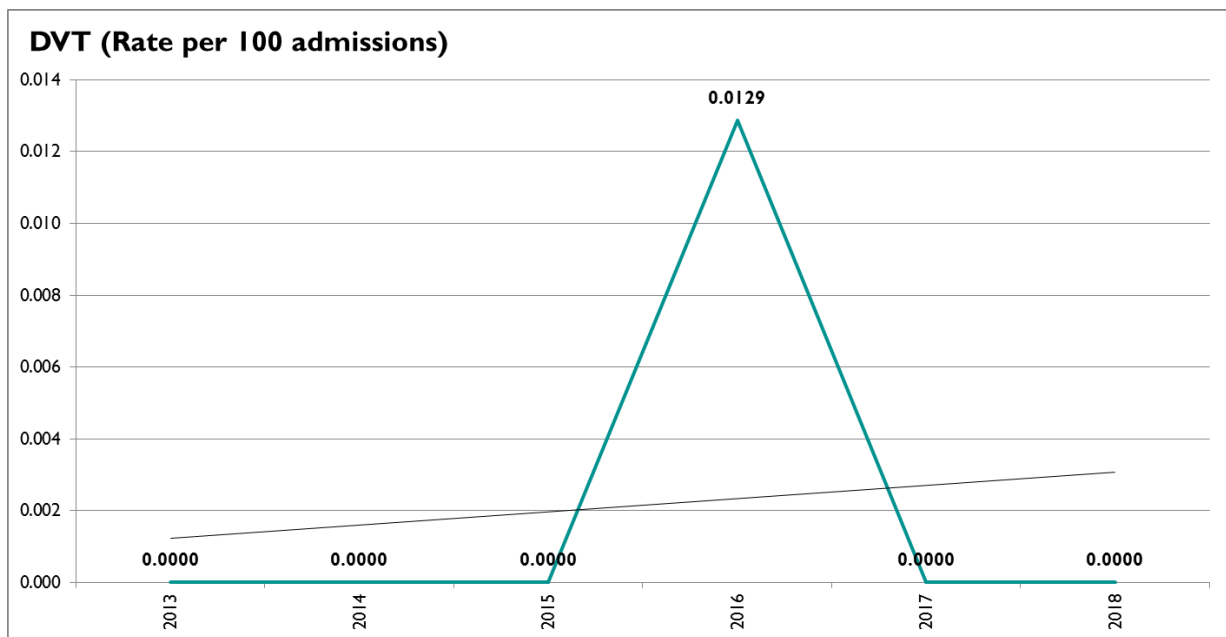
# Venous Thrombo-embolism (VTE)

BMI Healthcare, holds VTE Exemplar Centre status by the Department of Health across its whole network of hospitals including, BMI The Princess Margaret 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

Between 2017/ 2018, 90.75% of patients who were admitted into the hospital were risk assessed for a VTE.

BMI The Princess Margaret 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. .



BMI The Princess Margaret Hospital has had no identified DVT/ VTE during 2017/ 2018.

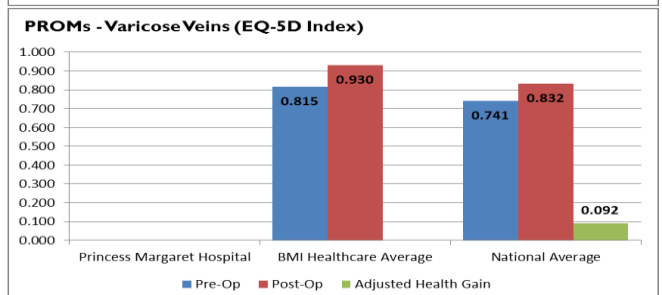
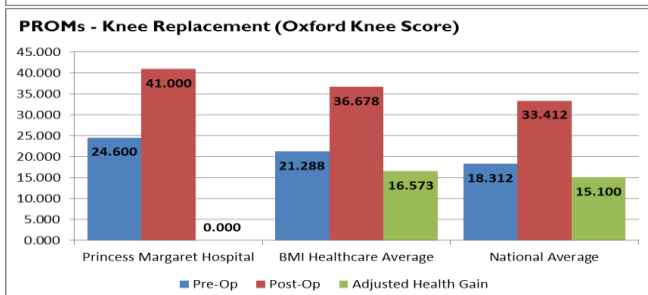
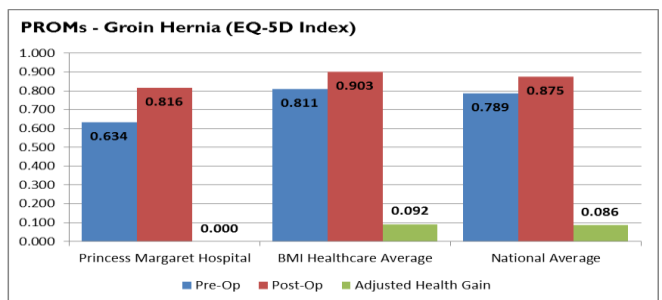
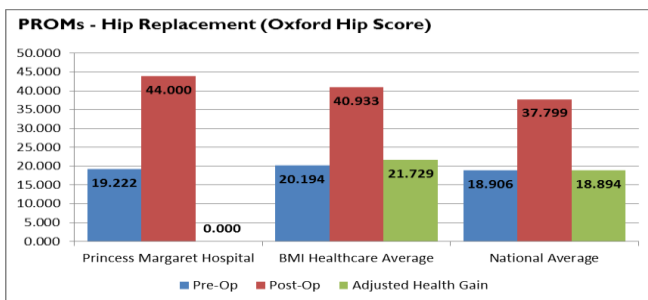


## Patient Reported Outcome Measures (PROMS)

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.

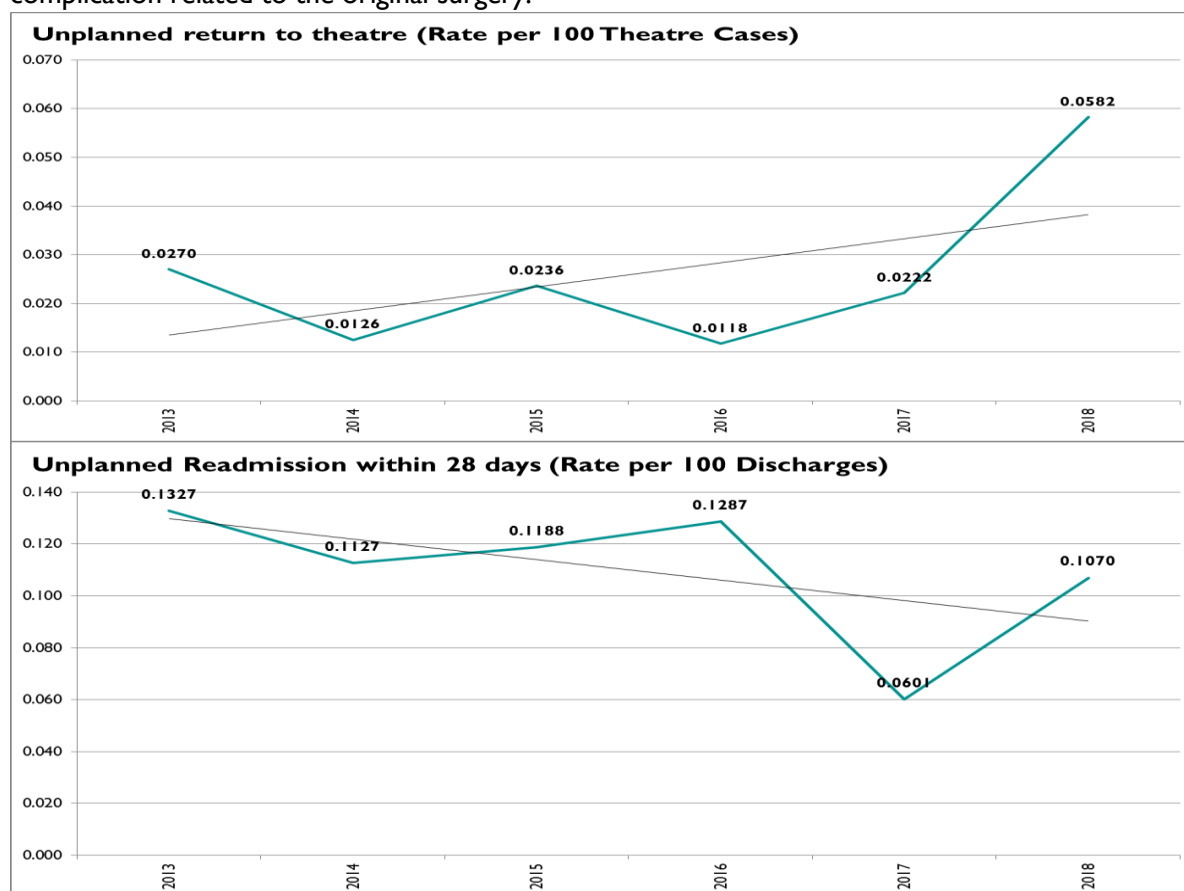
For the current reporting period, the tables below demonstrate the health gain between Questionnaire 1 (Pre-Operative) and Questionnaire 2 (Post-Operative) for patients undergoing hip replacement and knee replacement at BMI The Princess Margaret Hospital.

### 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 Princess Margaret Hospital reports on all re-admissions following discharge and return to theatres on the hospital's incident reporting system. All incidents are investigated, with contributing factors identified and relevant learnings shared with the hospital teams and consultants; this is discussed at the Clinical Governance Committee meetings and as necessary the Medical Advisory Committee. There have been no overall trends identified, despite the slight increase in total re-admissions in 2018. All unplanned return to theatre cases related to known and possible clinical complications for the procedures undertaken in each instance.

## 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.

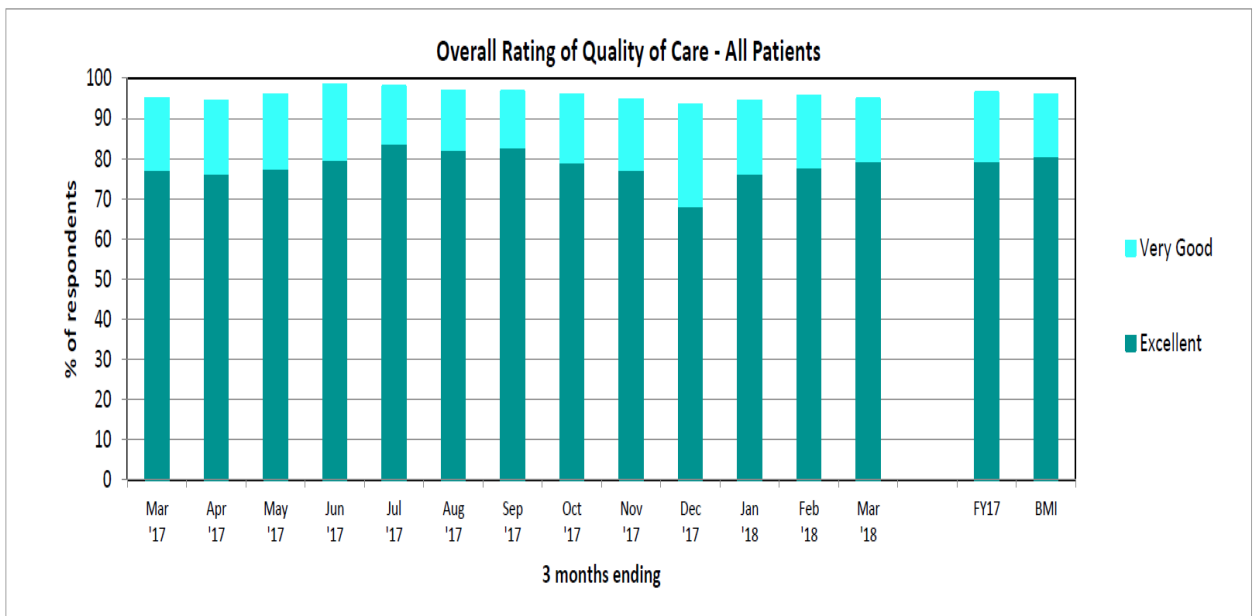
All deaths are discussed at a hospital Clinical Governance Committee, and further escalated to the Regional Quality Assurance Committee and National Clinical Governance Committee for review as appropriate; this ensures that lessons learnt from deaths are discussed at all levels and findings are then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

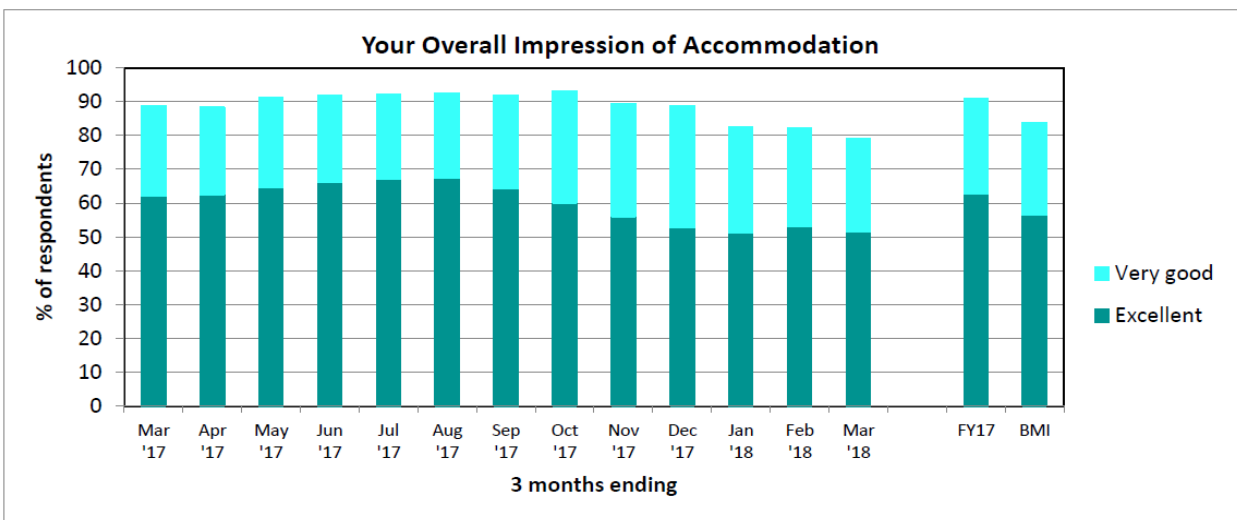
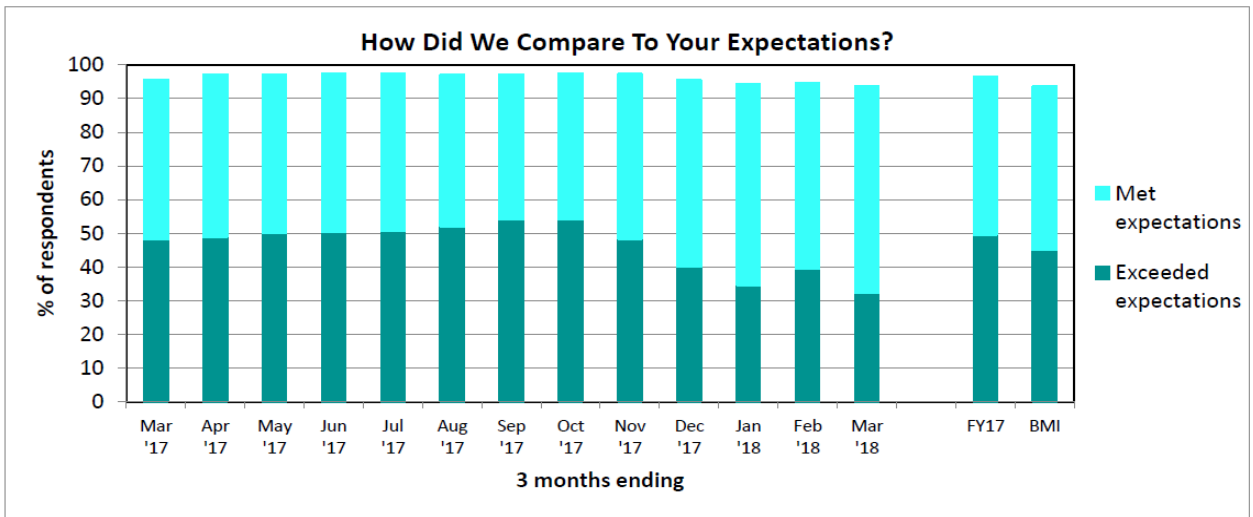
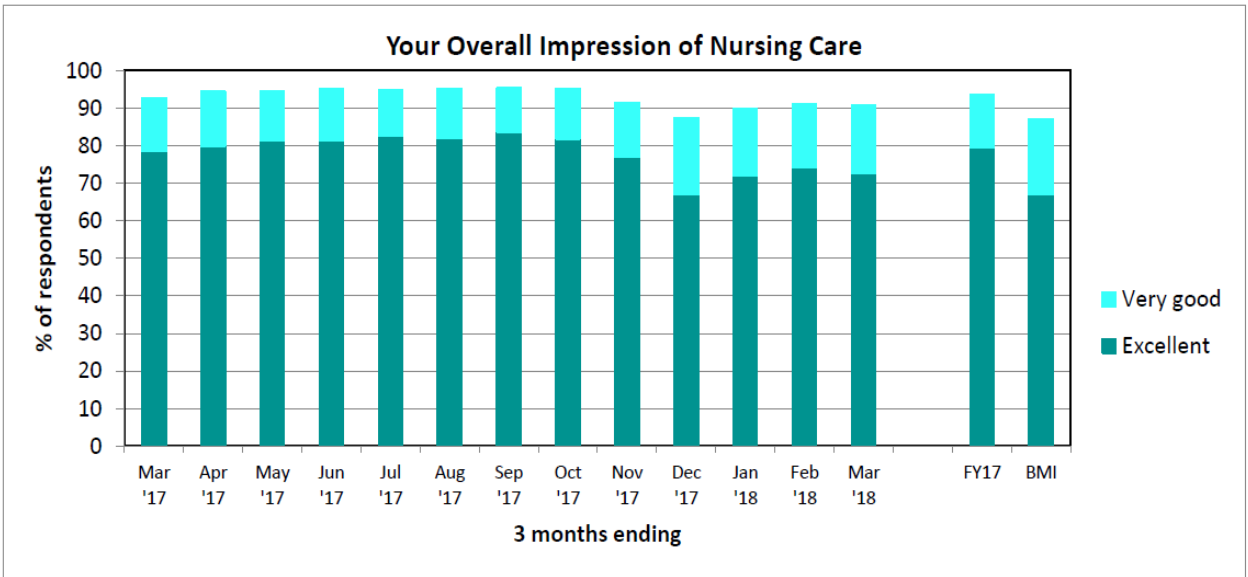


# Patient Experience Patient Satisfaction



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.





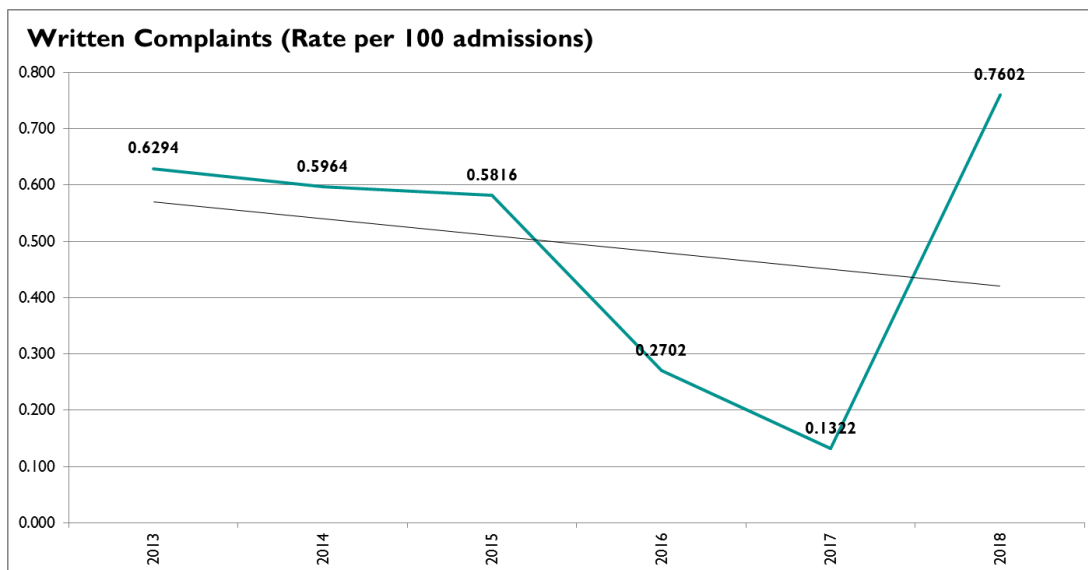
## Complaints

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



BMI The Princess Margaret Hospital has seen an increase in the total number of written complaints received over 2017/ 2018. This correlates to the increase in patient activity. Main themes of complaints appear to be financially related such as unknown charges and due also due to patient experience; in particular reference to the building infrastructure and look and feel of a few specific areas within the hospital. This feedback from our patients has resulted in actions taken by the hospital to correct this; directing investment into the refurbishment of affected departments and also creating greater awareness for patients of particular outpatient service charges. BMI Princess Margaret Hospital adheres to BMI Healthcare complaints policy and process outlined. All complaints are investigated and a response is provided by the hospital's Executive Director outlining the findings from the investigation and learnings taken.

## CQUINS

BMI The Princess Margaret Hospital is participating in the following Local CQUINS, which are aligned with the National CQUINS;

- Tobacco screening, brief advice and referral
- Alcohol screening, brief advice and referral

- Staff Health and Wellbeing, which comprises Food for staff, visitors and patients, Staff stress and musculo-skeletal and Influenza vaccination uptake.

The CQUINS are part of a two-year schedule and significant progress and achievement has been made in Year 1 towards Staff Health and Wellbeing, particularly in relation to healthy food and drink options.

## 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)

During 2017/ 2018, BMI The Princess Margaret Hospital has had no safeguarding incidents.

## National Clinical Audits

BMI The Princess Margaret Hospital contributes and participates in a number internal BMI Healthcare audits and also external national audit programmes. The hospital regularly undertakes audits focusing on specific areas and services such as Infection Prevention and Control, Theatre Services & Paediatrics. All audits, including monitoring of necessary actions are reviewed by the relevant committee/s.

BMI The Princess Margaret also participates in the National Joint Registry (NJR). The purpose of the registry is to monitor the performance and effectiveness of the implants and surgery in order in improve clinical standards. The registry collates data for both the National Health Service (NHS) and the independent sector. The theatre team provide valued support in submitting the data to the NJR.

Totals for this hospital	2017	Year to date: 2018
Total completed ops	272	101
Hip procedures	99	37
Knee procedures	167	61
Ankle procedures	3	1
Elbow procedures	0	0
Shoulder procedures	3	2
NJR consent rate	100%	100%

# Priorities for Service Development and Improvement

BMI The Princess Margaret hospital is committed to delivering high quality and efficient services to the patients and visitors that attend the hospital and has identified the following priorities for development:-

- MRI replacement
- Refurbishment of the outpatient consulting rooms
- Refurbishment of Extended Recovery

## 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



Princess Margaret Hospital	Staff Recommendations				
	2018	2017	National Average	Highest National Score	Lowest National Score
	68.00%	76.03%	73.18%	89.98%	50.44%

Following the staff survey in 2017, the key themes identified related communication to staff. To obtain staff engagement, the Executive Director held forums with 3 cohorts of staff to understand and identify the key specifics that staff felt improvements were needed. Monthly Team Briefs are held for all staff, creating a forum of open communication for staff and the Executive Director.

## Quality Indicators

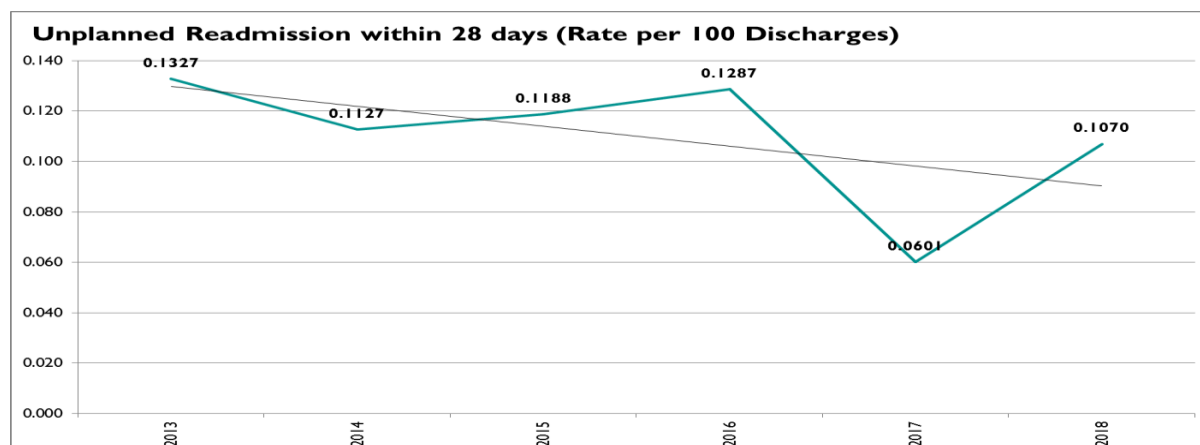
The below information provides an overview of the various Quality Indicators which form part of the annual Quality Accounts. Where relevant, information has been provided to explain any potential differences between the collection methods of BMI Healthcare and the NHS.

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

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

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

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



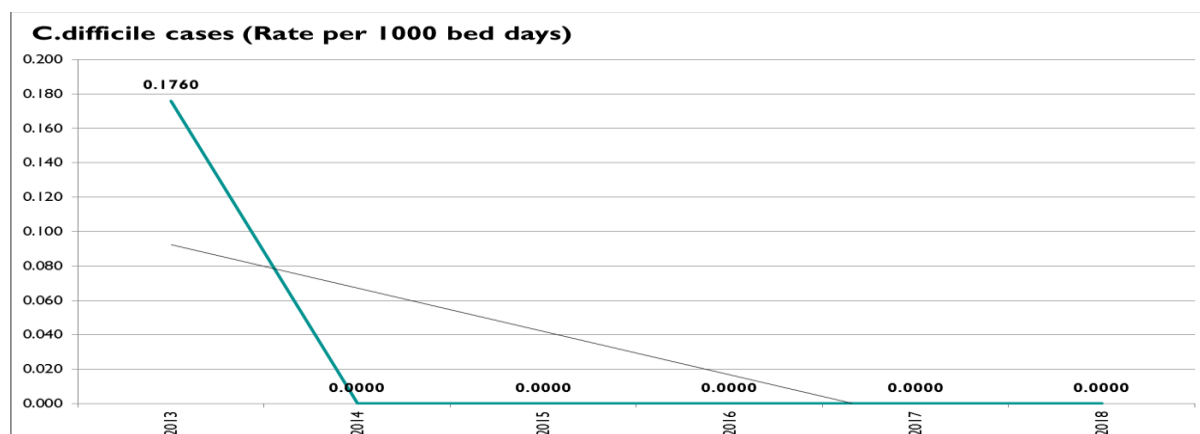
Princess Margaret Hospital		Re-Admissions (Aged between 0-16)		
2018	2017	National Average	Highest National Score	Lowest National Score
0.000	0	11.45	14.94	0

Princess Margaret Hospital		Re-Admissions (Aged 16+)		
2018	2017	National Average	Highest National Score	Lowest National Score
3.212	1.573	10.010	41.650	0.000

The Princess Margaret Hospital considers that this data is as described, with the main theme relating to post-operative urinary retention in urological surgical patients, with no concerns related to these incidences.

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



Princess Margaret 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 Princess Margaret Hospital considers that this data is as described with no cases in the past 12 months.



## Hospitals responsiveness to the personal needs of its patients

Princess Margaret Hospital	Responsiveness			
2018	2017	National Average	Highest National Score	Lowest National Score
90.12%	91.55%	69.22%	78.00%	60.10%

The Princess Margaret Hospital considers that this data is as described for the following reasons:-

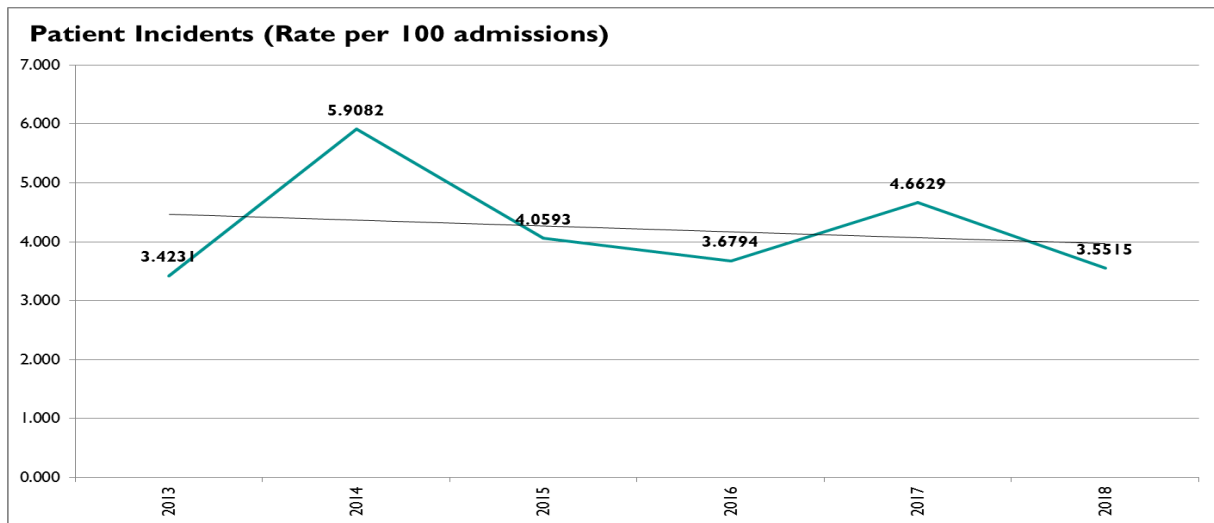
BMI Princess Margaret Hospital has seen themes during 2017/ 2018 with regards to the information given to patients and also the accommodation facilities. The hospital has responded to this feedback from patients and recently has appointed a patient liaison officer within the administration department, who is able to provide necessary information with regards to patient's financial queries and other aspects related to their care prior to admission. In addition, the hospital recognises that the accommodation is outdated, plans have been made to refurbishments all patient bedrooms.

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

Princess Margaret Hospital	VTE			
2018	2017	National Average	Highest National Score	Lowest National Score
90.75%	80.73%	95.77%	100.00%	81.60%

The Princess Margaret Hospital recognises that the VTE compliance is below the national average and has taken following actions of ongoing education with the staff. The ward manager has raised awareness with this particular assessment and this has also been discussed at the clinical governance committee. Staff have been informed on the importance of this assessment and as a result, this has now become part of the nursing handover, which has resulted in an improvement of the percentages reported since the beginning of 2018.

## Patient Safety Incidents



Princess Margaret Hospital	Patient Safety Incidents (Rate per 1000 Bed Days)			
2018	2017	National Average	Highest National Score	Lowest National Score
95.406	122.051	43.292	149.700	11.200

The Princess Margaret Hospital recognises the rate of patient safety incidents and has taken the following actions to improve this rate, and so the quality of its services. As part of effective clinical governance within the hospital, the senior management team actively promote incident reporting, including the reporting of potential or near miss incidents. This allows insight into the current culture, practices and care delivered to patients. All incidents are investigated by each head of department and learnings are obtained as applicable, with the intent to reduce the likelihood of recurrence and also to provide feedback to staff on the contributing factors for that incident.

## Patient Recommendation Results

Princess Margaret Hospital	Patient Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
97.60%	97.83%	97.07%	100.00%	75.61%

BMI The Princess Margaret Hospital considers that this data is due to the maintained high standard of care delivered to our patients by our hospital teams. BMI The Princess Margaret Hospital values all feedback from patients regarding the quality of care they received. Such feedback enables the hospital to focus and prioritise actions as part of its continual cycle for improvement to patient care and services.

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## **BMI The Princess Margaret Hospital Quality Account 2017/18: Commissioner Response on behalf of East Berkshire CCG.**

### **Quality Account 2017/18**

The Quality Account provides information and a review of the performance of the organisation with an overview of the quality of care provided during this period. The document clearly identifies BMI The Princess Margaret Hospital successes to date. The CCGs are pleased with the organisations openness and transparency, and will continue to work with BMI The Princess Margaret Hospital to achieve further successes and improvements. This will be carried out through the collaborative working relationship the CCG has with the organisation meeting quarterly to review all the quality metrics for the NHS patients cared for by the hospital.

In terms of patient safety, the CCG is pleased to note the work that has occurred on Infection Prevention and Control, particularly with the anti-microbial audit which showed full compliance and also the good response from patients on the cleanliness of the hospital.

In terms of patient experience, the report notes the increase in complaints; the CCG acknowledges that a number of the complaints were concerning building infrastructure and the look and feel of a few specific areas within the hospital. We are pleased that the hospital has taken action on this and patient experience feedback will be reviewed in the year to see whether the changes have reduced the number of complaints. It is also noted that patient feedback was overall very good.

Though the CQUIN programme is across a 2 year period there are quarterly updates on the milestones which are shared with the CCG. There is however further work for the hospital to do if they are to achieve all the CQUIN outcomes by 2018/19.

### **Priorities for 2018/19**

Priorities for Service Development and Improvement, the CCG has noted that the improvements are concerning the infrastructure of the hospital to improve patient experience and effectiveness.

- MRI replacement
- Refurbishment of the outpatient consulting rooms
- Refurbishment of Extended Recovery

Areas for improvement; there needs to be a continual focus on the VTE risk assessment as the report shows compliance below the national average. It is acknowledged by the CCG that measures have been taken to increase the compliance rates and will monitor this during the forthcoming year. There has been a slight increase in the number of readmissions but as the report states there does not appear to be any trends.