



The Priory
Hospital

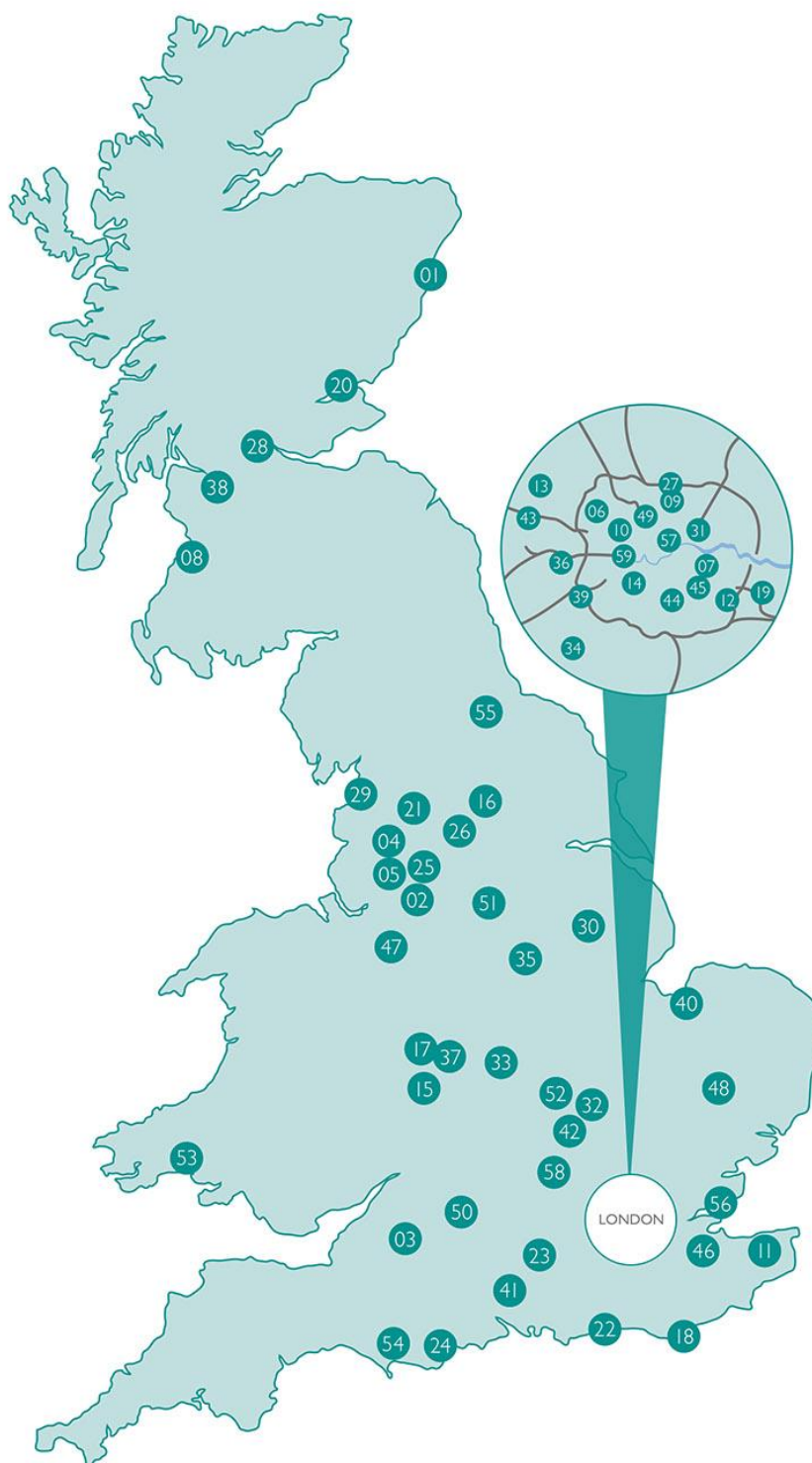
QUALITY ACCOUNTS 2018

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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 Priory Hospital is the largest private hospital in the Midlands and has the following facilities to support a multitude of different specialties:

Our Facilities and Services

- 110 patient bedrooms
- 15 consulting rooms including outpatient treatment rooms
- 5 theatres
- New cancer care centre with inpatient and outpatient services
- Cardiac catheterisation laboratory
- Dedicated Children and young people's ward – “The Rainforest Room”
- Level 3 Critical care unit with 6 beds
- Fertility centre
- New Imaging and diagnostics centre
- Nuclear medicine
- Physiotherapy department
- Private GP service
- Health screening
- Physiotherapy
- General medical admissions

Our Specialties

Orthopaedics
Oncology / haematology
Gynaecology
Cardiology

Urology
General surgery
Thoracic surgery
Plastic surgery

General medicine
Radiology
Neurosurgery
Ophthalmology
Ear, nose and throat
Anaesthesiology

Oral surgery
Cardiac surgery
Children and young people (paediatrics)
Dermatology
Gastroenterology
Neurology

New for 2018

The BMI Priory was very pleased to open two new services:

Highbury Centre – Cancer Care

The new cancer centre opened in July 2017 and comprises:

- 4 consulting rooms
- 10 chemotherapy administration pods
- 6 inpatient beds
- A private and relaxing Peace Garden for the use of oncology patients



The new centre is able to provide a holistic approach to the management of cancer treatment be the patient attending for day case treatment or requiring an overnight stay. The unit is manned by oncology trained nurses.

The Highbury Centre was recently awarded the Macmillan Quality Environment Mark (MQEM)

New Diagnostic and Imaging Centre

The centre comprises:

CT

The department can now perform a wider range of scans to include cardiac CT and at a much lower radiation dose than ever before.

Due to the size/amount of detectors, it means that we can scan patients much quicker with fewer rotations of the X-ray detectors hence a lower dose of radiation.

The “hole” is also larger which means larger patients can be scanned more easily.

MRI

The scanner is a state of the art, top of the range Philips Ingenia 1.5T ‘s’.

The new scanner has a wider bore (hole) for patients comfort along with additional software to allow new and developing techniques. The variety of software ensures the highest quality of imaging.

Refurbishment

The hospital has removed all carpet from clinical areas and replaced with vinyl flooring. In addition the hospital is pursuing financial commitment to further refurbish the hospital and in particular the patient rooms

Work at the hospital is funded from three main payors:

1. Privately insured 60%
2. Self- funding 20%
3. NHS funded 20%

BMI Healthcare are registered as a provider with the Care Quality Commission (CQC) under the Health & Social Care Act 2008 as well with the Hospital Improvement Scotland (HIS) and Healthcare Inspectorate Wales (HIW) for our hospitals outside of England. BMI The Priory Hospital is registered as a location for the following regulated services:-

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

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 16th – 18th February 2016 and 25th February 2016 and found and determined an overall rating of requires improvement. The scores for the individual domains are as below

Overview and CQC Inspections

Click for key ✓ ✕ ✖ | ☆ ● ● ● ● ● ●

<p>Overall Requires improvement</p> <p>Read overall summary</p>	Safe	Requires improvement ●	<p>CQC inspections & ratings of specific services</p> <p>Medical care (including older people's care) Requires improvement ●</p> <p>Surgery Good ●</p> <p>Outpatients Requires improvement ●</p>
	Effective	Good ●	
	Caring	Good ●	
	Responsive	Requires improvement ●	
	Well-led	Requires improvement ●	

Regulatory Notices

There were two regulatory notices in relation to:

- Regulation 12 : Safe care and treatment
- Regulation 17 : Good governance

All required actions have been completed and are now subject to regular monitoring

The Priory 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 on-going 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.

- **Announced Quality Assurance Visit - NHS Redditch and Bromsgrove CCG | NHS South Worcestershire CCG | NHS Wyre Forest CCG**

On the 5th September 2017, the hospital participated in an announced quality assurance visit by members of the Quality Assurance Team from NHS Redditch and Bromsgrove CCG | NHS South Worcestershire CCG | NHS Wyre Forest CCG.

The visit included an update on the CQC inspection in 2016 and progress against the action plan. The team visited clinical areas to include the wards, ITU and paediatrics to observe and meet with patients and staff, which provided good assurance of the quality of care being provided.

The team were interested to hear about the ongoing refurbishment of the hospital to include the Oncology Unit and MRI & CT departments. They also discussed the newly dedicated paediatric unit and discussed the reconfiguration of the in-patient wards.

The team noted areas of good practice within the hospital to include:

- Staff enthusiasm and commitment to providing high quality of care and being involved in quality improvement.
- Governance processes in place around learning from incidents and complaints
- Dedicated Paediatric area ,staffed with Paediatric nurses
- Patient pathway flow through new Oncology area and ward areas from outpatients, day case to inpatient has been thought about with patients experience as the driver

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 Priory 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	14.7254
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

Active Monitoring

During 2017 a housekeeper and infection prevention lead nurse walk around was introduced. As a result the cleanliness in all areas of the hospital has improved and is evidenced as the housekeeping team leaders are auditing their areas.

The main focus, as highlighted during the walk around, is high dust issues

HII audit :

- Patient equipment cleaning
- Hand Hygiene
- Standard Precautions

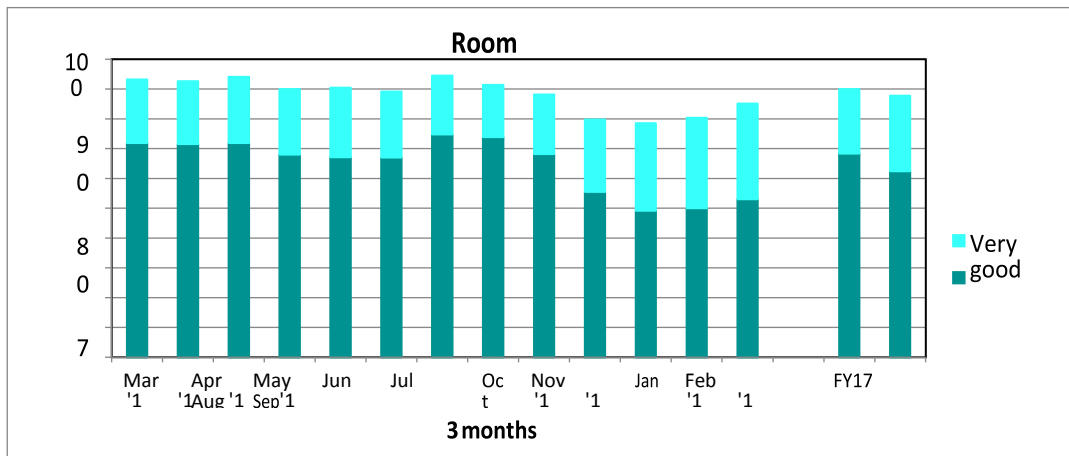
Results are at an acceptable level with no formal action plans in place currently. Cleanliness continues to be monitored via walk arounds.

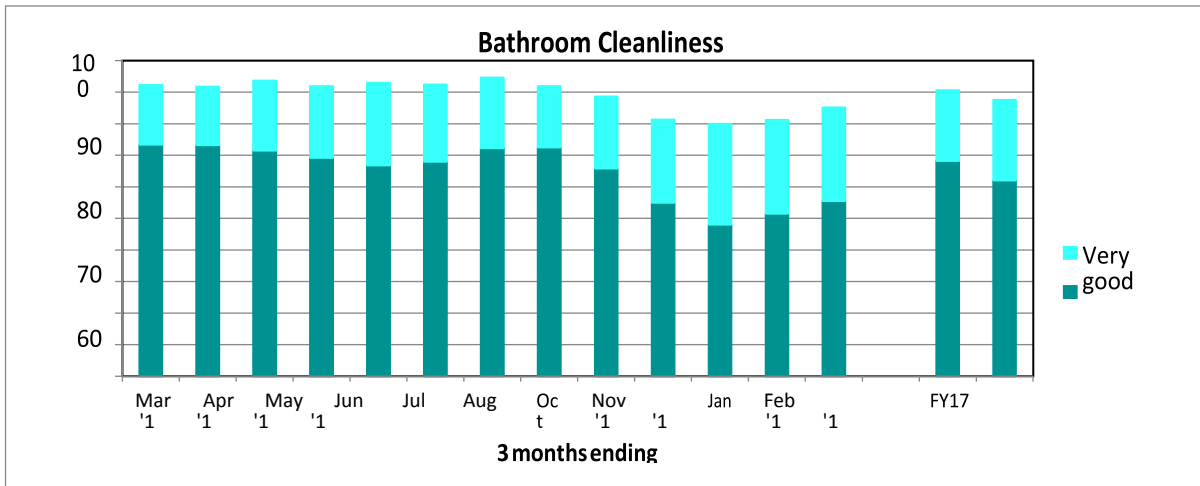
Training

IPC mandatory training continues monthly and covers:

- Hand Hygiene training
- Waste management
- Sharps management
- ANTT theory / practical There are plans to promote Global Hand Hygiene Day which will involve a patient and staff Glove Awareness Day at the hospital.

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





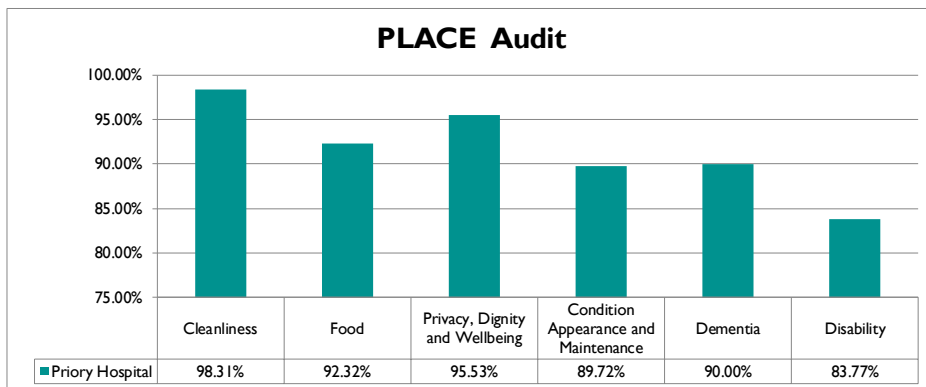
Patient Led Assessment of the Care Environment (PLACE)

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.

Hospital	Cleanliness	Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
Priory Hospital	98.31%	92.32%	95.53%	89.72%	90.00%	83.77%



The results will show how hospitals are performing nationally and locally

The main areas of focus for BMI The Priory Hospital are:

1. Improving the Management of Dementia Patients
 - a. An 'Older Persons Champion' has recently been identified. Work is currently being undertaken to identify ways in which the hospital environment can be adapted to better suit dementia patients.
 - b. An investigation is underway in terms of developing a resource area for staff development in the management of patients who suffer from dementia.
2. Ensuring the Hospital has Appropriate Access to All Areas
 - a. An audit tool has been developed to assess all areas of the hospital
 - b. Once the audit is completed and action plan will be developed to address any shortfalls
3. Condition Appearance and Maintenance
 - a. Some areas of the hospital appear somewhat dated and there is a plan for areas to be re-furbished
 - b. There are currently discussions underway in terms of capital availability

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.

From a hospital perspective there were 5 incidents which involved Duty of Candour. In all 5 cases what had happened was discussed with the patient at the time of the incident.

The main issues for the hospital at the time of early incidents were:

- Patients were informed of what had happened verbally but there were few contemporaneous notes to support what had been discussed but not in sufficient detail
- There was a delay in confirming discussions and the apology offered in writing
- There were some Consultants who did not appear to understand what their responsibilities were in terms of Duty of Candour, after the patient had been informed of the incident.

As a result, the hospital prepared a very simple 'crib sheet' for Consultants. This was included in the Consultant Newsletter and was made available on the ward in order that it was readily available should a Consultant require some guidance.

The 'crib sheet' was also made available to all clinical areas should any members of staff require a reminder during the course of their work

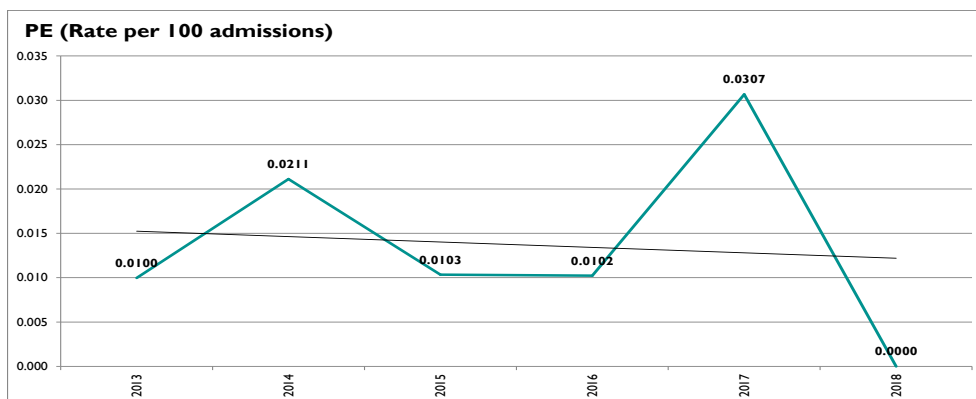
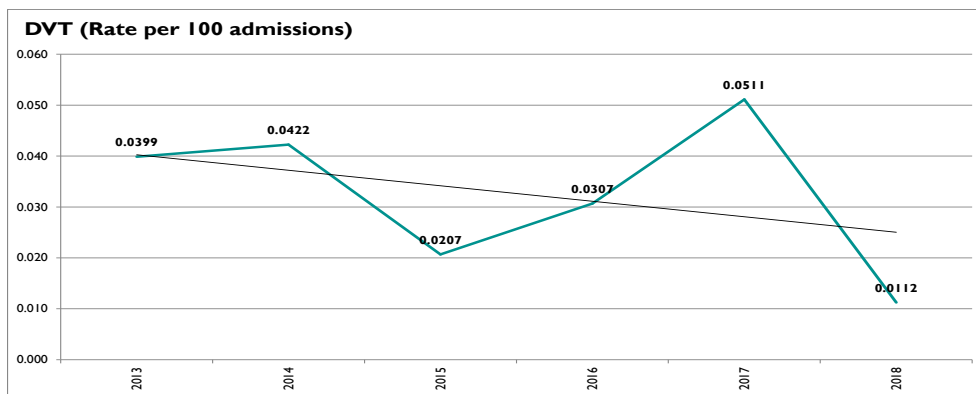
Venous Thrombo-embolism (VTE)

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

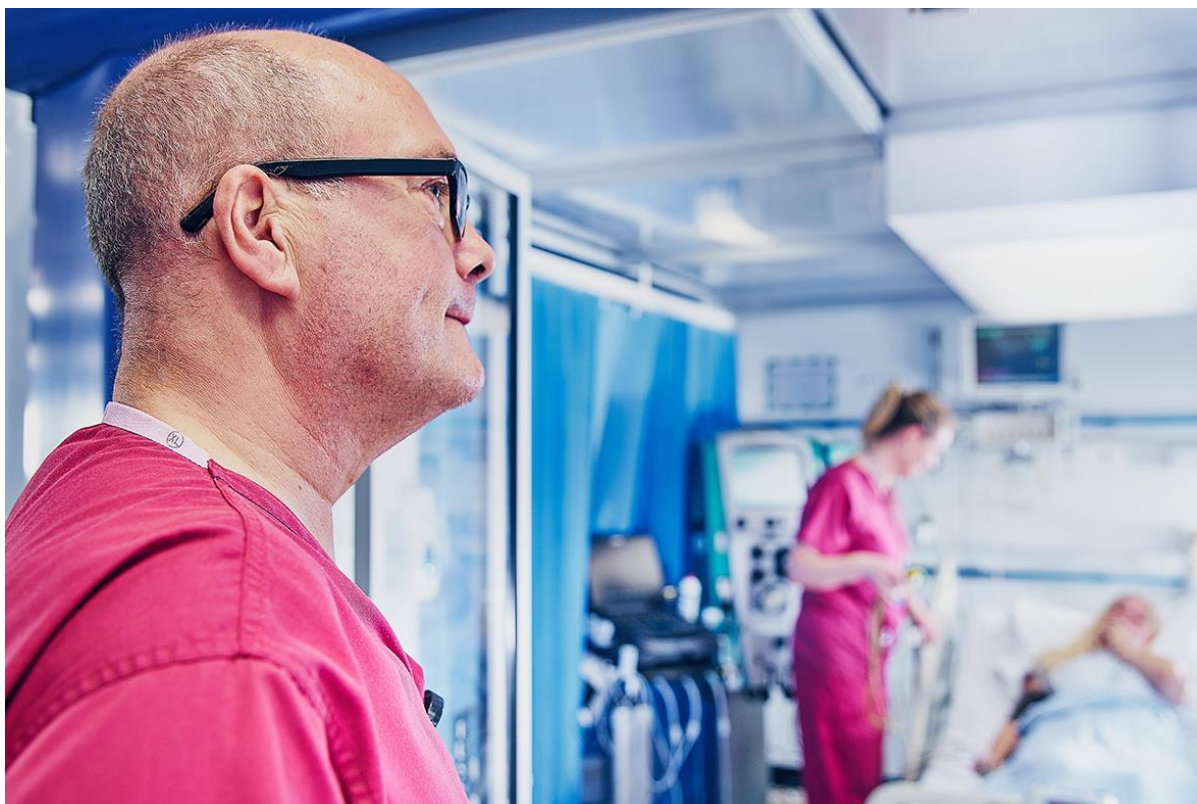
We see this as an important initiative to further assure patient safety and care. We audit our compliance with our requirement to VTE risk assessment every patient who is admitted to our facility and the results of our audit most recent audit has shown 100% compliance

Priory Hospital	VTE				
	2018	2017	National Average	Highest National Score	Lowest National Score
100.00%	72.73%	95.77%	100.00%	81.60%	

The Priory 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.



Regular note audit at the beginning of 2017 indicated that completion of VTE risk assessments was not as robust as required. A programme of additional training was undertaken which included the rationale behind completion of the risk assessment along with actual completion of the risk assessment. There has been a resultant increase in the completion of the assessment enabling better management of VTE prophylaxis.



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.

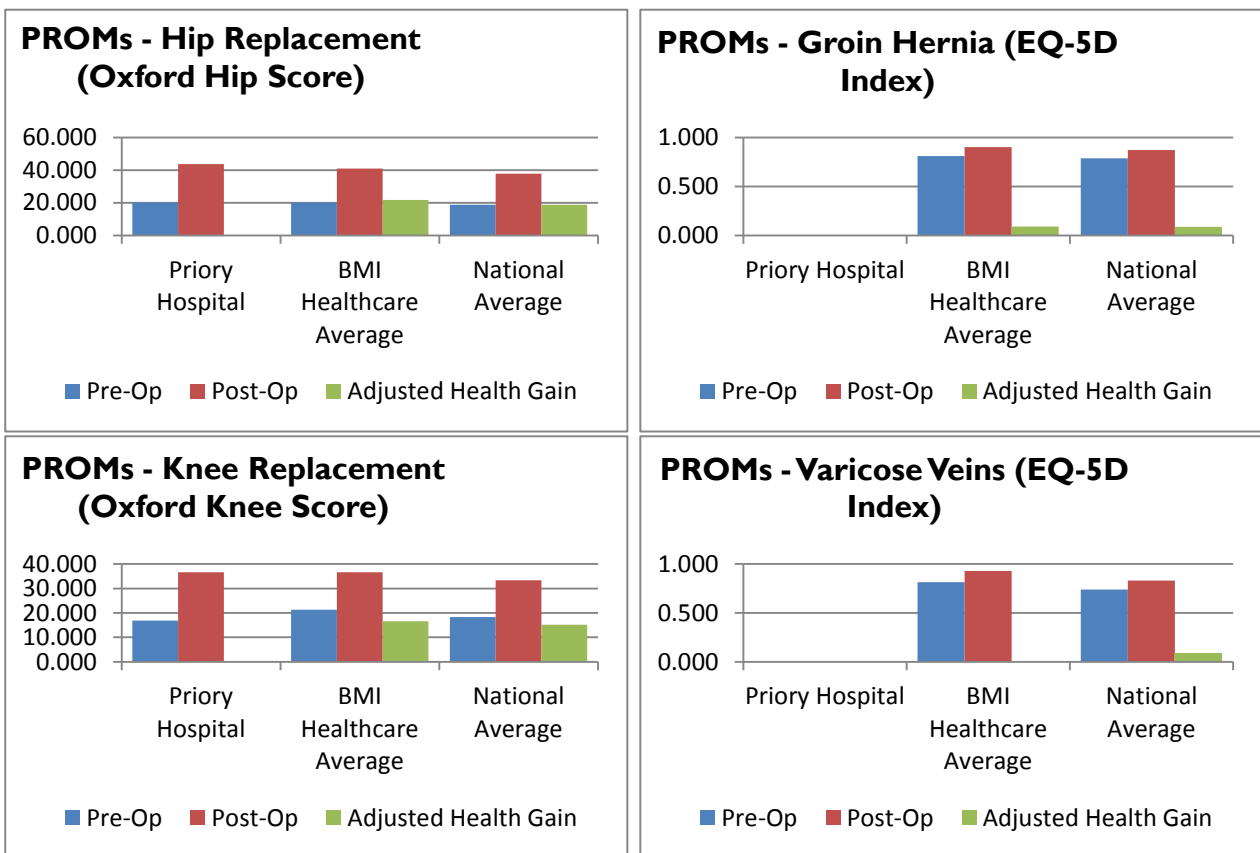
For the current reporting period, the tables below demonstrate that the health gain between Questionnaire 1 (Pre-Operative) and Questionnaire 2 (Post-Operative) for patients undergoing hip replacement and knee replacement at The Priory Hospital.

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

In order to receive data via PROMs, patients are required to complete a questionnaire prior to surgery and at a predetermined time post-surgery. The results measure a gain in well-being.

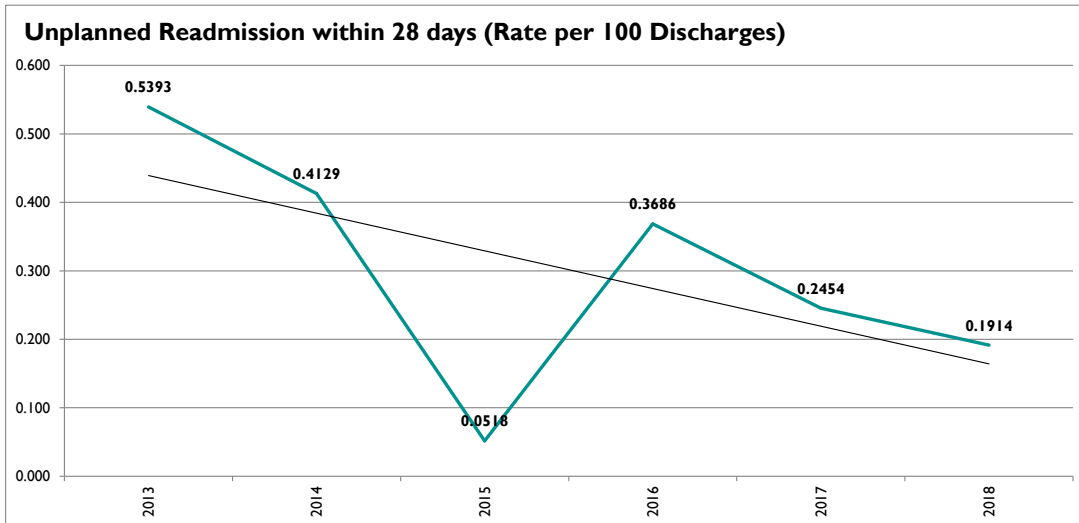
Response rates for the Priory Hospital were low and the process for requesting the completion of the initial form was not fully understood or managed. In addition, the importance of completing the post-operative form was not stressed. As a result data was incomplete and the usefulness of the data was therefore compromised.

A new process has been put in place and it is expected that future results will provide a better reflection of the surgery carried out the hospital. This is further supported by the development of a Joint School which is attended by patients undergoing joint replacements and launched in January 2018. The importance of completion of the PROMs form is stressed at the joint school and a reminder is provided during the inpatient stay.

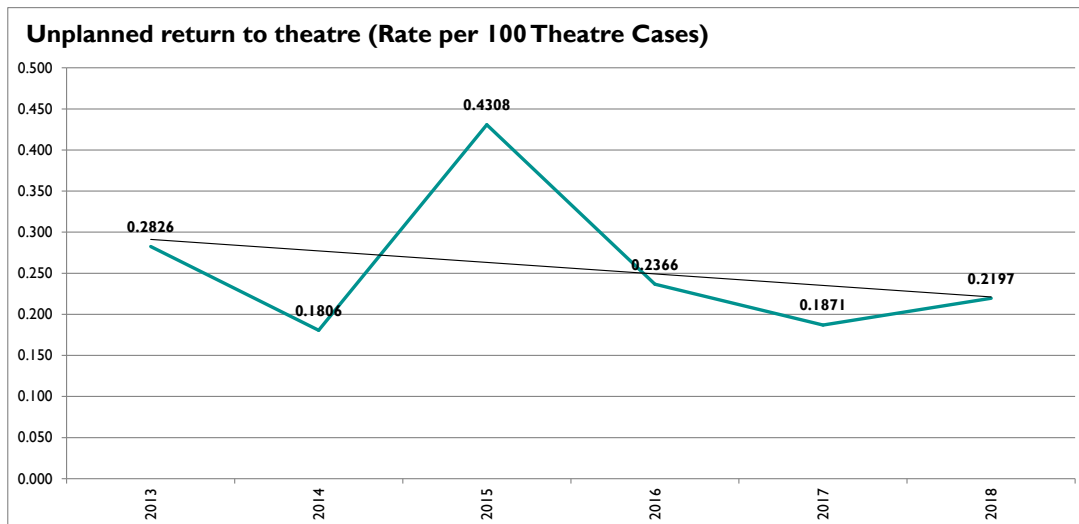


Unplanned Readmissions & Unplanned Returns to Theatre

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



Re-admission rates have declined over the last two years as a result of better informing patients in terms of what to expect post discharge and in particular how and when to contact the hospital if they have concerns once at home. It is believed that by patient making contact sooner if they have any problems, these can be managed sooner by an early review with a resultant drop in the need for re-admission.



In general terms it is not possible to predict how any individual patient will react to surgery. In addition there are known potential complications for surgical interventions as well as the expected benefits of surgery.

Robust pre-assessment establishes the pre-operative well-being of patients and can identify steps needed to ensure patients are managed in the best possible way to avoid complications requiring a return to theatre. Patients are pre-assessed to national standards and surgery may be delayed if additional intervention is required pre-operatively.

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



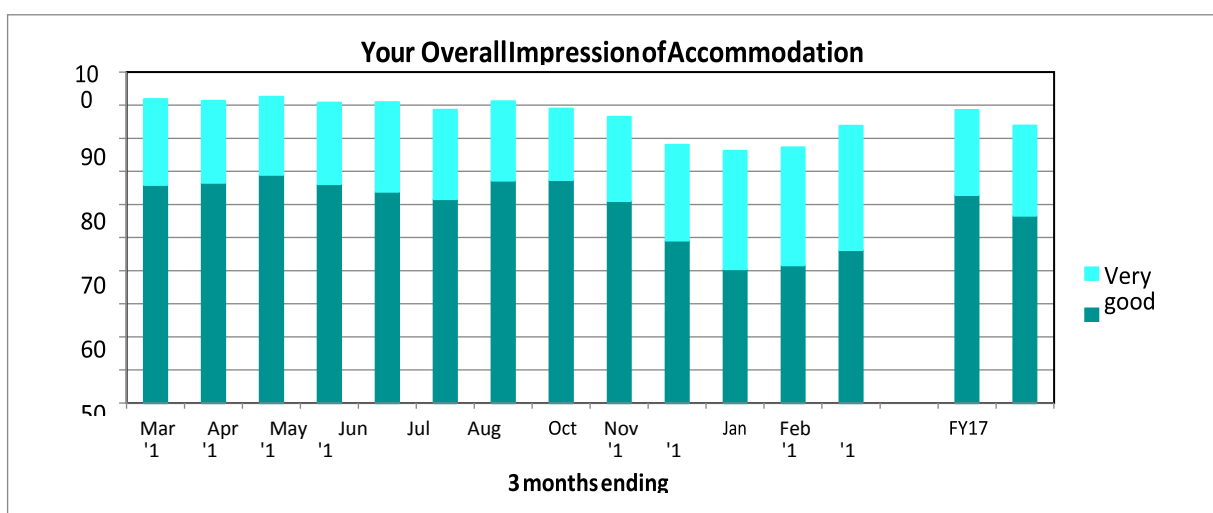
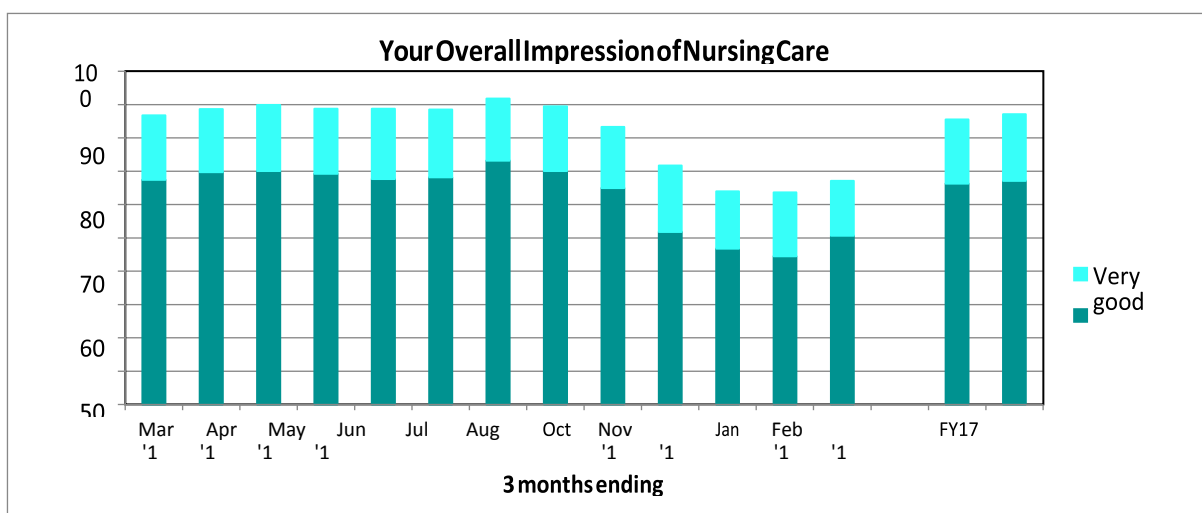
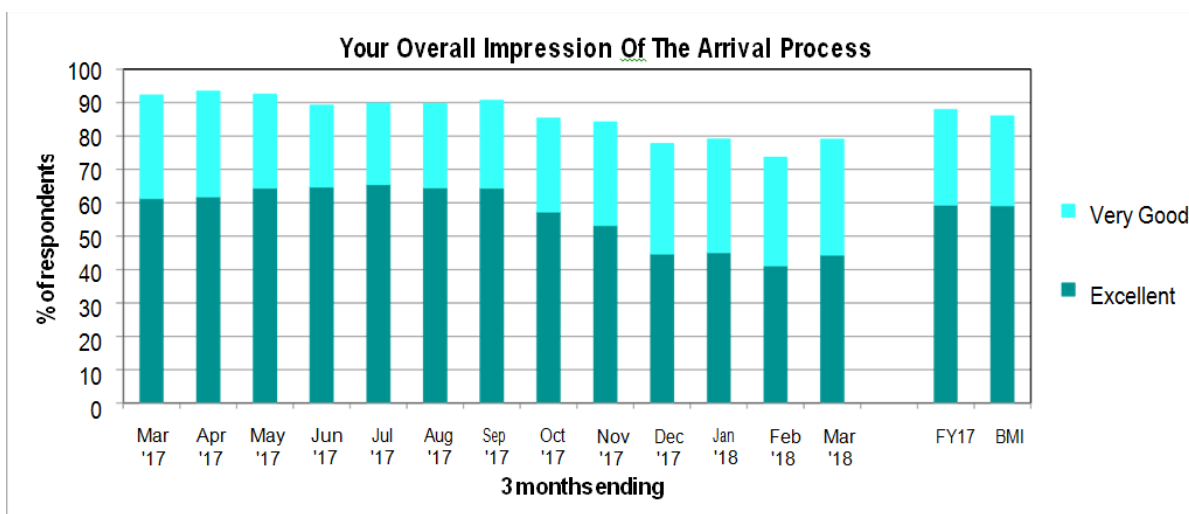
BMI Healthcare is committed to providing the highest levels of quality of care to all of our patients. We continually monitor how we are performing by asking patients to complete a patient satisfaction questionnaire. Patient satisfaction surveys are administered by an independent third party.

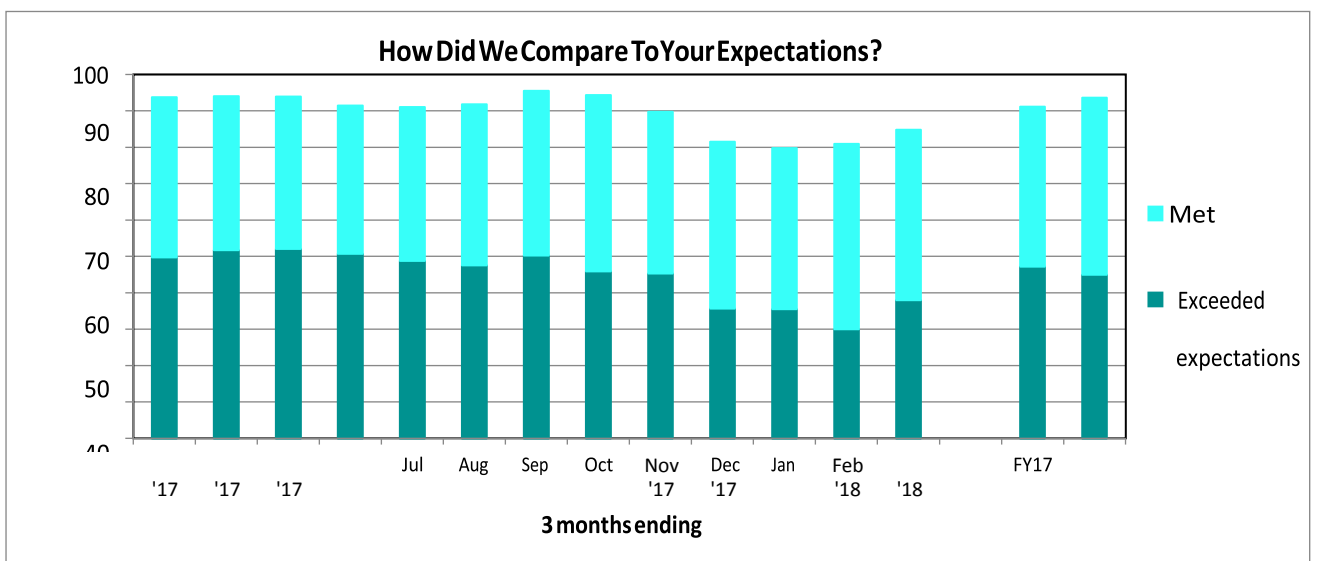
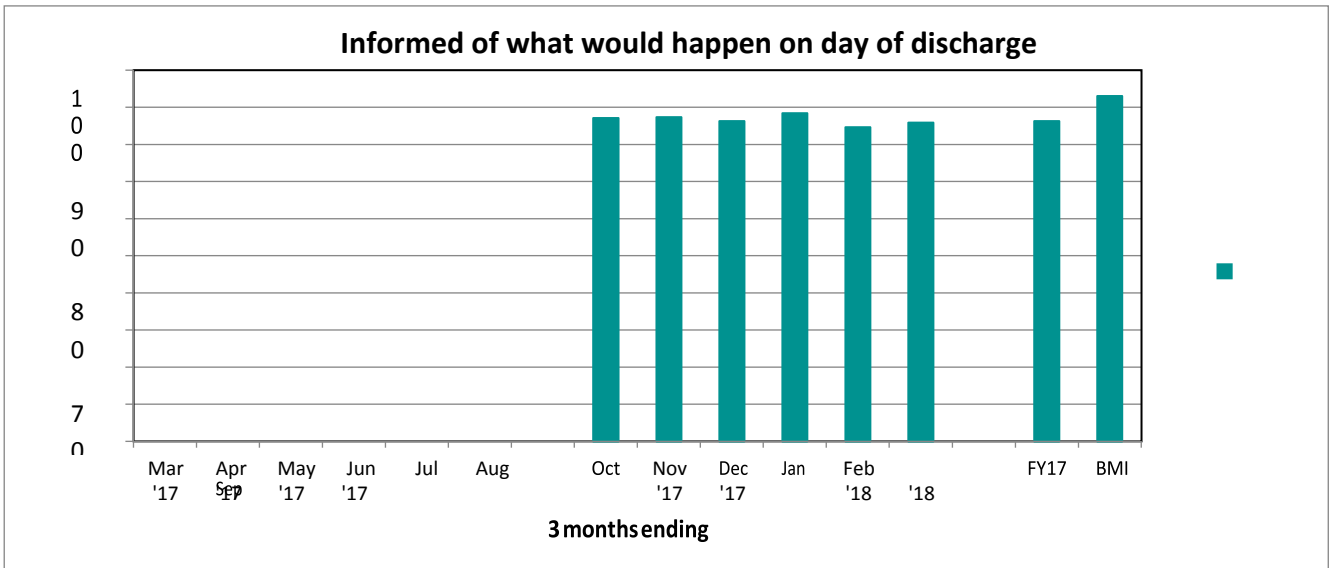
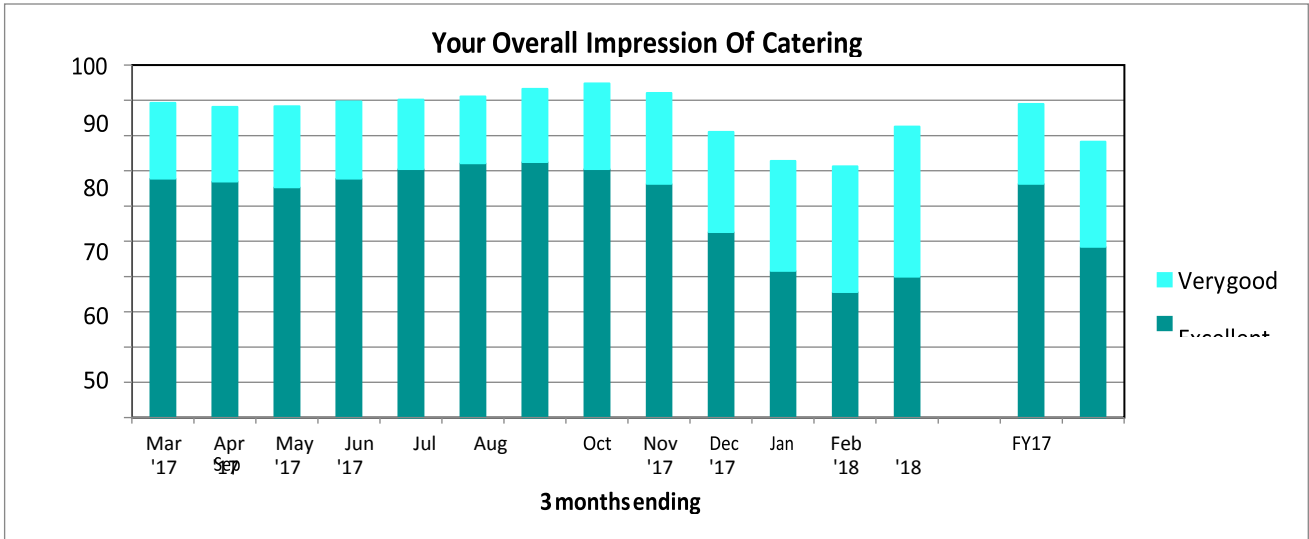
In November 2017, BMI changed the process for collating regular patient feedback and moved to a wholly 'on line' system. This resulted in a drop off in the number of return received and BMI have decided to revert to the paper system of completion of patient satisfaction surveys as well as an on line version.

During the time of solely on line submissions, Priory's response rate fell and alongside the drop in survey completions there was a drop in the scores across many parameters within the survey. The Priory Hospital continues to work towards improving patient feedback via the introduction of new innovative practice and a high standard of care.

An example of this might be the pain level assessment pictogram which helps patients, no matter whether they are young or old or whether English is their first language, to identify their pain levels and how pain is best managed in terms of 'keeping on top of pain'.

In addition steps have been and are being taken to address the fabric of the building as already highlighted within this document.





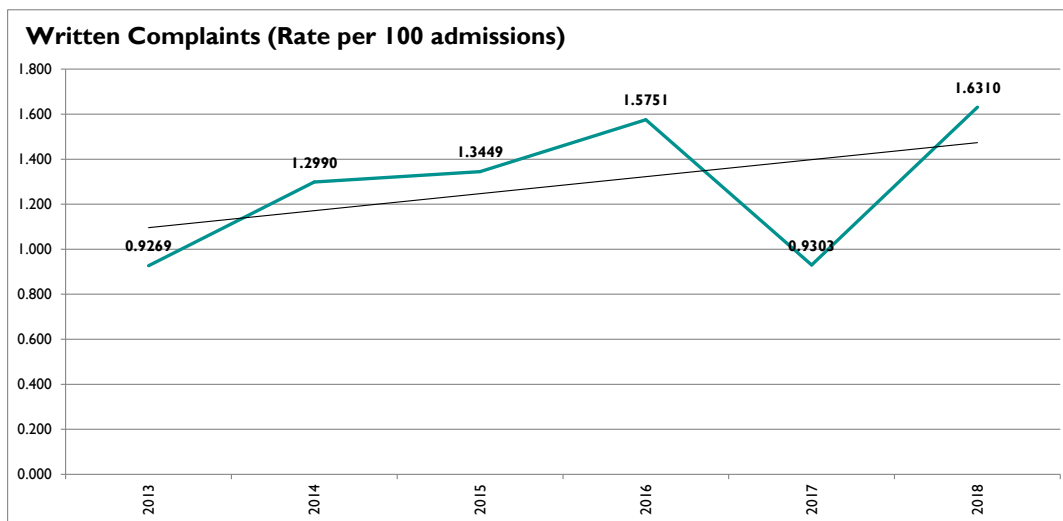
Complaints

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



At the end of 2016 and beginning of 2017 there were a high number of vacancies at the hospital particularly within the ward environment. With this came an increased reliance on temporary agency staff.

Although all steps were taken to try and stay with ‘regular’ agency staff who were formally inducted, the standard of overall nursing care suffered.

In order to address this a decision was taken to reduce the number of areas open and change the practice of opening three wards when forward planning could manage the bookings through two rather than three wards on a regular basis. This ensured that more permanent staff were on duty at any one time. In order to achieve this senior management team introduced a twice weekly capacity meeting. This is attended by the Executive Director, Director of Clinical Services and clinical leads to review capacity and take decisions in terms of whether it is necessary to open a third ward.

In addition’ a new rule was introduced in terms of the minimum time between booking and admission in order to safely and most effectively manage forthcoming admissions. Consultant support was sought and achieved as was agreement that there would be a case by case review of rapid admissions for emergencies such as cancer treatment.

The level of complaints appears to have risen in 2018, However in January and February there were an unexplained high number of complaints which were of a historical basis and referred to issues during admissions in January to April last year. There was a particular theme in as much as a number of delayed complaints were in relation to dissatisfaction with cosmetic procedure results.

The other late complaints were regarding the standard of care provided a year earlier and it is not clear why patients had waited so long to contact the hospital.

A high proportion of complaints, around 50%, received are regarding the payment for treatment and in particular being informed of costs ahead of outpatient procedures. Work continues on this topic and is quite a difficult area to address in terms of biopsies. On completion of histopathology it may be necessary to completed additional tests after basic histology and these warrant an extra charge. It is not possible to know which biopsies will need additional investigations but the hospital is working on guide prices to better inform patients of the widest range of charges.

CQUINS

As part of the two year CQUINS agreed for 2017-18 and 2018-19 we have been working towards the following milestones:

Sign-up to safety

We have made and worked towards five pledges over this time period. We have pledged to put safety first by working towards a calendar of health events. We are continually learning by reporting incidents, reviewing complaints and now hold a regular meeting to discuss complaints and what we have learnt as a hospital to move forward. We have also pledged to be honest by adhering to duty of candour and we continue to collaborate by attendance at shared meetings and implementing cooperate initiatives. Finally we have pledged to be supportive and have held staff events throughout the time period.

Workplace Well-being Charter

An action plan was developed with the CCG and the NHS Business partners. This included a workforce plan for flu vaccination. The hospitals target was 50% of all staff were vaccinated and we have achieved 52%. We were also asked to reduce staff sickness across the hospital which we had done by the end of this quarter.

Average Length of Stay NHS Hips and Knees

The hospital has submitted data surrounding our average length of stay at the end of each quarter. We have reduced our average length of stay for both procedures with our NHS patients however we did not quite meet the target set by the CCG. This is something that we will continue to improve over the next year.

We are currently awaiting confirmation of our last CQUIN submission. Going forward into the next year we look forward to having involvement from the Birmingham Cross City CCG from whom we receive the majority of our NHS patients.

Safeguarding

Safeguarding is about protecting people from abuse, prevent abuse from happening and making people aware of their rights. To enable us to do this better training has been enhanced and made available for staff and consultants within the hospital.

Adult abuse can happen to anyone over the age of 18 years of age and within BMI our staff are trained to adult safeguarding level 2, so they can identify, support and advise anyone who requires it.

Adult safeguarding level 3 is provided to senior members of the team to ensure that appropriate support can be provided to their staff in these situations.

Children and Young people abuse can happen to any person 18 years old or below and to ensure that that all children and young peoples are looked after appropriately all our clinical staff including consultants are trained to Level 3 children's safeguarding our other staff members are trained to level 2.

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

There have been two safeguarding incidents logged from October 2017 until 30th April 2018.

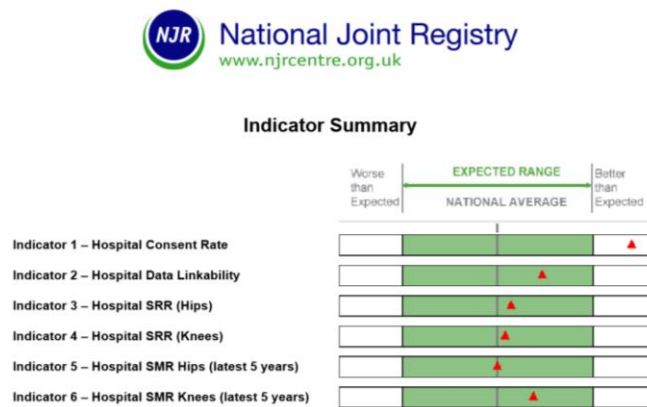
The first was a patient who disclosed to the pre-assessment team that they were being forced to have the procedure which they were booked in for by their mother. The patient was contacted and the Birmingham adult safeguarding board was also contacted. The patient's consultant was informed and the decision was made not to go ahead with the surgery until the safeguarding board had carried out their investigation.

The second incident was an inappropriate phone call made to one of our departments. The person on the phone disclosed intimate things about themselves and when they gave an address it was for a primary school. On advice from the Child Safeguarding Board the police were informed.

National Clinical Audits

National Joint Registry

BMI The Priory Hospital submits data to the National Joint Registry the chart below indicates the hospitals indicator summary for 2016-17. It is pleasing to see that the hospital has a better than expected indicator for the NJR consent rate. The hospital has re- formed links with the Regional NJR co-ordinator who has visited the hospital and during 2018 will work with the hospital team to raise awareness of the NJR amongst members of the clinical team.



Intensive Care National Audit & Research Centre.

The hospital is currently exploring reinstating its submission of data onto ICNARC, this is being led by the recently appointed Critical Care Manager.

Priorities for Service Development and Improvement

For the coming year, we have set new ambitions, whilst also making sure we build on the work already started.

Our priorities include

Continued focus on improving patient pathways and increased and enhanced service delivery for the following services:

- Cancer
- Children and Young People
- Diagnostic services
- Fertility Services

Improving patient satisfaction scores to consistently achieve greater than 80% with a particular focus on:

- Management of pain
- Responsiveness to nurse call
- Control of pain
- Discharge information

Improved levels of Early Warning Score documentation and escalation by developing staff skills in the Care of the Deteriorating Patient and via audit demonstrate greater than 90% compliance.

Improving staff engagement to include improving our staff survey response by 20%

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 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



Priory Hospital	Staff Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
61.00%	73.10%	73.18%	89.98%	50.44%

The Priory Hospital considers that this data is as described for the following reasons: During the last two years there have been a number of changes at the Senior Management Team level which has included 3 Executive Directors and two Directors of Clinical Services. In addition there have been a number of changes to the Heads of Department team.

This, alongside a high number of nursing vacancies, has unsettled the staff and potentially resulted in the low staff recommendation score.

There is now a new Executive Director and Director of Clinical Services. There has been a successful staff recruitment process and nurses have been / are in the process of being employed. Recruitment into Heads of Department roles have been successful and have provided a high calibre of leader to take the hospital forwards.

The Priory Hospital has taken the above actions to improve this percentage and so the quality of its services, by ensuring staff are fully informed of the plans for the hospital going forward, including consultation in terms of any decisions taken regarding their specific area.

The Priory Hospital has also employed a clinically based trainer in order to enhance and develop the skills of the hospital team.

Quality Indicators

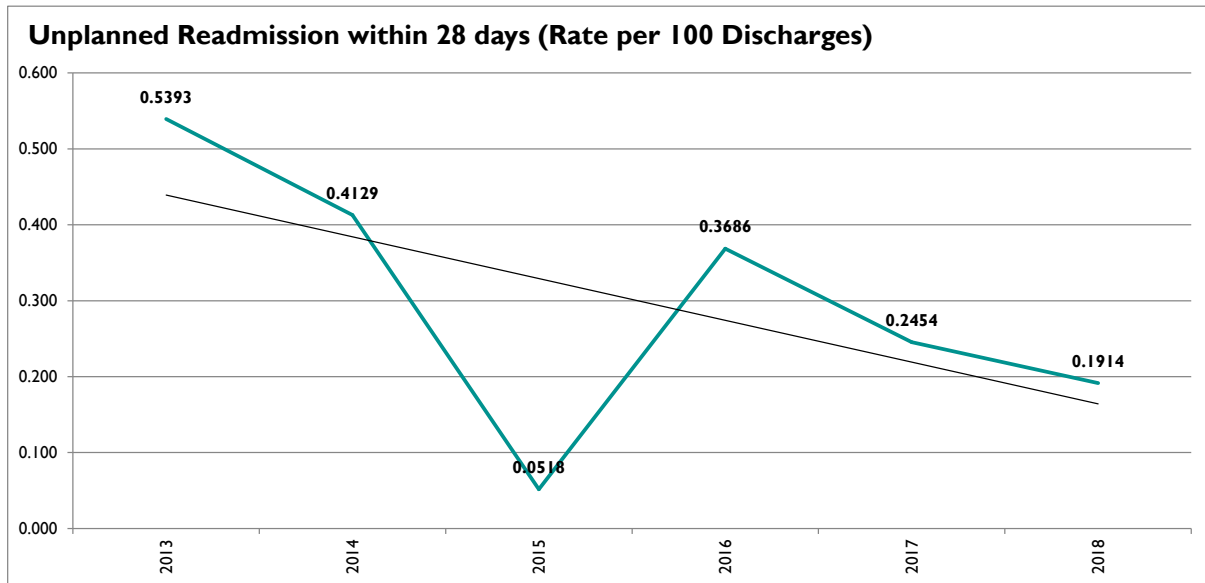
The below information provides an overview of the various Quality Indicators which form part of the annual Quality Accounts. Where relevant, information has been provided to explain any potential differences between the collection methods of BMI Healthcare and the NHS.

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.

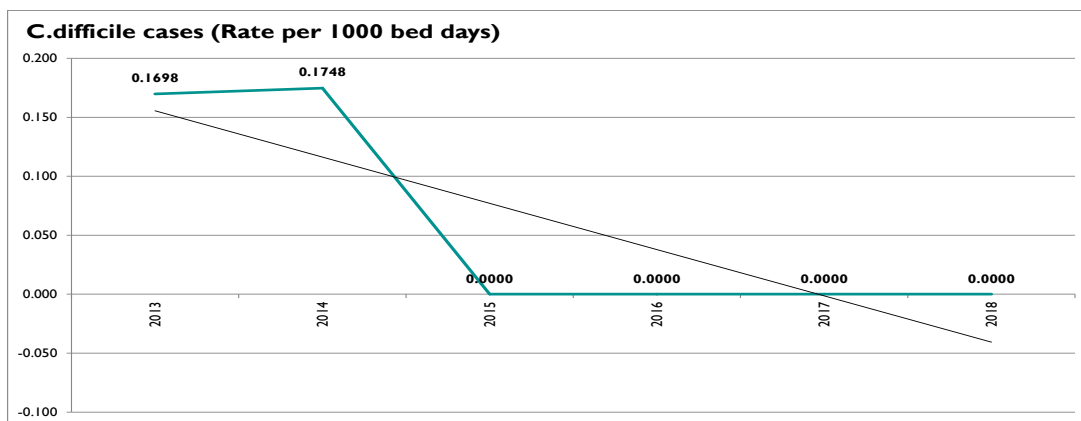
Re-Admissions within 28 Days of Discharge (Paediatric and Adult)



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

Re-admission rates have declined over the last two years as a result of better informing patients in terms of what to expect post discharge and in particular how and when to contact the hospital if they have concerns once at home. It is believed that by patient making contact sooner if they have any problems, these can be managed sooner by an early review with a resultant drop in the need for re-admission.

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



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

- There is a good understanding of infection control across the hospital due to on-going mandatory training for all staff with more detailed sessions, as already outlined above, for clinical staff.
- The hospital has private rooms and it is therefore easier to isolate patients should C.difficile be diagnosed

The Priory Hospital intends to take the following actions to maintain this score and so the quality of its services, by:

- Ensuring compliance with mandatory training for all staff
- Continuing with more in depth training for clinical staff

Hospitals responsiveness to the personal needs of its patients

Priory Hospital	Responsiveness			
2018	2017	National Average	Highest National Score	Lowest National Score
92.71%	92.04%	69.22%	78.00%	60.10%

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

- The main focus for the hospital is high quality care to meet the needs of all patients
- There is focus on learning from any issues highlighted by patients through, for example, complaints
- The delivery of customer care training as part of mandatory training
- Ensuring staff are aware of the need for focussing on patients as individuals via induction at both a hospital and departmental level

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

- Introducing an active listening group which is attended by members of staff, rather than departmental managers, across all departments.
- Complaints and complaint trends are discussed at the meeting as, on occasion, complaints also include indications of easy changes which will deliver an improved service
- Interdepartmental working is encouraged to give an overall improved result

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

Priory Hospital	VTE			
2018	2017	National Average	Highest National Score	Lowest National Score
100.00%	72.73%	95.77%	100.00%	81.60%

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

- There has been focus on training in the reason for and completion of assessments

The Priory Hospital has taken / will take the following actions to maintain this percentage, and so the quality of its services, by:

- Delivering training to the clinical team
- Increase training for Consultants in order that all are aware of and undertake sign off of the assessment

Patient Safety Incidents

Priory Hospital	Patient Safety Incidents (Rate per 1000 Bed Days)			
	2018	2017	National Average	Highest National Score
112.944	95.038	43.292	149.700	11.200

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

- There is an excellent history of incident reporting
- The hospital operates a rigorous 'no blame' culture
- Sharing learning from trends / individual incidents

The Priory Hospital has taken the following actions to maintain this rate of reporting and so the quality of its services, by:

- Ensuring all reporters receive feedback following investigation of incidents
- Sharing the data in terms of trends
- Ensuring openness in terms of adverse events across all areas, e.g. sharing of the report prepared for the Clinical Governance Committee

Patient Recommendation Results

Priory Hospital	Patient Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
94.14%	98.13%	97.07%	100.00%	75.61%

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

- A delay in recruitment of nursing staff in light of a national shortage
- Utilising more agency staff to ensure that patients are safely managed through their journey

The Priory Hospital intends to take the following actions to improve this percentage, and so the quality of its services, by:

- Completing the recruitment process for new starters in the most efficient way possible
- Sharing the goals for the hospital so that all staff are aware of the need to provide the highest quality, patient centred care at all times

BMI The Priory Hospital
Priory Road, Edgbaston, Birmingham, B5 7UG
T 0121 440 2323 F 0121 440 0804



Elaine Collins,
Director of Clinical Services.
BMI The Priory Hospital,
Priory Rd,
Edgbaston,
Birmingham.
B5 7UG

29th May, 2018

Dear Elaine,

Please see the following response from NHS Worcestershire Clinical Commissioning Groups, with regard to your Draft Quality Account 2017/2018.

A significant component of the work undertaken by NHS Worcestershire Clinical Commissioning Groups (RBCCG, SWCCG and WFCCG) includes the quality assurance of services provided for the population of Worcestershire that are all or part funded by the NHS. This includes steps to assure the public that the content of this Quality Account is an accurate reflection of the quality of services provided by BMI The Priory Hospital.

The CCGs continues to receive quarterly data in alignment with an agreed annual Quality Schedule for the receipt of reports. This is in addition to engaging in Quality Assurance 'walk through' visits, Contract and Quality Review meetings with BMI Hospital Group, on an annual basis and attendance at the Contract Monitoring Board for BMI. The CCGs are therefore in a good position to confirm that, as far as it is possible, the content presented in this Quality Account appears accurate.

The Quality Account for 2017/18 indicates what success looks like for the areas selected as improvement priorities throughout the document. It was positive to see the inclusion of the new Highbury Centre-Cancer Care which opened in July 2017 providing excellent care for patients in either an inpatient or outpatient setting, overseen by trained oncology nurses in a purpose built centre. Also the new Diagnostic and Imaging Centre which will provide patients and clinicians access to a wider range of scans including cardiac CT at much lower radiation doses which is positive for patient safety.

It was noted the inclusion of the process for "Learning from Deaths" in this report.

The CCGs considers the BMI Priory Quality Account for 2017-18 to be a balanced and fair report that reflects the high quality of services delivered. You have identified areas of quality and service improvement within the report.

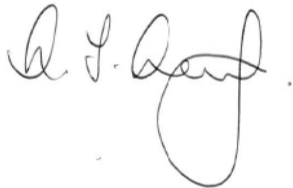
However we have noted some areas within the report for the hospital to consider:

- Referencing the Worcestershire CCG Announced Quality Assurance visit in 2017.
- Priorities for Service Development and Improvement are noted however what is not reflected is whether there are clear measurable outcomes for these areas and what they will be.

I hope this feedback is helpful and the CCGs continues to wish the team at BMI The Priory Hospital every success in continuing to deliver highly valued and well respected services for the local people of Worcestershire.

Please do not hesitate to contact me if you wish to discuss any points raised and I will await a copy of your final report.

Regards

A handwritten signature in black ink, appearing to read 'L. J. Levy', with a large loop at the end of the name.

Lisa Levy

Executive Nurse/Director of Quality
NHS South Worcestershire Clinical Commissioning Group
NHS Redditch & Bromsgrove Clinical Commissioning Group
NHS Wyre Forest Clinical Commissioning Group