



The Ridgeway
Hospital

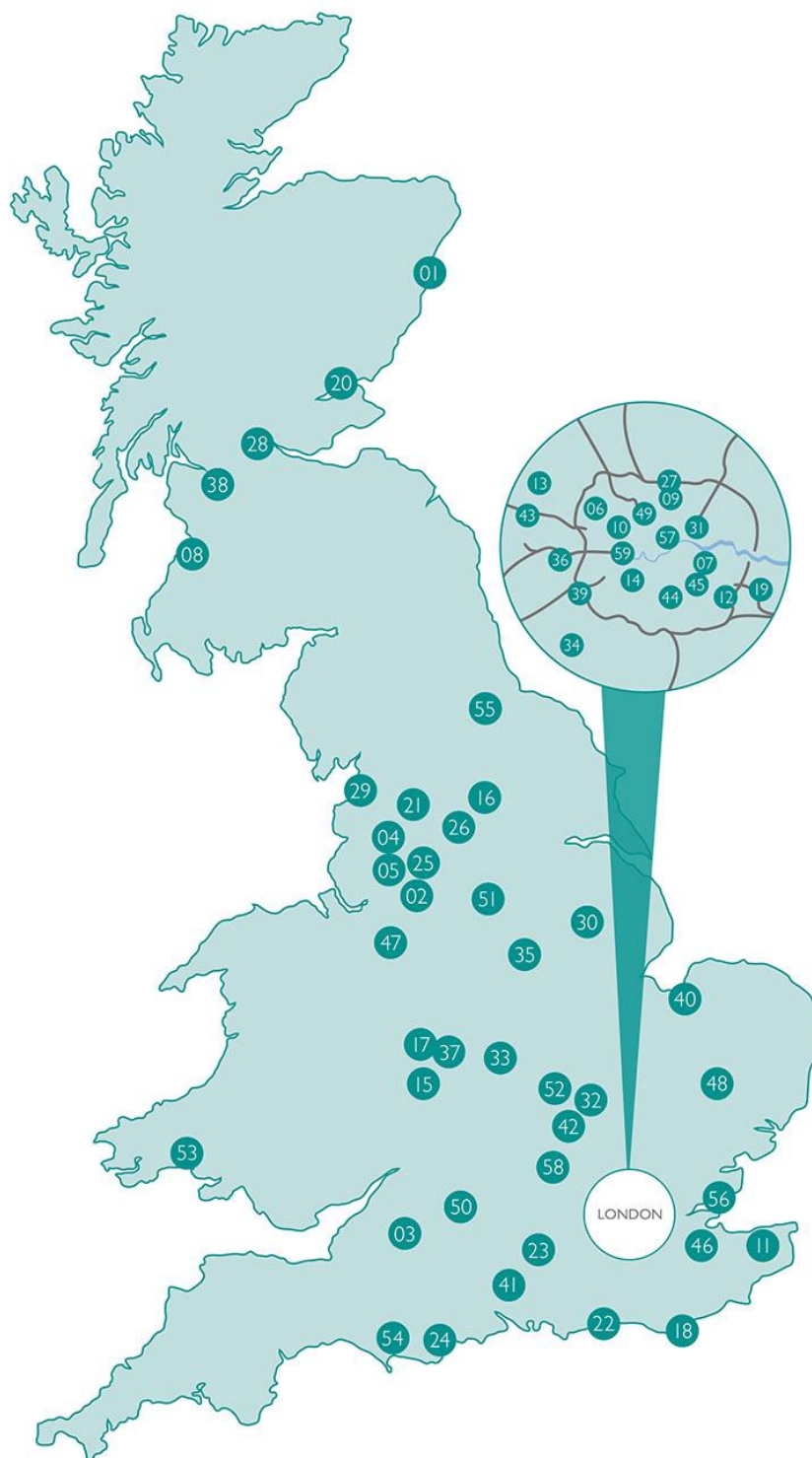
QUALITY ACCOUNTS 2018

Contents

Our network of hospitals	3
Group Chief Executive’s Statement	4
Hospital Information	6
Safety	9
Patient Led Assessment of the Care Environment (PLACE)	13
Duty of Candour.....	14
Venous Thrombo-embolism (VTE).....	15
Patient Reported Outcome Measures (PROMS)	17
Learnings from Deaths.....	19
Patient Experience	19
Patient Satisfaction	21
Complaints.....	23
CQUINS.....	24
Safeguarding	25
National Clinical Audits	26
Priorities for Service Development and Improvement	28
Safety Thermometer	29
Staff Survey & Staff Safety Culture Questionnaire.....	29
Freedom to Speak Up Guardian	Error! Bookmark not defined.
Staff Recommendation Results	30
Quality Indicators.....	31
Patient Recommendation Results	33

Our network of hospitals

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



Group Chief Executive's Statement



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

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

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

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

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

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

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

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

From a corporate and governance point of view, we have rationalised and refocused our committees at both a business and a hospital level, giving each clear areas of responsibility and providing a line of sight between head office and hospital. We continue to adopt an integrated audit approach, so that we can maintain a holistic overview of how hospitals and teams are performing against agreed standards and procedures.

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

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

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

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

Dr Karen Prins

Hospital Information



The Ridgeway Hospital provides extensive surgical and medical services for inpatients, day patients and outpatients. The Ridgeway Hospital aims to meet the health care needs of the community and consults adult patients of all ages.

Consultants from a wide range of specialties base their practice at The Ridgeway Hospital. They are supported by a Resident Medical Officer on site 24 hours a day.

The Hospital has 50 beds consisting of 40 single rooms, 3 double rooms and 4 bedded Oncology Suite. All rooms have en-suite facilities, satellite television and telephone. Single rooms are important in helping to maintain the privacy and dignity of patients, however regular contact with friends and family is even more important when in hospital; to help facilitate contact visitors are welcome at all times between the hours of 8am and 10pm.

The Ridgeway has three operating theatres, one of which has a Stryker Navigation Suite which is an integrated computer assisted surgery solution. The outpatient facilities consist of 12 consulting rooms and 2 treatment rooms. The physiotherapy department contains a further 6 outpatient treatment rooms, a hydrotherapy pool and a gymnasium. Our imaging department offers x-ray, ultrasound, MRI, CT (operated by a third party) and digital mammography services. The Ridgeway Hospital has a pathology laboratory onsite operated by a third party.

NHS patients represented 48% of the Hospitals overall work. The main specialties treated were Orthopaedics, General Surgery, Ophthalmology, Gynaecology, Ear Nose and Throat and Urology.

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

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

These regulatory bodies carry out inspections of our hospitals periodically to ensure a maintained The CQC carried out an unannounced inspection at The Ridgeway Hospital on 19th, 20th and 29th April 2016 and found

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

On the 19th, 20th and 28th March 2018 the CQC performed an unannounced inspection at BMI The Ridgeway Hospital using their new way of inspecting services. The CQC have advised they will publish a report when their check is complete.

The Ridgeway 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 (IPC) continues under the leadership of the Group Head of Infection Prevention and Control, in liaison with the IPC Lead Nurse at The Ridgeway 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:

- MRSA bacteraemia cases 0/100,000 bed days
- MSSA bacteraemia cases 0/100,000 bed days
- E.coli bacteraemia cases 0/100,000 bed days
- Zero cases of hospital apportioned Clostridium difficile in the last 12 months.

Surgical Site Infection data is also submitted to Public Health England for Orthopaedic surgical procedures. Our rates of infection are; 0% Hip replacement 1.3% Knee replacement (two infections)

During the year the following notable audits were undertaken:

Department	Audit	Comment/Action	Score
Outpatients	Hand hygiene observation		90%
Theatre		Hospital IPC Lead Has undertaken assurance audits and visit to the theatre complex. Hand hygiene compliance updates included on theatre CG afternoon agenda.	68%
Physiotherapy			92%
Day Care/Endoscopy			99%
In Patient Ward		IPC Link role has been re-allocated to a senior staff nurse with additional support from the hospital IPC Lead Nurse	62%
Oncology			94%
Imaging			99%
Outpatients	Standard Precautions		97%
Theatre			90%
Day Care/Endoscopy			96%
In Patient Ward			81%
Imaging			100%
Oncology			100%

The Hospital performance for High Impact Intervention Care Bundles is demonstrated below:

Care Bundle	Comments/Actions	Score
Peripheral line insertion	Non-compliance with Hand hygiene standard	90%
Peripheral line ongoing care	Hand hygiene compliance related to glove use was identified as the reason compliance was scored so low. Remedial education sessions have been presented by IPC Lead Nurse at ward meetings.	35%
Urinary catheter insertion	Non-compliance with Hand	82%

	hygiene standard Hand hygiene compliance updates included on theatre CG afternoon agenda.	
Urinary catheter ongoing care	Hand hygiene compliance related to glove use was identified as the reason compliance was scored so low. Remedial education sessions have been presented by IPC Lead Nurse at ward meetings	47%

This year the Infection Prevention and Control Lead Nurse and Theatre IPC Link Nurse implemented the “OneTogether” assessment tool in order to facilitate improvements around Infection Prevention and Control practice across the surgical pathway. Action plans were implemented to improve practice in any non-compliant areas. Examples of the assessments are shown below:

June 2017



MENU
Home
Hospital Information
About OneTogether
Assessment Guide
Instruction Summary

Assessment Selection:

1.1 Patient Washing 87.50%	1.2 Hair removal 90.00%	1.3 Skin disinfection 87.50%	1.4 Preventing skin recolonisation 100.00%	2 Prophylactic antibiotics 100.00%
3.1 Warming intravenous and irrigation fluids 90.00%	3.2 Perioperative warming, pre-operative 95.83%	3.3 Perioperative warming, intra-operative 89.29%	3.4 Perioperative warming, post-operative 100.00%	4.1 Maintaining asepsis – surgical practice 93.75%
4.2 Maintaining asepsis – instrument management 100.00%	5 Surgical environment 95.00%	6 Wound management 87.50%	7 Surveillance of Surgical Site Infection (SSI) 100.00%	Overall Compliance Score 94.40%

September 2017



MENU
Home
Hospital Information
About OneTogether
Assessment Guide
Instruction Summary

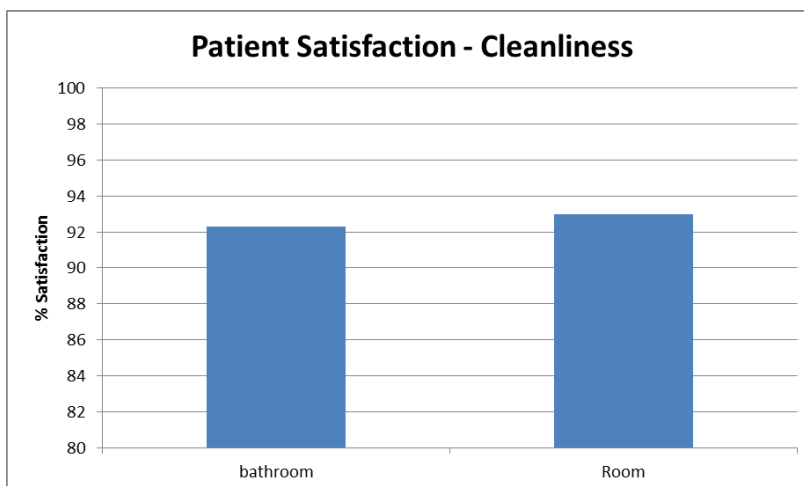
Assessment Selection:

1.1 Patient Washing 93.75%	1.2 Hair removal 100.00%	1.3 Skin disinfection 100.00%	1.4 Preventing skin recolonisation 100.00%	2 Prophylactic antibiotics 100.00%
3.1 Warming intravenous and irrigation fluids 100.00%	3.2 Perioperative warming, pre-operative 100.00%	3.3 Perioperative warming, intra-operative 100.00%	3.4 Perioperative warming, post-operative 100.00%	4.1 Maintaining asepsis – surgical practice 100.00%
4.2 Maintaining asepsis – instrument management 100.00%	5 Surgical environment 65.00%	6 Wound management 81.25%	7 Surveillance of Surgical Site Infection (SSI) 91.67%	Overall Compliance Score 95.00%

In March 2018 BMI Healthcare introduced a Self-Assessment programme of audit which includes key IPC areas of practice; Cleanliness of Patient Care Equipment, Standard Precautions, Theatre Asepsis/SSI Prevention, Hand Hygiene and Superior Patient Care/Theatre. Self-Assessment Tools for Indwelling Urinary Catheters and Intravascular Devices are also due to be implemented. Heads of Department (HoD) are directly responsible for ensuring Self Assessments are completed and action plans implemented to improve practice in areas of non-compliance is found, ensuring optimum IPC practices are embedded into all care provided to our patients.

During the coming year the hospital IPC Lead Nurse will be undertaking a programme of education and development of the IPC Links and supporting HoD to implement the Self-Assessment audit programme; the OneTogether Assessment in theatres will also continue.

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



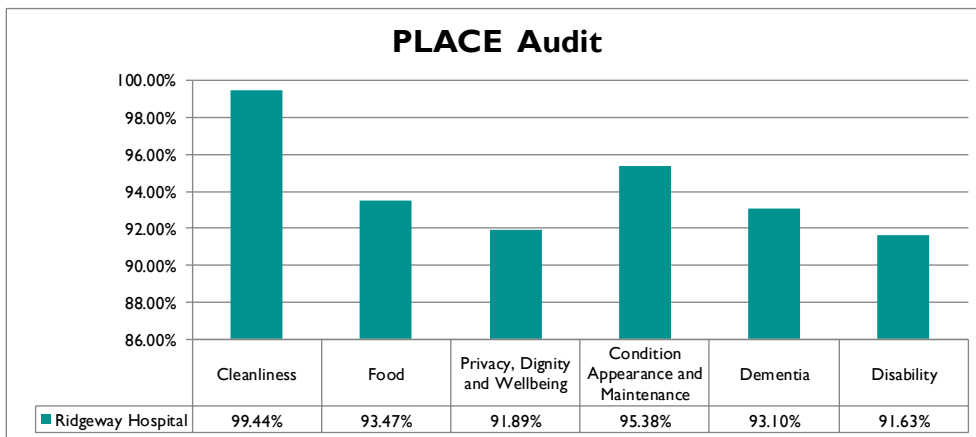
Patient Led Assessment of the Care Environment (PLACE)

At BMI Healthcare, we believe a patient should be cared for with compassion and dignity in a clean, safe environment. Where standards fall short, they should be able to draw it to the attention of managers and hold the service to account. PLACE assessments will provide motivation for improvement by providing a clear message, directly from patients, about how the environment or services might be enhanced.

Since 2013, PLACE has been used for assessing the quality of the patient environment, replacing the old Patient Environment Action Team (PEAT) inspections.

The assessments involve patients and staff who assess the hospital and how the environment supports patient’s privacy and dignity, food, cleanliness and general building maintenance. It focuses entirely on the care environment and does not cover clinical care provision or how well staff are doing their job.

The results will show how hospitals are performing nationally and locally.



The key opportunity for improvement at The Ridgeway Hospital that addressed Dementia was making final modifications to our dementia friendly bedroom and en-suite, including the introduction of a coloured raised toilet seat, displaying signage on doors noting their use, painting the toilet door and providing coloured toilet paper. We also plan to make our disabled toilet dementia friendly using the same standard applied to our dementia friendly bedroom and en-suite.

Minimal improvements were required within the Food category; full fat milk and fruit are made available when requested, and the overnight food provision has been formally implemented.

Negating use of our double rooms for multiple occupancy has resulted in no improvement required within the Privacy, Dignity and Wellbeing category, as bedside curtains are no longer required.

The audit did identify issues with a lack of handrails and seating in corridors (disability), as well as the patients perception that our décor in the management corridor to be drab, thus perceived as unclean (Cleanliness). The Senior Management Team have assessed both of these aspects and do not feel that corrective action is necessary at this time.

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.

BMI The Ridgeway Hospital had four occasions where Duty of Candour was applied:

1. In August 2017 a patient was admitted to BMI The Ridgeway Hospital for Left Inguinal Hernia Surgery and an ilio-inguinal block was performed to the incorrect side.

The lesson learnt was that 'Stop Before You Block' must occur in all instances where regional block is planned; this has been applied.

2. Patient had post refraction surprise, following right phaco and implant. Our investigation concluded that the pre-operative measurements were correct and a correct lens had been inserted however, the lens position in the eye required adjustment; this was subsequently performed.

No lesson learnt in this instance as informed consent was obtained

3. Whilst receiving hydrotherapy a patient collapsed and was submerged under water in the hydrotherapy pool. Whilst transferring the patient the patients finger got caught between the emergency board and pool edge, resulting in it being cut.

The Hydrotherapy Team are trained to use the Keiffer Board and it has been stressed that no other hospital staff are to support when this equipment is used. A subsequent emergency scenario demonstrated that this learning had been applied.

4. Following incision for a repair of recurrent right inguinal hernia the Surgeon identified the presence of adhesions; due to this complication the vas-deferen was divided. The Surgeon repaired the vas-deferen immediately as a Consultant Urologist was not available to support.

No lesson learnt in this instance as the presence of adhesions was not apparent prior to incision.

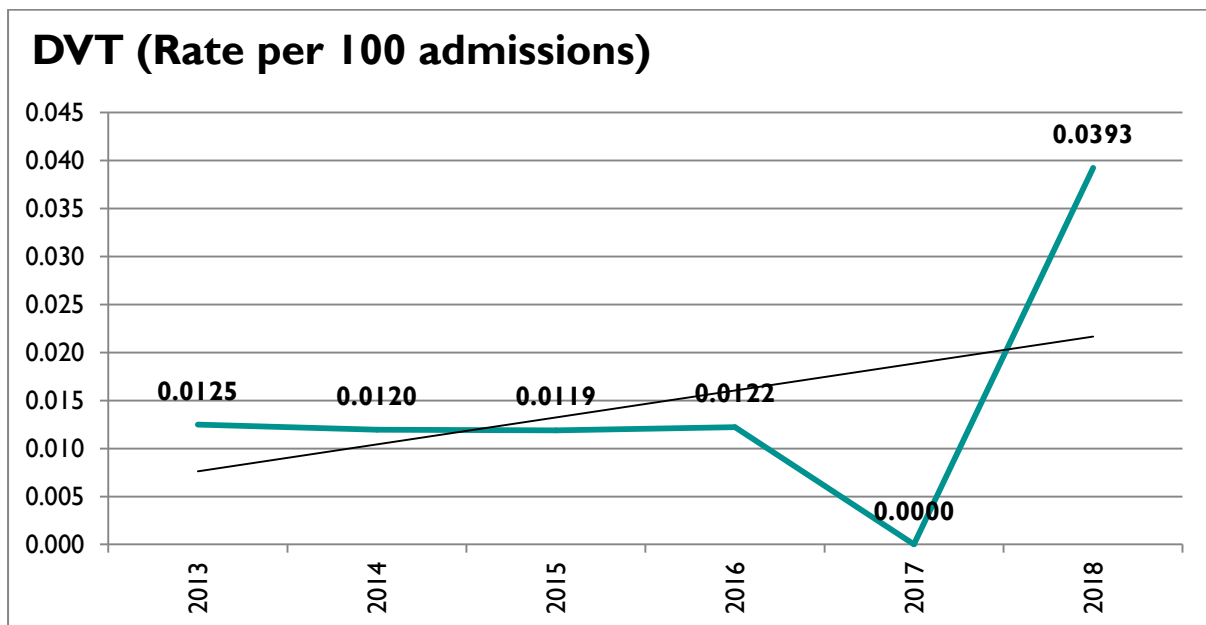
Venous Thrombo-embolism (VTE)

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

VTE Percentage	
VTE	96.50%

The Ridgeway 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. .

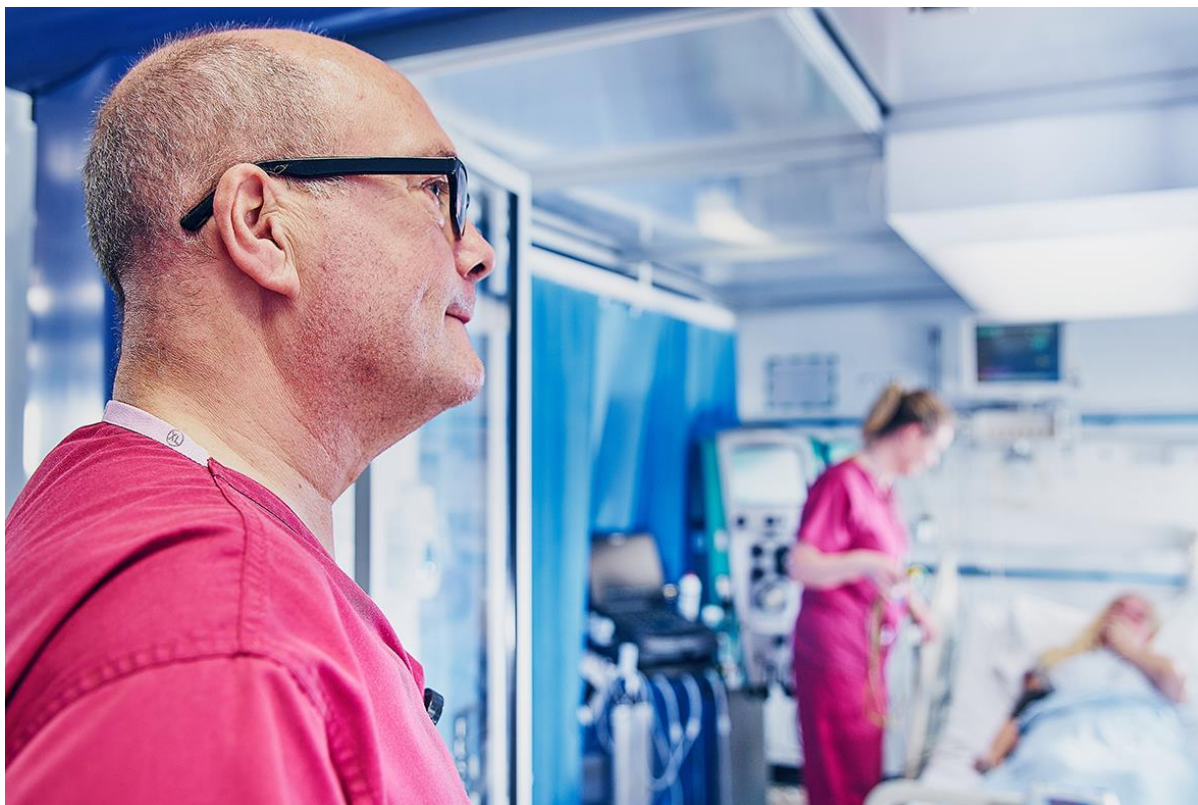


There were three VTE/DVTs reported by The Ridgeway Hospital during the year:

- I. An Oncology patient developed DVT in the Subclavian Vein. It was concluded that this was not avoidable. .

The lesson learnt here was that all discharge letters were to contain information provision in respect of VTE prevention and all patients to be assessed on admission and post operatively for risk of VTE.

2. A patient was diagnosed with a DVT post discharge. Mechanical prophylaxis was indicated and given. Pharmaceutical prophylaxis was indicated due to patient being assessed as high risk, however the clinical decision by both the Surgeon and Anaesthetist was not to prescribe due to a pre-existing condition.
3. Patient reported swelling to PICC line arm extending to neck and a DVT was subsequently confirmed. The patients pre-existing condition resulted in preventative anticoagulants not being given.

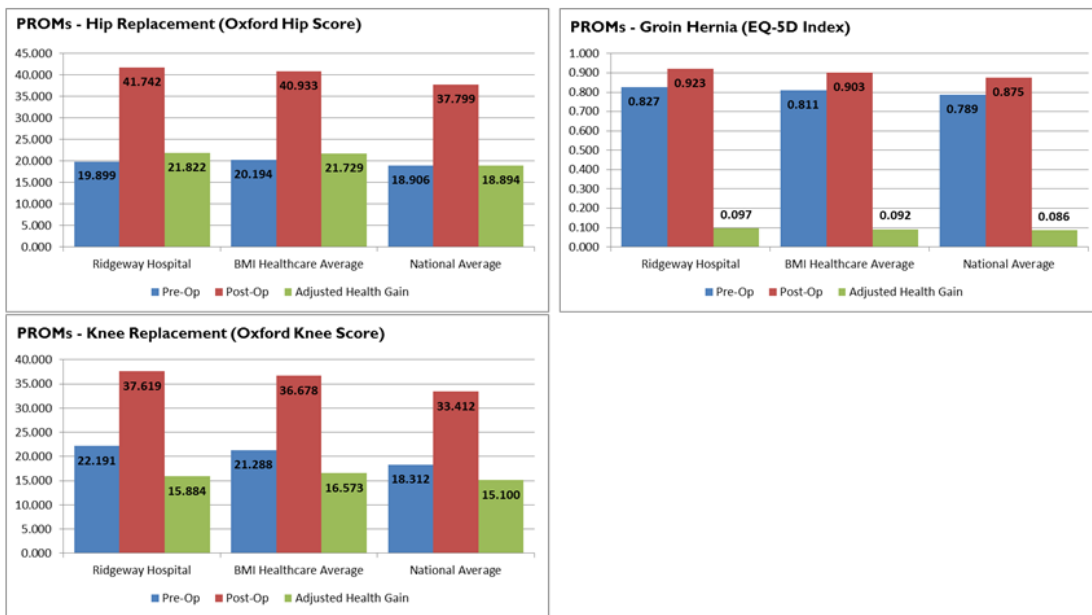


Patient Reported Outcome Measures (PROMS)

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.

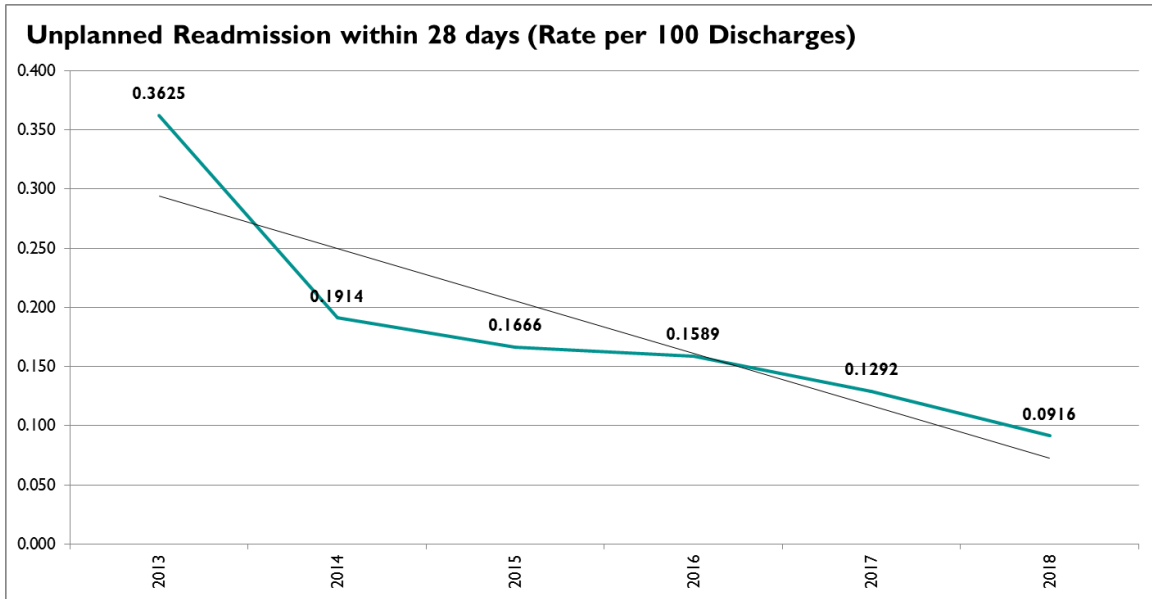
For the current reporting period, the tables below demonstrate that the health gain between Questionnaire 1 (Pre-Operative) and Questionnaire 2 (Post-Operative) for patients undergoing hip replacement and knee replacement at The Ridgeway Hospital. The Ridgeway Hospital performance for adjusted health gain is above the national average in all areas.

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

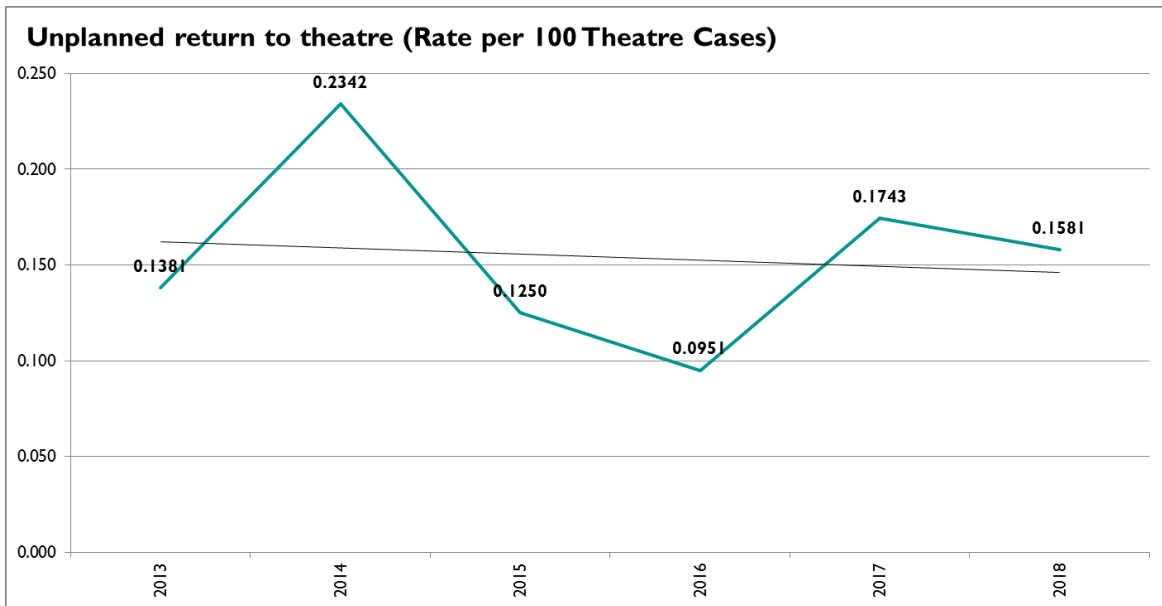


Unplanned Readmissions & Unplanned Returns to Theatre

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



The Ridgeway Hospital continues to see a decline in the number of patients experiencing an unplanned readmission within 28 days. 7 unplanned readmissions were reported within the Orthopaedic, Ophthalmology, ENT, Gynaecology and Urology specialities; no re-admissions were reported for the remaining specialities. No themes or trends were evident during the reporting year.



The Ridgeway Hospital notes a decline in the number of unplanned returns to theatre against the previous year. There were 11 unplanned returns to theatre during the reporting period for Orthopaedic, General Surgery, Ophthalmology, Urology and Gynaecology specialities; no returns were reported for the remaining specialities. No themes or trends were evident during the reporting year.

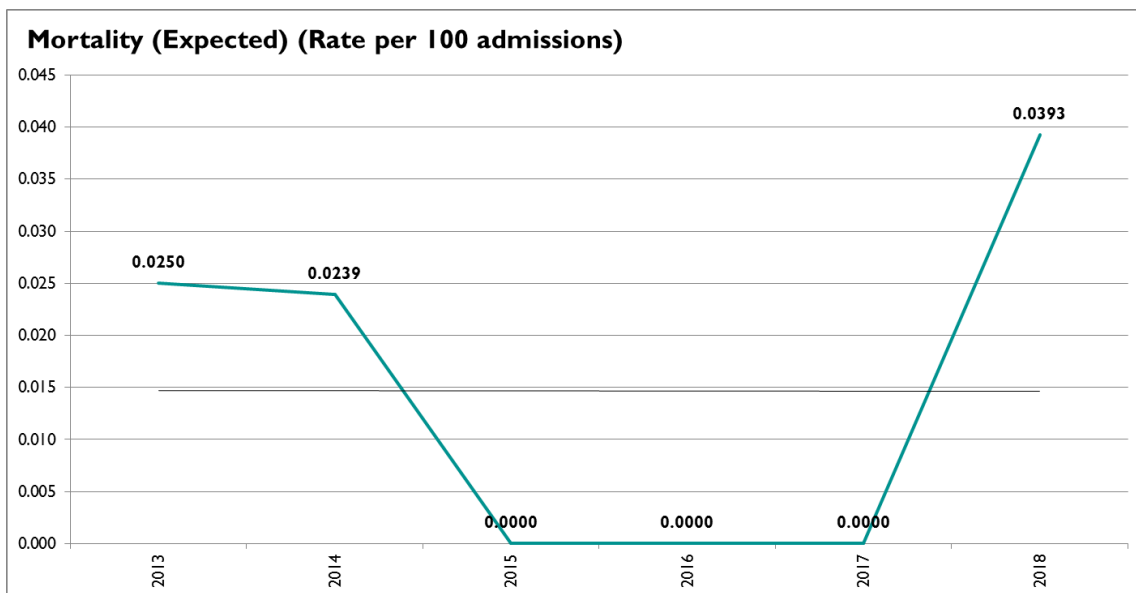
Learnings from Deaths

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.

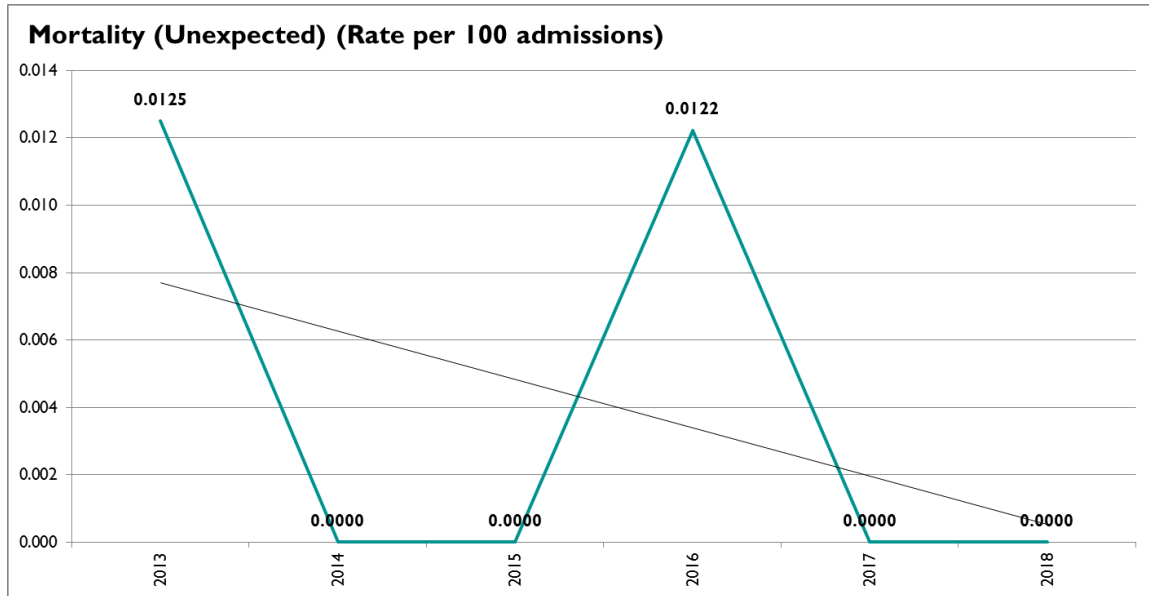
The Care Quality Commission (CQC) conducted a review in December 2016. This found that some providers were not sufficiently prioritising the learnings from deaths, and as a result, opportunities were being missed to identify and improve upon quality of care. This review was discussed by BMI Healthcare 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.



All care delivery was appropriate for the two expected deaths during the reporting period.



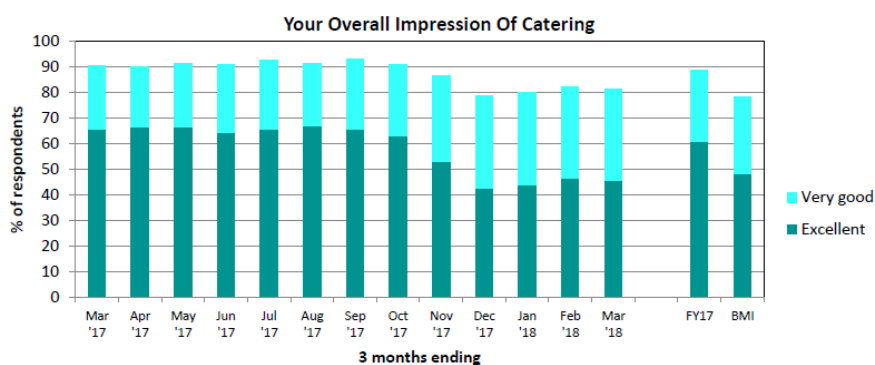
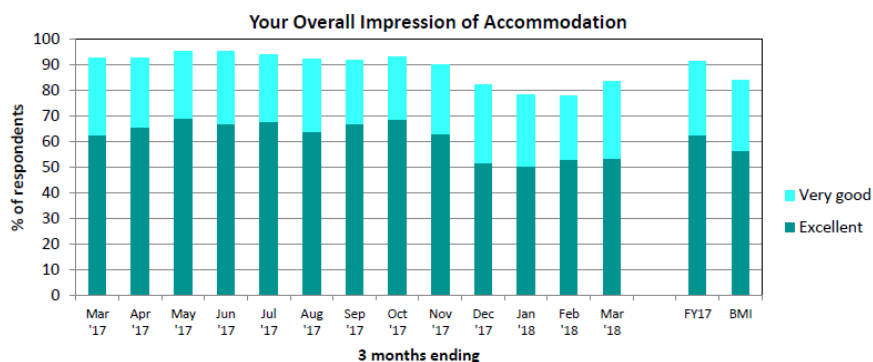
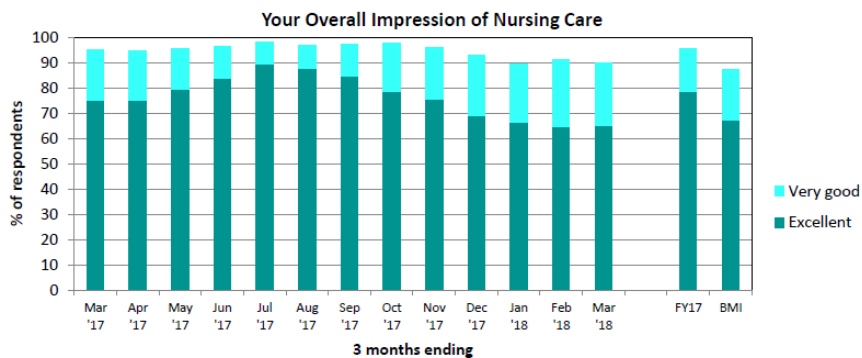
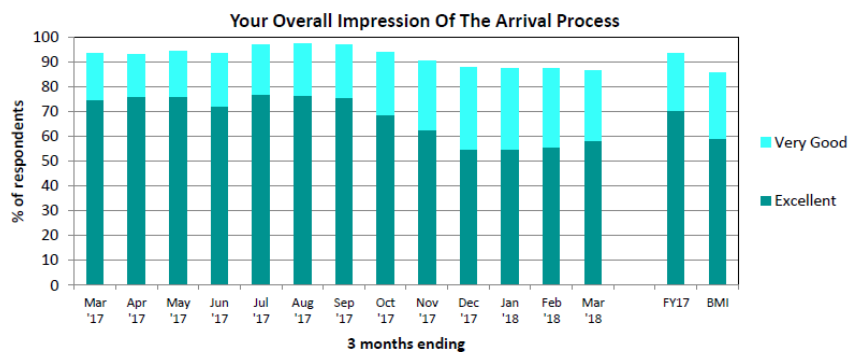
Patient Experience

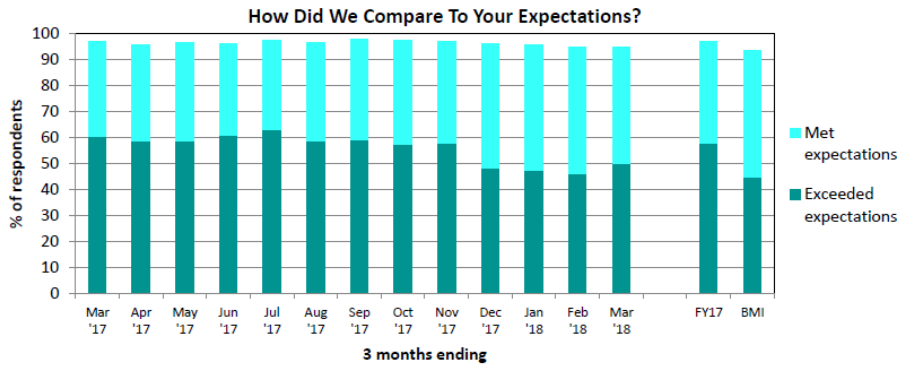
Patient Satisfaction



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.

During the reporting period unfortunately BMI Healthcare elected, on third party advice, to move to a purely electronic satisfaction survey which significantly reduced the volume of feedback received from our patients. It is felt that the significant reduction in responses has impacted on our performance since removing paper questionnaires from use in September 2017; there is a wide base of evidence that a low response rate results in a negative bias. The Ridgeway Hospital is pleased to see its performance for the full year is above the average for BMI Healthcare as a whole.





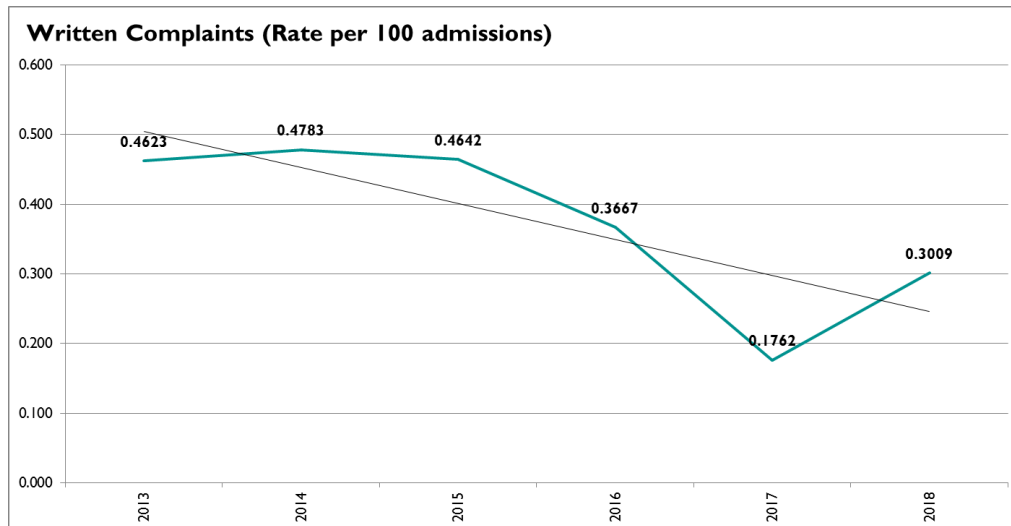
Complaints

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

Stage 1: Hospital resolution

Stage 2: Corporate resolution

Stage 3: Patients can refer their complaint to Independent Adjudication if they are not satisfied with the outcome at the other 2 stages.



The chart above is reflective of the 22 written complaints received during the reporting period. The complaint categories were as follows:

Category	Volume of Complaints
Clinical Care/Treatment	9
Financial Process	2
Communication	3
Consultant	3
Patient Rights	1
Discharge and Transfer	2
Catering	1
Access and Timing	1

Within the clinical care/treatment category one theme has been identified relating to ‘nursing care’. The concerns of each patient were investigated, including obtaining statements from staff involved, however no consistent factors have been established.

CQUINS

The Ridgeway Hospital agreed CQUINs for the reporting period were:

1a Improving staff health and wellbeing- progress report on agreed work plan

The Ridgeway Hospital has performed two self-assessments against the Well Being Charter and actions have been identified where standards were not achieved. Three examples of this are staff membership deal with local hotel/gymnasium, nutritional values displayed for cold food options within the staff dining room, sickness absence statistics reviewed by Senior Management Team for trend monitoring which facilitates the introduction of preventative programmes.

2 Actual performance of services received through e-RS and evidence polling ranges match or exceed waits for paper referrals

The reporting year ended positively with the ‘Sufficient Appointment Slot’ below the target of 4. The Ridgeway Hospital ended the reporting period accepting only electronic referrals.

3a to 3e Performance against the assessment of patients with risky behaviours and the measures put in place to manage these where identified

The volume of inpatients screened for their smoking status began at 84% the year and ended at 100%. Only 7% of the patients screened were identified to be smokers. However only 28% of the smokers were given an ‘Advice Message’ to encourage them to stop smoking or seek further support. This will continue to be our focus for 2019.

The volume of patients screened for their alcohol consumption status remained fairly consistent throughout the reporting period, with an average of 98% of inpatients being questioned. 5% of inpatients screened were identified to be above the lower risk level and 50% of these patients were given a ‘advice message’ to encourage them to seek further support.

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.

Only one incident was logged during the reporting period whereby a gentleman arrived at The Ridgeway Hospital in a state of agitation and seemingly very confused, unaware of his surroundings and what to do next. He was not expected at the hospital. The gentleman was confused and unable to provide the hospital with next of kin contact telephone numbers or details of their GP therefore the hospital team contacted the out-of-hours Social Services Care Team and, with their advice, the gentleman was provided with a taxi to return home.

During the reporting period we did receive a complaint whereby the patient elected that they 'May as well kill myself'. The Ridgeway Hospital immediately contacted the patients General Practitioner who confirmed they were content that the patient was not at risk, but we were thanked for contacting them.

National Clinical Audits

BMI The Ridgeway Hospital was eligible to participate in National Joint Registry audit and all joint replacements are submitted to this.

Source: National Joint Registry Annual Clinical Report BMI The Ridgeway Hospital for the financial year 2016/17

Indicator 1 – Hospital Consent Rate

	2014/2015	2015/2016	2016/2017
BMI The Ridgeway Hospital	97.65%	99.08%	97.21%
BMI Healthcare Group	95.27%	95.21%	93.45%
National	93.72%	93.41%	93.03%

Indicator 2 – Hospital Data Linkability

	2014/2015	2015/2016	2016/2017
BMI The Ridgeway Hospital	97.87%	97.94%	95.71%
BMI Healthcare Group	96.18%	94.84%	94.18%
National	95.85%	95.52%	95.49%

Indicator 3 –Ankle Replacement Data

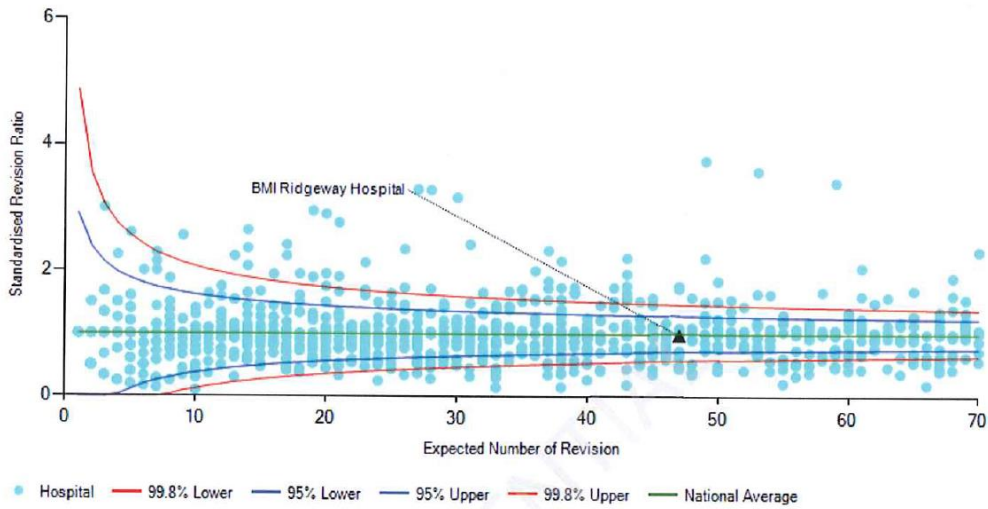
	Revision rate @ 1 year	Revision rate @ 3 years	Revision rate @ 5 years
BMI The Ridgeway Hospital	16.67% (6 linkable cases with 1 revision)	25% (4 linkable cases with 1 revision)	0%
BMI Healthcare Group	1.37%	3.96%	7.69%
Whole NJR	0.8%	3.47%	4.86%

Indicator 4 –Shoulder Replacement Data

	Revision rate @ 1 year	Revision rate @ 3 years
BMI The Ridgeway Hospital	0%	0%
BMI Healthcare Group	0.39%	3.77%
Whole NJR	1.2%	3.31%

Indicator 5 –Hip Replacements Data

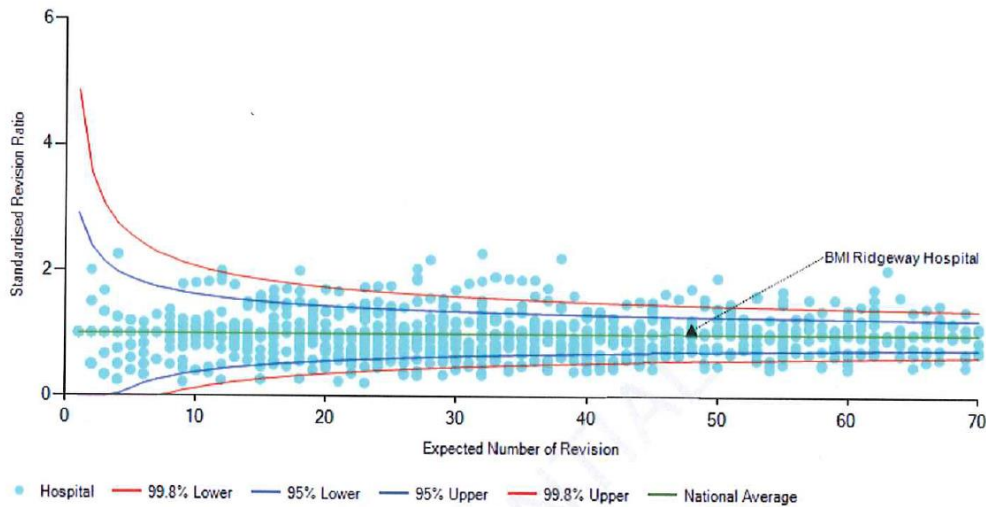
(ii) Hospital SRR - All Hips



This shows The Ridgeway Hospital within the 95% quartile

Indicator 6 –Knee Replacement Data

(iv) Hospital SRR - All Knees



This shows The Ridgeway Hospital within the 95% quartile

During the reporting period The Ridgeway Hospital submitted data to National Confidential Enquiry into Patient Outcome and Death (NCEPOD) in respect of their Peri-operative Management of Surgical Patients with Diabetes study. We are awaiting their report findings.

Priorities for Service Development and Improvement

- To replace all carpets in patient bedrooms with wipeable flooring
- To replace all current non-compliant clinical handwash sinks
- Revised Ward layout to allow improved Ambulatory Care patient pathway
- To continue with upgrade from computerized radiography to digital radiography

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



2018	2017	National Average	Highest National Score	Lowest National Score
81.00%	93.55%	73.18%	89.98%	50.44%

The staff survey asked staff 'who would recommend BMI and its services' and The Ridgeway Hospital performance from 2017 to 2018 declined in this area, however remained above the national average. The survey was performed at a time that many changes were being made within the hospital, particularly relating to staffing, and the management of these negatively impacted on staff satisfaction. The Senior Management Team have taken steps to move forward from this position and the initial feedback from a recent unannounced CQC inspection confirmed that the staff are acknowledging the 'Then and Now' in a positive way.

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)

Ridgeway 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
Ridgeway Hospital	Re-Admissions (Aged 16+)			
2018	2017	National Average	Highest National Score	Lowest National Score
2.463	3.080	10.010	41.650	0.000

The Ridgeway Hospital does not perform surgical procedures on patients aged 15 years and below, hence the 0% readmission rate. In terms of the patients aged 16 years and above, The Ridgeway Hospital is well below the national average and no trends have been identified when investigating each individual incident.

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

Ridgeway 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 Ridgeway Hospital is equal to the lowest national score therefore no action is required to improve this.

Hospitals responsiveness to the personal needs of its patients

Ridgeway Hospital	Responsiveness			
2018	2017	National Average	Highest National Score	Lowest National Score
92.42%	92.92%	69.22%	78.00%	60.10%

The Ridgeway Hospital is well above the highest national score therefore no action is required to improve this however we will continue to improve the response rates for our patient satisfaction questionnaires.

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

Ridgeway Hospital	VTE			
2018	2017	National Average	Highest National Score	Lowest National Score
96.50%	76.27%	95.77%	100.00%	81.60%

The Ridgeway Hospital is above the national average for VTE risk assessments. Where shortfalls are identified with the completion of risk assessments on admission or following surgery these will continue to be discussed with individual members of staff to ensure learning is applied.

Patient Safety Incidents

Ridgeway Hospital	Patient Safety Incidents (Rate per 1000 Bed Days)			
2018	2017	National Average	Highest National Score	Lowest National Score
132.301	85.410	43.292	149.700	11.200

The Ridgeway Hospital recognises it is well above the national average however we pride ourselves on our good governance structure which includes the reporting of incidents and near misses, leading to the higher rate.

Ridgeway Hospital	Patient Safety Incidents (Count)			
2018	2017	National Average	Highest National Score	Lowest National Score
376	305	3908	14506	31

Of the 376 incidents reported during 2018 we can confirm 63 were related to patients who were initially admitted as a Day Case but experienced an overnight stay due to varying clinical reasons; this reflects how patient safety remains our priority.

Patient Recommendation Results

Ridgeway Hospital	Patient Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
96.79%	98.83%	97.07%	100.00%	75.61%

The Ridgeway Hospital will continue to improve the response rates for our patient satisfaction questionnaires as the decline during the reporting period is reflective of the reduction in recommendations from 2017 to 2018.

BMI The Ridgeway Hospital
Moormead Road, Wroughton, Swindon, Wiltshire, SN4 9DD
T 01793 814848 F 01793 814852

Statement from Swindon Clinical Commissioning Group and Wiltshire Clinical Commissioning Group on BMI The Ridgeway Hospital Quality Account for 2017-18.

Swindon Clinical Commissioning Group (CCG) has reviewed the information provided by the BMI Ridgeway Hospital in the 2017-2018 Quality Account collaboratively with Wiltshire CCG, in line with the co-ordinating commissioner contractual arrangements. In so far as we have been able to check the factual details, our view is that the Quality Account is materially accurate. The Quality Account provides information across a wide range of quality measures which are monitored through regular Contract Review Meetings, with which the Ridgeway Hospital have been fully engaged and gives a comprehensive view of the quality of care provided by the organisation.

The commissioners note the Ridgeway Hospital's service and quality priorities for 2018-19 which include replacing all carpets in patient bedrooms with wipeable flooring and non-compliant clinical hand wash sinks, revised ward layout to allow an improved Ambulatory Care patient pathway and continued upgrade from computerized radiography to digital radiography. In future quality accounts, commissioners would request more detail to be included in the quality priorities, including the rationale for selection and outcomes expected from the improvements.

Commissioners note the Ridgeway Hospital received an unannounced CQC inspection in March 2018 and that the reported outcome is awaited.

The commissioners note and commend The Ridgeway Hospital for the continued focus on infection prevention and control and for continuing to report no cases of MRSA bacteraemia, Clostridium difficile and E.coli bacteraemia and the hospital reports low surgical site infection rates. However, the CCGs acknowledge that recent audits demonstrate some areas of low compliance due to non-compliance with hand hygiene standards. This will be monitored during 2018-19 to ensure actions are undertaken to improve compliance.

The Ridgeway Hospital has reported a decline in the staff recommendation results during 2017/18. Improvements in this area will be supported by the national staff health and wellbeing CQUIN which is in contract for 2017-19. Commissioners monitor CQUIN progress on a quarterly basis to ensure actions are taken to improve the health and wellbeing of staff within the organisation.

Commissioners recognise the work undertaken with the CQUIN schemes for 2017-18 and would welcome the inclusion of the CQUIN outcomes in future Quality Accounts. Additionally, commissioners would request that the Ridgeway Hospital reflect on the outcomes achieved in year against the previous year's priorities in future accounts, to outline progress and improvements made to patient safety, clinical effectiveness and patient experience.

Commissioners are committed to ensuring collaborative working with the Ridgeway hospital to achieve continuous improvement for patients in both their experience of

care and outcomes. The CCGs look forward to working with IHG on the 2018-19 local STP CQUIN which focuses on 'Always Events'.

A handwritten signature in black ink, appearing to read "Gill May".

Gill May, Executive Nurse, NHS Swindon Clinical Commissioning Group.