



The Runnymede  
Hospital

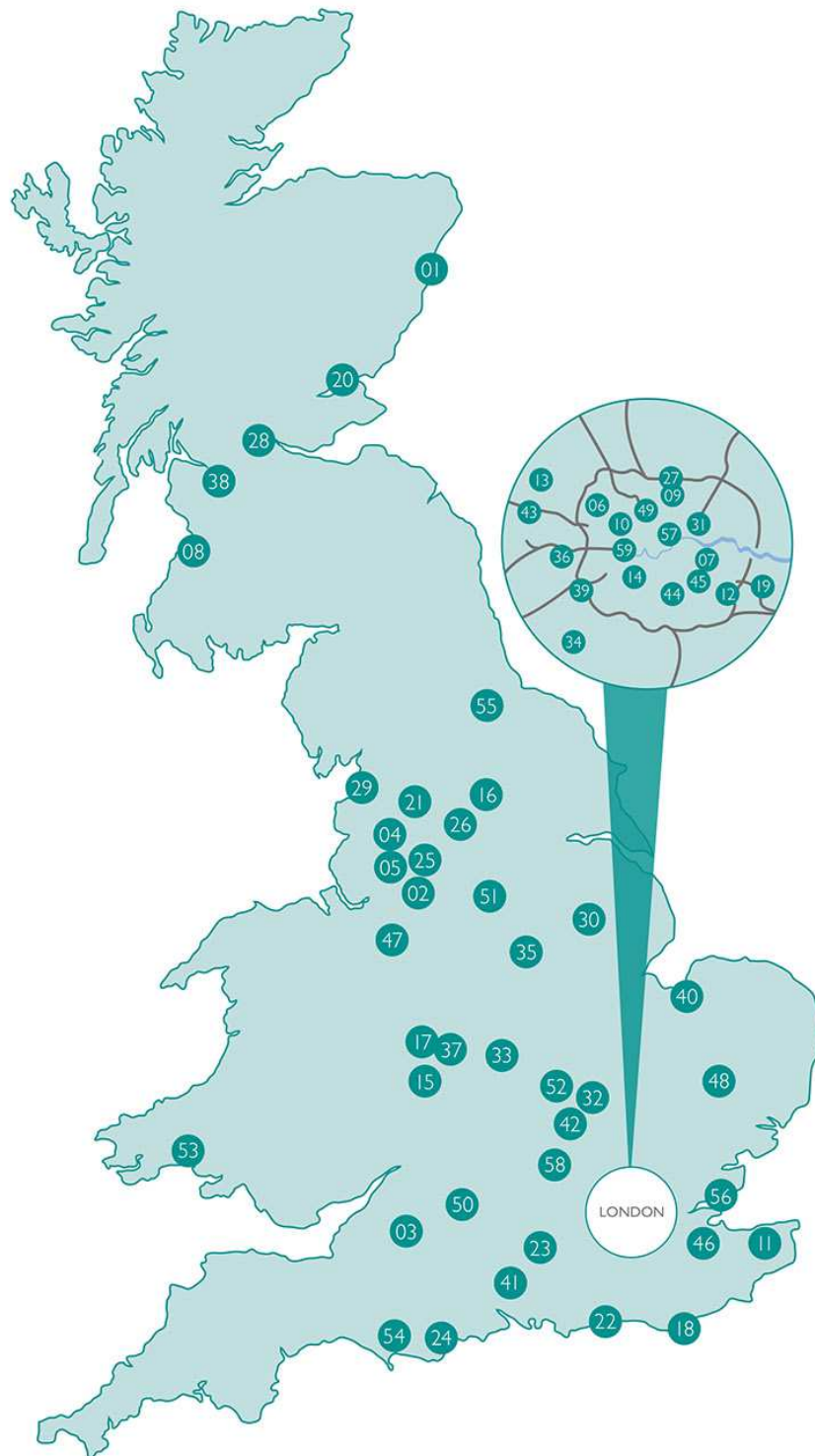
**QUALITY  
ACCOUNTS 2018**

# 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) .....	09
Duty of Candour.....	11
Venous Thrombo-embolism (VTE).....	131
Patient Reported Outcome Measures (PROMS) .....	15
Learnings from Deaths.....	19
Patient Experience .....	19
Patient Satisfaction .....	20
Complaints .....	21
CQUINS.....	23
Safeguarding .....	23
National Clinical Audits .....	24
Priorities for Service Development and Improvement .....	24
Safety Thermometer .....	25
Staff Survey & Staff Safety Culture Questionnaire.....	25
Freedom to Speak Up Guardian .....	26
Staff Recommendation Results .....	26
Quality Indicators.....	27
Patient Recommendation Results .....	30

## 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



The Runnymede Hospital is a purpose built 52 bedded private facility offering a full range of surgical and medical services, with the benefit of extensive clinical support.

We treat NHS funded patients, patients who are insured and patients who wish to pay for their own treatment. To see which treatments are available for NHS funded patients please check the NHS Patients section

BMI Group has invested in the facility over the last 12 months. Improvements to flooring, fire doors, external areas, car parking and a range of other items have improved the general patient experience. We provide support to Ashford and St Peter's Trust by allowing patients to start and finish their care pathway in our facility.

NHS Choose and Book accounts for 8% of our work.

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

- Treatment of disease, disorder and injury

- Surgical procedures
- Diagnostic and screening

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

The CQC carried out an announced inspection on 02/03 August 2016 and rated The Runnymede Hospital overall as Good:

Medical Care – Good

Surgery – Good

Outpatients and diagnostic imaging - Good

## Detailed findings

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care	Good	Good	Good	Good	Good	Good
Surgery	Requires improvement	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	Not rated	Good	Good	Good	Good
<b>Overall</b>	Good	Good	Good	Good	Good	Good

All recommended actions highlighted within the CQC report have been taken.

The Runnymede Hospital has a local framework through which clinical effectiveness, clinical incidents and clinical quality is monitored and analysed. Where appropriate, action is taken to continuously improve the quality of care. This is through the work of a multidisciplinary group and the Medical Advisory Committee.

At a Corporate Level, BMI Healthcare's Clinical Governance Board has an overview and provides the strategic leadership for corporate learning and quality improvement.

There has been ongoing focus on robust reporting of all incidents, near misses and outcomes. Data quality has been improved by ongoing training and database improvements. New reporting modules have increased the speed at which reports are available and the range of fields for analysis. This ensures the availability of information for effective clinical governance with implementation of appropriate actions to prevent recurrences in order to improve quality and safety for patients, visitors and staff.

At present we provide full, standardised information to the NHS, including coding of procedures, diagnoses and co-morbidities and PROMs for NHS patients. There are additional external reporting requirements for CQC/HIS/HIW, Public Health England (Previously HPA) CCGs and Insurers

BMI Healthcare is a founding member of the Private Healthcare Information Network (PHIN) UK – where we produce a data set of all patient episodes approaching HES-equivalency and submit this to PHIN for publication.

This data (once PHIN is fully established and finalised) will be made available to common standards for inclusion in comparative metrics, and is published on the PHIN website <http://www.phin.org.uk>.

This website gives patients information to help them choose or find out more about an independent hospital including the ability to search by location and procedure.



## Safety



### Infection Prevention and Control

The focus on Infection Prevention and Control continues under the leadership of the Group Head of Infection Prevention and Control, in liaison with the link nurse in The Runnymede 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:

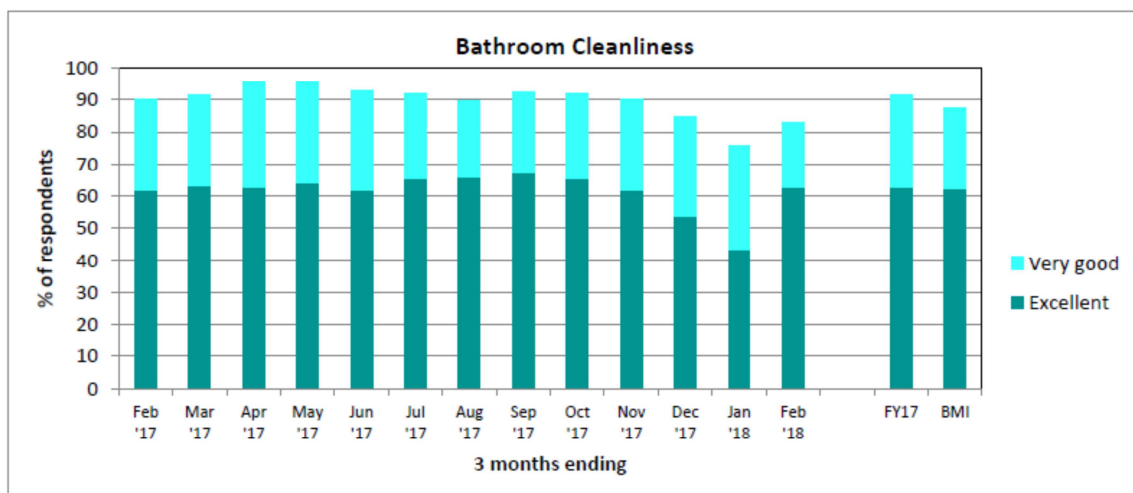
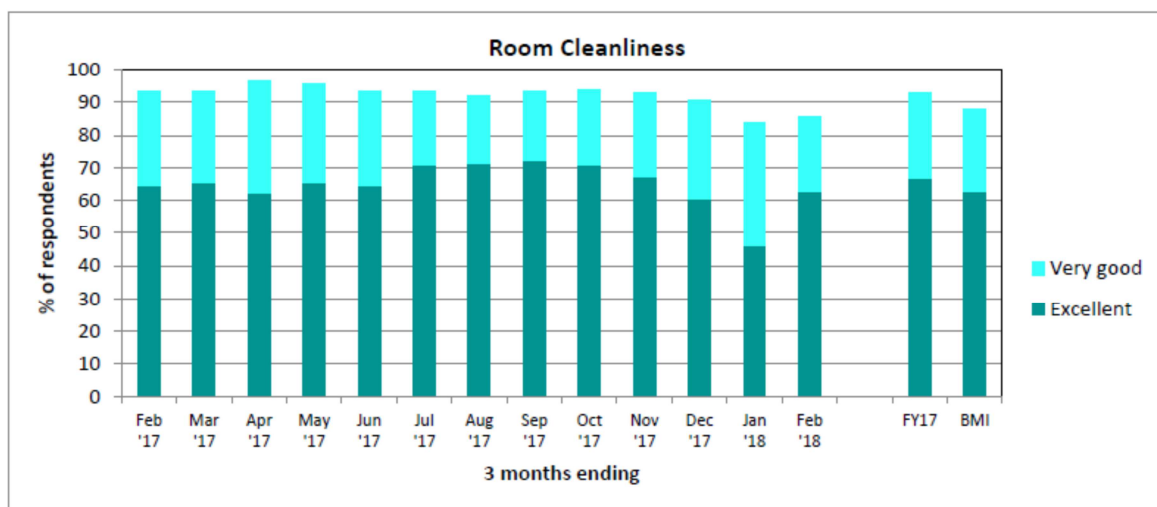
- MRSA bacteraemia cases- 0
- MSSA bacteraemia cases - 0
- E.coli bacteraemia cases - 0
- 0 cases of hospital apportioned Clostridium difficile in the last 12 months.
- SSI data is also submitted to Public Health England for Orthopaedic surgical procedures. Our rates of infection are;
  - Hips - 0

- Knees – 0

We have been focusing on audits over the last year and as a result have been able to show improvement in both the results and our practice. One of the main areas has been the VIP scoring process and the documentation. There has been training around this and an increase in compliance. We have also focused on SSI intraoperative temperatures and looking at compliance. To enhance the patient outcomes we have been trialling Thermometers in the peri operative phase and in recovery.

IPC training continues to be a focus which is ongoing with audits being completed from hand hygiene to WHO environmental Health audits. To support the IPC nurse we have link nurses in each department that makes the IPC more robust and effective.

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



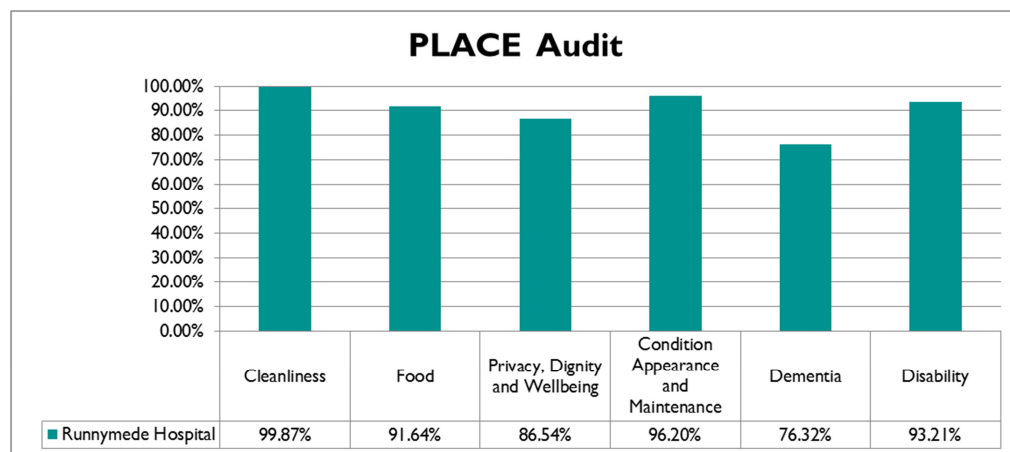
# Patient Led Assessment of the Care Environment (PLACE)

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.



We are proud of our rating for cleanliness of the hospital. This reflects the hard work of the whole team when it comes to meeting this standard. Our Housekeeping team work closely with the Ward Manager and Infection, Prevention, Control Nurse to ensure standards are consistently high.

## 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.

Three incidents were reported where Duty of Candour applied:

1. Drug error in Theatres - 08/12/2017. Duty of Candour was performed by the Consultant Anaesthetist as soon as the patient awoke in Recovery following the operation; this was documented in the patient's healthcare records. A full Root Cause Analysis (RCA) investigation was completed which identified lessons learnt as a result. The Hospital is working through the resulting action plan and has shared lessons appropriately.
2. Patient collapsed after procedure - 23/08/2017. Duty of Candour performed by the Consultant performed explained to husband the possibility there was a bleed which can be a complication of procedure and that his wife needed to be transferred out to ITU. This was documented in the patient's healthcare records.
3. Patient collapsed following induction of anesthesia and sustained a probable rib injury at the time of external cardiac compressions - 10/07/2017. Duty of Candour performed by the consultant on the same day. This was recorded in the patient's healthcare records.

The Runnymede Hospital recognises its responsibilities with regard to duty of Candour and fully complies with the corporate policy "Being Open and Duty of Candour".

## Venous Thrombo-embolism (VTE)

BMI Healthcare, holds VTE Exemplar Centre status by the Department of Health across its whole network of hospitals including, The Runnymede Hospital. BMI Healthcare was awarded the Best VTE Education Initiative Award category by Lifeblood in February 2013 and was the Runners up in the Best VTE Patient Information category.

We see this as an important initiative to further assure patient safety and care. We audit our compliance with our requirement to VTE risk assessment every patient who is admitted to our facility and the results of our audit on this has shown 99.00% VTE.

Due to changes within the Senior Management Team, there was a period midway through the reporting year which meant that are reporting systems were not as robust as our standards like to be. However we now have robust audit processes in place to ensure that we continue to report and especially if key staff are off site when submissions are due.

The Runnymede 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. .

Runnymede Hospital	VTE			
	2017	National Average	Highest National Score	Lowest National Score
2018	90.45%	95.77%	100.00%	81.60%

We continually focus on our requirements to meet our VTE regulatory requirements. We complete our monthly Safety Thermometer and have a VTE champion within the hospital.

We will be reviewing this further to ensure consultants are compliant with the VTE risk assessments. This is a continual focus for the staff to ensure that patient safety remains focused.



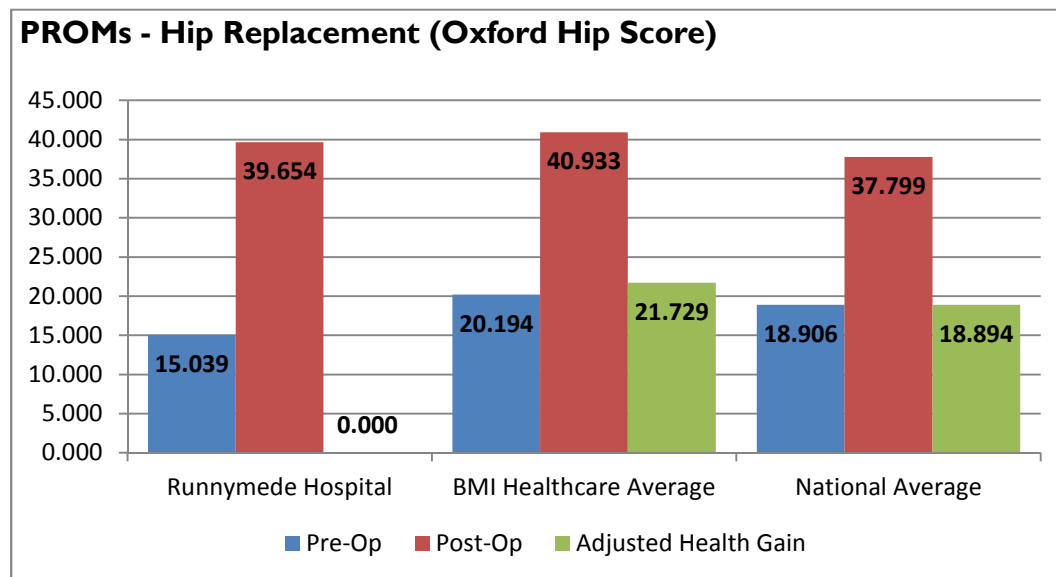
# Patient Reported Outcome Measures (PROMS)

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.

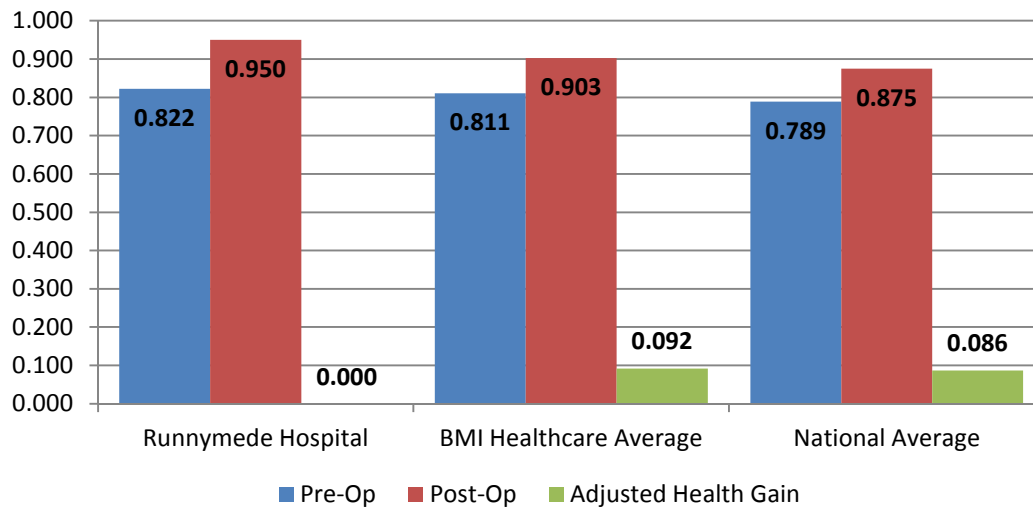
For the current reporting period, the tables below demonstrate that the health gain between Questionnaire 1 (Pre-Operative) and Questionnaire 2 (Post-Operative) for patients undergoing hip replacement and knee replacement at The Runnymede Hospital.

At the Runnymede we promote reporting of data in line with national requirements promote benchmarking. Due to minimal numbers of NHS work, the data below mainly reflects our private patients:

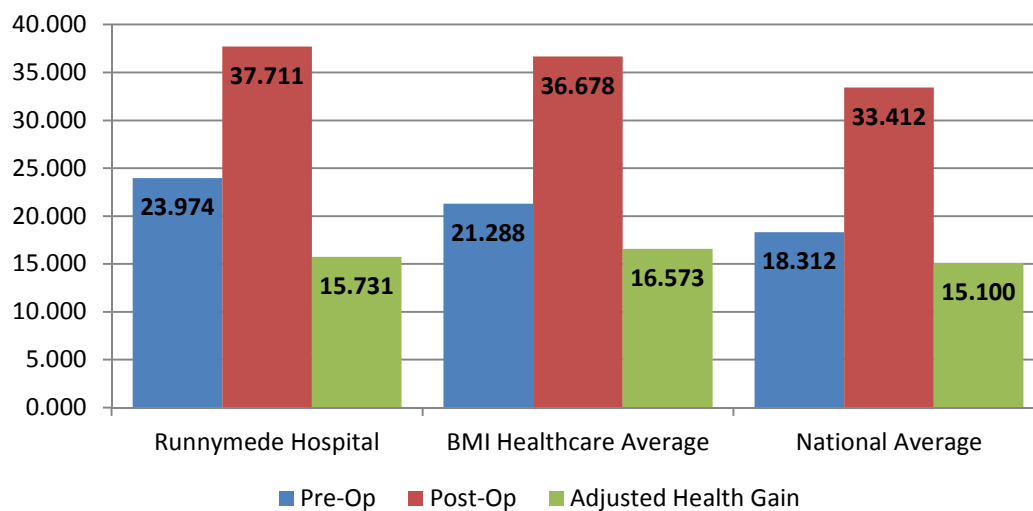
**Latest PROMs data available from HSCIC (Period: April 2016 – March 2017)**



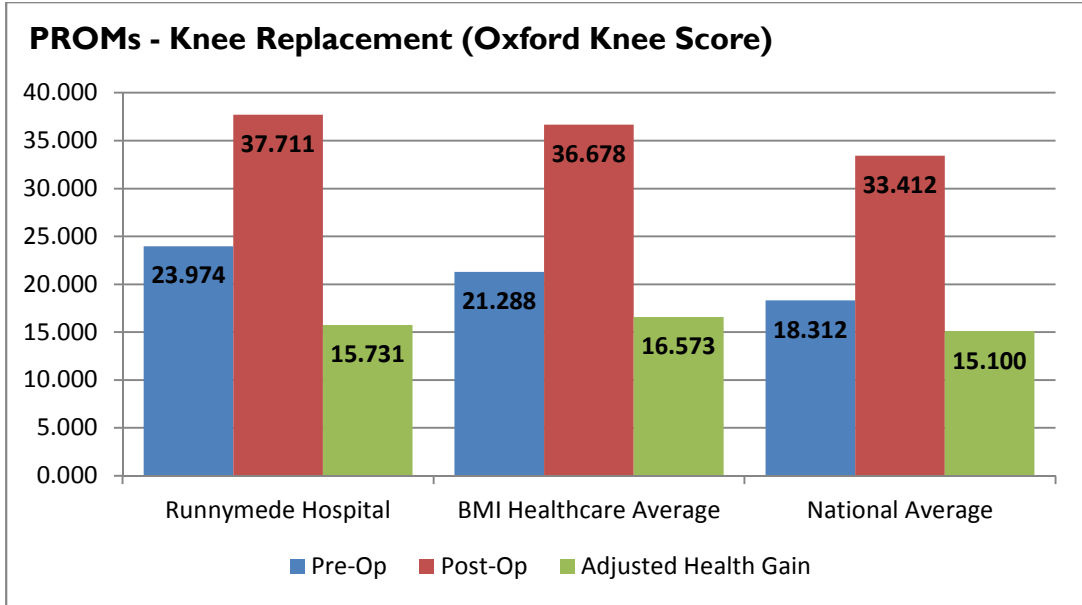
### PROMs - Groin Hernia (EQ-5D Index)



### PROMs - Knee Replacement (Oxford Knee Score)

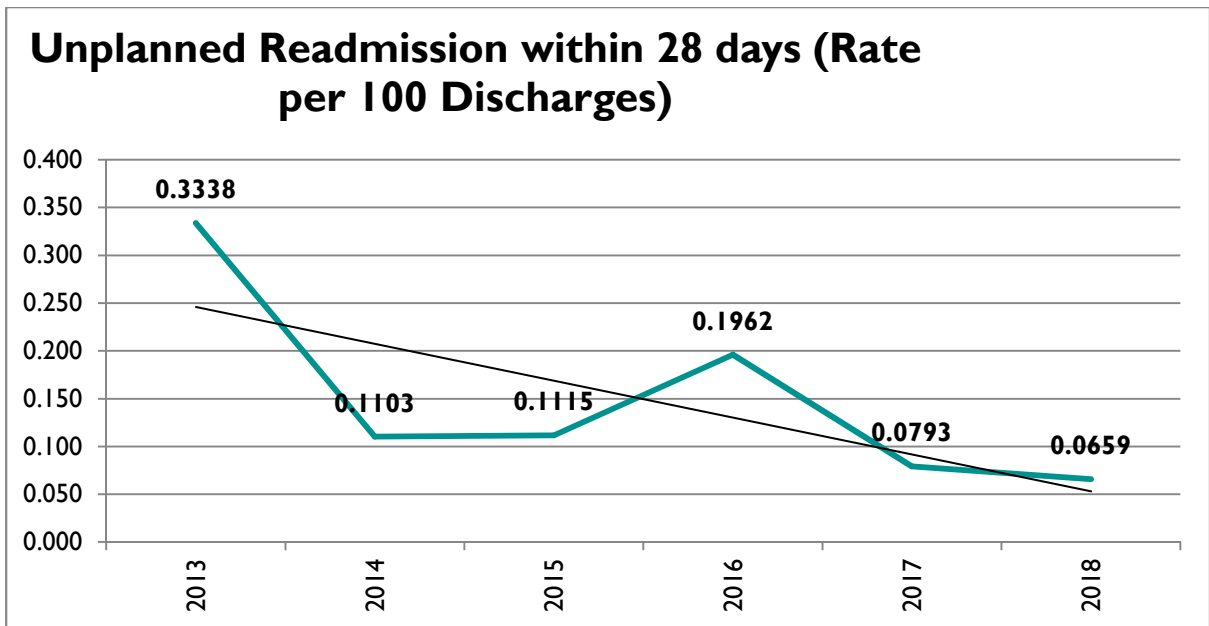




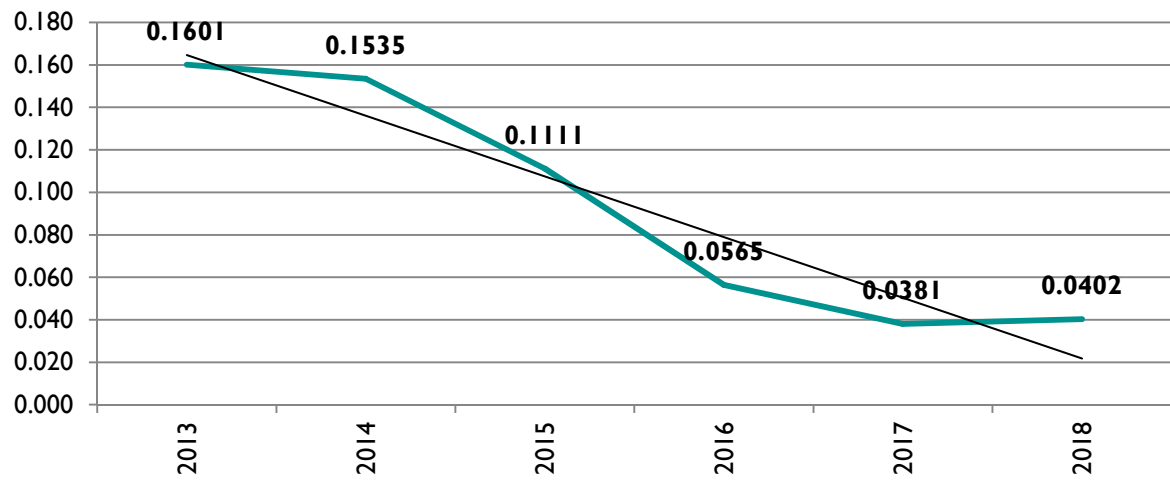


## Unplanned Readmissions & Unplanned Returns to Theatre

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



## Unplanned return to theatre (Rate per 100 Theatre Cases)



We continue to manage our patients with a robust pre-assessment pathway. Patients that require a higher level of care are identified for a level 2/3 bed within the neighboring NHS Trust. Therefore the requirement for re admissions to theatre is respectfully low. We are proactive with our training in regards to managing the deteriorating patient pathway. We are looking to use the NEWS2 charts that will be nationally available and to have an in-house trainer.

## 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.

Runnymede Hospital	Severe or Death (Rate per 1000 Bed Days)			
2018	2017	National Average	Highest National Score	Lowest National Score
0.000	0.28 3	0.250	2.300	0.000

# 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 2017 98.3% of patients said they were likely or extremely likely to recommend The Runnymede Hospital to their friends and family.

In 2017, 98.2% of patients rated the overall quality of care as very good or excellent . Specific indicators are highlighted below:

Admission process – 87.3%

Nursing – 93.7%

Accommodation – 90.6%

Catering – 80.4%

Discharge process – 74.2 %

Improvement initiatives implemented to improve the quality of care provided include the following:

- Revision of patient folders in bedrooms to provide more useful information

- Providing “Customer Care/THINK Principles” training for all staff. The THINK training was a CQUIN for the Runnymede Hospital and staff were encouraged to complete and attend the training. This was rolled out over the year and was delivered to both clinical and non-clinical staff. We have a process where this is now a rolling program for all new staff that commences work at the Runnymede.
- Clinical staff explaining all the elements of information which make up the discharge process to patients
- Escorting patients to the lift or main entrance when they are being discharged
- Arranging for our Head Chef to visit patients on a regular basis to obtain specific feedback regarding their service
- Minimising the use of temporary nursing staff and where essential, using long-term temporary staff to ensure continuity
- In the later part of 2017, BMI changed the process of patient’s feedback from written forms to electronic questionnaire feedback. Initially this was not as effective as it was thought and therefore the quality Health feedback forms reduced leading to low responses. This was not just at BMI Runnymede.

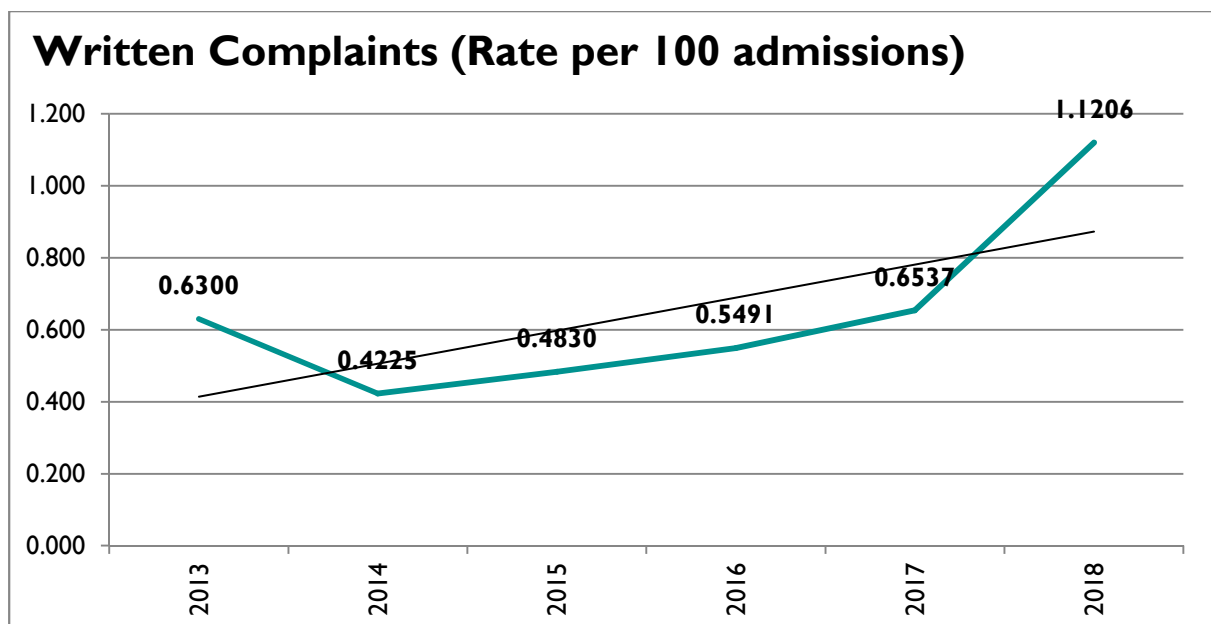
## Complaints

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



A total of 64 complaints were received in 2017, mostly written, however, a small number were verbal or in person. Of these:

The main theme of complaints last year were financial (billing process and pricing) and clinical care/treatment on the wards. Please see details below:

#### Financial Process

24 complaints related to the billing process and/or pricing. The Runnymede Hospital has initiated several measures in order to reduce the number of complaints in this area:

- Displaying pricing lists in all consulting rooms and OPD areas
- Confirming in writing the costs of fixed-price packages (within a range); patients are being sent a letter following their pre-assessment appointment
- Ensuring information is made clear at pre-assessment
- Encouraging consultant secretaries to refer patients to the Patient Services manager and Administration team to provide accurate information

#### Treatment/Care

16 complaints related to issues surrounding clinical care and/or treatment. It is thought this may be due to a higher than usual number of agency nurses on the ward and in OPD due to temporary staffing problems. Agency staff are not always familiar with processes and procedures at the hospital which may have led to some of the complaints. Initiatives to address this issue include:

- Requesting the same agency staff are used wherever practical
- Advising the recruitment agency of any staff who we are not satisfied with and ensuring they do not return
- Improving the induction process for temporary staff

Other reasons for complaints in this classification include the times some patients waited for test results and waited to be seen for their appointment. Staff have been advised to ensure they keep patients updated with information regarding waiting times and also to manage their expectations more effectively.

Other complaint classifications:

Communication – 7 complaints relating to communications were reported, there were mainly about difficulties with booking appointments. The Administration team have been reviewing and learning from the complaints, to improve and reduce the amount of complaints received. These are shared at team meetings and through our Governance framework.

In addition, the process for booking follow-up appointments has been reviewed and more staff are now able to make appointments which is making the service more efficient.

## CQUINS

CQUINs from the local CCG were targeted around customer care training and compliance with post-operative phone calls. At the end of this reporting period we achieved a percentage of 96.7% of staff completing customer care training. This training will be on going through the year.

We continue to build on our compliance with post-operative phone calls and this is something we have highlighted moving forward into 18/19. We have reviewed our processes to enable this.

## 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's Nurse is trained to level 4 safeguarding.

Four safeguarding incidents were recorded during the reporting period, these are highlighted below:

- 8 & 13 July 2017 – employee pursued by a patient from the neighboring Trust’s mental health unit. No harm as a result. Control measures put into place to minimise risks (reported to police)
- 20 January 2018 – patient came into pre-assessment with a Grade 2 pressure ulcer. Patient was bed/chair bound. The patient was transferred to ITU at the neighboring Trust as planned following her surgery; the Trust reported the issue to their Safeguarding Lead.

## National Clinical Audits

We maintain our focus on submission compliance for the Runnymede Hospital and these can be reflected on the scores below.

## BMI Runnymede Hospital

### Submission figures for this hospital

Month	Completed operations	Hips	Knees	Ankles	Elbows	Shoulders	Consent rate
January	20	6	14	0	0	0	100
February	9	7	1	0	0	1	100
March	24	10	13	0	0	1	100
April	15	7	8	0	0	0	100
May	0	0	0	0	0	0	0

Totals for this hospital	2017	Year to date: 2018
Total completed ops	239	68
Hip procedures	101	30
Knee procedures	128	36
Ankle procedures	0	0
Elbow procedures	2	0
Shoulder procedures	8	2
NJR consent rate	100%	100%

## Priorities for Service Development and Improvement

Endoscopy- we aim to be an outstanding provider of endoscopy. Runnymede has a proud history of investigating hundreds of patients per year using this procedure. For this reason BMI group has committed to invest in a new camera stack plus a number of new endoscopes .

Imaging – our imaging service is effective but the equipment is not up to date. We have a plan to renew all equipment in the department in the next 12 -18 months.

Development of Out Patients Minor procedures – in July 2017 our minor procedures were transferred from the outpatient department to the operating theatres because the room in which



they were conducted failed repeated air handling tests. We aim to return this room to a minor procedures room in the next 12 months.

Development of children's and young persons dedicated ward – there are an increasing number of referrals to the hospital. Children are referred for surgical and medical interventions; we are looking to further improve our dedicated ward area.

## Safety Thermometer

BMI Healthcare is fully compliant and supportive of the reporting guidelines in relation to the NHS Safety Thermometer. This is part of BMI Healthcare's hospitals' engagement with local Clinical Commissioning Groups nationwide. The measures reported on a monthly basis relate to the following;

VTE Risk Assessment &  
Treatment

Catheter related Urinary Tract  
Infection

Falls

Pressure Ulcers by Category

## Staff Survey & Staff Safety Culture Questionnaire

A good safety culture is an important foundation of a safe organisation and we all have our part to play in embedding a robust safety culture; for our patients and those we work with. BMI Healthcare launched the Safe Culture Questionnaire in October 2017 to assess the safety culture across our hospitals and across BMI Healthcare.

Staff were asked to complete the questionnaire openly and honestly in order for the Senior Management Team of their hospital to be able to address any concerns with regards to safety and pick up on areas for improvement.

The online questionnaire was accessible by staff at 59 sites across England, Scotland and Wales. Staff from all areas of the hospitals were asked to rate up to 24 statements (England sites were asked 20 questions, Scotland sites were asked 24 questions and Wales sites were asked 22). Staff were asked to rate the statement with the following system: 1 (Inadequate), 2 (Poor), 3 (Good) and 4 (Excellent).

1571 responses were received across all sites. All statements asked within the questionnaire received an average rating of 'Good'. The statements with the highest rating averages were:

- I am aware of my obligations regarding mandatory training.
- I know how to report a patient safety incident or near miss.
- I am aware of my own departmental risks and how these are reflected within the overall risk register.
- I support the organisation's plan to become recognised as 'Outstanding' CQC rated hospital (England and Wales sites) / with Health Care Improvement Scotland within the 5 Quality Themes as a 6 (Excellent) rated hospital (Scotland sites).

Results were reported to sites in three ways: a report of all site data, regional reports and individual hospital results for sites who received a response rate of 30% or more.

## Staff Recommendation Results



Runnymede Hospital	Staff Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
85.00%	93.50%	73.18%	89.98%	50.44%

The Runnymede Hospital considers that this data is as described for the following reasons; during this period of reporting we were in a fluctuating management team, which, unfortunately, reflects our staff recommendation score. We are aware of our low compliance and this is now being addressed with a new management team in place and the engagement of staff within the hospital. To ensure this is focused upon we have started to do the following:

Firstly, we will communicate with staff more effectively. Every two months we will hold a staff forum so that all of the issues relevant to the hospital are conveyed verbally. This will reduce miscommunication and allow the staff to personally raise the issues relevant to them and their colleagues.

**Secondly, we will publish all of our major change management programs in an easily understandable format. This will allow staff to interrogate them and raise pertinent issues.** **Quality Indicators**

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

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

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

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

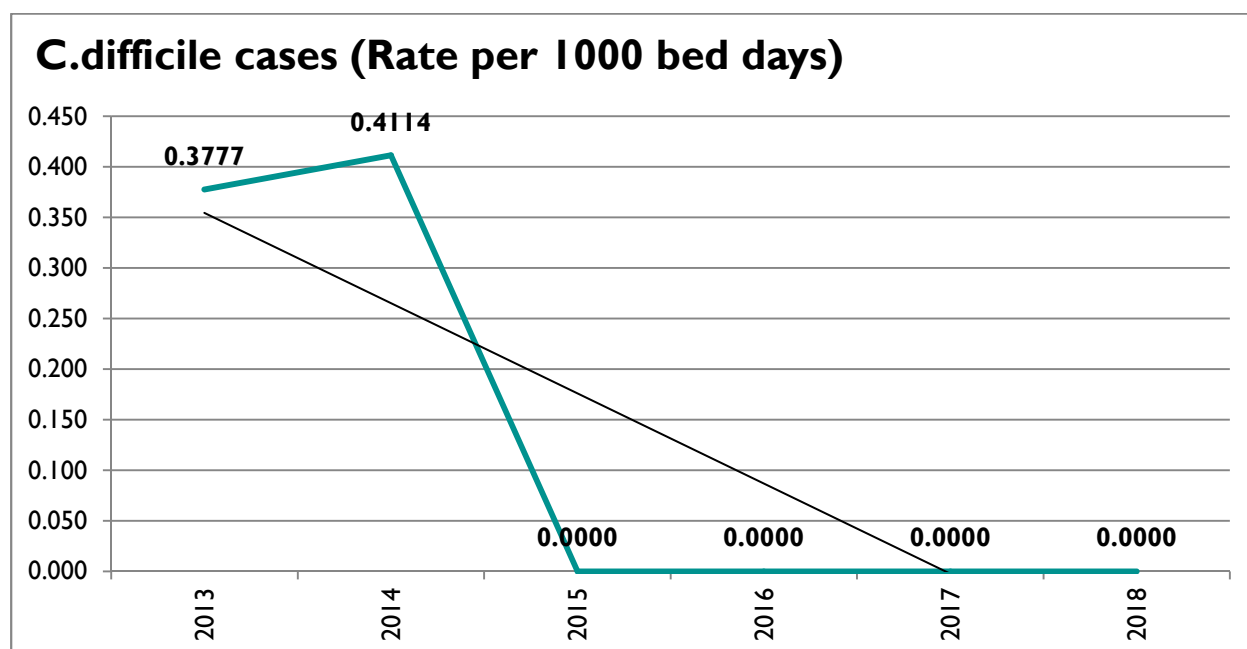
## Re-Admissions within 28 Days of Discharge (Paediatric and Adult)

Runnymede 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

Runnymede Hospital	Re-Admissions (Aged 16+)			
2018	2017	National Average	Highest National Score	Lowest National Score
1.685	1.133	10.010	41.650	0.000

The Runnymede Hospital considers that this data is as described for the following reasons - As the table highlights the re admission for 0-16 is zero, however there is a slight increase with the above 16 year olds , which suggests that were managing our re admission effectively.

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



The Runnymede Hospital considers that this data is as described for the following reasons; we monitor and control our admissions and strictly adhere to the Anti micrombial stewardship guidelines.

## Hospitals responsiveness to the personal needs of its patients

Runnymede Hospital	Responsiveness			
2018	2017	National Average	Highest National Score	Lowest National Score
92.79%	92.64%	69.22%	78.00%	60.10%

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

- A Quality Focus group was set up at the beginning of 2017 and as part of this meeting we review the monthly hospital Report form Quality Health. We use the detailed patient feedback to identify areas for improvement and imitate action plans which are monitored until completed
- We encourage all staff to ask patient's about their stay whilst they are on site and ask if there's anything we can do to make their experience better and try to accommodate them
- Should a patient (or visitor) make a verbal complaint during their stay we report this to a senior member of staff who will visit the person , establish the issue and take appropriate action, thereby, resolving the complaint avoiding escalation. Verbal complaints are now logged on our RiskMan system.

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

Runnymede Hospital	VTE			
2018	2017	National Average	Highest National Score	Lowest National Score
99.00%	90.45%	95.77%	100.00%	81.60%

The Runnymede Hospital considers that this data is as described for the following reasons: We continue to be proactive with our assessments and audits. Moving forward we need to ensure that our Consultants are consistently completing documentation as required.

## Patient Safety Incidents

Runnymede Hospital	Patient Safety Incidents (Count)			
2018	2017	National Average	Highest National Score	Lowest National Score
197	208	3908	14506	31

Runnymede Hospital	Patient Safety Incidents (Rate per 1000 Bed Days)			
2018	2017	National Average	Highest National Score	Lowest National Score
66.397	58.940	43.292	149.700	11.200

The Runnymede Hospital considers that this data is as described for the following reasons : We encourage clinical incident reporting so that we can identify learnings and share good practice across the departments and with other sites. We understand the importance of “closing the loop” in regards to events that occur.

## Patient Recommendation Results

Runnymede Hospital	Patient Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
97.92%	98.77%	97.07%	100.00%	75.61%

The Runnymede Hospital considers that this data is as described for the following reasons: We encourage patients to provide feedback as this is an effective indicator for the quality of care we deliver. We discuss compliments at our daily COMMS cell and the remarks written. We thank individual staff named by patients personally.

BMI The Runnymede Hospital  
Guildford Road, Chertsey KT16 0RQ

T 01932 877800 F XXXXXXXX