



The Sandringham
Hospital

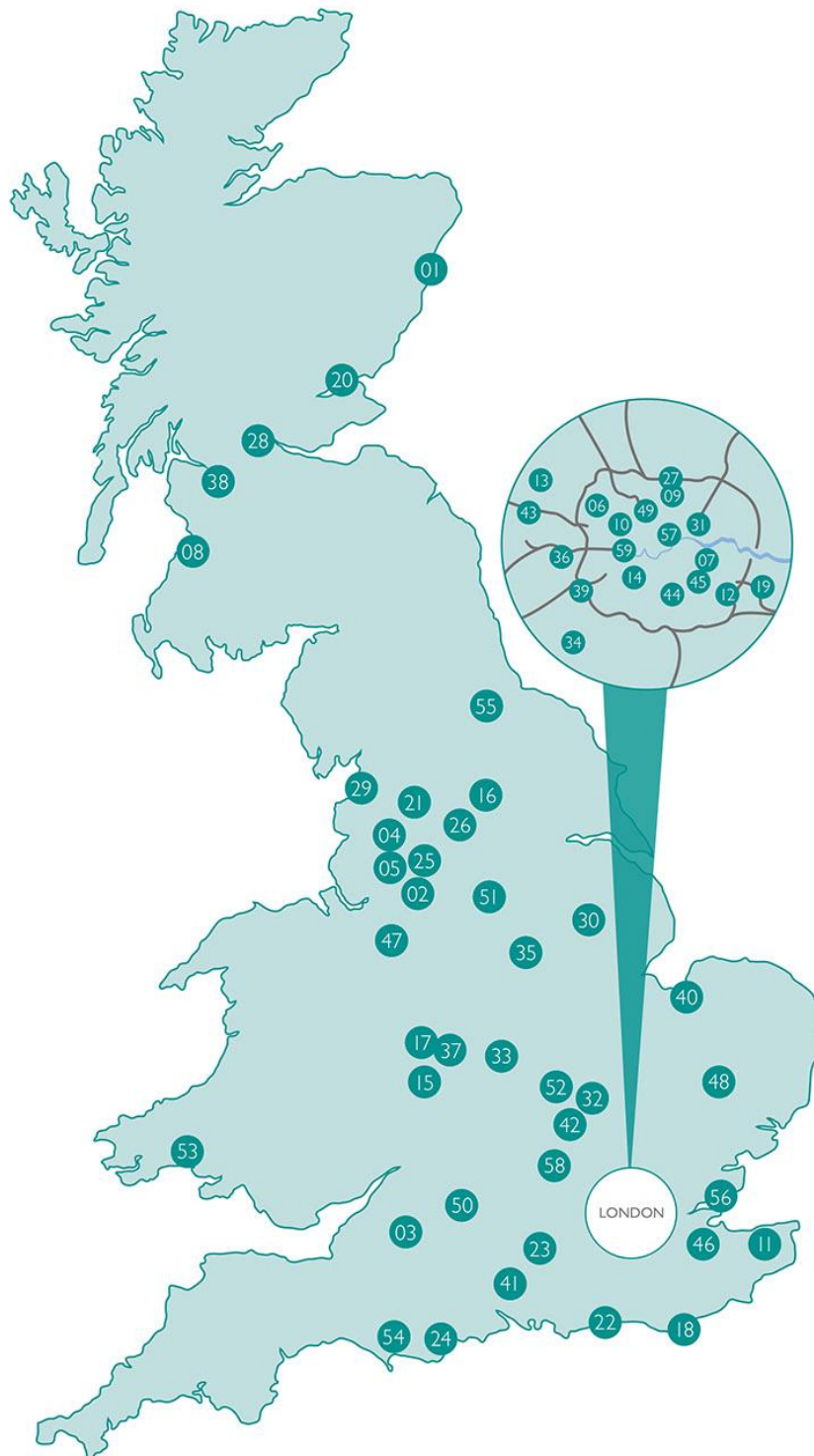
QUALITY ACCOUNTS 2018

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Our network of hospitals

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



Group Chief Executive's Statement



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Dr Karen Prins



Hospital Information

BMI The Sandringham Hospital has 17 beds with all rooms offering the privacy and comfort of ensuite facilities, satellite TV and telephone. The hospital has an ambulatory unit, lamina flow theatre, endoscopy room and a minor procedures room based in the Out Patient Department. The hospital has a Consulting Suite consisting of five Consulting Rooms, a Consulting Ultrasound Room, Physiotherapy Department and an Imaging Department. The Sandringham Hospital is a purpose built unit, located in the grounds of The Queen Elizabeth Hospital Trust in Kings Lynn. The two hospitals have a close working relationship and provide a range of technical and professional services.

We are developing our ambulatory process and ensuring we provide the most efficient and robust pathway for all our patients. We hold group focus meetings with our patients, their families and friends and in doing so we are ensuring we are listening to and acting upon the voice of our patients, relatives and visitors. Our onsite facilities enable our Consultants to undertake a wide range of procedures from routine investigations to complex surgery. This specialist expertise is supported by caring and professional medical staff, with dedicated nursing teams and Resident Medical Officers on duty 24 hours a day providing care within a friendly and comfortable environment.

We also run the Choose and Book Program; this includes services such as Orthopaedics, Urology, General Surgery, Eye Surgery and Endoscopy. 78% of our overall referrals are NHS patients.

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 Sandringham 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 18th-19th January 2017 and returned on the 2nd February 2017 for their unannounced visit and found:

(Latest report published on 25 May 2017)

- | | |
|--------------|----------------------|
| • Safe | Requires improvement |
| • Effective | Good |
| • Caring | Good |
| • Responsive | Good |
| • Well Led | Good |

CQC Inspections and ratings of specific services

(Latest report published on 25 May 2017)

- | | |
|---------------|------|
| • Surgery | Good |
| • Outpatients | Good |

The CQC were concerned that the access to theatres needed to be more robust, requiring the hospital ensure that the theatre departments' access is safe for patients whilst in the department.

Immediate actions taken were:

- Bell to alert staff of visitors
- Restricted access sign visible
- Bell in-situ at theatre entrance.

Permanent Actions:

- Swipe card entry to be installed.

The Hospital is in process of acquiring capital investment for a suitable system for the Theatre Department and Hospital.

The Sandringham 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 Director of Infection Prevention and Control and Group Head of Infection Prevention and Control, in liaison with the Infection Prevention and Control Lead.

Between April 2017 to March 2018, the hospital had:

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

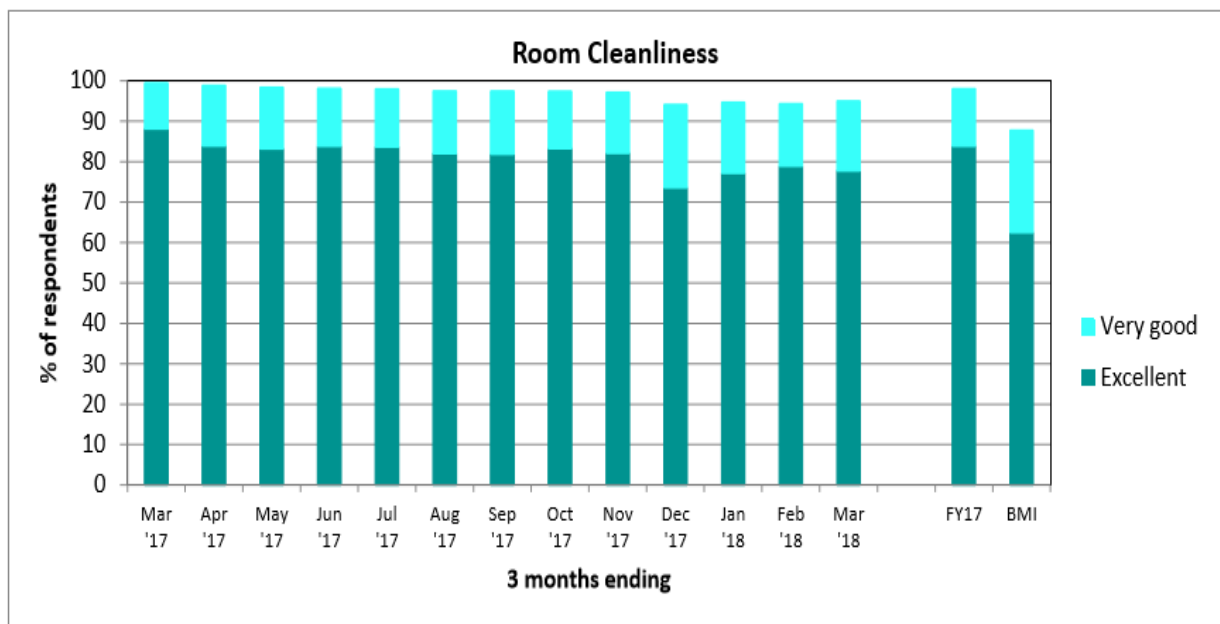
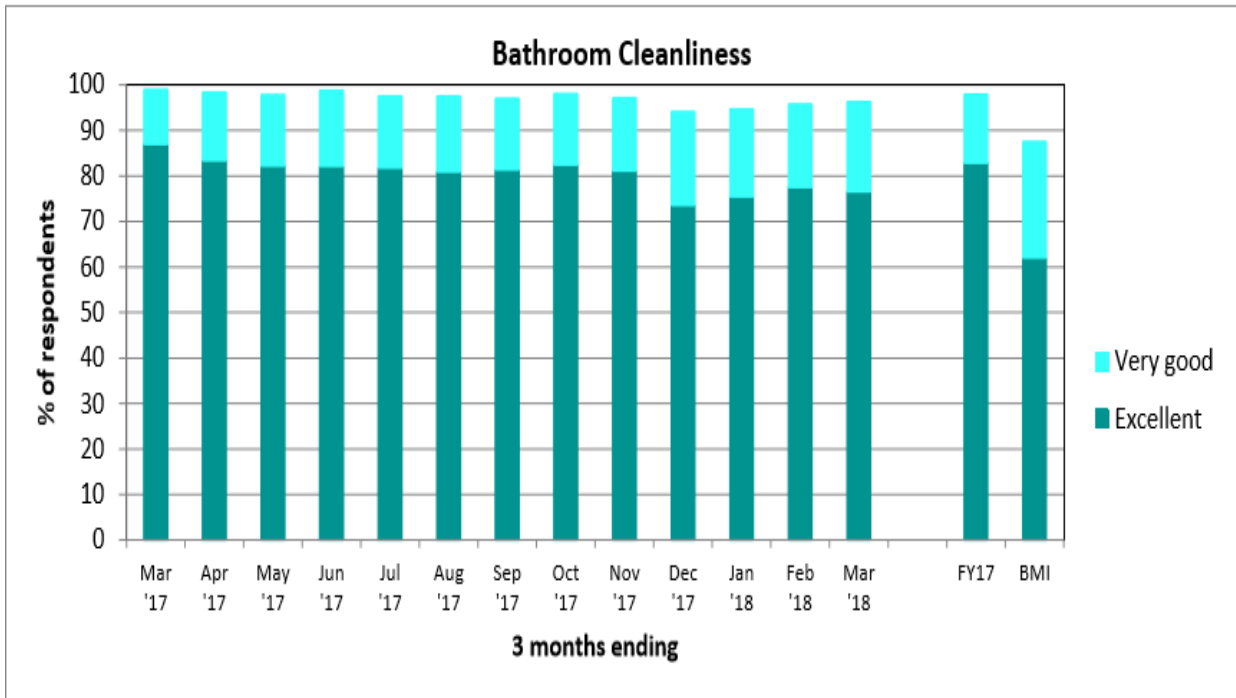
SSI data is also submitted to Public Health England for Orthopaedic surgical procedures. Our rates of infection are:

Measure	Rate (per 100 procedures)
Hips	0.00000
Knees	0.00000

Every month Infection Prevention and Control carry out audits ranging from reporting any hospital acquired infections, patient equipment, personal protective equipment and sharp safety. Care Bundles include prevention of surgical site infections - perioperative actions and peripheral intravenous cannula.

The results ranged from 81%-100%. Action plans were recorded and actioned for any audits that required improvement and the same were discussed at Clinical Heads of Department, Infection Prevention and Control, Clinical Governance and departmental meetings. All audits that required an active plan of action has taken place.

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



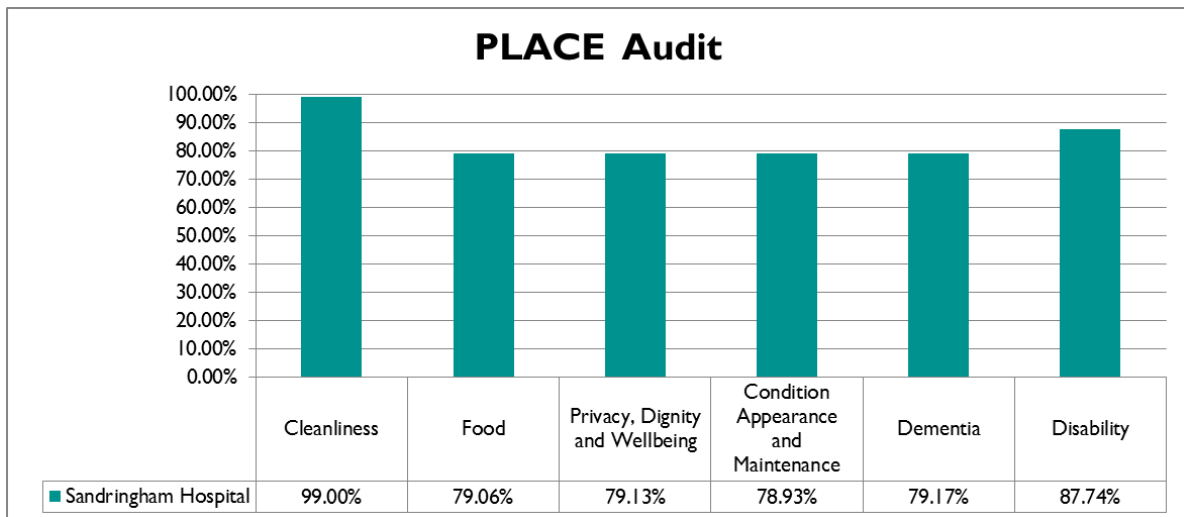
Patient Led Assessment of the Care Environment (PLACE)

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.



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.

The Sandringham Hospital sees its commitment to ensure all staff feels competent and confident in their training to understand and implement the BMI 'Being Open & Duty of Candour policy as crucial to the quality of care that our patients receive.

We understand that to achieve high quality care, we must have a high quality workforce which is up to date and fit to practice where everyone is committed, engaged, trained and supported in ensuring the safety and care of patients, visitors and staff while striving continually for improvement.

The Sandringham Hospital aims to limit the potential impact of any clinical and non-clinical risks and have in place transparent and concentrated systems to ensure that incidents which may cause actual or potential harm to patients, visitors and staff are quickly identified, thoroughly investigated and rectified. We inform all our patients with regard to all elements of their treatment and care, encouraging staff to feel a responsibility to be open and honest with our patients and carers.

Duty of Candour Incidents
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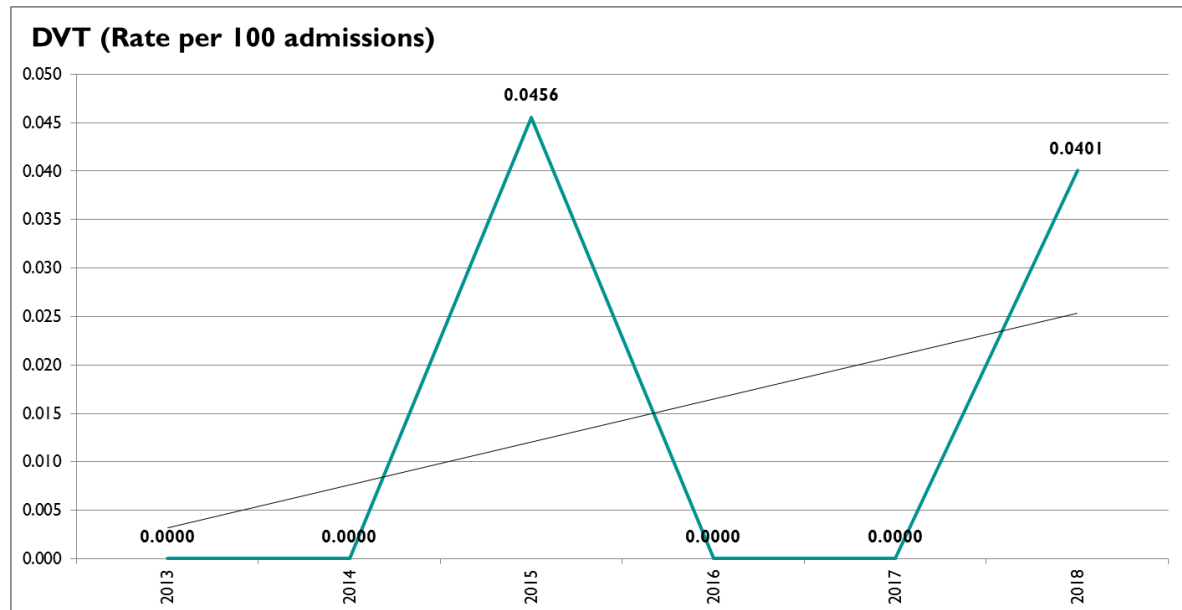
Venous Thrombo-embolism (VTE)

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

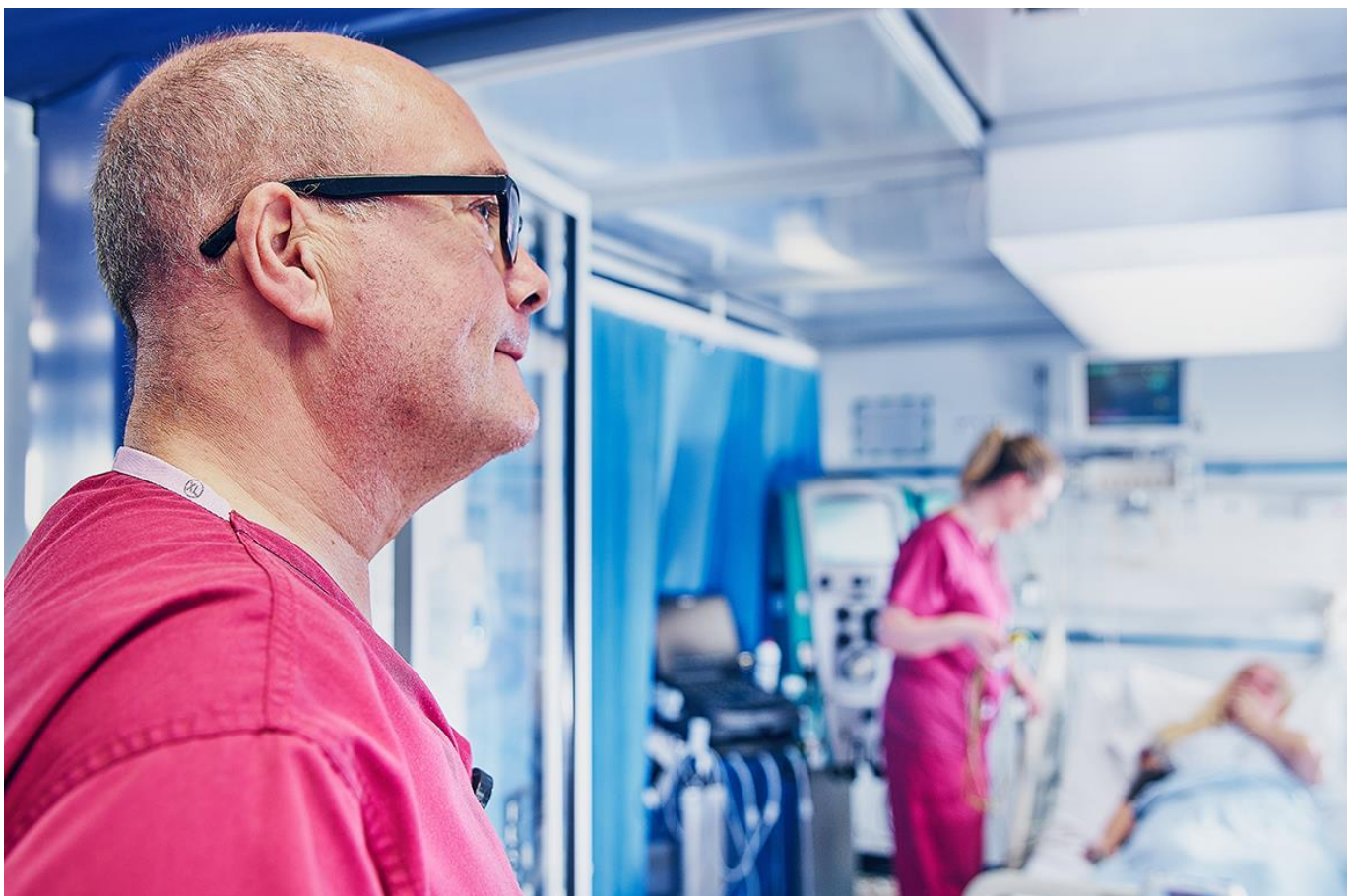
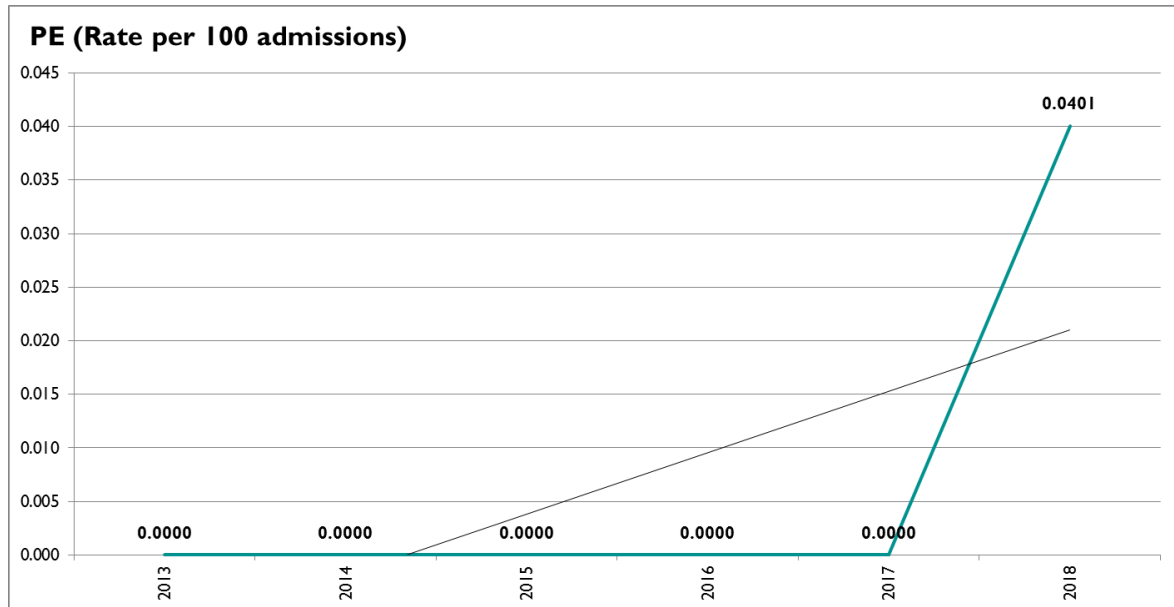
We see this as an important initiative to further assure patient safety and care. We audit our compliance with our requirement to VTE risk assessment every patient who is admitted to our facility and the results of our audit on this has shown

VTE Percentage	
VTE	100.00%

The Sandringham 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.



The Sandringham Hospital ensures patients booked for surgical procedures undergo a pre-operative assessment ahead of their planned surgery within which a VTE risk assessment is included. In addition any VTE incidents are investigated, reviewed by the Hospital Clinical Governance Committee and any learnings implemented.

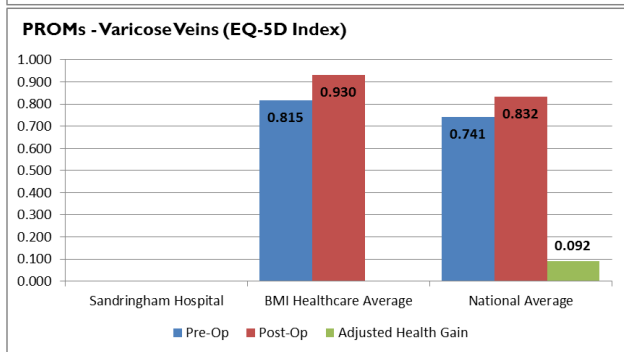
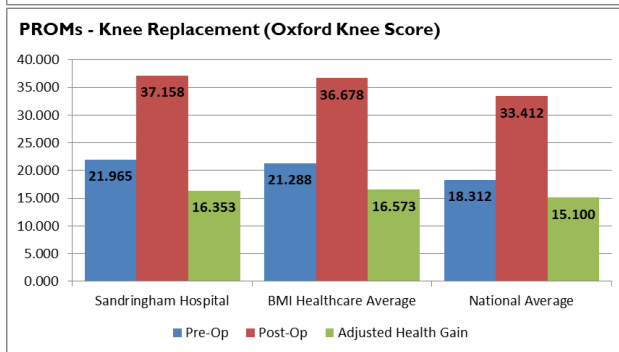
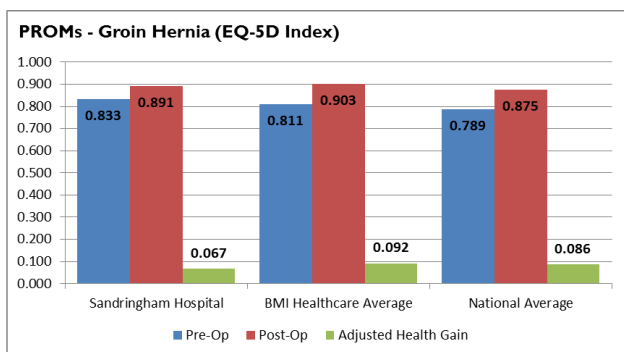
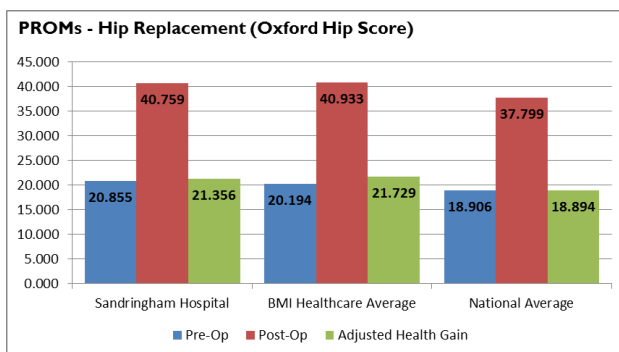


Patient Reported Outcome Measures (PROMS)

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.

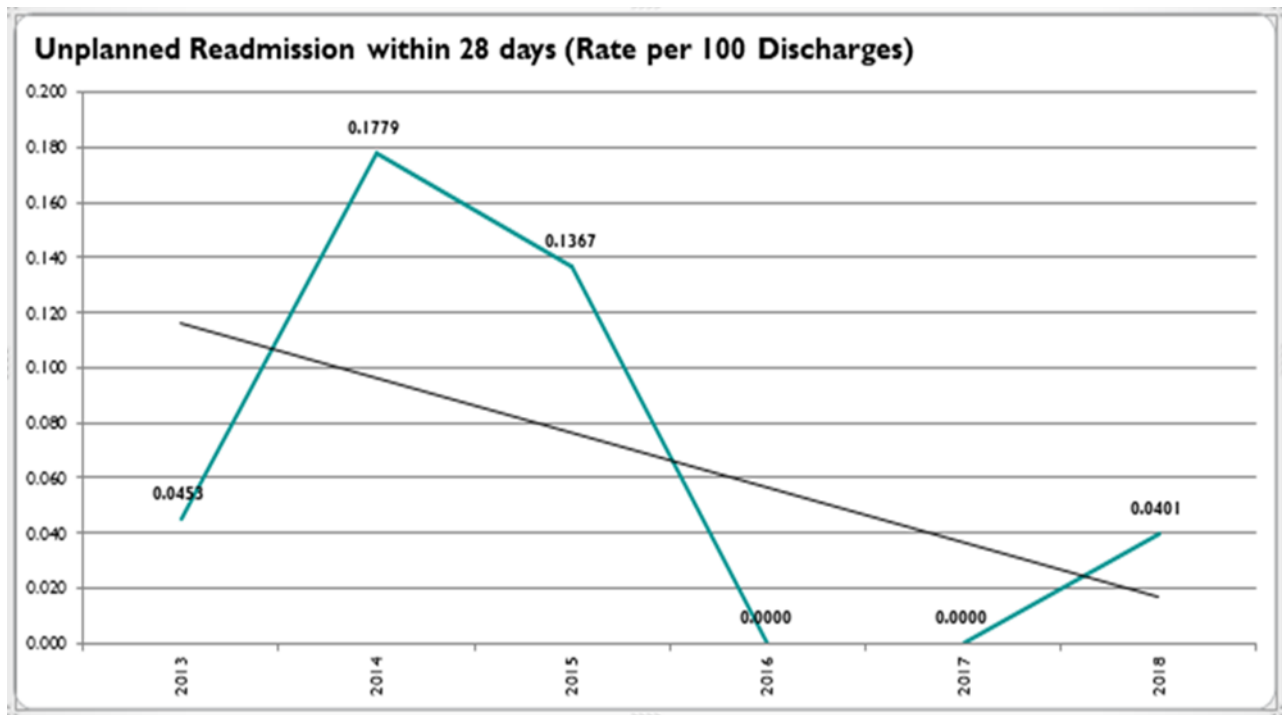
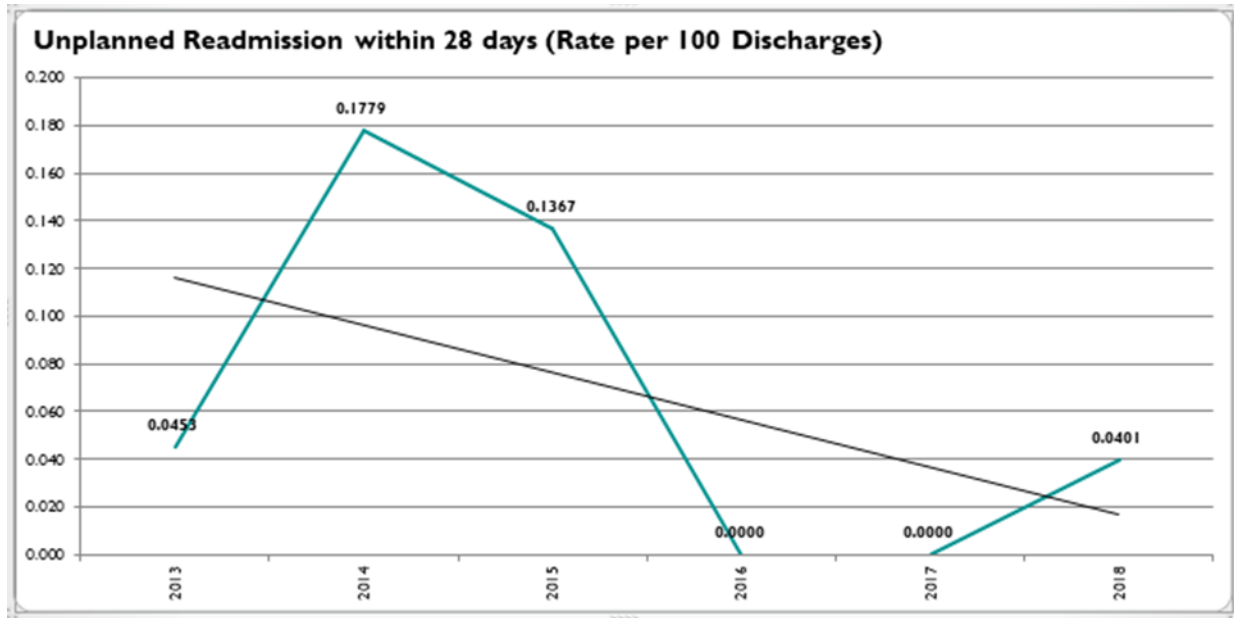
For the current reporting period, the tables below demonstrate that the health gain between Questionnaire 1 (Pre-Operative) and Questionnaire 2 (Post-Operative) for patients undergoing hip replacement and knee replacement at The Sandringham. The graphs below indicate any health gain reported by patients between pre and post op care for Hip and Knee replacement and Hernia repairs.

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. Any unplanned re-admission or return to theatre are captured via our incident reporting system and discussed at the Medical Advisory Committee Meetings. All this information is shared with the CCG Quality Team as they attend our bi-monthly Clinical Governance meetings.



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 January 2017. 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

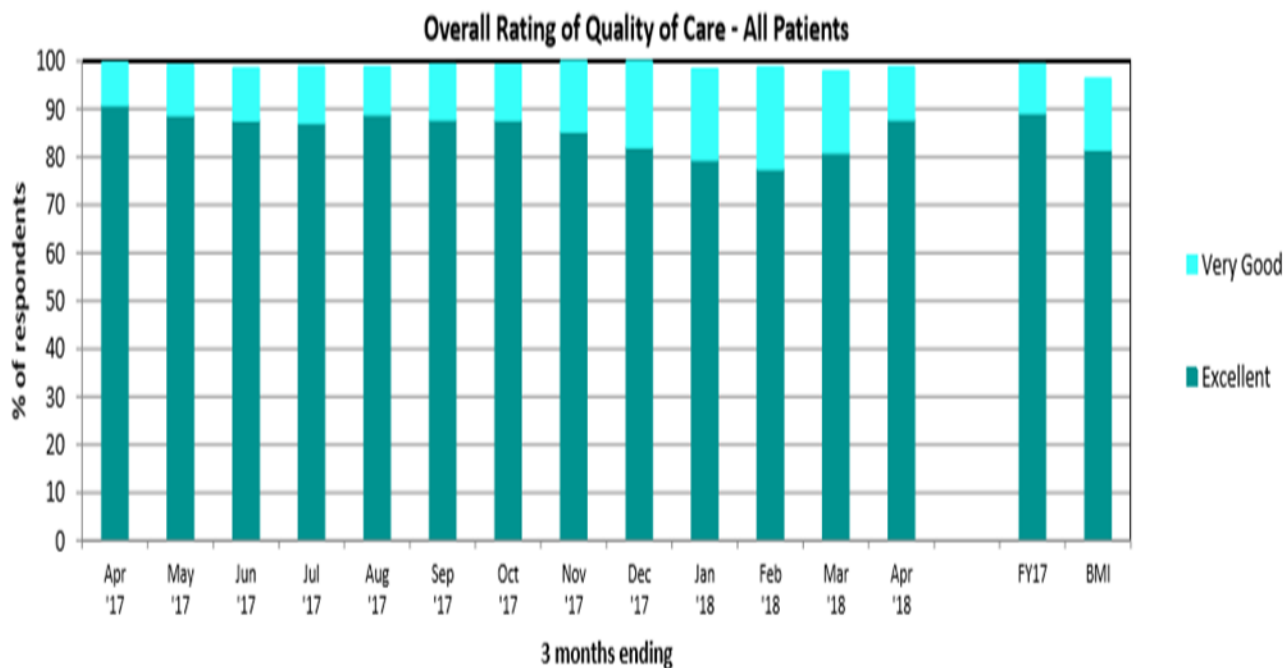


BMI Healthcare is committed to providing the highest levels of quality of care to all of our patients. We continually monitor how we are performing by asking patients to complete a patient satisfaction questionnaire. Patient satisfaction surveys are administered by an independent third party.

Patients are given the opportunity to feedback on their experience during their Outpatient attendance by completing a handwritten questionnaire.

This continues on for inpatient, day case and ambulatory patients to provide feedback. In October 2017 online comment was introduced and as such the hospital has seen a reduction in the number of returns.

98.6% % of patients rated The Sandringham Hospital as Excellent/Very Good



The Sandringham Hospital	Excellent 2016	Very Good 2016	Excellent 2017	Very Good 2017
Overall Impression of Admission	76.3%	97.7%	80%	97.1%
Overall Impression of Nursing	89%	99%	90%	99.7%
Overall Impression of Catering	68%	92.4%	71.1%	93%
Overall Impression of Discharge	75.2%	94.6%		
Overall Impression of Quality of Care	86.6%	99.1%	89.1%	99.8%
Overall Impression of Accommodation	77.4%	97.5%	82%	98.3%
How likely to recommend to Friends and Family	100%		100%	

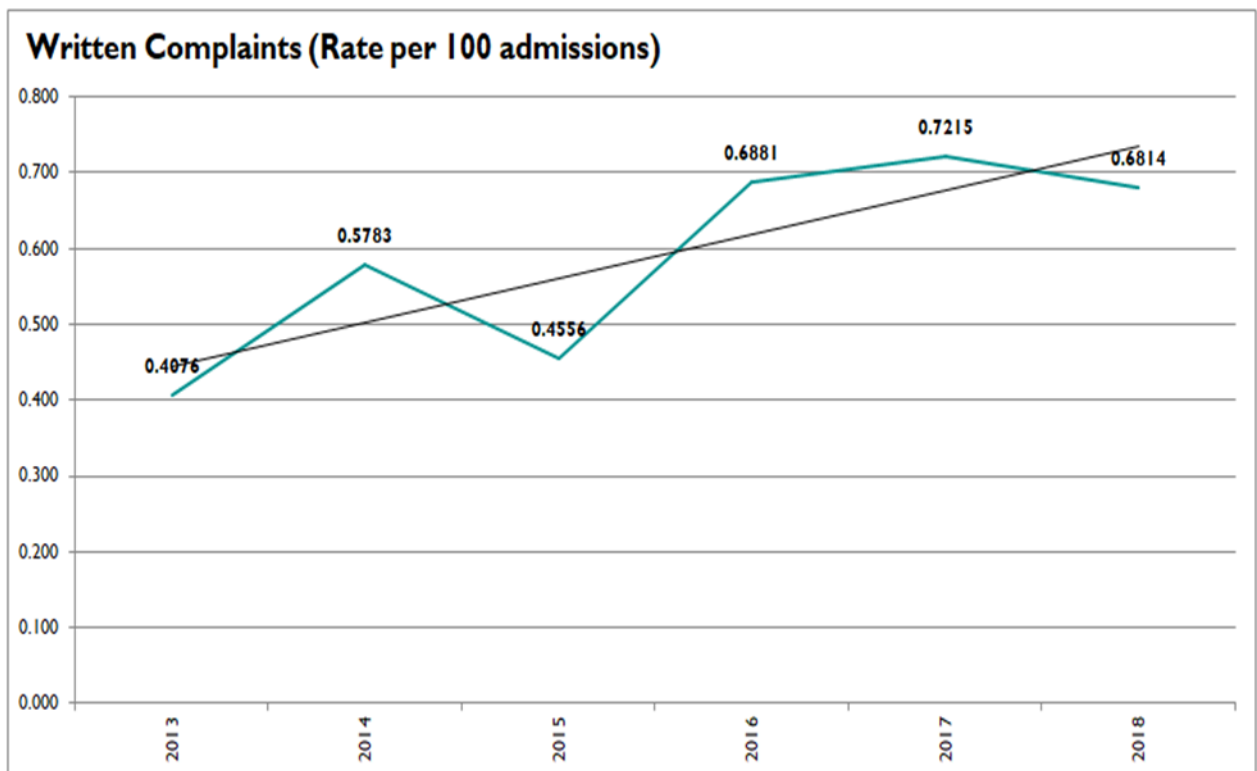
Complaints

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

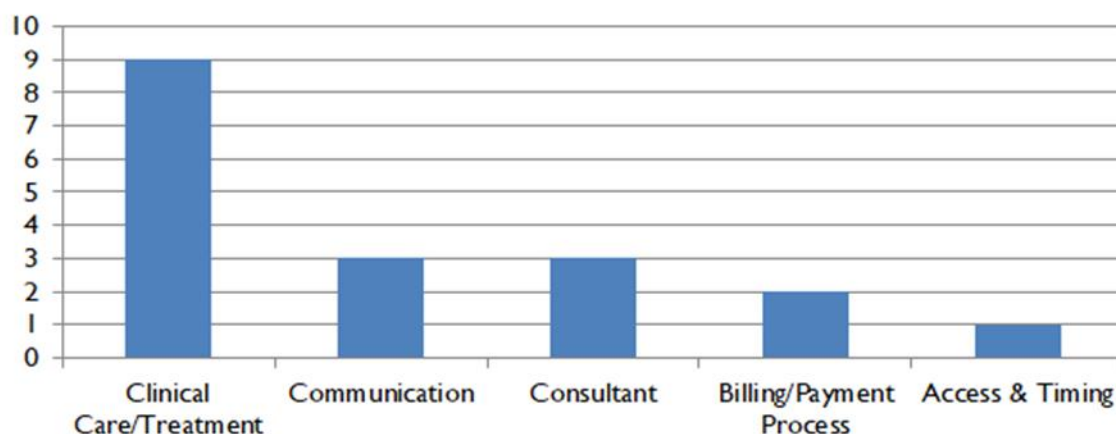
Stage 1: Hospital resolution

Stage 2: Corporate resolution

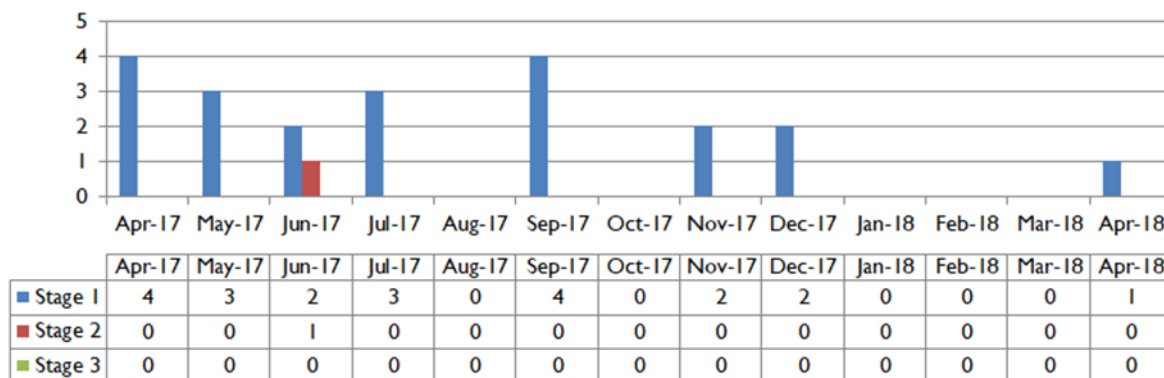
Stage 3: Patients can refer their complaint to Independent Adjudication if they are not satisfied with the outcome at the other 2 stages.



Top 5 Complaints



Complaint Stages



The Sandringham has seen a decrease in the number of complaints from the beginning of this year. The investigation and response to complaints at the Hospital is considered an opportunity to learn and improve the quality of services provided. Where a complaint encompasses several services, responses are sought from each area in order to compile joint response and ensure shared learning. Individual staff members are encouraged to participate in the investigation and are provided with feedback on outcomes.

CQUINS

At present CQUINS are not being carried out at The Sandringham Hospital as the CCG has not agreed a process. The SMT are now in consultation with the CCG and are negotiating a contract regarding National CQUINS with local adjustments that should be agreed IMMEDIATELY.

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.

The Sandringham can confirm that we have had no reports of safeguarding incidents in the reporting period, safeguarding is discussed monthly as part of our monthly clinical governance agenda.

Standards for Invasive Procedures (NatSSIPs) and was developed in conjunction with the Theatre Managers to ensure practitioner involvement.

The main areas for commitment are:

1. Strengthen corporate safety management systems
2. Policy review
3. Improve incident investigation reports
4. Reward staff for safety
5. Build resilience into theatre teams, including action to mitigate the risks associated with non-substantive and novice staffing
6. Address reasons for non-concordance

National Clinical Audits

National Joint Registry data is collected & reviewed. Ongoing data collection allows national information & outcomes to be monitored as well as identification in the event of any issues identified. The 2016/17 NJR summary figures for BMI Sandingham

No of Procedures	No of Hip Procedures	No of Knee Procedures	Consent Rate
309	141	168	99%

We do take part in NCEPOD audits when applicable to our site and we also have a pro-active Clinical Audit Plan in place. For example:

- IPC Audit Programme & QIT
- Hand Hygiene (ANTT)
- Patient Medical Record Documentation Audit
- Compliance to MRSA Screening Protocols.
- Compliance to VTE Protocols.
- WHO Compliance Audit (Theatre).
- Theatre Audit
- Medicine Management
- Controlled Drugs
- Consent Audit
- Safeguarding
- Pain Management
- Same-Sex Accommodation
- Intrathecal Audit
- Blood Transfusion
- Resuscitation

This was the corporate audit plan for 2017 & a plan of audits was completed monthly. Action plans were in place for any non-compliances.

January 100%	February 100%	March 100%	April 100%	May 100%	June 100%
Patient Health Record Y 94%	Patient Health Records Y 94%	Patient Health Records Y 94%	Patient Health Record Y 87%	Patient Health Record Y 97%	Patient Health Record Y 99%
WHO Checklist Y 100%	WHO Checklist Y 100%	WHO Checklist Y 100%	WHO Checklist Y 99%	WHO Checklist Y 100%	WHO Checklist Y 100%
VTE Y 100%	VTE Y 100%	VTE Y 100%	VTE Y 100%	VTE Y 100%	VTE Y 100%
Theatres Y 100%	Theatres Y 100%	Controlled Drugs Y 100%	Blood Transfusion Y 94%	Vertical PoCT Y 100%	Controlled Drugs Y 100%
IPC Y 100%	IPC Y 100%	Consent Y 85%	Theatres Y 100%	Theatres Y 100%	Consent Y 85%
Hand Hygiene Y 92%	Hand Hygiene Y 100%	Theatres Y 100%	IPC Y 100%	IPC Y 100%	Theatres Y 100%
Safeguarding Y 95%	Medicine Management Y 98%	IPC Y 100%	Hand Hygiene Y 97%	Hand Hygiene Y 95%	IPC Y 75%
Resuscitation Y 100%	Same-Sex Accommodatic Y 100%	Hand Hygiene Y 98%	Resuscitation Y 100%	Medicine Managemen Y 99%	Hand Hygiene Y 82%
Falls Y 99%	Pain Management Y 96%	Intrathecal Audit Y 100%		Oncology Y 98%	Critical Care Y 100%
July 100%	August 100%	September 75%	October 100%	November 84%	December 75%
Patient Health Records 95%	Patient Health Records 96%	Patient Health Records Y 95%	Patient Health Record Y 95%	Patient Health Record Y 93%	Patient Health Record Y 97%
WHO Checklist 100%	WHO Checklist 100%	WHO Checklist Y 100%	WHO Checklist Y 100%	WHO Checklist Y 100%	WHO Checklist Y 99%
VTE 100%	VTE 100%	VTE Y 100%	VTE Y 100%	VTE Y 100%	VTE Y 100%
Theatres 99%	Theatres 100%	Controlled Drugs Y 100%	Blood Transfusion Y 94%	Theatres Y 100%	Controlled Drugs Y 100%
IPC 90%	IPC 90%	Consent Y 93%	Theatres Y 100%	IPC Y 100%	Consent Y 80%
Hand Hygiene 96%	Hand Hygiene 100%	Theatres Y 100%	IPC Y 100%	Hand Hygiene 92%	IPC Y 100%
Resuscitation 100%	Medicine Management 99%	IPC 50%	Hand Hygiene Y 93%	Medicine Managemen Y 94%	Hand Hygiene 100%
Falls 100%	Pain Management 94%	Hand Hygiene 0%	Resuscitation Y 100%	Oncology Y NA	Critical Care NA

In February 2018 the corporate self-assessment plan was put in place & the process was started in the hospital.

Priorities for Service Development and Improvement

1. Further development of the Ambulatory Unit with the aim to utilise it for five days a week.
2. Raise awareness of the Hospital locally with the appointment of a Self Pay & Marketing Lead.
3. Focus on our service development with the introduction of new procedures over the next year.
4. The development of Dementia awareness and implementation of dementia friendly elements.

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

Sandringham Hospital	Staff Recommendations				
	2018	2017	National Average	Highest National Score	Lowest National Score
	82.00%	95.74%	73.18%	89.98%	50.44%

An initiative to improve communication within the hospital was taken by replicating South Cheshire’s idea and attaching a ‘Governance Gossip’ to the payslip, thus ensuring EVERY member of staff would receive one, this allows them to have an overall view of what is happening in and around the hospital. Staff Forums have also started again and are led by the Executive Director.

Quality Indicators

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

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

Indicator	Source	Information	NHS Date Period
Number of paediatric patients re-admitted within 28 days of discharge and number of adult patients (16+) re-admitted within 28 days of discharge.	BMI Healthcare Risk Management System	This figure provided is a rate per 1,000 amended discharges.	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)

Sandringham Hospital	Re-Admissions (Aged 16+)			
2018	2017	National Average	Highest National Score	Lowest National Score
0.964	0.000	10.010	41.650	0.000

The Sandringham considers that this data illustrates that the robust pre-assessment that is undertaken prior to surgery is illustrated in the less than 1% re-admission rate.

The Sandringham hospital does not treat children and therefore there were no Paediatric data to report.

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

Sandringham 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 Sandringham considers that this data is as described because we adhere to strict Infection Prevention Controls and regularly audit our practice.

We have a dedicated Infection Prevention and Control Lead on site, which monitors our audit data and assesses trends in line with patient outcomes. This allows us to give assurance to the dedication of our Infection Prevention and Control and to the quality of our services. We ensure that every step is taken to ensure this current standard is maintained.

Hospitals responsiveness to the personal needs of its patients

Sandringham Hospital	Responsiveness			
2018	2017	National Average	Highest National Score	Lowest National Score
97.54%	97.55%	69.22%	78.00%	60.10%

The Sandringham Hospital considers that this data is due to the high standard of care received by our patients. The feedback received illustrates that we are providing a good standard of care and meeting the expectations of our patients. Critical feedback is welcomed as it gives us the opportunity to address areas of dissatisfaction and therefore continually improve our service with the aim to exceed our customer's experience.

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

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

Completion of VTE risk assessment on/before admission and at 24 hours is subject to our audit process. The audit results reflect the scores documented in the table above.

Patient Safety Incidents

Sandringham Hospital	Patient Safety Incidents (Count)			
2018	2017	National Average	Highest National Score	Lowest National Score
133	83	3908	14506	31
Sandringham Hospital	Patient Safety Incidents (Rate per 1000 Bed Days)			
2018	2017	National Average	Highest National Score	Lowest National Score
128.255	68.200	43.292	149.700	11.200

With the introduction of the new reporting system at the end of 2016, allowing everyone ease of access via the computer to report incidents, a healthy reporting culture around patient safety has been adopted. This allows all incidents reported and lessons learnt to be fed back to HODS for dissemination to staff.

Patient Recommendation Results

Sandringham Hospital	Patient Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
99.02%	99.17%	97.07%	100.00%	75.61%

The Sandringham considers that this data is as described and recognises the commitment of all staff at the hospital in their dedication to ensure that all patients experience and level of satisfaction is the best it can be.

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