



The Saxon  
Clinic

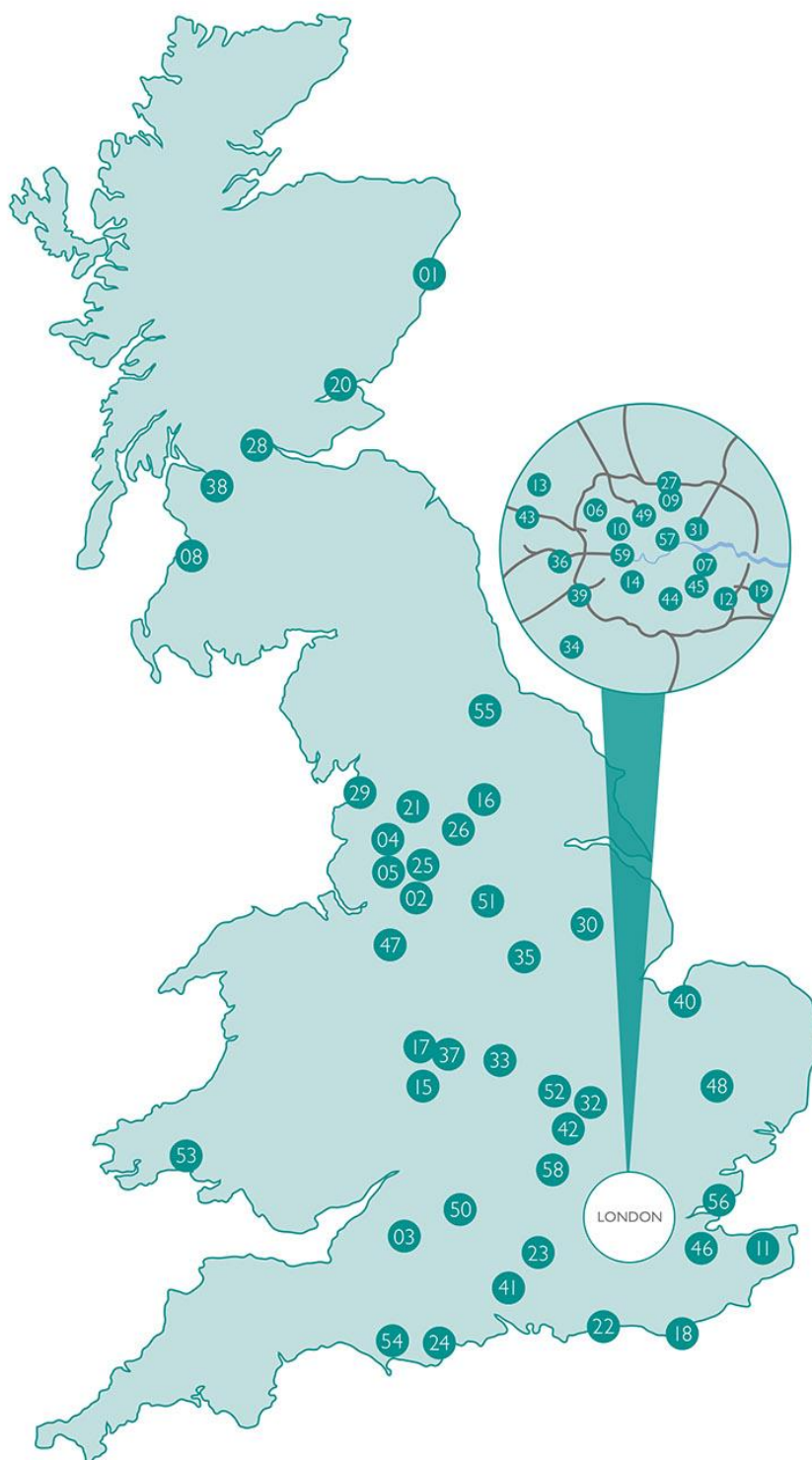
# QUALITY ACCOUNTS 2018

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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, slightly slanted style.

**Dr Karen Prins**



## Hospital Information

BMI The Saxon Clinic is registered for 37 beds. Patients are nursed in single, en-suite patient bedrooms, all equipped with nurse-call systems, telephone, radio and television. The hospital is a single level purpose built complex providing excellent accessibility including a hearing induction loop. Full and varied menus, including those for special dietary requirements, are available to patients and their visitors.

Hospital facilities include a purpose built endoscopy suite, two operating theatres (1 laminar flow) with a recovery unit and twelve private consulting rooms. The hospital also includes onsite imaging department including MRI, a physiotherapy gymnasium offering inpatient and outpatient treatments, a comprehensive range of health screening programs to suit individual and corporate clients in addition to pharmacy and pathology services.

Pathology services are outsourced and the pathology laboratory which serves the hospital is located at BMI The Priory Hospital. Point of care testing equipment is available to allow urgent tests to be undertaken within the hospital. Urgent pathology services including blood products services are provided through a service level agreement with Milton Keynes University Hospital NHS Trust

Decontamination services are not undertaken at the hospital, with instrument decontamination being undertaken off site by BMI decontamination hub at Radlett or Aylesford

The hospital provides surgical admissions for adults and children aged 3 years and over. Children under 3 years are seen in out-patients for consultation only. An increase in Registered Children's Nurses staffing levels have resulted in improvements to the paediatric service including a weekly paediatric phlebotomy clinic and extension of consultation clinics for all disciplines to accommodate children.

Refurbishment of the hospital is in process and has included new flooring throughout outpatient consultation rooms, waiting areas and patient bedrooms and upgrade of hand hygiene basin across the hospital

BMI The Saxon Clinic also supports fertility services as a satellite of Care Fertility Northampton.

Approximately 38% of the work undertaken in 2017- 2018 at the Saxon Clinic is provided for NHS patients under contract to Clinical Commissioning Groups and Milton Keynes University Hospital Trust.

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 unannounced inspection on 26 - 27 January, 9<sup>th</sup> February 2016 and found

Overall Rating	Requires improvement	●
Are services safe?	Requires improvement	●
Are services effective?	Requires improvement	●
Are services caring?	Good	●
Are services responsive?	Requires improvement	●
Are services Well-led	Requires improvement	●

Following this inspection The Saxon Clinic implemented a detailed action plan to address those areas rated as required improvement.

The ward and outpatient areas have been refurbished with new easy clean laminate flooring in corridors, patient bedrooms and all clinical areas. There is an on-going programme of re-decoration of patient bedrooms and en-suite bathrooms. A programme of refurbishment of the out-patient department is underway which will include refurbishment of consulting rooms, upgraded handwashing facilities and a dedicated children’s waiting area.

Handwashing facilities in the physiotherapy department have been upgraded

The Saxon Clinic no longer offers treatments as part of an oncology service. In order for patients to receive the best level of cancer care required it is important that they are seen and treated in a dedicated oncology unit by experienced and appropriately trained staff. Due to the low demand on our services the hospital felt it was more appropriate to suspend treatments in the Oncology unit although patients may still be seen for Consultation.

In addition to the required actions to further improve the quality of care The Saxon Clinic has established a comprehensive audit programme to measure our hospital performance against national healthcare standards and requirements. We have implemented an improved training programme for staff. Adult Life Support training is mandatory for all members of staff, Paediatric Life Support is a mandatory requirement for all those dealing with children. Key staff have also undertaken specific paediatric recovery training.

The Hospital has established a more child-friendly environment. Age appropriate child and young people friendly information leaflets are now readily.

There has been a review of management responsibilities and every member of staff must have an annual appraisal with their line manager. The complaints response processes have been reviewed to ensure all complaints are dealt with appropriately and in a timely manner.

The Saxon Clinic 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 Saxon Clinic.

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

- Nil MRSA bacteraemia cases/100,000 bed days
- Nil MSSA bacteraemia cases /100,000 bed days
- Nil E.coli bacteraemia cases/ 100,000 bed days
- Nil 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;

Measure	Rate (per 100 procedures)
Hips - Readmission	0.60000
Hips -Including patient reported	1.30000
Knees- Readmission	0.50000
Knees- Including patient reported	1.40000

Robust statutory surveillance of patients for surgical site infection is facilitated at The Saxon Clinic by dedicated staff. This provides accurate data for patients undergoing Hip and Knee surgery for one year following surgery and ensures patient reported infections, possibly managed by other healthcare providers are captured within the data in addition to patients who may be readmitted for hospital management.

In addition to statutory reporting of post-operative infections with hip and knee replacements, surgical site infection rates are monitored across all disciplines. Following a cluster of patients reporting superficial wound infections, processes were reviewed to ensure discharge information around wound care were well understood. Patients are no longer discharged with spare dressings and instead encouraged to return to The Saxon Clinic for dressing changes which can then be performed using good aseptic non touch techniques.

Improvements to pre-operative preparation of patients also include the provision of Octenisan wash for pre-operative showering, increasing compliance with this requirement.

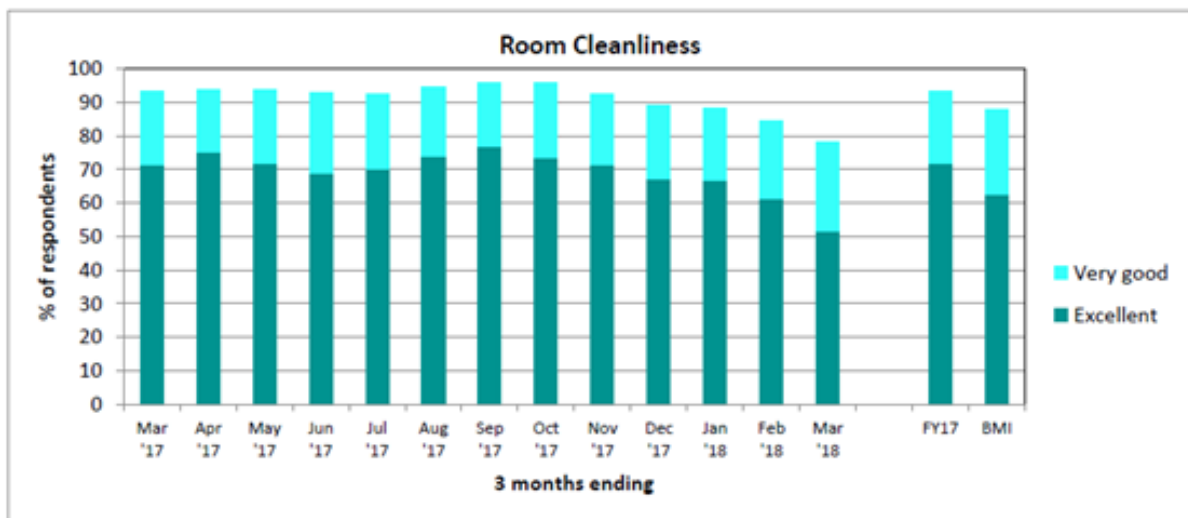
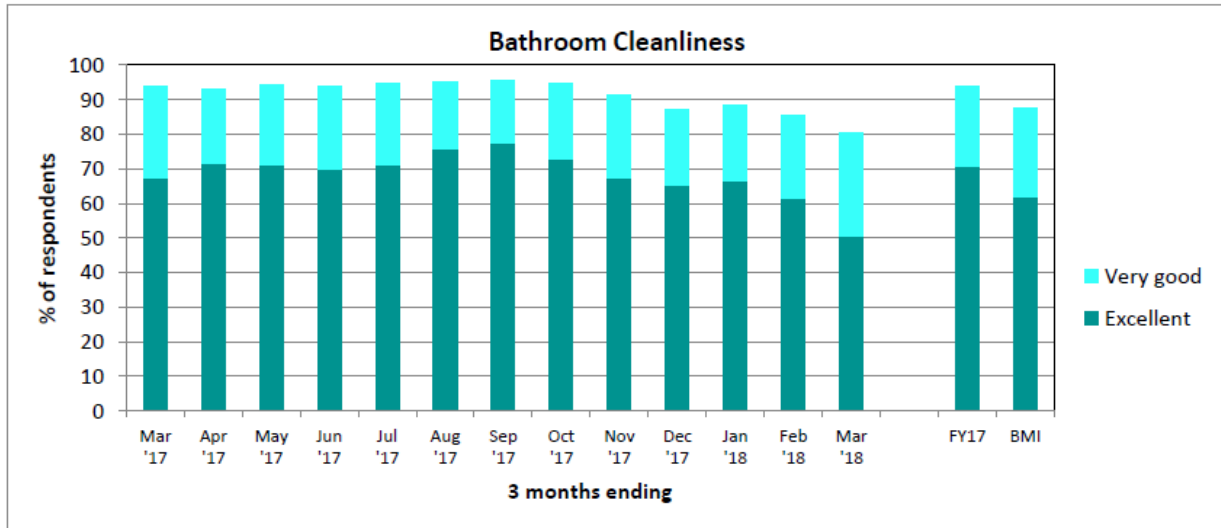
All clinical staff within BMI The Saxon Clinic are required to undertake annual Infection, Prevention and Control training, which incorporates theory and practical sessions in hand hygiene and aseptic non-touch technique. Practical training sessions have been provided monthly to support compliance with these training requirements

BMI The Saxon Clinic holds quarterly Infection Prevention and Control Committee meetings to review data, processes, policy and procedures. This governance meeting is supported by monthly link practitioner and infection review meetings. The monthly meetings provide education and ownership of infection control processes and improvements. The hospital team is supported by a - Consultant Microbiologist.

To maintain focus on safeguarding patients from infection risks at the hospital, monthly audits have been conducted to measure compliance with practice standards in the core areas of hand hygiene, including 'bare below the elbows', and MRSA screening. Results of the audits demonstrate consistently very high compliance with hand hygiene and MRSA screening standards.

High Impact Interventions in relation to peripheral cannula insertion and care and urinary catheter insertion and care have been audited throughout the year and demonstrate that clinical practice is in accordance with recommended practice, reducing the risk of infection

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



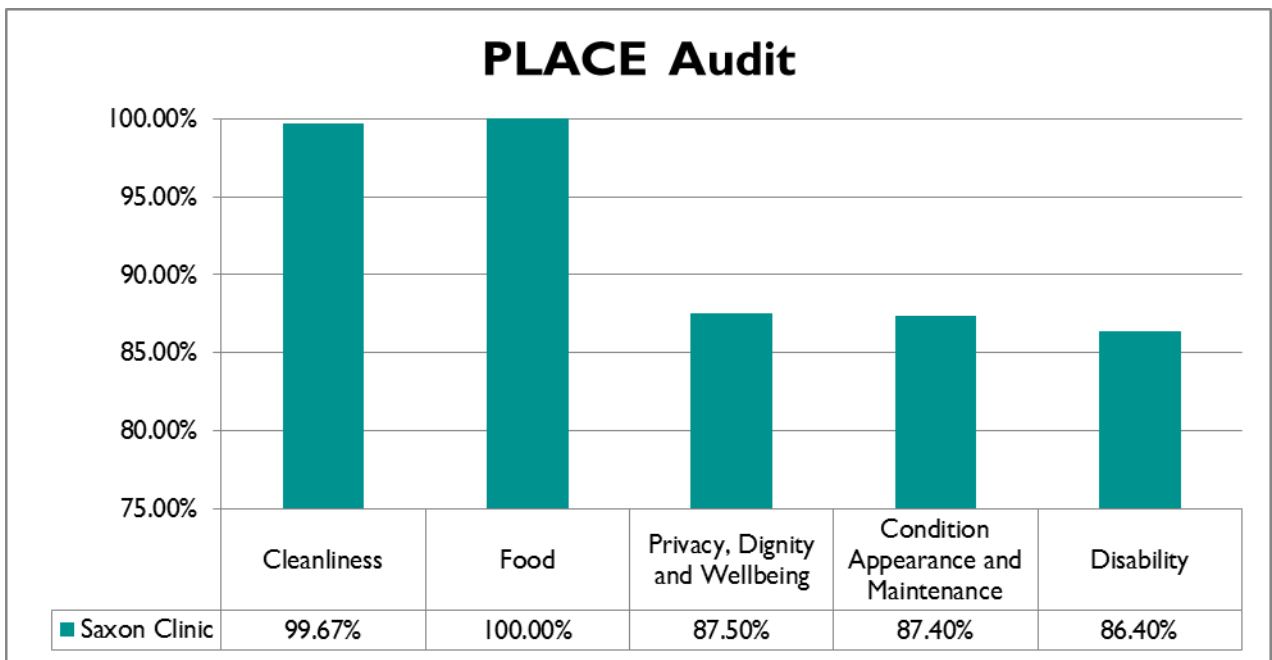
## Patient Led Assessment of the Care Environment (PLACE)

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 Saxon Clinic considers that this data is as described for the following reasons:

The Privacy, Dignity and Wellbeing score was adversely affected by the perceived privacy at the outpatient reception desk. Whilst there is limited space for private conversation at the desk, patients are always offered a private room to discuss private or personal matters with the reception team. This has been made more transparent with more prominent signage on the desk. Privacy, dignity and wellbeing for inpatient areas scored 100%.

At the time of the audit the carpeted flooring in the outpatients department had yet to be replaced with the laminate flooring that is now present across the hospital. The carpet was worn and marked. The refurbishment plan was in place and the work due to start. The audit states the condition at the time of inspection, and The Saxon Clinic believes that future inspection will provide a more positive response

The disability score was adversely affected by the lack of handrails within the hospital corridors. The Hospital has a small footprint and had not previously considered handrails. Within the redecoration and refurbishment plan a risk assessment for combined bumper and handrails will be considered.

## 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.

<b>Duty of Candour Incidents</b>
5

The Saxon Clinic consider the Duty of Candour with all incidents, During the 2017/2018 year there were 5 significant incidents where this was more complex.

Incident involving a missing biopsy sample left a patient without a confirmatory diagnosis.

- The patient had undergone the excision of a lesion, suspected of being a wart. The patient was fully informed of the investigation and the action plan which followed. This included further auditable steps of the journey the biopsy to the laboratory and improved communication between the laboratory and the Saxon Clinic. The patient has been offered further follow up appointments with a consultant dermatologist to review any future regrowth of the lesion.

There were 3 incidents involving diathermy equipment, which resulted in harm to patients. The 3 incidents were not related, with different root causes,

- The first incident involving diathermy equipment resulted in a patient receiving a small diathermy burn. The incident occurred due to the mis-connection of equipment to the power supply, which allowed the equipment to be accidentally used by touching a foot pedal. The consultant explained the situation to the patient as soon as they were awake. The surgeon took immediate action to reduce the possible consequences. The Saxon clinic arranged for the patient to be reviewed by a plastic surgeon six weeks after the incident who reassured the patient that there was no lasting damage. The cables that connect to the diathermy equipment have been clearly labeled to prevent reoccurrence.
- A second incident involving diathermy equipment in theatre left a 15 year old with a small superficial burn. The incident involved a minor so the duty of candour involved both the patient and his parents. A report summarizing the full investigation was shared with the family and identified The root cause of this incident to be instrumentation laying on wet incise drapes. Consultants were reminded to use of a quiver to rest the instrument on when not in use .Duty of candour was carried out by the Consultant surgeon, in conjunction with Executive Director of The Saxon Clinic. The Executive Director arranged for the patient to be reviewed by a Consultant plastic surgeon six weeks after the incident and he was able to reassure the family that there was no lasting damage as the scar was no longer visible.
- The third incident involving diathermy equipment occurred during a hernia repair and left a small superficial burn which was incorporated into the scar line from the operation. The consultant caught the edge of the incision line with the diathermy probe whilst manipulating the wound. He discussed the incident with the patient as soon as was practical and the wound healed without complication. Review of the incident identified that a shorter diathermy tip would likely have prevented the incident from occurring and a supply of shorter tips was purchased and is in use.

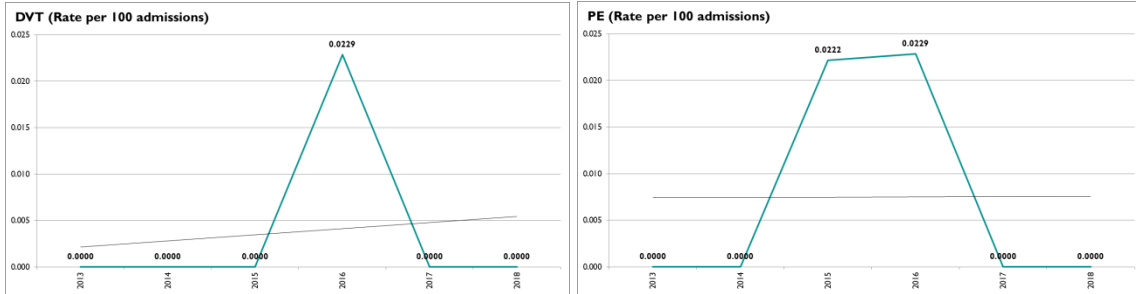
A patient returned to theatre for a revision of her Total Hip Replacement following a deep incisional surgical site infection. The patient was involved in the investigation into the possible origins of the infection. The Saxon Clinic was unable to identify an exact cause of the infection and a review of both pre-operative preparation and post-operative care was instigated. The provision of pre-operative decolonizing shower gel and the prevention of patients changing their own dressings have improved patient outcomes.

## Venous Thrombo-embolism (VTE)

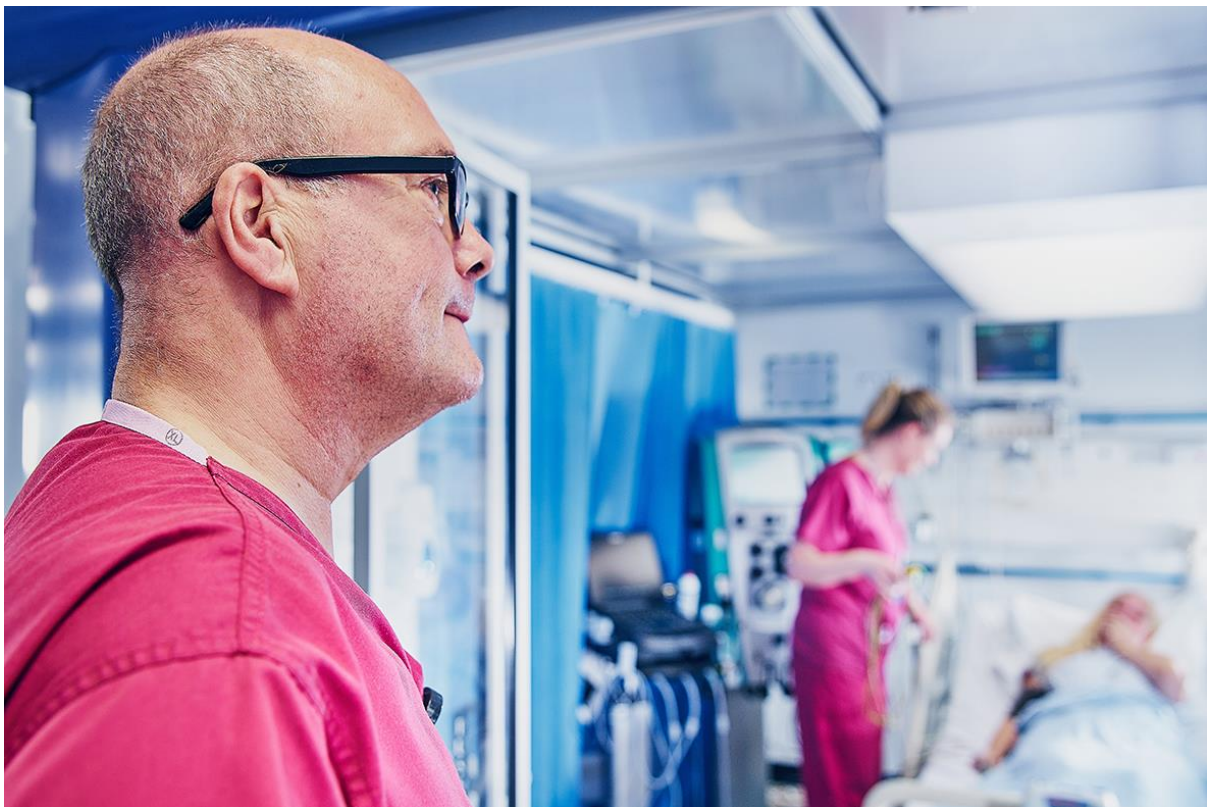
BMI Healthcare, holds VTE Exemplar Centre status by the Department of Health across its whole network of hospitals including, The Saxon Clinic. BMI Healthcare was awarded the Best VTE Education Initiative Award category by Lifeblood in February 2013 and was the Runners up in the Best VTE Patient Information 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 that during 2017/2018 100% of audited patients at BMI The Saxon Clinic were risk assessed for VTE.

The Saxon Clinic 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. .



Data for our clinical incident system confirms that BMI The Saxon Clinic had no reports of VTE – DVT or PE during the 2017/2018 reporting year



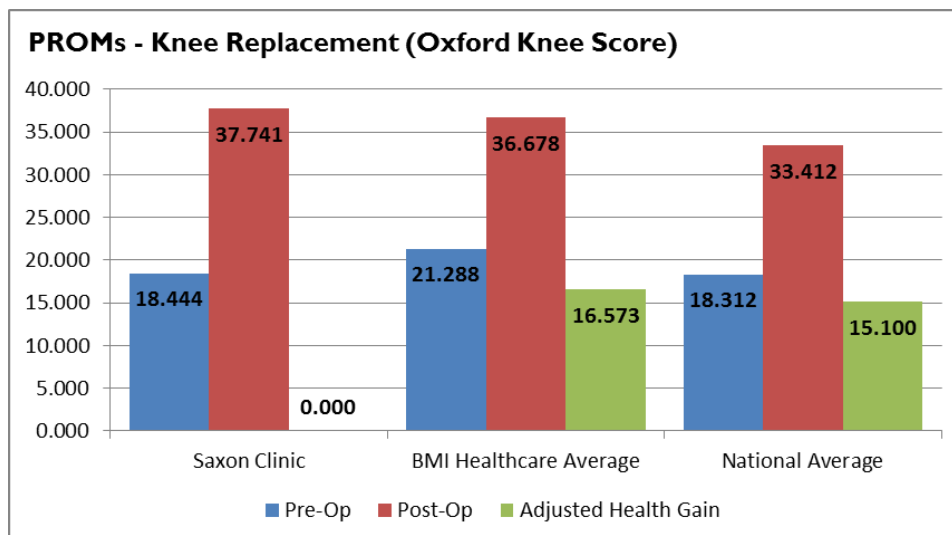
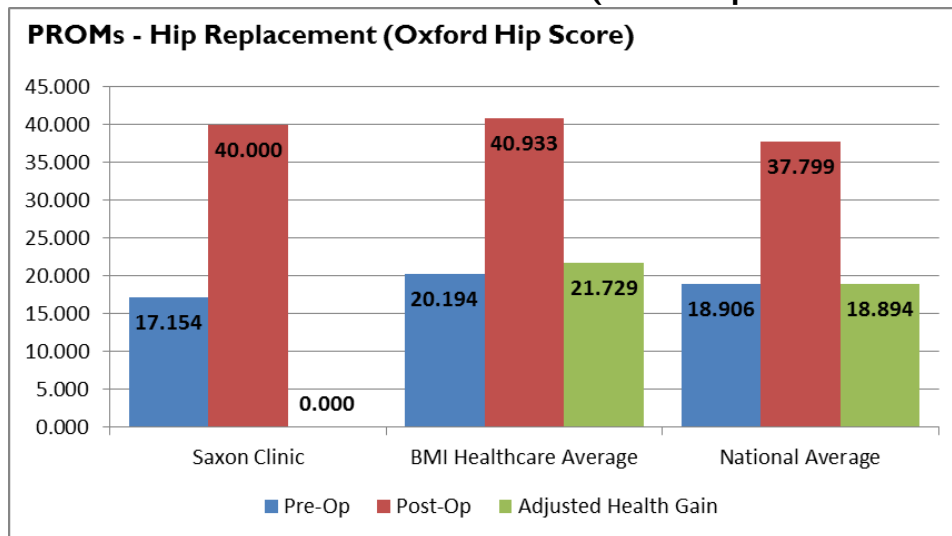
## Patient Reported Outcome Measures (PROMS)

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 Saxon Clinic.

Post-operative scores were positive and in line with BMI Healthcare’s and the national average, however statistically accurate adjusted health gain cannot be calculated for the Saxon Clinic due to the small numbers of procedures carried in each year.

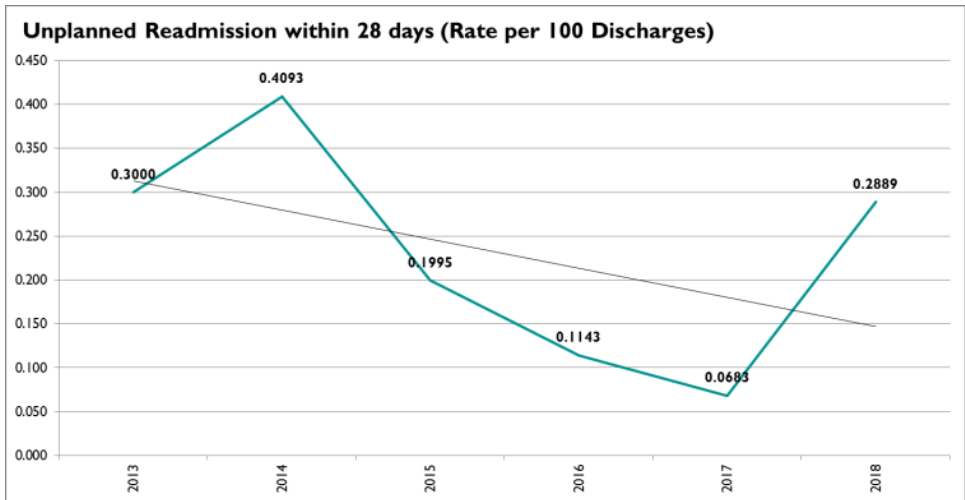
### Latest PROMs data available from HSCIC (Period: April 2016 – March 2017)



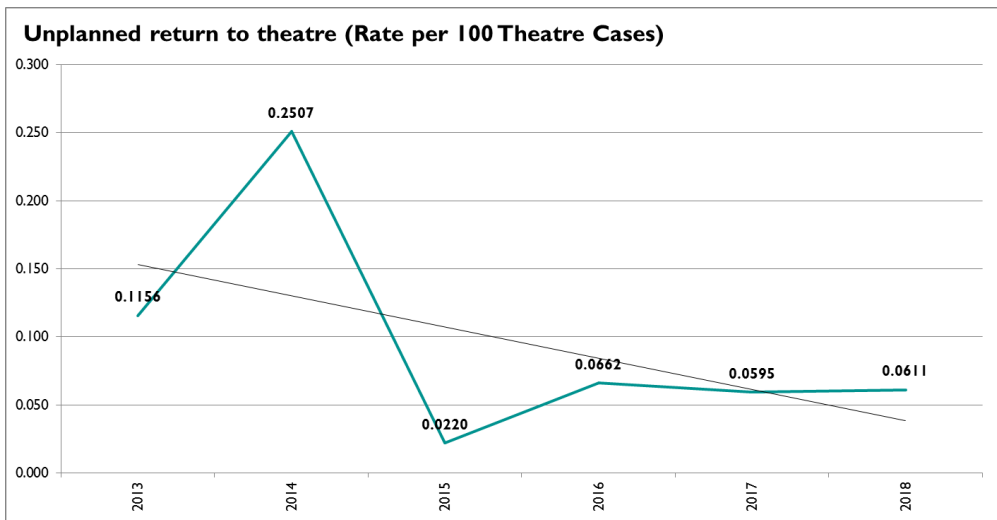


## Unplanned Readmissions & Unplanned Returns to Theatre

Unplanned readmissions and Unplanned Returns to Theatre are normally due to a clinical complication related to the original surgery. BMI The Saxon Clinic has low rates of readmission and return to theatre with each one being fully investigated through our incident reporting system. There were no associated mortalities with any of the any readmissions or returns to theatre



The number of patients readmitted to the Saxon clinic was very small. There were no trends identified within the readmissions. Patients were readmitted for increased pain, post-operative vomiting and bleeding. Although no correlation has been identified between patients a further audit of post-operative pain management and nausea is in process with a view to improving patient pathways and reducing any readmissions in the future



The number of patients returning to theatre was extremely small and insufficient to identify any trend.

## Learnings from Deaths

Preservation of life and avoidance of unnecessary death is an essential objective for healthcare providers; BMI Healthcare recognises this and is committed to ensuring that its hospitals and the organisation as a whole learn from the death of any patient whilst under our care. Sharing these lessons learnt is vital in order to ensure excellent quality of our care is provided across the company.

The Care Quality Commission (CQC) conducted a review in December 2016. This found that some providers were not sufficiently prioritising the learnings from deaths, and as a result, opportunities were being missed to identify and improve upon quality of care. This review was discussed by BMI Healthcare through the Clinical Governance Committee so that as an organisation, we could ensure we were following the best practice as suggested through this review.

All deaths, whether expected or unexpected, are reported to the regulators (CQC, HIS, HIW). They are also reported via our hospitals incident management system and therefore managed in line with the company's Incident Management Policy. When an unexpected patient death has occurred, a Root Cause Analysis (RCA) is conducted to understand the event; the contributing factors relating to a death, identify potential areas for change in practice and develop recommendations which deliver safer care to our patients. The findings from RCAs are reported as part of the hospital's Clinical Governance reporting requirements, and shared with the Regional and Corporate Quality teams. These findings are also shared with the patients' families in line with BMI Healthcare's Duty of Candour policy and its behaviours surrounding transparency.

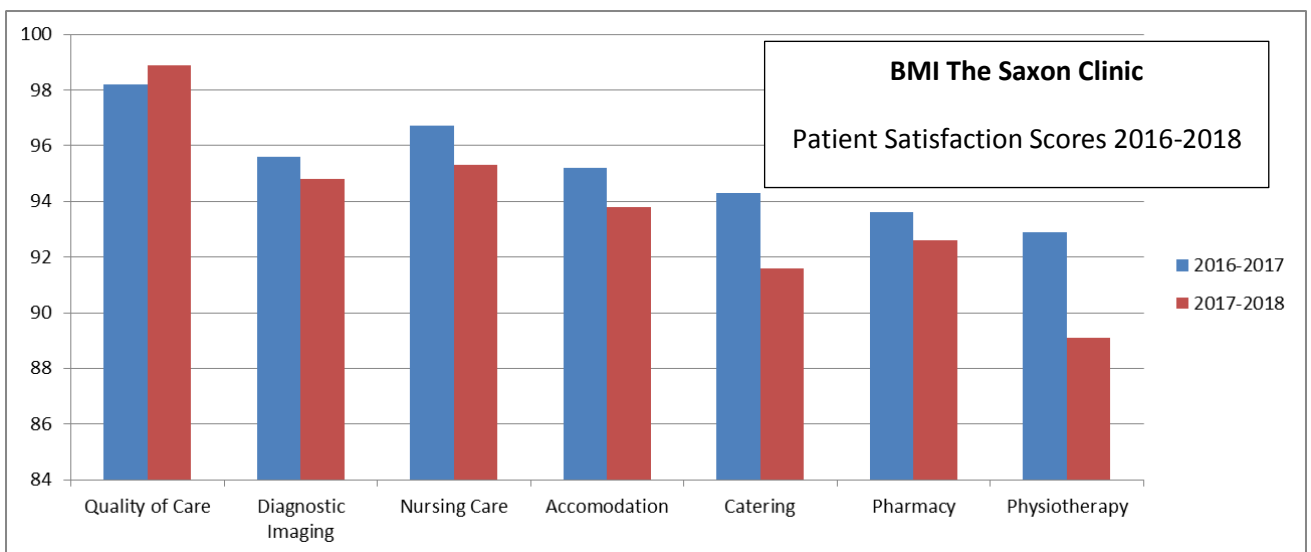
All deaths are discussed at a hospital Clinical Governance Committee, and further escalated to the Regional Quality Assurance Committee and National Clinical Governance Committee for review as appropriate; this ensures that lessons learnt from deaths are discussed at all levels and findings are then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

## Patient Experience

### Patient Satisfaction



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



The results are tabulated above for respondents who rated the hospital as very good or excellent. Comparative data for the last two years shows score to be broadly similar. There appears to be 1% less patients rating the hospital in this way compared to last year, although the perceived overall quality of care has improved by a similar amount.

98.7% of patients would recommend the Clinic to their family and friends.

The Saxon Clinic has a programme of refurbishment in place which when complete will improve the overall look and feel of the clinic.

The catering score is not in keeping with the PLACE audit where the food was identified as being excellent. Catering is provided by a third party and further investigation of the reduced satisfaction in this area is underway.

A slight reduction in satisfaction around pharmacy provision is mirrored with an increase in paediatric activity. Patients’ expectations and understanding of free prescriptions with NHS care is improving and is likely to have caused some disappointment. Information around Patient charges is provided with patient registration.

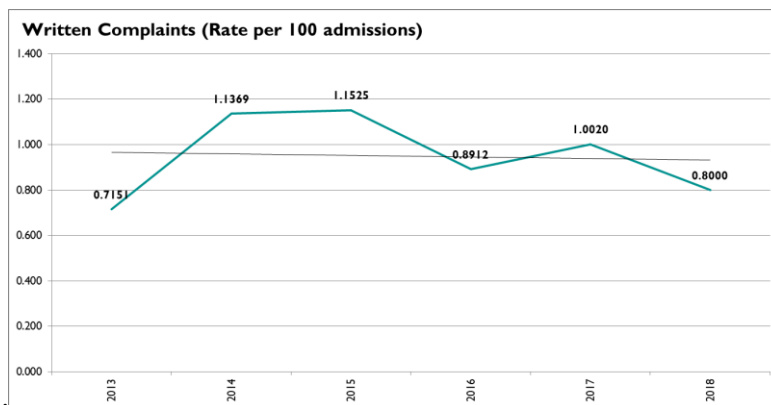
## Complaints

In addition to providing all patients with an opportunity to complete a Satisfaction Survey BMI The Saxon Clinic 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 majority of complaints at BMI The Saxon have been associated with patient charges. Improved patient charges information provided at patient registration has supported transparency.

Other complaints involved delays in outpatient clinics and cancellation of surgery at short notice. The reasons for delays and cancellations have been investigated and full apologies offered. Process

changes to reduce delays and keep patients more clearly informed around any unavoidable delay have occurred including the launch of a consultant mobile telephone app to provide information to the consultant around the time of their first appointment and improved customer services training for reception staff.

A very small number of complaints are associated with patients disagreeing with the consultants' clinical judgement or activity . Consultants are involved in the resolution of these concerns which have been alleviated with further explanation of the decision making processes.

## CQUINS

BMI The Saxon Clinic participates in two CQUIN programs which provide opportunity to deliver improvements in quality for patients and a healthier work environment for staff.

During 2017 2018, BMI The Saxon clinic engaged in the first year of a 2 year 'sign up to safety' patient safety CQUIN.

In putting safety first, The Saxon Clinic has delivered an audit training program which has supported the successful completion of the corporate clinical audit program alongside a range of local clinical audits which have both confirmed safe practice and identified other areas for improvement such as

- BMI The Saxon Clinic has continually monitored vacancy factors and recruited to both permanent and bank positions providing stability in the workforce and reducing the use of agency staff who may not be so acquainted with local procedures.
- To learn from our mistakes, BMI The Saxon Clinic have ensured senior staff have engaged in root cause analysis training in order to effectively investigate incidents and identify appropriate action plans.
- Hospital Incident actions and learnings are shared weekly via a whole staff report and monthly incident review meetings identify themes and broader actions. Learning from other BMI hospital incidents is shared corporately with monitored local gap analysis and action plans
- The introduction of Weekly review meetings of patient negative feedback and complaints allow BMI The Saxon Clinic to take positive actions to mitigate the event and reduce the possibility of reoccurrence

The second CQUIN commitment that BMI The Saxon Clinic made in 2017 was the wellbeing charter self-assessment and action plan. This two year program included actions to meet the achievement standard of the charter in all 8 strands.

Actions to achieve this standard included staff education and encouragement around physical activity, healthy eating and greater understanding of mental health in the workplace.

## Safeguarding

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

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

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

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

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

## National Clinical Audits

BMI The Saxon Clinic’s local Clinical Audit Program is in place and aligned to national standards and best practice. We contribute to the National Joint Registry (NJR) and Patient Reported Outcome Measures (PROMs).

Totals for this hospital	2017	Year to date:
		2018
Total completed ops	364	126
Hip procedures	155	52
Knee procedures	208	72
Ankle procedures	0	0
Elbow procedures	0	0
Shoulder procedures	1	2
NJR consent rate	84%	83%

## Priorities for Service Development and Improvement

The BMI Saxon Clinic development plan is aligned to the BMI corporate strategy and vision. The local hospital development plan has several strands.

Progress against our planned objectives from the previous year has been good

The mobile MRI scanner is now permanently located on site enabling daily access to diagnostic imaging. A plan to relocate this facility into an internal facility are progressing

The camera stacks in theatre and endoscopy have been replaced with new up to date equipment providing superior imaging.

We have recruited a new endoscopy lead and additional endoscopy staff which has enabled us to begin our preparation for JAG accreditation

A travel clinic has been re-launched within outpatients offering holiday vaccinations by appointment

An ambulatory care pathway has been developed for gastroscopy patients, reducing the psychological effect of hospital admission for procedures and enabling patients to recover quicker. There are ongoing plans to extend this service through the coming year

A dedicated paediatric waiting area is incorporated into our outpatient refurbishment plan and expected to be completed shortly

Our priorities during 2018 are for service development which we believe will enhance the patients experience at the Saxon Clinic include

- The introduction of an ambulatory care pathway for less invasive procedures, Streamlining the service and enhancing the patient journey
- Completion of the refurbishment program which commenced earlier in the year improving the look and feel of the hospital and providing additional handwash basins in patient bedrooms
- Working with local NHS hospitals to provide increased capacity within the local health economy
- Investing in our ability to meet the needs of patients with complex cases which will lead to greater patient choice
- Expansion of the paediatric service and facilities to increased access and a refurbished children's waiting 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



Saxon Clinic	Staff Recommendations			
	2018	2017	National Average	Highest National Score
87.00%	91.07%	73.18%	89.98%	50.44%

The BMI Say staff survey took place in June 2017. The results were generally positive, although slightly lower than last year. Results showed an increase in staff engagement and confidence in the leadership and management of the hospital. At the time of the survey, key managerial positions were in the process of recruitment which may have been a contributory factor in a slightly reduced recommendations score.

The full findings were presented at a number of hospital forums open to all staff. The actions taken in response to the results include:

- Pay parity with other healthcare providers- comparison completed and staff NHS equivalent salaries fed back to staff. Annual pay review actioned in October 2017
- BMI Healthcare recognition of achievement- BMI long service awards were presented by BMI Healthcare CEO to staff for 5,10,15, 20, 25, 30 years service
- Improved communication- Regular staff forums for staff, chaired by ED. Daily PDF of morning comm cell notes circulated to all staff
- Investment in staff training- 'Train the Trainer' training provided to key staff to enable on site delivery of task-based training.

## 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)

Saxon Clinic	Re-Admissions (Aged between 0-16)			
2018	2017	National Average	Highest National Score	Lowest National Score
0.000	0	11.45	14.94	0

Saxon Clinic	Re-Admissions (Aged 16+)			
2018	2017	National Average	Highest National Score	Lowest National Score
9.756	1.866	10.010	41.650	0.000

The Saxon Clinic provides day case admission for children and young people aged 3-18 years. To ensure the re-admission data includes any admission to local NHS services, all paediatric cases include follow-up patient outcome telephone calls 4 weeks after admission. We are pleased to confirm that in line with last year we continue to have no paediatric readmissions within the reporting period.

Adult surgical patients have been readmitted for pain management, post op nausea and post-operative infection requiring hospital management. The rate of re-admission is lower than the national average. All cases of re-admission are reviewed and data presented at the Clinical Governance Committee to ensure any lessons learned can be shared. To reduce readmission further patient education supporting excellent pre and post-operative infection prevention measures has been improved and a regime of decolonization of patients undergoing prosthesis implants is in place.

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

Saxon Clinic	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 Saxon Clinic continues to report a zero rate of C difficile infection rate within the hospital which is significantly below the national average. Good antimicrobial stewardship and infection prevention and control monitoring supports the continued zero rate

## Hospitals responsiveness to the personal needs of its patients

Saxon Clinic	Responsiveness			
2018	2017	National Average	Highest National Score	Lowest National Score
95.10%	94.91%	69.22%	78.00%	60.10%

The table indicates that BMI The Saxon Clinic's responsiveness to the patient's individual needs rates highly when compared to the highest national average score and is a slightly improved from the previous year. All the staff at The Saxon Clinic prioritise patient care and are provided with on-going customer care training to support this focus. . This can be seen in part due to the engagement of all staff in prioritising the patient experience.

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

Saxon Clinic	VTE			
2018	2017	National Average	Highest National Score	Lowest National Score
100.00%	99.55%	95.77%	100.00%	81.60%

At The Saxon Clinic, completion of VTE risk assessment on/before admission and at 24 hours is a recorded part of the patient journey and subject to regular audit.

## Patient Safety Incidents

Saxon Clinic	Patient Safety Incidents (Count)			
2018	2017	National Average	Highest National Score	Lowest National Score
478	339	3908	14506	31

BMI The Saxon Clinic recognises the importance of patient safety and adheres to all reporting guidelines. A robust electronic incident reporting system is in place accessible by all staff. The response to patient incident reports includes remedial and corrective actions which are monitored. The appointment of a dedicated Quality and Risk Manager raised the profile of patient safety and incidents are trended to inform quality improvement measures. There has been a significant increase in incident reporting this year as staff education and awareness of 'near-miss' reporting has become embedded.

## Patient Recommendation Results

Saxon Clinic	Patient Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
98.34%	98.68%	97.07%	100.00%	75.61%

The BMI The Saxon Clinic has again scored higher than the national average for patient recommendations and is broadly in line with last year's result. Patient feedback is a standard agenda item within the monthly Quality and Risk meeting where action plans to meet and enhance patient suggestions are monitored. The BMI The Saxon Clinic continually strives to improve the service given to patients and enhance their experience at the hospital. Refurbishment plans this year have completed flooring replacement within ward areas, and across all outpatient waiting areas and consulting rooms. The refurbishment plan when complete will include a children's waiting, additional hand hygiene basins and redecoration of concourse areas. During this year improvements have been made by upgrading flooring and decoration in patient areas.

14 June 2018

Moira Stokoe  
Chief Executive  
BMI The Saxon Clinic  
Chadwick Drive  
Saxon Street  
Milton Keynes  
MK6 5LR

Dear Moira

Thank you for forwarding a copy of the Quality Account for BMI Healthcare Saxon Clinic to the Milton Keynes Clinical Commissioning Group (CCG) which has been read with interest.

MKCCG is pleased to note that BMI Healthcare Saxon Clinic has continued to work alongside the CCG to maintain and improve the quality and safety of services provided. The report is well structured and the content is presented with a good balance between quantitative and qualitative data and informative dialogue.

The report provides an open and honest account with focus on areas where the organisation has achieved its quality goals and acknowledges where further improvements could be made and how they plan to do this. The review of improvements, especially to refurbishment of the environment in 2017/18, documents the achievements made relating to a number of quality indicators, especially in relation to the CQC and PLACE ratings.

The team are to be congratulated for their excellent and on-going approach especially in relation to making the environment more child-friendly, improving infection prevention and control facilities, increasing appraisal arrangements and incident reporting. The refurbishment plans have made a real difference to many areas of the hospital, ensuring a safe environment for patients.

The teams should be commended on their continued commitment to infection prevention and control evidenced by the on-going sustainment of zero cases of Clostridium Difficile, E-Coli, MSSA and MRSA. Their response to the identification of some patients reporting superficial wound infections is pro-active and comprehensive

MKCCG can confirm that, to the best of our knowledge, the Quality Account contains accurate and transparent information in relation to the range of services currently provided and the quality of these services. The information provides both positive achievements and opportunities for improvement, including those following the 2016 CQC visits and CCG site visits.

Considerable work and commitment towards improvement from both individuals and team has taken place throughout the year. Of note is the 100% achievement of both of the 2017/18 CQUIN's which bring improvements to the health and well-being of staff and to the safe care of patients is

to be commended. All these aspects deliver real benefits to patients. This is further evidenced by the high scores given by patients in response to the Friends & Family patient satisfaction test.

MKCCG would have been interested to see specific updates had included on all of the improvement plans cited in last years (17/18) quality account, for example the JAG accreditation for Endoscopy.

The CCG endorses the five priorities for improvement set out for 2018/19 in the Quality account with the focus on completing the refurbishment, increasing children's services and ambulatory care, collaborating with others, increasing patient choice and maintaining staff wellbeing, development and engagement. The CCG support these improvement plans for 18/19, some of which were unavoidably delayed in 17/18 by the refurbishment plans. The CCG congratulates the organisations engagement with the national Sign up to Safety scheme and looks forward to the on-going development of a safety culture which will lead to lasting change to ensure patient care is safe, effective and owned by all within the organisation. These improvements in patient safety experience and effectiveness will continue to support Harm Free Care.

During 2018/19 the MKCCG looks forward to continuing to working collaboratively with BMI Healthcare Saxon Clinic to further develop quality services for the residents of Milton Keynes.

Yours sincerely



Hilary Jones

**Director of Nursing & Quality**

Cc Jenny Brooks – Quality Improvement Manager – CCG  
 Kim Evans - Senior Contract Manager – CCG  
 Julie Uglow – Clinical Quality & Effectiveness Facilitator – CCG

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