



The Sloane
Hospital

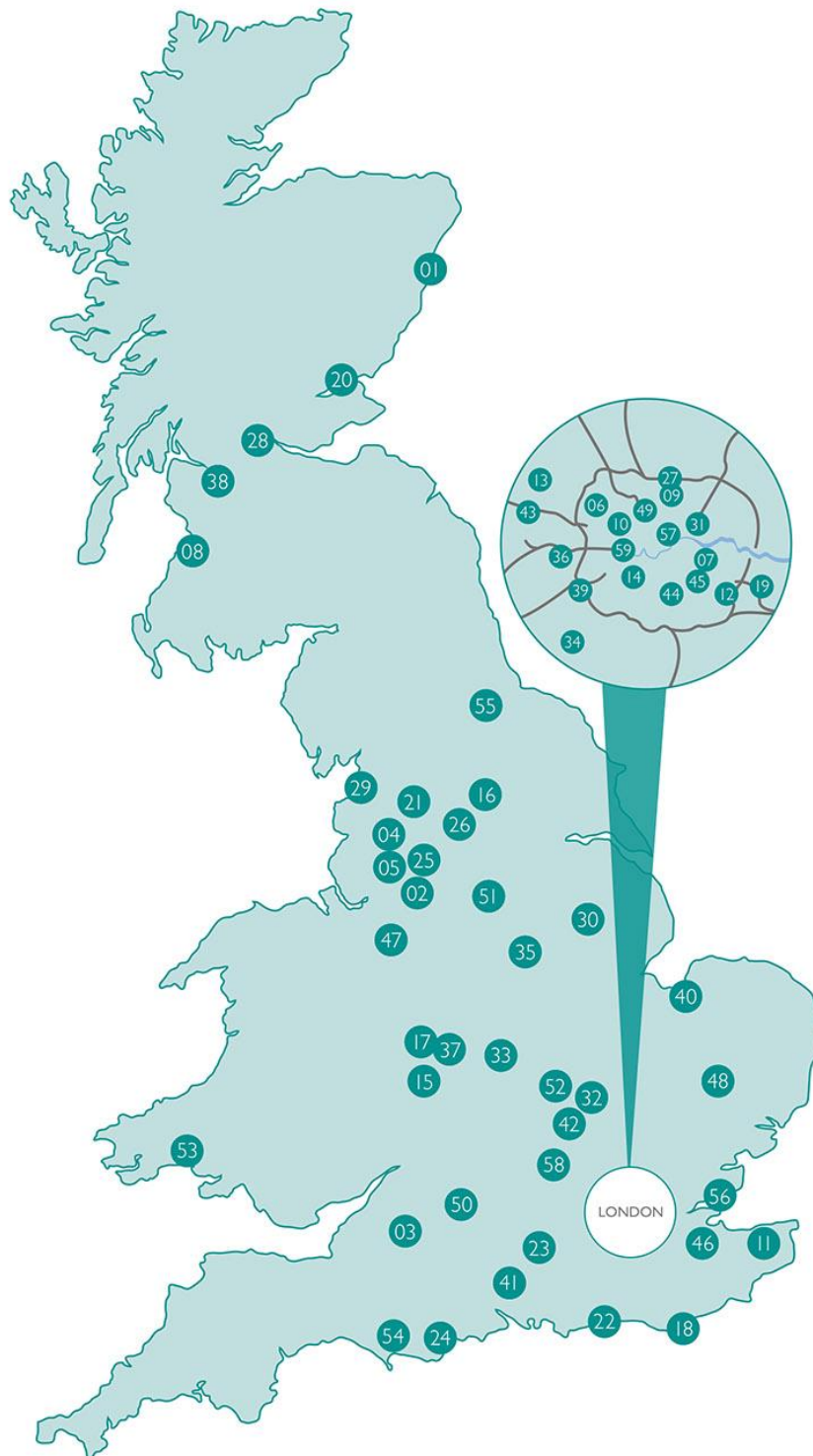
**QUALITY
ACCOUNTS 2018**

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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 Sloane Hospital in Beckenham, Kent and is part of BMI Healthcare, Britain's leading provider of independent healthcare, with a nationwide network of hospitals & clinics performing more complex surgery than any other private healthcare provider in the country.

Our commitment is to quality and value, providing facilities for advanced surgical and medical procedures together with friendly, professional care.

The Sloane Hospital has a diagnostic imaging department (run by Alliance Medical) and a pro-active physiotherapy department. Our 12 Consulting rooms are modern and well equipped including a nurse led pre admissions service and Health screening.

The Sloane Hospital has 30 beds with all rooms offering the privacy and comfort of en-suite facilities.

The hospital has two theatres (one with laminar flow), and 3 bay recovery.

These facilities combined with the latest in technology and on-site support services; enable our consultants to undertake a wide range of procedures from routine investigations to complex surgery. The majority of surgical specialties are accommodated at The Sloane, including neuro surgery, orthopaedics, cosmetic surgery, gynaecology, general surgery, gastroenterology, ENT surgery, vascular surgery, urology, oral maxillofacial surgery and ophthalmology.

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. An emergency medical admissions service is available 24 hours a day supported by leading medical physicians.

The Sloane Hospital is engaged in providing some NHS Standard Contract e referral services, with published offerings in orthopaedic, neurosurgery, gynecology, gastroenterology, general surgery, ophthalmology, podiatric surgery and pain management services. NHS work currently accounts for around 16 % of the Sloane Hospitals activity.

Currently the hospital is undergoing a rolling programme of refurbishment. There has been investment in a new three chaired ambulatory care unit, and refurbishment of 5 patient bedrooms.

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 Care Quality Commission (CQC) carried out an unannounced inspection on 17th-18th August 2016 and found the hospital to have achieved an overall rating of good in every element of the Key Lines of Enquiry (KLOE).

CQC Ratings Grid



Last rated
13 December 2016

BMI Healthcare Limited

BMI The Sloane Hospital



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

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

There has been ongoing focus on robust reporting of all incidents, near misses and outcomes. Data quality has been improved by ongoing training and database improvements. New reporting modules

have increased the speed at which reports are available and the range of fields for analysis. This ensures the availability of information for effective clinical governance with implementation of appropriate actions to prevent recurrences in order to improve quality and safety for patients, visitors and staff.

At present we provide full, standardised information to the NHS, including coding of procedures, diagnoses and co-morbidities and PROMs for NHS patients. There are additional external reporting requirements for the CQC, 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 Sloane Hospital.

The focus on Infection Prevention and Control continues under the leadership of the Group Director of Infection Prevention and Control and Group Head of Infection Prevention and Control, in liaison with the Infection Prevention and Control Lead.

Between April 2017 to March 2018, the hospital had:

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

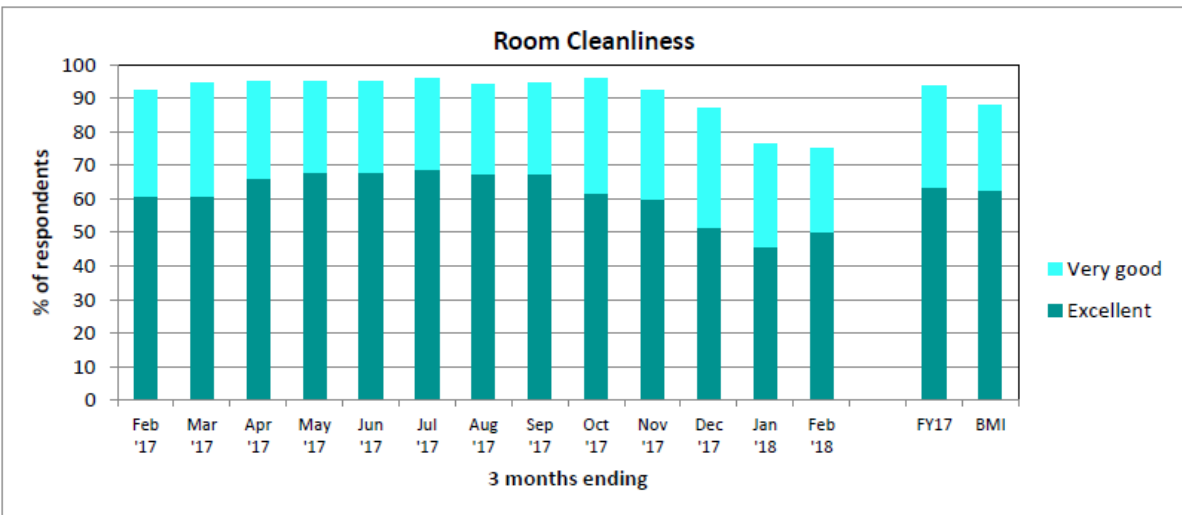
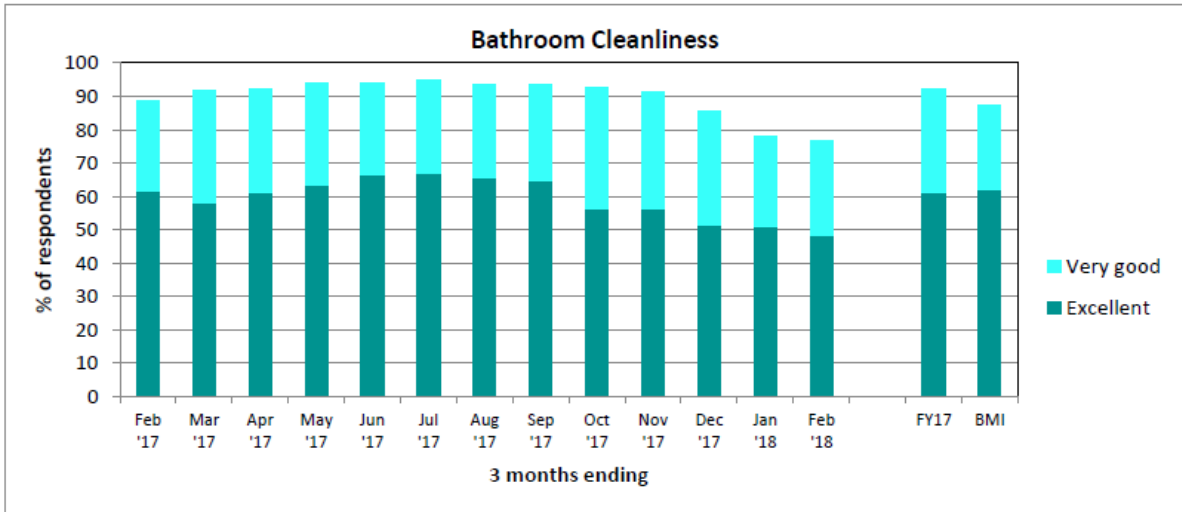
The Sloane Hospital uses care bundles as a means of documenting interventions in for example the following areas:

- Surgical site care
- Urinary catheter care
- Intravenous peripheral lines
- Surgical site infections.

These interventions are audited by departmental infection control links. Infection control audits are completed monthly as part of a rolling corporate program, with different themes each month, for example sharps management, surveillance, waste management, isolation facilities and equipment cleansing with robust compliance demonstrated.

All clinical staff undergo annual mandatory training and practical competency based assessment in ANTT (Aseptic non touch Technique) for clinical intervention.

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



Our scores for both bathroom and room cleanliness have dropped in December, January and February however we are still in line with the whole of BMI Healthcare on bathroom cleanliness.

We are planning to refurbish five of our rooms within the next year which will go some way to improving our figures.

Patient Led Assessment of the Care Environment (PLACE)

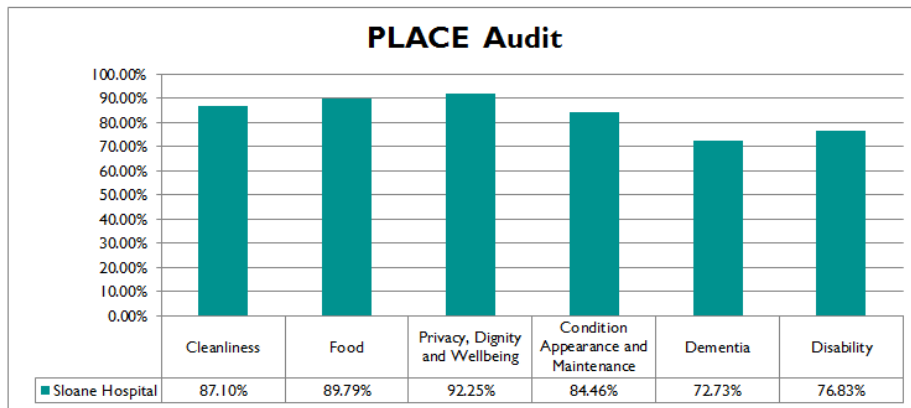
At BMI Healthcare, we believe a patient should be cared for with compassion and dignity in a clean, safe environment. Where standards fall short, they should be able to draw it to the attention of managers and hold the service to account. PLACE assessments will provide motivation for improvement by providing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

Hospital	Cleanliness	Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
Sloane Hospital	87.10%	89.79%	92.25%	84.46%	72.73%	76.83%



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.

Duty of Candour Incidents
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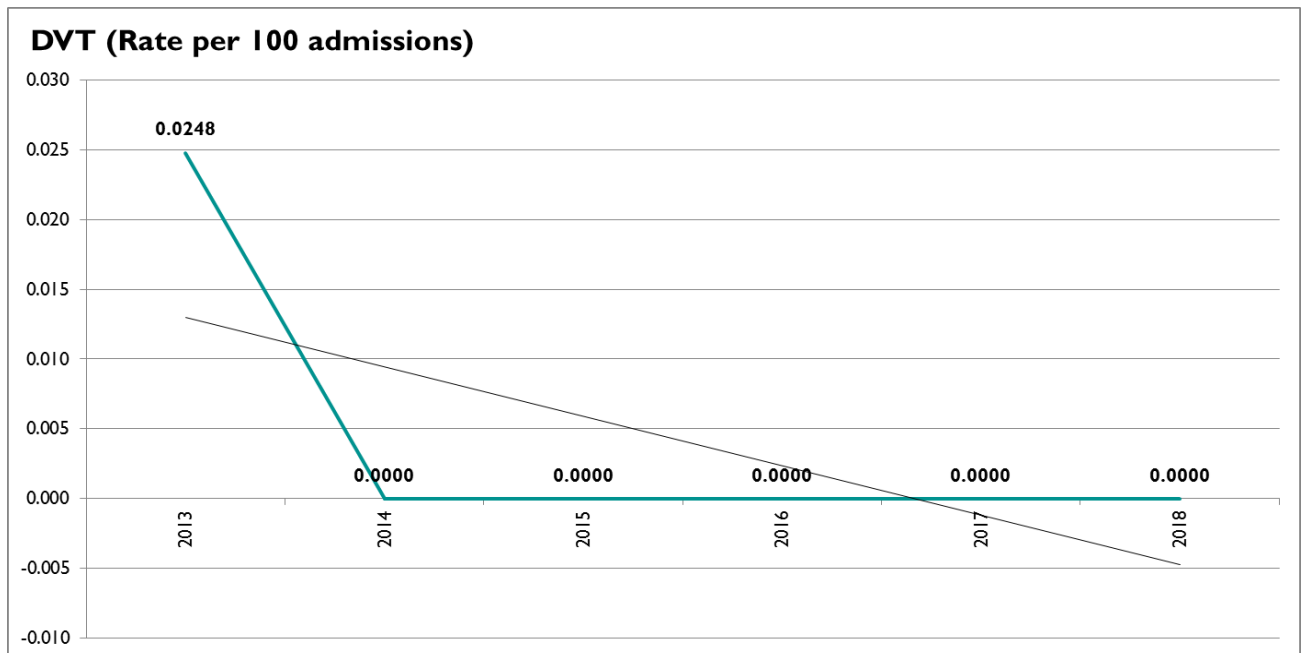
Venous Thrombo-embolism (VTE)

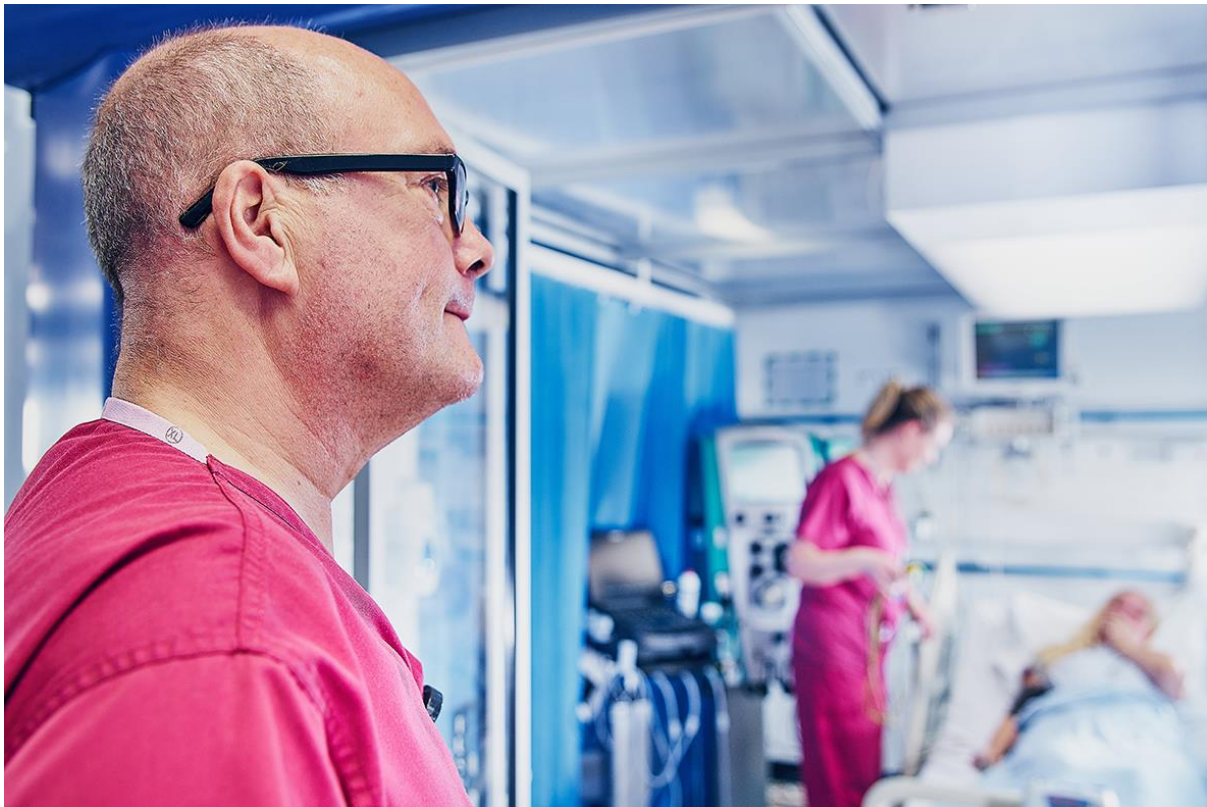
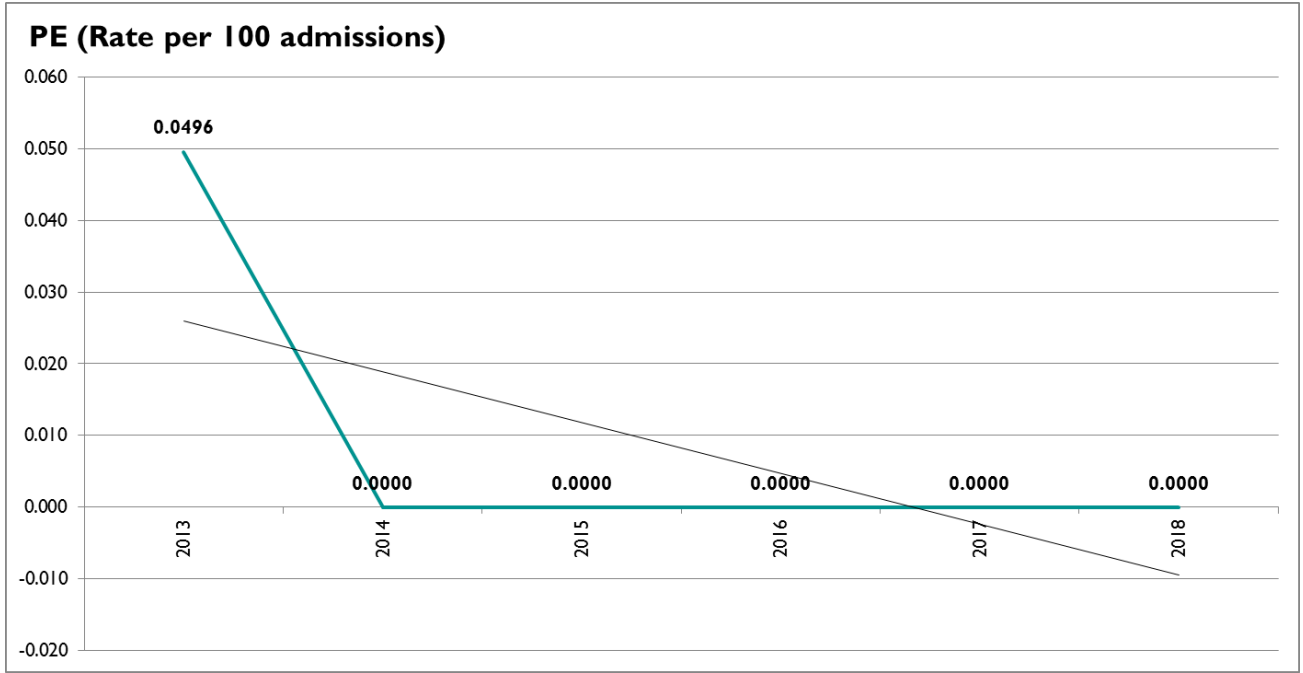
BMI Healthcare, holds VTE Exemplar Centre status by the Department of Health across its whole network of hospitals including, The Sloane Hospital. BMI Healthcare was awarded the Best VTE Education Initiative Award category by Lifeblood in February 2013 and was the Runners up in the Best VTE Patient Information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

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

VTE Percentage	
VTE	87.92%

The Sloane Hospital reports the incidence of Venous Thromboembolism (VTE) through the corporate clinical incident system. It is acknowledged that the challenge is receiving information for patients who may return to their GPs or other hospitals for diagnosis and/or treatment of VTE post discharge from the Hospital. As such we may not be made aware of them. We continue to work with our Consultants and referrers in order to ensure that we have as much data as possible.





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 Sloane Hospital.

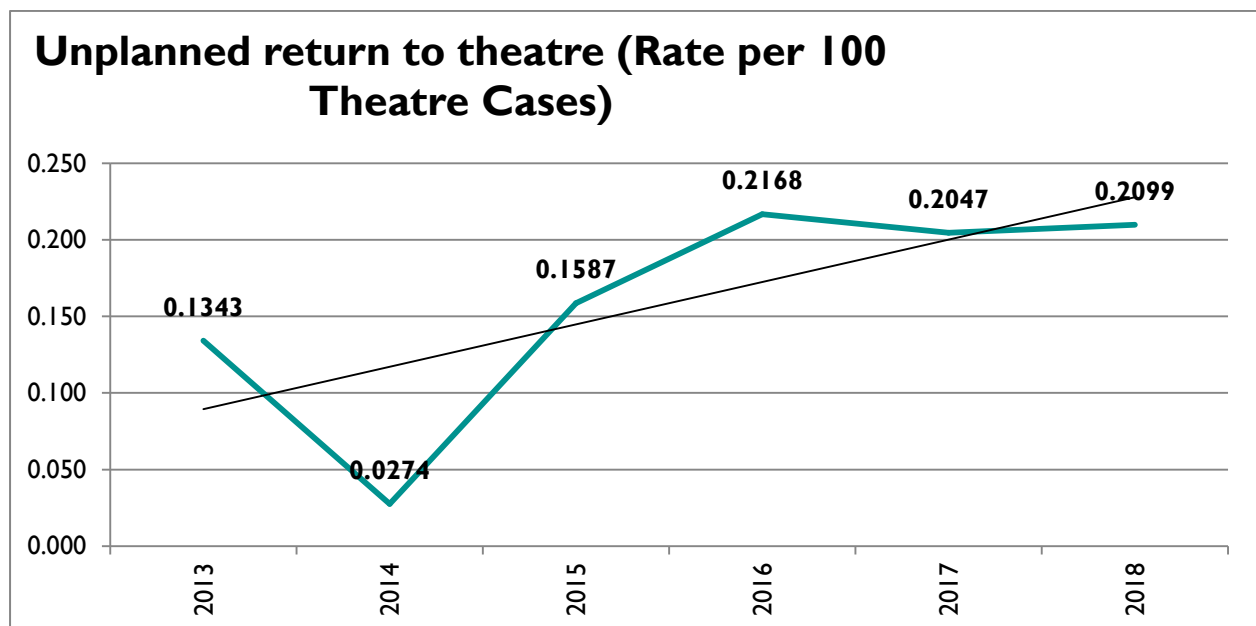
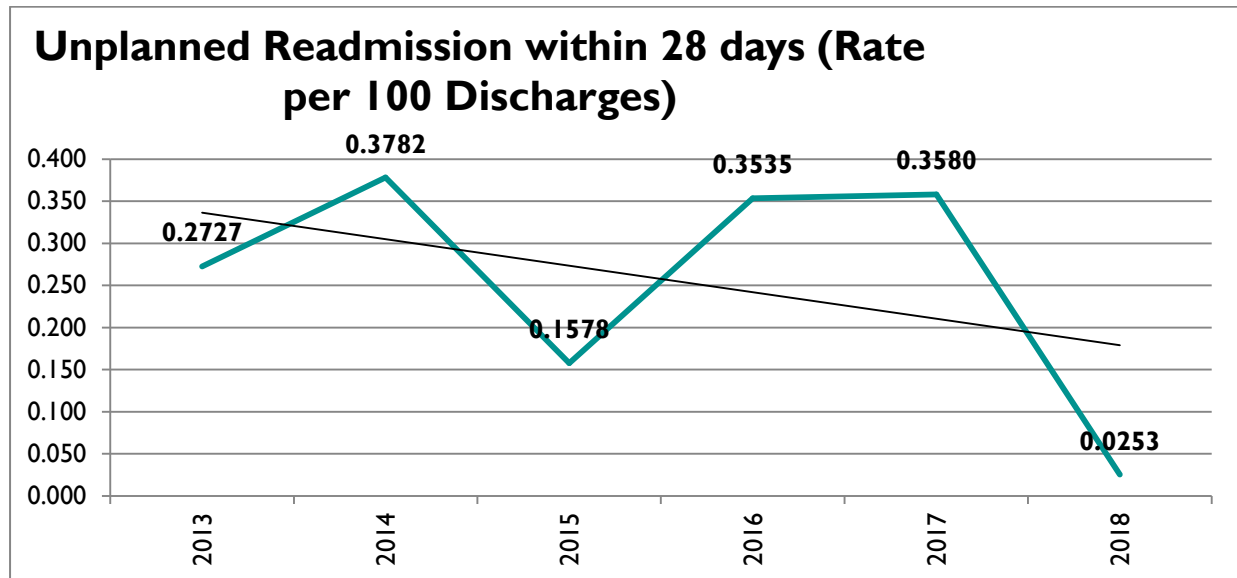
Joint replacement patients admitted to Sloane Hospital for both private and NHS patients are invited to a Joint school pre-admission appointment in preparation for the forthcoming surgery. Most patients find the 'group' appointment very conducive to helping them progress in their post-operative recovery. As well as being educational, Joint School gives the patient an opportunity to meet with other patients in similar circumstances.

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.



This is as expected, a low rate of theatre returns for the hospital, reasons for returns have been, post-operative bleed and retention of urine, which are known complications of surgery and are consented for.

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.

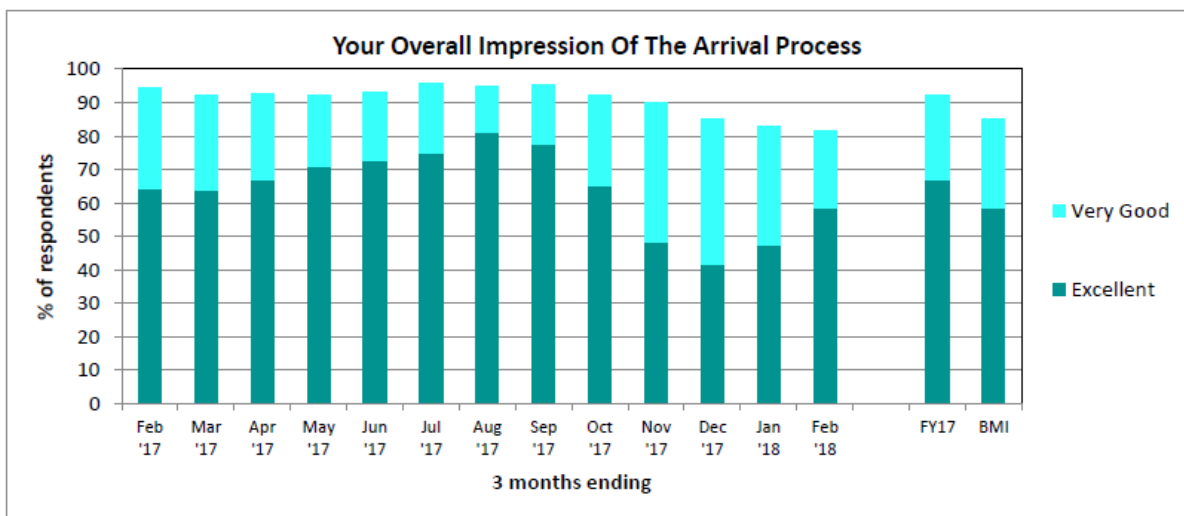
All deaths are discussed at a hospital Clinical Governance Committee, and further escalated to the Regional Quality Assurance Committee and National Clinical Governance Committee for review as appropriate; this ensures that lessons learnt from deaths are discussed at all levels and findings are then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

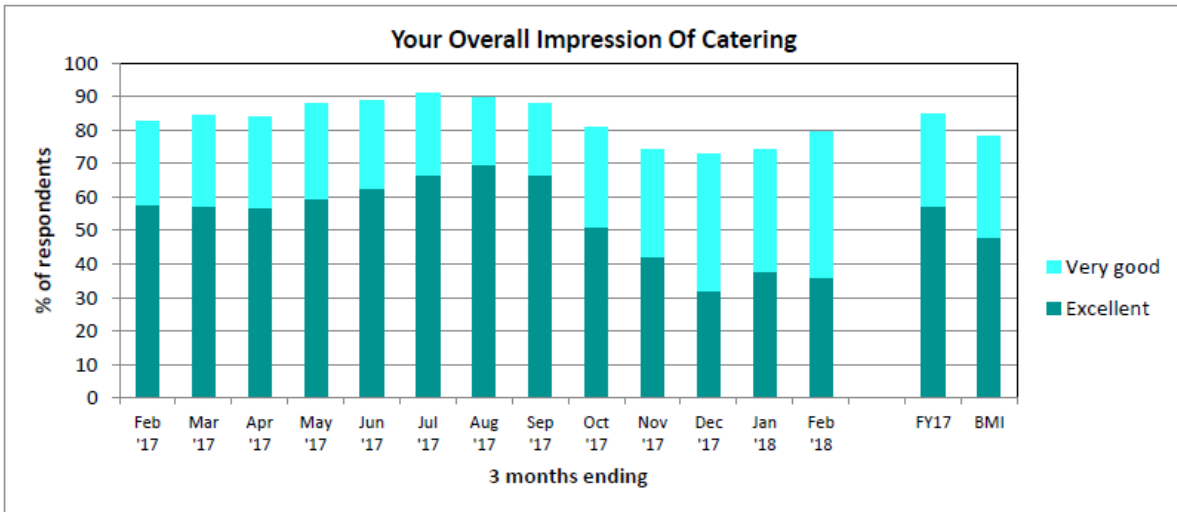
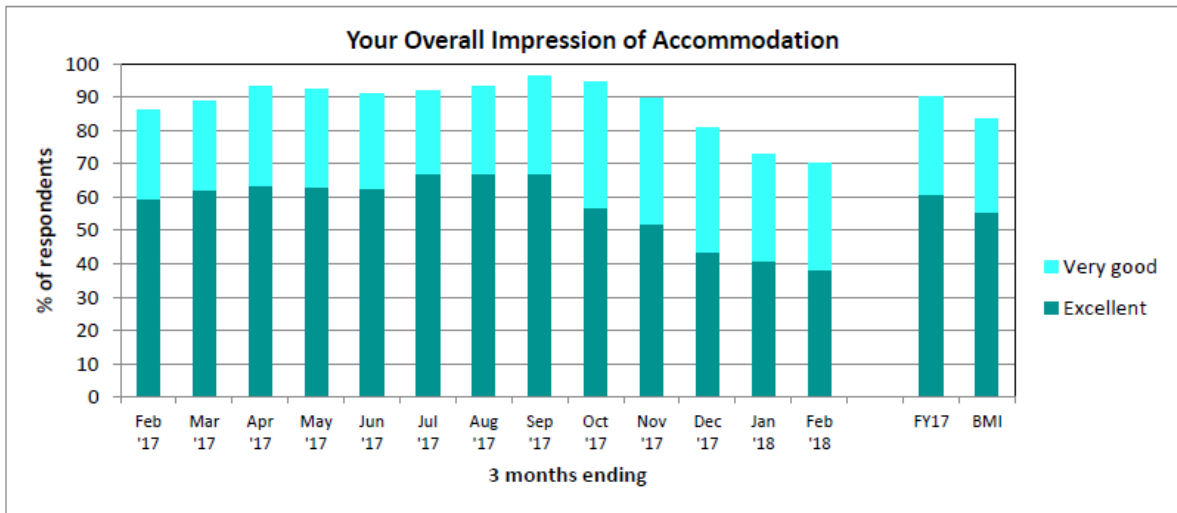
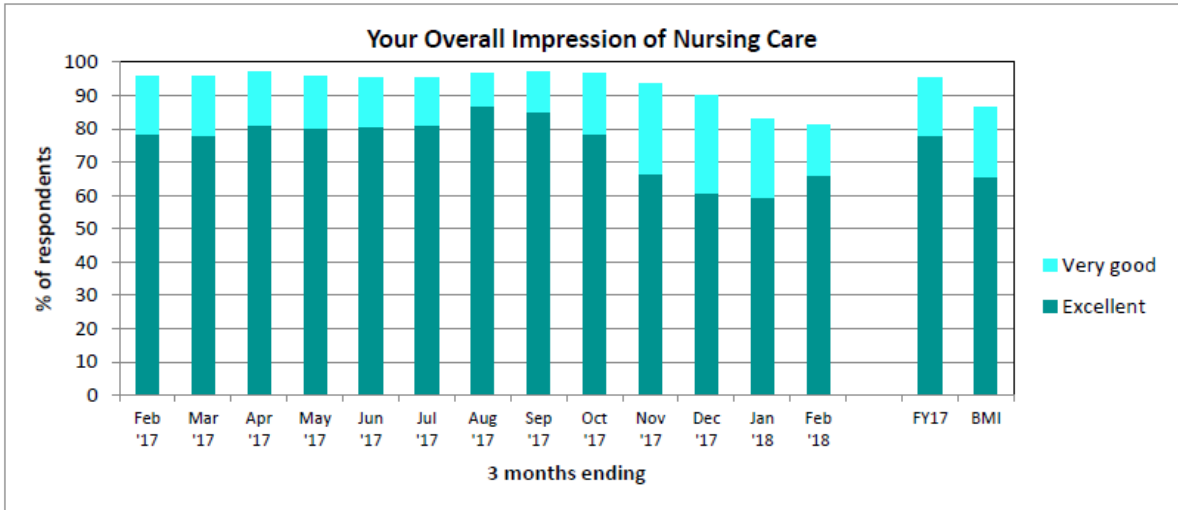
Patient Experience

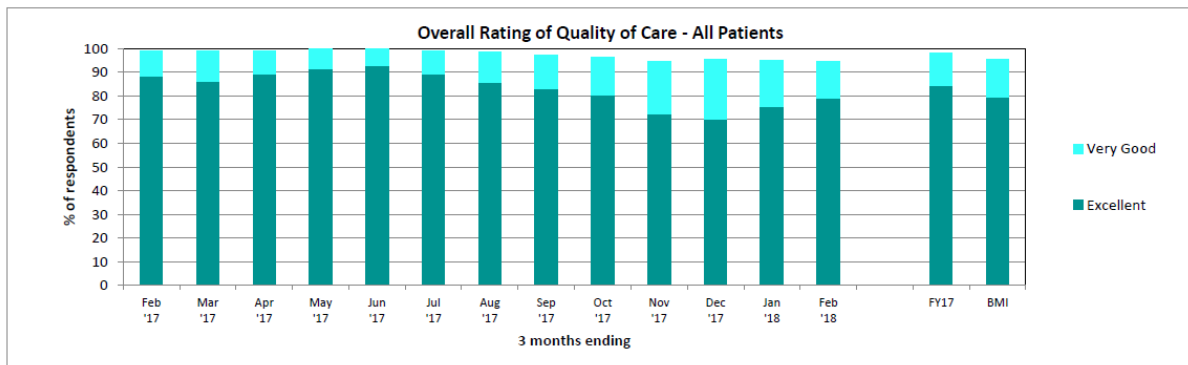
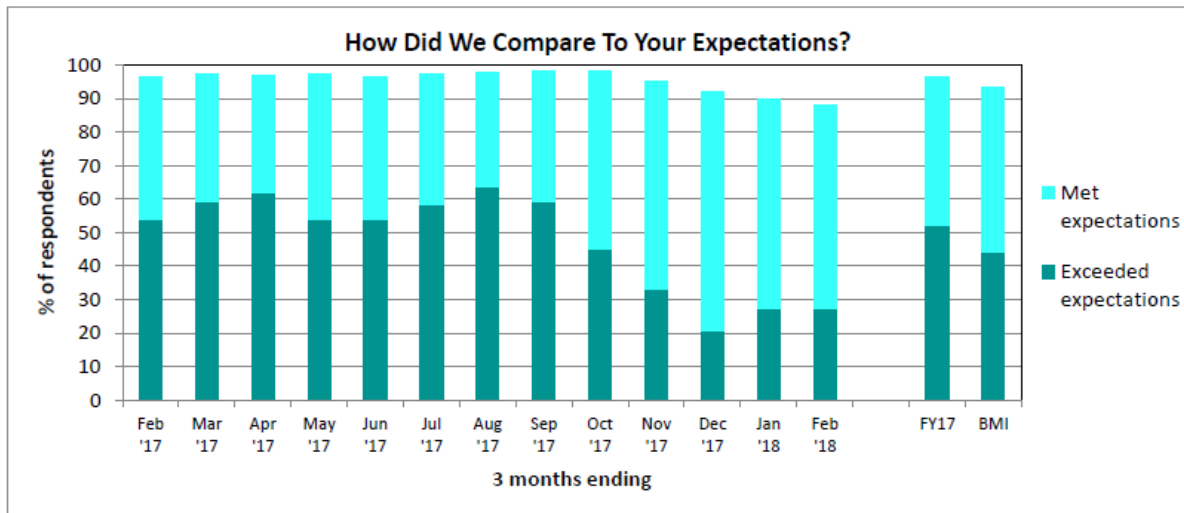
Patient Satisfaction



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.







We have recognized a decline in our scores, unfortunately due to reducing number of responses as a result of a change to the way we collected data one negative response impacted our overall scores from December through to March 18. We have now seen an improvement and are confident that our dedicated patient journey meeting will realise further enhancements.

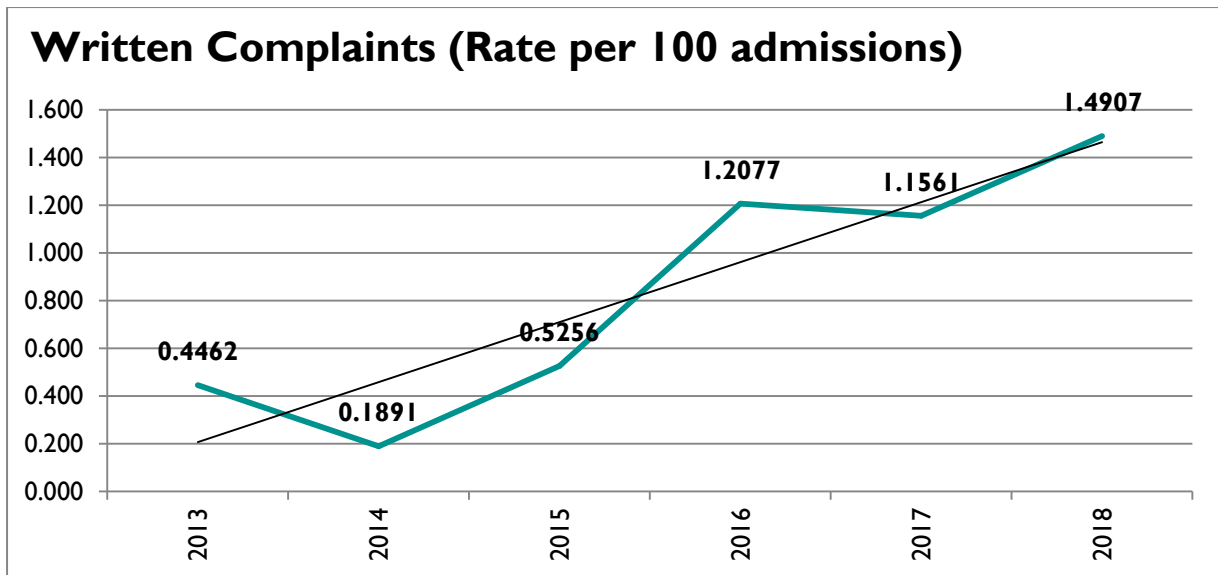
Complaints

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

Stage 1: Hospital resolution

Stage 2: Corporate resolution

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



The Sloane Hospital has a low incidence of complaints; however when received trend analysis is undertaken to review if any of the same type of complaint is being repeated. This will enable focused input to improve what we do to reduce repeat complaints.

We recently had a trend of complaints relating to one of our Consultant Plastic Surgeon's. Following extensive investigations we have terminated practicing privileges for this consultant across BMI Healthcare. The patients have been assessed by another Consultant Plastic Surgeon and any complaints upheld are currently being processed with regards to further surgery or monitoring as required.

Complaints are discussed at Senior Management Team Meetings, Head of Department Meetings, Clinical Governance and Medical Advisory Committee Meetings to promote shared learning and introduction of processes to reduce future complaints. Complaints are also shared widely with each department around the hospital.

CQUINS

The CQUIN's agreed for the period 2017/18 were:

- Promoting Healthy Behaviors: Tobacco and Alcohol screening, brief advice and/or referral. The hospital was able to demonstrate that the majority of patients were screened for smoking and alcohol levels
- Increased uptake of front line staff who received a flu vaccination. The action agreed with the CCG for this year was to provide evidence of promotion and availability of the vaccination. BMI The Sloane Hospital was able to evidence a marginal improvement in uptake when compared to the previous year.

The outcome of the CQUIN's is awaited at time of this report.

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).

One safeguarding incident has been logged this year:

Summary: Patient disclosed that he had left a 6 year old child (grandson) unaccompanied at home while in attendance at his appointment.

Immediate action taken: Staff members escalated to safeguarding lead (DOCS) who discussed with Quality and Risk Manager and ED. Child protection flowchart for referral followed. Verbal referral to MASH (Referral form completed and sent). Escalated to police. Attempted to contact Consultant safeguarding lead (message left awaiting response). BMI Head of Nursing contacted verbally as per policy.

National Clinical Audits

Within Sloane Hospital we have an annual corporate audit plan detailing our audit requirements for each month. These audits are completed by the departments and, if required, an action plan is prepared to improve where necessary.

Together with this we have additional local IPC audits relating to care bundles and various clinical documentation audits undertaken in specific months. We also conduct audits if and when we become aware of trends to improve and monitor our progress.

Submission to The National Joint Registry from Sloane Hospital takes place monthly. In 2017 submissions were made without fail with >50% compliance in gaining consent. In 2018 there is 38% compliance so far for the year.

Month	Completed operations	Hips	Knees	Ankles	Elbows	Shoulders	Consent rate
January	12	7	5	0	0	0	16
February	5	3	1	1	0	0	20
March	6	4	1	0	0	1	33

April	3	3	0	0	0	0	0
May	6	4	2	0	0	0	33
June	9	3	6	0	0	0	88
July	9	3	6	0	0	0	66
August	7	2	5	0	0	0	28
September	8	3	5	0	0	0	62
October	10	6	4	0	0	0	60
November	12	9	3	0	0	0	58
December	5	3	2	0	0	0	100

Further NJR Data for Sloane Hospital can be found here if applicable:

<http://www.njrcentre.org.uk/njrcentre/Healthcareproviders/Accessingthedata/StatsOnline/NJRStatsOnline/Default.aspx>

Priorities for Service Development and Improvement

The alteration in patient type from Inpatient to Day case to walk in necessitates development of an Ambulatory Care Unit.

Administration teams were sub specialist and have been retrained to be multi-skilled allowing the hospital to be more responsive to patient requirements.

There is a requirement for more procedures to be carried out in an OPD setting and there are plans to develop a minor ops theatre.

To develop processes to allow safe self-administration of medication for our patients.

We have developed a multi-disciplinary Joint School.

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.

Freedom to Speak Up Guardian

In 2018, BMI Healthcare introduced a Freedom to Speak Up Guardian.



Staff Recommendation Results

Sloane Hospital	Staff Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
89.00%	92.59%	73.18%	89.98%	50.44%

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

1. High functioning team
2. Strong visible hospital leadership
3. Presence of support mechanisms such as the staff group 'Sloane Says'
4. Blame free culture that learns and develops with experiences.

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)

Sloane Hospital	Re-Admissions (Aged 16+)			
2018	2017	National Average	Highest National Score	Lowest National Score
1.280	6.656	10.010	41.650	0.000

We attribute our low readmission rate for adults to:

1. Effective discharge planning
2. Completion of 48 hour follow up call
3. Lead nurse effectively dealing with all post op queries and appropriate advice/escalation to consultant when required.

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

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

1. Good level of awareness of staff in regards to IPC compliance
2. Effective pre assessment screening

Hospitals responsiveness to the personal needs of its patients

Sloane Hospital	Responsiveness			
2018	2017	National Average	Highest National Score	Lowest National Score
91.45%	92.33%	69.22%	78.00%	60.10%

The Sloane Hospital considers that this data is as described for the following reasons;

1. A high functioning nursing team
2. Strong multidisciplinary team working
3. Well staffed departments

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

Sloane Hospital	VTE			
2018	2017	National Average	Highest National Score	Lowest National Score
87.92%	61.45%	95.77%	100.00%	81.60%

The Sloane Hospital considers that this data is as described for the following reasons;

1. Consultant compliance with completion of paperwork, this is escalated at MAC and has the full support of the medical advisory committee.

Patient Safety Incidents

Sloane Hospital	Patient Safety Incidents (Rate per 1000 Bed Days)			
2018	2017	National Average	Highest National Score	Lowest National Score
175.944	152.074	43.292	149.700	11.200

Sloane Hospital	Patient Safety Incidents (Count)			
2018	2017	National Average	Highest National Score	Lowest National Score
275	297	3908	14506	31

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

1. An excellent reporting culture within the Hospital

Patient Recommendation Results

Sloane Hospital	Patient Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
97.62%	98.97%	97.07%	100.00%	75.61%

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

1. A high functioning caring team
2. Excellent surgical outcomes
3. A consultant led service

BMI Quality Accounts : Bromley CCG Statement

Thank you for giving the commissioners the opportunity to comment on the draft quality account for 2017/18. Bromley CCG acts on behalf of the six CCGs in South East London to hold BMI Blackheath, Chelsfield Park and Sloane hospitals to account for quality. We are keen to build on the collaborative working and open dialogue within the contractual and quality management processes that have been established this year.

Development work continues within the Clinical Quality Review Group on a quarterly basis where we accept quality assurance reports and receive assurance against agreed quality indicators.

Bromley CCG are pleased to note that Care Quality Commission inspections have resulted in an overall rating of 'good' at all 3 sites The Sloane, Chelsfield Park and Blackheath Hospital. The CCG also notes that there is shared learning happening across sites.

We note the significant work that has taken place to continue reducing Venous Thrombo-embolism (VTE) across BMI's network of hospitals and the drive to risk assess every patient that is admitted. There are also positive results against Patient Reported Outcome Measures (PROMS). BMI emphasises the importance of patient satisfaction across sites and the CCG is pleased to see that overall patient satisfaction scores in relation to the clinical care are positive.

BMI's commitment to embedding the Learning from Deaths in this year's Quality Accounts, in line with the national Learning from Deaths Guidance is welcomed. Bromley CCG are also pleased to note BMI's intention to move towards ambulatory/outpatient models of care which is in line with the CCG's strategic approach to developing care closer to home.

Sonia Colwill
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Bromley CCG

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