



The Somerfield
Hospital

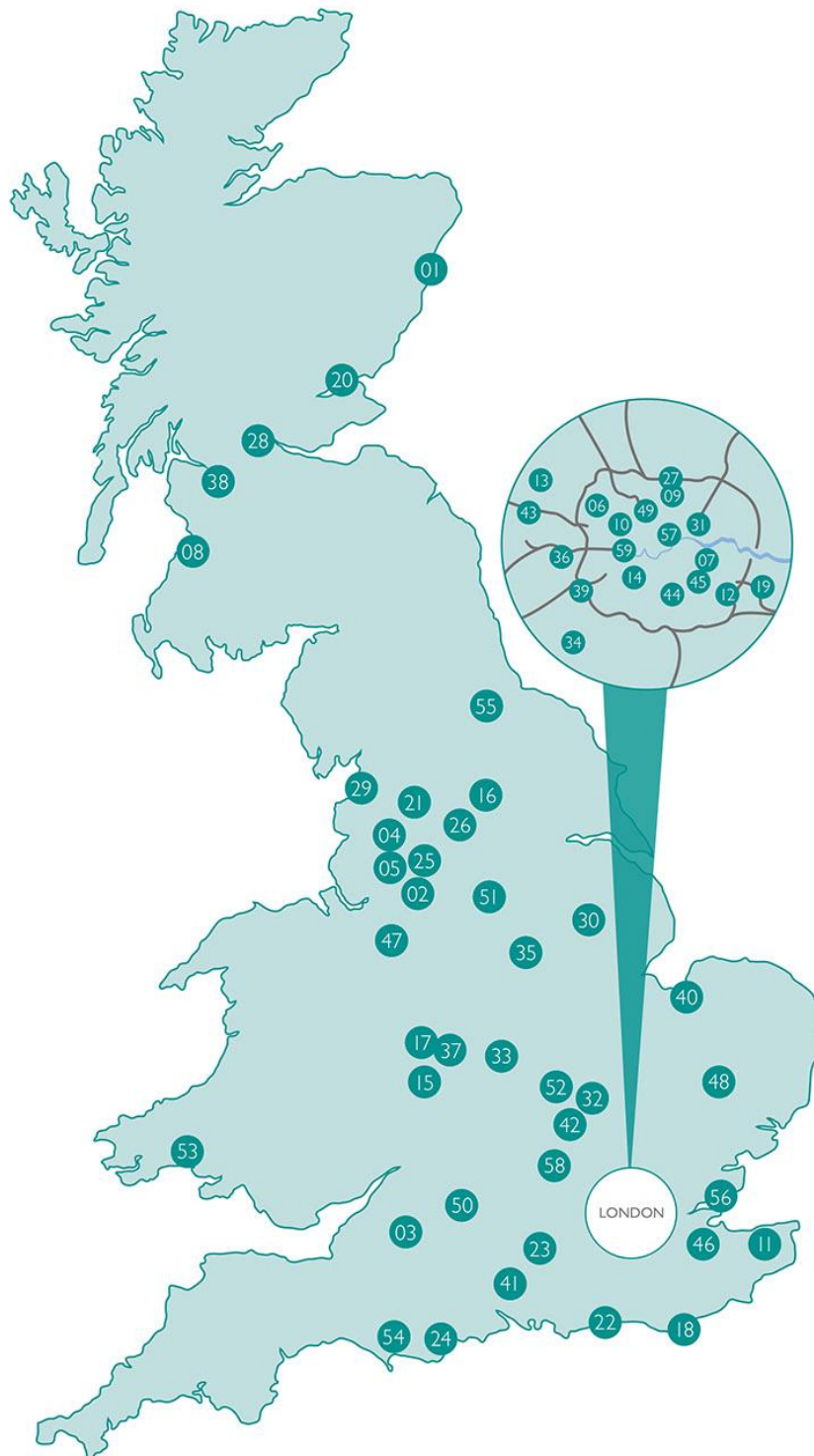
**QUALITY
ACCOUNTS 2018**

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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." with a period at the end. The signature is written in a cursive, slightly slanted style.

Dr Karen Prins

Hospital Information



BMI The Somerfield Hospital is situated in Maidstone, Kent and was opened 35 years ago in 1983. The hospital is part of BMI Healthcare with a nationwide network of hospitals. Our commitment is to quality and value, providing a wide range of acute surgical and medical services for patients, within a friendly and professional environment.

BMI The Somerfield Hospital is set in a beautiful Grade 2 listed building and has 29 beds. All rooms are private with en-suite facilities. We have two wards, Gordon Ward and Lister Ward Combined with the latest technology and on-site support services, our consultants undertake a wide range of procedures from routine investigations to complex surgery.

The theatre suite comprises of 3 main theatres, one of which has laminar flow, patient recovery bays, off site TSSU. The majority of surgical specialties are accommodated at BMI The Somerfield Hospital, including Orthopaedics, Plastic surgery, Gynaecology, General Surgery, Gastroenterology, ENT, Urology, and Ophthalmology.

Our Consulting Suite offers a varied selection of appointment times covering different a variety of specialties. This enables an initial consultation and either a defined patient pathway where further investigations or treatment is needed, or discharge back to the care of the General Practitioner.

The Imaging Department provides a comprehensive range of diagnostic imaging services including all types of general x-rays, , bone densitometry, a full ultrasound service and MRI which offers a wide bore scanning facility. We offer a CT appointment in our mobile CT scanner which visits us twice a month.

Our dedicated Physiotherapy team provide a comprehensive In-patient and Out-patient service.

Other support services include:- Pharmacy, Health Screening and Pathology.

Consultant led care is supported by caring and professional medical staff, with a dedicated registered medical officer (RMO) covering the twenty four hour period. There is a senior nurse on duty at all times, in order to support the co-ordination of a seamless service for patients.. There is always a member of the Senior Management Team available on call.

The hospital is engaged in providing NHS Choose and Book service and also a variety of periodical contracts with our local NHS Trusts. For NHS patients/ referrals, services are commissioned under the Standard Acute Contract (SAC) from four local Clinical Commissioning Groups (CCG's):

- West Kent
- Medway
- Swale
- Dartford and Gravesham

65.7 of our patients are funded by the NHS of which 55.6% are via SAC and 10.1% via our Spot work.

We do not offer critical care or High Dependency Care.

We offer a wide range of key specialties for our patients as follows:

SPECIALTY	OUTPATIENT Consultations	INPATIENTS
Cardiology	Yes	No
Dermatology	Yes	Yes
ENT	Yes	Yes
Endoscopy	Yes	No
Breast Surgery	Yes	Yes
Gastroenterology	Yes	Yes
General medicine	Yes	Yes
General surgery	Yes	Yes
Gynaecology	Yes	Yes
Maxillofacial and oral	Yes	Yes
Ophthalmology	Yes	Yes
Orthopaedics	Yes	Yes
Pain medicine	Yes	Yes
Plastic and cosmetic surgery	Yes	Yes
Rheumatology	Yes	No (unless admitted as a medical patient)
Urology	Yes	Yes

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

BMI The Somerfield Hospital is registered as a location for the following regulated services:-

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

The CQC carried out an announced inspection on 12th December 2016 and found the following:-

Ratings

Overall rating for this location	Good ●
Are services safe?	Requires improvement ●
Are services effective?	Good ●
Are services caring?	Good ●
Are services responsive?	Good ●
Are services well-led?	Good ●

Detailed findings from this inspection

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to meet the regulations:

- Ensure that staff decontaminating endoscopes must ensure they use personal protective equipment (PPE) and this must be monitored.
- The provider must take prompt action to address a number of significant concerns identified during the inspection in relation to area where decontamination of reusable medical equipment takes place, to ensure compliance with the Code of Practice on the prevention and control of infections and related guidance.
- The provider must take prompt action to ensure staff are up to date with competencies in relation to decontamination of reusable medical devices, to ensure compliance with the CFPP 01-06.
- Review the retention of out-patient records at the hospital to ensure that a complete record for each patient attending the hospital as outpatients is maintained.

In accordance with the CQC Report and findings from their inspection the above actions were taken and completed following the inspection.

BMI The Somerfield 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 team 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 BMI The Somerfield Hospital.

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

Between April 2017 to March 2018, the hospital had:

- MRSA bacteraemia cases - 0/100,000 bed days
 - MSSA bacteraemia cases - 0 /100,000 bed days
 - E.coli bacteraemia cases – 0 / 100,000 bed days
 - 0 cases of hospital apportioned Clostridium difficile in the last 12 months.
 - SSI data is also submitted to Public Health England for Orthopaedic surgical procedures. Our rates of infection are;

- 0 cases- Hips
- 0 cases - Knees

BMI The Somerfield Hospital uses care bundles as a means of documenting interventions in 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.

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. We are 100% compliant in completing our IPC Audits through 2017 and 2018 using the monthly Corporate Clinical Audit Calendar tool and the new Integrated Audit Program, launched in February 2018. The IPC audit comprises of a QIT Audit and a Care Bundle Audit.

The Care bundle Audit is rotated across departments to cover key areas throughout the year and produce a variation in results. The areas covered in the Care bundle Audit are OPD, theatres, and wards. Results of our audits are discussed departmentally and through the clinical governance framework. Actions are put in place for non-compliance and monitored on a monthly basis.

As part of ongoing improvements due to the results of the previous year's QIT Audit, we have implemented a program of works across the Hospital including the refurbishment of the hospital clinical utilities and the placement of new clinical sinks in key areas.

- Continue clinical sink programme of works
- Ongoing decorating programme
- Sluice's refurbished
- Out-patient public toilet refurbished
- Hard flooring laid in key clinical areas such as Physiotherapy, Lister Ward, Gordon Ward and Outpatients

We have an IPC Director and Lead Nurse for the hospital. All departments now have an identified Infection Prevention and Control Link person who attends the monthly IPC meetings. Our Consultant Microbiologist works for the local trust and provides us with IPC professional advice as required.

In February 2018 the new Integrated Audit Program was rolled out across BMI Hospitals. This provides a more robust auditing system. Standards audited include Environmental, Hand Hygiene; Environmental and Observation, Aseptic Technique, Transportation of specimens and Standard Precautions. Results indicate an average compliance of 95%. Action plans have been devised to address areas of non-compliance and fed back departmentally. Audits are discussed at Clinical Governance on a monthly basis.

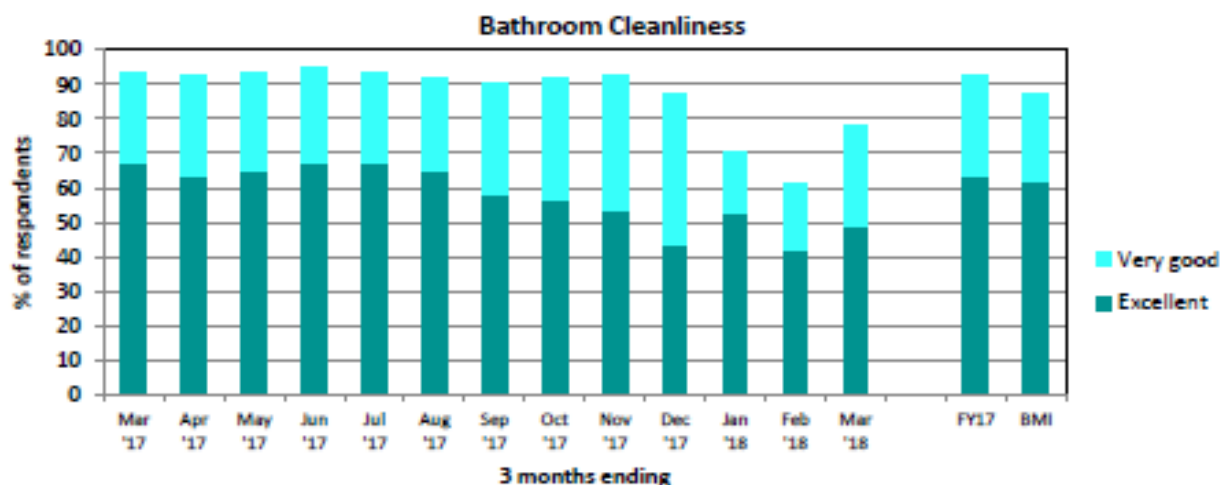
Care Bundles were audited as follows: Pre-operative, Peri-operative and Post-operative to include Urinary Catheter Care, insertion and ongoing, Peripheral Intravenous Cannula, insertion and ongoing and Prevention of Surgical Site Infection.

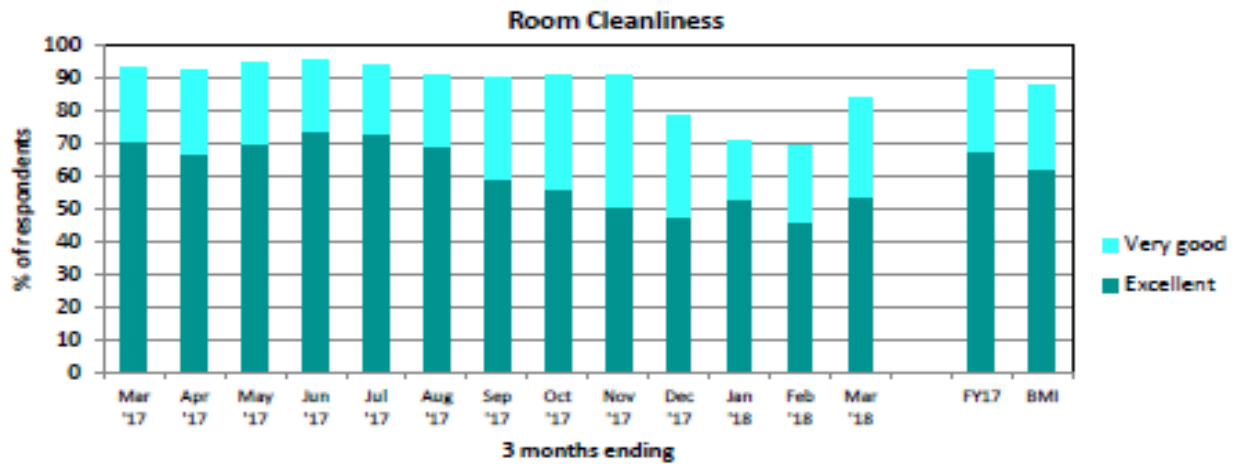
A water safety committee is in place which discusses and monitors all aspects of water safety within the hospital with Pseudomonas and Legionella sampling and risk assessments being performed. Infection Control Committee meets quarterly with representation from the Microbiologist from Maidstone & Tonbridge Wells NHS Trust, to ensure IPC is an integral part of local governance and health & safety structures.

Infection Prevention remains high on the agenda within the hospital and all areas are continuing to strive for improvements where necessary and to ensure compliance to the HCAI code (DH 2010) for CQC requirements. Our Infection Prevention and Control Lead, has promoted closer working relationships across the Hospital by confirming and reinforcing infection, prevention and control responsibilities within departments. This has led to improved ownership and increased awareness about infection, prevention and control issues amongst teams.

Throughout 2017 we focussed on a bare below elbow campaign covering all Clinical areas and focusing on areas of non-compliance. Posters were displayed across clinical areas and verbal reminders were given to staff. This was also discussed at Clinical Governance. We have continuously audited to measure improvements.

Environmental cleanliness is an important factor in infection prevention and our patients rate the cleanliness of our facilities highly. We have introduced at Hospital level in line with the NHS environmental audit program a Cleaning Audit Tool to monitor areas of high risk (Theatres, Wards). This has been designed to facilitate the process of recording and calculating scores monitoring cleanliness in line with National Cleaning Standards.





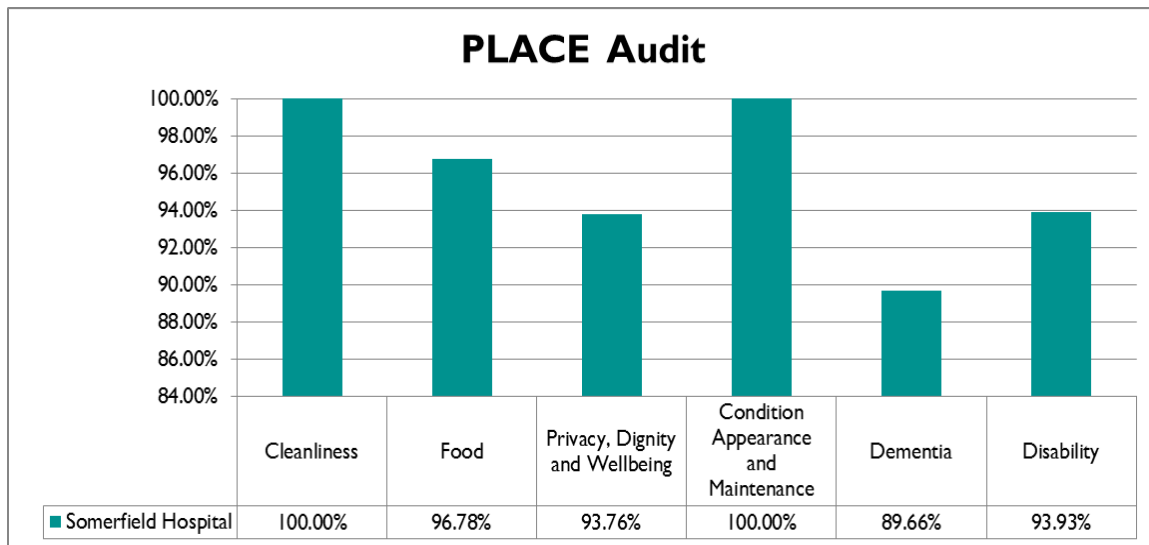
Patient Led Assessment of the Care Environment (PLACE)

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.



Over the last 12 months we have made key improvements including:

- An ambulatory area is now in use to ensure the smooth patient pathway for our cataract patients
- Appointment of a contracted painter and decorator
- Installation of new clinical sinks in key areas
- Hard flooring in has been laid in the Physiotherapy Department, Gordon Ward, Lister Ward and the Outpatient Department

Future developments we are to include:

- New hard flooring to replace carpets in remaining clinical areas
- Remaining clinical sinks replacement

Dementia

In March 2018 The Compass Catering Group (Midrest) developed The Dragonfly Menu. This menu is designed for patients who have been identified as early stages of dementia. The Dragon Fly menu is a pictorial menu and is supported by soft identifiable cutlery, color coded placements and trays with blue crockery and tinted blue tumblers.

We have a dedicated Dementia Link Nurse, who works closely with our Teams across the Hospital. Our Dementia Link Nurse can assist families and patients throughout their care pathway. We work closely with our Consultants to deliver the best quality care to our dementia patients.

Food – Within the NHS England CQUIN 2017/18 we will be focusing on the health and wellbeing of staff and working closely with Compass Catering Group to deliver healthy, fresh food to patients, staff and visitors.

Privacy, Dignity and Wellbeing – All our patients have a dedicated room with en-suite facilities to ensure patient privacy and dignity. However, in public areas toilet facilities are not gender specific.

Condition, appearance and Maintenance - We currently have a program of works in place for areas across the Hospital and run a schedule of works with our Maintenance Team and contracted Decorator. There is a robust schedule of Planned Preventative Maintenance against Health and Safety legislation to keep us safe.

Cleanliness: - Internal audits are carried out on a daily/weekly basis.

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.

There were 2 Incidents reported where Duty of Candour applies through 2017/2018

Duty of Candour Incidents
2

Summary
<u>Retained vaginal pack - post operatively</u>
<u>An expired lens was implanted in to the patient</u>

In accordance with corporate policy and national guidance and governance frameworks a Route Cause Analysis (RCA) was completed for both of the above incidents. The RCA involves a full investigation, interviewing of staff and identifiable causes of the incident.

On identifying the route cause we can then look at current processes, implement changes to reduce risk and prevent future incidents. Patients are invited to attend the Hospital to discuss the findings of the investigation and lessons learnt. Reassurances are given to the patient that systems and/or processes have been reviewed and/or implemented to prevent future incidents. Being open and honest with our patients is integral to the process. Incident investigation enables us to identify appropriate action for the staff involved, which may include training and/or supervision as well as a means of supporting staff.

Lessons learnt from incidents are shared across the Hospital through the Clinical Governance Committee and filtered down through Departmental Meetings.

Venous Thrombo-embolism (VTE)

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

BMI The Somerfield 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.

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

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 BMI The Somerfield Hospital.

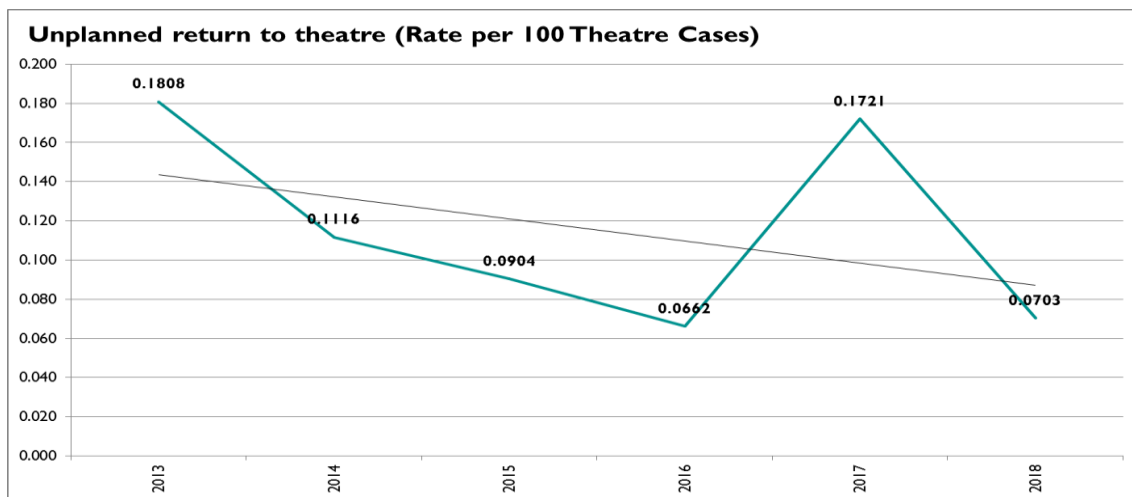
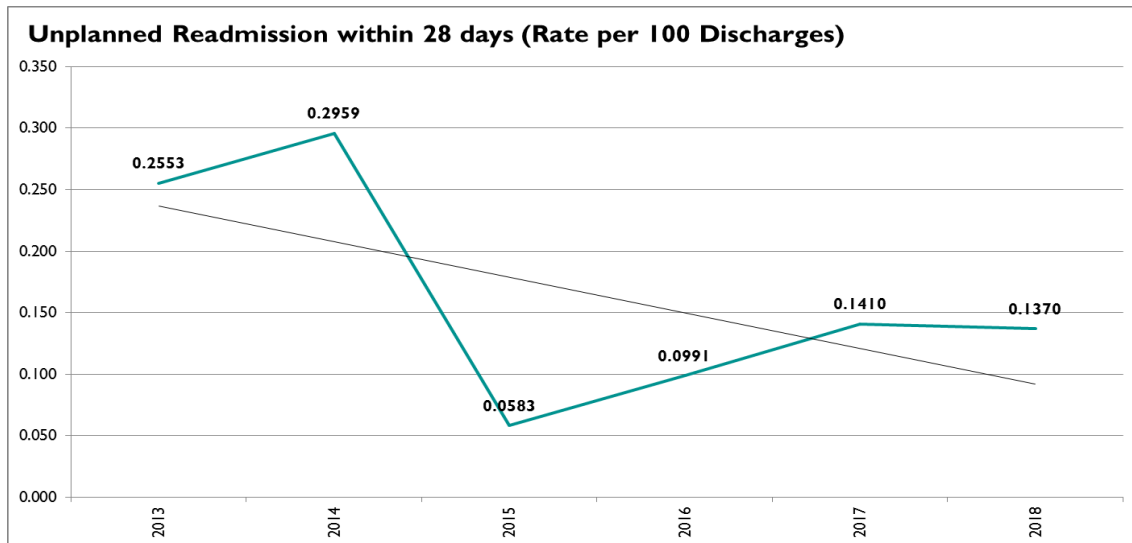
We will be re-focusing on PROMS throughout 2018 . One of the key areas of focus will be to capture PROMS data from our cataract patients.

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.



There is a clinical on-call theatre team to ensure that returns to theatre are managed safely.

All incidents are reported through the Riskman system and investigated within set time frames. Trends are monitored and incidents are discussed departmentally as well as through the Clinical Governance framework.

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.

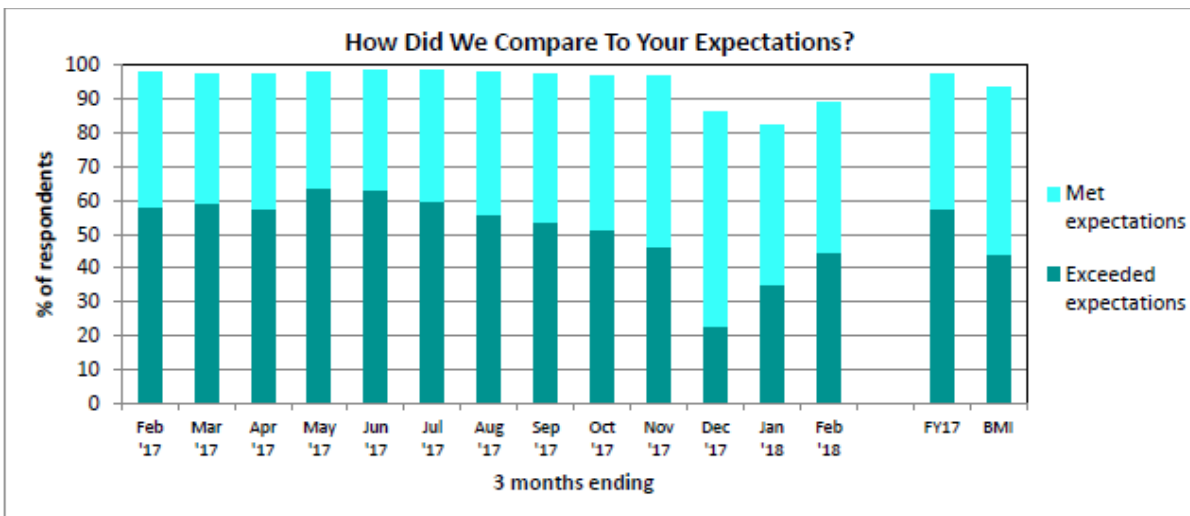
All deaths are discussed at a hospital Clinical Governance Committee, and further escalated to the Regional Quality Assurance Committee and National Clinical Governance Committee for review as appropriate; this ensures that lessons learnt from deaths are discussed at all levels and findings are then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



Measure	Values are sum of % Excellent February 2017	Values are sum of % Excellent February 2018	Values are sum of % Very Good February 2017	Values are sum of % Very Good February 2018
Arrival	68.7	48.1	95.0	77.8
Accommodation	63.5	46.2	91.2	57.7
Nursing	78.8	61.5	96.3	73.1
Catering	70.4	42.3	93.4	73.1
Overall Quality of Care	57.7	44.4	97.5	88.9

The BMI Somerfield Hospital currently ranks 34th (April 2018) out of 55 Hospitals within the South Region.

In October 2017 the patient satisfaction questionnaires were re-launched via an IT solution. Following discharge the patients are now sent an email link to complete their questionnaires. Here at BMI The Somerfield Hospital we welcome the launch of the IT solution, but are mindful that not all patients have an email address and some patients do not consent to us using it. For these patients we continue to offer the questionnaires via the original paper format.

Initially we did see a decrease in our return rates, but on implementing and adjusting how we capture data for some patients we are now seeing an increase in our return percentages.

We will be re-focussing on our Patient Focus Group throughout 2018 in order to respond to our patients concerns and commend our staff for the excellent care that they deliver.

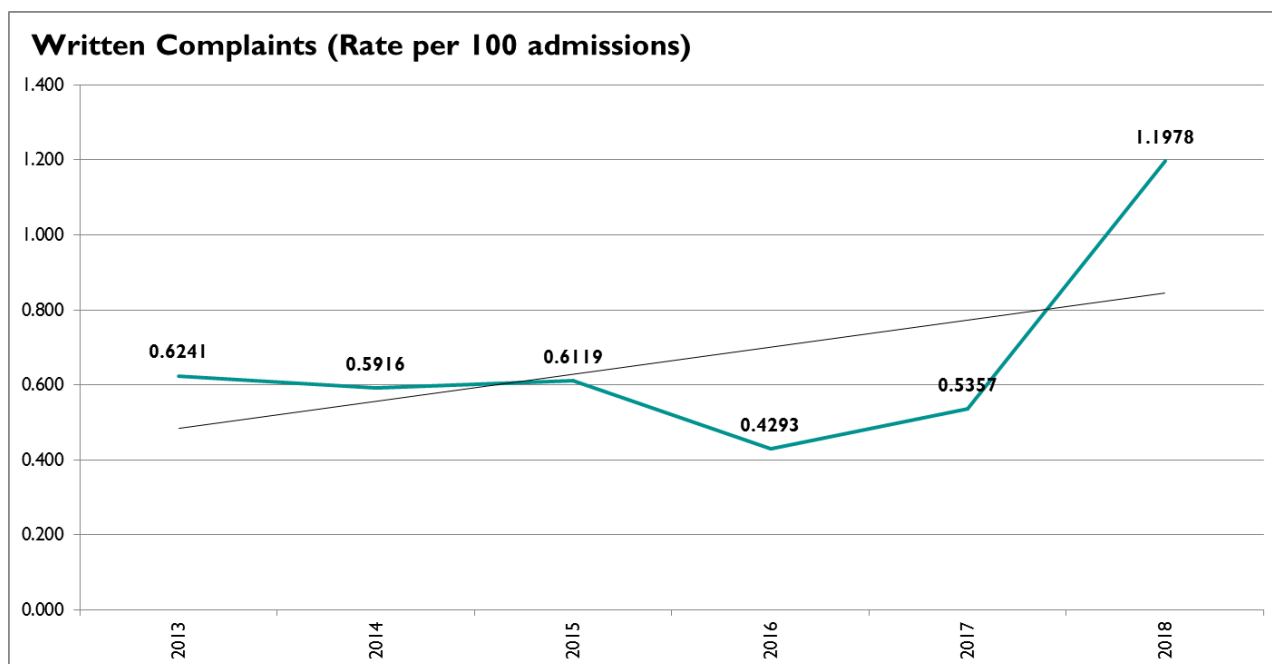
Complaints

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



We continuously monitor trends through complaints and review systems and processes to respond to our patients concerns and to improve quality of service and care. Complaints are discussed at Hospital Committees and outcomes shared. Patient commendations are shared through our Quality Boards across the Hospital.

CQUINS

CQUIN requirements 2016/2017 and 2017/2018

West Kent CCG Staff Health & Well being	CQUIN Requirement
Ia	Introduction of Health and well-being initiatives
Ib	Healthy Food for NHS visitors, staff and patients
Ic	Improving the uptake of flu vaccinations

North Kent CCG	CQUIN Requirement
Ia	Preventing ill health by risky behaviours – alcohol and tobacco
Ib	Healthy Food for NHS visitors, staff and patients
Ic	Improving the uptake of flu vaccinations

Working together as a Team through the following Departments:- Pre-Assessment, Compass Catering, Health Screening and Wards we have obtained key data for our CQUIN submissions 2017/2018 with improvements on last years submissions.

Training has taken place across Departments to support Staff in achieving CQUIN targets, as well as obtaining patient and staff resources referring to NHS England and NICE guidelines. We will continue to review our CQUIN requirement throughout 2018 to monitor improvements through auditing.

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) However, the children's and young persons service is no longer offered at BMI The Somerfield Hospital.

There have been no reported safeguarding incidents in 2017/2018.

National Clinical Audits

BMI The Somerfield Hospital submits data to the National Joint Registry (NJR) on a monthly basis. This enables us to improve quality, monitor and report on outcomes. The NJR, monitor the outcomes achieved by brand of prosthesis, hospital and surgeon, and highlight where these fall below an expected performance in order to allow prompt investigation and to support follow-up action.

To add further data/context behind the Clinical Audits, NJR Data can be found here if applicable:

Data Source:

<http://www.njrcentre.org.uk/njrcentre/Healthcareproviders/Accessingthedata/StatsOnline/NJRStatsOnline/tabid/179/Default.aspx>

Hospital Integrated Audits

To monitor our effectiveness we complete several audits on a monthly basis. These audits provide us with bench mark information into how well we are delivering safe and effective care. The results help us to identify areas of improvement or areas of great practice.

The Integrated Audit is completed monthly and covers Clinical and Non-Clinical areas

In addition to the Integrated Audits, specific departments also complete audits related to their area of expertise, for example:- Pharmacy, Physiotherapy, Wards

The results of the Integrated Audits are discussed at relevant Hospital Committees and Action Trackers are completed for areas of non-compliance. Improvement strategies are discussed departmentally and through the Committee structure.

Priorities for Service Development and Improvement

BMI The Somerfield Hospital continuously review systems and processes across the Hospital for service development and improvement. Throughout 2017/2018 we have introduced a number of new services to continuously strive to deliver quality care and services to our patients.

Quality Initiatives

The Quality, Marketing, Nursing and Administration Teams collaborated to review and streamline the information we provide at each stage of the patient journey at BMI The Somerfield Hospital. In order to improve our patients' experience we;

Developed Patient Information packs:- Focussing on Reservations Packs and Discharge Packs, we identified areas of improvement through patient satisfaction feedback as well as through staff engagement in the quality of information that our patients receive. We have developed streamlined packs containing up to date, quality information for our patients.

Focussing on posters and leaflets throughout the Hospital we completed an audit across the Hospital in January 2018. As a result of the audit we are currently reviewing all reception areas to ensure we have appropriate marketing literature so patients are signposted to information applicable to their needs at that time.

Clinical Development

Cardiology: We have introduced the new ambulatory ECG monitor and blood pressure analysis/ monitoring service.

Launch of AlterG treadmill for lower limb rehabilitation as part of physiotherapy services offered, focussing on sports injuries, rehabilitation and weight loss.

We have introduced nipple tattooing service to help patients regain their confidence following surgery for prevention or treatment of breast cancer.

Marketing for The Somerfield Hospital will continue throughout the year with a focus on promoting orthopaedics, pain management and general surgery (especially hernia repair/ Laparoscopic cholecystectomies).

Consultant App: - The BMI Clinician App was launched in November 2017, designed for Consultants and their secretaries to have live communication and interaction digitally using mobile phone technology. Phase 2 of the App will be rolled out by August 2018.

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

Somerfield Hospital	Staff Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
56.00%	98.68 %	73.18%	89.98%	50.44%

The BMI The Somerfield Hospital considers that this data is as described for the following reasons

In 2018 Standardised Structures were rolled out across BMI Hospitals. We recognise that our Staff responded to this through the Staff Survey. We invited Staff to attend Staff Forums to discuss the results of the Surgery, which gave them an opportunity to speak openly with the Senior Management Team, Departmental Managers and Heads of Departments.

In response to Staff feedback we have introduced training where required, incentives and improved communication across the Hospital and are holding a number of Staff events throughout 2018

- Staff Bar-B-Q
- Quiz Night
- Fund raisers for supported charities
- PIN Dinner

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 (Adult)

Somerfield Hospital	Re-Admissions (Aged 16+)			
2018	2017	National Average	Highest National Score	Lowest National Score
3.690	4.975	10.010	41.650	0.000

BMI The Somerfield Hospital monitors re-admissions through the incident reporting system.

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

Somerfield 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

At BMI The Somerfield Hospital we have robust IPC policies and procedures in place which allow us to monitor, audit, and manage all our patient care. We have a dedicated Infection Prevention Control Lead who ensures that all appropriate actions remain embedded within the hospital and is supported by the Director of Clinical Services and a Consultant Microbiologist.

Hospitals responsiveness to the personal needs of its patients

Somerfield Hospital	Responsiveness			
2018	2017	National Average	Highest National Score	Lowest National Score
95.66%	95.63%	69.22%	78.00%	60.10%

The Somerfield Hospital considers that this data is as described for the following reasons. Using the Corporate Nursing Tool we can ensure that the Patient to Nurse ratio follows the National Guidelines and BMI Guidelines on a daily basis, this allows us to deliver safe, effective and responsive care to all our patients.

Hourly intentional rounding is in place to assess our patient's needs and pain levels on an hourly basis. Patients are monitored regularly by the Nursing team and patients are encouraged to use the Nurse Call system which forms part of the patient room orientation.

We value our patient's feedback by addressing areas that have been highlighted by our patients for improvements or recommendation via the Patient Satisfaction questionnaires

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

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

BMI The Somerfield Hospital considers that this data is as described for the following reasons. All of our patients are assessed for VTE on admission into the hospital or at Pre -assessment clinic.

At BMI The Somerfield Hospital we continue to maintain this percentage, by continuing to monitor the compliance and also the quality of assessment with the use of hospital Integrated Audit program and reporting to the Information Management Unit (IMU) of BMI, collating and submitting key information from the hospital to the care commission groups As well as being assessed prior to admission the patients are assessed as applicable throughout their stay.

Patient Safety Incidents

Somerfield Hospital	Patient Safety Incidents (Rate per 1000 Bed Days)			
2018	2017	National Average	Highest National Score	Lowest National Score
335.793	469.652	43.292	149.700	11.200

Somerfield Hospital	Patient Safety Incidents (Count)			
2018	2017	National Average	Highest National Score	Lowest National Score
364	472	3908	14506	31

BMI The Somerfield Hospital considers our Patient Safety Incidents to be below national average due to continuously monitoring and implementing improvements where required. Learning from incidents allows us to reduce risk and ensure the service we offer are safe, effective, well led, caring and responsive.

Patient Recommendation Results

Somerfield Hospital	Patient Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
95.11%	99.25%	97.07%	100.00%	75.61%

The BMI Somerfield Hospital considers that this data is as described for the following reasons. Patients who use the services here at The Somerfield Hospital comment through patient questionnaires as to how their experience was and whether they would recommend to friends and family. We receive a large numbers of commendations on a monthly basis from our patients and we continue to devise and follow actions to improve our patient response rates to deliver quality care for our patients.

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