



The South Cheshire
Private Hospital

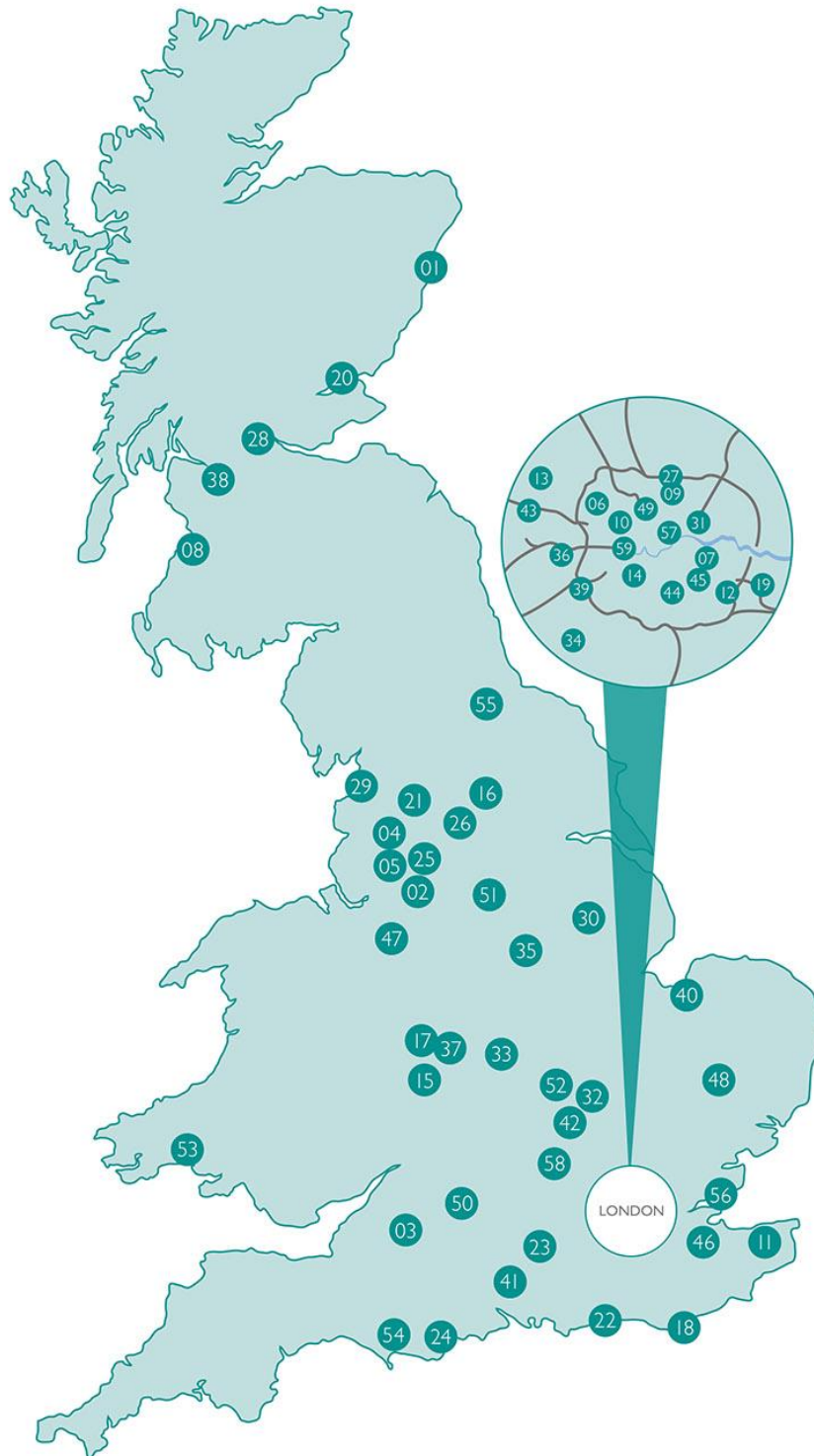
QUALITY ACCOUNTS 2018

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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



We are a 32 bedded Independent Hospital registered with the Care Quality Commission, with 2 Operating Theatres, and a Consulting Suite with 10 Consulting rooms plus a minor procedure room.

The hospital is currently registered to provide care for Adults and Young People over the age of 16 years.

The hospital is located on the site of Mid Cheshire Hospitals Foundation Trust (Leighton Hospital) and works in partnership with the Trust. We have service level agreements in place with Leighton Hospital for the provision of some specialist clinical support services.

We provide care for private and NHS patients, currently 72% of our patients are treated as part of the Standard Acute Contract in partnership with local Clinical Commissioning Groups such as South Cheshire, North Staffordshire, and Vale Royal & Cheshire East.

New Developments & refurbishment

- A programme of floor replacement & refurbishment was started in January 2018.
- A virtual pharmacy service has commenced to promote improved control in the provision of medicines management & timely patient discharge processes.
- The endoscopy decontamination service is now provided by the regional hub and we have decommissioned our endoscopy washers.

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 The South Cheshire Private Hospital 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 hospital periodically to ensure that there is a maintained compliance with regulatory standards.

The CQC carried out an announced inspection on 6/7 September 2016 and gave the overall rating to the hospital of – **Requires Improvement**

SAFE **Requires Improvement**

CARING **Good**

RESPONSIVE **Good**

EFFECTIVE **Good**

WELL-LED **Requires Improvement**

Action & post Inspection Improvement plans were put in place and progress communicated to the CQC.

The South Cheshire Private 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 teams 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 at The South Cheshire Private 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:

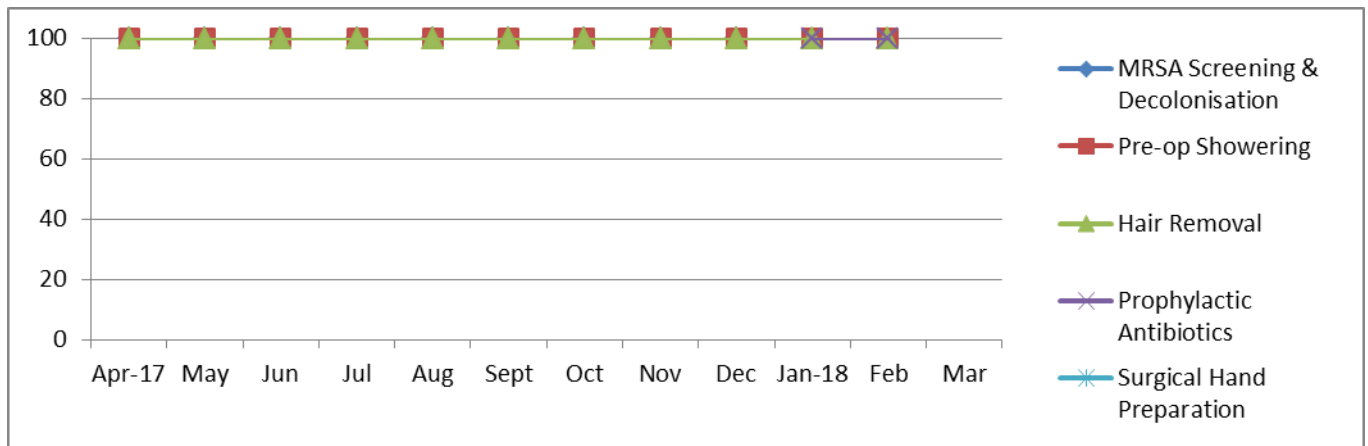
- MRSA bacteraemia cases 0/100,000 bed days
- MSSA bacteraemia cases 0/100,000 bed days
- E.coli bacteraemia cases 0/ 100,000 bed days
- 0 cases of hospital apportioned Clostridium difficile in the last 12 months.
- SSI data is also submitted to Public Health England for Orthopaedic surgical procedures. Our rates of infection are;
 - Hips 0.0000
 - Knees 0.000

Infection Prevention Audits

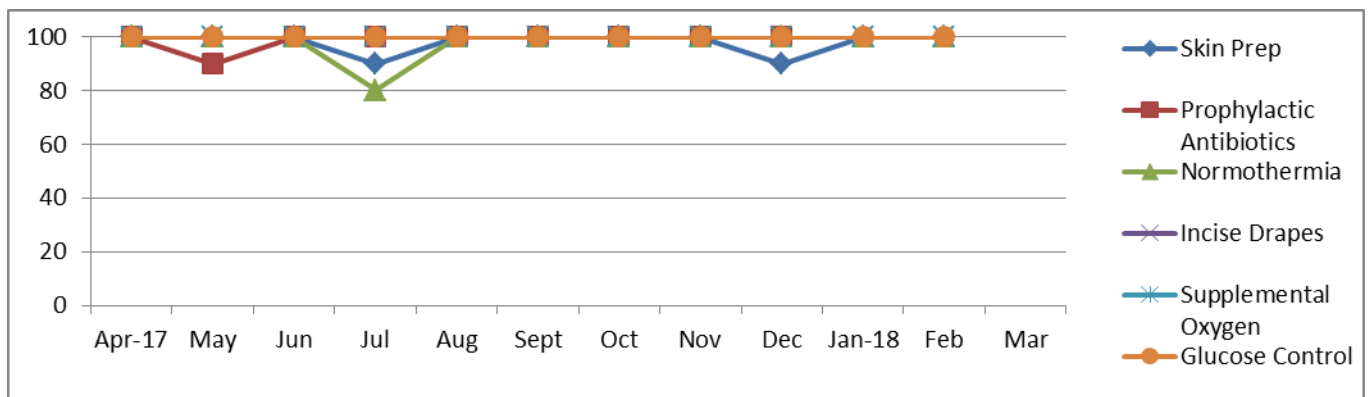
Infection Prevention and Control observation audits and self-assessment audits are completed bi-monthly as per the corporate standards.

High Impact Interventions / Care Bundles audits are completed monthly, results are displayed below.

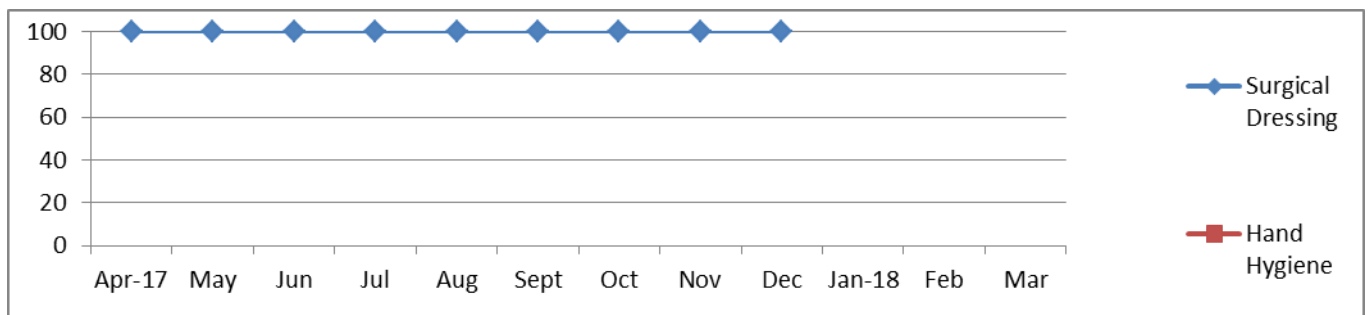
Surgical Site Infection – Pre-op Bundle



Surgical Site Infection – Intra-op Bundle

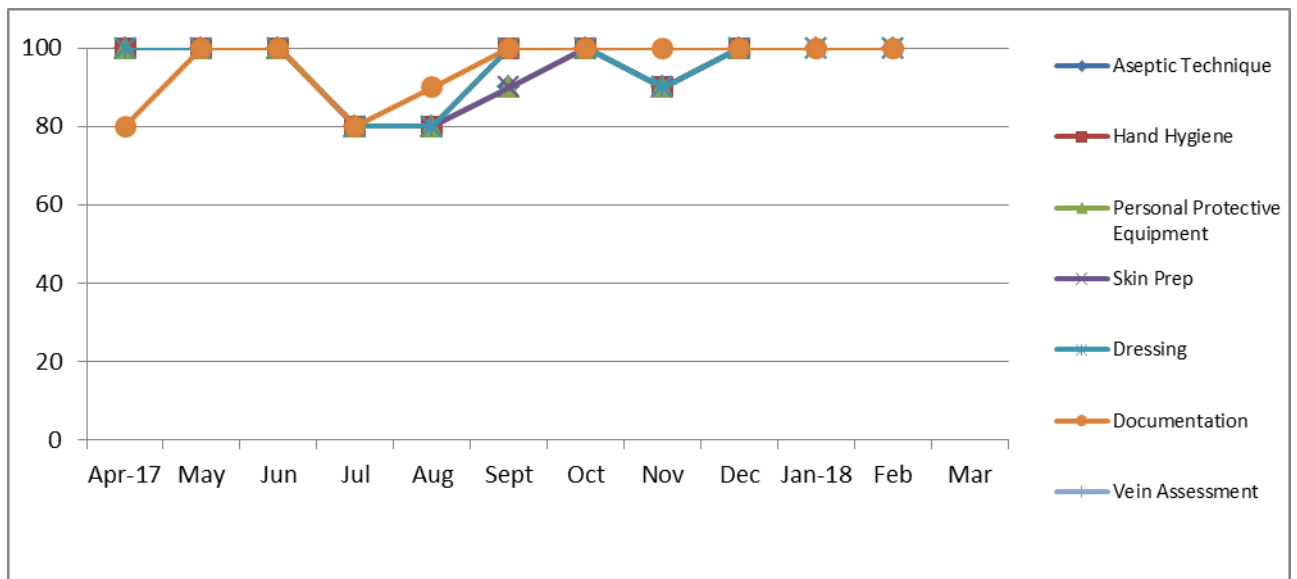


Surgical Site Infection – Post-op Bundle



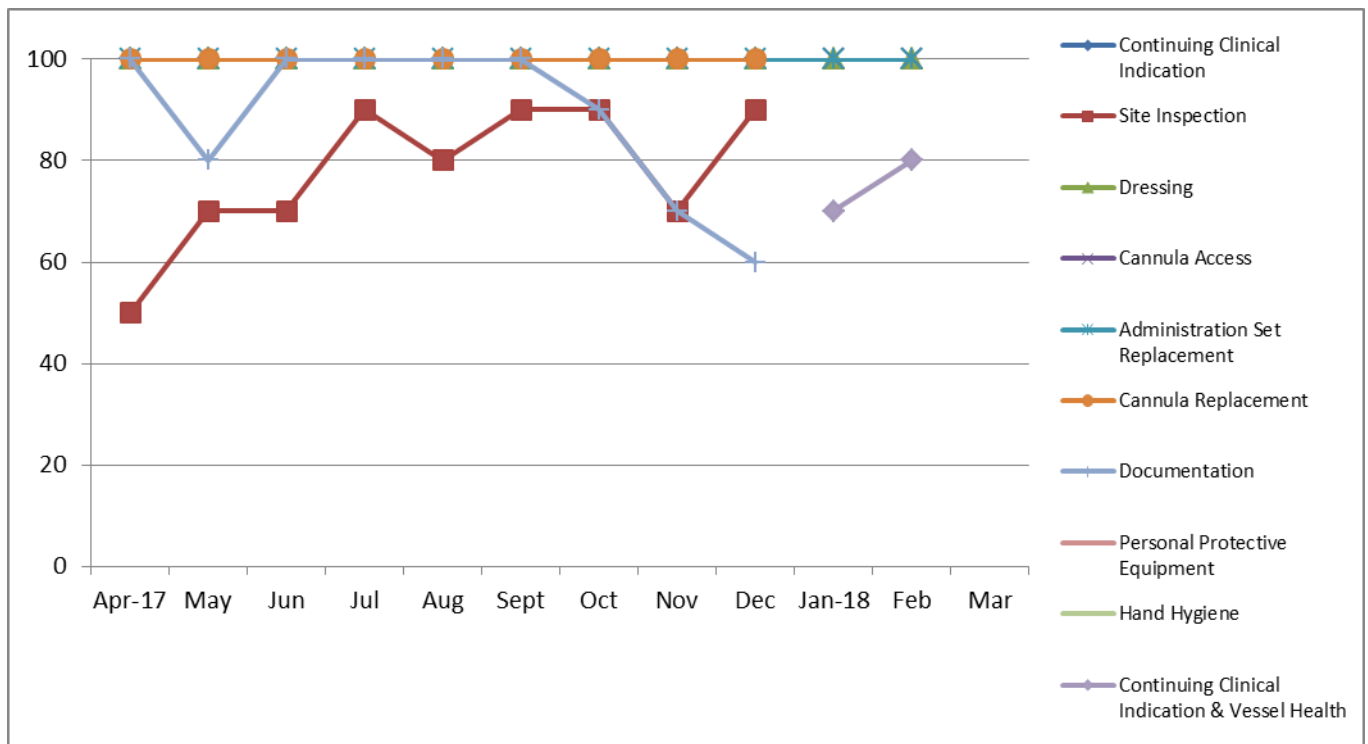
This care bundle was discontinued at the end of 2017.

Peripheral Intravenous Cannula Insertion Bundle



To address the non-compliances within this audit, we are changing where the patient's notes are stored pre-operatively, for ease of documenting insertion of a Peripheral Intravenous Cannula.

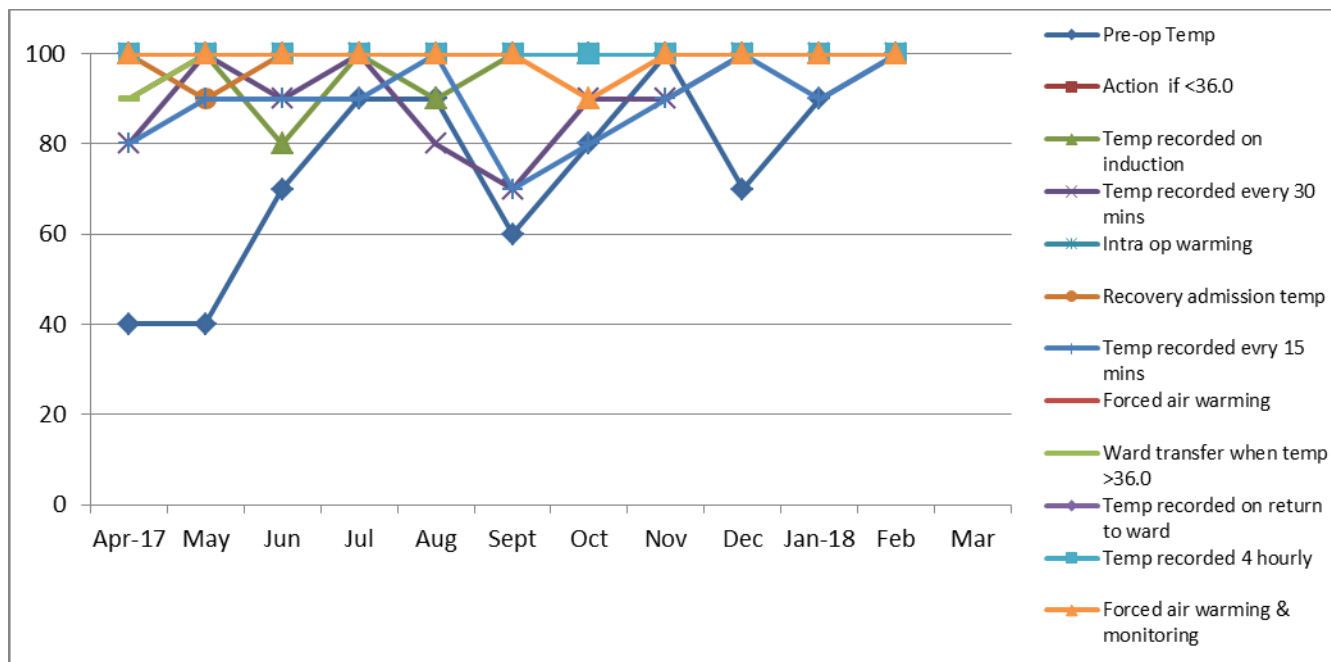
Peripheral Intravenous Cannula Ongoing Bundle



The results of all of the care bundles are fed back to staff on a monthly basis, they are displayed within each department and raised at the departmental meetings.

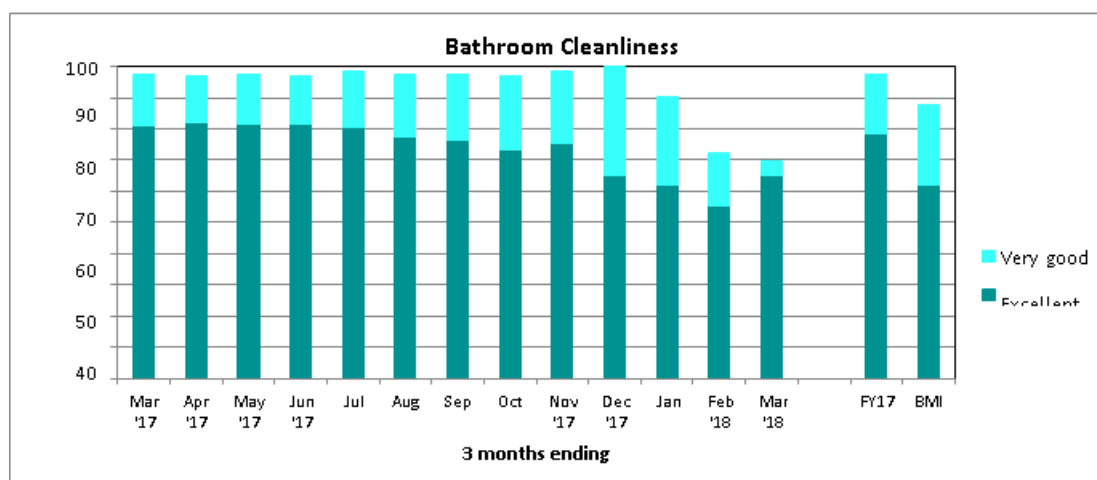
Care Bundles / High Impact Intervention audits were changed by the Department of Health in 2017 and the auditing of these new templates commencing in January 2018, hence any anomalies in the results.

Normothermia



This normothermia audit is completed monthly as this was historically a CQUINN. In February 2018, we achieved 100% in all aspects of this audit. This has come a long way and we have managed to embed changes in our practice in relation to the monitoring of patient's temperature peri-operatively.

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)

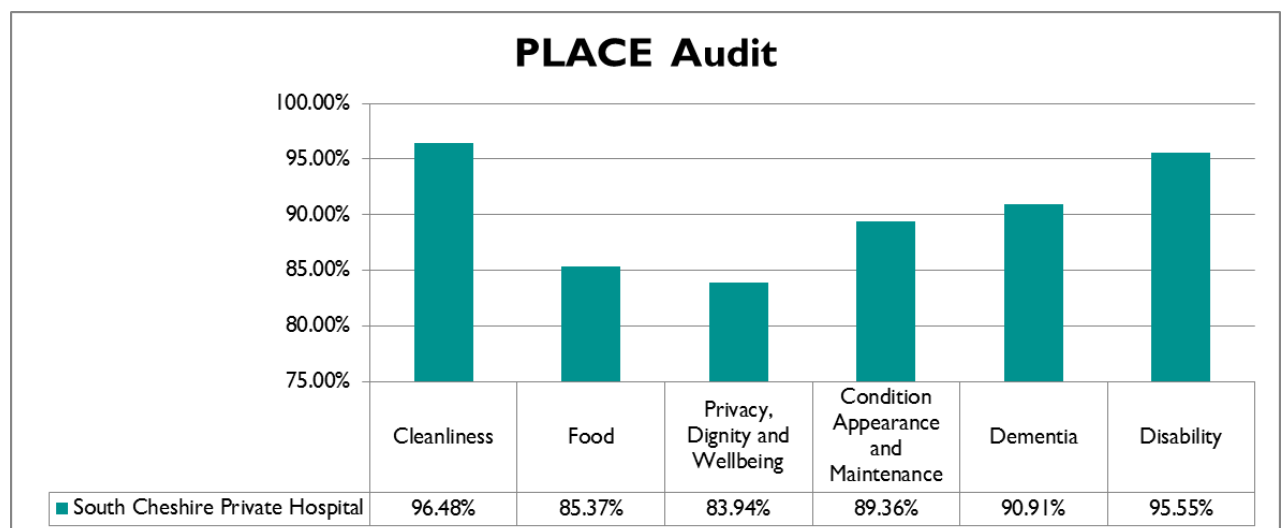
At BMI Healthcare, we believe a patient should be cared for with compassion and dignity in a clean, safe environment. Where standards fall short, they should be able to draw it to the attention of managers and hold the service to account. PLACE assessments will provide motivation for improvement by providing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

Hospital	Cleanliness	Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
South Cheshire Private	96.48%	85.37%	83.94%	89.36%	90.91%	95.55%



Following completion of the 2017 PLACE audit, an action plan is devised and completed for all areas of non-compliance.

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.

No Duty of Candour incidents were reported during the reporting period.

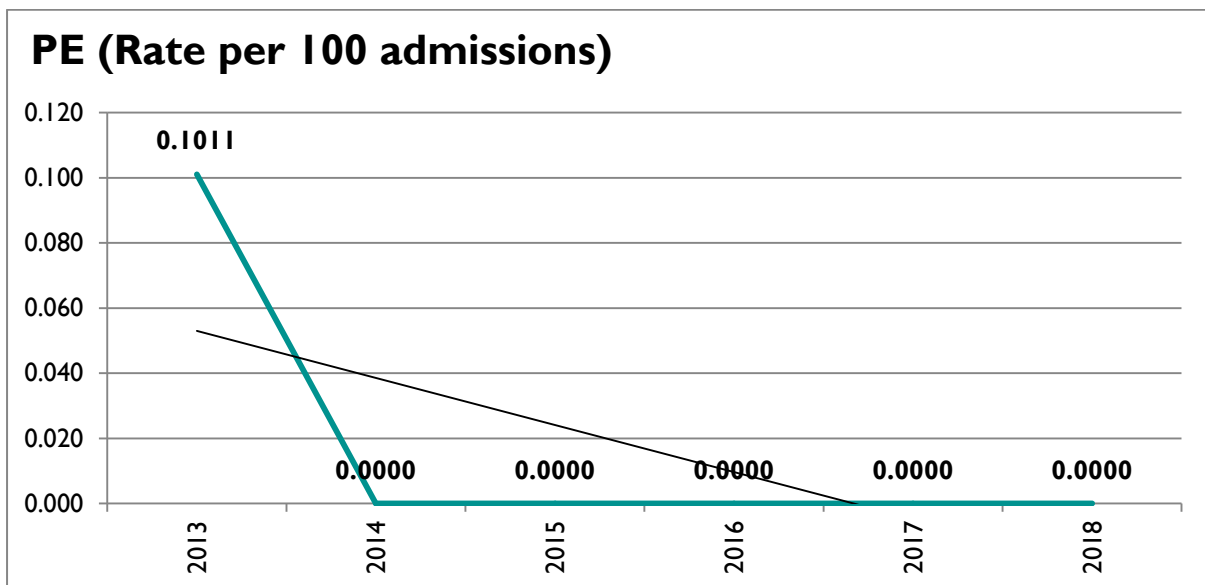
Duty of Candour Incidents
0

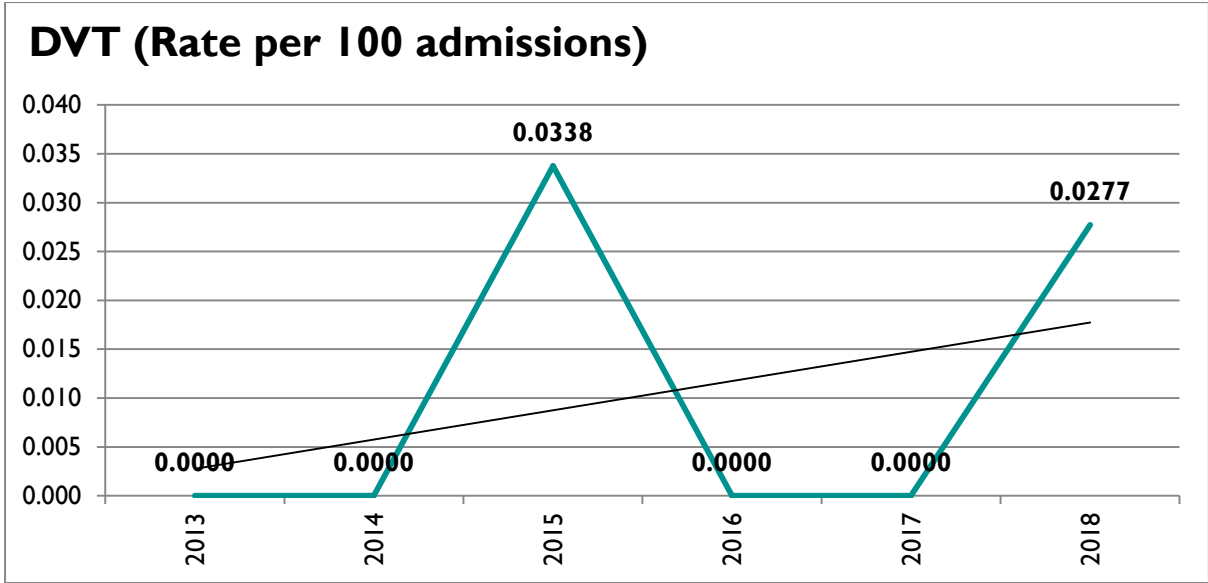
Venous Thrombo-embolism (VTE)

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

The South Cheshire Private 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.





We have had no post-surgery DVT or PE's report during this reporting period.

1 patient was admitted with a DVT for treatment following a fall at home.

VTE Percentage	
VTE	99.75%

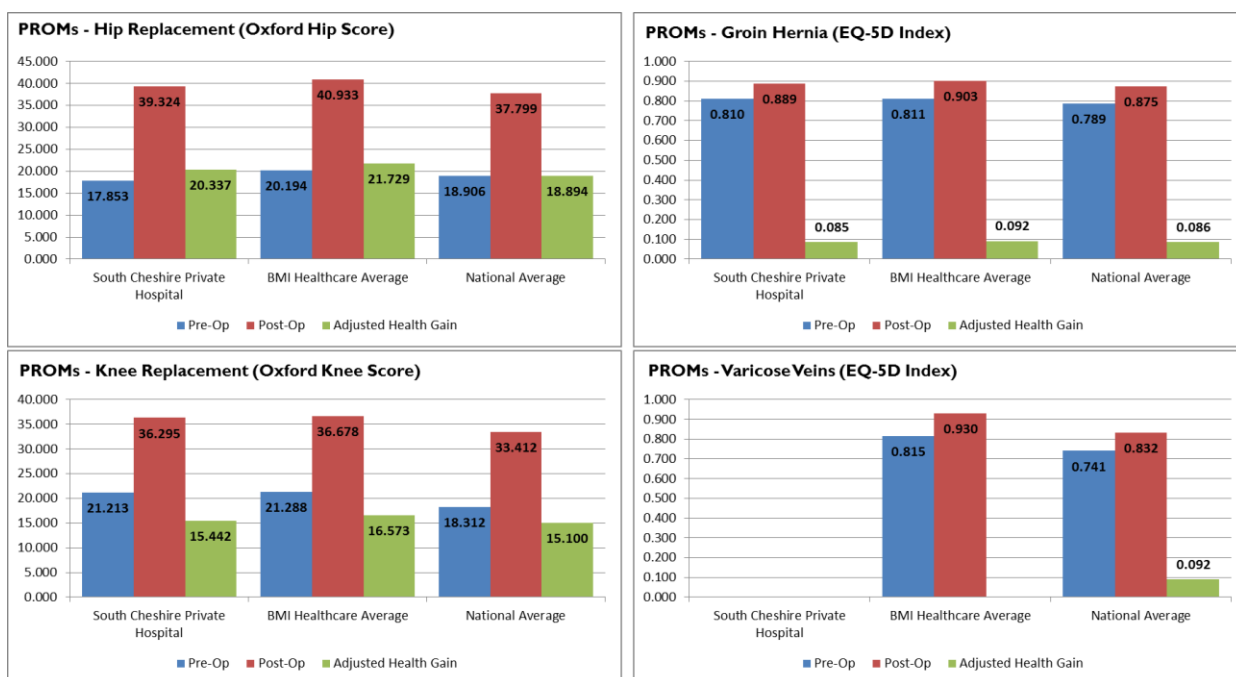


Patient Reported Outcome Measures (PROMS)

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 South Cheshire Private Hospital.

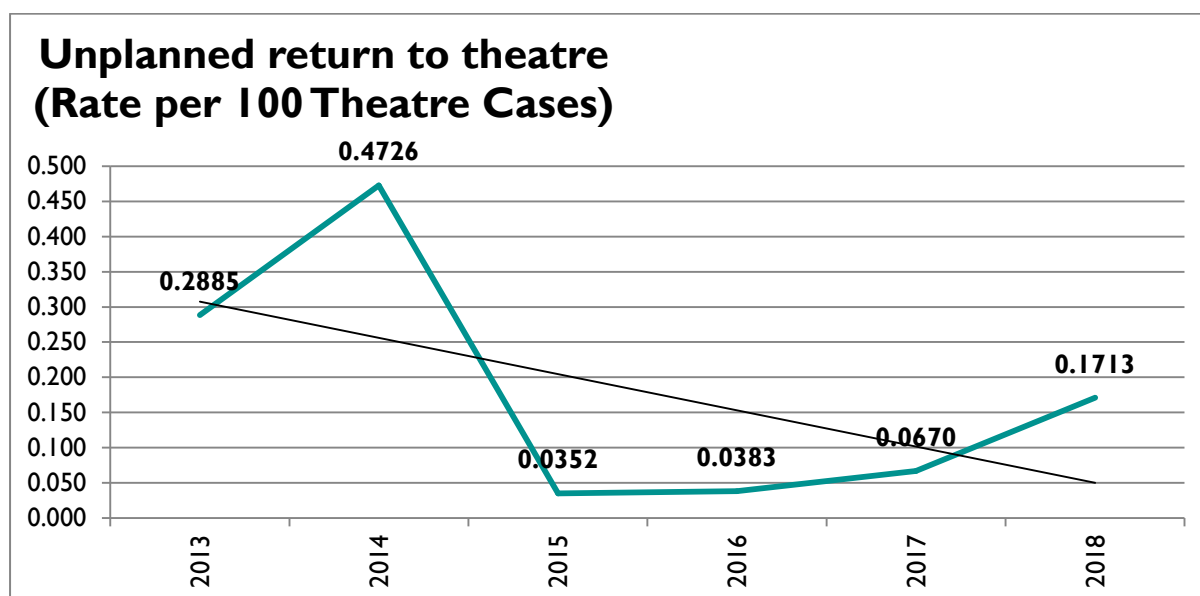
Latest PROMs data available from HSCIC (Period: April 2016 – March 2017)



- With regard to the hip replacement the hospital is showing an adjusted health gain that is below the BMI average but above the national average.
- With regard to the groin hernia data the hospital is showing an adjusted health gain that is marginally below the BMI & national averages.
- With regard to knee replacement the hospital is showing an adjusted health gain that is below the BMI average but above the national average.
- The hospital does not participate in Varicose vein PROMS data collection
- The hospital continues to monitor the data & review if any actions are required to be put in place following the published results

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.



We had 4 Returns to theatre during this reporting period. All have been investigated & no trends identified.

Re-Admissions (Aged 16+)			
2017	National Average	Highest National Score	Lowest National Score
9.083	10.010	41.650	0.000

We had 5 readmissions during this reporting period. All were investigated & no trends identified.

Outcomes were;-

3 were treated as inpatients & discharged home

1 required surgical intervention & was then discharged home.

1 was seen by Consultant & discharged without treatment

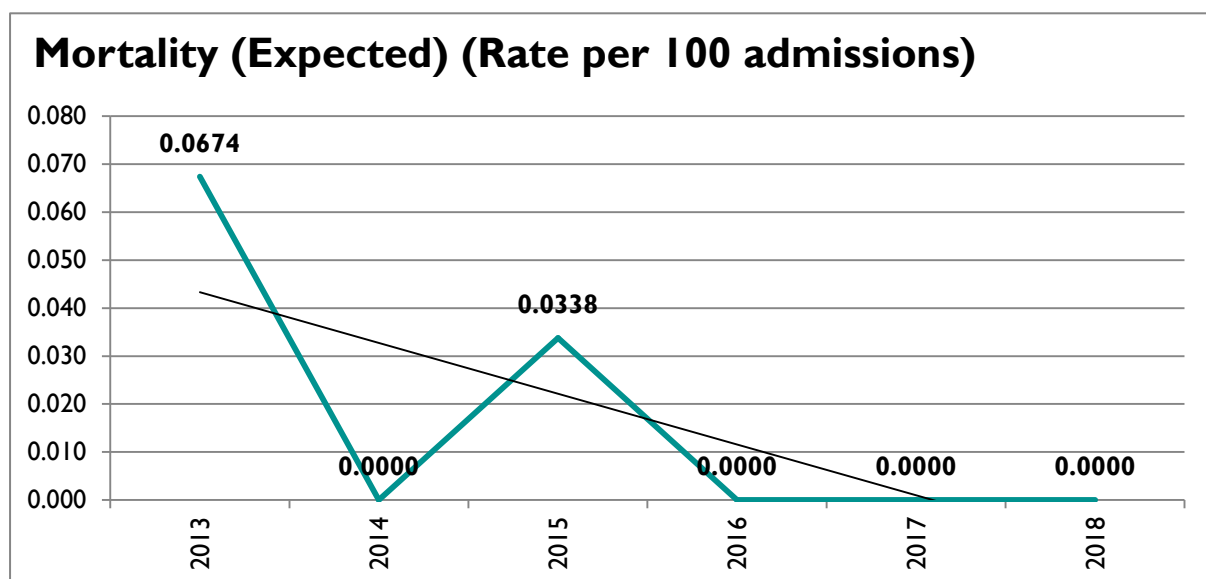
Learnings from Deaths

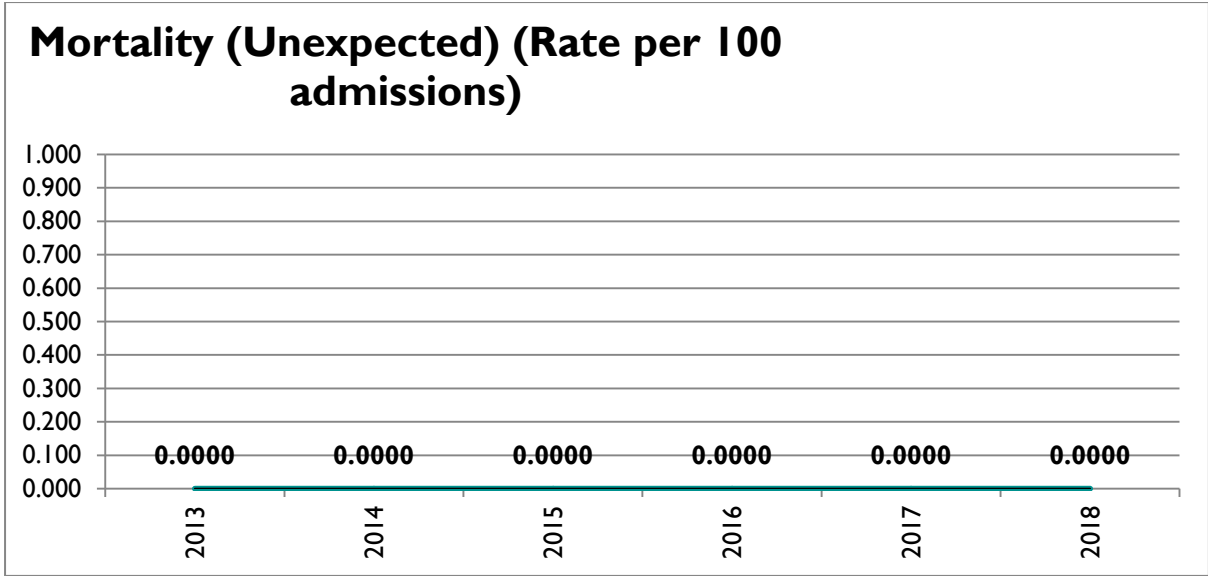
Preservation of life and avoidance of unnecessary death is an essential objective for healthcare providers; BMI Healthcare recognises this and is committed to ensuring that its hospitals and the organisation as a whole learn from the death of any patient whilst under our care. Sharing these lessons learnt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





No deaths have been reported in the last 2 years at the hospital

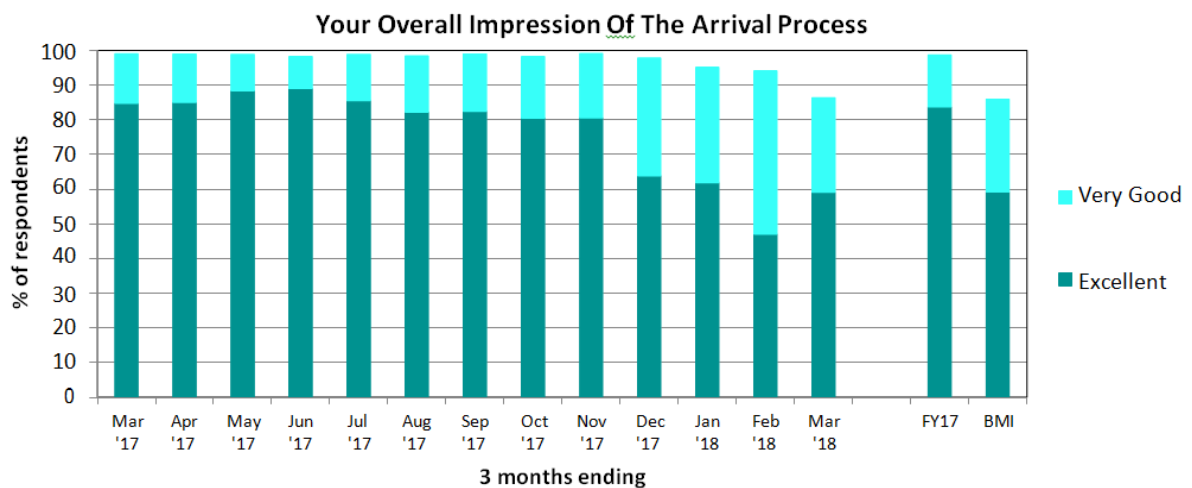
Patient Experience

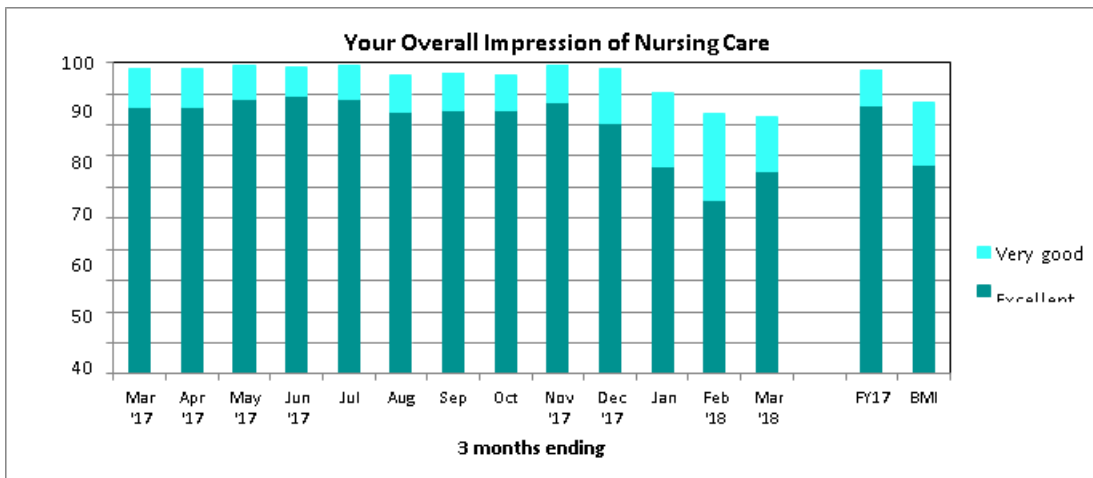
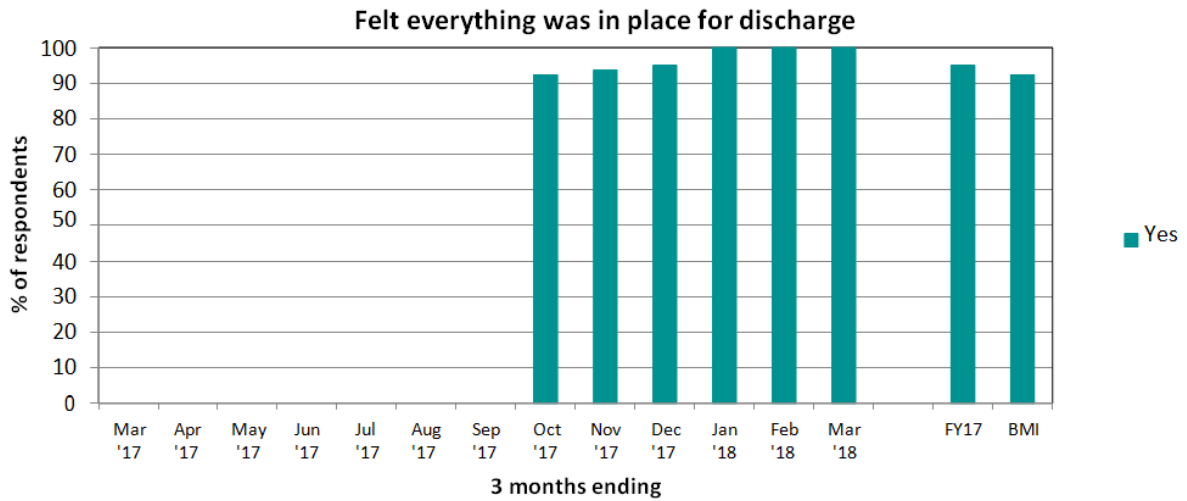
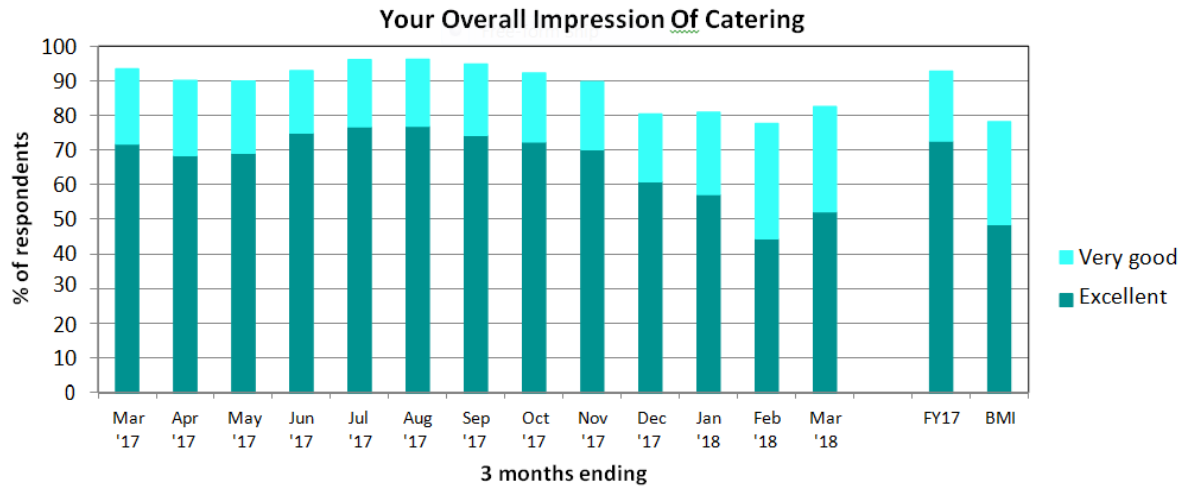
Patient Satisfaction

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.





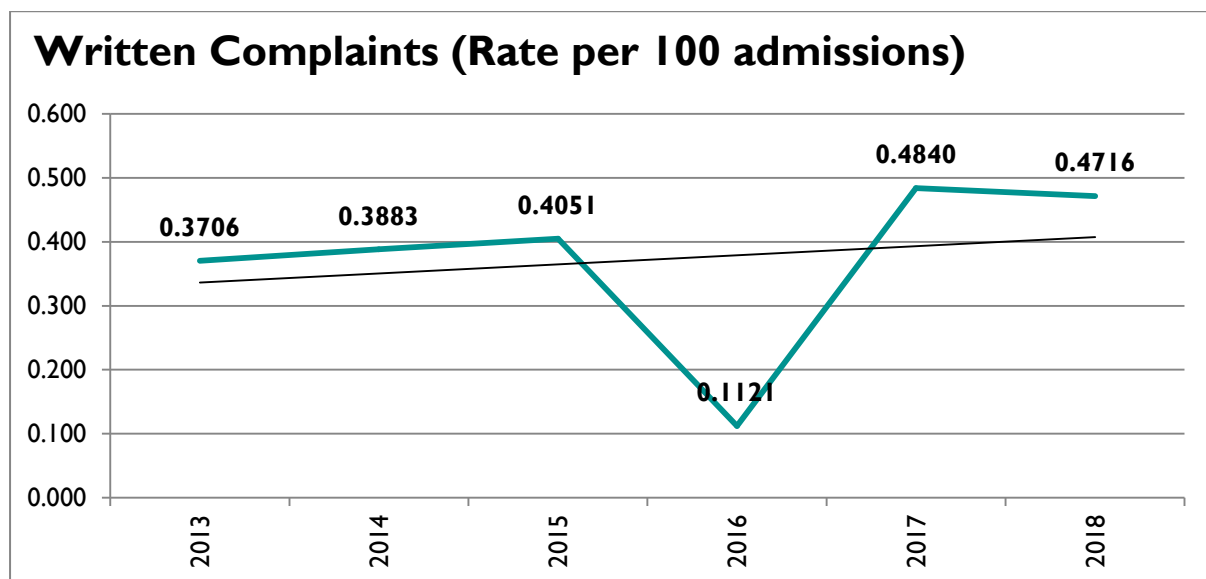
Complaints

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



In 2017/2018 written complaints were received with the main themes being Clinical Care & Treatment, Communication & Consultant. Some complaints were logged with more than 1 issue. Each complaint was investigated & fed back with any learnings to the appropriate committee & staff.

Positive feedback was also received & logged onto the Riskman system & fed back to staff.

Since 2016 the rise in complaints has been due to a more robust reporting process & new management system. This is via more Senior Team involvement. There has also been an increase in people reporting/posting through social media, which we are reported & actioned upon.

CQUINS

CQUIN 1.

Indicator name; Improvement of staff health and wellbeing

Description of indicator ; Site level focus on Staff Survey results to identify themes for improvement and development of a plan, plus delivery.

Rationale for inclusion; a healthier workforce can contribute to:

- improved quality of patient care delivered
- improved staff moral and motivation and a healthier, happier workforce
- reduced sickness absence-related costs to the employer
- lower staff turnover
- Keeping people in work so improving their wellbeing and preserving their livelihoods.
- reduced demand on NHS healthcare and lower long term costs

Q1	Provide a report Identifying the questions to focus on; Indicating what the current results are as a baseline; identifying themes and developing an action plan	Achieved
Q2	The provider will submit a progress report on the agreed action plan.	Achieved
Q3	The provider will submit a progress report on the agreed action plan.	Achieved
Q4	Undertake a repeat survey and report on the results and the overall improvements / changes made.	*Will be undertaken in our June 2018 Survey

*A repeat national survey will be undertaken in June 2018 where we will have a true comparison of our 2017 vs 2018 results for us to put an action plan together for our 2018/19 CQUIN.

CQUIN 2

Indicator name; Sign up to Safety

Description of indicator;

By joining the “Sign up to Safety” campaign, the hospital commits to creating lasting change and a future where patients and those who care for them are free from avoidable harm.

Committing to creating a safety culture leading to lasting change.

Rationale for inclusion;

Sign up to Safety is a national initiative to help organisations and their staff achieve their patient safety aspirations and care for their patients in the safest way possible.

At the heart of Sign up to Safety is the philosophy of locally led, self-directed safety improvement.

Through actions, the drive is to create a joyful, trusting, open and optimistic approach to patient safety improvement; empowering and enabling staff to make the changes they want to see in their work. We see each day and every action as an opportunity to learn and improve and we welcome everyone who wishes to get involved

Q1	Join the Sign up to Safety campaign and describe the actions to be undertaken in response to the five Sign up to Safety pledges.	Achieved
Q2	Share key actions of Sign up to Safety Pledges and engage with staff members how to deliver. Development of a Safety Improvement Plan which will describe how the Provider intends to save lives and reduce harm for patients.	Achieved
Q3	Produce update against Safety Improvement Plan and Actions	Achieved
Q4	Produce a report detailing an update against Safety Improvement Plan and Actions inclusive of improvements made to patient care within the organisation.	

CQUIN 3

Indicator name; Improvement of Pre-Operative Assessment

Description of indicator;

Improvement of pre-operative assessment to improve patient safety, patient experience and outcomes, as well as efficiency.

The improvement will focus on:

- a) Timeliness of pre-assessment in relation to procedure date
- b) Appropriateness of pre-assessment (tiered approach)
- c) MDT participation, where appropriate

Rationale for inclusion;

To reduce avoidable surgery cancellations, delays to surgery (due to reordering of lists) and avoidable extended stays. This will improve patient experience.

Ensuring the most appropriate pre-assessment (tiered approach) so that the level and mode of pre-assessment is appropriate for the patient's treatment, medical history and risk assessment, will improve outcomes, patient experience and efficiencies

Q1	Implement changes to pre-operative assessment process around a) timeliness b) appropriateness (tiered approach) c) MDT involvement	Achieved
Q2	Develop metrics for measuring compliances with these three areas (a-c above) and collect baseline data. Agree improvement trajectories for Q3 and Q4.	Achieved
Q3	Achieve performance in line with improvement trajectories set after Q2	Achieved
Q4	Achieve performance in line with improvement trajectories set after Q2	

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)

The Director of Clinical Services attends the Local Safeguarding Children's Board (LSCB) and the Cheshire East Safeguarding Adults board (CESAB) committee meetings to benchmark & network.

1 Adult Safeguarding incident was reported to the local board by the Director of Clinical Services .it was followed up appropriately by the adult safeguarding team.

National Clinical Audits

National Joint Registry data is collected & reviewed. Ongoing data collection allows national information & outcomes to be monitored as well as identification in the event of any issues identified.

Independent	2017	Year to date: 2018
Total completed ops	85,179	26,595
Hip procedures	39,120	12,106
Knee procedures	44,265	13,916
Ankle procedures	169	51
Elbow procedures	43	12
Shoulder procedures	1,582	510
NJR consent rate	95%	96

We are working with our newly recruited orthopedic lead to undertake data audits comparisons with our NJR contact to identify why our % is lower than the national average-currently 85.04%. This may be due to data cleansing requirements.

Hospital Audit Calendar 2017.

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

Audit Calendar 2016-2017		Current Progress		100.0%		BMI Healthcare		Serious about health. Passionate about care.			
January 100%		February 100%		March 100%		April 100%		May 100%		June 100%	
Patient Health Records	Y 91%	Patient Health Records	Y 94%	Patient Health Records	Y 91%	Patient Health Records	Y 94%	Patient Health Records	Y 96%	Patient Health Records	Y 95%
WHO Checklist	Y 98%	WHO Checklist	Y 94%	WHO Checklist	Y 94%	WHO Checklist	Y 100%	WHO Checklist	Y 100%	WHO Checklist	Y 100%
VTE	Y 100%	VTE	Y 100%	VTE	Y 100%	VTE	Y 100%	VTE	Y 100%	VTE	Y 100%
Theatres	Y 100%	Theatres	Y 100%	Controlled Drugs	Y 94%	Blood Transfusion	Y 95%	Vertical PoCT	Y 79%	Controlled Drugs	Y 100%
IPC	Y 100%	IPC	Y 100%	Consent	Y 100%	Theatres	Y 100%	Theatres	Y 100%	Consent	Y 61%
Hand Hygiene	Y 100%	Hand Hygiene	Y 100%	Theatres	Y 100%	IPC	Y 100%	IPC	Y 100%	Theatres	Y 100%
Safeguarding	Y 100%	Medicine Management	Y 91%	IPC	Y 100%	Hand Hygiene	Y 100%	Hand Hygiene	Y 100%	IPC	Y 100%
Resuscitation	Y 97%	Same-Sex Accomodation	Y 91%	Hand Hygiene	Y 100%	Resuscitation	Y 100%	Medicine Management	Y 92%	Hand Hygiene	Y 100%
Falls	Y 85%	Pain Management	Y 98%	Intrathecal Audit	Y 100%			Oncology	Y 0%	Critical Care	Y 100%
July 100%		August 100%		September 100%		October 100%		November 100%		December 100%	
Patient Health Records	Y 96%	Patient Health Records	Y 96%	Patient Health Records	Y 96%	Patient Health Records	Y 93%	Patient Health Records	Y 91%	Patient Health Records	Y 94%
WHO Checklist	Y 100%	WHO Checklist	Y 100%	WHO Checklist	Y 97%	WHO Checklist	Y 93%	WHO Checklist	Y 85%	WHO Checklist	Y 96%
VTE	Y 100%	VTE	Y 100%	VTE	Y 100%	VTE	Y 100%	VTE	Y 100%	VTE	Y 100%
Theatres	Y 92%	Theatres	Y 98%	Controlled Drugs	Y 100%	Blood Transfusion	Y 95%	Theatres	Y 93%	Controlled Drugs	Y 100%
IPC	Y 100%	IPC	Y 100%	Consent	Y 69%	Theatres	Y 96%	IPC	Y 100%	Consent	Y 74%
Hand Hygiene	Y 100%	Hand Hygiene	Y 100%	Theatres	Y 100%	IPC	Y 100%	Hand Hygiene	Y 100%	IPC	Y 100%
Resuscitation	Y 100%	Medicine Management	Y 96%	IPC	Y 100%	Hand Hygiene	Y 100%	Medicine Management	Y 97%	Hand Hygiene	Y 100%
Falls	Y 90%	Pain Management	Y 98%	Hand Hygiene	Y 100%	Resuscitation	Y 100%	Oncology	Y 0%	Critical Care	Y 100%
Ad-Hoc 100%											
Physiotherapy	Y 94%			Audit Action Plans		Please select "Yes" if Oncology Services are carried out		<input type="checkbox"/> No			

A local Audit plan was in place with all our local audits & action plans being completed .

Clinical Audit & Effectiveness Committee (CAEC)

The Hospital CAEC committee-Clinical Audit & effectiveness Committee continued to meet.

The purpose of this committee is to ensure a coordinated approach to the national & local audit plans of the hospital and provide a forum for benchmarking and sharing ideas.

The functions are:-

- To ensure the behaviour and the conduct of the hospital supports the organisation's vision and goals
- To regularly assess the performance of the hospital
- To monitor the performance of the hospital against the overall BMI Healthcare Operational Plan, against the Hospital Business Plans and against agreed KPIs
To monitor compliance with national policies and initiatives
- To share best practice across the hospital
- To provide a forum for education and professional development
- To provide a forum for feedback and review of actions from the committee
- To ensure all significant risks relevant to the Committee's areas of responsibility are identified and reported to the clinical Governance & Operational Performance Committee on a timely basis.

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

Priorities for Service Development and Improvement

1. Raise awareness & development of the hospital & department risk that are identified in the Risk Registers.
2. Ongoing awareness for all staff of learnings from incidents & complaints that have been reported in the hospital. These will include ; meetings, newsletters, post incident Investigation meetings.
3. A Local audit plan has been implemented - it is now developing to coordinate all audit activity in the hospital. The Clinical & Audit Effectiveness committee (CAEC) will meet to communicate & close the loop on any action plans that have been developed.
4. A virtual Pharmacy service has been set up to improve our patient satisfaction rates that have been declining. It will also enhance our medicines management governance.

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.

The hospital scores in all areas were higher than the BMI average.

Staff Recommendation Results



South Cheshire Private Hospital	Staff Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
90.00%	90.00%	73.18%	89.98%	50.44%

The South Cheshire Private Hospital considers that this data is as described for the following reasons – accurate reporting from our staff satisfaction surveys.

The The South Cheshire Private Hospital has taken the following actions to improve on this 90.00% and so the quality of its services, by:-

- Formulating a social committee
- The Staff performance review programme is in place to ensure all staff receive an annual appraisal.
- Staff forums undertaken by the Executive Director
- A local Employee recognition programme to be commenced
- Team Brief is in place to communicate to all staff
- Governance gossip newsletter informs all staff of our monthly updates for Governance.

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)

South Cheshire Private Hospital	Re-Admissions (Aged 16+)			
2018	2017	National Average	Highest National Score	Lowest National Score
4.579	9.083	10.010	41.650	0.000

The South Cheshire Private Hospital considers that this data is as described for the following reasons :

Readmissions are a very low % in the hospital in the year. There has also been an decrease year on year. The ongoing reporting & monitoring will continue to ensure that any trends are identified & investigated. Any readmissions are reported & discussed at our Clinical Governance Committee meetings.

We do not admit any children or young people under the age of 16 years.

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

South Cheshire Private 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 South Cheshire Private Hospital considers that this data is as described for the following reasons ; the data is an accurate reflection of NIL cases reported.

The South Cheshire Private Hospital will continue to report ,monitor & investigate if there are any cases . The Infection & prevention Lead nurse will collate monthly data & analyse for any trends.

Hospitals responsiveness to the personal needs of its patients

South Cheshire Private Hospital	Responsiveness			
2018	2017	National Average	Highest National Score	Lowest National Score
96.18%	95.79%	69.22%	78.00%	60.10%

The South Cheshire Private Hospital considers that this data is as described for the following reasons : The score is above the BMI average & the highest national score. Year on year the score has also increased by 0.39%. The virtual pharmacy will be monitored to improve the patient satisfaction of our discharge medicines processes.

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

South Cheshire Private Hospital	VTE			
2018	2017	National Average	Highest National Score	Lowest National Score
99.75%	90.91%	95.77%	100.00%	81.60%

The South Cheshire Private Hospital considers that this data is as described for the following reasons : Ongoing monthly audit continues to review compliance against the national & hospital targets. Compliance is a high %. There has been an increase compliance % year on year in the hospital. Non compliances are reviewed & actions taken with individual staff .

The South Cheshire Private Hospital intends to take the following actions to improve this 99.75% and so the quality of its services, by ongoing monitoring & assessment processes that are in place. We are currently reviewing the VTE consultant preferences as per recent NICE guidelines.

Patient Safety Incidents

South Cheshire Private Hospital	Patient Safety Incidents (Count)			
2018	2017	National Average	Highest National Score	Lowest National Score
292	160	3908	14506	31

The South Cheshire Private Hospital considers that this data is as described for the following reasons ; through our robust reporting processes & education of all staff. Year on year there has been an increase but again it is through our new management system, education of staff & robust reporting.

The South Cheshire Private Hospital will continue to take the following actions to improve this and so the quality of its services, by maintaining the current robust level of reporting on the system.

Patient Recommendation Results

South Cheshire Private Hospital	Patient Recommendations			
2018	2017	National Average	Highest National Score	Lowest National Score
99.21%	98.84%	97.07%	100.00%	75.61%

The South Cheshire Private Hospital considers that this data is as described for the following reasons ; as reported in the independently analysed data we have a high % of patients that would recommend the hospital. This has also increased year on year & is above the national average.

BMI - The South Cheshire Private Hospital.

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BMI South Cheshire Private Hospital 2017/18 Quality Account

NHS South Cheshire Clinical Commissioning Group (CCG) and NHS Vale Royal Clinical Commissioning Group (CCG) welcome this opportunity to comment on BMI South Cheshire Private Hospital Quality Account for 2017/18.

We confirm that we have reviewed the information contained within the Quality Account and this represents a fair and balanced overview that reflects the quality of care at BMI South Cheshire Private Hospital. It also includes the mandatory elements required.

The focus on infection prevention and control that has resulted in zero cases of E coli bacteraemia, hospital apportioned Clostridium Difficile, MSSA bacteraemia and MRSA bacteraemia in the last year is to be commended.

Engagement with patients about condition, appearance and maintenance shows that they rate the facilities highly. BMI have noted the results of the Patient Led Assessment of the Care Environment (PLACE) audit within the report, however it does not provide context and clarity around the outcomes, which would provide assurance that improvements against the action plan have been implemented.

Patient outcomes and patient experience are well represented in the Quality Account and demonstrate the focus and emphasis that BMI South Cheshire place on putting the patient at the heart of their processes. Overall patients are very complimentary about the care that they receive and appear happy with the outcomes they are achieving.

During the year we have reviewed information, held bi-monthly BMI Contract performance monitoring meetings and have carried out a Quality visit to clinical areas to gain assurance around the standards of care being provided. We have also provided challenge and scrutiny when performance has not met the expected standards.

NHS South Cheshire CCG and NHS Vale Royal CCG are aware that following the CQC inspection in September 2016, BMI South Cheshire Private Hospital are continuing to work towards achieving full compliance with their action plan. The CCGs look forward to completion of the mitigating actions around process for obtaining outpatient information, for clinics, and from pre-admission to inpatient care.

In line with the NHS Quality Account (amendment) regulation 2017, BMI South Cheshire Private Hospital have reported a zero mortality rate for 2017/18, this is the same result as in the previous year. NHS South Cheshire Clinical Commissioning Group (CCG) and NHS Vale Royal Clinical Commissioning Group (CCG) are assured that the wider corporate governance and structure processes around learning from deaths are in place.

In regards staff training for safeguarding the report does not indicate what percentage have achieved level 2 or above. Whilst BMI South Cheshire Private Hospital should be commended on implementing the training it would be beneficial to show the numbers of relevant staff who have achieved this level.

We look forward to maintaining a strong commissioning relationship with BMI in 2018/19. NHS South Cheshire CCG and NHS Vale Royal CCG are committed to working in a collaborative manner to achieve positive experiences for our local population with a provider that has the continued high quality delivery of health care at its core.